Qeios

Peer Review

Review of: "Living with a Vestibular Schwannoma: Bridging the Gap Between Treatment and Quality of Life"

Alicja Nowacka[1]

1. University of Auckland, New Zealand

This is a valuable and timely review that covers a great deal of ground and includes a thoughtful inclusion of patient experiences. I've offered feedback aimed at sharpening the focus, especially around how psychosocial aspects are defined and framed, clarifying the review's aim, and tightening repetitive elements. Together, these revisions would make the review clearer and strengthen its case for QoL measures that reflect the lived experience of people with VS, capturing both physical and psychosocial dimensions.

Introduction

One suggestion for strengthening the paper would be to sharpen the overall aim in the introduction. At present, the stated aim is:

> "This review synthesises current evidence on QoL in VS patients, with a focus on how different treatment modalities—observation, SRS, and microsurgery—affect both functional and psychosocial domains. It critically examines assessment instruments, explores patient-reported experiences, and highlights key evidence gaps. By integrating clinical evidence with patient-centred perspectives, this review aims to inform future research priorities and contribute to the development of more holistic, responsive models of care in the management of VS."

This is clear, but it reads a little generic and could be more tightly linked to the content that follows. A possible reframing might be:

> "This review synthesises current evidence on quality of life (QoL) in people with vestibular schwannoma, with particular attention to how QoL has been defined and measured. It

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> highlights how existing instruments tend to prioritise physical symptoms while often underrepresenting psychosocial dimensions. By examining treatment outcomes, patient-reported experiences, and the measures used to capture them, the review aims to show how these choices shape our understanding of QoL and to argue for more balanced, holistic approaches in future research and care."

This framing would give the review a clearer through-line and tie the sections together more strongly.

Psychosocial outcomes

The paper rightly notes that QoL in VS is shaped by more than just symptom-related challenges. However, it is not always clear how "psychosocial" is being defined across the review. For example, some studies included in the review assess mental wellbeing using HADS (e.g., Nowacka et al., 2023), yet are marked in Table 2 as not addressing psychosocial outcomes. Being explicit about what the authors define as "psychosocial," and how this definition informs the synthesis of their results, would help clarify the narrative and avoid under-recognising contributions from studies that do explore these areas.

The discussion could also give more weight to themes such as coping, fatigue, identity, and appearance-related concerns. Recent work on fear of negative evaluation (Nowacka et al., 2024), for instance, ties directly to issues of self-image and social participation—factors that are often overlooked but central to patients' lived experiences. Expanding on this would bring the review closer to its stated aim of representing QoL in all its dimensions.

Methodology

The use of PRISMA adds transparency to the search strategy. One small point: describing the search as "comprehensive and systematic" could unintentionally suggest that this is a full systematic review. A brief clarification that this is a narrative review using systematic methods would avoid confusion.

Discussion

The section on digital health and telemedicine is interesting and future-facing, though it currently reads more speculative compared to the rest of the paper. Framing it more explicitly as an area for future research would make it feel more grounded. Evidence from telemedicine in Parkinson's disease (Cubo & Delgado-López., 2022) shows how such approaches can improve access and continuity of care, while also acknowledging that studies in VS are not yet available.

Similarly, when the discussion touches on return to work, appearance concerns, and social identity, it could be strengthened by tying back to studies that directly assess these aspects. This would give more balance to psychosocial impacts alongside the well-covered physical domains.

Conclusion

I agree with the authors' call for a standardised QoL framework. This argument could be made even stronger by highlighting that, although PANQOL is validated, it remains heavily weighted toward physical domains. The issue is therefore not only standardisation, but also ensuring that psychosocial aspects are adequately represented. Emphasising this point would allow the review to make a distinctive and valuable contribution to the field.

Minor points

Prehabilitation: It comes up in both the methodology/discussion context and again in the conclusion, but the key point is the same (that prehabilitation could improve outcomes). Instead of repeating, you could mention it once, then cross-reference briefly later ("as discussed above").

Patient advocacy: Similarly, you raise it in the psychosocial context and later when talking about future directions. Both mentions are valid, but one could be condensed or framed differently to avoid feeling redundant.

Tables and references: Table 2 would be clearer if the authors specified what they mean by 'psychosocial symptoms' and outlined the measures used to make these classifications, linking them directly to the instruments applied (e.g., HADS, qualitative interviews). The reference list also contains some inconsistencies (for example, Weidt et al. 2014 is not fully detailed, and Godefroy 2010, a doctoral thesis, should be formatted accordingly).

Declarations

Potential competing interests: No potential competing interests to declare.