Evidence increasingly suggests that patients with cancer require more information than they receive about their disease and its consequences. To receive a diagnosis of cancer is an extremely stressful life experience. Communication in cancer treatment involves the patient, family, and members of the cancer treatment team. Receiving comprehensible and extensive information not only helps patients with cancer understand their disease but also facilitates patients’ decision making and coping (Ankem, 2005). The benefits of providing information to patients with cancer include increased disease control, improved coping, reduced anxiety, creation of realistic expectations, promoted self-care and participation, improved therapy compliance, and feelings of safety and security (Davies, Kinman, Thomas, & Bailey, 2008; McInnes et al., 2008; Piredda et al., 2008).

An important ethical debate exists on what and how much information should be revealed to the patient regarding the diagnosis (Kallergis, 2008). The issue seems to be particularly unexplored in literature for patients with melanoma; even the kind of information patients want to receive, as well as how much information should be revealed to the patient regarding the diagnosis (Kallergis, 2008). The issue seems to be particularly unexplored in literature for patients with melanoma; even the impact of melanoma on quality of life was investigated in only a few studies. Jenkins, Fallowfield, and Saul (2001) reported that most patients wanted as much information as possible, both positive and negative, and 98% wanted to know if their illness was cancer. Similar results also were reported in a cross-sectional survey in Scotland (Meredith et al., 1996) and in a multicenter study in the United Kingdom (Cox, Jenkins, Catt, Langridge, & Fallowfield, 2006).

The prevalence of information needs reported in a meta-analysis by Harrison, Young, Price, Butow, and Soloman (2009) varied from 6%–93%, depending on the methods used and the mix of cancers, disease stages, and cultural scenarios. Therefore, it seems necessary to focus at least on specific cancers and specific disease stages, using validated questionnaires to provide meaningful estimates and allow meaningful comparisons between studies.

For melanoma, very little is known about the amount and kind of information patients want to receive, as well as how they perceive prognostic information. Patients seem to be unafraid to ask sensitive questions (Constantininidou et al., 2009) even if, similar to results from studies of other cancers...