

**Appendix E**  
**Evidence Tables**

**Evidence Table 1: General Population (pages 251-272)**

**Evidence Table 2: Cancer Survivors (pages 273-284)**



**Evidence Table 1. General population**

(Studies are sorted alphabetically by first author)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Bauer, et al., 1985 <sup>51</sup> UK Heart Disease Prevention Project	Randomized Group Worksite 953	1) Employed at English and Welsh factories that participated in the study. 2) Male worker. 3) Aged 40 to 59 years. 4) All jobs except for 2 steel work plants where only office staff participated.	1) Somewhat active or greater versus sedentary 2) Moderately active or greater versus sedentary Leisure exercise was assessed on a 4-point scale. Results were reported only for a subset of 5 intervention and 5 control worksites at 4-7 years after intervention.			4 to 7 years 1) Somewhat active or greater versus sedentary 0.196 2) Moderately active or greater versus sedentary 0.030
Belisle et al., 1987 <sup>74</sup>	Randomized Group Sport center 350	Volunteers registering in beginners level exercise groups	1) Adherence to PA, measured by mean # of sessions attended (jogging, aerobic dance, pre-ski)	0 months 1) <b>0.294</b>		3 months 1) <b>0.129</b>
Belisle et al., 1987 <sup>74</sup>	Randomized Group Sport center 243	Volunteers registering in beginners level exercise groups	1) Adherence to PA, measured by mean # of sessions attended (jogging, aerobic dance, pre-ski)			3 months 1) <b>0.398</b>

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Blalock et al., 2000 <sup>76</sup>	Tested mailed Randomized Individual Community 408	Tested mailed general osteoporosis information packets, action plans or both 1) Women 2) Aged 35-43 years 3) Live in 3 North Carolina counties 4) Have a telephone number listed in a local directory 5) Premenopausal 6) Not have osteoporosis, be pregnant or breast-feeding, or have been advised against increasing their level of exercise or calcium intake by their physician	1) Percent meeting "action" stage of exercise, measured as weight-bearing PA ≥ 3 times/week or currently trying to increase exercise level.			12 months 1) NN
Bull et al., 1999 <sup>57</sup> Bull et al., 1998 <sup>113</sup>	Tested brief advice from a family physician and a standard brochure or brief physician advice plus a stage matched tailored brochure versus no advice. Non-Randomized Individual Health care 763	1) Adult patients at the 10 participating family practices that attended the practice over a 3 week time period of recruitment. 2) Being sedentary (reported no vigorous exercise, moderate exercise, or walking in the previous 2 weeks). 3) Exercise was not contraindicated and it was appropriate in context of the consultation to discuss exercise with the patient. Excluded if there was no time in the consultation to discuss PA or he/she was already active.	1) Percent of subjects "now active" (1 episode of PA in last 2 weeks). 2) Total number of exercise sessions in previous 2 weeks 3) Total amount of time exercising in previous 2 weeks	1 month 1) 1: 0.171 2: 0.240 1&2 combined: <b>0.216</b> 2) <b>IS</b> 3) <b>IN</b>	6 months 1) 1: 0.218 2: 0.148 1&2 combined: <b>0.197</b> 2) <b>IN</b> 3) <b>IN</b>	12 months 1) 1: 0.077 2: 0.150 1&2 combined: 0.124 2) NN 3) DN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Burke, et al., 1998 <sup>65</sup>	Randomized Group School 720	989 children from 18 schools were invited to take part. It is unclear whether <i>all</i> children in all 18 schools were invited to participate.	1) Change in shuttle run (# of laps) from baseline for high risk (HR) and low risk (LR) boys and girls 2) Change in 1.5km run (# of laps) from baseline for high risk (HR) and low risk (LR) boys and girls 3) Change in leisure time PA, measure in minutes/week. Based on 7-day PA diary	0 months 1) 1:IN IS IS IS 2:IS IS IS 2) 1:DN DN DN IN 2:IN DN IN DN 3) 1:NN 2:NN		6 months 1)1:IS DS IS IS 2:IS IN IS IS 2) 1:DN DN DN DN 2:IS NN NN NN 3) 1:NN 2:NN
Caserta & Gillett, 1998 <sup>115</sup> Gillett et al. 1996 <sup>63</sup> Gillett et al. 1996 <sup>79</sup>	Randomized Individual Community 110	<b>INCLUSION:</b> 1) Obese older women 2) Community dwelling 3) Sedentary 4) Aged 60-70 yrs The study included non-smokers, who reported only light exercise for the previous six months. <b>EXCLUSION:</b> Women whose chronic health or mobility problems precluded vigorous walking. The following were also excluded: women with known cardiovascular, pulmonary, neurological or kidney diseases, uncontrolled hypertension, and debilitating musculoskeletal disorders.	1) Differences in aerobic exercise frequency, days/week, based on 7-day Physical Activity Readiness Questionnaire (PARQ). Aerobic defined as PA at 60-80% maximum heart rate. 2) Aerobic exercise duration (minutes/session), based on 7-day PARQ. Aerobic defined as PA at 60-80% max. heart rate 3) Predicted VO2 maximum using submaximal exercise cycle ergometry	0 months 1) 1 vs 2: <b>0.414</b> 2) 1 vs 2: -0.132 3) 1: <b>1.547</b> 2: 0.015	3 months 1) 1 vs 2: -0.310 2) 1 vs 2: 0.199 3) 1: <b>1.266</b> 2: 0.437	6 months 1) 1 vs 2: -0.611 2) 1 vs 2: 0.090 3) 1: <b>0.932</b> 2: 0.135

