Online reource 5 – remaining outcomes and additional analyses to remaining outcomes

Fatigue

Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Dawson et al	2018	0.04 (-0.73, 0.81)	12, -2.5 (2)	14, -2.6 (2.8)	5.49
Nilsen et al	2015	0.04 (-0.48, 0.55)	28, 33.7 (16.1)	30, 33 (22.3)	6.15
Taaffe et al (1)	2017	-0.15 (-0.63, 0.33)	57, 22.2 (15.4)	24, 24.6 (17.7)	6.24
Taaffe et al (2)	2017	-0.15 (-0.63, 0.33)	54, 21.9 (18.4)	24, 24.6 (17.7)	6.23
Mardani et al	2020	-0.80 (-1.28, -0.32)	35, 34 (10.1)	36, 42.6 (11.4)	6.22
Ndjarevo et al	2020	-0.29 (-0.84, 0.27)	24, -41.8 (11.2)	26, -38.5 (11.9)	6.05
Cormie et al	2015	-0.29 (-0.79, 0.21)	32, -43.8 (6.8)	31, -41.4 (9.5)	6.20
Bourke et al	2014	-0.40 (-0.83, 0.02)	43, -45.8 (8.2)	43, -42.4 (8.6)	6.35
Hojan et al	2016	-5.44 (-6.61, -4.27)	27, -116 (9.7)	27, -78.2 (2)	4.38
Hojan et al	2017	-3.84 (-4.66, -3.02)	35, -106 (7.7)	31, -75.5 (8.1)	5.35
Segal et al	2003	-0.13 (-0.45, 0.19)	82, -41.6 (10.5)	73, -40.3 (9.4)	6.55
Segal et al (1)	2009	-0.24 (-0.78, 0.30)	40, -44.2 (8.9)	20, -42.1 (8.8)	6.10
Segal et al (2)	2009	-0.33 (-0.86, 0.20)	40, -45.1 (9.1)	21, -42.1 (8.8)	6.12
O'Niell et al	2015	-0.27 (-0.69, 0.14)	45, 29.4 (15.5)	45, 34.1 (19)	6.37
Cormie et al	2013	0.25 (-0.63, 1.13)	10, 8.8 (13.7)	10, 3.8 (24.9)	5.19
Monga et al	2007	-1.38 (-2.34, -0.42)	11, .8 (2.4)	10, 3.8 (1.9)	4.96
Winters-Stone et al	2014	-0.29 (-0.85, 0.27)	29, 8.8 (3.2)	22, 9.8 (3.7)	6.05
Overall (I-squared = 89.8%, p = 0.000)		-0.70 (-1.11, -0.29)	604	487	100.00

