International Journal of Cancer Management
Volume 14 · Issue 12 · e112915

OPEN PEER REVIEW

The Efficacy of Time Perspective Therapy in Reducing Symptoms of Post-traumatic Stress, Anxiety, and Depression in Females with Breast Cancer

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SUBMITTED	REVISED	ACCEPTED	DOI
30 Jan 2021	17 Dec 2021	19 Dec 2021	10.5812/ijcm.112915

About this report

This open peer review (OPR) report shows the public comments made on this article during peer review, by the reviewers, the associate editor and the editor-in-chief, for every revision round, together with the authors' replies. Comments appear only with the consent of the people who wrote them. Reviewers who chose to sign their report are named; the others are shown as "Referee". Comments are edited for language only, and confidential remarks to the editors are not included.

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1 Original submission

1 comment · 19 Mar 2021

Referee 1 Reviewer

MAJOR REVISION 19 Mar 2021

This manuscript is interesting, but there are several mistakes in the writing of the manuscript. It needs major revision.

Abstract
Please mention the study design at the end of the title.
Please mention the mechanism of action of Time Perspective Therapy in patients with cancer in the introduction.
In the introduction section, please explain the necessity and purpose of the research. What benefit does this study offer compared to previous studies?
You said: “In some cases, it develops symptoms of post-traumatic stress and its concomitant syndrome, including anxiety and depression”. The phrase “some cases” is unnecessary; please revise.
Please use “comorbidity” instead of “concomitant”.
Please use an RCT or another design instead of a quasi-experimental study.
Please mention the study period in the abstract.
You said the intervention lasted only 6 weeks. What protocol was this based on? Please provide a reference.
Please describe the method used to estimate the sample size.
The level of significance should be mentioned in the methods section of the abstract. Please specify the accepted p-value.
Please present the results as primary and secondary results.

Background
At the beginning of the introduction, please provide statistics on the prevalence of cancers in Iran and the world.

Please mention the mechanism of action of Time Perspective Therapy in patients with cancer in the background section.
In the objective section, you said: “And It appears that the current effort has been the first study to investigate this association”. Which association?

Methods
Use “From February to September 2019”, not “from February 2019 to September 2019”.
Breast specialist? Or specialist in breast surgery?
Please provide the cutoff points of the questionnaire used for diagnosis.
In the inclusion criteria, you said: “(5) at least a month following the diagnosis of breast cancer”; in the exclusion criteria, you said: “the disease recurrence”. What is the difference between these two stages in terms of psychological status?
Please describe the method used to estimate the sample size (30 participants).
The sampling method is ambiguous.
Demographic questionnaire or demographic checklist? If it is a questionnaire, please mention the reliability and validity of this tool.
Reference number 30 is not mentioned in the text.

Results
In the results section, you said: “the current study involves 28 patients”. Is it 28 patients or 30 patients?

Discussion

In the discussion section, you said: “For instance, Oyandal and Buela-Casal ( ) conducted a ….” (?)

In the discussion section, refer only to research-related studies.

The claims made in the discussion section should be supported by references.

Please provide suggestions for future research.

Please use at least 10 new references published after 2018 from PubMed.

Some references are not completely in accordance with Vancouver style.

Some errors in grammar, diction, and sentence structure exist in the paper, which impede reading.

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Revision 1

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Dear Reviewer

The authors of this article thank you for reviewing and providing suggestions to strengthen this article. We tried to incorporate your comments into the structure of the article. However, we would like to provide explanations for things that may seem vague.

1. Regarding the reference to newer and more relevant sources of our research, since TPT is a new therapeutic approach, few studies have been conducted on the effectiveness of this treatment on the clinical population. In addition, no studies have evaluated the effectiveness of this treatment in cancer patients. As a result, we tried to point out the most authoritative ones in our research.

2. Regarding the lack of a cut-off point for the questionnaires, we should express that the main criterion for diagnosing and selecting subjects with PTSD, anxiety, and depression was a clinical interview by the psychologist.

3. The treatment protocol was received through the therapist's correspondence with Philip Zimbardo, which will be sent to you in the attachment of this letter. In addition, it is referenced in the article.

2 Revision 1

1 comment · 28 Aug 2021

Atena Pasha Reviewer

MINOR REVISION 28 Aug 2021

2. The objectives, hypotheses, and research questions should be written in the method section.
3. This type of study required an ethical approval number.
4. The limitations and suggestions should be written in separate paragraphs.
5. The necessary explanation of the study protocol and procedure should be provided to patients.
6. The treatment protocol should be implemented by a certified clinical psychologist and should be mentioned in the method section.
7. The text written in the article should be in academic English, fluent, grammatically appropriate, and clear without any ambiguity.

