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## Web-based resources for sun protection information – A French-language evaluation

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### ABSTRACT

**Background:** With the dramatic increase in ultraviolet-induced skin damage, advocating the benefits of reasonable and moderate exposure to sunlight is a public health priority in most Western countries.

**Objective:** The aim of this study was to investigate the nature and quality of the information posted on the Internet about the effects of the sun on health and about sun protection.

**Methods:** We used eight terms with eight search engines to identify relevant websites providing sun protection advice on the French-speaking web. This information was compared to the recommendations issued by nine official organisations. Influence of website quality and commercial links on the quality of the advice provided were evaluated. For the purposes of this comparison, we attributed marks to the following four criteria: 1: risks and benefits of sun exposure; 2: sun avoidance; 3: clothing recommendations; and 4: sunscreen use.

**Results:** The search identified 1551 links. After exclusion of sites duplicated either within or between search engines, and of websites used as references, we found 129 web pages dedicated to sun protection advice. Data on the effects of the sun and sun protection were deficient in most websites in comparison to official organisation websites. The results were superior if the web pages or websites respected quality criteria. Commercial links tended to score poor marks for 1, 2 and 3 but better marks for 4 (sunscreen use).

**Conclusion:** We showed the limits of web-based resources on the French-speaking web regarding sun protection advice. The poor quality of most of the websites and commercial conflict of interest with sunscreen manufacturers may explain these limits.

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## 1. Introduction

With the dramatic increase in ultraviolet (UV)-induced skin damage, skin cancers and skin ageing, advocating the benefits of reasonable and moderate exposure to sunlight is a public health priority in most Western countries.<sup>1–5</sup> Sun exposure is important for health, particularly since it helps to synthe-

size the active form of vitamin D<sub>3</sub>.<sup>3</sup> It may also induce a feeling of general wellbeing.<sup>6</sup> However, unprotected exposure to UV rays remains a major causal factor in the development of skin cancer. For the most part, non-melanoma skin cancers are induced by chronic sunlight exposure, whilst melanoma is more commonly associated with repeated burning exposure mainly early in life. Other risk factors for melanoma

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have been identified, including a high number of common or atypical nevi<sup>7</sup> and fair skin.<sup>8</sup> These two risk factors are either a marker of chronic<sup>9,10</sup> and sporadic sun exposure<sup>11,12</sup> – melanocytic nevus – or of increased susceptibility to sun damage – fair skin. Reducing exposure to the sun is probably the most effective way of reducing the risk of skin cancers and the only accessible method of prevention.

Few studies show that the key messages about sun protection are well known in the general population,<sup>13</sup> in children<sup>14</sup> or in populations with high risk of skin cancer.<sup>14,16</sup> Moreover, retrospective case–control studies suggest that clothing,<sup>17–20</sup> wearing a hat<sup>17</sup> or using sunscreen<sup>21</sup> reduce skin cancer frequency, the number of melanocytic nevi in children or sunburns, but with contradictory results.<sup>20,22</sup> However, only a few prospective interventional studies have shown that preventive strategies, including reducing sun exposure, avoiding sun lamps and regular skin examinations,<sup>2,5</sup> reduce skin cancer morbidity or mortality. It has been shown that daily sunscreen use on the hands and face reduces the total incidence of squamous-cell cancers<sup>23</sup> and sunscreen used daily reduces solar keratosis, a precursor of squamous-cell carcinomas.<sup>24</sup> There are few prospective data about the effects of sun protection on melanoma incidence. The incidence of melanoma amongst young adults in Australia decreased between 1983 and 1996, coinciding with strong public health messages regarding sun protection, suggesting the beneficial effect of intense sun protection campaigns on the incidence of melanoma.<sup>25</sup> Amongst the available treatments, long-time local or general use of retinoids could reduce the risk of non-melanoma skin cancers and photo-ageing but does not have an impact on malignant melanoma.<sup>26–28</sup>