NOTE: Weights are from random effects analysis

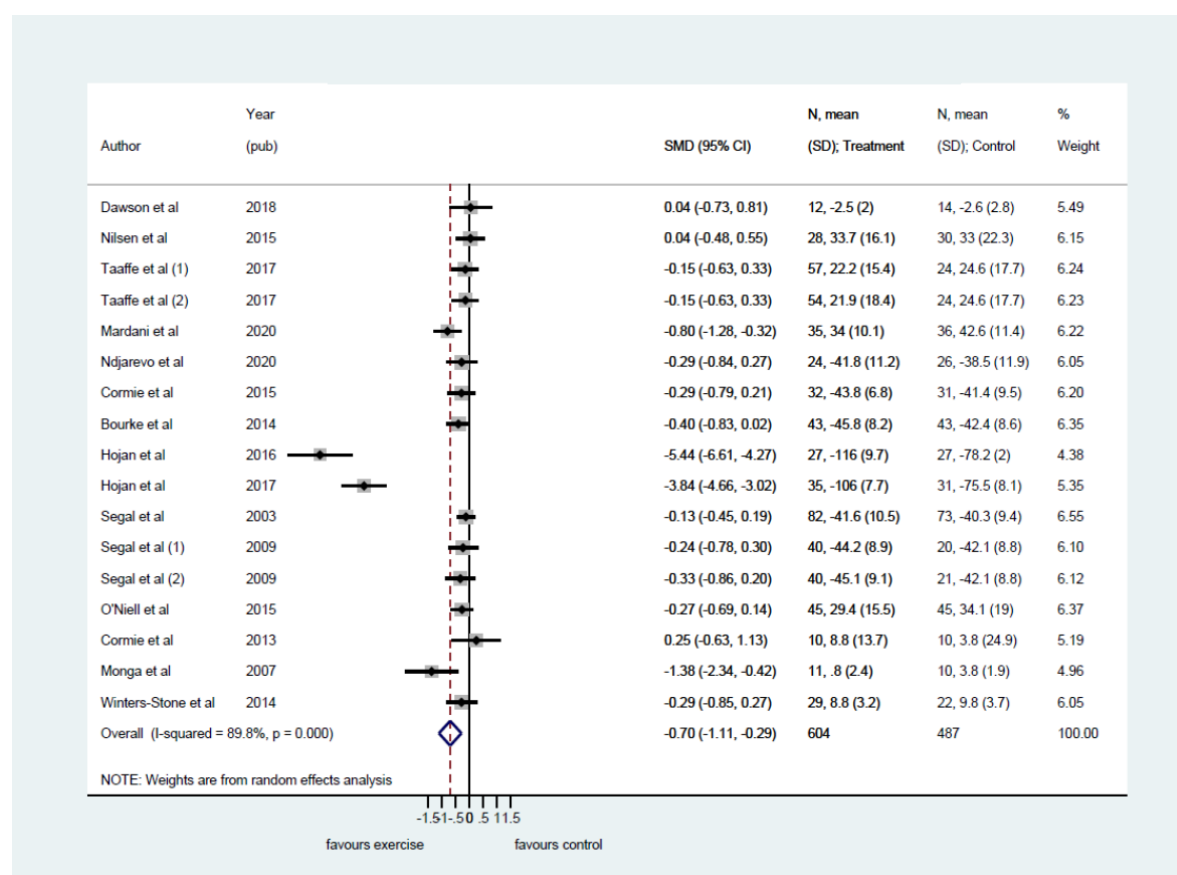favours exercise   favours control

Figure S9. Pooled standard mean difference (SMD) on Fatigue comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
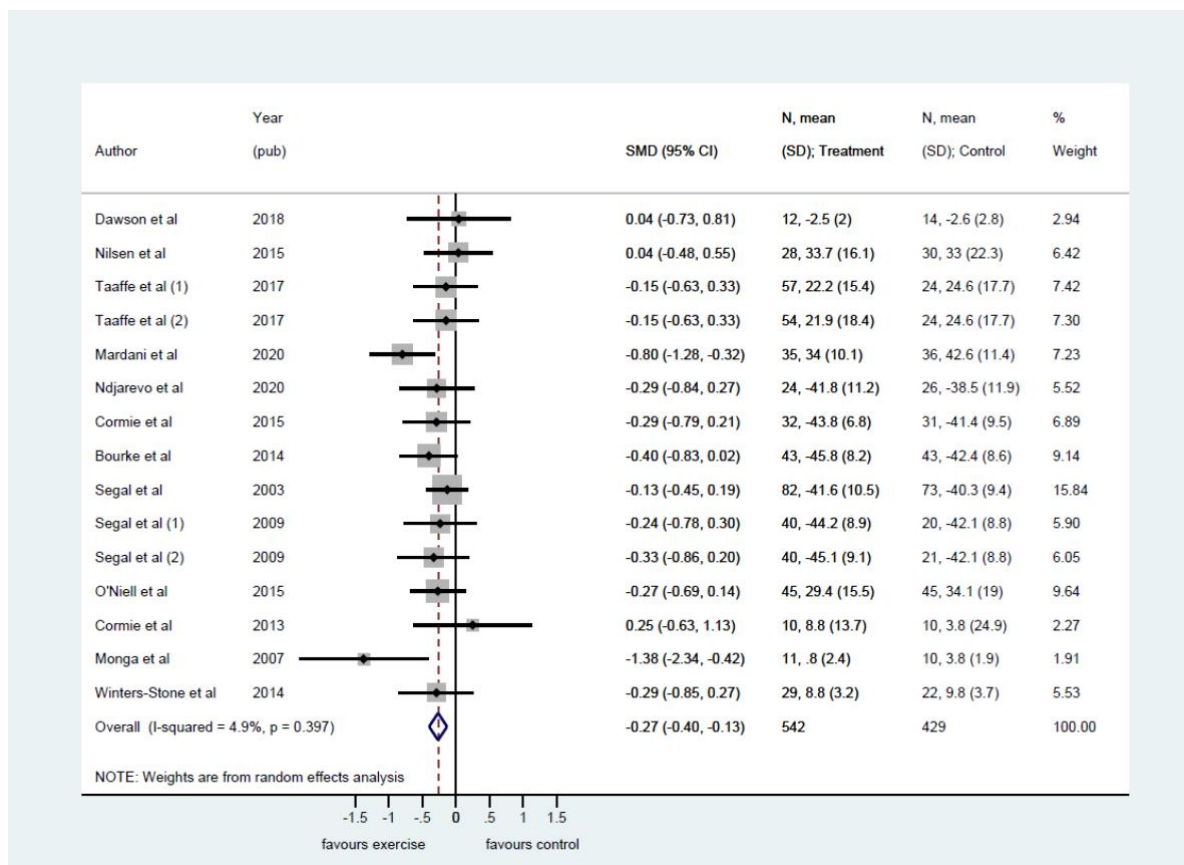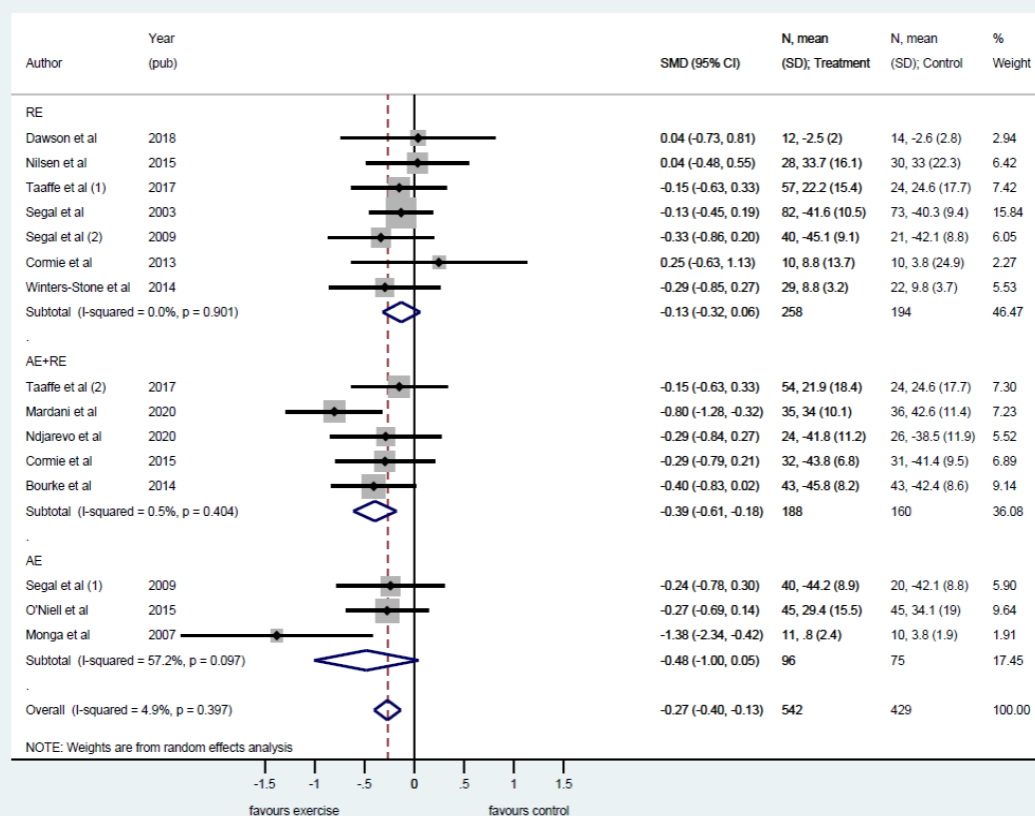
Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Dawson et al	2018	0.04 (-0.73, 0.81)	12, -2.5 (2)	14, -2.6 (2.8)	2.94
Nilsen et al	2015	0.04 (-0.48, 0.55)	28, 33.7 (16.1)	30, 33 (22.3)	6.42
Taaffe et al (1)	2017	-0.15 (-0.63, 0.33)	57, 22.2 (15.4)	24, 24.6 (17.7)	7.42
Taaffe et al (2)	2017	-0.15 (-0.63, 0.33)	54, 21.9 (18.4)	24, 24.6 (17.7)	7.30
Mardani et al	2020	-0.80 (-1.28, -0.32)	35, 34 (10.1)	36, 42.6 (11.4)	7.23
Ndjarevo et al	2020	-0.29 (-0.84, 0.27)	24, -41.8 (11.2)	26, -38.5 (11.9)	5.52
Cormie et al	2015	-0.29 (-0.79, 0.21)	32, -43.8 (6.8)	31, -41.4 (9.5)	6.89
Bourke et al	2014	-0.40 (-0.83, 0.02)	43, -45.8 (8.2)	43, -42.4 (8.6)	9.14
Segal et al	2003	-0.13 (-0.45, 0.19)	82, -41.6 (10.5)	73, -40.3 (9.4)	15.84
Segal et al (1)	2009	-0.24 (-0.78, 0.30)	40, -44.2 (8.9)	20, -42.1 (8.8)	5.90
Segal et al (2)	2009	-0.33 (-0.86, 0.20)	40, -45.1 (9.1)	21, -42.1 (8.8)	6.05
O'Niell et al	2015	-0.27 (-0.69, 0.14)	45, 29.4 (15.5)	45, 34.1 (19)	9.64
Cormie et al	2013	0.25 (-0.63, 1.13)	10, 8.8 (13.7)	10, 3.8 (24.9)	2.27
Monga et al	2007	-1.38 (-2.34, -0.42)	11, .8 (2.4)	10, 3.8 (1.9)	1.91
Winters-Stone et al	2014	-0.29 (-0.85, 0.27)	29, 8.8 (3.2)	22, 9.8 (3.7)	5.53
Overall (I-squared = 4.9%, p = 0.397)		-0.27 (-0.40, -0.13)	542	429	100.00

NOTE: Weights are from random effects analysis

favours exercise | favours control

Figure S10. Pooled standard mean difference (SMD) on Fatigue comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used. NOTE: Hojan et al. 2016 and 2017 was excluded from this meta-analysis.

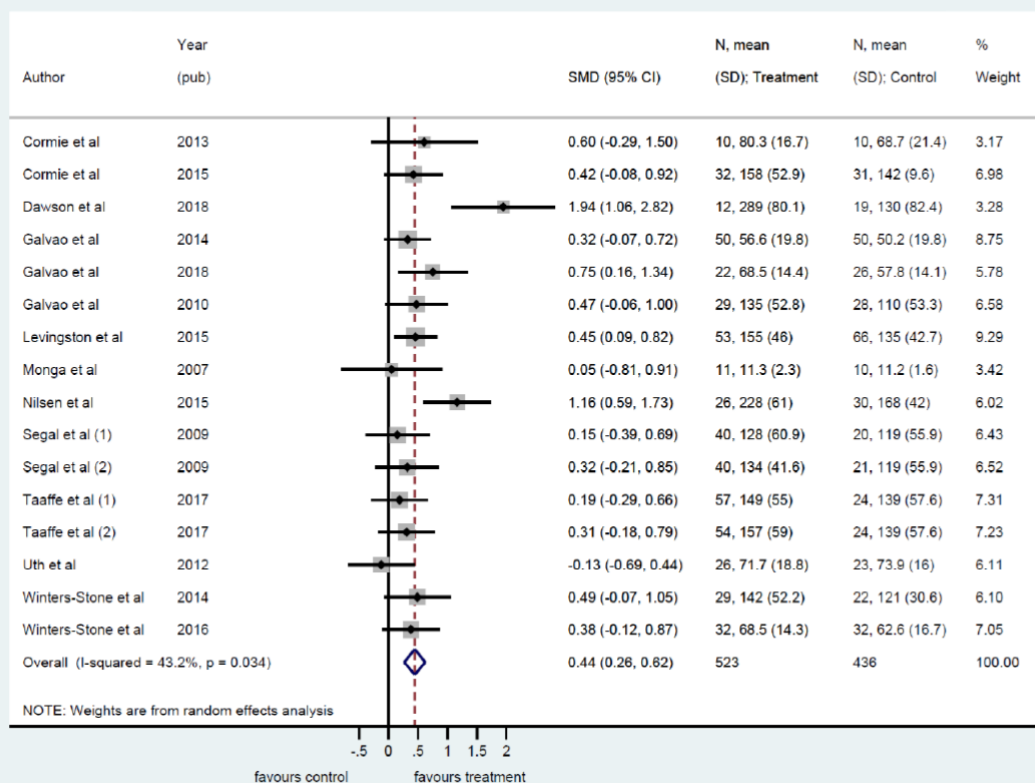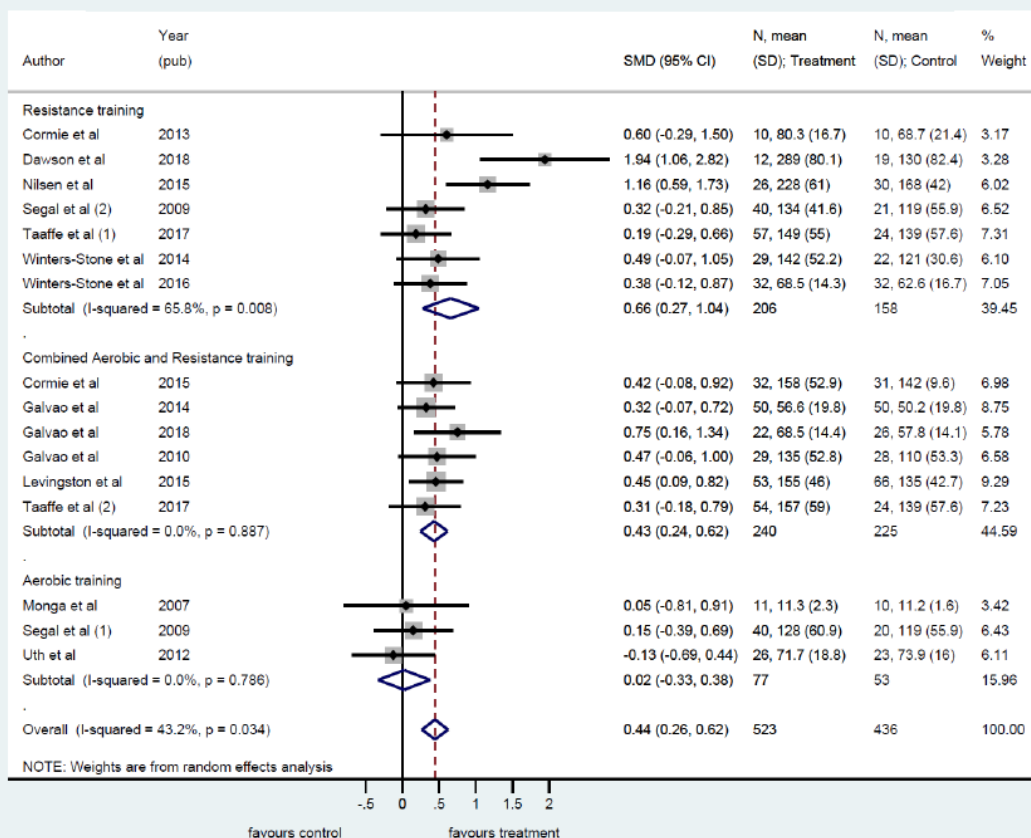| Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
RE					
Dawson et al	2018	0.04 (-0.73, 0.81)	12, -2.5 (2)	14, -2.6 (2.8)	2.94
Nilsen et al	2015	0.04 (-0.48, 0.55)	28, 33.7 (16.1)	30, 33 (22.3)	6.42
Taaffe et al (1)	2017	-0.15 (-0.63, 0.33)	57, 22.2 (15.4)	24, 24.6 (17.7)	7.42
Segal et al	2003	-0.13 (-0.45, 0.19)	82, -41.6 (10.5)	73, -40.3 (9.4)	15.84
Segal et al (2)	2009	-0.33 (-0.86, 0.20)	40, -45.1 (9.1)	21, -42.1 (8.8)	6.05
Cormie et al	2013	0.25 (-0.63, 1.13)	10, 8.8 (13.7)	10, 3.8 (24.9)	2.27
Winters-Stone et al	2014	-0.29 (-0.85, 0.27)	29, 8.8 (3.2)	22, 9.8 (3.7)	5.53
Subtotal (I-squared = 0.0%, p = 0.901)		-0.13 (-0.32, 0.06)	258	194	46.47
AE+RE					
Taaffe et al (2)	2017	-0.15 (-0.63, 0.33)	54, 21.9 (18.4)	24, 24.6 (17.7)	7.30
Mardani et al	2020	-0.80 (-1.28, -0.32)	35, 34 (10.1)	36, 42.6 (11.4)	7.23
Ndjarevo et al	2020	-0.29 (-0.84, 0.27)	24, -41.8 (11.2)	26, -38.5 (11.9)	5.52
Cormie et al	2015	-0.29 (-0.79, 0.21)	32, -43.8 (6.8)	31, -41.4 (9.5)	6.89
Bourke et al	2014	-0.40 (-0.83, 0.02)	43, -45.8 (8.2)	43, -42.4 (8.6)	9.14
Subtotal (I-squared = 0.5%, p = 0.404)		-0.39 (-0.61, -0.18)	188	160	36.08
AE					
Segal et al (1)	2009	-0.24 (-0.78, 0.30)	40, -44.2 (8.9)	20, -42.1 (8.8)	5.90
O'Niell et al	2015	-0.27 (-0.69, 0.14)	45, 29.4 (15.5)	45, 34.1 (19)	9.64
Monga et al	2007	-1.38 (-2.34, -0.42)	11, .8 (2.4)	10, 3.8 (1.9)	1.91
Subtotal (I-squared = 57.2%, p = 0.097)		-0.48 (-1.00, 0.05)	96	75	17.45
Overall (I-squared = 4.9%, p = 0.397)		-0.27 (-0.40, -0.13)	542	429	100.00

