Reviewer's report

Title: Health Profiles of 996 Melanoma Survivors

Version: 2 Date: 11 December 2005

Reviewer: Alv Dahl

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Given the progress in the treatment of melanomas, a study of their health profiles at long-term could be worthwhile. However, I find that this paper has several major weaknesses that are objections to publication of the paper in its present form.

- Description of the melanoma sample. I miss data on the whole population of patients with melanomas treated during the study period, so that we can get an estimate of the number of living in relation to dead patients. Further, melanomas are treated as one group as to their sites of localization, although it is reasonable to believe that there are differences as to cutaneous or choroid types and so on. The group undergoing combined treatment (N = 391) should have a specification of the additional treatment at least for chemotherapy and radiation.

- Access to medical records or cancer registry data are not described, but such data would have improved the clinical relevance of the study, as for example concerning staging of the melanoma cases. The paper is somewhat vague concerning if the response from patients were anonymous or allowed for identification that opened for records/registry data. This should be clarified.

- The contrast sample of all other cancer survivors. Although highly convenient, I doubt how clinically meaningful this contrast group really is? In my view it would be more reasonable to select a contrast group of cancer types with somewhat identical prognosis, somewhat identical treatment i.e. mostly surgery with some supplementary treatment, but not hormonal. Any such selection would have given a more clinically valid contrast group.

- Statistics. Even if the Statistical work has been done at a Department of Biostatistics, I dare to have some objections. The authors have chosen a stratification approach which give raise to many tables in order to present their findings. In my view the use of logistic regression analyses with melanoma versus non-melanoma as the dependent variable and the demographic and clinical variables as independent would have given a more clear and precise presentation of their significant findings.

- Figures and tables. I find Figure 1 and 2 less informative, and they should be omitted. Their data should be put as a few sentences in Results. Table 1-3. could be made into one table with the logistic regression apporach. I find tables 4 to 6 somewhat overwhelming, and they should be made more selective as to findings of reasonable clinical relevance. In general two decimals is enough on the P-values.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

None

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Discretionary Revisions (which the author can choose to ignore)

None
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

I declare that I have no competing interests.