First author (reference)	Objective	Data collection	Participants	Intervention Adherence	Qualitative methodology/ Analysis	Country	Year of publication
Adamsen et al. (49)	To examine the nature of fatigue in patients undergoing chemotherapy participating in a 6-week multidimensional exercise intervention	Individual interviews at three timepoints: Pre-intervention During- intervention (3 weeks) Post-intervention intervention (6 weeks)	N=23 Adults with mixed cancer diagnosis	Hospital-based, structured, supervised, group based- 8-12 High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage, <u>i</u> 4 days a week / 9 h. 120- 150 min./ session, 6 weeks Adherence: Not reported	Not specified	Denmark	2004
Adamsen et al. (50)	To explore how young precancer athletes of both genders perceive disease and treatment-related physical fitness, appearance and identity changes, while undergoing chemotherapy and participating in a 6-week group exercise intervention	Individual interviews at two timepoints: Pre-intervention Post-intervention intervention (6 weeks)	N=22 Young pre-cancer athletes* with mixed cancer diagnosis. *Athletic defined as: participated in strenuous physical exercise (i.e. ice hockey, volleyball, running and soccer)	Hospital-based, structured, supervised, group based-, 7-14 High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage Group based 8-12- participants :4 days a week / 9 h. 120- 150 min./ session, 6 weeks Adherence: Average attendance rate 75 %	Phenomenological approach	Denmark	2009
Adamsen et al. (63)	To explore the feasibility and the experienced health benefits and barriers of participation in the intervention – seen from the patient perspective – in patients with advanced-stage lung cancer while undergoing chemotherapy	Individual and focus group interviews at one timepoint: Post intervention (6 weeks)	N=15 Former sedentary adults with advanced stage lung cancer, non-small cell lung cancer (NSCLC) (n=13) and small cell lung cancer (SCLC) (n=2) Focus group interviews (n=8) of the fifteen attended both interviews	Hospital-based, structured, supervised, group based-, 7-14 participants combined with unsupervised home-based Cardiovascular-, resistance and relaxation training 2 days a week 120 min./sessions 1 home visit by research physiotherapists, gait training, respiration and relaxation training. 3 days a week- gait training x 2 x daily 70.min/session, 6 weeks. Adherence: Average attendance rate 76 % to group exercise and relaxation training	Phenomenological approach	Denmark	2012

Adamsen et al. (51)	To explore physically inactive breast and colon patients with cancer pre-diagnosis exercise history, and attitudes to physical activity and experiences in initiating physical activity while undergoing adjuvant chemotherapy	Individual interviews at two timepoints: Baseline and after 12- weeks study period	N=33 Physical inactive* adults with breast- (n=25) or colon (n=8) cancer Study group allocation: Hospital-based intervention (n=12), Pedometer intervention (n=12), Waitlist control group (n=9) *Physical activity level pre-diagnosis: physically inactive =not meeting guidelines from the Danish Health and Medicines Authority; 150 min of regular and moderate recreational physical activity and at least 2x20 min of	 Physical activity (PA) recommendation by oncologist at first chemotherapy consultation One hour of face-to-face counselling in health promotion, symptoms/side-effects management and PA with feedback on test, baseline, weeks 6 & 12 by an exercise cancer nurse specialist. Inclusion in one of the following PA interventions or waitlist control (RCT): (1) Hospital-based, structured, supervised, group based, 12-16 participants in cardiovascular, heavy resistance training and massage 4 days a week- 9 h/ 6 week & 3 days a week 6 h/6 week 120-150 min /sessions: 120-150 min. Home-based, low-intensity individual pedometer intervention (3) Waitlist control group -no PA restrictions for the group. 12-week study period. Adherence: Average attendance rate: 74 % intervention group 	Interpretative phenomenological analysis (IPA)	Denmark	2017
Andersen et al. (55)	To explore the perceptions and management of muscle and joint pain experienced by participants in the 'Body & Cancer' programmer who receive adjuvant EC followed by D (epirubicin, cyclophosphamide) followed by D (docetaxel) with G- CSF (haematopoietic growth factor support) following surgery for early breast cancer.	Individual interviews at two timepoints: Pre-intervention Post-intervention intervention (6 weeks)	N=15 Adults with breast cancer	Hospital-based, structured, supervised, group based- 8-12 High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage, :4 days a week / 9 h. 120- 150 min./ session, 6 weeks Adherence: Average attendance rate 77%	Phenomenological approach	Denmark	2014
