# *6.* BASELINE ACTIVITIES

## 6.1 Summary of Evaluations Performed During the Baseline Period

- **Baseline Visit 1 (Day -36)**
  Consent Form
  Vital Signs
  Clinic Weight and Height
  Waist Circumference
  ECG
  Labs: Blood Chemistry, Hematology and Urinalysis
  Abbreviated Medical and Medication History
  Physical Exam
  Vitamin/Mineral and Calcium Supplements 6 Week's Supply Issued
  Dispense and Explain Adverse Events Diary

- **Baseline Visit 2 (Day -29/DLW 1-Day 0)**
  Clinic Weight
  Pregnancy Testing (local lab)
  DLW Dose 1
  DLW Urine Samples
  DXA
  BMD/BMC
  QOL/Psychological Questionnaires:
    - Rand SF-36, BDI, Profile of Moods States, PSS, PSQI, Derogatis, Food Cravings, FCI-II, Eating Inventory, WEL, MAEDS, BSQ

  Body Acceptability Morph (BAM)
  IDED-IV if needed (based off of BAM and MAEDS – may be preformed at Baseline Visit 3 if cannot be performed at this visit)
  Food Record Directions
  Issue Home Scale/Weight Log with Directions
  Assessment of AE's and Medication Changes

- **Baseline Visit 3 (Day -22/DLW 1-Day 7)**Clinic Weight
  Clinic Weight
  DLW Urine (2)
  Home Weights (Collect)
  7-day PAR
  IDED-IV (if needed)
  Collect 6-day Food Record
  Assessment of AE's and Medication Changes

- **Baseline Visit 4 (Day-15/DLW 1-Day 14 and DLW 2-Day 0)**
  Clinic Weight
  DLW Urine (2)
  Home Weights
  7-day PAR
  DLW Dose 2

DLW Urine Samples
Food Record (Directions)
Cybex (Muscle strength)
Assessment of AE's and Medication Changes

- **Baseline Visit 5 (Day-8/DLW 2-Day 7)**
  Clinic Weight
  DLW Urine (2)
  V02 Max
  Home Weights (Collect)
  7-day PAR
  Food Record (Collect)
  Assessment of AE's and Medication Changes

- **Baseline Visit 6 (Day-2/DLW 2-Day 13-Admit in PM)**
  Admit to Inpatient Unit by 4:00 pm
  DTH
  Standard Dinner (High Carbohydrate Meal)
  Administer Core Temperature Capsule 6:00 pm and Attach Monitor
  Overnight Fast
  Assessment of AE's and Medication Changes

- **Baseline Visit 7 (Day-1/DLW 2-Day 14-In-Patient Stay Day 1)**
  Lab Work, Baseline Antibody Titer and Archive Samples
  OGTT
  RMR
  Pregnancy Testing (local lab)
  Clinic Weight
  DLW Urine (2)
  24 Hour Urine Collection for Isoprostanes
  Home Weights (Collect)
  7-day PAR
  Core Temperature (Complete)
  DXA
  Cognitive Function Measures
  CANTAB
  24 Hour DTH Read
  Assessment of AE's and medication changes
  Overnight Stay

- **Baseline Visit 8 (Day-0/In-Patient Stay Day 2-Discharge in AM)**
  RMR
  Biopsies
  48 Hour DTH Read
  Randomization
  Vitamin/Mineral and calcium supplement pill count and dispense new 3 Month's supply
  Collection of home scales from control participants
  Discharge

- **Phone Follow-up for Biopsy Check (Day 2/Phone Contact)**
  Progress note for phone follow-up

