Supplemental Material

Training program of the EXCITE trial and Supplemental Table 1 (Schematic description of the home-based training program prescribed according to the patient's functioning level **)**

Supplemental Figure 1 CONSORT diagram of the EXCITE trial

Supplemental Table 2 comparison of patients who exited from the 6th month trial before the 6th month (n=47) and those (n=104, completers) who completed the 6 months trial.

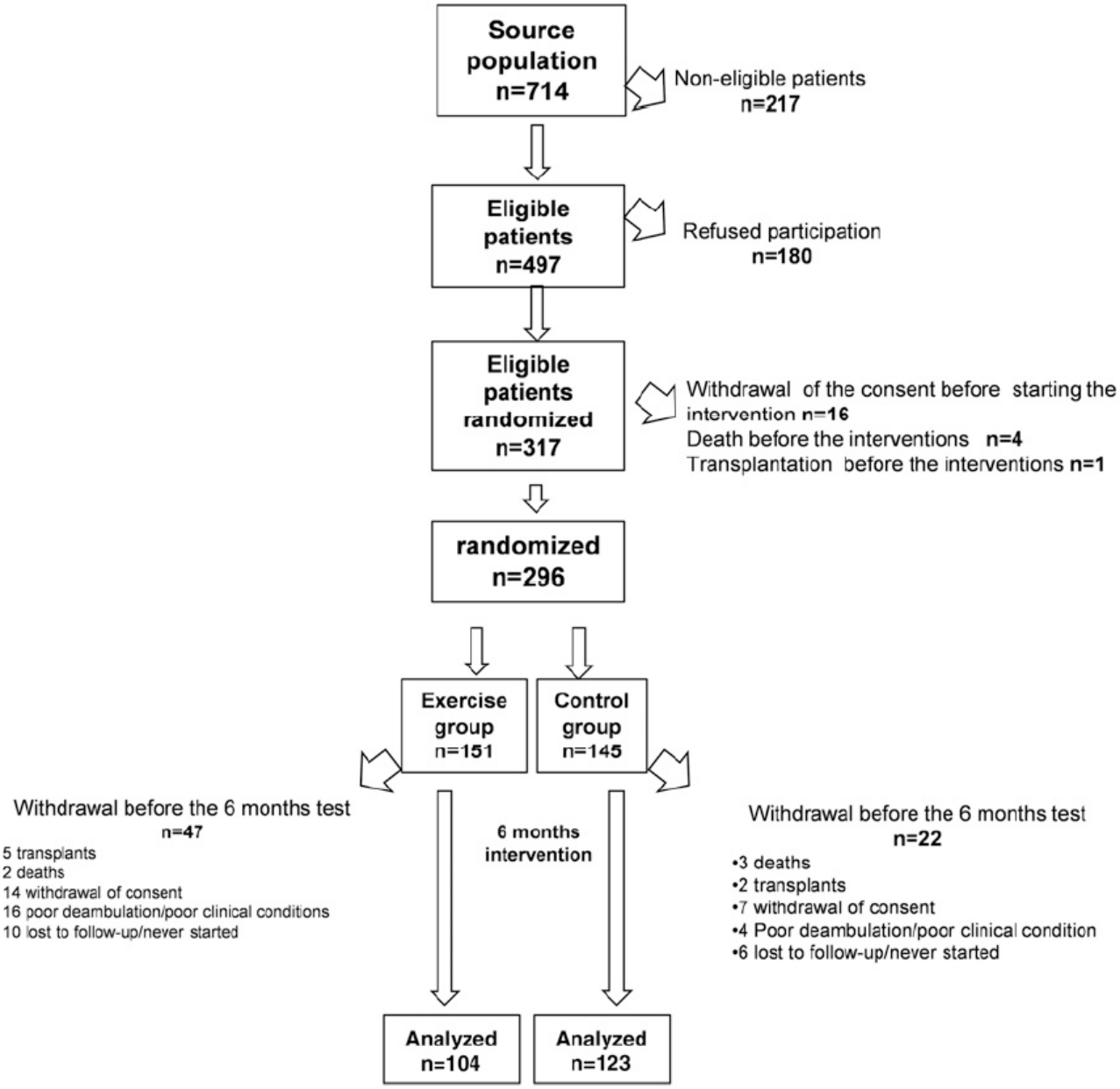
Supplemental Table 3 Breakdown of patients who had a high adherence (>60%) to the prescribed exercise sessions during the 6-month trial and those who had a low adherence (<60%).

