Supplemental material: Study Intervention – exercise component

The exercise intervention will be aligned with treatment schedules recommending 2 x face-to-face multi-modal exercise sessions (60 minutes) with an additional online or home session. However, options are included to accommodate individual needs and treatment-related side effects:

- 2 clinic supervised group exercise + 1 home (or online group)
- 1 clinic + 1 online group + 1 home program
- 1 clinic + 2 home + 1 support phone call
- COVID contingency (already in operation): 2 online group + 1 home program

**Resistance training:** Resistance training in clinic typically consists of at least six exercises targeting the large muscle groups using pin loaded and cable equipment: leg press, knee extension, knee flexion, lat pulldown, seated row, chest press (depending on personal comfort) as well as optional biceps and triceps. Rate of perceived exertion (RPE: 15 – 18/20) will be used in session after the first set to determine training load progression. Leisure-time physical activity, yoga or stretching will be encouraged.

**Aerobic exercise (AEX):** Aerobic exercise in clinic includes one or more self-selected modes of treadmill, upright or recumbent cycle, rowing ergometer, arm ergometer or stepping. This can be continuous or intermittent.

Initial introduction: Continuous or intermittent starting @ 50 to 59 % of Heart Rate Reserve (recently measured resting heart rate or perceived exertion) and progressing to continuous or intervals @ 60 to 65 % of Heart Rate Reserve Progressed each week by 5% from previous cycle week 2.

**Exercise intervention sessions**

Example:

- **Warm up**: continuous 5 minutes, intervals 15 to 25 minutes of high:low of 15:45 seconds, 30:30 seconds or 30: 90 seconds depending on the individual symptoms and/or motivation
- **Resistance + aerobic circuit** (lat pulldown + step ups x 3)
- **Conclusion**: Progressive balance and flexibility according to individual ability.

Support for exercise behaviour will occur in usual clinic communication while reviewing training documents. For those choosing more home-based exercise, a weekly phone call will follow up to identify enablers or barriers to participation in relation to symptom burden.

Template example for 2 week AC cycle:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>2/week</th>
<th>1/week</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEX RT B/Fix</td>
<td>15-20m @ 50-55% HRR 2 x 5 reps @ 70-80% 1RM 10 minutes</td>
<td>Online circuit theraband/dumbbells Home program</td>
<td>Leisure activity Yoga</td>
</tr>
<tr>
<td>Week 2</td>
<td>2/week session day before or day of Tx</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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BMJ Open 2024; 14:e080239. doi: 10.1136/bmjopen-2023-080239
### Template example of weekly taxane cycle

<table>
<thead>
<tr>
<th>Day 4</th>
<th>Day 6</th>
<th>Infusion day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online theraband/dumbbell circuit or Home program</td>
<td>AEX: 15-20m @ 50-55% HRR RT: 2x5 reps @ 70-80% 1RM B/Fix: 10 minutes</td>
<td>AEX: 20-25m @ 60-70% HRR/Intervals RT: 6x5 reps @ 70-80% 1RM B/Fix: 10 minutes</td>
</tr>
</tbody>
</table>

### Modification of exercise intervention according to symptom severity

Day of treatment or day before chemotherapy (end week 2): higher intensity or interval variations are options.