NOTE: Weights are from random effects analysis

favours exercise | favours control

Figure S11. Pooled standard mean difference (SMD) on Fatigue comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate 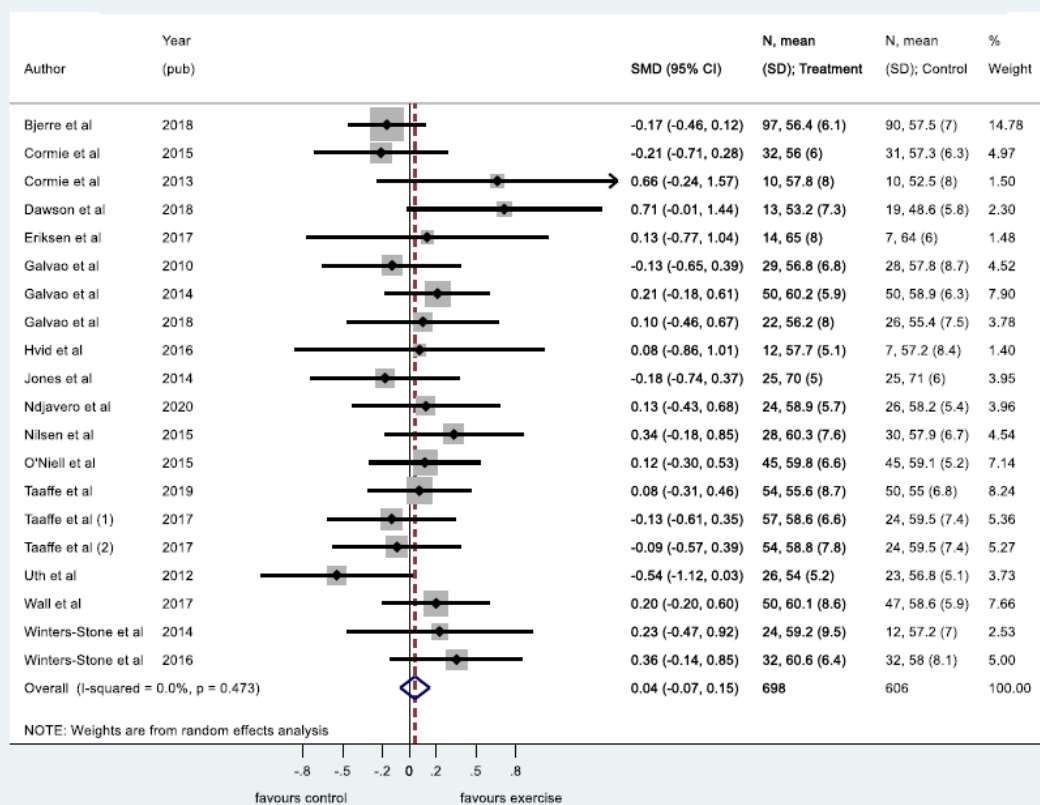of heterogeneity from the Mantel-Haenszel model was used. NOTE: Hojan et al. 2016 and 2017 was excluded from this meta-analysis.

