





Comparing the Effectiveness of Cognitive-Behavioral Therapy and Emotion-Focused Therapy on Quality of Life Components in Patients with Cervical 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:

Between “CBT has been widely applied in cancer care...” and “Similarly, EFT has been found effective...”, add a brief transition sentence explaining why comparing these two is particularly relevant for cervical cancer patients.

In “The instrument has been validated... including test-retest reliability ranging from 0.75 to 0.84...”, please also provide Cronbach’s alpha values for the current sample, which will strengthen the psychometric justification.

The metaphor “lake monster” in session six is engaging, but it would help to briefly explain its cognitive function (e.g., addressing catastrophizing or schema reappraisal) for better theoretical clarity.

The EFT intervention description ends at session nine, whereas CBT is described over eight sessions. Please clarify whether EFT also had 12 sessions or whether this was an editorial omission. Full session coverage is needed for replicability.

While you noted using Kolmogorov-Smirnov and Levene’s test, the sphericity violation mentioned (“the assumption of sphericity... was not met”) should be followed by the remedy applied (e.g., Greenhouse-Geisser correction).

In Table 2 and its paragraph, very large η^2 values (e.g., 0.91, 0.86) are reported. These should be interpreted carefully in the discussion, possibly comparing them with benchmarks or past studies, as they may raise concerns about overfitting or sampling bias.

The phrase “self-reported measures... may be subject to social desirability bias...” is appropriate, but consider also noting the absence of clinician-rated outcomes or biological markers (e.g., fatigue, cortisol).

Response: Revised and uploaded the manuscript.

1.2. Reviewer 2

Reviewer:

The sentence “The potential benefits of CBT and EFT extend beyond psychological improvements...” would benefit from stronger integration with cervical cancer-specific issues. Consider briefly linking how fatigue or sleep quality is particularly disrupted in cervical cancer survivors.

In the “Study Design and Participants” section, clarify how random assignment was conducted after purposive sampling, as this may appear contradictory unless stratification or block randomization was used.

The paragraph “While both therapies proved effective, the lack of significant differences between CBT and EFT aligns with Jamalomid et al. (2021)...” could benefit from deeper theoretical interpretation. Why might both work equally well? Reference mechanisms of change (e.g., emotion regulation vs. cognitive restructuring).

The statement “...the sustained improvements observed in this study are particularly noteworthy...” should be followed by a discussion of how cultural or hospital-specific factors in Zanjan may limit generalizability beyond the studied context.

2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.