Many explanations can be put forward for the failure of preventive campaigns. There are no data available on long-term trends in sun exposure in any populations. It is difficult, therefore, to draw any definite conclusions about the effects of changes in sun exposure from an analysis of trends in skin cancer incidences.<sup>1</sup> Moreover, it has been shown that physicians tend to give incomplete information about sun protection, focusing on sunscreens rather than wearing protective clothing or avoiding the midday sun.<sup>29,30</sup> Some studies have shown that patients with a high risk for skin cancer are aware of the need for sun protection. However, only a minority take adequate protective measures, probably because of the high social and financial constraints these imply.<sup>15,16,31</sup> Confusion – caused by physicians or the general population – also seems to exist between the appropriate sun protective measures for people at high risk of skin cancers and those for the general population.<sup>32</sup>

Dispensing appropriate and sound advice about sun protection is very important for good compliance. The Internet is a universal source of information on virtually every possible subject, including health. The aim of this study was to investigate the nature and quality of the information about sun protection on the Internet. The scenario in question was: ‘a mother looks for information on the Internet to protect her child from the sun’. We evaluated the quality of the information on the risks and benefits of sun exposure, identified any errors and tried to find an explanation for them. The first step of this study was carried out on the French-speaking web.

## 2. Materials and methods

### 2.1. Web search

The Internet search for sun protection information was performed with eight French-language search engines: Google, Yahoo, Lycos, Netscape, Altavista, Voilà, Seek and MSN. Three investigators (EM, SQ and AB) proposed 10 terms for the search. We used the eight more frequent terms proposed: ‘*protection solaire*’ (solar protection), ‘*protection soleil*’ (sun protection), ‘*protection UV*’ (UV protection), ‘*protéger soleil*’ (sun protect), ‘*protéger UV*’ (UV protect), ‘*protéger sa peau du soleil*’ (protect skin from sun), ‘*protéger son enfant du soleil*’ (protect child from sun) and ‘*protéger son bébé du soleil*’ (protect baby from sun). The search was performed in August 2008 on the whole French-speaking web. The top 100 links identified by each search engine were then evaluated for skin sun protection information. Only websites giving information on skin sun protection were considered as relevant for this study.

### 2.2. Parameters evaluated

Once a website was selected for the study, it was analysed on the basis of the following items: the country of origin, website type (commercial, professional association, etc.), conflicts of interest within the web-pages (i.e. advertisements or links to pharmaceutical or cosmetics companies located on the page(s) with information on sun protection) and the quality of the website (see below). All the information about the effects of the sun on health and sun protection advice was then extracted from the site. They were sorted into five categories: effect of sun on health (risks and benefits), sun avoidance advice, clothing advice, sunscreen advice and miscellaneous information.

### 2.3. Quality of the websites

The first criterion for website quality was accreditation by the Health on the Net Foundation Code of Conduct (HONcode). Five criteria or qualities were then identified: (1) possibility of contacting the web master (mail address, phone/fax number or e-mail address); (2) the date of writing is given; (3) the authors of the text can be identified; (4) the qualifications of the authors are provided; and (5) the sources of published information are given. A website quality mark of 0–5 was attributed to the websites.

### 2.4. Quality of the information

Quality of the information collected from the websites was compared to recommendations from nine official organisations: the World Health Organisation (WHO) – [www.who.int](http://www.who.int); the Food and Drug Administration (FDA) – [www.fda.gov](http://www.fda.gov) and Centers for Diseases Control and Prevention (CDC) – [www.cdc.gov](http://www.cdc.gov) in the United States; the British Association of Dermatologists (BAD) – [www.bad.org.uk](http://www.bad.org.uk) in the United Kingdom; SunSmart – [www.sunsmart.com.au](http://www.sunsmart.com.au) in Australia; a German organisation<sup>33</sup>; and the French Environmental Health Safety Agency (INVS)<sup>2</sup>, French National Institute of Cancer

(INCa) – [www.e-cancer.fr](http://www.e-cancer.fr) and French Health Products Safety Agency (AFSSAPS) – [www.afssaps.sante.fr](http://www.afssaps.sante.fr) in France.

