Supplementary appendix (S3)

Recruitment, adherence, and retention of endometrial cancer survivors in a behavioral lifestyle program: the Diet and Exercise in Uterine Cancer Survivors (DEUS) parallel randomized pilot trial

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Interview protocol with clinicians

1. What are your views on the trial?
    a. Prompt: effects on clinical practice
    b. Prompt: Benefits to participants
2. What are your views on recruiting participants for the trial?
3. What can make recruitment more difficult?
    a. Prompt: Potential harm to patients
    b. Prompt: Perceived patient barriers
4. What can make recruitment easier?
    a. Prompt: Individual benefits to clinicians
5. Is there anything that can make you think twice about recruiting eligible participants?
6. How can recruitment for this trial affect your relationship with your patient?

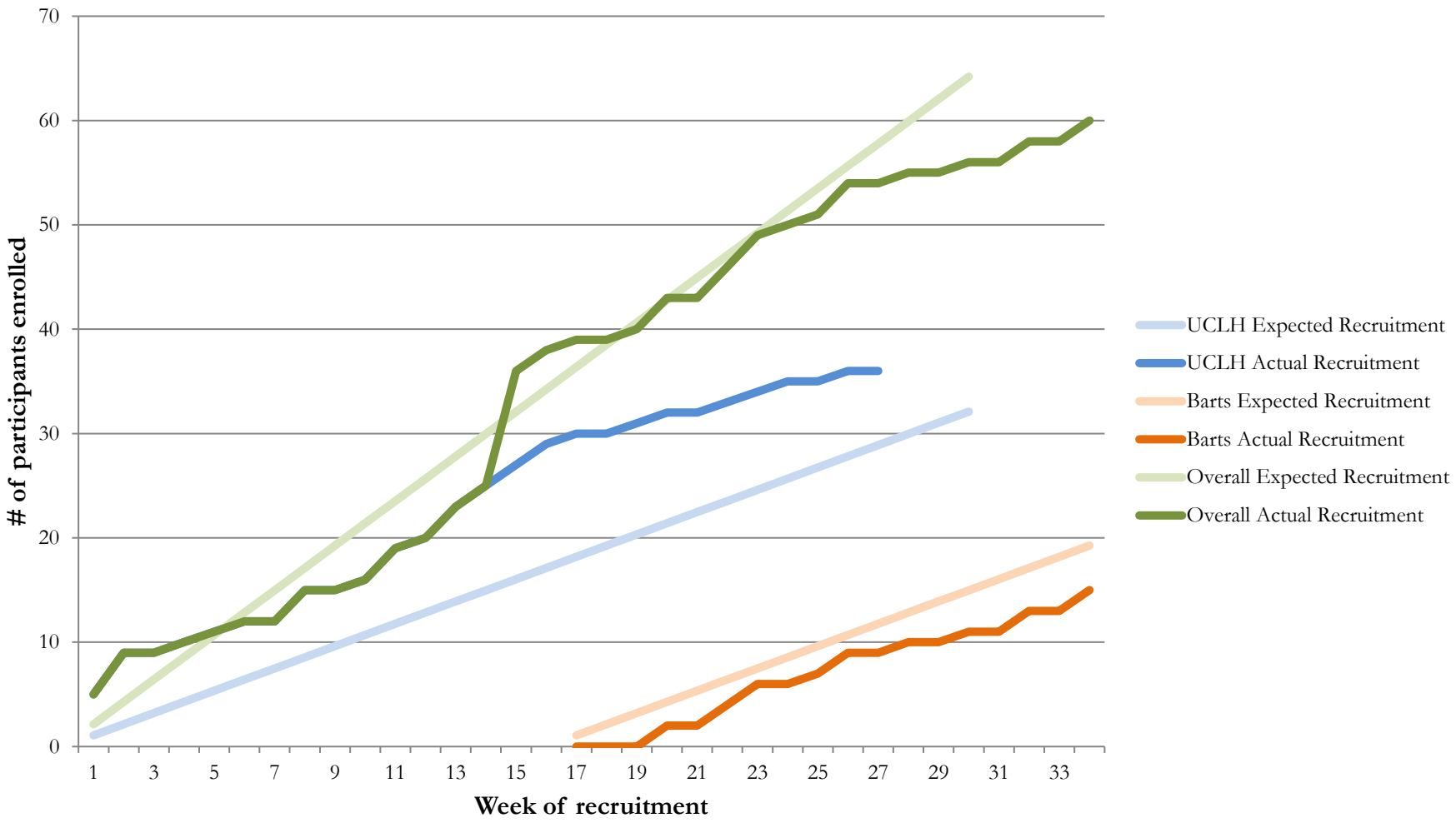

Figure S1 Projected and actual recruitment by site. The sharp spike in week 13 in overall recruitment indicated the recruited participants through mail out.