Supplemental Table 4 Multivariate COX regression analysis for the risk of hospitalization (N=126) and Multivariate Cox's regression analysis by adherence to the exercise program for the risk of hospitalization.

TRAINING PROGRAM TESTED IN THE EXCITE TRIAL (ref. 15) Patients were instructed to perform two 10 min walking sessions during the day off dialysis at pre-fixed cadence (steps/minute) [15]. The initial cadence and the walk:rest ratio was established on the basis of the distance (meters) covered during the baseline six-minutes walking test (6MWT) and such a cadence was weekly increased up to the 14th week. From the 14th week on, the resting time within the session was reduced, with the cadence that was properly adjusted (see ref. [15] and **supplemental TABLE 1**). To maintain the stablished cadence, patients in the active arm of the trial were provided with of a low cost metronome (Seiko DM50, Seiko LTD, Japan). Adherence to physical exercise program was pre-specified as adherence to >60% exercise sessions (high adherence) during the first 6-months of the trial [15]. **Supplemental Table 1** Schematic description of the home-based training program prescribed according to the patient's functioning level (from Ref 15).

Functioning Capacity Level	Normal	Moderate	Low	Very Low
6 min distance walked at baseline (meters)	>300 to ≤550	<300 to >200	<200	<200 + severe symptoms
Number of training sessions **Duration of training sessions (min)** **Frequency (times/week)**	2 10 3	2 10 3	2 10 3	2 10 3
Training speed **Baseline (km/h)** **weeks 1-14 (steps/min)** **weeks 15-24 (steps/min)**	 2,8 72-120 90-120	 2,0 66-100 80-100	 1,4 56-80 60-80	 1,4 56-80 60-80
weeks 1-14 work/rest time (min) repetitions (number)	 5 : 1 2	 5 : 1 2	 5 : 1 2	 2 : 1 5
weeks 15-24 work/rest time (min) repetitions (number)	 10 : 0 1	 10 : 0 1	 10 : 0 1	 5 : 1 2

Supplemental Figure 1 CONSORT diagram of the EXCITE trial (from reference 15)



Supplemental Table 2 : comparison of patients who exited from the EXCITE trial (dropouts) before the 6th month (n=47) and those (n=104, completers) who completed the 6 months trial.

	Dropouts in the active arm (n=47)	**Completers in the active arm (n=104)**	**P**
Age (years)	66±13	63±13	0.148
Male gender (%)	37/10	90/14	0.419
Hemodialysis / CAPD (n)	90/14	102/21	0.45
BMI (Kg/m^2)	26±5	27±6	0.367
Smoking (0=no; 1=yes)	11.9%	18.4%	0.344
Diabetes (0=no; 1=yes)	31.9%	18.4%	0.068
BP Systolic / Diastolic (mmHg)	126±17/70±12	132±18/72±10	0.062/0.353
Total Cholesterol (mg/dL)	164±28	164±39	0.990
Hemoglobin (g/dL)	11.4±1.2	11.4±1.3	0.916
Albumin (g/dL)	3.9±0.5	3.9±0.4	0.157
Phosphate (mg/dL)	5.1±1.3	4.9±1.5	0.480
PTH (pg/mL)	332 (158-418)	280 (179-456)	0.852
CRP (mg/L)	4.0 (1.89-8.3)	5.0 (3.1-9.0)	0.409
Kt/V HD Kt/V CAPD	1.36±0.21 2.03±0.26	1.42±0.25 1.96±0.29	0.197 0.636
Myocardial Infarction (%)	12.8%	15.4%	0.673
Stroke/Transient Ischemic Attack (%)	12.8%	7.7%	0.320
Anginal Episodes (%)	8.5%	11.5%	0.576
Arrhythmia (%)	19.1%	12.5%	0.284
Heart Failure (%)	15%	17%	0.712
Peripheral Vascular Disease (%)	4.3%	6.7%	0.552
History of Neoplasia (%)	15.2%	21.8%	0.354
Anti-hypertensive Therapy (%)	73.9%	76.8%	0.709
NYHA class			
I (%)	32%	38%	0.527
II (%)	9%	14%	
III-IV (%)	6%	4%	
Ambulation			
Assisted	4.3%	3.8%	0.905
Independent	95.7%	96.2%	

