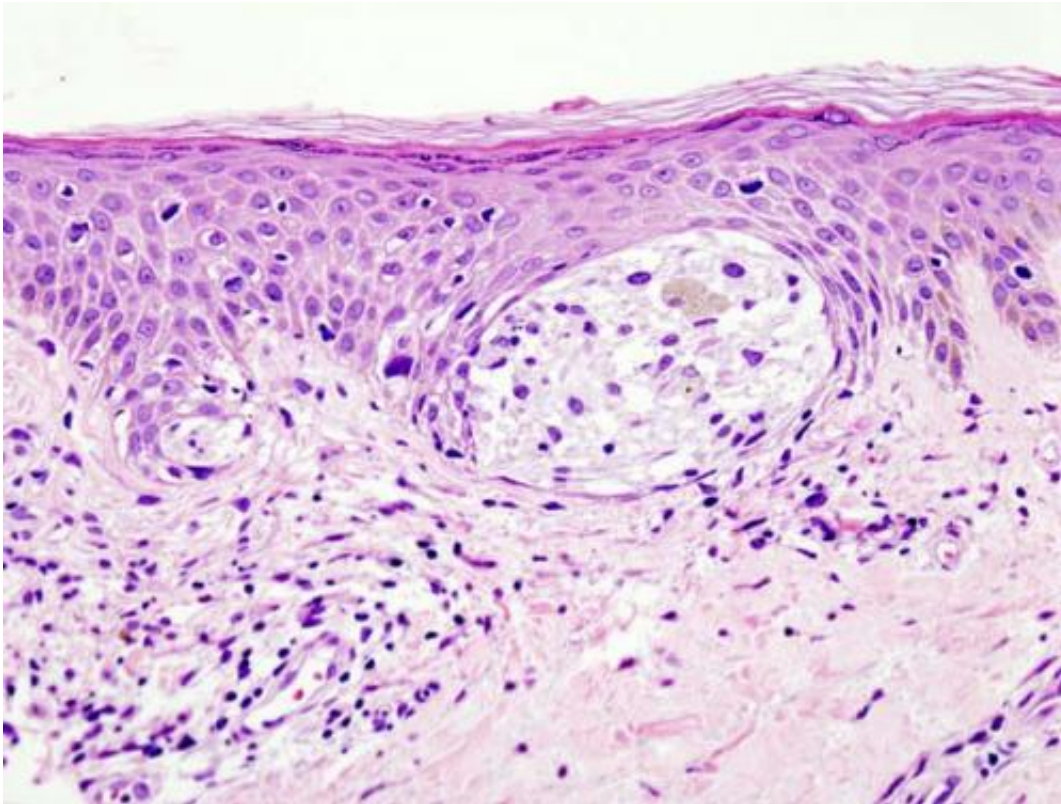


Training for patients with melanoma and their partners on skin examinations

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Melanoma in skin biopsy with H&E stain—this case may represent superficial spreading melanoma. Credit: Wikipedia/CC BY-SA 3.0

Training on skin self-examination (SSE) to aid early detection could be extra beneficial for patients with melanoma and their partners who report having low relationship quality because it gives them activities to do together, according to an article published online by *JAMA*

Dermatology.

Melanoma remains a significant public health concern with an estimated 73,000 new cases of invasive [melanoma](#) and more than 9,900 deaths expected to occur in 2015. Melanoma is a treatable cancer with a high survival rate if it is detected early. Individuals previously diagnosed with melanoma are 10 times more likely to develop additional melanomas, which makes them an important population on which to focus [early detection](#). Melanomas detected during SSE are more likely to have favorable outcomes. However, many areas on the body are difficult to examine by oneself so a skin-check partner is beneficial.

JAMA Dermatology Editor June K. Robinson, M.D., of the Northwestern University Feinberg School of Medicine, Chicago, and coauthors examined for whom a SSE training intervention works best in a sample of pairs of melanoma [patients](#) and their partners (a cohabitating spouse or committed partner or a noncohabitating friend, child, parent, sibling or other relative).

The study, which included 494 patients with melanoma and their skin-check partners, was conducted at Northwestern Medicine ambulatory care dermatology offices from June 2011 to April 2014. Of the patients, 395 were randomly assigned to the intervention and 99 patients served as a [control group](#) to receive customary care. Both patients and their partners were an average age of 55.

In the intervention, patients and their skin-check partners received skills training to assess moles, along with a ruler and a lighted magnifying lens, a laminated card with the ABCDE (Assess Border, Color, Diameter and Evolution of pigmented lesions) rules and a map of the body. During a clinical visit, the dermatologist also invited the partner to join in looking at the patient's back as part of the intervention. Patients and their partners in the control group received no such skills training and were

not invited by the dermatologist to review the patient's back during a clinic visit.

The authors report the intervention increased patient SSE self-efficacy scores, which gauge confidence in performing SSE. Partner motivation did not affect patient SSE self-efficacy. However, there was an effect from relationship variables (happiness and activities performed with the partner) on how the intervention affected patient SSE self-efficacy, with the greatest benefit of SSE education identified in those pairs who spend the least time together and have the least happiness, according to the study.

"While dermatologists are most likely not going to be able to change relationship quality, pairs who were given an activity - partner-assisted SSE - to perform together did so; thus, pairs with low [relationship quality](#) increased their activities performed with their partner. Since these individuals showed the largest increase in patient SSE self-efficacy after they received the SSE training, dermatologists or health care professionals should consider recommending SSE training for these individuals and their partners," the authors conclude.

The authors note limitations in their study, including reliance on self-reports.

More information: *JAMA Dermatology*. Published online September 30, 2015. [DOI: 10.1001/jamadermatol.2015.2819](https://doi.org/10.1001/jamadermatol.2015.2819)

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