**SUPPLEMENTARY ONLINE TEXT AND TABLES**

**MATERIALS AND METHODS**

**Genotyping**

Genotyping was performed using the MassARRAY iPLEX® Gold assay. Supplementary Table 1 shows a list of the 42 successfully genotyped variants (SNPs) from 21 genes/regions. All variants had either a confirmed association with melanoma risk in adequately powered and replicated genome-wide association studies (p-values < 5x10-8) (1) or via whole-genome sequencing approaches (*MITF* rs149617956 variant) (2), or were selected a priori based on previous studies (e.g. variants in *MC1R*) (3, 4). All variants had independent effects on melanoma risk (i.e. in no or low linkage disequilibrium with other selected variants). The odds ratios and 95% confidence intervals were obtained from a meta-analysis of genome-wide association studies (1), using the pooled odds ratio from a fixed effects model; except where there was evidence of heterogeneity (I2 ≥ 30%), in which a random effect model was used. Two SNPs (rs1805009-D294H; rs11547464-R142H) were not included in the meta-analysis (< 2 studies with data available). Odds ratios were instead obtained from the online Melgene database (3). Minor allele frequencies in controls were calculated as a weighted average from the control samples in the individual datasets in the genome-wide meta-analysis (1), using the inverse variance method.

**Calculation of genomic risk estimates for melanoma**

Participants’ remaining lifetime risk of melanoma was estimated using published statistical methodology (5, 6). The calculation assumed a multiplicative model and was based on the person’s genomic variation, the odds ratio for melanoma associated with each variant’s risk allele from the genome-wide meta-analysis (1), the corresponding population frequency of each risk allele, and age- and sex-specific melanoma residual lifetime risk estimates from NSW cancer incidence data. In addition to this *absolute risk* estimate, these calculations were also used to produce a *relative risk* for melanoma (comparing participants’ risk to others of the same age and sex), and a *risk category*, based on quartile cut-points of genomic risk within each age and sex strata, for which participants were classified as low (bottom 25%), average (middle 50%) or high (top 25%) genomic risk. Participants’ relative risk estimates for melanoma based on their genotype ranged from 0.1 to 4.4 (mean 1.0, median 0.8); remaining lifetime absolute risk estimates ranged from 0.2 to 19.5 (mean 3.8, median 2.9).

**Development of the personalised risk information booklet**

Development of the personalised risk information booklet was guided by findings from our previous focus group study which examined preferences for written and graphical risk communication formats (7), as well as potential emotional and behavioural impacts of personalised genomic risk information (8). Participants in our focus group study observed that preferences for risk description vary, and recommended that multiple ways should be used to frame numerical risks (absolute risk, relative risk, risk category). It has also been demonstrated in other studies that a combination of graphics and frequency statements (e.g. shown on pages 4-5 in the personalised booklet, Supplementary Appendix) aids understanding of risk (9). We presented the risk information using techniques recommended for low literacy levels, for example using pictographs (10).

**Data collection**

*Behavioural outcome measures*

Participants reported time spent outdoors on a typical weekday and typical weekend during the past-month, by ticking 0, 1-15, 15-29, 30-44, or 45-60 minutes outdoors for each hour between 9am and 5pm. Peak-time refers to sun exposure between the hours of 11am-3pm (during Daylight Saving Time/Summer time) or 10am-2pm (other periods). We also measured intentional tanning, as “*How often do you spend time in the sun in order to get a tan?*” on a 5-point Likert scale (1=never, 5=always). Participants reported their past-month sun protection behaviours (wearing sunscreen, wearing a shirt with sleeves, wearing a hat, seeking shade, wearing sunglasses, and limiting time in the sun during midday hours) on a 4-point Likert scale (1=never or rarely, 4=always). The behaviours were assessed individually and combined as a Sun Protection Index (11).

