

## Peer Review File

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### **Review Comments**

The manuscript, “Religious/Spiritual Concerns in Patients with Brain Cancer 1 and Their Caregivers” is a brief review leading up to description of an intervention “Hear My Voice.” The paper has some strengths, including the presentation of the intervention and highlighting an often ignored group of cancer patients. However, a number of issues should be addressed before this manuscript is ready for publication.

### **Response**

*We are grateful for the reviewer’s comments about our manuscript. However, with all due respect it appears the reviewer, and perhaps editors who categorized the article as a Review Article, did not accurately understand our manuscript. Specifically, in the Abstract we indicate that the manuscript has 3 parts: 1) a brief review of research, 2) “chaplains’ descriptions of their own experience with R/S concerns of patients with brain cancer and their caregivers, and the spiritual care they have offered them,” and 3) a description of the Hear My Voice intervention.*

*Additionally, the reviewer is asking for substantial changes to a manuscript that we shared with Jerome Graber, the editor of the special issue who recruited our contribution, who indicated (email 2/18/20) that the substance of the manuscript was “a very good and succinct intro and overview of the topic for readers who might not be familiar.”*

**Comment 1:** First, the authors should consider some structure guiding their review of the literature (between pgs 3 and 8 on my copy). This could borrow from existing frameworks (see Richardson 2014 in this journal) or present the reader with a framework that builds in a logical fashion. As it currently stands, there are paragraphs on isolation, cognition and decline; with no clear way for the reader to follow the authors’ logic.

### **Response**

*We did not conduct a formal narrative review of the literature about religion/spirituality (r/s) in brain cancer patients. This literature is quite small, and the existing studies have many limits (diverse foci, small samples, R/S is rarely the central concern of the study). We reviewed 14 articles which captured most of the relevant studies. We organized our summary of the literature by themes. In response to the reviewer’s suggestion we have added subheadings to the manuscript to indicate the major themes we found in the literature.*

*Note: In the mss the literature review is approximately 3 pages (pages 3-6), not pages 3-8.*

**Comment 2:** Second, the authors should clarify where they are pulling quotes from

throughout the manuscript. The second paragraph does a nice job of citing a quotation, but the following quotations appear to come from the authors' clinical practice? Possibly stating that, "anecdotally, we have often heard..." or a statement of where these quotes came from would be helpful. They detract from the overall merit of the work and distract the reader from the important literature cited in other sections of the manuscript.

***Response***

*The quotation noted by the reviewer is from one of the articles we reviewed. We have added the page number for the quotation to make that clearer. There are additional quotations in the second section of the paper, the chaplains' descriptions of patients' and caregivers' r/s needs. We believe it is clear that the quotes in this section come from the chaplains' clinical practice.*

**Comment 3:** Finally, the authors should consider building their literature review around what the Hear My Voice intervention covers, not seen by other interventions. While the intervention appears novel, it is not clear what it adds to the existing literature (for instance, it seems as if lack of communication is an important area to target for patients) nor what the previously published results contributed. These 4 published papers deserve more than a sentence or two and summarizing feedback and/or future directions would be important.

***Response***

*We appreciate the reviewer's attention to the Hear My Voice intervention. It is the only spiritual care intervention that has been tested among patients with brain cancer and the evidence indicates it is well-received and effective. In light of this we fail to understand the reviewer's comment that "it is not clear what it adds to the existing literature."*

*Since we submitted the mss, the Hear My Voice investigators have published a new report of the effects of their intervention and a summary of findings from patients with neurodegenerative diseases. We have revised the final section of the mss to include information from these reports.*