			-	-						-		
Qualit No	y assessmer Design	nt Risk	Inconsisten	Indirectne	Imprecisi	Other	No of patie	nts No	Effect Relati	Absol	-	
studi es		UI DIdS	Cy	55		ns	training programm e	program me	(95% CI)	uie	Quality	Importance
Chang by hig	ge in FEV₁ % her values)	predicte	d at hospital c	lischarge - S	Supervised	programme (fo	llow-up mea	in 18.7 days	; range	of scores	s: 0-100; Bett	er indicated
1 (Selv adur ai 2002)	randomise d trials	seriou s ¹	no serious inconsisten cy	no serious indirectne ss	serious ²	none	22	22	-	MD 2.03 higher (2.31 lower to 6.37 higher)	LOW	CRITICAL
Chang	ge in FEV ₁ %	predicte	d - Unsupervi	sed program	me (follow-	-up 3 months;	range of sco	res: 0-100;	Better in	dicated	by higher va	ues)
2 (Ho mme rding 2015 , Krie	randomise d trials	very seriou s ³	very serious ⁴	no serious indirectne ss	very serious⁵	none	31	27	-	MD 5.23 higher (10.06 lower to 20.52	VERY LOW	CRITICAL

 Table 82: Clinical evidence profile: Comparison 1. Aerobic exercise training programme versus no exercise programme

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Qualit	y assessmen	it					No of patients		Effect			
No of studi es	Design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Aerobic exercise training programm e	No exercise program me	Relati ve (95% Cl)	Absol ute	Quality	Importance
mler 2013)										higher)		
Chang	je in FEV ₁ %	predicted	d - Unsupervis	sed program	me (follow-	up 6 months; r	ange of sco	res: 0-100;	Better in	dicated I	oy higher val	ues)
1 (Krie mler 2013)	randomise d trials	very seriou s ⁶	no serious inconsisten cy	no serious indirectne ss	no serious imprecisi on	none	15	10	-	MD 17.17 higher (8.59 to 25.75 higher)	LOW	CRITICAL
Chang	e in FEV₁ %	predicted	d - Unsupervis	sed program	me (follow-	up 3 years; rar	nge of score	s: 0-100; Be	etter indi	cated by	higher value	es)
1 (Sch neid erma n- Walk er 2000)	randomise d trials	seriou s ⁷	no serious inconsisten cy	no serious indirectne ss	no serious imprecisi on	none	30	35	-	MD 2.01 higher (0.06 lower to 4.08 higher)	MODERA TE	CRITICAL
Chang by hig	je in FVC % p her values)	predicted	at hospital di	scharge - Si	upervised p	rogramme (fol	low-up meai	n 18.7 days	; range o	of scores:	: 0-100; Bette	er indicated
1 (Selv adur ai	randomise d trials	seriou s ¹	no serious inconsisten cy	no serious indirectne ss	very serious ⁸	none	22	22	-	MD 0.06 higher (2.55 lower to	VERY LOW	IMPORTANT

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Qualit	y assessmer	nt					No of patients		Effect			
No of studi es	Design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Aerobic exercise training programm e	No exercise program me	Relati ve (95% CI)	Absol ute	Quality	Importance
2002)										2.67 higher)		
Chang	je in FVC % p	oredicted	- Unsupervis	ed program	me (follow-	up 3 months; r	ange of scor	es: 0-100; E	Better in	dicated b	y higher valu	ues)
2 (Ho mme rding 2015 , Krie mler 2013)	randomise d trials	very seriou s ³	very serious ⁹	no serious indirectne ss	very serious ⁸	none	31	27	-	MD 3.99 higher (6.62 lower to 14.61 higher)	VERY LOW	IMPORTANT
Chang	je in FVC % p	oredicted	- Unsupervis	ed program	me (follow-	up 6 months; r	ange of scor	es: 0-100; I	Better in	dicated b	y higher valu	ues)
1 (Krie mler 2013)	randomise d trials	very seriou s ⁶	no serious inconsisten cy	no serious indirectne ss	no serious imprecisi on	none	15	10	-	MD 12.51 higher (5.9 to 19.12 higher)	LOW	IMPORTANT
Chang	je in FVC % p	oredicted	- Unsupervis	ed program	me (follow-	up 3 years; ran	ige of scores	s: 0-100; Be	tter indic	cated by	higher value	s)
1 (Sch neid erma n- Walk er	randomise d trials	seriou S ⁷	no serious inconsisten cy	no serious indirectne ss	serious ¹⁰	none	30	35	-	MD 2.17 higher (0.47 to 3.87	LOW	IMPORTANT

