Author's response to reviews

Title: Exploring patterns of melanoma recurrence in Northeast Scotland to inform the introduction a digital self-examination intervention

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Author's response to reviews: see over
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Dr Hayley Henderson
Handling Editor
BMC Dermatology

Dear Dr Henderson

BMC Dermatology MS: 1580988752110426

Exploring patterns of melanoma recurrence in Northeast Scotland to inform the introduction a
digital self-examination intervention

Rhona L Auckland, Patrick R Wassell, Susan Hall, Marianne C Nicolson and Peter Murchie

Many thanks for your recent communication with respect to our manuscript. We are grateful to you for
enclosing two sets of extremely useful reviewer’s comments. Below we highlight how we have addressed
these.

REVIEWER 1

Major Compulsory Revisions
1. Clarification is needed regarding the use of the term melanoma recurrence. Is this a second
primary melanoma? Is this recurrence at the line of previous excision of the original melanoma?
From the use of the term in the manuscript, it seems the authors mean development of additional
primary melanomas after the initial lesion.

We apologise for this lack of clarity. We sought to discover all types of melanoma recurrence (local,
regional and distant). We did not include new primary melanomas. We now include the data breaking
down the proportion within each category in table 1 and have amended the text throughout to make this
clearer.

2. In the discussion, please consider how the composition of the population studies (predominantly
male) may have influenced the findings. Males are less likely to perform SSE than females.

This is a good point and we have added the following sentence to the Strengths and Limitations
section of our discussion:

“A further related limitation is that the sample is dominated by men. Since men are arguably less
likely to sustain TSSE this should be borne in mind as a potential confounder for which we have
not been adequately able to control in such a small sample.”

Minor Essential Revisions
P 6 there is no reason to suggest that similar statistics would be found in North East Scotland (NES)
too. I beleive the authors mean: there is reason to suggest that similar statistics would be found in
North East Scotland (NES).
We thank the reviewer for highlighting this error. We have amended the sentence as suggested. It now reads:

“However despite evidence to support TSSE, education and practice appear suboptimal with 70% of American melanoma patients indicating that they had never been advised by their doctor to do so and there is good reason to suggest that similar statistics would be found in North East Scotland (NES) too.”

**REVIEWER 2**

The manuscript is potentially interesting but a few information are missing.

1. **The first one is that nowhere in the manuscript is mentioned what kind of recurrences the authors are reporting, namely, local, regional, or distant.**

   Again, we apologise for this lack of clarity. We sought to discover all types of melanoma recurrence (local, regional and distant). We did not include new primary melanomas. We now include the data breaking down the proportion within each category in table 1 and have amended the text throughout to make this clearer.

2. **What kind of exams were employed in the follow up to discover recurrences, clinical only or also instrumental?**

   In our local area, Northern Scotland, all structured follow-up is based on physical examination only in the first instance. Blood tests or imaging do not feature in routine follow-up. We now make this clear in the third sentence of our introduction:

   “Scottish guidelines recommend that people treated for cutaneous melanoma receive prolonged follow-up consisting of regular physical examination by a specialist without blood tests or imaging unless subsequently indicated[4].”

3. **In general, the manuscript can be substantially shortened.**

   We agree and have shortened the manuscript considerably. The word count of the main body is now 2049 words.

4. **The abstract does not provide sufficient information in the present form (for example, the number of included patients is not mentioned).**

   We have amended the results section of our abstract to read:

   “149 potential recurrences were identified from the pathology database held at Aberdeen Royal Infirmary. Reliable data could be obtained on 94 cases of recurrent melanoma of all types. 30 recurrences (31.9%) were found by doctors at follow-up, and 64 (68.1%) in the interval between visits, usually by the patient themselves. Melanoma recurrences of all types occurring within one-year were significantly more likely to be found at follow-up visits, and this remained so following adjustment for other factors that could be used to target digital TSSE support.”

We do hope we have addressed the reviewers concerns and that our manuscript can now be further considered.

We look forward to hearing from you in due course.

Yours sincerely

Dr Peter Murchie (on behalf of all authors)