




# Designing and Validating a Community-Based Palliative Psychological Service Package and Evaluating Its Effectiveness on Pain Perception and Death Anxiety in Patients with Breast Cancer

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E d i t o r	R e v i e w e r s
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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In the Introduction, the paragraph starting with “Cancer has been a persistent health challenge throughout history...” reports global cancer statistics but mixes sources from different years (e.g., “2.3 million newly registered cases in 2020” and “one in every eight women”). Clarify whether these figures refer to the same population/time period and unify the data source to avoid confusion.

In the section “In the quantitative part, the population consisted of all women with breast cancer in Khorramabad in 2024. The sample size was determined using GPower software, resulting in 30 participants...”\*, justify why 30 participants were adequate for repeated measures ANOVA with three time points and multiple dependent variables. Provide the effect size assumptions and power analysis parameters ( $\alpha$ ,  $\beta$ , expected  $\eta^2$ ).

In the paragraph “In this study, aimed at developing a community-based palliative psychological care package... an exploratory mixed-method design was used,” explain how qualitative findings directly informed the quantitative intervention design. Specify which qualitative codes or themes were operationalized into session content.

Detail how the eight-session package was administered (online vs. face-to-face, individual vs. group). In the sentence “The eight-session intervention protocol was structured to provide psychological support...” clarify who delivered the sessions, their training, and whether treatment fidelity was monitored.

The statement “Its phased and flexible structure enabled personalization to each patient’s specific needs...” should be supported with data (e.g., was flexibility systematically measured, or is this an interpretation?). Consider tempering claims about adaptability until tested in diverse contexts.

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

In the paragraph “However, there is a considerable gap in accessible and effective palliative psychological interventions tailored to the unique needs of breast cancer patients, particularly within the Iranian community,” elaborate on what specific systemic or cultural gaps exist in Iran. For instance, mention healthcare delivery barriers, availability of trained psycho-oncology staff, or limitations of community-based services.

In the first Discussion paragraph, “These findings are consistent with previous studies...” add a comparative analysis of how this culturally tailored package differs from Western palliative models. Highlight Iranian sociocultural and family structures that may influence intervention acceptance.

In “This is expected, as psychological interventions, by addressing cognitive and emotional factors in the pain experience...” strengthen the mechanistic reasoning. Discuss how mindfulness modulates pain perception neurologically and psychologically (e.g., reduced catastrophizing, enhanced prefrontal control).

In “Meaning-centered therapy and emphasis on spiritual and purposeful living... were shown by Talayeri et al. (2023) to reduce fear of death,” critically evaluate whether your sessions included adequate existential exploration beyond mindfulness. Clarify how spiritual or cultural components were integrated.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.