Lower body strength

Figure S12. Pooled standard mean difference (SMD) on Lower body strength comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
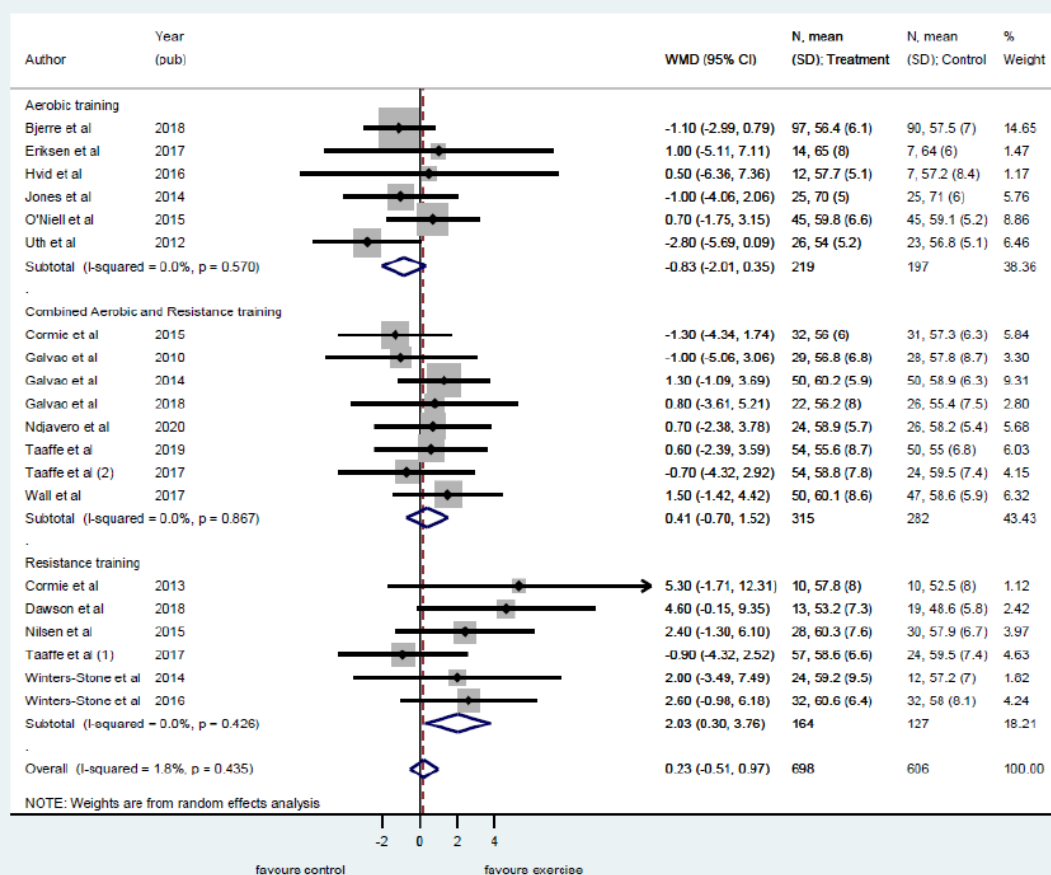
Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Resistance training					
Cormie et al	2013	0.60 (-0.29, 1.50)	10, 80.3 (16.7)	10, 68.7 (21.4)	3.17
Dawson et al	2018	1.94 (1.06, 2.82)	12, 289 (80.1)	19, 130 (82.4)	3.28
Nilsen et al	2015	1.16 (0.59, 1.73)	26, 228 (61)	30, 168 (42)	6.02
Segal et al (2)	2009	0.32 (-0.21, 0.85)	40, 134 (41.6)	21, 119 (55.9)	6.52
Taaffe et al (1)	2017	0.19 (-0.29, 0.66)	57, 149 (55)	24, 139 (57.6)	7.31
Winters-Stone et al	2014	0.49 (-0.07, 1.05)	29, 142 (52.2)	22, 121 (30.6)	6.10
Winters-Stone et al	2016	0.38 (-0.12, 0.87)	32, 68.5 (14.3)	32, 62.6 (16.7)	7.05
Subtotal (I-squared = 65.8%, p = 0.008)		0.66 (0.27, 1.04)	206	158	39.45
Combined Aerobic and Resistance training					
Cormie et al	2015	0.42 (-0.08, 0.92)	32, 158 (52.9)	31, 142 (9.6)	6.98
Galvao et al	2014	0.32 (-0.07, 0.72)	50, 56.6 (19.8)	50, 50.2 (19.8)	8.75
Galvao et al	2018	0.75 (0.16, 1.34)	22, 68.5 (14.4)	26, 57.8 (14.1)	5.78
Galvao et al	2010	0.47 (-0.06, 1.00)	29, 135 (52.8)	28, 110 (53.3)	6.58
Levingston et al	2015	0.45 (0.09, 0.82)	53, 155 (46)	66, 135 (42.7)	9.29
Taaffe et al (2)	2017	0.31 (-0.18, 0.79)	54, 157 (59)	24, 139 (57.6)	7.23
Subtotal (I-squared = 0.0%, p = 0.887)		0.43 (0.24, 0.62)	240	225	44.59
Aerobic training					
Monga et al	2007	0.05 (-0.81, 0.91)	11, 11.3 (2.3)	10, 11.2 (1.6)	3.42
Segal et al (1)	2009	0.15 (-0.39, 0.69)	40, 128 (60.9)	20, 119 (55.9)	6.43
Uth et al	2012	-0.13 (-0.69, 0.44)	26, 71.7 (18.8)	23, 73.9 (16)	6.11
Subtotal (I-squared = 0.0%, p = 0.786)		0.02 (-0.33, 0.38)	77	53	15.96
Overall (I-squared = 43.2%, p = 0.034)		0.44 (0.26, 0.62)	523	436	100.00

NOTE: Weights are from random effects analysis

-.5 0 .5 1 1.5 2

favours control   favours treatment

Figure S13. Pooled standard mean difference (SMD) on Lower body strength comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
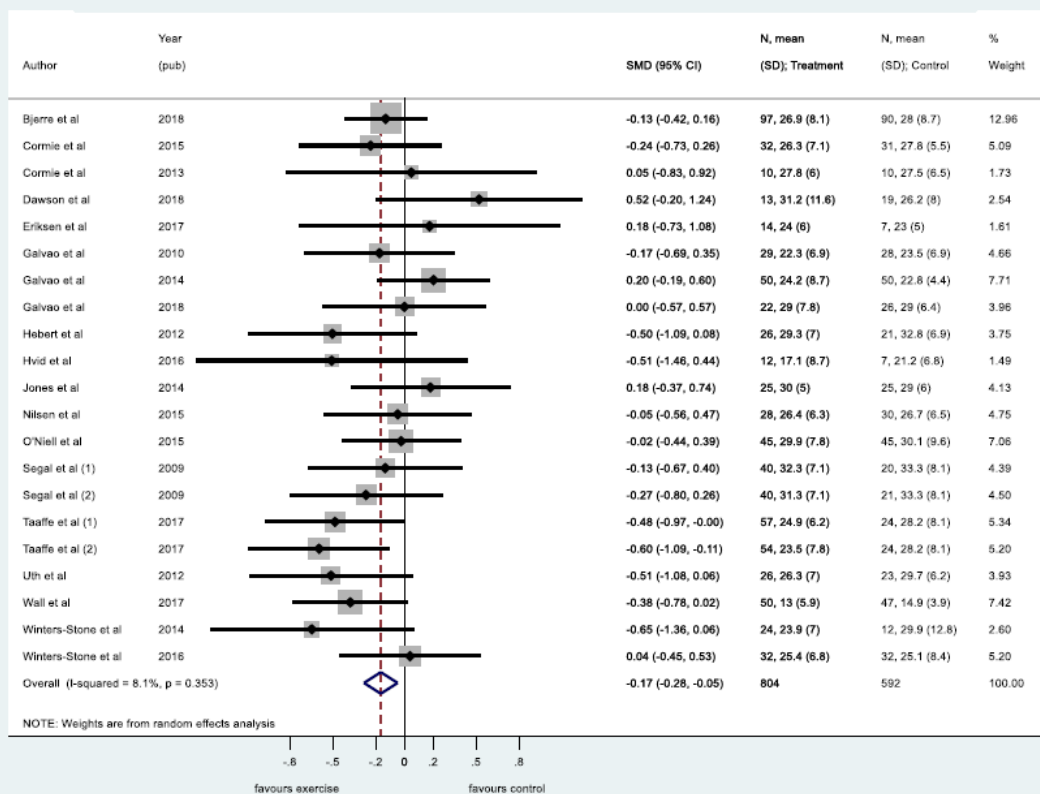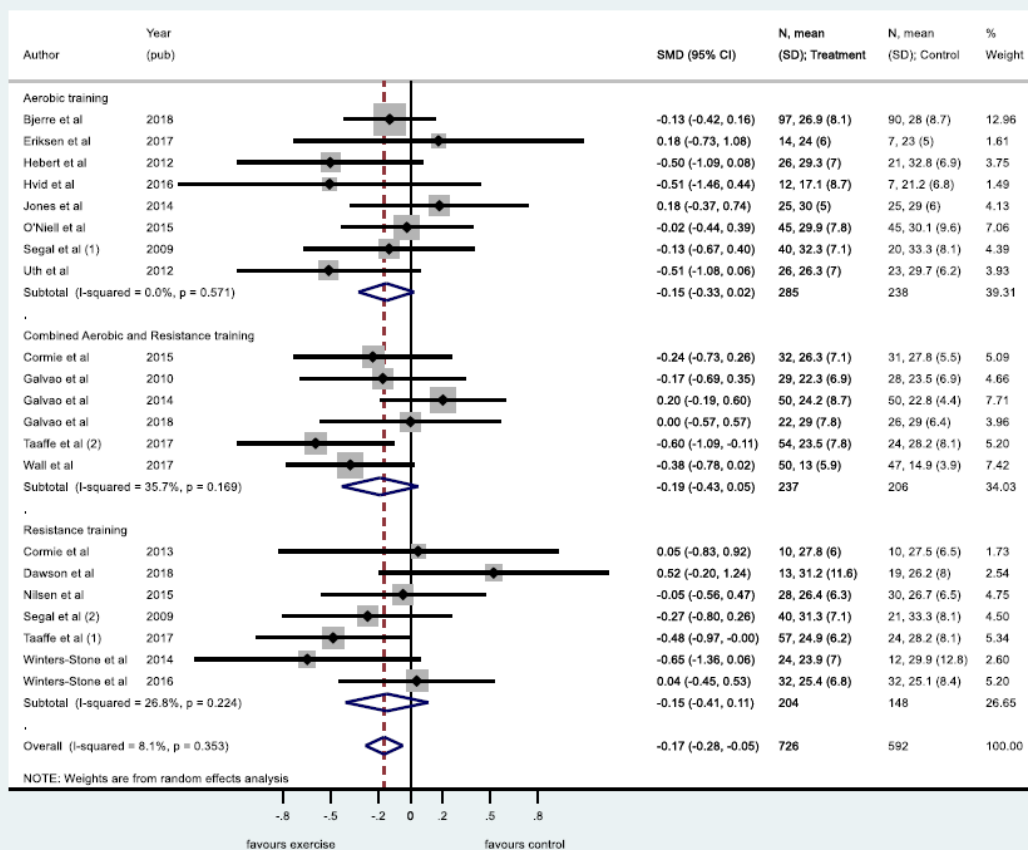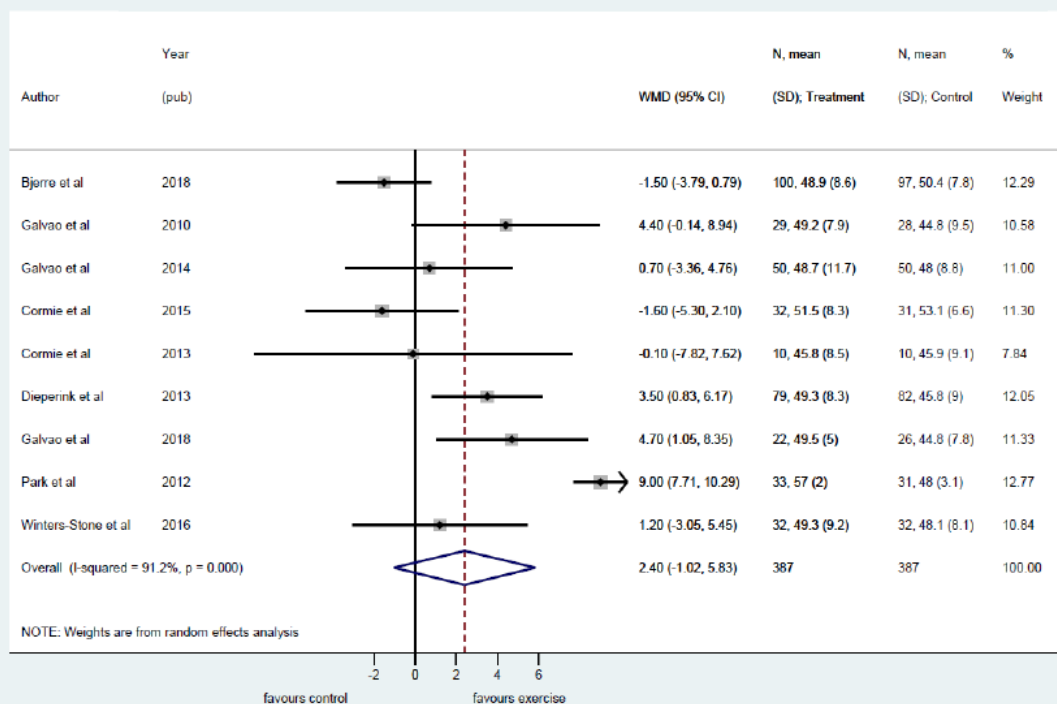
Lean body mass

Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Bjerre et al	2018	-0.17 (-0.46, 0.12)	97, 56.4 (6.1)	90, 57.5 (7)	14.78
Cormie et al	2015	-0.21 (-0.71, 0.28)	32, 56 (6)	31, 57.3 (6.3)	4.97
Cormie et al	2013	0.66 (-0.24, 1.57)	10, 57.8 (8)	10, 52.5 (8)	1.50
Dawson et al	2018	0.71 (-0.01, 1.44)	13, 53.2 (7.3)	19, 48.6 (5.8)	2.30
Eriksen et al	2017	0.13 (-0.77, 1.04)	14, 65 (8)	7, 64 (6)	1.48
Galvao et al	2010	-0.13 (-0.65, 0.39)	29, 56.8 (6.8)	28, 57.8 (8.7)	4.52
Galvao et al	2014	0.21 (-0.18, 0.61)	50, 60.2 (5.9)	50, 58.9 (6.3)	7.90
Galvao et al	2018	0.10 (-0.46, 0.67)	22, 56.2 (8)	26, 55.4 (7.5)	3.78
Hvid et al	2016	0.08 (-0.86, 1.01)	12, 57.7 (5.1)	7, 57.2 (8.4)	1.40
Jones et al	2014	-0.18 (-0.74, 0.37)	25, 70 (5)	25, 71 (6)	3.95
Ndjavero et al	2020	0.13 (-0.43, 0.68)	24, 58.9 (5.7)	26, 58.2 (5.4)	3.96
Nilsen et al	2015	0.34 (-0.18, 0.85)	28, 60.3 (7.6)	30, 57.9 (6.7)	4.54
O'Niell et al	2015	0.12 (-0.30, 0.53)	45, 59.8 (6.6)	45, 59.1 (5.2)	7.14
Taaffe et al	2019	0.08 (-0.31, 0.46)	54, 55.6 (8.7)	50, 55 (6.8)	8.24
Taaffe et al (1)	2017	-0.13 (-0.61, 0.35)	57, 58.6 (6.6)	24, 59.5 (7.4)	5.36
Taaffe et al (2)	2017	-0.09 (-0.57, 0.39)	54, 58.8 (7.8)	24, 59.5 (7.4)	5.27
Uth et al	2012	-0.54 (-1.12, 0.03)	26, 54 (5.2)	23, 56.8 (5.1)	3.73
Wall et al	2017	0.20 (-0.20, 0.60)	50, 60.1 (8.6)	47, 58.6 (5.9)	7.66
Winters-Stone et al	2014	0.23 (-0.47, 0.92)	24, 59.2 (9.5)	12, 57.2 (7)	2.53
Winters-Stone et al	2016	0.36 (-0.14, 0.85)	32, 60.6 (6.4)	32, 58 (8.1)	5.00
Overall (I-squared = 0.0%, p = 0.473)		0.04 (-0.07, 0.15)	698	606	100.00

NOTE: Weights are from random effects analysis

favours control   favours exercise

Figure S14. Pooled standard mean difference (SMD) on Lean body mass comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
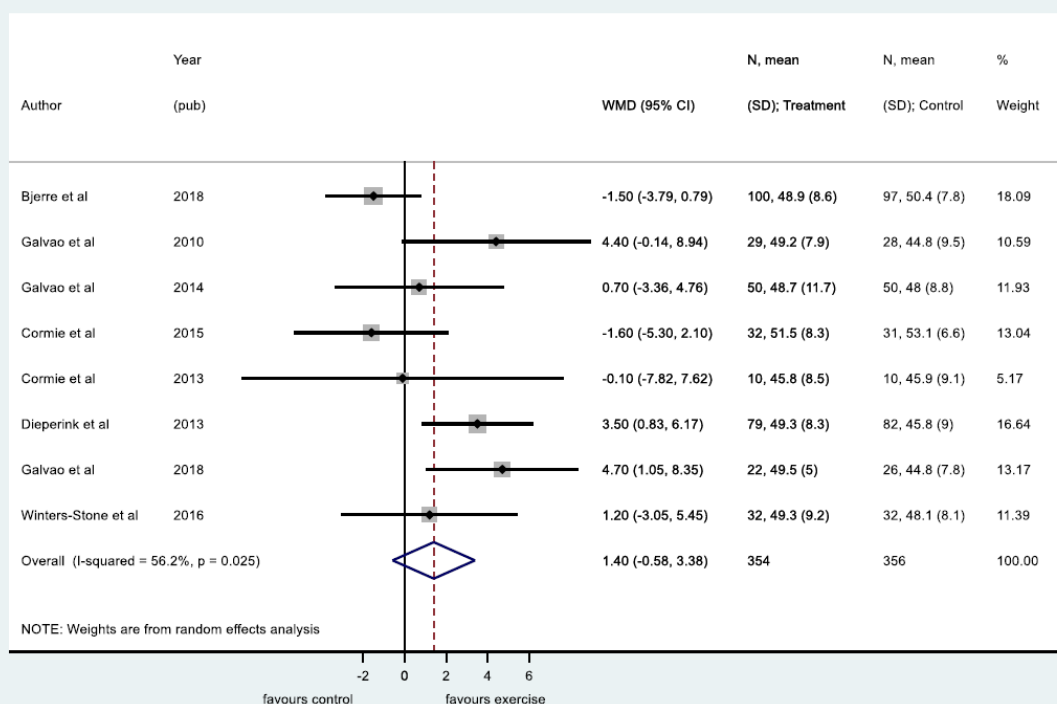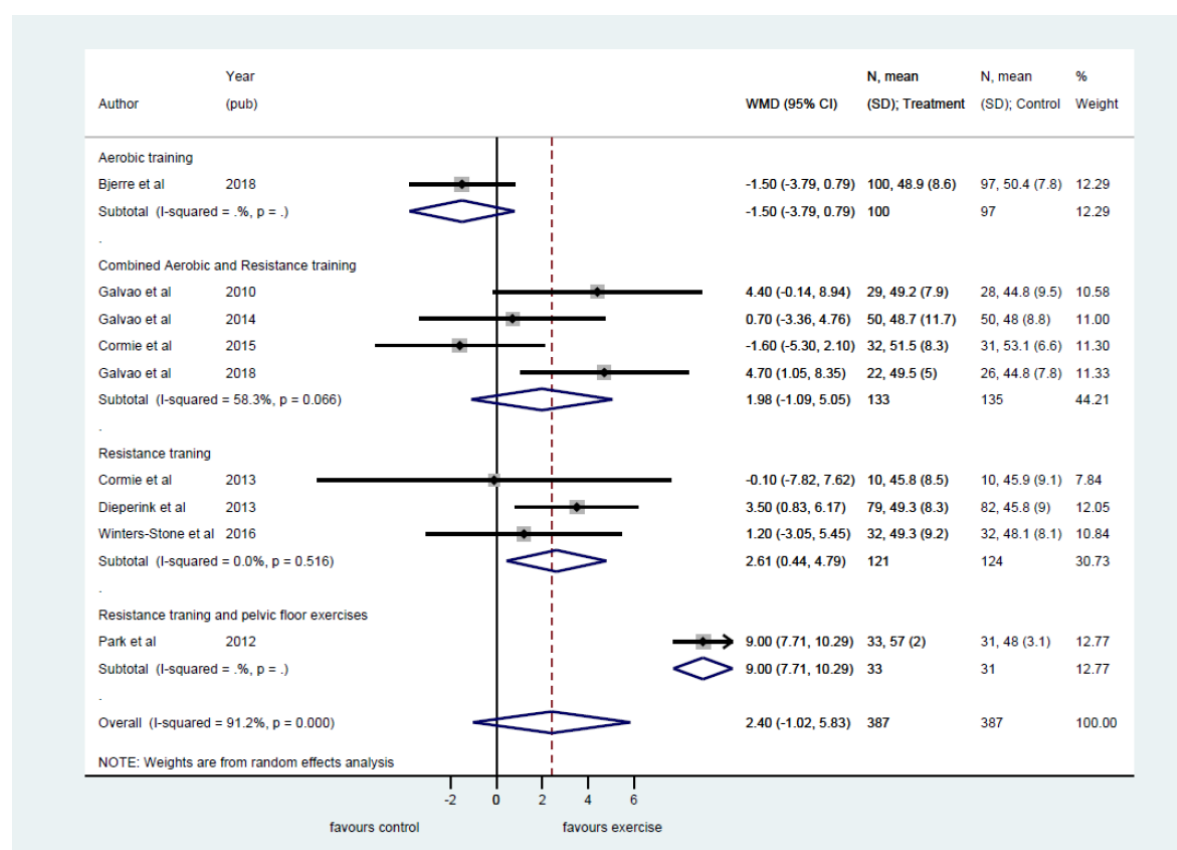
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Figure S15. Pooled standard mean difference (SMD) on Lean body mass comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

