

Participant Flow.

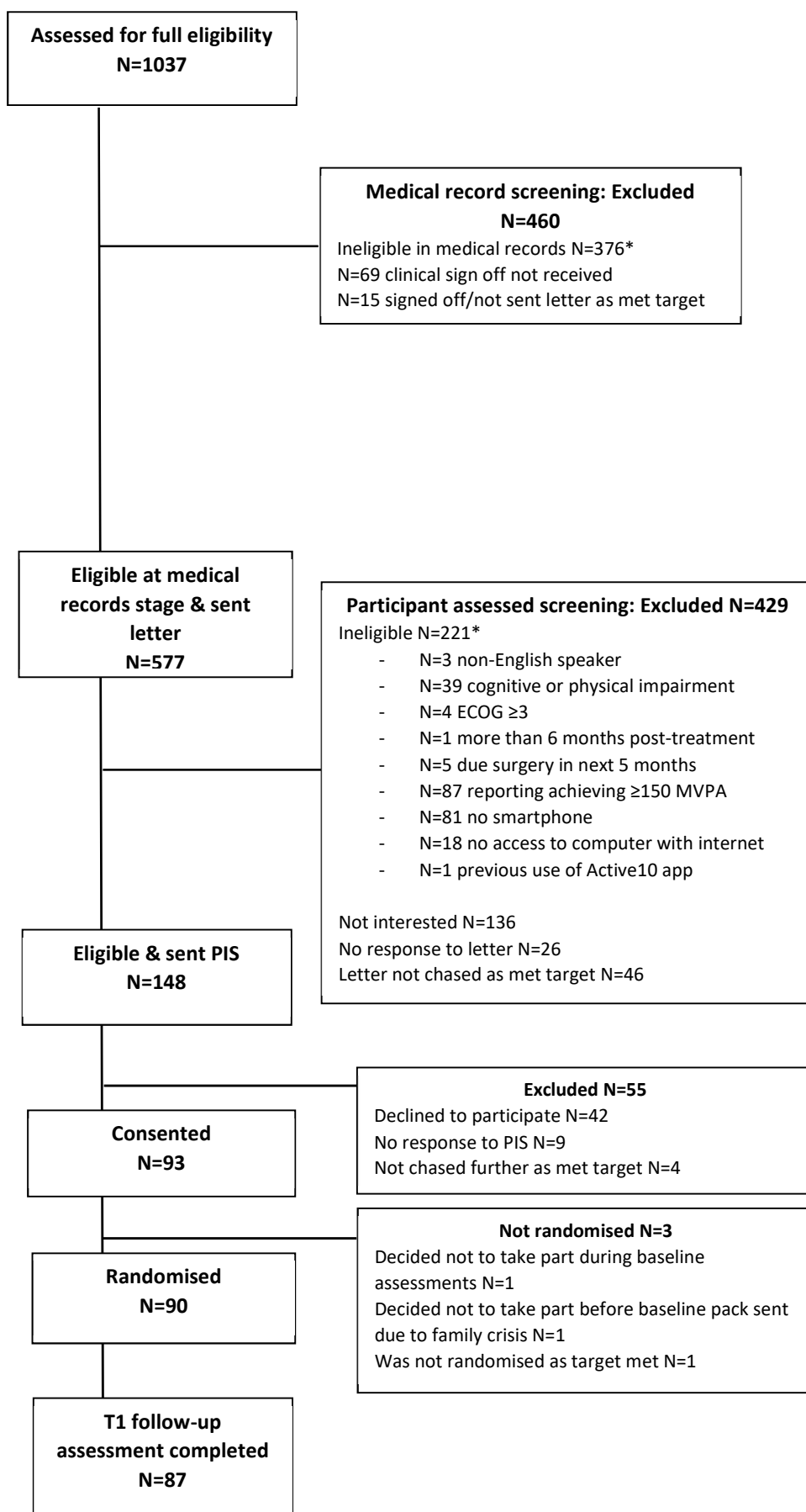


Figure 1: CONSORT diagram. Note: non-eligibility reasons could be ≥ 1 .

Baseline characteristics.

Table 1:

Sociodemographic and clinical factors	Intervention (n=44)	Control (n=46)	Total (n=90)
Age (Mean, range)	63.20 (40-85)	62.09 (41-78)	62.63 (40-85)
Sex, N (%)			
Male	22 (50)	25 (54.3)	47 (52.2)
Female	22 (50)	21 (45.7)	43 (47.8)
Ethnicity, N (%)			
White	42 (95.5)	45 (97.8)	87 (96.7)
Asian/Asian British	1 (2.3)	1 (2.2)	2 (2.2)
Other ^a	1 (2.3)	0	1 (1.1)
Marital status, N (%)			
Married/in a relationship	37 (84.1)	38 (82.6)	75 (83.3)
Single/divorced/separated	3 (6.8)	5 (10.9)	8 (8.9)
Widowed	4 (9.1)	3 (6.5)	7 (7.8)
IMD Quintile, N (%)			
1 (most deprived)	8 (18.2)	10 (21.7)	18 (20)
2	6 (13.6)	9 (19.6)	15 (16.7)
3	9 (20.5)	8 (17.4)	17 (18.9)
4	16 (36.4)	11 (23.9)	27 (30)
5 (least deprived)	5 (11.4)	8 (17.4)	13 (14.4)
Cancer type, N (%)			
Breast	18 (40.9)	18 (39.1)	36 (40)
Prostate	18 (40.9)	18 (39.1)	36 (40)
Colorectal	8 (18.2)	10 (21.7)	18 (20)
Cancer stage, N (%)			
1	15 (34.1)	14 (30.4)	29 (32.3)
2	14 (31.8)	16 (34.8)	30 (33.3)
3	12 (27.3)	12 (26.1)	24 (26.7)
4	3 (6.8)	4 (8.7)	7 (7.8)
Months since diagnosis – Median (range)	6 (1-56)	5 (1-46)	5 (1-56)
Body Mass Index – Median (IQR)	27.2 (6.9)	28.1 (8.8)	27.8 (7.9)