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Chen et al., 1998 <sup>145</sup>	Tested mailed behavior change materials and six telephone based counseling sessions in ethnic minority women versus control Randomized Individual Community 50	1) Women 2) Not currently exercising more than once a week or walking more than 90 minutes per week 3) Able to speak, comprehend, and read English 4) Free of any heart disease or other exclusionary conditions as determined by the PARQ 5) Have a 6th grade education or higher	1) Self-reported minutes walked per week in the last two weeks (derived by multiplying response to times walked by minutes walked per time)	0 months 1) 0.185	3 months 1) -0.236	28 months 1) -0.066
Dale et al., 1998 <sup>146</sup> Dale & Corbin 2000 <sup>66</sup>	Tested conceptual physical education program for ninth-grade students versus traditional physical education Non-randomized Group School 334	Graduating classes of 1995 and 1996 at the Project Teens intervention school. (Different followup lengths for each graduating class)	1) Differences in percent of students participating in moderate activity (e.g. walking, bicycling) at least 5 days/week, and at least 30 minutes/day. 2) Differences in percent of students participating in vigorous activity at least 3 days/week and at least 20 minutes/day. 3) Differences in percent of students participating in muscle fitness activities at least 3 days/week.		12 months (Class of 1996) 1) IN DN 2) IN IN 3) IN IN  24 months (Class of 1995) 1) IN IN 2) IN IN 3) IN IS	48 months 1) DN IN IN DN 2) DN NN IS IN 3) IN IN DN IN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Eaton et al., 1999 <sup>50</sup> Carleton et al., 1995 <sup>166</sup> Carleton et al., 1987 <sup>165</sup> McGraw et al., 1989 <sup>169</sup> Marcus et al., 1992 <sup>167</sup> Levin et al., 1998 <sup>168</sup> Pawtucket Heart Health Program	Tested multiple community wide efforts including school programs, organizational activation and community activation over about 7 years Non-randomized Group Community Worksite 2075	<b>COMMUNITY:</b> 2 Communities between 40,000 to 100,000 people. <b>INDIVIDUAL:</b> All citizens ages 18-64 that were part of the social community, thus residents of the community, and persons who were working in or visiting the city.	1) Percent sedentary (self report of zero days per week of sweat related physical activity)	1) IN		18 months 1) IN
Eckstrom, et al., 1999 <sup>136</sup>	Randomized Group Health care 465	1) Patients who were already scheduled for an appointment during the 3-month physician intervention period were in the pool. Surveys were sent to every third patient on this list, to ensure that more than 10 patients of each physician would be included in the sample.	1) Total activity: "Do you do some regular exercise/" (range, 0-12 based on frequency and duration)			6 months 1) 0.021

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Edmundson et al., 1996 <sup>118</sup> Luepker et al., 1996 <sup>53</sup> Nader et al., 1999 <sup>52</sup> Perry et al., 1997 <sup>119</sup> Simons-Morton et al., 1997 <sup>120</sup> Stone et al., 1996 <sup>121</sup> Nader et al., 1996 <sup>122</sup> McKenzie et al., 2001 <sup>123</sup> McKenzie et al., 1996 <sup>124</sup> McKenzie et al., 1994 <sup>125</sup> Hearn, 1992 <sup>126</sup> McKenzie et al., 1995 <sup>127</sup> Elder et al., 1994 <sup>149</sup> CATCH	Tested school food service modifications, enhanced physical education and classroom health curricula on third through fifth grades Randomized Group School 3396	<b>GROUPS:</b> 1) Public elementary schools 2) Distance from one of the four study centers 3) Ethnically diverse 4) Food service potential for intervention 5) Commitment to offering at least a 90 minutes a week physical education class and participating in a 3-year study 6) Willing to cooperate with random assignment to treatment or control status  <b>INDIVIDUALS:</b> Parental consent to participate and have blood sample result at baseline.	1) Self-reported daily minutes of vigorous physical activity using Self-administered Physical Activity Checklist (SAPAC) (1 day recall of 22 physical activities) 2) Self-reported daily minutes of total physical activity using SAPAC (1 day recall of 22 physical activities)	0 months 1) <b>0.172</b> 2) <b>-0.099</b>	12 months 1) <b>0.155</b> 2) <b>-0.070</b>	36 months 1) <b>0.145</b> 2) <b>-0.070</b>
Edye et al., 1989 <sup>147</sup>	Tested individual counseling by occupational health professionals and 3 counseling sessions with a nurse versus periodic health screening only Randomized Individual Worksite 1937	Work for 1 of 2 Australian government organizations and fit within specific ranges for one of the following risk factors: diastolic blood pressure, cholesterol, smoking, alcohol, obesity, or lack of fitness.	1) Net change in proportion who are not fit (lack of fitness = HR > 120 beats/minute after 2 minutes stepping up and down 20cm step x 30 per minute).			36 months 1) IN



Evidence Table 1. General population (continued)

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Elder et al., 1995 <sup>148</sup>	Tested health risk assessment (HRA) with no feedback versus HRA with feedback, counseling, written materials, 2 phone calls, and 8 health education classes					
San Diego Medicare Prevention Health Project	Randomized Individual Health care 798	Medicare beneficiaries enrolled in a risk-sharing HMO	1) Self-reported frequency, duration, and intensity of exercise per week 2) Self-reported stretching minutes per week	0 months 1) 0.164 2) 0.047		24 months 1) 0.094 2) 0.091
Gemson & Sloan, 1995 <sup>68</sup>	Tested effect of a computerized health risk appraisal with counseling					
	Randomized Individual Worksite 90	Merrill Lynch New York City office employees who were at least 30 years old and had been working for the company at least one year, uninterrupted.	1) Change in self-reported PA (number of times/ week)			6 months 1) <b>0.420</b>
Godin et al., 1987 <sup>116</sup>	Tested effect of providing information on physical fitness, health age or both					
	Randomized Individual Community 130	Adults aged 20 to 60 years old	1) Frequency of participation "in one or more physical activities, lasting 20 to 30 minutes per workout session, in your free time during the last 3 months" [SCALE 1-6: (1) never, (2) less than once a month, (3) about once a month, (4) about two or three times a month, (5) about one or two times a week, and (6) three or more times per week]			3 months 1) 1: 0.369 2: 0.000 3: 0.123

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Gomel et al., 1993 <sup>139</sup> Gomel et al. 1997 <sup>140</sup>	Tested worksite based health risk assessment with no risk counseling (control) versus health risk assessment with counseling on results or health risk assessment with counseling on results plus 6 health education sessions, or health risk assessment with counseling on results plus health education plus incentives.					
	Randomized Group Worksite 364	<b>INCLUSION:</b> Employees of 28 stations of ambulance service with more than 12 employees in the state of New South Wales, Australia. <b>EXCLUSION:</b> The exclusion criteria were an anticipated absence from work of more than 4 weeks during the 3 months following recruitment, imminent transfer to another station not included in the study, and serious health problems that would have precluded involvement in the health risk assessment.	1) Aerobic capacity (O2 consumption), measured in ml x kg-1 x min-1. (Measures at 3, 6, 9, and 12 months which represent different amounts of followup for the 3 intervention groups)	0 months 1) 1:Not available 2:Not available 3:NN	3 months 1) 1:Not available 2:NN 3:Not available 6 months 1) 1:NN 2:Not available	6 months 1) 1:NN 2:Not available 3:IN 12 months 1) 1:IN 2:IN 3:Not available
Graham-Clarke & Oldenburg, 1994 <sup>117</sup> A Fresh Start	Tested lifestyle counseling using videos or videos and self help materials in primary care					
	Randomized Group Health care 382	<b>INCLUSION</b> 1) Both sexes 2) Aged 18-69 years 3) Were assessed to have one or more modifiable cardiovascular disease risk factors <b>EXCLUSION:</b> Suffering from a chronic debilitating disease, were not available for 12 months of followup, or could not speak or write English	1) Energy expenditure (METs)/fortnight. Measured as kilocalories l x kg-1 x hr-1.			12 months 1)NN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Green et al., 2002 <sup>61</sup>	Tested mailed Randomized Individual Health care 256	<p>tailored health improvement profile (HIP) report from physician with up to 2 pamphlets and free resource line versus same plus 1 additional mailing and 3 motivational counseling phone calls</p> <p><b>INCLUSION:</b> Patients from a large suburban primary care clinic were recruited. Inactive men and women patients aged 20-64 years (Inactive = exercised &lt;15 min per day, even if they exercise daily.) Interested in increasing exercise in the next 6 months</p> <p><b>EXCLUSION:</b> Patients who were already identified as having heart disease or diabetes were not eligible for this study and received a separate intervention. Forty-five additional patients were excluded because they had either disenrolled or moved after completing the questionnaire. Patients were also excluded if they had conditions that would make it unsafe to increase exercise.</p>	1) Change in PA, measured by self-report on the 11 item Patient-centered Assessment and Counseling for Exercise (PACE) survey.			3 months 1) <b>0.245</b>