To evaluate the quality of the information, we gave marks to the following criteria: effects of sun on health (item 1), sun avoidance advice (item 2), clothing recommendations (item 3) and use of sunscreens (item 4). We attributed a mark to these parameters on the basis of information reported by the nine references. If the information was given by at least half the guidelines, it was considered as important and used. We then had level-headed points for information according to the number of times it was reported: nine times: 5 points; eight times: 4 points; seven times: 3 points; six times: 2 points; and five times: 1 point. Marks were out of a possible 20.

### 2.5. Statistical analysis

The analysis was assessed after exclusion of sites duplicated either within or between search engines and websites used as references. Quantitative data were expressed as the mean  $\pm$  standard deviation and the median with minimal and maximal (in brackets), and qualitative data as frequency and percent. Means were compared using student's *t*-test and analysis of variance. Frequencies were compared via the  $\chi^2$ -test. A *p* value < 0.05 was considered as statistically significant. Statistical analysis was performed using SAS software v 9.1 (SAS Institute Inc., USA).

## 3. Results

### 3.1. The web search

The eight search terms used with the eight search engines led to the identification of 1551 links in the top 100 hits in the French-speaking web. On average, we found 24 websites whatever the terms and the search engines used, from two for 'protection UV' with Voilà to 47 for 'protect sun' with Netscape. We found an average 194 links whatever the terms used, ranging from 115 with 'protection UV' to 279 with 'protect sun'. We also found an average 194 links whatever the search engine used, ranging from 86 with Voilà to 239 with Netscape.

After extraction of sites duplicated either within or between search engines, and of websites used as references, we obtained a total of 129 web pages dedicated to sun protection advice.

### 3.2. Characteristics of the websites

Websites were located in three European countries (France, Switzerland and Belgium), Canada and the United States of America and in three African countries (Morocco, Algeria and the Congo). Most of the websites were located in France (78%) or Canada (11%) (Table 1). Information websites, medical association or university-sponsored sites and commercial websites (drugstores and pharmaceutical companies) represented 43%, 29% and 22% of the websites, respectively. Sixty percent of the web pages had commercial links and 11% of the websites had HONcode accreditation. None of the five website quality criteria were found in two websites (2%), one in 44 (34%), two in 29 (22%), three in 35 (27%), four in eight (6%) and five in 11 websites (9%).

### 3.3. Sun effects on health

Data on the effects of the sun on health found on the websites are described in Table 2. Skin risks were reported by all the references and 91% of other websites. There were also fewer details about the benefits of sun exposure in the 129 websites. Some false 'benefits' were reported only by these websites, i.e. UVs protect against cancer (*n* = 2) and have antiseptic potential (*n* = 1), and sweat protects against the harmful effects of UVs (*n* = 1).

### 3.4. Sun protection advice

Sun protection advice is listed in Table 3. Measures before sun exposure were only proposed by the 129 websites. Main sunlight avoidance measures – i.e. minimising exposure during peak hours, seeking the shade or avoiding sunlamps – are given by 100%, 88% and 88% of the references and by 87%, 45% and 12% of the other websites, respectively.

Basic advice about protective clothing was suggested more frequently by the references than by the other websites: 100% versus 91%, 82% and 71% for protective clothing, a hat and sunglasses, respectively.