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Revision 2

AUTHORS' RESPONSE TO REVIEWERS

Authors' reply to reviewers

The next pages contain the authors' point-by-point reply to the comments of this revision round, as submitted with the revised manuscript. It is published as the authors wrote it.

Reviewer 1:

-Please mention to the design of study in end of the title.

Responses: We were unable to obtain the clinical trial registry code due to the completion of the sampling process. As a result, at the request of the respected editor of the journal, we did not mention the research plan in the title.

-Please mention to the mechanism of action (Time Perspective Therapy) in patients cancer in the introduction.

Responses: we added a clarification to the introduction

"One therapeutic approach is time perspective therapy (TPT), which has recently been applied for treating patients with PTSD. TPT is a time-based therapeutic approach, which offers 5 time perspectives, focusing on patients' perception of their past, present, and future: past-positive, past-negative, present hedonism, present fatalism, and future (17). According to the time perspective theory, when these 5 time perspectives deviate from the balance to past-negative or present fatalism orientation, it would cause PTSD, as well as anxiety and depression in patients. Thus, when patients are treated with TPT, they recognize those negative self-talks that expose them to traumatic experiences and attempts to alter them by focusing on past-positive events. Such treatment helps patients create a more positive perspective of their life and have a hopeful view of the future (18). Throughout the psychological well-being promotion of patients, TPT diminishes the symptoms of both PTSD and anxiety and depression by weakening past-negative attitudes and present fatalism, improving the past-positive, present hedonistic, and future perspectives, and, creating a balanced time-perspective (19)".

-In introduction section please refer to research necessity and purpose, this study what dose benefit compare to previous studies?

Responses: We mentioned this in the final part of the introduction.

"TPT was devised primarily to address the PTSD-related emotional difficulties and, consequently, previous research on its efficacy has mostly focused on patients with PTSD. However, as new evidence has drawn attention toward the traumatic nature of cancer diagnosis, this treatment may be beneficial in alleviating the relevant symptoms in patients with cancer. To the best of our knowledge, no study has investigated the potential benefits of TPT among patients with cancer."

-You said: “In some cases, it develops symptoms of post-traumatic stress and its concomitant syndrome, including anxiety and depression” some cases do not necessitate, please reform.

Responses: This sentence was revised and replaced with a new one.

"Breast cancer is commonly associated with the symptoms of post-traumatic stress and its comorbidities such as anxiety and depression."

-Please use the comorbidity instead concomitant.

Responses: This replacement was applied.

-Please use the RCT or others design instead quasi-experimental study.

Responses: This replacement was applied.

-Please mention to the time of study in abstract.

Responses: We added this to the abstract.

" This is a randomized controlled trial conducted from February to September 2019. "

-You said had only 6 weeks intervention, based on what protocol? Please reference.

Responses: We mentioned the protocol reference in that part of the article that deals with treatment.

" All psychotherapy sessions were held based on the protocols developed by Zimbardo, Sword, and Sword (2012) (17) and Sword, Sword, Brunskill & Zimbardo (2014) (25)."

-Please refer to method of sample size estimate.

Responses: The sample size is selected based on reference number 24.

-The level of significance should be mentioned in the methods of abstract. Please refer to p-value accepted.

Responses: We added this to the abstract.

"A P-value smaller than 0.05 was considered significant."

-Please present the results in format of primary and secondary.

Responses: We applied these changes in the results section.

-At the beginning of the introduction, please provide statistics on the prevalence of cancers in Iran and the world.

Responses: we added a clarification to the introduction.

" Among females, breast cancer is the most commonly diagnosed cancer in Iran and worldwide. Based on the international data, breast cancer accounts for 11.6% of cancer cases and it is responsible for 6.6% of cancer deaths (1,2). "

-In objective section, you said: “And It appears that the current effort has been the first study to investigate this association” which association?

Responses: We removed it due to ambiguity in the phrase.

-From February to September 2019 no from February 2019 to September 2019.

Responses: This edit was done.

-Breast specialist? Or specialist in breast surgery?

Responses: The term specialist in breast surgery was used.

-Please refer to cut-off points of questionnaire that used for diagnosis.

Responses: We clarified our meaning with this sentence.

"having significant clinical or subclinical symptoms of post-traumatic stress, anxiety, and depression as diagnosed by a clinical psychologist;"

-In inclusion criteria you said: “(5) at least a month following the diagnosis of breast cancer”, in exclusion criteria you said: “the disease recurrence” What is the difference between these two stages in terms of psychological status?