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Halbert et al., 2000 <sup>59</sup> Halbert et al. 1999 <sup>132</sup> The Exercise for Older Adults Project	Randomized Individual Health care 269	<p><b>INCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Community dwelling men and women aged 60 or older.</li> <li>2) Participants had to be healthy</li> <li>3) All subjects had to be sedentary contemplators at study entry.</li> <li>4) Willing to be randomized</li> </ol> <p><b>EXCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Patients unable to increase their current level of exercise</li> <li>2) Patients walked or did forms of brisk exercise 3 or more times per week for 20 minutes or more per time</li> <li>3) History of stroke or myocardial infarction or history of admission for transient ischemic episode or angina in the previous six months, malignancy or other life threatening disease, inability to cooperate with the requirements of the study, having a condition in which physical activity was contraindicated, or if they were taking any beta-blocker medications.</li> <li>4) Plans to move away during study period</li> </ol>	<ol style="list-style-type: none"> <li>1) Self-reported walking, measured by frequency (sessions/week)</li> <li>2) Self-reported walking, measured by minutes (minutes/session)</li> <li>3) Self-reported vigorous exercise [<i>not defined</i>] (sessions/week)</li> <li>4) Self-reported vigorous exercise frequency (minutes/session)</li> <li>5) Energy expenditure (EE) based on accelerometer, measured as total per day, per day as percent of total EE, during activity per day, or during activity per kg body weight. Adjusted for study group, age, sex, years of education, and household income.</li> </ol>	0 months 1) <b>0.243</b> 2) NN 3) <b>0.243</b> 4) <b>0.243</b>		6 months 1) <b>0.243</b> 2) NN 3) <b>0.243</b> 4) <b>0.243</b> 5) NN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Harland et al., 1999 <sup>135</sup> The Newcastle Exercise Project	Randomized Individual Health care 442	<p><b>INCLUSION:</b> Patients aged 40 to 64 years old.</p> <p><b>EXCLUSION:</b> Patients unable to complete a sub maximal exercise test were excluded (patients with cardiovascular or respiratory disease causing raised risk), as were patients undertaking regular vigorous exercise at least 3 times a week over the previous 6 months.</p>	<p>1) Increase in self-reported PA score, noted as an increase 1 or more levels from baseline. Assessed by a shortened version of National Fitness Survey: level 0 (no sessions), level 1 = 1-4 sessions, level 2 = 5-11 sessions, level 3 ≥ 12 moderate sessions, level 4 &gt; 12 moderate or vigorous sessions, level 5 (≥ 12 sessions vigorous). Activities categorized as moderate (5-7.5 kcal/min) or vigorous (&gt; 7.5 kcal/min).</p> <p>2) Increased sessions of vigorous PA</p> <p>3) Increased sessions of moderate PA</p>	<p>0 months</p> <p>1) 1: 0.638 2: 0.402 3: 1.029 4: 0.601</p> <p>2) 1: 0.599 2: 0.317 3: 0.981 4: 0.772</p> <p>3) 1: 0.631 2: 0.402 3: 0.739 4: 0.584</p>		<p>9 months</p> <p>1) 1: -0.005 2: 0.042 3: 0.094 4: 0.214</p> <p>2) 1: 0.247 2: 0.383 3: 0.247 4: 0.383</p> <p>3) 1: 0.075 2: 0.062 3: 0.011 4: 0.238</p>
Hillsdon, et al., 2002 <sup>97</sup>	Randomized Individual Health care 1658	<p><b>INCLUSION:</b></p> <p>1) Aged 45-64 years.</p> <p>2) Registered with two medical centers in Wellingborough, England.</p> <p>3). Did not undertake regular exercise to improve/maintain their health and/or fitness and had done less than 4 occasions of moderate intensity PA in the last 4 weeks.</p> <p><b>EXCLUSION:</b> They reported a long-standing illness, disability, and/or were permanently sick or disabled and not able to work. Orthopedic, arthritis, and cardiovascular diseases were the most common reasons for medical exclusions.</p>	<p>1) Mean percent change in energy expenditure, Kilocalories/week. Based on self-reported PA, with a logbook of 36 activities and an energy cost assigned to each activity. Adjusted for baseline energy expenditure, age, gender, health status, employment, education, and home earnings.</p>			<p>4.5 months (interventions 1 &amp; 2 combined) 0.021</p>

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Howard et al., 1996 <sup>56</sup>	Randomized Group School 98	Children, grades 4 through 6 who attended the participating private parochial school.	1) Frequency of PA ≥ 30 minutes/week, times per week. Measured by 6-item questionnaire. 2) Percent reporting that most of their PA is running. 3) Aerobic fitness score, assessed by the Canadian Aerobic Fitness Test (CAFT, 9 minute stepping exercise). Score ranges from 1 (poor) to 5 (excellent) based on recovery pulse and test duration.			12 months 1) -0.464 2) <b>0.597</b> 3) 0.096
Kerse, et al., 1999 <sup>60</sup>	Randomized Group Health care 267	1) ≥65 years old 2) English speaking 3) Community dwelling 4) Attended practice in last 18 months 5) Attended the enrolled general practitioner for 3 of the past 5 consultations 6) Randomly selected from among patients that could be chosen	1) Self-reported walking (minutes/day) 2) Self-reported walking (minutes/day as a 5 point scale of quintiles) 3) Self-reported walking (minutes/previous fortnight) 4) Self-reported walking (minutes/previous fortnight as a 3 point scale of tertiles) 5) Self-reported total activity (minutes/previous fortnight) 6) Self-reported total activity (minutes/day as a 5 point scale of quintiles) 7) Frequency of change in walking (minutes of walking yesterday, range decreased > 20 to increased > 20).			12 months 1) 0.115 2) <b>0.122</b> 3) <b>0.122</b> 4) <b>0.122</b> 5) 0.062 6) 0.071 7) NN
Keyserling et al., 2002 <sup>150</sup> Keyserling et al., 2000 <sup>232</sup> The New Leaf Program	Randomized Individual Health care 165	1) African-American women aged ≥ 40 years. 2) Type 2 diabetes, defined as diagnosis of diabetes at ≥ 20 years with no history of ketoacidosis.	1) Kilocalories/day attributed to physical activity by accelerometer (Note: the group with the most intensive intervention is not included in these results because of insufficient followup time)	0 months 1) <b>0.308</b>		6 months 1) 1:0.136 2: Insufficient followup