**Table 1 – Characteristics of the 129 French-language websites which give information on sun protection.**

Characteristics	N (%)
Country	
France	101 (78)
Canada	14 (11)
Belgium	4 (3)
Switzerland	4 (3)
United States of America	2 (2)
Morocco	2 (2)
Algeria	1 (1)
Congo	1 (1)
Type of site	
Information/magazine/encyclopaedia	55 (43)
Physicians/universities	38 (29)
Commercial sites <sup>a</sup>	29 (22)
Weather forecast websites	3 (2)
Insurance company	3 (2)
Patients' associations	1 (1)
Commercial links	78 (60) <sup>b</sup>
Adverts for sun protection products	51 (40)
Link to commercial sites	42 (33)
Quality criteria of the website	
HONcode	14 (11)
Address for contact <sup>c</sup>	123 (95)
Date text written	61 (47)
Name of author	47 (36)
Medical speciality of the author	22 (17)
References mentioned	41 (32)
a Drugstores, pharmaceutical and cosmetics companies.	
b Some websites had 'Adverts for sun protection products' and 'Link to commercial sites'.	
c Including mail address, phone or fax number or e-mail.	

**Table 2 – Information on risks and benefits of sun exposure on human health found on the selected websites<sup>a</sup>.**

	References, n (%) n = 9	Websites, n (%) n = 129
Sun-induced risks	9 (100)	119 (92)
<i>Skin risk</i>	9 (100)	118 (91)
Cancer	9 (100)	104 (81)
<b>Melanoma</b>	9 (100)	56 (43)*
<b>Carcinoma</b>	9 (100)	23 (18)*
Pre-epitheliomatous lesions	3 (33)	10 (8)**
<b>Photo-ageing</b>	9 (100)	87 (67)
<b>Sunburn</b>	8 (89)	101 (78)
<b>Skin immunosuppression or herpes recurrence</b>	5 (56)	30 (42)**
Photodermatoses/photoallergy	3 (33)	34 (26)
<i>Ocular risk</i>	5 (56)	47 (36)
<b>Cataract</b>	5 (56)	44 (34)
Retinal degeneration	4 (44)	14 (11)**
Keratitis	4 (44)	9 (7)***
Eye cancer	1 (11)	3 (2)
Ophthalmia	1 (11)	6 (5)
<i>General risk</i>		
Sunstroke	–	24 (19)
Dehydration	–	2 (2)
<i>Sun benefit</i>	5 (56)	59 (46)
<b>Vitamin D3 synthesis</b>	5 (56)	51 (40)
Therapeutic benefit in some skin disease	3 (33)	23 (18)
Antidepressant	2 (22)	40 (31)
Protects against cancer	–	2 (2)
Causes sweating, thus protects against UV	–	1 (1)
Antiseptic action	–	1 (1)

a In bold type: criteria used for mark 1.

\*  $p < 0.0001$ .

\*\*  $p < 0.05$ .

\*\*\*  $p < 0.01$ .

Advice on use of sunscreens was comparable between the reference and other websites, except for repeating application after strenuous exercise (56% in references versus 26% in others) and adjusting the sunscreen factor on the basis of the weather forecast UV index (67% versus 29%).

Finally, regular skin self-examination is recommended by 44% of the references versus 6% of the other websites.

### 3.5. Quality of the information

On the basis of the nine references, the major effects of the sun on human health (Table 2), used to mark item 1, were risk of melanoma ( $n = 9$ ), carcinoma ( $n = 9$ ), photo-ageing ( $n = 9$ ), sunburn ( $n = 8$ ), sun-induced skin immunosuppression ( $n = 5$ ), cataract ( $n = 5$ ) and vitamin D<sub>3</sub> synthesis ( $n = 5$ ). The mean mark for item 1 was 18.4 (median: 19.1, 16.4–20) for the nine references and 9.5 (median: 9.1, 0–20) for the 129 identified websites (Table 4).

Item 2 – avoiding sun exposure – was based on the following advice reported by at least half of the nine references: minimise exposure during peak hours ( $n = 9$ ), stay in the shade ( $n = 8$ ), avoid sunlamps or tanning beds ( $n = 8$ ). Mean mark 2 for the nine references was 18.6 (median: 20, 13.8–20) and 10.5 (median: 7.6, 0–20) for the 129 identified websites.

