Thorough Skin Self-Examination in Patients With Melanoma

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Key Points . . .
➤ Measures of thorough skin self-examination (TSSE) should target specific body areas to examine over specific time periods, rather than overall performance.
➤ Patients should be queried routinely about the use of TSSE or their last thorough skin examination by a healthcare provider.
➤ Providing information about TSSE to patients with melanoma and their partners should be a routine part of clinical care.

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Although melanoma is potentially fatal, at least 588,000 melanoma survivors are alive in the United States (Rowland et al., 2004). Survivors have a ninefold risk of recurrence (Greene, 1999), and risk is compounded in patients with high numbers of common or atypical moles (Tucker et al., 1997). For example, individuals with 100 or more common nevi measuring 2 mm or greater in diameter are 7.7 times more likely to develop melanoma than people with 0–4 nevi (Bataille et al., 1996). Similarly, one atypical mole confers a twofold increased risk of melanoma, whereas 10 or more atypical moles confer a 12-fold increased risk (Tucker et al.). Monitoring for suspicious lesions includes periodic dermatologic evaluations and monthly skin self-examination (Weinstock, 2000).

Skin self-examination is associated with improved melanoma early detection and a 63% reduction in melanoma mortality (Berwick, Begg, Fine, Roush, & Barnhill, 1996; Brady et al., 2000; Weinstock, 2000; Weinstock et al., 1999). Studies of skin self-examination largely are community based (Arnold & DeJong, 2005; Janda et al., 2004; Oliveria et al., 1999; Robinson, Rigel, & Amonette, 1998; Weinstock et al., 1999).