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Knutsen & Knutsen, 1991 <sup>153</sup> Knutsen & Knutsen, 1989 <sup>151</sup> Thelle et al. 1976 <sup>154</sup> The Tromso Survey: Family Intervention Study	Family based Randomized Individual Community 1060 men 935 women 1131 children	<b>INCLUSION:</b> 1) Men aged 30-55 and their closest family (those living in the same household). 2) Men with high risk for coronary heart disease without known hypertension, myocardial infarction, or symptoms of intermittent claudication or angina pectoris. 3) Female adult living in the same household as the adult males in the Tromso Family Intervention Study 4) Children of high-risk males in the Tromso Family Intervention Study <b>EXCLUSION:</b> Persons with known coronary heart disease and/or diabetes mellitus or those with chest or calf pain.	1) Percent self-reported physically active in leisure ( <i>not defined</i> ): mean age-adjusted.			48 months 1) men -0.068 women -0.070 children 0.044
Kreuter & Strecher, 1996 <sup>155</sup>	Tested no feedback (control) versus typical or enhanced health risk assessment feedback. Randomized Individual Health care 1131	1) Ages 18-75 2) Patient at any one of 8 Independent community-based group family medical practices	1) Percent participating in aerobic exercise at least 3 times per week (based on response to questionnaire)			6 months 1) 1: -0.009 2: 0.384

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Kreuter et al., 2000 <sup>133</sup> Bull et al. 1999 <sup>134</sup>	Randomized Individual Health care 203	Adult patients age ≥ 18 years.	1) Change in self-reported number of sessions per week subjects participated in > 30 minutes in 8 different categories of PA 2) Change in self-reported number of sessions per week subjects participated in > 30 minutes in 4 categories of moderate intensity leisure PA (sports, strengthening exercises, dancing, aerobic-type exercise) 3) Change in self-reported number of sessions per week subjects participated in > 30 minutes in 4 categories of daily living PA (childcare, work in the home, home repair, yard work)			3 months 1) 1: 0.329 2: 0.215 3: 0.296 2) 1: 0.198 2: 0.179 3: 0.298 3) 1: 0.246 2: -0.181 3: 0.035
Linenger et al., 1991 <sup>71</sup>	Non-randomized Group Other governmental agency 2372	1) Active duty personnel at Naval Air Station North Island (intervention) or 1 of 2 control groups: Active duty personnel at Naval Air Station Moffett or a Navy wide sample. 2) Not leaving the Navy or expecting transfer orders or deployment for at least six months. Only those individuals eligible for Physical Readiness Test during the two-month testing period and those who completed surveys.	1) Change in time (minutes) for 1.5 mile run 2) Change in leisure time Kilocalories expended per week by self report (unclear how assessed)			12 months 1) IS 2) NN



Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Lombard, et al., 1995 <sup>69</sup> The Noontime Walkers Program	Randomized Individual School 135	Staff or faculty at a large southeastern university. No positive answers on the Physical Activity Readiness Questionnaire or physician clearance.	1) Number of participants walking (walking = 1 day/week for ≥ 20 minutes). 2) Number of participants meeting American College of Sports Medicine (ACSM) cardiovascular exercise goals (walking ≥ 20 minutes/day x 3 days/week).	0 months 1) 1: 0.814 2: <b>1.971</b> 3: 0.916 4: 0 2) 1: 0.814 2: <b>1.269</b> 3: 0.576 4: 0		3 months 1) 1: <b>2.089</b> 2: <b>2.089</b> 3: <b>1.307</b> 4: 1.106 2) 1: <b>1.837</b> 2: <b>1.590</b> 3: 0.650 4: 0.832
Lovibond, et al., 1986 <sup>156</sup>	Randomized Individual Worksite 75	1) Worked for 3 large government departments in Sydney, Australia 2) Attended lunchtime meetings organized by these departments 3) Aged 30 to 60 years 4) Willing to undergo a thorough medical exam 5) Found to have a high overall risk of coronary heart disease (although free of clinical evidence of disease).	1) Mean change in aerobic capacity, measured ml/kg/minute. Based on Cooper 12-minute fitness test.	0 months 1) 1: IN 2: IN 1 and 2 combined: IS		6 months 1) 1: IN 2: IN
Luepker et al., 1994 <sup>49</sup> Minnesota Heart Health Project	Non-randomized Group Community 4762	Those who spoke no English or judged mentally incompetent to participate were ineligible to complete surveys	1) PA, percent active ("Are you regularly active in your leisure time?" - yes/no). Measured for cross-sectional and cohort surveys. Adjusted within strata and standardized across strata (adjusted for age, education, and gender).			12 months 1) IN for both cross-sectional and cohort surveys

