


**Supplementary Material S3:** Tabulated outline of the stages Framework Analysis for synthesising interview data to define main themes.

<i>Organisational themes</i>	<i>Codes</i>	<i>Main themes</i>	<i>Sub themes</i>
<b>Experience</b>	Health & lifestyle behaviours		
	Personal health status		
	BC attitudes & experience		
<b>Knowledge &amp; understanding</b>	BC knowledge, perceived severity/consequences		
	Perceived risk, control and knowledge of RFs	<input type="checkbox"/> <b>Risk perceptions and acceptability of personalised risk assessment</b>	<ul style="list-style-type: none"> <li>• Perceived risk</li> <li>• Understanding of PRA</li> <li>• Willingness to receive risk feedback</li> </ul>
	Understanding/misconceptions - PRA		
	Understanding of rationale for RSBS		
<b>Intentions</b>	Providing data for PRA (classic; PRS & MD)		
	Willingness to receive PR feedback	<input type="checkbox"/> <b>Ways of responding</b>	A typology: <ul style="list-style-type: none"> <li>• Overall acceptors</li> <li>• More is better</li> <li>• Screening sceptics</li> </ul>
	Attitudes towards extended age-range (HR)		
	Attitudes towards increased frequency (HR: 3 & 4 risk-groups)		
	Attitudes towards MR (4 risk-groups)		
	Attitudes towards AR (3 & 4 risk-groups)		
	Attitudes towards shorter age-range (LR)		
	Attitudes towards less frequent screening (LR: 3 & 4 risk-groups)		
	Responses to No screening (v.LR + 4 risk-groups)	<input type="checkbox"/> <b>Influence of ladder of risk</b>	
<b>Manageability</b>	Influence of lifestyle and chemoprevention on RSBS scenarios		
	Influence of ladder of risk		
	Need for information & support	<input type="checkbox"/> <b>Concerns and conditions of acceptability</b>	<ul style="list-style-type: none"> <li>• Information support</li> <li>• Breast awareness support</li> <li>• Integration of PRA and RSBS</li> </ul>
	Responses to screening harms & impact on RSBS scenarios		
<b>Choice &amp; Responsibility</b>	Personal vs. shared health responsibility for risk-management		
	Attitudes towards lifestyle change		
<b>Trust &amp; Confidence</b>	Communication with HPs and help-seeking		
	Attitudes towards medical research/innovation & health technology		
	Trust in accuracy of risk prediction models		
	Ethical & society implications of PRA & RSBS	<input type="checkbox"/> <b>Perceived effectiveness: RSBS vs. current NHSBS</b>	
	NHS resources and trust in health providers		
<b>Overall impressions</b>	BPS versus RSBS		
	Screening modalities		
	Misunderstandings		
	Organisational issues & concerns		

*Abbreviations:* average risk (AR); breast cancer (BC); breast screening programme (BSP); health professional's (HPs); high-risk (HR); low-risk (LR); ,moderate risk (MR); personal risk assessment (PRA); risk-factors (RFs) and risk-stratified breast screening (RSBS).