Online supplementary information

Appendix 1
Summary of findings using ADePT methodological issues for feasibility research

Methodological issues	Findings	Evidence
1. Did the feasibility study allow a sample size calculation for the main trial?	Achieved	42 of the target of 60 participants achieved in feasibility study. 108 participants would need to be randomised to each group for the main trial.
2. What factors influenced eligibility and what proportion of those approached were eligible?	Mainly due to refusal to participate	Reasons provided included being: -unable to commit to WfH groups (n=19) -physically active already (n=4) -Ineligible -unable to walk 30 mins (n=4) -Ineligible-no metastatic or recurrent (n=1) -Having surgery (n=2) -Going abroad (n=1) -Started new treatment regime (n=2)
3. Was recruitment successful?	Recruitment was fairly successful.	42/105 screened participants. This is reasonable for a physical activity feasibility study including people with recurrent and metastatic cancers.
4. Did eligible participants consent?	Consent of eligible participants was good.	42/56 patients who were provided with the baseline questionnaire and consent returned these.
5. Were participants successfully randomized and did randomization yield equality in groups?	Randomization procedures worked well and equality in groups for age and sex were achieved. However, the control group were far more active at baseline suggesting the minimisation criteria of walking 3 hours each week was not sensitive enough (because some participants engaged in other physical activity).	21 men and 21 women with comparable distribution between control and intervention. Mean and median age in both groups was comparable and representative of the target population. Equal numbers of participants in each group walked for at least 3 hours, however 6 of the control group were classed as ‘active’ compared with 2 in the intervention group.
6. Were the blinding procedures adequate?	Not applicable.	

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7. Did participants adhere to the intervention?	Adherence for those who were randomised to the intervention was good; however, some participants adapted the intervention.	Questionnaires and interviews. Participants took part in the walking groups during the 12 week period. Some continued with these groups and others continued to walk on their own or with friends/family
8. Was the intervention acceptable to the participants?	The intervention was mostly acceptable.	Questionnaires and interviews. Overall participants enjoyed taking part. One younger participant withdrew because he did not think the walking groups were age appropriate.
9. Was it possible to calculate intervention costs and duration?	Partially achieved.	The MI intervention lasted 10-15 minutes. Full costs should be included in future RCT.
10. Were outcome assessments completed?	Completion of outcome assessment was good between baseline and 12 weeks (intervention period). Attrition was more evident at 24 weeks.	Baseline: 42 questionnaires/ 14 pedometer logs completed 6 weeks: 30 questionnaires/ 11 pedometer logs completed 12 weeks: 27 questionnaires/ 9 pedometer logs completed 24 weeks: 23 questionnaires/ 8 pedometer logs completed
11. Were outcomes measured those that were the most appropriate?	Partially.	Although good internal reliability was indicated (Cronbach α >0.80) there was evidence of ceiling/floor effects. SPAQ was found to be unacceptable to participants with inadequate data quality.
12. Was retention to the study good?	After an initial withdrawal after randomisation 6 to 12 week retention was good. Retention was reasonable at 24 weeks for a physical activity feasibility study including people with recurrent and metastatic cancers.	See outcome assessment above (10).
13. Were the logistics of running a multicentre trial assessed?	Some clinics were better at recruiting than others but both hospital sites recruited.	Feedback from site staff suggests that dedicated research nurses or researchers based at each hospital are recommended for the main RCT. Recruitment was easier when researchers attended all relevant clinics.

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14. Did all components of the protocol work together?	All components of the protocol worked well.	No difficulties identified in processes or implementation by the researchers or site staff (research nurses/clinicians).