Patients with melanoma are at high risk for disease recurrence and for the development of additional primary lesions. Little is known about interventions that affect patients’ skin cancer risk-reducing behavior; we found no published video or Internet interventions. Our interdisciplinary team developed a video, evaluated the feasibility of delivering it via the Internet, and tested its effect on skin self-examination (SSE) performance, knowledge, and self-efficacy in patients with melanoma.

Methods. The University of Arizona institutional review board approved the study. The 13-minute video addressed skin cancer seriousness and detection and demonstrated SSE techniques. Eight community volunteers previewed the video and were satisfied with the content, images, graphics, and sounds.

To test the video, we used a nonexperimental, 1-group, pretest-posttest design. We recruited adult patients from our cutaneous oncology program who self-reported good Internet and e-mail proficiency. Study patients saw a dermatologic, medical, and/or surgical oncologist during their visit. These specialists deferred skin cancer prevention and detection instruction to a health educator, who met with our participants after the study.

At the time of enrollment, we asked participants to log on to our Web site within the next 2 weeks to complete the pretest questionnaire and view the video. Immediately after enrollment, we sent participants an encrypted e-mail containing unique login information for Web site access to the pretest questionnaire.

We measured SSE knowledge by evaluating patient responses to 10 questions about melanoma warning signs (score of 1 for each correct answer).

We measured SSE self-efficacy by calculating the mean scale score of a 6-item scale (1, very low, to 4, very high). Self-efficacy items addressed confidence in (1) performing SSE, (2) recognizing an unusual mole, (3) finding skin cancer early, (4) SSE extending life, and (5) SSE facilitating self-care (scale α = .70).

To measure SSE performance, we used the method detailed by Weinstock et al, querying how often during the previous 2 months participants had examined their skin on 7 specific body areas from head to toe. Examination of all 7 areas constituted a thorough SSE (score, 0).

Results. Sample characteristics are listed in the Table. We enrolled 120 participants. Of those, 34 never accessed the study Web site after being sent an e-mail reminder, and 86 opened the video and completed the pretest questionnaire. Forty-five participants did not complete the posttest questionnaire, citing as reasons problems with their Internet access or technical difficulties. Patients clicked on another link to update a counter that tracked whether the entire video had been watched. Three months later, participants completed a posttest questionnaire using the same procedure.

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<th>Table 1: Sample Characteristics</th>
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<td>Age (years)</td>
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Skin Cancer Institute at the Arizona Cancer Center (Drs College of Public Health (Ms Hibler and Dr Harris), and Author Affiliations: Accepted for Publication: March 3, 2010. Author Affiliations: College of Nursing (Dr Loescher), College of Public Health (Ms Hibler and Dr Harris), and Skin Cancer Institute at the Arizona Cancer Center (Drs Loescher and Harris and Mss Hiscox and Quale), University of Arizona, Tucson.

Correspondence: Dr Loescher, College of Nursing, University of Arizona, PO Box 210203, Tucson, AZ 85721-0203 (loescher@nursing.arizona.edu).

Author Contributions: Dr Loescher and Ms Hibler had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. Study concept and design: Loescher, Hiscox, and Quale. Acquisition of data: Loescher, Hibler, Hiscox, and Quale. Analysis and interpretation of data: Loescher, Hibler, and Harris. Drafting of the manuscript: Loescher and Hibler. Critical revision of the manuscript for important intellectual content: Loescher, Hibler, Hiscox, Quale, and Harris. Statistical analysis: Hibler. Obtained funding: Loescher. Administrative, technical, and material support: Loescher, Hibler, Hiscox, Quale, and Harris. Study supervision: Loescher.

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**COMMENTS AND OPINIONS**

**Actinic Keratosis on a Continuum With Squamous Cell Carcinoma**

The erudite article, “Gene Expression Patterns of Normal Human Skin, Actinic Keratosis, and Squamous Cell Carcinoma” by Padilla et al,1 published in the March 2010 issue of the Archives, is long awaited and applauded by those who hold the view that an actinic keratosis (AK) is a type, and the earliest stage on a continuum, of squamous cell carcinoma (SCC). In contrast to those who have perceived AK as a benign lesion, those who have considered it to be malignant by clinical and histopathologic findings were thought to be implacable and sometimes pariahs.

Those who consider AK a malignant lesion are bolstered by the conclusions of Padilla et al1 that “The finding of similar differentially expressed genes in AK and SCC confirms that AK is a precursor of SCC and that they are closely re-