The mark for item 3 – protective clothing advice – was based on the following recommendations reported by all nine

references: wear protective clothing with a hat or cap and sunglasses. The nine references obtained a mean mark of 20 for item 3 while the 129 identified websites received a mark of 16.3 (median: 20, 0–20) (Table 4).

Item 4 – sunscreen use – was marked on the following advice reported by at least half of the nine references (Table 2): repeat application regularly ( $n = 7$ ), take into account the weather forecast UV index ( $n = 6$ ), reapply after swimming ( $n = 5$ ) and after strenuous exercise ( $n = 5$ ); appropriate advice for the selection of a sunscreen was considered to be sunscreen UV index ( $n = 9$ ), whether it provided UVA ( $n = 8$ ) and UVB ( $n = 8$ ) protections, use of a higher UV index for fair phototype ( $n = 6$ ) and use of waterproof sunscreen when swimming or sweating ( $n = 5$ ). The mean marks for item 4 obtained by the nine references and by the 129 identified websites were 16.3 (median: 17.4, 10–20) and 11.7 (median: 13.1, 0–19.1), respectively (Table 4).

### 3.6. Parameters influencing information quality

Two groups of parameters were evaluated: website quality and commercial nature of the websites or web pages (Table 4). High quality of the websites evaluated either on the basis of HONcode accreditation or quality marks was associated with a higher total sun risk and sun protection advice mark

**Table 3 – Advice for sun protection<sup>a</sup>.**

	References, n (%) n = 9	Websites, n (%) n = 129
<i>Measures before sun exposure</i>	0 (0)	47 (36) <sup>*</sup>
Progressive sun exposure	–	26 (20)
Dietary supplements	–	21 (16)
Self-tanning products	–	9 (7)
Sunlamp or tanning bed	–	6 (5)
Skin moisturising	–	2 (2)
<i>Sun avoidance</i>	9 (100)	118 (91)
<b>Minimise exposure during peak hours</b>	9 (100)	112 (87)
<b>Prefer shade</b>	8 (89)	58 (45) <sup>**</sup>
<b>Avoid sunlamp or tanning bed</b>	8 (89)	19 (15) <sup>***</sup>
Use sunshade	2 (22)	28 (22)
Use umbrella	–	6 (5)
<i>Sun-protective clothing</i>	9 (100)	118 (91)
Long sleeves	4 (44)	25 (19)
Trousers or long skirts	4 (44)	20 (16) <sup>*</sup>
Depends properties of clothes	5 (56)	37 (29)
Clothing provides less protection when wet	2 (22)	18 (14)
UV protective clothing	2 (22)	10 (8)
Tee-shirt	1 (11)	35 (27)
<b>Hat or cap</b>	9 (100)	106 (82)
<b>Sunglasses</b>	9 (100)	91 (71)
<i>Sunscreen use</i>	9 (100)	127 (98)
<i>Application</i>		
<b>Repeat application a few times</b>	7 (78)	96 (74)
Depends on global solar UV index	6 (67)	37 (29) <sup>*</sup>
<b>Reapply after swimming</b>	5 (56)	67 (52)
<b>Reapply after strenuous exercise</b>	5 (56)	34 (26)
Apply before sun exposure	4 (44)	48 (37)
Use even in cloudy weather	3 (33)	39 (30)
<i>Characteristics of the cream</i>		
<b>UV index specified</b>	9 (100)	103 (80)
<b>Protects against UVA</b>	8 (89)	80 (62)
<b>Protects against UVB</b>	8 (89)	81 (63)
<b>Index depends on phototype</b>	6 (67)	67 (52)
<b>Waterproof for swimming or sweating</b>	5 (56)	42 (33)
Depends on exposure (mountain, sea, etc.)	4 (44)	41 (32)
Depends on age	2 (22)	42 (33)
Allergy	1 (11)	6 (5)
Cream for sensitive skin	–	5 (4)
<i>Miscellaneous</i>		
Regular skin examination	4 (44)	8 (6) <sup>**</sup>

a In bold type: criteria used for marks 2 to 4.  
<sup>\*</sup>  $p < 0.05$ .  
<sup>\*\*</sup>  $p < 0.01$ .  
<sup>\*\*\*</sup>  $p < 0.0001$ .