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
MacKeen et al., 1985 <sup>157</sup> Remington et al., 1978 <sup>158</sup> Taylor et al., 1973 <sup>159</sup> Cooperative Study on Physical Activity and Cardiovascular Disease	Tested an 18 month supervised exercise program versus no intervention					
	Randomized Individual Worksite Community 104	<p><b>INCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Employee (faculty/staff) of the Penn State or Member of two residential neighborhoods in Minneapolis or faculty for the Wisconsin universities</li> <li>2) Male</li> <li>3) Age 40-59</li> <li>4) Possess two or more risk factors within intermediate ranges</li> <li>5) Live within 55-mile radius of the university/worksite</li> </ol> <p><b>EXCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Men with one or no risk factor(s) within these ranges were designated normals and those with one or more risk factor(s) beyond the range of eligibility were designated medical exclusions</li> <li>2) Persons who were extremely active (vigorous PA)</li> <li>3) Cardiovascular disease or disabilities</li> </ol>	<ol style="list-style-type: none"> <li>1) Mean jogging/running hours/week for preprogram 1967 and followup 1979.</li> <li>2) Aerobic activity (hours/week).</li> <li>3) Heavy Activity Metabolic Index (Kilocalories/day).</li> <li>4) Total Leisure Activity (Kilocalories/day): Leisure time PA in followup. Data derived from Minnesota Leisure Time PA Interview</li> <li>5) Percent of subjects not exercising to maximum on treadmill at followup.</li> <li>6) Maximal Exercise Intensity (METs) at followup</li> <li>7) Maximal Oxygen Uptake (mL/kg/min) at followup</li> <li>8) Maximal Oxygen Uptake (L/min) at followup.</li> <li>9) Maximal Heart Rate at followup</li> </ol>			132 months 1) 0.013 2) 0.000 3) 0.000 4) 0.172 5) -0.076 6) 0.368 7) 0.454 8) 0.153 9) 0.055
Marcus, et al., 1998 <sup>73</sup>	Tested four mailings (baseline, one, three and six months) of individually tailored materials versus standard materials					
	Randomized Individual Community 150	<p><b>INCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Healthy sedentary men and women (sedentary was defined as failing to meet CDC/ACSM criteria for minimum moderate PA participation 5days/week for 30 minutes or vigorous PA participation 3 days/week for 20 minutes)</li> </ol> <p><b>EXCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Coronary artery disease, alcoholism or other substance abuse, chronic med and orthopedic problems that would hinder PA</li> <li>2) Age &lt; 18</li> <li>3) Current or planned pregnancy</li> </ol>	<ol style="list-style-type: none"> <li>1) Self reported minutes per week of physical activity in last 7 days (calculated from days per week of activity and length of sessions)</li> <li>2) Percent meeting CDC/ACSM criteria</li> </ol>	0 months 1) <b>0.424</b> 2) <b>0.692</b>		6 months 1) 0.250 2) <b>0.382</b>

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Miller et al., 2002 <sup>78</sup>	Tested print information given to mothers of young children with/without a discussion group on barriers to physical activity in mothers with young children and activities to encourage overcoming those barriers (formation of walking groups, lobbying exercise facilities for childcare or convenient class times) versus no intervention.					
	Randomized Group Community 441	Moms of young children who's children were enrolled in the 6 low SES, 9 medium SES, or 6 high SES child care centers that participated in the study.	1) Percent adequately active PA (≥ 150 minutes of moderate PA per week) with odds ratios measured with 7-day recall from the Active Australia evaluation.	0 months 1) 1: 0.099 2: <b>0.308</b>		5 months 1) 1: NN 2: NN
Mutrie, et al., 2002 <sup>70</sup>	Tested written interactive materials distributed at work					
Walk In to Work Out	Randomized Individual Worksite 166	Employee of 3-city workplaces (large public sector organizations) who responded to a survey and were identified as contemplating or preparing to become more physically active	1) Time spent walking to work (minutes/week) 2) Time spent cycling to work (minutes/week)			6 months 1) <b>IS</b> 2) NN
Nader et al., 1989 <sup>129</sup>	Tested twelve weekly and six approximately monthly family meetings at school versus no intervention					
San Diego Family Health Project	Randomized Group School 183	<b>Inclusions:</b> Families of 5 <sup>th</sup> and 6 <sup>th</sup> grade students at one of 12 participating elementary schools, where family is defined as any group of 1 or more children and 1 or more adults who cohabit and share family functions such as food preparation and socialization of children. <b>Exclusions:</b> Frank hypertension or medical treatment of hypertension or clinical heart disease since the project rationale dictated focusing on the "healthy" family.	1) Energy expenditure, expressed as kilocalories/kg/day, measured by a standardized 7-day recall 2) Aerobic power, assessed by modified Astrand Rhythmic protocol			12 months 1) NN in adults and children 2) NN in adults and children

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
O'Loughlin et al., 1996 <sup>67</sup> Coeur ensante St-Louis du Parc Project	Tested single health screening at a worksite					
	Non-randomized Group (but analyzed at the individual level) Worksite 260	All teaching, administrative, and support staff who were employed by the selected elementary schools (grade 1-6) in St-Louis du Parc, Canada	1) Self-reported leisure time exercise behavior score (sessions per week x intensity weight per session)			4 months 1) <b>0.034</b>
Ostwald, 1989 <sup>160</sup>	Tested an all day educational seminar with physical exam, labs, and treadmill with/without three time weekly supervised exercise					
	Randomized Group (but analyzed at individual level) Worksite 85	Treatment company participants were randomized to mild, moderate, or intensive intervention where mild was the control group	1) Percent of employees moderately to very active (based on Lifegain Health Practices Survey) 2) Percent of balanced workouts, including strength, endurance, and flexibility. 3) Treadmill test, mean length of time in minutes.			5 months 1) 1: -0.268 2: 0.423 2) 1: -0.207 2: -0.297 3) IN
Owen, N 1987 <sup>161</sup>	Tested standard 2x weekly 12 week exercise class to same class with self-management curriculum					
	Non-randomized Individual Community 147	Adults who sign up and pay \$70 to take a fitness course	1) Self reported hours exercised in last week (no further description) 2) Self reported exercise sessions per week (no further description)			6 months 1) 0.091 2) 0.212
Owen, N 1987 <sup>77</sup>	Tested single mailing or multi-mailing self-instructional training program versus no mailings (control 1) or a 12 week fitness class (control 2)					
	Non-randomized Individual Community 156	Men over 35 and women over 40. Those with preexisting health problems had to obtain medical clearance prior to starting the program Treatment group participants had to be willing to pay \$20 to participate	1) Percent of subjects meeting ACSM (1978) criteria for regular, vigorous exercise. 2) Minutes of vigorous exercise/week. 3) Number of aerobic exercise sessions/week. (Results reported here for comparison to control group 1 only)	0 months 1) 2: 0.510 3: 0.061 2) 2: <b>IS</b> 3: NN 3) 2: IN 3: IN		10 months 1) 2: -0.042 3: 0.076 2) 2: IN 3: IN 3) 2: NN 3: IN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Pereira et al., 1998 <sup>64</sup> Kriska et al. 1986 <sup>162</sup>	Tested 2 year organized walking program (group or individual by individual's choice) versus no intervention					
	Randomized Individual Community 196	1) Women aged between 50-65 2) At least 1 year after cessation of menses 3) Abstinence from HRT 4) Freedom from physical handicaps that might preclude walking	1) Weekly Kilocalories expenditure for "total usual walking" (described as number of blocks and minutes/day for exercise + number of blocks and minutes/day for nonexercise) 2) Weekly Kilocalories expenditure for usual walking for exercise 3) Weekly Kilocalories expenditure for sport and recreation 4) Weekly Kilocalories expenditure for past-year exercise 5) Pafferberg sport and recreation index 6) Pafferberg sport and recreation index with walking excluded	5) 0.542		120 months 1) <b>0.371</b> 2) <b>0.371</b> 3) 0.121 4) 0.113 5) 0.212 6) 0.180
Perklo-Makela, 1999 <sup>72</sup>	Tested 2½ months of aerobic training and work issue lectures					
	Randomized Individual Health care 105	Female farmers, 25-45 years of age with moderate musculoskeletal symptoms that had not yet affected their work ability	1) Leisure-time physical activity ( <i>not defined</i> )/week, reported as percent participating less than once a week, once a week, or ≥ 2 times a week	0 months 1) ≥2 times/wk 0.538 ≥1 time/wk 0.805 <b>Overall statistically significant</b>	12 months 1) ≥2 times/wk 0.385 ≥1 time/wk 0.527 <b>Overall statistically significant</b>	36 months 1) ≥2 times/wk 0.155 ≥1 time/wk 0.103
Sherman et al., 1989 <sup>163</sup>	Tested 30 day worksite-based wellness programs consisting of classes, blood pressure screening, and behavior modification programs versus no intervention					
	Non-randomized Individual Worksite 85	Company employee of the small (n=1), medium (n=1), and large (n=1) companies that participated	1) Percent of participants reporting an increase, decrease, or no change in level of exercise	0 months 1) 0.246		3 months 1) -0.069