Supplemental TABLE 3

	Low adherence (n=49)	High adherence (n=55)	P
Age (years)	63±13	63±13	0.90
Male gender, N(%)	34 (69%)	33 (60%)	0,32
Hemodialysis / CAPD (n)	43(88%)	47(85%)	0.73
BMI (Kg/m2)	27±6	26±5	0,51
Smoking, N (0=no; 1=yes)	12 (24%)	6 (12%)	0,12
Diabetes, N (0=no; 1=yes)	10 (20%)	9 (17%)	0,62
BP Systolic/Diastolic (mmHg)	131±19/72±11	132±18/72±9	0,73/0,89
Total Cholesterol (mg/dL)	150±27	176±44	0,001
Haemoglobin (g/dL)	11,5±1,2	11,4±1,4	0,94
Albumin (g/dL)	3,9±0,4	3,9±0,4	0,54
Phosphate (mg/dL)	4,9±1,6	5±1,4	0,59
Kt/V HD Kt/V CAPD	1,35±0,28 1,92±0,18	1,45±0,3 1,77±0,72	0,14 0,60
Myocardial Infarction N(%)	10 (20%)	6 (11%)	0,18
Stroke/Transient Ischemic Attack, N (%)	5 (10%)	3 (5%)	0,47
Anginal Episodes N (%)	5 (10%)	7 (13%)	0,69
Arrhythmia N (%)	6 (12%)	7 (13%)	0,94
Heart Failure N (%)	11(22%)	8 (13%)	0,19
Peripheral Vascular Disease N (%)	2 (4,1%)	5 (9,1)	0.44
History of Neoplasia N (%)	8 (16%)	14 (27%)	0,20
Anti-hypertensive Therapy N (%)	36 (78%)	40 (76%)	0,74
NYHA class			
I N (%)	16 (35%)	21 (38%)	0,16
II N (%)	11 (24%)	5 (9%)	
III-IV N (%)	3 (6%)	2 (4%)	
Ambulation			
Assisted N, (%)	2 (4,1%)	2 (4,0%)	0,91
Independent N, (%)	47 (46%)	53 (96,0%)	

Supplemental Table 4

Multivariate COX regression analysis for the risk of hospitalization (N=126)

	HR (95% CI, p-value)
Group (exercise vs control)	0,629 (0,436-0,908), p=0,013
BP Systolic (mmHg)	1,009 (0,999-1,019), p=0,074
Arrhythmia	1,665 (0,959-2,893), p=0,07
Peripheral Vascular Disease	1,241 (0,709-2,172), p=0,45
Stroke/Transient Ischemic Attack	0,773 (0,428-1,396), p=0,393

Multivariate Cox's regression analysis by adherence to the exercise program for the risk of hospitalization.

	HR (95% CI, p-value)
High Adherence vs Control	0.472 (0.29-0.767), p=0.002
Low Adherence vs Control	0.842 (0.541-1.31), p=0.447
BP Systolic (mmHg)	1.009 (0.999-1.019), p=0.062
Arrhythmia	1.747 (1.002-3.048), p=0.049
Peripheral Vascular Disease	1.317 (0.749-2.317), p=0.339
Stroke/Transient Ischemic Attack	0.745 (0.412-1.347), p=0.33