(Table 4) even if the difference was very slight when evaluated on the basis of marks 1–4.

The quality of information provided by websites with conflicts of interest was lower. This was particularly the case when we looked at commercial links (mark 1:  $p = 0.03$ ; mark 2:  $p = 0.01$ ; mark 3:  $p = 0.008$ ). For mark 4 – sunscreen advice – information was comparable or even better ( $p = 0.05$ ) if there were conflicts of interest within the websites or the web pages.

#### 4. Discussion

This study evaluated the quality of the sun protection advice available on the French-speaking web using eight search en-

gines and eight terms. It identified 129 relevant web pages. Compared to nine international official guidelines, whatever the items evaluated in these websites, essential information was often missing, sometimes inadequate or highly debatable with potentially dangerous conclusions such as *UVs protect against cancer or use of a sunlamp or tanning bed before sun exposure is recommended*.<sup>2,21</sup>

Our marks for quality of sun protection information may be debatable. We postulated that sun avoidance (mark 2), clothing advice (mark 3) and sunscreen usage (mark 4) were equally important. In fact, whatever the reference, these three items are the primary facets of sun protection<sup>2,5,32,33</sup> and are included in the 'basic sun protection messages'

proposed by the World Health Organisation.<sup>34</sup> Even with these basic, restricted and essential messages, the information given on the web was lacking.

These marks gave us the opportunity to identify explanations for failing messages comparing websites. Quality of the website and conflicts of interest were important. We evaluated the impact of HONcode and five quality criteria, i.e. whether it was possible to contact the web master, whether the date the text was written was specified, whether the authors of the text were identified, whether the qualifications of the authors were given and whether the sources of published information were cited. The HON code of conduct (HONcode) addresses one of the Internet's main healthcare issues: the reliability and credibility of information ([www.hon.ch](http://www.hon.ch)). It is the only accreditation recognised by the French Health Authority (HAS – Haute Autorité de Santé – [www.has-sante.fr](http://www.has-sante.fr)) for medicine and health websites. A limit to the evaluation of the HONcode is that HON certification is based on a voluntary basis. So it is not extensively used in French health websites. As an example, French health institutions – i.e. INCa, AFSSAPS – do not require certification. However, if we look at the HONcode or the other quality criteria we evaluated, the quality of information was clearly better when the websites and the web pages respected these quality criteria.

A conflict of interest is known to have a negative impact on an objective opinion.<sup>35</sup> Commercial links on a website are regarded as a conflict of interest. In our study, we first evaluated the information given by pharmaceutical and cosmetics companies and drugstores selling sunscreens, and then commercial links with these laboratories directly located on the web pages on which photoprotection information was posted. Whatever the kind of conflict of interest, marks 1, 2, 3

and the total marks were lower where a conflict of interest was present, and equal or better for mark 4 – sunscreen use. Overall, case-control studies have not shown a reduction in the incidence of melanoma with sunscreen use.<sup>36,37</sup> On the contrary, a few case-control studies on the link between melanoma and sunscreen use found higher sunscreen use in patients with melanoma than in controls, suggesting that sunscreen use could be a risk factor, rather than a protective factor.<sup>22,38</sup> It has been suggested that use of a sunscreen may encourage prolonged sun exposure as it delays the onset of sunburn.<sup>39</sup> The information given by websites with a conflict of interest with sunscreen manufacturers seems to overestimate the importance of sunscreen use in comparison to other preventive and more economical measures and could influence such behaviours.