Table S1 Number of screened participants at each stage of the recruitment process

	UCLH	Barts	Hospitals combined	Mai-out	Total
1. Women in gynecologic oncology clinic	**2305**	**1047**	**3352**	**294**	**3646**
Other cancer site - not endometrial cancer	1638	828	2466	36	2502
Stage IVB (metastatic) endometrial cancer	11	7	18	14	32
Active anti-cancer, and/or palliative treatment	164	47	211	3	214
Endometrial Diagnosed >3years	67	49	116	69	185
Second primary cancer	34	8	42	2	44
Duplicates	168	3	171	106	277
2. Available for trial by disease characteristics	**223**	**88**	**311**	**64**	**375**
Not able to understand spoken and written English	23	13	36	1	37
Lack of mental capacity	3	2	5	-	5
Severe depression	2	-	2	-	2
WHO performance score 3-4	7	3	10	5	15
Unavailable for longitudinal follow-up assessments	4	3	7	2	9
Participated in a professionally delivered weight loss or exercise program during the previous 6 months	8	2	10	1	11
3. Eligible for participation	**176**	**65**	**241**	**55**	**296**
Did not attend clinic	23	13	36	-	36
Too distressed	5	-	5	-	5
Clinician did not introduce her to the study because of the long wait	1	-	1	-	1
Clinician did not introduce her due to confusion about eligibility criteria	-	2	2	-	2
Clinician did not introduce her because she had vision difficulties	1	-	1	-	1
Clinician did not introduce her because she was due for a knee operation	1	-	1	-	1

	UCLH	Barts	Hospitals combined	Mai-out	Total
Discussed with clinician and decide not to take part due to travel	2	-	2	-	2
Not approached by clinical team - medical notes missing / no pink leaflet	1	-	1	-	1
Lost her in clinic - clinician forgot to mention study	1	-	1	-	1
Not introduced to the study because researcher not in clinic	1	1	2	-	2
Pregnant	-	1	1	-	1
4. Physician Triage & introduced to the study	**140**	**48**	**188**	**55**	**243**
Not interested to hear about study	23	9	32	-	32
Long wait / too busy to talk about study	2	-	2	-	2
5. Participants interested	**115**	**39**	**154**	**18**	**172**
Lost in clinic - talking to other eligible participants	1	0	1		
6. Trial discussed	**114**	**39**	**153**	**9**	**162**
Decided not to take part and completed barriers survey	49	13	62	9	71
Decided not to take part, gave reasons, but did not complete barriers survey	6	6	12	-	12
Decided not to take part without giving reasons	1	2	3	-	3
Could not be reached back	11	3	14	-	14
Excluded due to cancer recurrence	1	0	1	-	1
7. Participant consented	**46**	**15**	**61**	**9**	**70**
Dropped out due to family reasons	2	-	2	-	2
Dropped out due to feel of no benefit	1	-	1	-	1
Dropped out due to inconvenience to everyday life	3	1	4	-	4
Dropped out due to health reasons	1	1	2	-	2
Not eligible - second primary cancer	1	-	1	-	1
8. Participant enrolled (randomized)	**38**	**13**	**51**	**9**	**60**

Table S2 Proportions (95% CIs of consented and enrolled participants by recruitment site)

	UCLH	Barts Health	Both hospitals	Mail-out	Total
Consented participants					
% Of eligible	26.1 (19.6, 32.6)	23.1 (12.8, 33.3)	25.3 (19.8 30.8)	16.4 (6.6, 26.1)	23.6 (18.8, 28.5)
% Of physician triage	32.9 (25.9, 39.8)	31.3 (20.0, 42.5)	32.4 (26.5, 38.4)	-	-
% Of interested	40.0 (32.8, 47.2)	38.5 (26.6, 50.3)	39.6 (33.4, 45.8)	-	-
Enrolled participants					
% Of eligible	21.6 (15.5, 27.7)	20.0 (10.3, 29.7)	21.2 (16.0, 26.3)	16.4 (6.6, 26.1)	20.3 (15.7, 24.9)
% Of physician triage	27.1 (20.6, 33.7)	27.1 (16.3, 37.9)	27.1 (21.5, 32.7)	-	-
% Of interested	33.0 (26.1, 40.0)	33.3 (21.9, 44.8)	33.1 (27.2, 39.1)	-	-
% Of consented	82.6 (77.0, 88.2)	86.7 (78.4, 94.9)	83.6 (78.9, 88.3)	100	85.7 (81.7, 89.7)

Table S3 Less frequent barriers to participation (percentage with standard error (SE)) among eligible survivors who declined participation (n=83)

