Author's response to reviews

Title: Patient understanding of moles and skin cancer, and factors influencing presentation in primary care: a qualitative study.

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Author's response to reviews: see over
Dear Editor

BMC 7400207335454562: Patient understanding of moles and skin cancer, and factors influencing presentation in primary care: a qualitative study. Fiona M Walter, Elka Humphrys, Simon Tso, Margaret Johnson and Simon Cohn

We would like to thank the reviewers for their constructive comments which we have addressed in turn. All changes have been underlined in the manuscript.

Referee 1:
- The results are arranged in narrative form organised around broad themes without an attempt to determine mediation effects or statistical modelling.
  
  We are reporting a qualitative study which aims to generate theory concerning people's understanding about moles and skin cancer and why they seek help from primary care, rather than any statistical inferences. We therefore consider that these data are appropriately reported in a narrative form rather than attempting to draw statistical results from such small numbers.

- The themes are not rigorously related to the model as presented in Figure 1. The study uses the first 4 items of the model and does not explain why the last 2 items were not used.
  
  We agree that we have not been explicit enough in our use of the model. The model identifies 5 delay stages (appraisal, illness, behavioural, scheduling and treatment) and, as our study concerned the pathway from symptom perception to consulting in primary care, we omitted discussion of the fifth stage, treatment delay. We have therefore expanded on our incomplete use of the model on p6.

- Given the limited use of the model, it is difficult to accept the conclusion presented on p16 last paragraph: ‘our findings show that the stages are not always passed through successively and independently as suggested by Andersen et al, but that the stages can be merged or omitted altogether’.
  
  We accept that we may have over-interpreted our findings and their implications for the model, and have therefore modified this sentence in the discussion on p16.

- Recommendation 1: Provide the structured interview questions in the Methods section.
  
  This is now included as Box 1.
- Recommendation 2: What were the entry criteria and exclusion criteria for the convenience sample?

We have made the second paragraph of the methods section more explicit to address this comment. The entry criteria was ‘all participants in the trial’s pilot phase; the exclusion criteria were those of the trial and have therefore been added for clarification.

- Recommendation 3: The manuscript seems overly long. Perhaps taking the quotations from patients out of the narrative and creating a table that relates the quotations to the theoretical model would help.

We have given this recommendation some considerable thought but have respectfully declined to take it for the following reason: we believe that embedding the quotations in the reported results gives far greater clarification of our critical interpretation to the reader. We believe that a table or box giving sample quotations removes the primary data from its interpretation. However, we also understand that this reporting approach inevitably makes a manuscript longer, and if the editor feels strongly that we should create tables or boxes we could re-consider this approach.

Referee 2:

- This manuscript encapsulates an enormous quantity of work analysing structured dialogues, and develops a model to help understand the process.

Thank you.

- The in depth approach was most appropriate and, as a dermatologist, I learned a great deal from this manuscript. However, the observation of only four melanomas in the study period limits our understanding beyond moles.

We completely agree, which is why this manuscript has been submitted to a general practice rather than a dermatology journal. At the same time it is important to reiterate that the vast majority of pigmented lesions presented in primary care will be benign, hence the importance for patients and GPs alike to be able to distinguish potentially malignant from harmless changes in moles.

Editorial comments:

- Provide the trial registration number of the original RCT at the end of your abstract so this may be linked to the study.

The trial registration number has been added.

- Although you have mentioned that ethical approval was granted for the RCT, we ask that you clarify (within your manuscript) whether this approval also covered this qualitative aspect of your work.

Thank you- this has now been included.

We look forward to hearing from you after further consideration of this manuscript,

Best wishes,

Dr Fiona Walter, on behalf of the authors