Backman et al. (56)	To explore how women with breast cancer experience physical activity during adjuvant chemotherapy treatment	Individual and focus group interviews at two timepoints <u>Individual:</u> Post intervention the last chemotherapy treatment (16 week) <u>Focus group:</u>	N=16 Adults with Breast cancer Individual interviews (n=13) and focus group interviews (n=3)	Hospital-based, supervised, group based which began after the second chemotherapy. High- to moderate intensity training: aerobic and/or a mix of resistance and aerobic exercise, 2 days a week, 45-60 min/session, 16 weeks A dherence: Not reported	Inductive content analysis	Sweden	2016

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		One year after completed chemotherapy (52 weeks)					
Coon et al. (62)	To ascertain how patients with multiple myeloma appraised the experience of participation in a home-based exercise intervention as part of a randomised controlled trial of prophylactic epoetin alfa (EPO) with or with exercise	Individual interviews at to timepoints: During- intervention (10- 12 weeks) Post- intervention - Confirmatory telephone interview (24-32 week)	N=21 Adults with Myeloma	Home-based individual training program and EPO as a proactive intervention for decrease cancer-related fatigue. An arm of a randomized trial of epoetin alfa with or without exercise as an Included daily stretching exercises and endurance exercises (usually walking) alternating with strengthening exercises for the upper and lower extremities, 3 days a week 20-30 min /sessions, 20 weeks Adherence: Not reported	Naturalistic inquiry	US	2004
Hatlevoll et al. (64)	To explore the experiences of patients with colorectal cancer participating in an individually tailored and supervised exercise programme during adjuvant chemotherapy	Individual interviews at three timepoints: Pre-intervention During -intervention (12 weeks) Post-intervention (24 weeks)	N=15 Adults with colorectal cancer (stage III & IV)	Individually tailored combination of supervised and home-based intervention started when commencing adjuvant chemotherapy and lasted throughout the treatment period. Hospital-based supervised progressive aerobic endurance (on a treadmill.) resistance, balance exercises, 2 days a week 60 min/sessions. Home-based unsupervised: exercise session with endurance and balance exercises, 1 days a week, 12-24 weeks Adherence: Not reported	Thematic analysis.	Norway	2021
Husebø et al. (60)	To explore factors influencing exercise adherence among women with breast cancer while following an exercise programme	Five focus group interviews (n=5-6) each group) at one timepoint: Post- intervention (20 weeks)	N=27 Adults with early stage of breast cancer	Home-based individual program with telephone call from the research team every second week and kept exercise diaries. Low intensity with a walking prescription of brisk walking 7 days /week and strength 3 days/ week, 30 min./session, 19 weeks. Adherence: Not reported	Systematic text condensation	Norway	2014
Husebø et al. (57)	To describe how exercise is perceived by woman to influence their physical and psychosocial wellness while receiving chemotherapy	Five focus group interviews (n=5-6) each group) at one timepoint: Post- intervention (20 weeks)	N=27 Adults with early stage breast cancer	Home-based individual program with telephone call from the research team every second week and kept exercise diaries. Low intensity with a walking prescription of brisk walking 7 days /week and strength 3 days/ week, 30 min./session, 19 weeks. Adherence: Not reported	Systematic text condensation	Norway	2015

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Ingram et al. (58)	To describe patient perceptions of participating in a structured, home-based exercise programme while receiving adjuvant chemotherapy for breast cancer, including perceptions of facilitators of and challenges to exercise	Individual telephone interviews at 12 timepoints: Every 2 weeks over 24 weeks	N=8 Adults with breast cancer	Home-based individual supervised, customised to each participant's baseline fitness level, activity tolerance and personal preferences. Moderate intensity with stretching, aerobic and strengthening. Aerobic exercise a least 4 times /week, resistance exercise 3 times /week 30-45 min/sessions, 24 weeks Adherence: Not reported	Content analysis	Canada	2010