*Hypothesised mediators of behaviour change and socio-ethical measures*

Health behaviour theories used to guide the data collection were the Health Belief Model (related to risk perception, barriers and benefits) and Social Cognitive Theory (related to self-efficacy, social norms and environmental influences) (12). Perceived risk of developing melanoma was measured as both a relative risk “*Compared to other people of your sex, age and skin colour, what do you think the chance is that you will develop melanoma in your lifetime?*” and absolute risk, e.g. “*Write a number between 0 and 100 (where 0 means no chance and 100 means absolute certainty) to show what you think the chance is that you will develop melanoma during your lifetime*” (13). Using 5-point Likert scales, we measured: perceived severity of melanoma, e.g. “*Consequences associated with melanoma diagnosis are severe*”, confidence (self-efficacy) in identifying melanoma “*How confident are you in your ability to identify melanoma?*” (14), and social norms, such as sun protection and skin examination habits of friends and family (14). We also measured potential barriers to improving sun related and skin examination behaviour (11), and perceived effectiveness of sun-protection behaviours on reducing melanoma risk (15). Ethical considerations such as the right to receive or refuse genetic risk information, concerns about providing risk information (related to life insurance, for example) as well as recipients’ trust and use of genetic risk information, are being explored through qualitative interviews with some of the participants in this study (to be presented separately).

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**SUPPLEMENTARY TABLES**

**Supplementary Table 1.** Genomic variants included in the genomic risk estimates and their published associations with melanoma

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Region/Gene** | **Chromosome** | **Single nucleotide polymorphisms (SNP)** |  | **Minor allele** | **Major allele** | **Minor allele frequencya** | **Odds ratio (95% CI)**b |
| *PARP1* | 1 | rs1858550 |  | A | C | 0.339 | 0.87 (0.83, 0.90) |
| *ARNT* | 1 | rs7412746 |  | C | T | 0.453 | 0.89 (0.86, 0.92) |
| *RMDN2* | 2 | rs2855658c |  | T | C | 0.434 | 1.09 (1.03, 1.15)d |
|  |  | rs193103c |  | C | T | 0.253 | 1.09 (1.05, 1.13) |
| *CASP8* | 2 | rs700635 |  | C | A | 0.272 | 1.11 (1.07, 1.15) |
| *MITF* | 3 | rs149617956 |  | A | G | 0.006 | 1.54 (1.17, 2.04) |
| *TERT* | 5 | rs6554679 |  | T | C | 0.227 | 1.08 (1.03, 1.13) |
|  |  | rs2736099 |  | A | G | 0.380 | 1.05 (0.96, 1.14) |
|  |  | rs36115365 |  | C | G | 0.203 | 1.04 (0.99, 1.08) |
|  |  | rs466502 |  | G | A | 0.441 | 1.16 (1.12, 1.20) |
|  |  | rs2617583 |  | C | A | 0.424 | 1.06 (1.02, 1.11) |
| *SLC45A2* | 5 | rs16891982 |  | C | G | 0.044 | 0.50 (0.38, 0.64) |
| *CDKAL1* | 6 | rs7776158 |  | A | G | 0.316 | 1.11 (1.07, 1.16) |
|  |  | rs12527588 |  | C | T | 0.053 | 1.23 (1.14, 1.33) |
| *AGR3* | 7 | rs34585474 |  | T | C | 0.112 | 1.14 (1.08, 1.21) |
|  |  | rs4329181 |  | T | G | 0.045 | 1.22 (1.12, 1.32) |
|  |  | rs112816393 |  | C | G | 0.118 | 1.11 (1.05, 1.19) |
| *CDKN2A* | 9 | rs80138396c |  | AG | DEL | 0.516 | 0.80 (0.77, 0.83) |
|  |  | rs3731217 |  | C | A | 0.143 | 0.86 (0.82, 0.91) |
|  |  | rs1011970 |  | T | G | 0.170 | 1.14 (1.08, 1.21)d |
| *RAD23B* | 9 | rs62575265 |  | A | G | 0.041 | 1.20 (1.08, 1.34)d |
|  |  | rs113308406 |  | C | T | 0.030 | 1.28 (1.15, 1.41) |
|  |  | rs1484375 |  | A | G | 0.227 | 1.12 (1.08, 1.17) |
| *OBFC1* | 10 | rs2487999 |  | T | C | 0.100 | 1.14 (1.08, 1.20) |
| *TYR* | 11 | rs1126809 |  | A | G | 0.280 | 1.24 (1.17, 1.30) |
| *CCND1* | 11 | rs9651783 |  | G | T | 0.348 | 1.12 (1.08, 1.16) |
| *ATM* | 11 | rs1801516 |  | A | G | 0.142 | 0.84 (0.80, 0.88) |
| *OCA2* | 15 | rs4778138 |  | G | A | 0.137 | 0.84 (0.79, 0.89) |
|  |  | rs12913832 |  | A | G | 0.233 | 0.89 (0.79, 1.01)d |
| *FTO* | 16 | rs16953002 |  | A | G | 0.158 | 1.15 (1.10, 1.21) |
| *MC1R* | 16 | rs1805005 (V60L) |  | T | G | 0.124 | 1.00 (0.92, 1.07)e |
|  |  | rs1805006 (D84E) |  | A | C | 0.012 | 1.46 (1.19, 1.79) |
|  |  | rs2228479 (V92M) |  | A | G | 0.088 | 1.12 (1.06, 1.19) |
|  |  | rs11547464 (R142H) |  | A | G | 0.008 | 1.47 (1.06, 2.03)f |
|  |  | rs1805007 (R151C) |  | T | C | 0.080 | 1.85 (1.73, 1.97) |
|  |  | rs1805008 (R160W) |  | T | C | 0.083 | 1.37 (1.29, 1.46) |
|  |  | rs885479 (R163Q) |  | A | G | 0.045 | 1.04 (0.95, 1.13) |
|  |  | rs1805009 (D294H) |  | C | G | 0.021 | 1.89 (1.57, 2.28)f |
| *ASIP* | 20 | rs62211989 |  | C | G | 0.084 | 1.43 (1.32, 1.54)d |
| *MX2* | 21 | rs6517661 |  | C | A | 0.111 | 0.91 (0.86, 0.97) |
|  |  | rs45430 |  | C | T | 0.395 | 0.87 (0.84, 0.90) |
| *PLA2G6* | 22 | rs132985 |  | T | C | 0.473 | 0.89 (0.86, 0.93)d |

