Thorough Skin Self-Examination in Patients With Melanoma

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Purpose/Objectives: To examine the feasibility of using Weinstock et al.'s thorough skin self-examination (TSSE) assessment in patients with melanoma, to describe TSSE characteristics of patients with melanoma, and to explore associations of personal and disease variables with TSSE.

Design: Cross-sectional, descriptive feasibility study; part of a larger study of melanoma in families.

Setting: Outpatient melanoma clinics in a National Cancer Institute–designated comprehensive cancer center.

Sample: Purposive sample of 70 predominantly white participants (47% women, 53% men), with a mean age of 65 years (SD = 11 years) and pathologically confirmed cutaneous melanoma (any stage).

Methods: Weinstock et al.'s TSSE assessment (self-report of the number of times patients examined the surface of seven specific body areas during the prior two months) and items regarding partnered TSSE and skin examination from healthcare providers.

Main Research Variables: Frequency of TSSE and healthcare provider skin examination, partnered TSSE, and reasons for not performing TSSE.

Findings: Forty-one (59%) participants reported performing TSSE; by Weinstock et al.'s criteria, only 23 (33%) practiced TSSE. Use of a partner was significantly associated with TSSE ($p = 0.001$); patients indicated high rates of skin examination by healthcare providers.

Conclusions: Patients with melanoma are at high risk for recurrent disease. TSSE contributes to early detection of melanoma. Although Weinstock et al.'s TSSE assessment is feasible for use among patients with melanoma in a clinical setting, the focus should be on examination of specific body areas, rather than global skin examination. Overall, patients with melanoma had a low frequency of TSSE; however, data regarding previous knowledge or instruction of TSSE were not collected. Involving a partner enhances the frequency of TSSE.

Implications for Nursing: Patients with melanoma should be informed of the importance of conducting systematic TSSE and using a partner during examination; however, some patients may prefer skin examination by healthcare providers. Measurement of TSSE self-report merits further study.

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.

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)

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