Author's response to reviews

Title: Skin surveillance intentions among family members of patients with melanoma

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We appreciate the reviewers’ comments on the above-referenced manuscript. A list of the comments and our responses are shown below. Thank you for your consideration of this revised submission.

Reviewer #2

From the original review: “According to the Theory of Planned Behaviour, performance of a behaviour is a joint function of intentions and perceived behavioural control. The later aspect does not appear to have been adequately discussed in this study but it clearly is inherent in the barriers identified. As perceived barriers are a significant factor in not performing a SSE, these barriers should be described in more detail and identified. They could be targeted in order to effect changes in behaviour.”

The authors have attempted to address this concern and have listed a number of perceived barriers.

“The most commonly reported barriers to TCE were: not feeling it necessary to have a TCE unless the person noticed an abnormal growth; inconvenience; embarrassment; and the financial cost. The most commonly reported barriers to SSE were: lack of knowledge of what to look for when doing SSE; preferring a doctor or other health professional check for signs of skin cancer; lack of confidence in how to perform SSE; and not being sure what skin cancer would look like.”

These general statements are in keeping with many other studies. What is not clear is how these barriers were identified in this cohort. While the intention side of behavior is carefully analyzed there is no supporting statistical evaluations of any of these statements regarding perceived behavior control.

This cohort of first degree relatives have, by the very selection process, failed to
transform intention into behavior. Intention in this group does not appear to be enough of a motivator. Identifying barriers seems more significant than identifying "intentions" and this aspect should be analyzed in greater detail.

Response: The reviewer notes that the cohort of first degree relatives in the current study have failed to transform intention into behavior and thus intention seems not to be enough to motivate behavior change. The study focused on a cohort of individuals who lacked a total cutaneous examination (TCE) in the past 3 years and had performed a skin self-examination (SSE) three times or fewer in the past year, which does not reflect complete failure to engage in the behaviors across the entire cohort. Individuals' low engagement in skin surveillance behaviors may be due to insufficient intention levels as opposed to failing to transform intention into behavior (which would be characterized by individuals having consistently high intentions but low behavioral engagement). In the current study, intention levels were moderately high (mean of 5 on a 1 to 7 scale), which is consistent with prior studies of similar populations (Geller et al., 2003; reference 10). Across a wide range of behaviors, including skin surveillance behaviors, intentions have been found to mediate associations between beliefs and behaviors. Intentions also constitute proximal determinants of behavior in a number of health behavior theories. These considerations underpinned our decision to focus on intentions in the current paper. Barriers were indeed found to be an important correlate of intentions, as were several other factors. As noted in the Discussion section, the study results have a number of implications for clinical practice and future research.