CI, confidence interval.

In addition to those genotyped above, four SNPs failed assay design: rs3219090 (*PARP1*), rs163094 (*RMDN2*), rs77560034 (*CDKN2A*), rs1110400 (*MC1R*; I155T) and four others failed genotyping: rs6088372 (*ASIP*), rs4911506 (*ASIP*), rs150159363 (*CCND1*), rs73069846 (*AGR3*)

a Minor allele frequency in controls, calculated as a weighted average from the control samples in the individual datasets in the genome-wide meta-analysis (1), using the inverse variance method.

b Unless otherwise indicated, odds ratios and 95% confidence intervals were obtained from a meta-analysis of genome-wide association studies (1), using the pooled odds ratio from a fixed effects model.

c Selected as replacement SNPs in high linkage disequilibrium with the original selected SNPs to facilitate assay design (rs2855658 for rs1056837; rs193103 for rs163092; rs80138396 for rs871024).

d Odds ratios were from a random effects model in these cases where the I2 was ≥ 30%, indicating the presence of heterogeneity.

e This SNP was only available for four studies in the meta-analysis. A meta-analysis of studies recorded on the online Melgene database (3) shows an odds ratio of 1.14 (1.03, 1.26) for all studies, or 1.02 (0.88, 1.18) after excluding the first study, and significant heterogeneity between studies (P< 0.001).

f Odds ratios for two SNPs were obtained from the online Melgene database meta-analysis (3) due to ≤ 2 studies with data available in the meta-analysis dataset.

