

Comparing the Effectiveness of Compassion-Based Therapy with Cognitive-Behavioral Therapy on Social Well-Being and Hope for Life in Cancer Patients

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1. Round 1

1.1. Reviewer 1

Reviewer:

The study's reliance on purposive selection from two hospitals may limit its generalizability. Future research could benefit from a more diverse participant pool across multiple regions or countries, considering different cancer types and stages to enhance the findings' applicability.

Detailed justification for the sample size, including power analysis, would strengthen the study. This would ensure that the sample size is adequate to detect differences between interventions, considering the potential effect sizes based on prior research.

While the study uses established scales for social well-being and hope for life, operational definitions of these constructs within the context of cancer patients would be beneficial. This would help readers understand the specific aspects of well-being and hope targeted by the interventions.

Incorporating measures of depression, anxiety, or quality of life could provide a more comprehensive view of the psychological impact of the interventions. This would allow for a broader assessment of the therapies' benefits.

Reporting effect sizes in addition to p-values would offer insights into the magnitude of the interventions' impacts. A discussion on the clinical significance of the findings, especially given the lack of significant differences between therapies, would aid in interpretation.

Exploring potential mechanisms through which compassion-based therapy and cognitive-behavioral therapy exert their effects on social well-being and hope could deepen the understanding of these interventions. This could involve discussing theoretical frameworks or empirical evidence on the role of compassion and cognitive restructuring in cancer care.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

Considering the feasibility, introducing blinding of outcome assessors or participants to the intervention could reduce bias. Developing a more active control condition, such as general support groups, would help in distinguishing the specific effects of the therapeutic interventions from general group interaction effects.

Exploring the feasibility and effectiveness of delivering these therapies through digital platforms or teletherapy could address accessibility issues and expand the interventions' reach, especially relevant during times of public health crises like the COVID-19 pandemic.

Implementing and reporting on intervention fidelity checks, such as session recordings or therapist adherence checklists, would ensure the interventions were delivered as intended and facilitate replication.

Including measures of physical health or symptoms related to cancer could provide insights into the holistic benefits of the therapies, given the interconnectedness of physical and psychological well-being.

Conducting longer follow-up assessments would provide valuable information on the durability of the therapies' effects, offering insights into their long-term benefits for cancer patients.

Engaging with a broader range of disciplines, including oncology, psychiatry, and social work, in the design and interpretation of the study could provide a more holistic understanding of how these therapies benefit cancer patients.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.