The Effect of Meaning-Centered Pain Coping Skills Training on Pain and Death Anxiety in Breast Cancer Patients

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E d i t o r	R e v i e w e r s
Parisa Nilforooshan	**Reviewer 1:** Mohsen Kachooei
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1. Round 1

1.1. Reviewer 1

Reviewer:

The introduction mentions that "breast cancer is the most recognized cancer in women worldwide" but does not provide specific incidence rates or references to support this statement. Adding these statistics would strengthen the background information (Paragraph 1, lines 1-3).

The "Intervention" section outlines the content of the meaning-centered pain coping skills training but does not provide detailed information on the theoretical framework or prior validation of this intervention protocol. This information should be added to enhance the validity of the intervention (Paragraph 1).

In the "Data Analysis" section, the authors describe using mixed ANOVA and Bonferroni post hoc tests but do not explain why these specific statistical methods were chosen over others. Providing a rationale for the choice of these methods would strengthen the methodological rigor (Paragraph 1).

In the "Findings and Results" section, the authors report significant effects of the intervention but do not discuss the clinical significance of these findings. Adding a discussion on the clinical implications of the effect sizes observed would provide more context for the results (Paragraph 2).

The text states that normality was assessed using skewness, kurtosis indices, and the Shapiro-Wilk test. However, it would be useful to provide the actual values for these tests to allow readers to assess the adherence to the normality assumption (Paragraph 3).

The results section mentions that the homogeneity of variance assumption was met according to Levene's test, but it does not provide the test statistics. Including these values would enhance the transparency of the statistical analysis (Paragraph 5).

Authors revised the manuscript and uploaded the document.

1.2.   *Reviewer 2*

Reviewer:

In the introduction, the authors cite several sources, such as Mills (2017) and Antoni & Dhabhar (2019), without clearly explaining how these studies relate to the current research. It would be beneficial to provide a more detailed analysis of these studies' findings and how they inform the present study (Paragraph 2).

In the "Methods and Materials" section, the study design is described as "experimental research with a pre-test post-test follow-up and control group design." However, the rationale for choosing this design is not provided. It would be helpful to discuss why this design is particularly suitable for the research objectives (Paragraph 1).

The inclusion criteria specify that participants must have "at least a high school diploma." The rationale behind this educational requirement is not discussed. Clarifying why this criterion was included would be beneficial (Paragraph 3).

The description of the control group states that they were placed on a waitlist for intervention but does not explain if they received any standard care or placebo treatment during the study period. This information is crucial for understanding the control group's role in the study (Paragraph 3).

While the authors report η^2 values for various effects in the mixed ANOVA, they do not interpret these effect sizes in the context of the research. Discussing whether these effect sizes are considered small, medium, or large according to conventional benchmarks would be informative (Table 2).

The discussion section mentions that the results align with the findings of Winger et al. (2022) and Fisher et al. (2023). However, it would be helpful to compare the effect sizes and methodological differences between these studies and the present study to provide a more comprehensive discussion (Paragraph 2).

The discussion suggests that MCPC could be used by "nurses, psychotherapists, and mental health researchers." However, the specific training or qualifications required for practitioners to effectively deliver this intervention are not discussed. Including this information would be useful for potential adopters of the intervention (Paragraph 5).

Authors revised the manuscript and uploaded the document.

2.   Revised

Editor's decision: Accepted.
Editor in Chief's decision: Accepted.