Whole body fat

Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Bjerre et al	2018	-0.13 (-0.42, 0.16)	97, 26.9 (8.1)	90, 28 (8.7)	12.96
Cormie et al	2015	-0.24 (-0.73, 0.26)	32, 26.3 (7.1)	31, 27.8 (5.5)	5.09
Cormie et al	2013	0.05 (-0.83, 0.92)	10, 27.8 (6)	10, 27.5 (6.5)	1.73
Dawson et al	2018	0.52 (-0.20, 1.24)	13, 31.2 (11.6)	19, 26.2 (8)	2.54
Eriksen et al	2017	0.18 (-0.73, 1.08)	14, 24 (6)	7, 23 (5)	1.61
Galvao et al	2010	-0.17 (-0.69, 0.35)	29, 22.3 (6.9)	28, 23.5 (6.9)	4.66
Galvao et al	2014	0.20 (-0.19, 0.60)	50, 24.2 (8.7)	50, 22.8 (4.4)	7.71
Galvao et al	2018	0.00 (-0.57, 0.57)	22, 29 (7.8)	26, 29 (6.4)	3.96
Hebert et al	2012	-0.50 (-1.09, 0.08)	26, 29.3 (7)	21, 32.8 (6.9)	3.75
Hvid et al	2016	-0.51 (-1.46, 0.44)	12, 17.1 (8.7)	7, 21.2 (6.8)	1.49
Jones et al	2014	0.18 (-0.37, 0.74)	25, 30 (5)	25, 29 (6)	4.13
Nilsen et al	2015	-0.05 (-0.56, 0.47)	28, 26.4 (6.3)	30, 26.7 (6.5)	4.75
O'Niell et al	2015	-0.02 (-0.44, 0.39)	45, 29.9 (7.8)	45, 30.1 (9.6)	7.06
Segal et al (1)	2009	-0.13 (-0.67, 0.40)	40, 32.3 (7.1)	20, 33.3 (8.1)	4.39
Segal et al (2)	2009	-0.27 (-0.80, 0.26)	40, 31.3 (7.1)	21, 33.3 (8.1)	4.50
Taaffe et al (1)	2017	-0.48 (-0.97, -0.00)	57, 24.9 (6.2)	24, 28.2 (8.1)	5.34
Taaffe et al (2)	2017	-0.60 (-1.09, -0.11)	54, 23.5 (7.8)	24, 28.2 (8.1)	5.20
Uth et al	2012	-0.51 (-1.08, 0.06)	26, 26.3 (7)	23, 29.7 (6.2)	3.93
Wall et al	2017	-0.38 (-0.78, 0.02)	50, 13 (5.9)	47, 14.9 (3.9)	7.42
Winters-Stone et al	2014	-0.65 (-1.36, 0.06)	24, 23.9 (7)	12, 29.9 (12.8)	2.60
Winters-Stone et al	2016	0.04 (-0.45, 0.53)	32, 25.4 (6.8)	32, 25.1 (8.4)	5.20
Overall (I-squared = 8.1%, p = 0.353)		-0.17 (-0.28, -0.05)	804	592	100.00

NOTE: Weights are from random effects analysis

favours exercise   favours control

Figure S16. Pooled standard mean difference (SMD) on Whole body fat comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

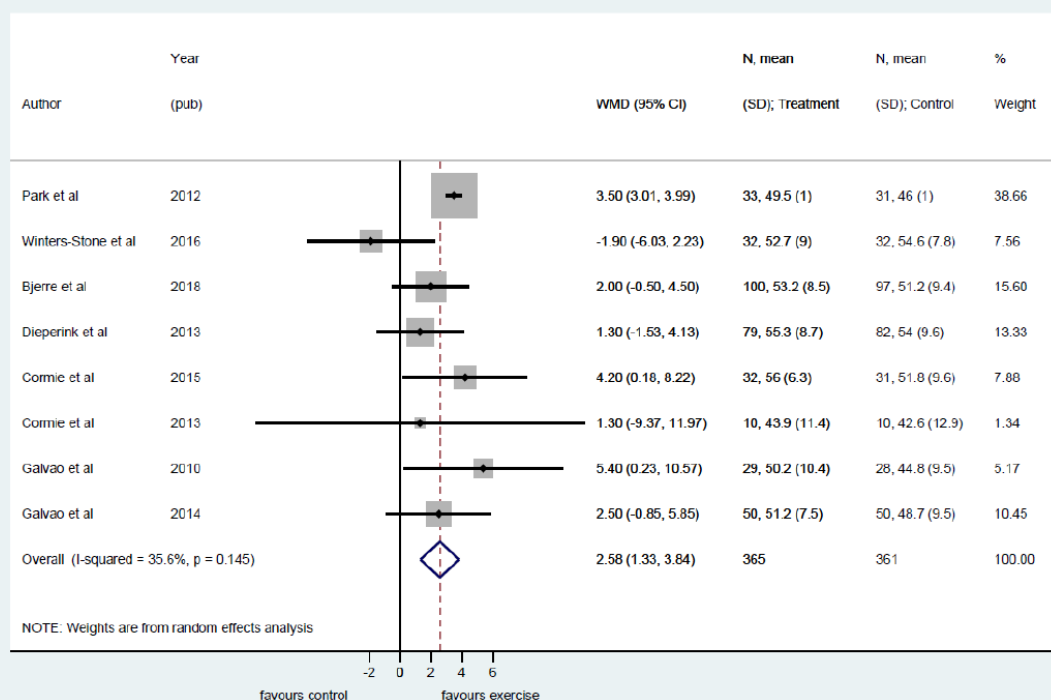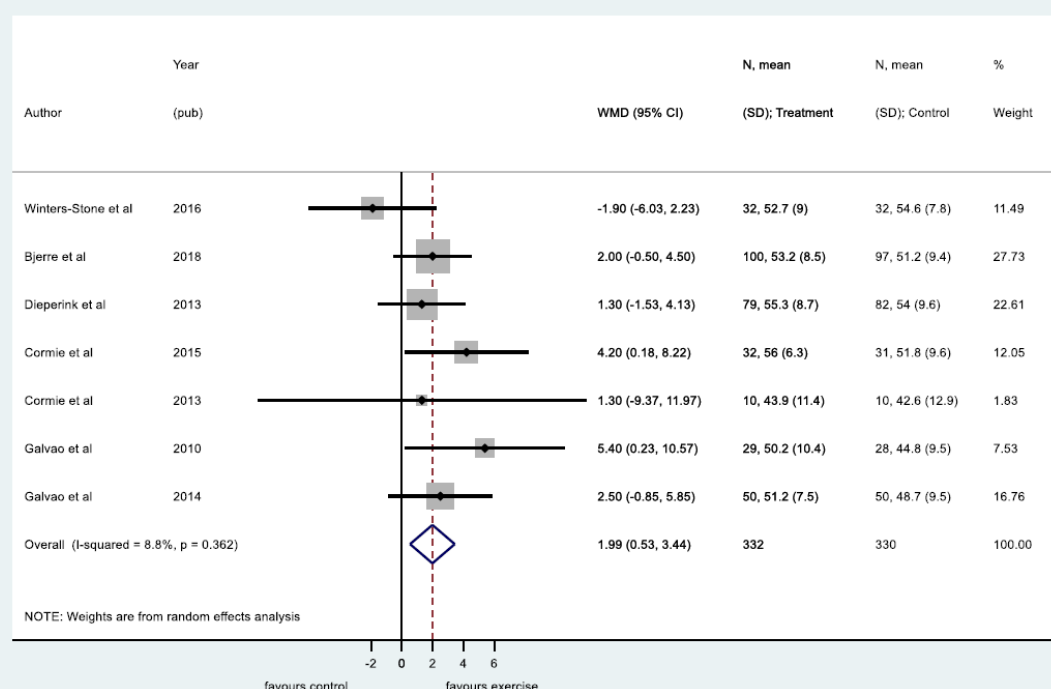| Author	Year (pub)	SMD (95% CI)	N, mean (SD); Treatment	N, mean (SD); Control	% Weight
Aerobic training					
Bjerre et al	2018	-0.13 (-0.42, 0.16)	97, 26.9 (8.1)	90, 28 (8.7)	12.96
Eriksen et al	2017	0.18 (-0.73, 1.08)	14, 24 (6)	7, 23 (5)	1.61
Hebert et al	2012	-0.50 (-1.09, 0.08)	26, 29.3 (7)	21, 32.8 (6.9)	3.75
Hvid et al	2016	-0.51 (-1.46, 0.44)	12, 17.1 (8.7)	7, 21.2 (6.8)	1.49
Jones et al	2014	0.18 (-0.37, 0.74)	25, 30 (5)	25, 29 (6)	4.13
O'Niell et al	2015	-0.02 (-0.44, 0.39)	45, 29.9 (7.8)	45, 30.1 (9.6)	7.06
Segal et al (1)	2009	-0.13 (-0.67, 0.40)	40, 32.3 (7.1)	20, 33.3 (8.1)	4.39
Uth et al	2012	-0.51 (-1.08, 0.06)	26, 26.3 (7)	23, 29.7 (6.2)	3.93
Subtotal (I-squared = 0.0%, p = 0.571)		-0.15 (-0.33, 0.02)	285	238	39.31
Combined Aerobic and Resistance training					
Cormie et al	2015	-0.24 (-0.73, 0.26)	32, 26.3 (7.1)	31, 27.8 (5.5)	5.09
Galvao et al	2010	-0.17 (-0.69, 0.35)	29, 22.3 (6.9)	28, 23.5 (6.9)	4.66
Galvao et al	2014	0.20 (-0.19, 0.60)	50, 24.2 (8.7)	50, 22.8 (4.4)	7.71
Galvao et al	2018	0.00 (-0.57, 0.57)	22, 29 (7.8)	26, 29 (6.4)	3.96
Taaffe et al (2)	2017	-0.60 (-1.09, -0.11)	54, 23.5 (7.8)	24, 28.2 (8.1)	5.20
Wall et al	2017	-0.38 (-0.78, 0.02)	50, 13 (5.9)	47, 14.9 (3.9)	7.42
Subtotal (I-squared = 35.7%, p = 0.169)		-0.19 (-0.43, 0.05)	237	206	34.03
Resistance training					
Cormie et al	2013	0.05 (-0.83, 0.92)	10, 27.8 (6)	10, 27.5 (6.5)	1.73
Dawson et al	2018	0.52 (-0.20, 1.24)	13, 31.2 (11.6)	19, 26.2 (8)	2.54
Nilsen et al	2015	-0.05 (-0.56, 0.47)	28, 26.4 (6.3)	30, 26.7 (6.5)	4.75
Segal et al (2)	2009	-0.27 (-0.80, 0.26)	40, 31.3 (7.1)	21, 33.3 (8.1)	4.50
Taaffe et al (1)	2017	-0.48 (-0.97, -0.00)	57, 24.9 (6.2)	24, 28.2 (8.1)	5.34
Winters-Stone et al	2014	-0.65 (-1.36, 0.06)	24, 23.9 (7)	12, 29.9 (12.8)	2.60
Winters-Stone et al	2016	0.04 (-0.45, 0.53)	32, 25.4 (6.8)	32, 25.1 (8.4)	5.20
Subtotal (I-squared = 26.8%, p = 0.224)		-0.15 (-0.41, 0.11)	204	148	26.65
Overall (I-squared = 8.1%, p = 0.353)		-0.17 (-0.28, -0.05)	726	592	100.00