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Smith et al., 2000 <sup>164</sup> The Active Practice project	Tested prescription for exercise from a general practitioner with/without mailed booklet versus no advice at all Non-randomized Individual Health care 1101	<b>INCLUSION:</b> Active and inactive 25-65 year old patients of selected practices <b>EXCLUSION:</b> 1) Patients with poor English 2) Not supplying a telephone contact # 3) A contraindication to exercise 4) Not coming to see the doctor themselves 5) Reporting a health problem at followup that prevented 30 minutes of moderate activity 6) Being in poor mental state at followup (e.g., intoxicated)	1) Mean change in PA, mean time in minutes/week preceding survey. [Sum of minutes (≥ 10 minutes) walking and moderate and vigorous PA reported]. 2) Percent of subjects increasing PA > 60 minutes per week compared with baseline 3) Percent of subjects attaining 3344 Kjoules/week of PA. (This outcome was only reported by 'treatment received' not by intention to treat)	6 weeks 1) 1: IN 2: IN 2) 1: 0.132 2: 0.167 3) 1: IN 2: DN		7 months 1) 1: IN 2: IN 2) 1: 0.101 2: 0.251 3) 1: IN 2: IN

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Steptoe et al., 2000 <sup>75</sup> Steptoe et al. 1999 <sup>58</sup> Steptoe et al. 2001 <sup>131</sup> Hilton et al. 1999 <sup>130</sup>	Tested routine counseling versus behaviorally oriented counseling in primary care patients with coronary risk factors Randomized Group Health care 511	<p><b>INCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Patients with at least 1 of the 3 risk factors: Total cholesterol between 6.5 and 9 mmol/l; regular smoking of more than 1 cigarette a day; BMI of 25-35 combined with low physical activity.</li> <li>2) Lack of physical activity was defined as fewer than 12 sessions per month of PA at a vigorous level, making the individual breathless, for at least 20 minutes continuously.</li> <li>3) 18-69 years old, be available for 12 months and have adequate written and spoken English.</li> </ol> <p><b>EXCLUSION:</b></p> <ol style="list-style-type: none"> <li>1) Active followup and/or medication for coronary heart disease, history of cardiovascular disease or peripheral vascular disease (including angina, myocardial infarction, cerebrovascular accident, or transient ischemic attacks), chronic illness including diabetes, thyroid disease, musculo-skeletal, neurological, or respiratory disorders likely to interfere with exercising (patients with asthma were included at the general practitioner discretion),</li> <li>2) A special diet, lipid-lowering drugs, pregnancy or breastfeeding</li> <li>3) Serious or terminal illness</li> <li>4) Psychiatric problems likely to interfere with adherence to the study protocol</li> </ol>	1) Change in number of PA episodes (past 4 weeks) PA described as brisk walking, dancing and aerobics, heavy gardening and housework, lasting ≥ 20 minutes.	0-4 months 1) <b>0.426</b>		8 months 1) <b>0.437</b>

Evidence Table 1. General population (continued)

Author Year	Study Design Unit of Assignment Recruitment Setting # Analyzed	Inclusion Criteria	Outcomes Measured	Effect Size at End of Intervention	Effect Size at Closest Followup ≥ 3 Months	Effect Size at Last Reported Followup
Stevens et al., 1998 <sup>62</sup>	Tested in person consultation with an exercise development officer and a personalized 10-week program to increase regular physical activity versus mailing on local 'leisure centers'					
	Randomized Individual Health care 415	Patients at one particular health clinic, aged 45-74, who returned questionnaire, were physically inactive and not excluded on a medical basis (e.g. being registered as disabled or having heart disease). Physically inactive was defined as less than either of the current recommendations of 20-30 min. moderate intensity activity sessions or 12-20 min. vigorous intensity activity sessions per month.	1) Mean number of occasions of moderate physical activity in the four weeks before followup 2) Mean number of occasions of vigorous physical activity in the four weeks before followup 3) Mean number of occasions of moderate or vigorous physical activity in the four weeks before followup			8 months 1) <b>0.306</b> 2) <b>0.041</b> 3) <b>0.281</b>

\*Number corresponds to outcome number. Months refers to number of months following the end of the intervention. When an effect size could be calculated, it is given. Where the effect size could not be calculated the following code is used to refer to the reported outcomes: IS=statistically significant increase in physical activity, IN=non-statistically significant increase in physical activity, NN=no change in physical activity, DN=non-statistically significant decrease in physical activity, and DS=statistically significant decrease in physical activity. Where there is more than one intervention, the different interventions are noted as #: for example "1:IN 2:IN" represents the results of two interventions. If more than one number or symbol appears for each intervention, the numbers and symbols relate to the results for subgroups. The data is only reported by subgroup when that is the only way the information is presented in the paper.