Knutsen et al. (52)	To explore patients with cancer experiences with maximal physical capacity testing and patient feelings of safety in using their bodies while participating in a physical intervention programme	Individual interviews at to timepoints: Pre-intervention Post- intervention (6 weeks)	N=100 Adults with mixed cancer diagnosis Oncological (n=80) Hematological (n=20	Hospital-based, structured, supervised, group based- 8-12 High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage, :4 days a week / 9 h. 120- 150 min./ session, 6 weeks. Adherence: Average attendance rate 86.9%	Four step analysis procedure descry-bed by Malterud. * *Malterud, Qualitative research: standards, challenges, and guidelines. Lancet 2001: 35: 483–488.	Denmark	2006
Leak Bryant et al. (61)	To explore perceived exercise benefits and barriers in adults with acute leukaemia who recently completed an inpatient exercise intervention during induction therapy	Individual interviews at one timepoint: Post intervention, 24-48 hours before discharge from the hospital	N=6 Adults with AML -acute myelogenous leukemia	Inclusion in PA intervention or control group (RCT) Control group: standard care + were monitored on their activity level during the hospitalization period using daily activity logs. In-hospital-based, supervised, individualized, mixed-modality exercise program based on the patient's physical limitations Moderate-low progressive intensity training Aerobic- walking or stationary bike. Resistance training- strengths of resistance bands. A cool-down session included stretching at the end of each session. 4 days a week/ twice per day 20-40/sessions. Ranging from 27–37 days. Adherence: Not reported	Content analyses	US	2017
Midtgaard et al. (53)	To examine patient experiences with group cohesion during the intervention and changes in social and emotional aspects of health-related quality of life outcomes	Seven focus group interview n= (6-9) in each group at one timepoint: Post intervention (6 weeks)	N=55 Adults with mixed cancer diagnosis	Hospital-based, structured, supervised, group based- 8-12 High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage, :4 days a week / 9 h. 120- 150 min./ session, 6 weeks. Adherence: Average attendance rate 86.9%	Narrative analysis	Denmark	2005

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Murley et al. (66)	To evaluate the effects of tai chi (TC) on self-efficacy, quality of life and cancer-related fatigue and to understand the experience and perceived benefits of patients taking chemotherapy involved in at TC programme	Individual interviews at one timepoint: Post- intervention (8 weeks)	N=6 Adults with breast cancer Intervention group(n=3) Waitlist-control group (n=3)	Hospital-based supervised, group based & Home-based with video. Tai Chi – wheelchair, rather standing than seated, 3 days a week Twice in class with Tai Chi instructor + once at home 50 min /session, 8 weeks Adherence: Average attendance rate 80 % in the class sessions, 90% in the home sessions (self-reported)	Inductive thematic analysis	US	2019
Rørth et al. (54)	To gain insight into the effects and experiences associated with EPO treatment in combination with a structured 6- week physical exercise intervention	Individual interviews at three timepoints: Pre- intervention During-intervention (after 3 weeks Post- intervention (6 week)	N=16 Adults with mixed cancer diagnosis.	Hospital-based, supervised, group Based, 8-12 participants and intervention with Darbepoetin (EPO) 500µg every 3 weeks. High intensity training: cardiovascular, heavy resistance training and low training intensity: relaxation, body awareness training and massage, :4 days a week / 9 h. 120- 150 min./ session, 6 weeks Adherence: Average attendance rate 70%	Phenomenological- approach	Denmark	2011
Thorsteinsson et al. (65)	To explore the motivations and barriers for participation in a structured, daily exercise programme tailored to each child's needs and involvering professional and psychosocial support	Individual interview conducted in the children's homes at one timepoint Post-intervention (6-16 months after diagnosis)	N=13 Children with pediatric cancer.	In-hospital based, individual supervised physical activity Group-based physical activities twice a week with other children & their ambassadors, 7 days a week 5-60 min/sessions, during each child in- hospital treatment period Adherence: Not reported	Systematic text condensation (STC)	Denmark	2019