NOTE: Weights are from random effects analysis

favours exercise — favours control

Figure S17. Pooled standard mean difference (SMD) on Whole body fat comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
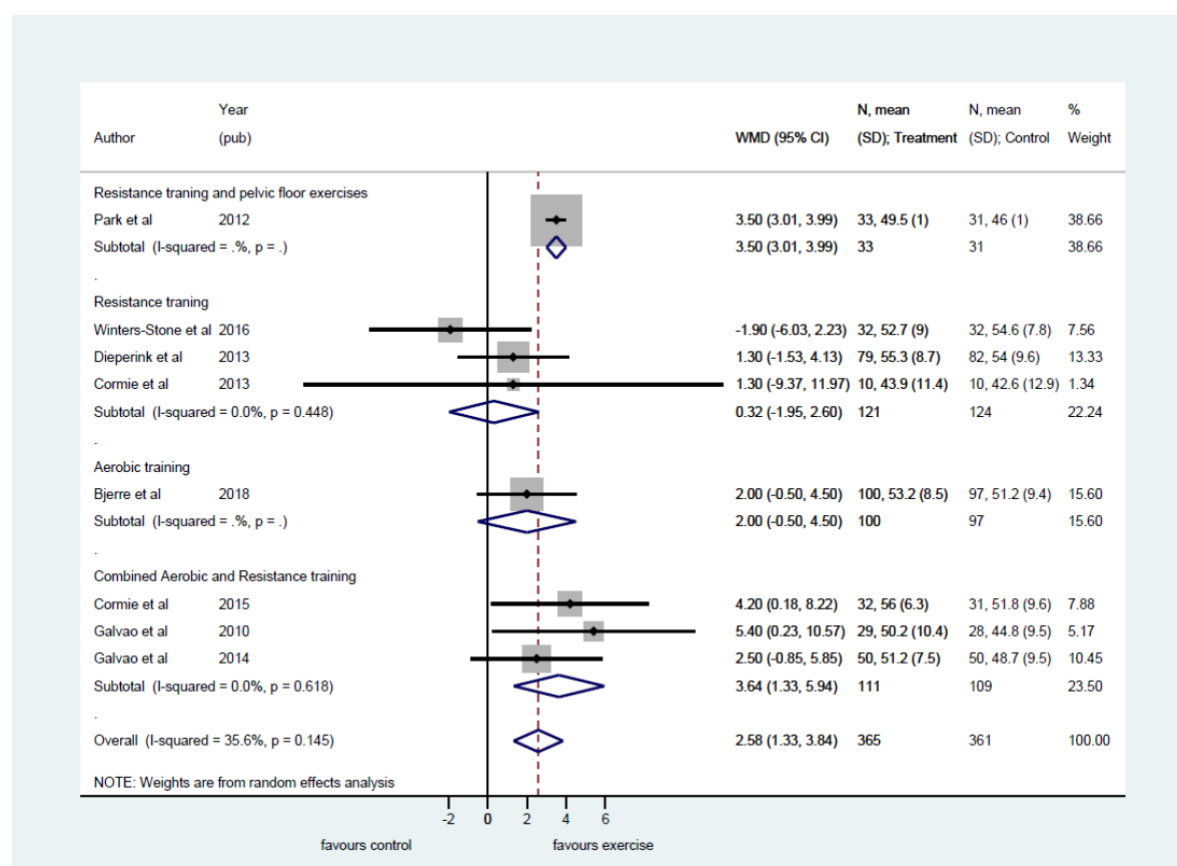
General physical health
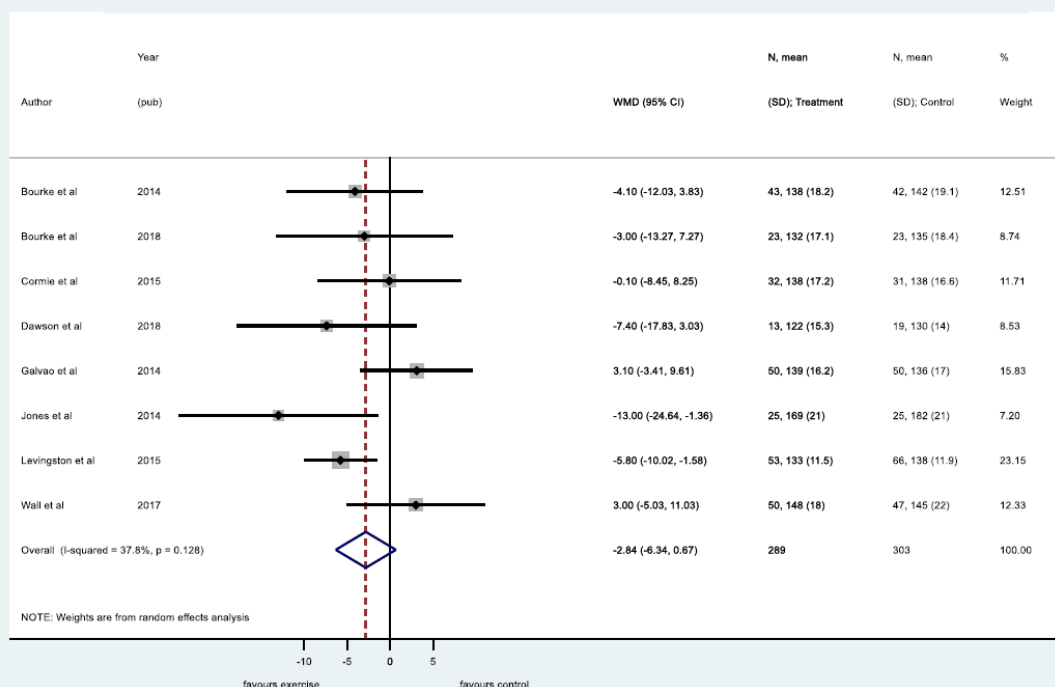
Figure S18. Pooled standard mean difference (SMD) on General physical health comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
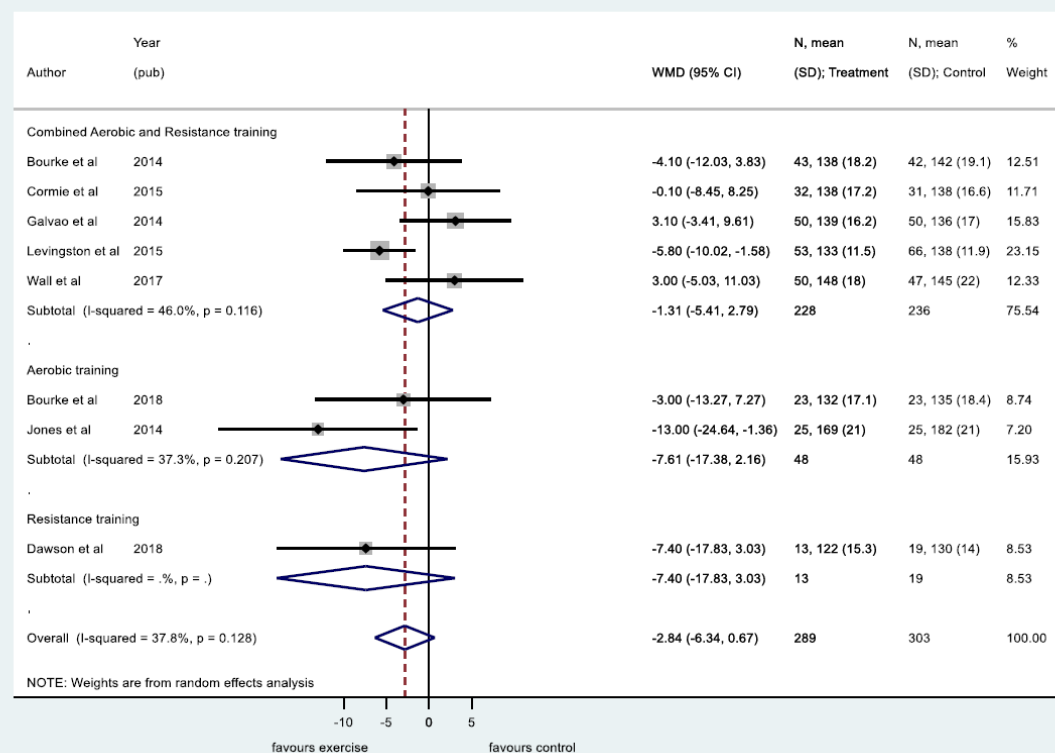