**Evidence Table 2. Cancer survivors**

(Studies are sorted alphabetically by first author)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Berglund et al., 1993 <sup>92</sup>	Non-RCT Primary care	Breast Ovarian Testicular	Pre-planned exercise Post treatment Rehabilitation	Individual (30) Comp 1 (30) Intervention 1	Relaxation training Information Coping strategies	Intensity not reported Aerobic activity Strength/ resistance Stretching 30-60 minutes 3 days/week	8 weeks	Activities in community Activities in the home Anxiety symptoms Body image problems Change of lifestyle Depressive symptoms Global health Pain Participation in patient organization Physical strength problems Physical training Quality of life Satisfaction about information given Sick leave Tiredness Work status

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Berglund et al., 1994 <sup>93</sup>	RCT Unknown	Breast Ovarian Undefined	Pre-planned exercise Post treatment Rehabilitation	Individual (101) Comp 1 (98) Intervention 1	Relaxation Diet Life coping skills	Low intensity Aerobic activity Strength training Duration not reported 1 day/week	7 weeks	Anxiety Anxious preoccupation Aversions Avoidance Body image problems Cognitive functioning Communication with staff Depression Fatalistic Fighting spirit Hopeless Information problems Mixed symptoms A Mixed symptoms B Mucous membrane disturbances frequency Pain Physical strength problems Physical training Problems with activities at home Problems with activities in community Quality of life Sexual problems frequency Sick leave Surgery effects Tiredness Work status Worry

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Burnham & Wilcox, 2002 <sup>86</sup>	RCT Unknown	Breast Colon	Pre-planned exercise Post treatment Rehabilitation and health promotion	Individual (6) Comp 1 (6) Intervention 1 (6) Intervention 2	Not applicable	<b>Intervention 1:</b> 25-40% heart rate reserve Aerobic activity 14-32 minutes 3 days/week <b>Intervention 2:</b> 40-60% heart rate reserve Aerobic activity 14-32 minutes 3 days/week	10 weeks	Aerobic capacity ml/kg/min Anger Anxiety Body fat percent Body weight Confusion Depression Fatigue Flexibility Personal energy Quality of life
Courneya, et al., 2002 <sup>82</sup> Courneya et al., 2003 <sup>83</sup>	RCT Unknown	All cancers possible Breast	Behavioral Post treatment Coping and rehabilitation	Group (11) Comp 1 (11) Intervention 1	Group psychotherapy	65-75% maximum heart rate Aerobic activity 20-30 minutes 3-5 days/week	10 weeks	Anxiety Attitude Behavioral beliefs Body fat composition Cardiovascular endurance Control beliefs Depression Exercise adherence, continuous Exercise adherence, dichotomous Fatigue Flexibility Intention to exercise Normative beliefs Perceived behavioral control Personality Quality of life Satisfaction with life Subjective norms

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Courneya et al., 2003 <sup>90</sup> Fairey et al., 2003 <sup>100</sup>	RCT Unknown	Breast	Pre-planned exercise Post treatment Rehabilitation and health promotion	Individual (28) Comp 1 (25) Intervention 1	No	70-75% maximum VO2 Aerobic activity 15-35 minutes 3 days/week	15 weeks	Body Mass Index Body weight Breast cancer subscale Emotional well-being Fatigue General health Glucose (mmol/liter) Happiness Heart rate (peak) IGF-1:IGFBP-3 molar ratio IGFBP-1 (ng/ml) IGFBP-3 (ng/ml) IGF-I (ng/ml) IGF-II (ng/ml) Insulin (pmol/liter) Insulin Resistance Index Peak power output, Watts Peak VO2 ml/kg/min Physical well-being Power output at the ventilatory equivalent for CO <sub>2</sub> Quality of life Self esteem Social/family wellbeing Sum of skinfolds Trial outcome index score

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Cunningham et al., 1986 <sup>85</sup>	RCT Primary care	Acute leukemia	Pre-planned exercise During treatment Coping	Individual (10) Comp 1 (10) Intervention 1 (10) Intervention 2	Not applicable	<b>Intervention 1:</b> Intensity not reported Physical therapy exercises 30 minutes 3 days/week <b>Intervention 2:</b> Intensity not reported Physical therapy exercises 30 minutes 5 days/week	35 days	Arm fat area Arm muscle area Body weight Calorie intake percent of estimated nutrient needs Changes in excretion of creatinine as a percent of admission measures Protein intake percent of estimated nutrient needs of admission measure Weekly nitrogen balance (G) Weekly temperature
Dimeo et al., 1997 <sup>101</sup>	RCT Primary care	Breast Germ cell Sarcoma Lung Adenosar- cinoma Neuro- blastoma	Pre-planned exercise During treatment Coping	Individual (37) Comp 1 (33) Intervention 1	Not applicable	50% heart rate reserve Aerobic activity 30 minutes 7 days/week	Not clear/day of hospital discharge	Blood transfusions (U) Duration of neutropenia (days) Duration of thrombopenia (days) Heart rate percent estimated maximum Heart rate (maximal) Hematocrit Hemoglobin In-hospital days Loss of physical performance during hospitalization Physical max performance (km/h) Platelets transfusions (U) Severity of diarrhea Severity of infection Severity of mucositis Severity of pain Vigor

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Dimeo et al., 1997 <sup>102</sup>	Non-RCT Primary care	Breast Non-small cell lung carcinoma Sarcoma Semioma Non-Hodgkin's lymphoma	Pre-planned exercise Post treatment Rehabilitation	Individual (16) Comp 1 (16) Intervention 1	Not applicable	80% maximum heart rate Walking 15-30 minutes 5 days/week	6 weeks	Body Mass Index Cardiac function and dimensions Complications ECG function Fatigue Hemoglobin Physical maximum performance (km/hr)
Dimeo et al., 1999 <sup>106</sup>	RCT Primary care	Solid tumors or breast carcinoma Metastatic breast carcinoma Seminoma Sarcoma/ adenocarcinoma Hodgkin's disease Non-Hodgkin's lymphoma Small cell lung carcinoma	Pre-planned exercise During treatment Coping	Individual (33) Comp 1 (29) Intervention 1	Not applicable	50% heart rate reserve Aerobic activity 15 minutes 7 days/week	Not reported/hospital discharge	Anger/hostility Anxiety Depression Fatigue Global psychologic distress Hostility Interpersonal sensitivity Obsessive compulsive traits Phobic anxiety Somatization Vigor
Djuric et al., 2002 <sup>81</sup>	RCT Community	Breast	Behavioral Post treatment Health promotion	Individual (13) Comp 1 (10) Comp 2 (13) Comp 3 (11) Intervention 1	Diet	Moderate intensity PA mode not reported 30-45 minutes 5-7 days/ week	12 weeks 84 +/- contacts	Attendance at sessions/telephone counseling Body weight change Body weight loss percent achieving 10% Dietary intakes (kcal/d) energy and fat Self-report PA

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Hayes et al., 2003 <sup>104</sup>	Non-RCT Primary care	Acute myeloid leukemia Breast Multiple myeloma Non-Hodgkin's lymphoma Lymphoblastic lymphoma/leukemia Rhabdomyosarcoma	Pre-planned exercise During treatment Rehabilitation	Individual (6) Comp 1 (6) Intervention 1	Not applicable	<b>Intervention 1:</b> 70-90% maximum heart rate Aerobic activity Strength 20-40 minutes 3 days/week <b>Comparison 1:</b> Intensity not reported Stretching 20-40 minutes 3 days/week	3 months	CD3+ (helper/suppressor T-cell) CD4+ (helper T-cells) CD8+ (suppressor T-cell) Lymphocytes Ratio CD4+/CD8+ T cell function adjusted for CD3+ Total T-cell function White blood cells
MacVicar et al., 1986 <sup>112</sup>	Non-RCT Unknown	Breast	Pre-planned exercise During treatment Coping	Individual (4) Comp 1 (6) Intervention 1 (healthy controls) (6) Intervention 2 (cancer survivors)	Not applicable	<b>Intervention 1 and 2:</b> 60-85% maximum heart rate on pre-test aerobic assessment Aerobic activity duration not reported 3 days/week	10 weeks	Anger/hostility Confusion/bewilderment Depression Fatigue Tension/anxiety Total mood disturbance Vigor VO2 maximum

