

Exercise training as a novel primary treatment for localised prostate cancer: a multi-site randomised controlled phase II study

BOURKE, Liam <<http://orcid.org/0000-0002-6548-4603>>, STEVENSON, Richard, TURNER, Rebecca, HOOPER, R, SASIENI, P, GREASLEY, Rosa, MORRISSEY, D, LOOSEMOORE, Mike, FISHER, A, PAYNE, H, TAYLOR, S.J.C and ROSARIO, D.J

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/21257/>

This document is the Supplemental Material

Citation:

BOURKE, Liam, STEVENSON, Richard, TURNER, Rebecca, HOOPER, R, SASIENI, P, GREASLEY, Rosa, MORRISSEY, D, LOOSEMOORE, Mike, FISHER, A, PAYNE, H, TAYLOR, S.J.C and ROSARIO, D.J (2018). Exercise training as a novel primary treatment for localised prostate cancer: a multi-site randomised controlled phase II study. *Scientific Reports*, 8 (1), p. 8374. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

Title: Exercise training as a novel primary treatment for localised prostate cancer: a multi-site randomised controlled phase II study.

Authors: Bourke L,¹ Stevenson R,² Turner R,¹ Hooper R,³ Sasieni P,⁴ Greasley R¹, Morrissey D,⁵ Loosemore M,⁶ Fisher A,⁷ Payne H,⁸ Taylor SJC,³ Rosario DJ.⁹

Affiliations:

1. Health and Wellbeing, Sheffield Hallam University, Sheffield UK.
2. Acute Therapy Services, Sheffield Teaching Hospitals, Sheffield, UK
3. Centre for Primary Care and Public Health, Queen Mary University of London, London UK
4. Wolfson Institute of Preventive Medicine, Queen Mary University of London, London UK
5. William Harvey Research Institute, Queen Mary University of London, London UK
6. Institute of Sport Exercise and Health, University College Hospitals, London, UK
7. Department of Behavioural Science & Health, University College London UK
8. University College Hospitals, London, UK
9. Department of Oncology and Metabolism, University of Sheffield, Sheffield UK.

Key words: Prostate cancer, aerobic exercise training, feasibility, localised disease, active surveillance.

Trial identifier: NCT02409212, registered April 6th 2015.

Corresponding author: Professor L Bourke. Office Q103, Parkholme, Sheffield Hallam University, S10 2BP. email l.bourke@shu.ac.uk Telephone +441142255396

Running head: Exercise training as primary therapy for localised prostate cancer

Emails: l.bourke@shu.ac.uk; Richard.Stevenson@sth.nhs.uk; Rebecca.Turner@shu.ac.uk; r.l.hooper@qmul.ac.uk; p.sasieni@qmul.ac.uk; r.greasley@shu.ac.uk; d.morrissey@qmul.ac.uk; Mike.Loosemore@eis2win.co.uk; abigail.fisher@ucl.ac.uk; heather_payne@blueyonder.co.uk; s.j.c.taylor@qmul.ac.uk; d.j.rosario@sheffield.ac.uk

The TIDieR (Template for Intervention Description and Replication) Checklist*:

Information to include when describing an intervention and the location of the information

Item number	Item	Where located **	
		Primary paper (page or appendix number)	Other † (details)
1.	BRIEF NAME Provide the name or a phrase that describes the intervention.	_5_____	_____
2.	WHY Describe any rationale, theory, or goal of the elements essential to the intervention.	_5-6_____	_____
3.	WHAT Materials: Describe any physical or informational materials used in the intervention, including those provided to participants or used in intervention delivery or in training of intervention providers. Provide information on where the materials can be accessed (e.g. online appendix, URL).	_5-7_____	_____
4.	Procedures: Describe each of the procedures, activities, and/or processes used in the intervention, including any enabling or support activities.	_5-8_____	_____
5.	WHO PROVIDED For each category of intervention provider (e.g. psychologist, nursing assistant), describe their expertise, background and any specific training given.	_5_____	_____
6.	HOW Describe the modes of delivery (e.g. face-to-face or by some other mechanism, such as internet or telephone) of the intervention and whether it was provided individually or in a group.	_5-7_____	_____
7.	WHERE Describe the type(s) of location(s) where the intervention occurred, including any necessary infrastructure or relevant features.	_5-6_____	_____

	WHEN and HOW MUCH		
8.	Describe the number of times the intervention was delivered and over what period of time including the number of sessions, their schedule, and their duration, intensity or dose.	_5-7_____	_____
	TAILORING		
9.	If the intervention was planned to be personalised, titrated or adapted, then describe what, why, when, and how.	_5-7_____	_____
	MODIFICATIONS		
10.*	If the intervention was modified during the course of the study, describe the changes (what, why, when, and how).	_N/A_____	_____
	HOW WELL		
11.	Planned: If intervention adherence or fidelity was assessed, describe how and by whom, and if any strategies were used to maintain or improve fidelity, describe them.	_5-7_____	_____
12.*	Actual: If intervention adherence or fidelity was assessed, describe the extent to which the intervention was delivered as planned.	_8-9_____	_____

** **Authors** - use N/A if an item is not applicable for the intervention being described. **Reviewers** – use ‘?’ if information about the element is not reported/not sufficiently reported.

† If the information is not provided in the primary paper, give details of where this information is available. This may include locations such as a published protocol or other published papers (provide citation details) or a website (provide the URL).

‡ If completing the TIDieR checklist for a protocol, these items are not relevant to the protocol and cannot be described until the study is complete.

* We strongly recommend using this checklist in conjunction with the TIDieR guide (see *BMJ* 2014;348:g1687) which contains an explanation and elaboration for each item.

* The focus of TIDieR is on reporting details of the intervention elements (and where relevant, comparison elements) of a study. Other elements and methodological features of studies are covered by other reporting statements and checklists and have not been duplicated as part of the TIDieR checklist. When a **randomised trial** is being reported, the TIDieR checklist should be used in conjunction with the CONSORT statement (see www.consort-statement.org) as an extension of **Item 5 of the CONSORT 2010 Statement**. When a **clinical trial protocol** is being reported, the TIDieR checklist should be used in conjunction with the SPIRIT statement as an extension of **Item 11 of the SPIRIT 2013 Statement** (see www.spirit-statement.org). For alternate study designs, TIDieR can be used in conjunction with the appropriate checklist for that study design (see www.equator-network.org).