
Components of a successful intervention for monthly skin self-examination for early detection of melanoma: The “Check It Out” Trial

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Background: Multicomponent Check-It-Out project interventions were found to be effective at increasing thorough skin self-examinations (TSSE). Application of this research will benefit from determining the most important interventions for promoting TSSE.

Objective: Identification of the most important Check-It-Out intervention components for promoting TSSE.

Methods: This study analyzed the responses of the 567 participants who were randomized into the skin examination intervention group and who did not report performing TSSE at their baseline interview.

Results: Watching the video, using the hand mirror, shower card, American Cancer Society brochure, sample photographs, and finding the health educator helpful were associated with performing TSSE at 2 months, 12 months, or both.

Limitations: Use of the materials within the skin group was not randomly assigned. All data were based on participant self-report.

Conclusions: As future interventions to increase TSSE are developed, the identified useful components will be important to include. (J Am Acad Dermatol 2008;58:1006-12.)

INTRODUCTION

Melanoma remains a serious public health problem with an estimated 62,480 cases and 8420 melanoma deaths in 2008.¹ Melanomas most frequently occur on visible skin surfaces, including the trunk, head, and neck in men and the trunk and legs in women. Early detection may be instrumental in reducing melanoma mortality and is widely recommended

Abbreviations used:

ACS: American Cancer Society
TSSE: thorough skin self-examination

for that purpose. Strategies to increase early detection include professional skin examinations as well as monthly thorough skin self-examination (TSSE).²

Those who receive physician advice, have a wall mirror, and an available partner are more likely to perform TSSE.³ A successful intervention was conducted (The Check-It-Out Project), which included instructional materials, cues and aids, health educator counseling, and follow-up letters, to effectively increase the performance of TSSE.⁴ This report explores the use of the various components of the Check-It-Out intervention and their associations with subsequent performance of successful TSSE in patients who were not previously performing TSSE.

METHODS

Recruitment and sample

Data analyzed were collected during the Check-It-Out Project, a randomized trial of an intervention developed to increase TSSE performance. The study

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participants were recruited from primary care practices in Rhode Island and southeastern Massachusetts between May 2000 and December 2001. Participants were randomly assigned to one of two experimental groups: one that encouraged increasing TSSE performances and one that encouraged improvement of diet. Details of recruitment, study procedures, and patient population have been previously described.^{4,5} The analyses for this article were restricted to those 567 participants who were randomized into the skin examination group and who did not report performing TSSE at their baseline interview. Appropriate approvals from relevant institutional review boards and signed informed consents from participants were obtained.

Interventions

Participants in the skin examination group received an intervention directed at increasing TSSE performance for early detection of malignant melanoma. The intervention materials included educational materials, cues, aids, and a brief counseling session by a health educator. Their physicians did not participate in the intervention and were blinded to the group to which the participant was randomized. The content of the interventions were created or adapted by the project team and were guided by the transtheoretical model stages-of-adoption perspective, as previously described.⁴

Educational materials

The educational materials included the video "Check It Out: Why and How to do Skin Self-Exam,"* the American Cancer Society (ACS) brochure "Why You Should Know About Melanoma,"⁶ and sample photographs of skin cancers. These materials advocated monthly TSSE with physician consultation for any new or changing skin lesions. The video contained motivational messages as well as specific "how-to" instructions and demonstrations for how to perform a skin self-examination. The sample photographs included pictures of actual skin cancers with descriptions of common appearances of basal cell carcinoma, squamous cell carcinoma, and malignant melanoma.

Environmental cues

Environmental cues to action included a refrigerator magnet and a shower card. The refrigerator magnet was in the shape of a hand mirror and included the study logo. The shower card included

directions for performing a TSSE on one side and warning signs for melanoma on the other side.

Aids

Aids to help perform self-examinations included a hand mirror and a body diagram for noting locations of individual lesions.

Health educator counseling session

The brief counseling session for participants consisted of one-on-one sessions with the health educator and included assessment of current practice, motivating factors for performance of TSSE, barriers to improvement, and agreement between the participant and health educator on an action plan. The action plan was created on the basis of the principles of social cognitive theory, which emphasizes the need to provide a clear plan for behavior change. The health educator made a follow-up call 3 weeks later to discuss the participant's progress.

Feedback letters

After the 2- and 6-month interviews, each participant also received a feedback letter individually tailored to their TSSE performance, perceived risk of skin cancer, intention to perform TSSE, and availability of a partner to help with TSSE.

Measures

Follow-up telephone interviews were scheduled with all participants at 2, 6, and 12 months after randomization. TSSE was defined by those who responded "once" or more times to questions regarding whether or not they carefully examined each of 7 areas of the body (the front of you from the waist up, the front of your thighs and legs, the bottoms of your feet, your calves, the back of your thighs, your buttocks and lower parts of your back, and your upper back).

At 2 months, participants were asked to respond to the question "How much of the video that the health educator gave you did you watch?" on a 1 to 4 scale from "all" to "none." At 12 months respondents reported whether or not they had used the following items that the health educator gave them: hand mirror, shower card, refrigerator magnet, ACS brochure, and sample photographs. They also reported how helpful they thought the item was in helping them to perform a thorough skin examination on a scale of 1 to 3 from "very helpful" to "not helpful." Participants were also asked to rate how helpful it was to meet with the health educator on a scale of 1 to 4 from "very helpful" to "not helpful at all" and to indicate "yes" or "no" if they thought the materials would have worked the same if they were

*The video can be ordered from the American Cancer Society (ACS code 2301.05).

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