Responses: We tried to make our point clearer with this phrase.

"disease recurrence or metastasis during the study or incidence of a physical problem that causes difficulty in attending the psychotherapy sessions"

-Please refer to method of sample size estimate (30 participants).

Responses: The sample size is selected based on reference number 24.

-The sampling method is ambiguous.

Responses: We tried to make our point clearer with this phrase.

"A convenience sampling method was applied in this study and the participants were screened by a clinical psychologist; those who met the criteria and signed a written informed consent were allocated to either treatment or control group, using the random number table. "

-Demographic questionnaire or demographic checklist? If questionnaire, please mention to reliability and validity of this tool.

Responses: OK, demographic checklist

-In the text, does not mention to reference number 30.

Responses: Done

-In results section, you said: the current study involves 28 patients? 28 patients or 30 patients.

Responses: We tried to make our point clearer with this phrase.

Thirty participants were enrolled in this study. Two participants were dropped out, one from the treatment group due to disease recurrence and one from the control group due to incomplete data on the posttest. The data of 28 patients were analyzed.

-In discussion section, you said: For instance, Oyandal and Buela-Casal () conducted a …. (?)

Responses: We replaced the following phrase:

While the longitudinal link between the change in time perspectives and change in treatment outcomes has not yet been established, there is cross-sectional evidence linking these time perspectives to mental health conditions. For instance, Oyandal and Buela-Casal (2014) compared a clinical sample of patients with mental disorders (depressive disorder, bipolar disorder, schizophrenia disorder, and cluster B personality disorder) to healthy controls in terms of 5 aspects

of time perspectives and their deviation from a balanced time perspective. -In the discussion section, refer only to research-related studies.

The claims made in the discussion section should be reference based.

Responses: We have shown these references in the text below.

Previous research on the efficacy of TPT has provided evidence on its efficacy on post-traumatic stress symptoms in soldiers and veterans of wars (20). In another study on female students, the participants, who were treated by TPT, showed significantly lower depressive symptoms (21). The current study generalizes the evidence to patients with breast cancer as well, suggesting that TPT is effective in reducing post-traumatic stress, anxiety, and depression.

According to its underlying theory, TPT is effective because it facilitates the balance between different aspects of time-perspective, which in turn leads to the treatment effects.

-Please refer to research suggestions for future.

Responses: Future suggestions are based on previous research, which is mentioned in the research.

-Please use the new references, after 2018, PubMed, at least 10 new references.

Responses: Done

-Some references are not in accordance with Vancouver style completely.

Responses: Done

-Some errors in grammar, diction, and sentence structure exist in the paper, which impede reading.

Responses: The entire text was revised and edited.

Reviewer 1:

-It should be stated that the participants were randomly assigned to the groups.

Response: This word was added to the Methodology section.

--"The study was conducted in two groups, control and intervention": this sentence should be rewritten..

Response: This sentence was rewritten:

Data analysis of 28 patients from the experimental and control groups showed

--The calculated sample size applies to each of the control and intervention groups; you should not divide 26 between the two groups..

Response: The power analysis presented is based on analysis of covariance, and the reason for the small calculated sample size is the greater statistical power of analysis of covariance compared with the independent t-test or analysis of variance. .

Although G*Power software provides the sample size for each individual group in a power analysis for the independent t-test, for analysis of covariance it provides a single total sample size (hence, in the output below, the denominator degrees of freedom of the F ratio are calculated as 23, which is the total sample size minus 3 [two degrees of freedom for the two groups and one degree of freedom for the covariate]). The software output is presented below (a partial eta squared of 0.25 is equivalent to f = 0.577):):

F tests - ANCOVA: Fixed effects, main effects and interactions
Analysis: A priori: Compute required sample size

Input:	Effect size f	= 0.5773503
	α err prob	= 0.05
	Power (1-β err prob)	= 0.8
	Numerator df	= 1
	Number of groups	= 2
	Number of covariates	= 1
Output:	Noncentrality parameter λ	= 8.6666676
	Critical F	= 4.2793443
	Denominator df	= 23
	Total sample size	= 26
	Actual power	= 0.8048687

--Merge Tables 3 and 4 and transfer the sig values of Table 4 to Table 3; the rest of the information will not be particularly needed by the readers of this journal..

Response: This was also done, and the tables were merged.

[Translated from Persian by the Brieflands editorial office.]

3 Revision 2

0 comments

No public comments in this round.