Figure S19. Pooled standard mean difference (SMD) on General physical health comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian &

Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used. NOTE: Park et al. 2012 was excluded from the meta-analysis.

Figure S20. Pooled standard mean difference (SMD) on General physical health comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

General mental health

Figure S21. Pooled standard mean difference (SMD) on General mental health comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
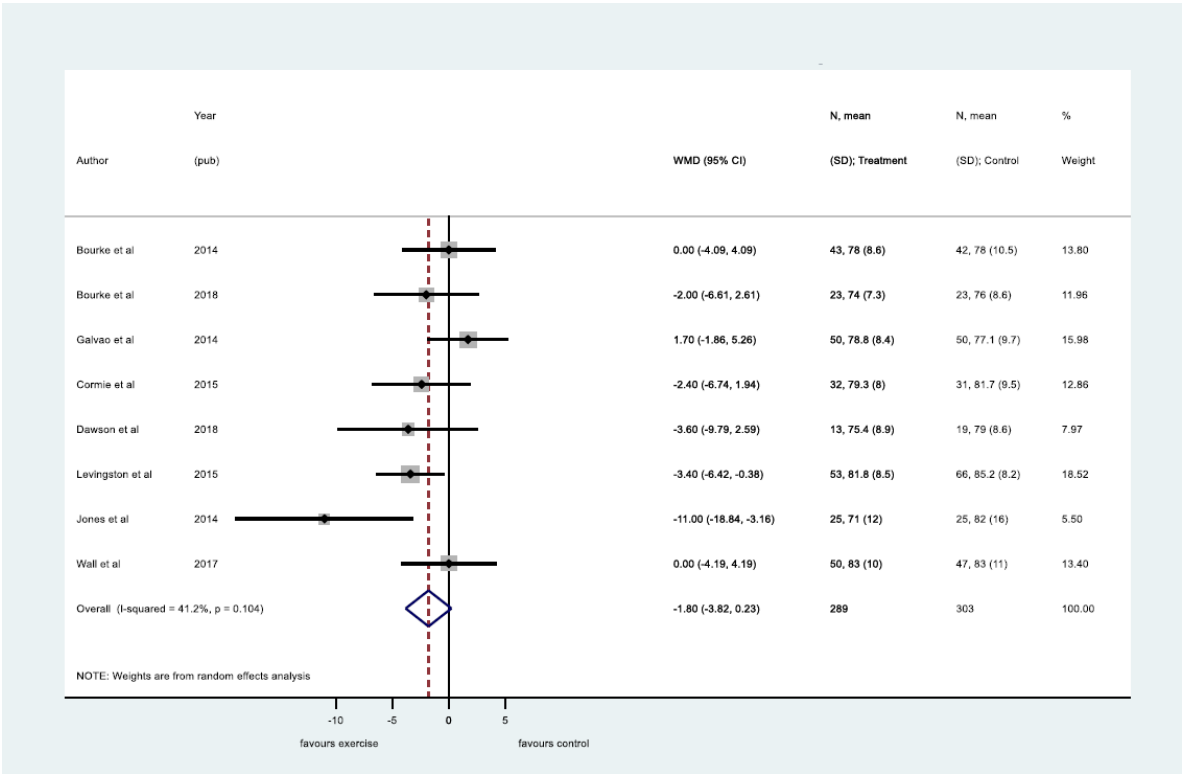

Figure S22. Pooled standard mean difference (SMD) on General mental health comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with

estimate of heterogeneity from the Mantel-Haenszel model was used. NOTE: Park et al. 2012 was excluded from the meta-analysis.

Figure S23. Pooled standard mean difference (SMD) on General mental health comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

Systolic blood pressure

Figure S24. Pooled standard mean difference (SMD) on Systolic blood pressure comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.
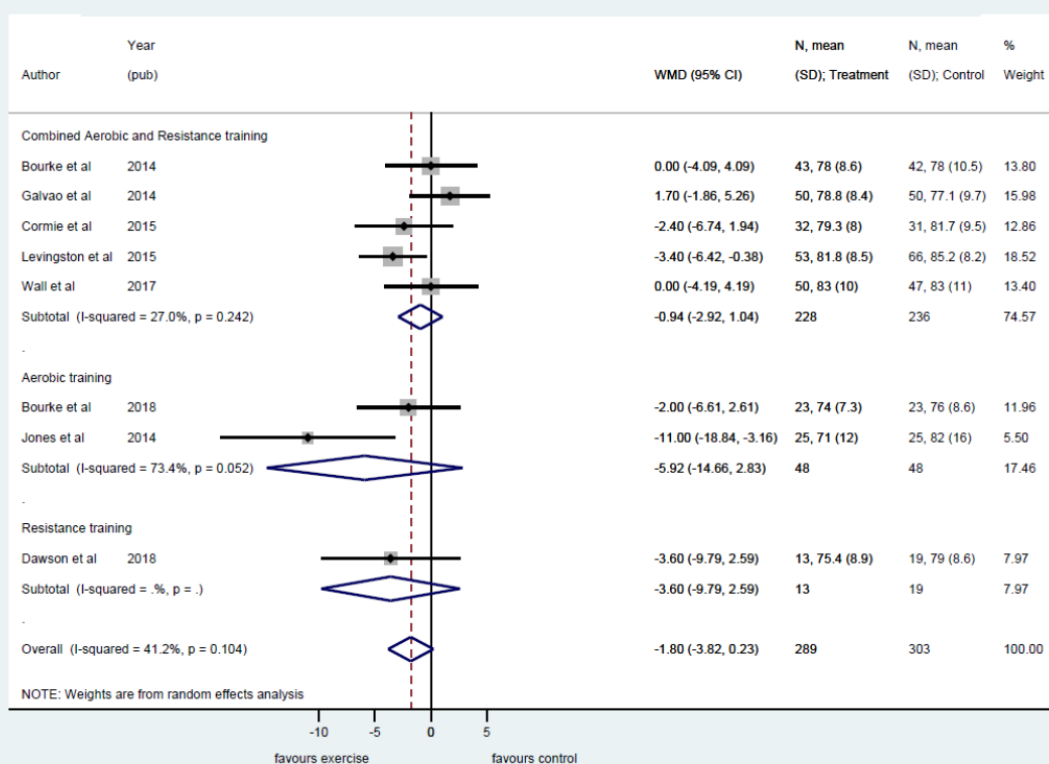
Figure 25. Pooled standard mean difference (SMD) on Systolic blood pressure comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

Diastolic blood pressure

Figure S26. Pooled standard mean difference (SMD) on Diastolic blood pressure comparing exercise interventions with usual care or control in men with prostate cancer. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.

Figure S27. Pooled standard mean difference (SMD) on Diastolic blood pressure comparing exercise interventions with usual care or control in men with prostate cancer stratified after exercise modality. A random effects model of DerSimonian & Laird, with estimate of heterogeneity from the Mantel-Haenszel model was used.