| **Individual items from the Sun Protection Index, stratified by genomic risk category** | **Intervention (n=53)** | | **Control (n=55)** | | **Between-group difference at 3-months** |
| --- | --- | --- | --- | --- | --- |
| **Baseline** | **3-months** | **Baseline** | **3-months** |
|  | **Mean (SD)** | **Mean (SD)** | **Mean (SD)** | **Mean (SD)** | **Mean difference1**  **(95% CI)** |
| Staying in the shade (1never/rarely-4always) | |  |  |  |  |
| Overall | 2.4 (0.9) | 2.7 (0.7) | 2.4 (0.9) | 2.6 (0.8) | 0.17 (-0.05, 0.40) |
| High | 2.6 (1.0) | 2.7 (0.8) | 2.5 (0.7) | 2.7 (0.8) | -0.07 (-0.55, 0.40) |
| Average | 2.4 (0.8) | 2.8 (0.7) | 2.7 (0.9) | 2.6 (0.8) | **0.36 (0.00, 0.71)2** |
| Low | 2.1 (1.0) | 2.7 (0.5) | 1.9 (0.7) | 2.4 (0.6) | 0.18 (-0.22, 0.58) |
| Limiting time in the sun during midday hours (1never/rarely-4always) | | |  |  |  |
| Overall | 2.7 (1.0) | 3.0 (0.8) | 2.7 (1.0) | 2.7 (0.9) | 0.26 (-0.01, 0.53) |
| High | 2.3 (1.2) | 2.5 (1.0) | 2.6 (0.7) | 2.6 (0.6) | 0.05 (-0.50, 0.61) |
| Average | 2.8 (0.8) | 3.1 (0.6) | 2.7 (1.1) | 2.7 (1.0) | **0.43 (0.01, 0.85)2** |
| Low | 2.3 (1.2) | 2.5 (1.0) | 2.6 (0.7) | 2.6 (0.6) | 0.05 (-0.50, 0.61) |
| Wearing sunscreen (1never/rarely-4always) | |  |  |  |  |
| Overall | 2.3 (1.1) | 2.5 (1.0) | 2.2 (1.0) | 2.4 (1.1) | 0.08 (-0.18, 0.34) |
| High | 2.6 (1.1) | 2.7 (1.1) | 2.6 (1.1) | 2.8 (1.1) | -0.13 (-0.61, 0.35) |
| Average | 2.4 (1.0) | 2.7 (1.0) | 2.2 (0.8) | 2.2 (1.0) | 0.29 (-0.13, 0.71) |
| Low | 1.6 (1.0) | 1.8 (0.9) | 1.9 (1.1) | 2.1 (1.1) | -0.06 (-0.61, 0.48) |
| Wearing a shirt with sleeves (1never/rarely-4always) | |  |  |  |  |
| Overall | 3.2 (1.0) | 3.1 (0.9) | 3.3 (0.9) | 3.3 (0.8) | -0.16 (-0.44, 0.12) |
| High | 3.3 (0.9) | 3.3 (0.8) | 3.2 (0.8) | 3.2 (0.8) | 0.02 (-0.53, 0.56) |
| Average | 3.3 (1.0) | 2.9 (1.0) | 3.2 (1.0) | 3.3 (0.8) | -0.36 (-0.80, 0.07) |
| Low | 2.8 (1.0) | 3.1 (0.9) | 3.5 (0.9) | 3.4 (0.8) | 0.10 (-0.44, 0.65) |
| Wearing a hat (1never/rarely-4always) | |  |  |  |  |
| Overall | 2.4 (1.0) | 2.6 (1.0) | 2.9 (1.0) | 2.9 (0.9) | -0.02 (-0.28, 0.25) |
| High | 2.3 (1.0) | 2.4 (1.1) | 3.1 (0.8) | 3.1 (0.7) | -0.17 (-0.66, 0.32) |
| Average | 2.3 (0.9) | 2.8 (0.9) | 3.2 (0.9) | 3.1 (0.8) | 0.21 (-0.26, 0.67) |
| Low | 2.6 (1.2) | 2.6 (1.0) | 2.1 (1.0) | 2.5 (1.0) | -0.29 (-0.81, 0.23) |
| Wearing sunglasses (1never/rarely-4always) | | |  |  |  |
| Overall | 3.2 (1.0) | 3.2 (1.0) | 3.2 (1.0) | 3.3 (1.0) | -0.08 (-0.26, 0.09) |
| High | 3.3 (0.8) | 3.1 (0.9) | 3.2 (1.0) | 3.3 (1.0) | -0.26 (-0.52, 0.00) |
| Average | 3.5 (0.8) | 3.5 (0.7) | 3.4 (0.9) | 3.5 (0.7) | 0.04 (-0.24, 0.31) |
| Low | 2.8 (1.4) | 2.8 (1.4) | 2.7 (1.3) | 2.9 (1.3) | -0.06 (-0.41, 0.28) |