^aThis participant specified their ethnicity as Egyptian.

Outcome measures.

Table 2: Primary outcomes.

Primary outcomes	Detail of specific outcome	Result
Recruitment rate	<ul style="list-style-type: none"> • % eligible patients enrolled 	<ul style="list-style-type: none"> • 60.8% (90/148)
Acceptability of randomisation	<ul style="list-style-type: none"> • % of participants who withdraw post-randomisation (within 1 week of being informed) 	<ul style="list-style-type: none"> • None
	<ul style="list-style-type: none"> • % potential participants who state that randomisation is their reason for declining 	<ul style="list-style-type: none"> • None
Feasibility of administering intervention	<ul style="list-style-type: none"> • % of intervention group who received a behavioural support call 	<ul style="list-style-type: none"> • 97.7% (43/44)
	<ul style="list-style-type: none"> • % of intervention group who self-reported downloading the app 	<ul style="list-style-type: none"> • 95.5% (42/44)
Acceptability of intervention	<ul style="list-style-type: none"> • % of participants who reported that no aspect of the intervention was useful 	<ul style="list-style-type: none"> • None
	<ul style="list-style-type: none"> • % of participants in the intervention group who report using the app for less than a month 	<ul style="list-style-type: none"> • 5.1% (2/39^a)
	<ul style="list-style-type: none"> • % of withdrawals from the intervention group compared to control group. 	<ul style="list-style-type: none"> • 4.5% (2/44) in intervention group. None in control group.
	<ul style="list-style-type: none"> • % of reasons for withdrawal relating to the intervention 	<ul style="list-style-type: none"> • None
Retention rate	<ul style="list-style-type: none"> • % of participants, in each group, who complete any of the T1 follow-up assessment 	<ul style="list-style-type: none"> • 96.7% (87/90) completed any follow-up assessments, and there were similar rates between study groups^b.
Acceptability of outcome assessments	<ul style="list-style-type: none"> • % of participants who consent and who complete any baseline assessments 	<ul style="list-style-type: none"> • 100% (91/91^c)
	<ul style="list-style-type: none"> • Completion rates, in each group, for each of the assessments at baseline and follow-up 	<ul style="list-style-type: none"> • Completion rates were high for all assessments (>86%), and similar between study groups^b.
Willingness to consent to linkage with HES/NCRAS registries for long-term follow-up	<ul style="list-style-type: none"> • % of participants who consent for this aspect of the study 	<ul style="list-style-type: none"> • 100% (90/90)

^aThree intervention participants did not provide data for this outcome. Two participants withdrew and one did not complete this intervention feedback section of the questionnaire. The further two participants who stated they did not download the app were not shown this question. ^bFor further detail see Table 2 below. ^c93 participants consented but two of these were not sent the questionnaire link due to (1) choosing not to take part due to family crisis and (2) as the study had met its recruitment target.

Table 3: Completion rates table.

	Intervention group, n (%)	Control group, n (%)	Total, n (%)
Baseline questionnaire	44/44 (100)	46/46 (100)	90/90 (100)
Baseline anthropometrics	44/44 (100)	46/46 (100)	90/90 (100)
Baseline activPAL	42/44 (97.7)	43/46 (97.8)	85/90 (94.4)
Follow-up questionnaire	41/44 (93.1) ^{ab}	44/46 (95.7) ^c	85/90 (94.4) ^a
Follow-up anthropometrics	38/44 (86.4) ^b	42/46 (91.3) ^c	80/90 (88.9)
Follow up activPAL	40/44 (90.9) ^b	42/46 (91.3) ^c	82/90 (91.1)

^aOne follow-up questionnaire was only partially completed. ^bTwo participants withdrew from the intervention group and therefore no follow up data were available. ^c1 participant in the control group was lost to follow up (deceased) and therefore no follow up data were available.

Qualitative end-of-study interviews illustrated general acceptability of the intervention (some negative feedback about the walking planners), trial procedures, outcome measures, randomisation and linkage with HES/NCRAS registries for long-term follow-up.

Adverse events.

There were no serious adverse events associated with this study.

Other adverse events:

	Number of participants affected
Skin reaction to plaster/adhesive used to attach activPAL.	5
Bruising after tripping/falling over whilst walking briskly.	1
Pulled a muscle in leg whilst brisk walking.	1
Participant sprained her ankle whilst walking briskly.	1