Our study could be considered to have limitations: (1) the first is that it involves only French-language websites, which represent only 3% of the websites worldwide. If we consider that more than 125 million websites were active in 2008, our search probably involved over 3.5 million websites. (<http://infodoc.inserm.fr/asso/1-rechercher-information/1-services-internet.html>). (2) The second limit is that we performed the search with eight search engines and included the top 100 links. In France, 94% of the web searches were performed with Google and Yahoo. Each of the other search engines – Lycos, Netscape, Altavista, Voilà, Seek and MSN – were used for less than 1% of the web search (Baromètre Xiti des moteurs de recherche – Juillet 2008. <http://barometre.secrets2moteurs.com>). (3) We did not evaluate accessibility of the information from each search engine. An Internet user surfing on the web only tends to explore the first few links on the screen. We may therefore have focused on unexplored links and we cannot retrospectively check if the websites with greatest marks are

**Table 4 – Evaluation of quality of the information on sun protection (means ± SD).**

	Mark 1 Risks and benefits of sun (max: 20)	Mark 2 Sun avoidance (max: 20)	Mark 3 Clothing (max: 20)	Mark 4 Sunscreen (max: 20)
References (n = 9)	18.4 ± 1.2	18.6 ± 2.7	20 ± 0	16.3 ± 3.6
Websites (n = 129)	9.5 ± 5.6 <sup>*</sup>	10.5 ± 5.3 <sup>*</sup>	16.3 ± 6.1 <sup>*</sup>	11.7 ± 5.4
Quality criteria				
HONcode				
Yes (n = 14)	12.0 ± 7.3	10.1 ± 4.2	17.1 ± 4.3	12.8 ± 6.1
No (n = 115)	9.3 ± 5.3	10.6 ± 5.5	16.2 ± 6.3	11.5 ± 5.3
Quality websites mark				
3–5 (n = 54)	10.0 ± 5.4	11.0 ± 5.5	16.9 ± 5.3	12.1 ± 5.5
0–2 (n = 75)	9.2 ± 5.8	10.2 ± 5.2	15.8 ± 6.6	11.4 ± 5.4
Conflict of interest				
Commercial websites				
Yes (n = 29)	9.6 ± 4.4	8.3 ± 4.7	13.8 ± 8.0	13.4 ± 3.9
No (n = 100)	9.5 ± 5.9	11.2 ± 5.4 <sup>**</sup>	17.0 ± 5.3 <sup>***</sup>	11.2 ± 5.7 <sup>***</sup>
Commercial links				
Yes (n = 78)	8.7 ± 5.5	9.6 ± 5.3	15.1 ± 7.1	11.5 ± 5.4
No (n = 51)	10.8 ± 5.5 <sup>***</sup>	12.0 ± 5.1 <sup>**</sup>	18.0 ± 3.6 <sup>**</sup>	11.9 ± 5.5

<sup>\*</sup> p < 0.0001.

<sup>\*\*</sup> p < 0.01.

<sup>\*\*\*</sup> p < 0.05.

the easiest to access. (4) The keywords used for this study have been proposed by three physicians, two dermatologists and one public-health researcher. Therefore, these keywords may not be used by the general population. Moreover, the search was restricted to the scenario of 'a mother looking for information on the Internet to protect her child from the sun'. Therefore, this study cannot respond to all the questions the general population could ask, such as 'how to tan safely' or 'which is the best sunscreen'. A second study is currently ongoing using different language approaches and with different questions being asked, analysing the top 30 links with the 4–5 main search engines used in the language evaluated.

It has been recognised that physicians tend to provide incomplete sun protection information<sup>29,30</sup> and that compliance with photoprotection measures is low for patients at high risk of skin cancer.<sup>15,16,31</sup> In our study of the Internet, today's most important source of information, we showed the limits of sun protection resources available on the French-language web. The poor quality of most of the websites and commercial conflict of interest may explain these limits.

### Conflict of interest statement

None declared.

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