Barrier	% (SE)	Barrier	% (SE)
Concerns over costs or health insurance	1.2% (1.2)	Other: Life unknown at the moment	1.2% (1.2)
Feeling coerced to join	1.2% (1.2)	Other: Lost her sister who was participating in another trial	1.2% (1.2)
Other: Bad weather for travelling	1.2% (1.2)	Other: Medical research is limited	1.2% (1.2)
Other: Being a full-time carer	1.2% (1.2)	Other: Mentally not ready	1.2% (1.2)
Other: Does not want to follow a diet plan	1.2% (1.2)	Other: Old age	1.2% (1.2)
Other: Length of study	1.2% (1.2)	Other: Wants to forget cancer	1.2% (1.2)
Physicians' attitude towards trial	1.2% (1.2)	Other: Wants a sense of normality in the following months	1.2% (1.2)

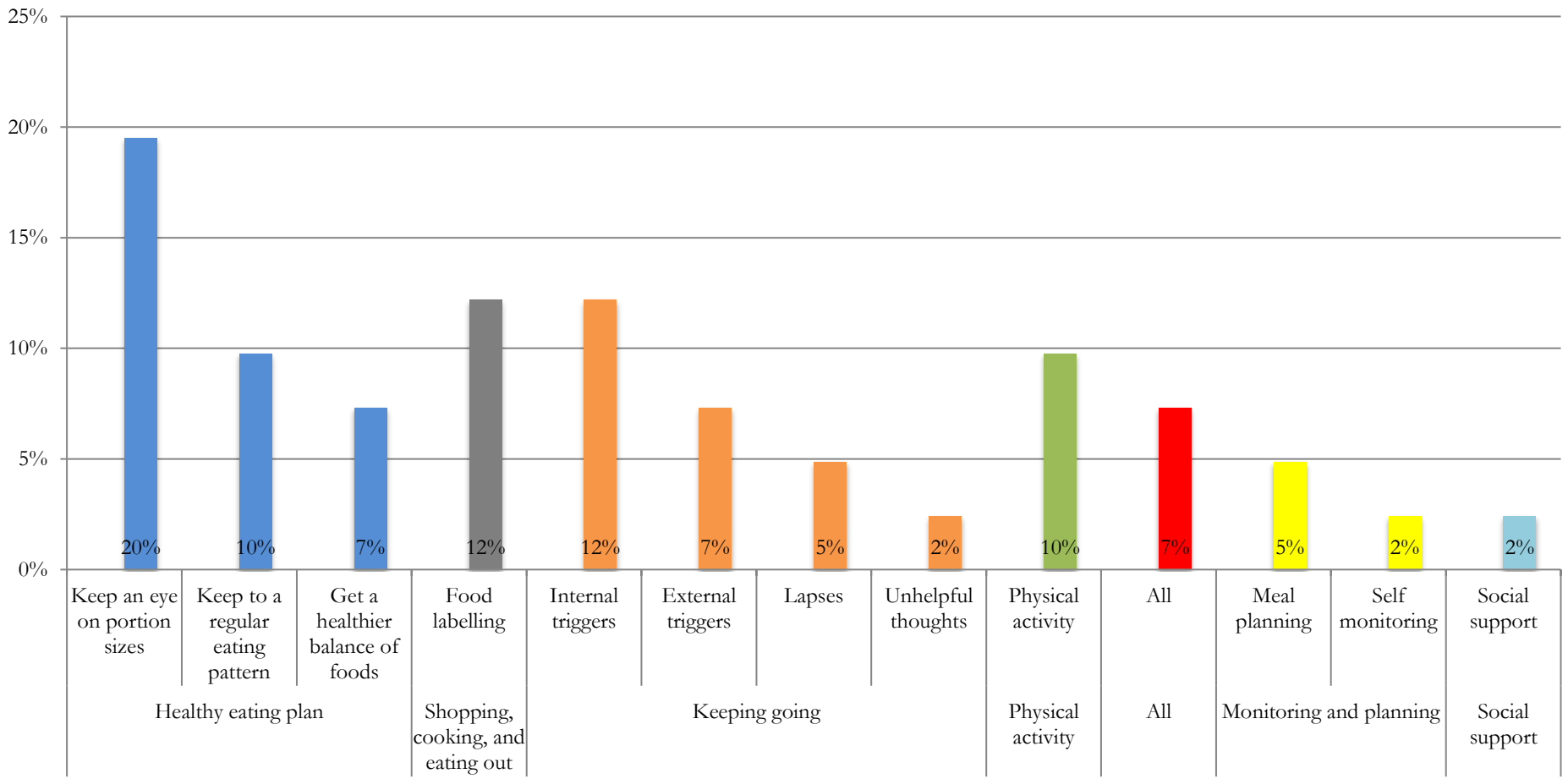

Figure S2 Percentage responses to the question "Which topic of the programme did you find the most useful?" by topic and programme section (in colour)