**Supplementary Table 2.** Sun Protection Index: Individual items

1 Difference in means between the intervention and control groups from ANCOVA adjusted for baseline values.

2 P < 0.05

**Supplementary Table 3.** Preliminary effect of the intervention on resource use and costs at 3-months

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Item, overall group and stratified by genomic risk category | Intervention (n=53) | |  | Control (n=55) | | Difference in resource use | | |  | Difference in cost(AUD$) | |
| Resource use2 | Cost (AUD$) |  | Resource use2 | Cost (AUD$) |  |
| Mean (SD) | Mean (SD) |  | Mean (SD) | Mean (SD) | Mean (95% CI) | | P value1 |  | Mean (95% CI) | P value1 |
| General practitioner visits | |  |  |  |  |  |  |  |  |  |  |
| Overall | 1.9 (1.6) | $40 (100) |  | 1.5 (1.4) | $23 (53) | 0.36 (-0.20, 0.92) | | 0.21 |  | $17 (-13, 48) | 0.27 |
| High | 1.9 (1.1) | $57 (136) |  | 1.2 (1.0) | $30 (52) | 0.68 (-0.12, 1.47) | | 0.09 |  | $27 (-50, 104) | 0.47 |
| Average | 1.9 (1.4) | $16 (39) |  | 1.5 (1.4) | $26 (62) | 0.34 (-0.46, 1.14) | | 0.40 |  | $-10 (-39, 20) | 0.52 |
| Low | 1.9 (2.3) | $65 (122) |  | 1.9 (1.6) | $11 (35) | 0.07 (-1.53, 1.66) | | 0.93 |  | $54 (-21, 129) | 0.15 |
| Dermatologist or skin cancer clinic3 visits | | |  |  |  |  |  |  |  |  |  |
| Overall | 0.3 (1.0) | $15 (49) |  | 0.2 (0.5) | $38 (113) | 0.10 (-0.21, 0.42) | | 0.52 |  | $-23 (-56, 10) | 0.18 |
| High | 0.1 (0.3) | $10 (41) |  | 0.3 (0.5) | $79 (154) | -0.21 (-0.52, 0.11) | | 0.18 |  | $-69 (-156, 18) | 0.11 |
| Average | 0.3 (0.9) | $15 (51) |  | 0.2 (0.6) | $26 (109) | 0.14 (-0.30, 0.58) | | 0.52 |  | $-12 (-60, 37) | 0.63 |
| Low | 0.5 (1.7) | $22 (56) |  | 0.1 (0.4) | $16 (43) | 0.40 (-0.62, 1.41) | | 0.42 |  | $6 (-34, 46) | 0.74 |
| Other health practitioner visits4 | |  |  |  |  |  |  |  |  |  |  |
| Overall | 1.3 (2.1) | $338 (1124) |  | 0.8 (1.8) | $57 (157) | 0.52 (-0.24, 1.29) | | 0.18 |  | $281 (-31, 593) | 0.08 |
| High | 1.9 (2.6) | $175 (350) |  | 0.6 (1.0) | $96 (233) | 1.34 (-0.13, 2.81) | | 0.07 |  | $79 (-139, 297) | 0.46 |
| Average | 1.3 (2.1) | $612 (1618) |  | 0.9 (2.3) | $27 (105) | 0.45 (-0.80, 1.70) | | 0.47 |  | $586 (-99, 1270) | 0.09 |
| Low | 0.6 (1.4) | $32 (114) |  | 0.9 (1.6) | $71 (138) | -0.31 (-1.52, 0.89) | | 0.60 |  | $-40 (-140, 60) | 0.42 |
| Sun protection items5 |  |  |  |  |  |  |  |  |  |  |  |
| Overall | - | $33 (544) |  | - | $21 (37) | - |  | - |  | $12 (-6, 30) | 0.20 |
| High | - | $22 (32) |  | - | $15 (24) | - |  | - |  | $7 (-14, 28) | 0.49 |
| Average | - | $39 (63) |  | - | $19 (30) | - |  | - |  | $20 (-9, 48) | 0.19 |
| Low | - | $34 (61) |  | - | $30 (57) | - |  | - |  | $4 (-43, 51) | 0.86 |
| Total health system and out of pocket costs | | |  |  |  |  |  |  |  |  |  |
| Overall | - | $426 (1144) |  | - | $139 (240) | - |  | - |  | $287 (-34, 609) | 0.08 |
| High | - | $264 (463) |  | - | $220 (367) | - |  | - |  | $44 (-262, 351) | 0.77 |
| Average | - | $681 (1636) |  | - | $97 (160) | - |  | - |  | $584 (-109, 1277) | 0.09 |
| Low | - | $153 (162) |  | - | $128 (186) | - |  | - |  | $25 (-113, 163) | 0.73 |

CI, confidence interval

1 P values fordifferences in resource use and costs between intervention and control groups were calculated by two sample t-tests

2 Resource use refers to the mean number of visits

3 Includes 1 skin check by a nurse at a pharmacy

4 Examples include: surgeon, oncologist, osteopath, gynaecologist, dentist

5 Items include: hat, sunscreen, shade cover (umbrellas, beach tents etc.), ultra-violet (UV) protective clothes/swimwear, and ‘Other’. The number of individual sun protection items purchased was not measured.