Reviewer’s report

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

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Reviewer: Adam Riker

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Background: I question whether looking at intentions is the best outcome parameter to assess. For example, why not simply look at those who actually went to the dermatologist for a full body skin exam or performed a self-skin exam. Furthermore, a conceptualized framework is vague and lacks concrete outcome parameters that have clinical utility. The correlates are described as novel, however, these really do not appear to novel or unique in this regard. These correlates are essentially "normal" behavior, ie: to be fearful of going to the doctor as they may find something that is deemed suspicious. How they are related to TCE and SSE have indeed been examined in other studies, as have other correlates of behavior.

Methods: Why such a wide range of melanoma patient (3 months to 7 years). ? Is this intentional? If not, this would appear to skew the data as the correlates of behavior will be related to the time from the melanoma patients diagnosis and treatment. For example, are intentions associated with the time of diagnosis of the melanoma patients.?

The numerous abbreviations and acronyms result in difficult reading.

Measures: How is the level of distress gauged? What is the significance of mild to moderate distress?

Stats: I am not familiar with these statistical analyses and would strongly recommend a biostatistician to review these for appropriate usage of the variety of analyses examined.

What is meant by "physician support"? family support?

Discussion: The concluding paragraph is almost self-fulfilling in nature. Indeed, health care providers should be aware of the factors proposed. And yes, they may not be more motivated to engage in early detection. As a clinician, this is a common finding among family members for the reasons stated. It would have been interesting to look at many other known factors which affect this behavior, such as those without insurance, hence no money or means to see a dermatologist. Additionally, they may live far away from a clinician willing to perform a full body skin exam. Time away from work, fear of if they find something, how will they pay for it then. Lack of access to a dermatologist (waiting periods are often longer than 6 months, or will not see patients without
insurance).

Conclusions: Most clinicians already encourage FDR's to undergo TCE's as suggested, highlighting the benefits etc...Lastly, most physicians already realize the shortcomings in regards to patient and family education and community outreach.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.