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Qualit	y assessmen	ıt					No of patients		Effect			
No of studi es	Design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Aerobic exercise training programm e	No exercise program me	Relati ve (95% Cl)	Absol ute	Quality	Importance
2000)										higher)		
Chang values	ge in FEV₁ pe s)	ak - Unsi	upervised pro	gramme (fol	low-up 3 m	onths; measur	ed with: ml/	min per kg l	body wei	ight; Bett	er indicated	by higher
2 (Ho mme rding 2015 , Krie mler 2013)	randomise d trials	very seriou s ¹¹	very serious ¹²	no serious indirectne ss	very serious ⁸	none	32	27	-	MD 3.76 higher (6.89 lower to 14.41 higher)	VERY LOW	IMPORTANT
Chang values	ge in FEV₁ pe s)	ak - Unsi	upervised pro	gramme (fol	low-up 6 m	onths; measur	ed with: ml/	min per kg l	body we	ight; Bett	er indicated	by higher
1 (Krie mler 2013)	randomise d trials	very seriou s ⁶	no serious inconsisten cy	no serious indirectne ss	no serious imprecisi on	none	15	10	-	MD 18.33 higher (8.95 to 27.71 higher)	LOW	IMPORTANT
Chang	ge in FEV ₁ pe	ak at hos	spital discharg	ge - Supervis	sed program	nme (follow-up	o mean 18.7	days; meas	ured wit	h: ml/min	per kg body	v weight;
1 (Selv adur ai	randomise d trials	seriou s ¹	no serious inconsisten cy	no serious indirectne ss	no serious	none	22	22	-	MD 8.53 higher (4.85	MODERA TE	IMPORTANT

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Qualit							No. of motion to		Effect			
No of studi es	y assessmer Design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Aerobic exercise training programm e	No exercise program me	Relati ve (95% CI)	Absol ute	Quality	Importance
2002)					imprecisi on					to 12.21 higher)		
Time t	o next exace	rbation										
No evi	dence availab	le										
Chang	ge in BMI - <i>Ui</i>	nsupervis	sed programn	ne (follow-up	o 3 months;	measured with	h: <mark>kg/m2; Be</mark>	tter indicate	ed by hig	gher valu	es)	
1 (Krie mler 2013)	randomise d trials	very seriou s ⁶	no serious inconsisten cy	no serious indirectne ss	serious ¹⁰	none	15	10	-	MD 0.3 higher (0.13 lower to 0.73 higher)	VERY LOW	IMPORTANT
Chang	ge in BMI - <i>Ui</i>	nsupervis	sed programn	ne (follow-up	6 months;	Better indicate	ed by higher	values)				
1 (Krie mler 2013)	randomise d trials	very seriou s ⁶	no serious inconsisten cy	no serious indirectne ss	serious ¹⁰	none	15	10	-	MD 0.4 higher (0 to 0.8 higher)	VERY LOW	IMPORTANT
Chang	ge in BMI - Sι	ipervised	d programme									
No evi	dence availab	le										
Qualit	y of life											
No evi	dence availab	le										

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Quality assessment							No of patients		Effect			
No of studi es	Design	Risk of bias	Inconsisten cy	Indirectne ss	Imprecisi on	Other consideratio ns	Aerobic exercise training programm	No exercise program me	Relati ve (95% CI)	Absol ute	Quality	Importance
Prefer	Preference for training programme											

No evidence available

Adverse events

No evidence available

Abbreviations: BMI: body mass index; CI: confidence interval; CF: cystic fibrosis; FEV₁: forced expiratory volume in 1 second; FVC: forced vital capacity; kg: kilogrammes MD: mean difference; min: minute; ml: millilitres; FEV₁ max/ peak: maximal oxygen consumption

1 The quality of the evidence was downgraded by 1 because of unclear risk of bias in relation to random sequence generation, blinding of participants and personnel and blinding of outcome assessment.

2 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 clinical MID

3 The quality of the evidence was downgraded by 2 because of unclear risk of bias in relation to allocation concealment, blinding of participants and personnel and blinding of outcome assessment in 1 study; high risk of bias in relation to random sequence generation and allocation concealment, unclear risk of blinding of personnel, unclear risk of other bias (due to the deterioration of physical health in the control group) in the other study

4 The quality of the evidence was downgraded by 2 due to very serious heterogeneity (chi-squared p<0.1, I-squared inconsistency statistic of 90%) and no plausible explanation was found with sensitivity or subgroup analysis.

5 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 clinical MIDs

6 The quality of the evidence was downgraded by 2 because of high risk of bias in relation to random sequence generation and allocation concealment, unclear risk of bias in relation to blinding of participants and personnel, and unclear risk of other bias (due to the deterioration of physical health in the control group)

7 The quality of the evidence was downgraded by 1 because of unclear risk of bias in relation to allocation concealment, blinding of participants and personnel, incomplete outcome data and other bias (exclusion criteria were not stated)

8 The quality of the evidence was downgraded by 2 because the 95% CI crossed 2 default MIDs

9 The quality of the evidence was downgraded by 2 due to very serious heterogeneity (chi-squared p<0.1, I-squared inconsistency statistic of 84%) and no plausible explanation was found with sensitivity or subgroup analysis.

10 The quality of the evidence was downgraded by 1 because the 95% CI crossed 1 default MID

11 The quality of the evidence was downgraded by 2 because of unclear risk of bias in relation to allocation concealment, blinding of participants and personnel, blinding of outcome assessment and other bias (the mean peak heart rate reached during the exercise test is indicative of submaximal effort, which is likely to underestimate the true FEV₁ peak of the study participants) in 1 study; high risk of bias in relation to random sequence generation and allocation concealment, unclear risk of blinding of personnel, unclear risk of other bias (due to the deterioration of physical health in the control group) in the other study

12 The quality of the evidence was downgraded by 2 due to very serious heterogeneity (chi-squared p<0.1, I-squared inconsistency statistic of 75%) and no plausible explanation was found with sensitivity or subgroup analysis.