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The Editor-in-Chief,
World Journal of Clinical Oncology.

Sir,

Answers to Reviewers

Manuscript NO: 42683

Title: A rational-emotive behavioral intervention helped patients with cancer and their caregivers to manage psychological distress and anxiety symptoms

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Reviewer ID: 02895862

Reviewer #1: The authors argued that REBT research is important, and funders were also encouraged to ensure increased access to funds to enable researchers to conduct similar studies. I agree with the author opinion. However, the authors should further explain the basis (view of health economy) for allocating research funding to REBT more than other health programs related to this area, in order to further strengthen the point of an argument of this paper.

Author response: Thank you for your suggestion. I have now provided the basis for allocating research funds to REBT more than other health programs related to this area as follows:

In view of health economy, it is important to clarify the basis for allocating research funds to REBT more than other health programs related to this area. Gilbert et al.^[17] showed that an REBT program which integrated both individual and group therapy sessions with primary care and specialist mental health services provided an alternative to expensive in-patient admissions. The authors reported that the REBT program was: cost-effective by minimizing the request for acute hospital beds, satisfactory to the patients, and yielded considerable improvements in

patients' symptoms, subjective well-being and functioning.^[17] Also, in a randomized clinical trial of 170 Romanian patients which examined the cost-effectiveness of treatment interventions which yielded significant positive changes in depression, depression-free days, and quality-adjusted life years scores of patients, the authors demonstrated that REBT intervention attracted lower cost compared to other health programs like pharmacotherapy with a similar therapeutic effects.^[18] The REBT program was reported to be more cost-effective with better cost-utility compared to pharmacotherapy.^[18] Therefore, it might be reasonable to allocate more research funds to treatment interventions with similar clinical effects on patients' symptoms' management like other health programs but would require lower cost to execute. These previous research reports suggest that, in view of health economy, an REBT program might require more support with research funding than other health programs related to this area since it appears to be less expensive and can have better cost-utility. The implication is that more patients can be treated through an REBT program and funders would be able to disburse funds to more REBT researchers than they would to other researchers whose interventions might cost more to execute especially when a large number of patients are to be treated.

Reviewer ID: 03478254

Reviewer #2: This is a meaningful article and there are a few things that need to be revised. 1. You should mention a few other researches on the psychological treatment of tumor by REBT in Introduction. For example: Mahigir F et al. found that rational-emotive behavioral therapy (REBT) can reduce the pain of cancer patients in both India and Iran. 2. Appropriately increase the number of references. Once the above concerns are fully addressed, the manuscript could be accepted for publication in this journal.

Author response: Thank you for the opportunity given to me to respond to the reviewer's comment. I have read and included the study on the psychological treatment of tumor using REBT in the Introduction section of the manuscript.

Also following the revision, the number of citations relevant to this subject has increased to 23. I have added the following:

It is important to note that the psychological treatment of patients with tumor using REBT cannot be overstated. A 2012 randomized controlled trial by Mahigir et al. found that REBT was effective in decreasing pain intensity scores of patients with cancer in two countries – India and Iran.^[5]

Despite the promising evidence of psychological interventions such as REBT, I would like to agree with Syrjala et al.^[19] that multidisciplinary teams are important in oncology settings for the integration of care and expertise in the delivery of psycho-behavioral treatments in standard care for cancer patients' symptoms management. Because intense cancer pain is associated with increased levels of anxiety and depression^[20] and increased levels of psychological distress and catastrophizing^[21], one important task which multidisciplinary teams have to carry out is to examine the efficacy of REBT in the reduction of cancer pain and related psychological concerns. Given that changes in pain-related psychological variables such as catastrophizing and other pain-related beliefs have also been found to be significantly linked to changes in pain intensity, pain interference and psychological functioning^[22], the use of REBT to improve pain management in cancer patients is suggested for future researchers and healthcare teams who aim to reduce the perception of pain among such patients. In fact, studies are advancing support for further recognition of the relevance of psychological interventions in cancer pain management.^[23]

Additional References

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Thank you.

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