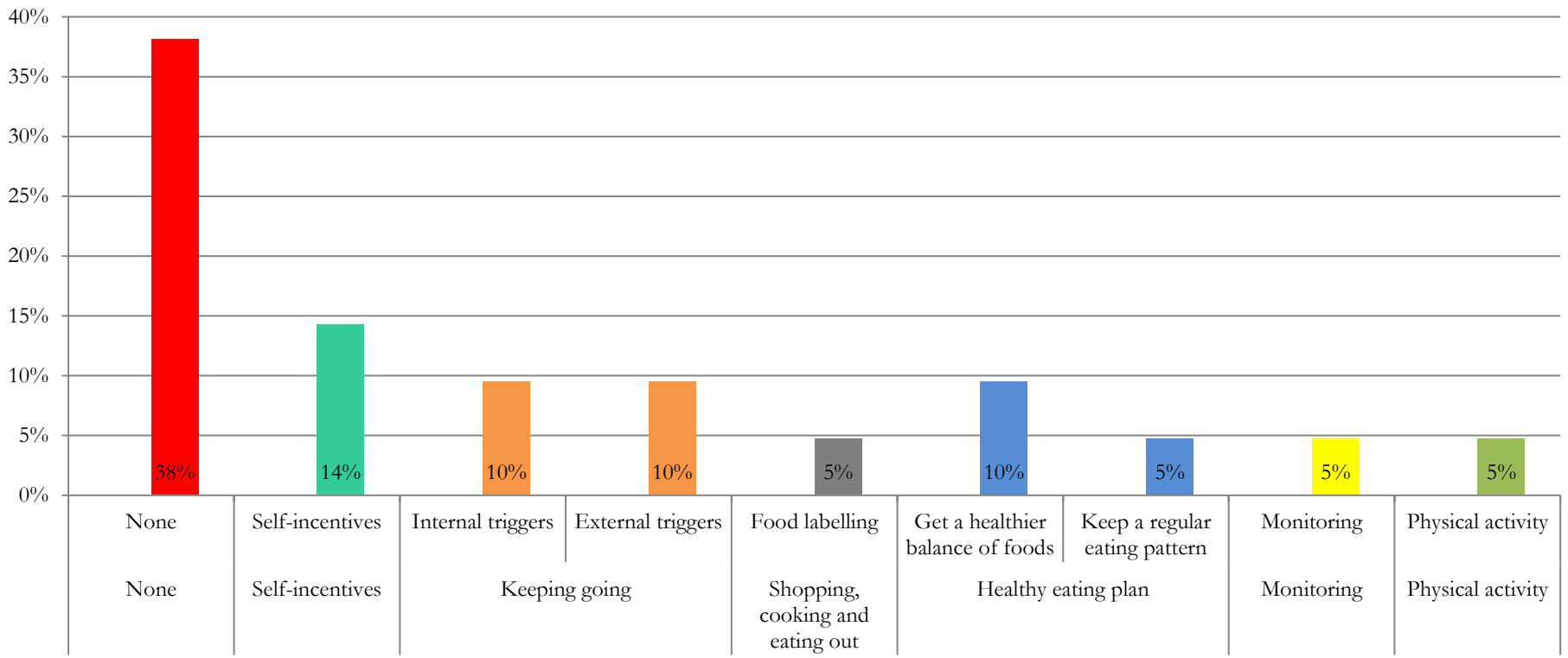

Figure S3 Percentage responses to the question "Which topic of the programme did you find the least useful?" by topic and programme section (in colour)

Reasons for non-adherence to the intervention

Of the 32 absences among the adhered participants, eight were work-related, seven were family-related, six were due to seasonal illness, four due to fatigue, three due to holidays, one due to travel disruption, and one due to other commitments.

Adverse events unrelated to the active intervention

In the intervention arm, one participant reported fatigue before and during the intervention and another reported a fractured bone after intervention completion. None were related to the intervention. Five participants in the control arm reported adverse events (ovarian cancer diagnosis, cancer recurrence, bowel obstruction, fractured bone, and swollen ankle). One unrelated severe adverse event (death) occurred to a non-eligible participant randomized to the intervention arm. The direct cause of death was metastatic bronchial carcinoma. Other significant conditions leading to death were obstructive sleep apnea and obesity hypoventilation syndrome. The participant withdrew due to medical reasons before commencement of the group sessions and, thus, the death was unrelated to the intervention. No safety concerns or complaints were reported.

Control arm contamination

Nine control arm participants (37.5%) searched for information on diet or physical activity. Two of them spoke with their GP and one with their nurse. Internet sources of information included the WCRF website (one), CRUK website (one), NHS choices (three), Change4Life (one), and other (two). One participant signed up to aerobic/tai chi classes. Two joined Slimming World; two weeks and one month before the final study follow-up, respectively, achieving 5% and 7.5% weight loss compared to their 8-week measurements.