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
MacVicar et al., 1989 <sup>88</sup>	RCT Unknown	Breast	Pre-planned exercise During treatment Coping	Individual (16) Comp 1 (11) Intervention 1 (18) Intervention 2	Not applicable	<b>Intervention 1:</b> Low intensity Non-aerobic Stretching and flexibility Duration not reported 3 days/week <b>Intervention 2</b> 60-80% heart rate reserve Aerobic activity 3 days/week	10 weeks	Heart rate Maximum test time VO2 maximum Workload maximum
McKenzie et al., 2003 <sup>107</sup>	RCT Unknown	Breast	Pre-planned exercise Post treatment Rehabilitation and health promotion	Individual (7) Comp 1 (7) Intervention 1	Not applicable	Intensity not reported Aerobic activity Strength/ resistance Stretching 30-60 minutes 3 days/week	8 weeks	Arm volume by circumference Arm volume by water displacement General health quality of life Mental health quality of life Physical functioning quality of life Vitality quality of life



Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Mock et al., 1994 <sup>99</sup>	RCT Home	Breast	Behavioral During treatment Coping	Individual (5) Comp 1 (9) Intervention 1	Not applicable	Self-paced Walking 10-45 minutes 4-5 days/week	4-6 months	Anxiety Body image Depression Difficulty sleeping Exercise level Fatigue Impact of Medical Illness on subject Nausea Physical functioning Physical functioning (daily activities) Psychologic distress Self-esteem/concept Vomiting
Mock, et al., 1997 <sup>94</sup> Mock et al., 1998 <sup>98</sup>	Non-RCT Home	Breast	Behavioral During treatment Coping	Individual (24) Comp 1 (22) Intervention 1	Not applicable	Self-paced Walking 20-30 minutes 4-5 days/week	6 weeks	Anxiety Body dissatisfaction Depression Difficulty sleeping Exercise level Fatigue Physical functioning
Mock et al., 2001 <sup>95</sup> Pickett et al., 2002 <sup>96</sup>	RCT Home	Breast	Behavioral During treatment Coping	Individual (25) Comp 1 (23) Intervention 1	Not applicable	50-80% maximum heart rate Walking Aerobic activity 15-30 minutes 5-6 days/week	6 weeks	Anxiety Depression Exercise participation Exercise tolerance Fatigue Physical activity level Quality of life Total mood disturbance Vigor
Na, 2000 <sup>105</sup>	RCT Hospital/ primary care	Stomach	Pre-planned exercise During treatment Rehabilitation	Individual (18) Comp (17) Intervention	Not applicable	Intensity not reported Aerobic activity 60-90 minutes 4-5 days/ week	2 weeks	Natural Killer cell cytotoxic activity (NKCA)

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Nieman et al., 1995 <sup>103</sup>	RCT Unknown	Breast	Pre-planned exercise Post treatment Survival	Individual (8) Comp 1 (8) Intervention 1	Not applicable	75% maximum heart rate Walking Strength/ resistance 60 minutes 3 days/week	8 weeks	E: T20: 1 (mononuclear cells to cancer cell ratio NKCA or % lysis) E: T40:1 (mononuclear cells to cancer cell ratio NKCA % lysis) Heart rate Leg extension strength Lymphocytes Neutrophils NK cell cytotoxic activity % lysis NK cells Physical functioning T-cells Total leukocytes
Segal et al., 2001 <sup>87</sup>	RCT Primary care	Breast	Behavioral and pre-planned exercise During treatment Coping	Individual (41) Comp 1 (40) Intervention 1: Self-directed exercise (42) Intervention 2: Supervised exercise	Not applicable	50-60% maximum VO2 Walking Duration not reported 5 days/week	26 weeks	Aerobic capacity Physical functioning General health quality of life Quality of life Mental health Role limitations, emotional Role limitations, physical Body weight Bodily pain Vitality quality of life Social functioning

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Segal et al., 2003 <sup>91</sup>	RCT Primary care	Prostate	Pre-planned exercise During treatment Coping	Individual (73) Comp 1 (82) Intervention 1	Not applicable	60-70% one repetition maximum Strength/ resistance: 9 exercises, 2 sets each, 8-12 repetitions Duration not reported 3 days/week	12 weeks	Muscular fitness Fatigue Quality of life health-related PSA levels Testosterone Body Mass Index Body weight Skinfolds Waist circumference
Segar et al., 1998 <sup>84</sup>	RCT Home	Breast	Pre-planned exercise Post treatment Rehabilitation and health	Individual (10) Comp 1 (10) Intervention 1 (10) Intervention 2: Exercise plus behavior modification	Behavior modification	≥60% maximum heart rate Aerobic activity 30 minutes 4 days/week	10 weeks	Anxiety Depression Exercise adherence (min) Self-esteem
Wall, 2000 <sup>213</sup>	RCT	Lung	Pre-planned exercise Pre- treatment Buffering	Individual (51) Comp 1 (53) Intervention 1	Not applicable	Intensity not reported Aerobic activity Strength/ resistance Duration not reported 7 days/week	7-10 days	Hope [Herth Hope Index HHI] Power (personal not PA related)

Evidence Table 2. Cancer survivors (continued)

First Author/Year	Study Design Intervention Setting	Cancer Diagnoses	Intervention Type Timing PEACE Framework	Sampling Individual/Group (n) Per Group	Non Exercise Intervention Elements	PA Intensity PA Mode PA Frequency/ Duration	Length of Intervention	Outcomes Reported
Winningham et al. 1988 <sup>89</sup> Winningham et al. 1989 <sup>108</sup>	RCT Unknown	Breast	Pre-planned Exercise During treatment Coping	Individual (12) Comp 1 (14) Intervention 1 (16) Intervention 2	Not applicable	<b>Intervention 1:</b> Intensity not reported Stretching Duration not reported 3 days/week <b>Intervention2:</b> 60-85% maximum heart rate Aerobic activity 20-30 minutes 3 days/week	10 weeks	Percent body fat Body weight Lean body weight Nausea Somatization Subcutaneous body fat distribution Sum of skinfolds