

## Response to “Treatment-Induced Ovarian Insufficiency and Early Menopause in Breast Cancer Survivors”

We thank Esch and Schadewald (2023) for their excellent article, “Treatment-Induced Ovarian Insufficiency and Early Menopause in Breast Cancer Survivors,” which described the many symptoms that can occur subsequent to treatment-induced early menopause. Early evidence-based management of these symptoms is important in the effort to improve patients’ quality of life. The authors carefully outlined evidence-based guidelines for the management of hot flashes and other menopausal symptoms and complications.

We would like to call attention to the evidence-based Oncology Nursing Society (ONS) Guidelines™ for the management of cancer treatment-related hot flashes published in 2020 (Kaplan et al., 2020), which state the following: “For women with breast cancer who are experiencing drug- or surgery-induced hot flashes, the ONS Guidelines panel suggests using venlafaxine, paroxetine, or clonidine rather than no treatment for the management of symptoms” (p. 378).

The ONS Guidelines assert that assessment for hot flashes should be routine. If an individual is experiencing hot flashes, they should initially be offered nonhormonal pharmacologic treatment with venlafaxine, paroxetine, or clonidine because the evidence is strongest for these agents compared to nonpharmacologic options. The ONS Guidelines panel recommends treatment over not treating. Healthcare providers should not wait to offer treatment options to patients, but they should introduce the topic for discussion when assessment indicates hot flashes.

The ONS Guidelines recommend against herbal or dietary supplements (e.g., soy, black cohosh, St. John’s wort, melatonin, vitamin E) and against gabapentin or pregabalin for the management of symptoms because of the potential for harm. Hypnosis, relaxation therapy, cognitive behavioral therapy, acupuncture, or electro-acupuncture are recommended by the guidelines only in the context of a clinical trial. The ONS Guidelines also recommend physical activity and yoga over no treatment, but the evidence of effectiveness is low. These recommendations are based on the evidence that they are well tolerated, accessible, and generally acceptable, and may have other benefits to patients.

Unfortunately, patients may experience hot flashes for a long time before seeking treatment unless assessments are conducted regularly. Patient education includes informing patients that potentially effective evidence-based treatments exist and that there is no benefit to waiting to initiate therapy.

In addition, the supplement to the December 2021 issue of the *Clinical Journal of Oncology Nursing* (Mahon & Carr, 2021), which was dedicated to survivorship care, provides extensive evidence-based interventions for managing many of the symp-

oms that can arise from early menopause, including hot flashes, sexual dysfunction, cardiovascular health, and bone health. Oncology nurses may find this a valuable resource to keep readily available.

We again thank Esch and Schadewald for providing valuable information that will continue to empower healthcare providers in their efforts to improve the quality of life of cancer survivors.

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## The Authors Respond

We are delighted with the additional attention to detail provided in the letter to the editor by Mahon and Kaplan, who have highlighted the ONS Guideline addressing nonhormonal options for vasomotor symptom management in breast cancer survivors in response to our article published in the February 2023 issue of the *Clinical Journal of Oncology Nursing*. As a foundation for oncology nursing practice, the ONS Guidelines represent rigorous syntheses of the best evidence available to support the care that oncology nurses and advanced practice nurses provide.

We hope that the readers of the *Clinical Journal of Oncology Nursing* will refer to this ONS Guideline, in addition to the supplement to the December 2021 issue of the *Clinical Journal of Oncology Nursing* (Mahon & Carr, 2021) and other well-developed and up-to-date clinical practice guidelines from trusted oncology organizations, because nurses create individualized plans of care for patients. These resources are invaluable to nurses who strive to engage in evidence-based clinical decision-making, which lives at the intersection of high-quality empirical research, clinical expertise, and patient preferences and values (Melnyk & Fineout-Overholt, 2019).

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