## 6.2 Obtaining Informed Consent for the Main Study

- Copies of the informed consent are on file in the office of the study coordinator and study manager.
- Study coordinator meets with the participant prior to starting Baseline visit 1. The informed consent **must** be signed prior to continuing any study procedures or study activities with the participant.
- Review the document with the participant. The IRB requires that the participant read the informed consent prior to signing. Once the participant has read the document and agrees to sign, ask if she/he has any questions. Take as much time as necessary to review the document and to make sure the participant understands what they are signing.
- If the participant has no further questions, agrees that they understand the informed consent and is willing to move forward, have them sign and date the consent form.
- The study coordinator should witness the signing and must sign and date the form to verify.
- Make a copy of the signed informed consent to give it to the participant.
- File the original, signed informed consent in the patient folder.
- Remind the participant that even though they signed the informed consent they have the right to refuse any testing or drop out of the study at any time for any reason without consequence.
- Document the process of signing the Informed Consent in a Progress Note. State 1) that the Informed Consent was explained to the participant, 2) the participant read and acknowledged his/her understanding of the Informed Consent, 3) the participant had opportunity to ask questions and that all questions were answered to the best knowledge of the person consenting the participant 4) the signing of the Informed Consent was witnessed by a staff member responsible for witnessing and 5) that a copy of the Informed Consent was given to the participant.

## 6.3 Preparations and Conduction of the Baseline Visits

The order of these procedures and tests can vary, however every effort should be made to keep all tests within the specified visit. The study informed consent must be signed prior to any baseline procedures being performed. Since the order of the visit may vary, a checklist will be used to monitor completion of these procedures and special notation will be made for items that must be done in a certain order. All staff members involved with the procedures must check off the appropriate box on the visit checklist that the procedure was completed. The study coordinator must verify that the checklist for that visit is complete at the end of each visit.

### 6.3.1 Baseline Visit 1 Preparation

The following materials and equipment are needed to conduct the Baseline visit 1:

- IRB Approved Study Informed Consent form
- Stadiometer
- Clinic Scale (Digital)
- ECG Equipment
- BP Equipment
- Gulick II Tape Measure
- Digital Oral Thermometer
- Abbreviated Medical History Form
- Medications Form
- Physical Exam Form
- Blood and Urine Collection Kits for Esoterix labs
- Vitamin/Mineral and Calcium Supplements supply for 6 weeks
- Breakfast Meal
- Participant's Event Diary for review

#### 6.3.1.1 Baseline Visit 1 Conduction

**Study Coordinator**

- Greet the participant, confirm they are fasting for at least 12 hours (water is allowed) and invite them to a private room for the consent process.
- Explain procedures for today's visit and for the entire baseline period.
- Present the study informed consent to the participant and review the consent as described in MOP Section 6.2.
- Address any questions and/or concerns the participant might have concerning the study or the baseline process.
- Document on a progress note that consent was obtained and all questions were addressed.
- Have the participant collect a urine sample for a urine pregnancy test, if applicable. Otherwise, have the participant empty their bladder in preparation for the clinic weight measurement.
- Once the weight and laboratory procedures are completed provide the participant with a breakfast.
- Provide the participant a diary to record adverse events and instruct them how to use the diary
- Notify a physician after the completion of the measurements and laboratory procedures that the participant is ready for the abbreviated medical history, medication history and physical examination.

**Clinic Staff or Research Assistant**

- Provide the participant with a gown and instruct them to remove all clothing except for undergarments.
- Have the participant empty their bladder before obtaining a clinic weight
- Bring the participant to the clinic CALERIE scale and weigh the participant as described in MOP section 9.3.1. Obtain height as outlined in MOP section 9.3.2.
- Record height and weights on source form as described in MOP section 9.3.1.

- Measure the waist circumference as described in MOP section 9.3.5.
- Measure the heart rate and blood pressure as described in MOP sections 9.2.3 and 9.2.4.
- Complete the remaining vital sign measurements (respiratory rate and oral temperature) as described in MOP section 9.2.5.
- Take the participant and participant's binder to the phlebotomist

**ECG Technician** (may be certified study coordinator or in-patient staff)

- Record the ECG as directed in MOP section 9.12.

**Phlebotomist**

- Have the baseline visit lab kit from LabCorp/Esoterix ready.
- Collect blood and urine safety samples, process, and label for safety lab as described in MOP Section 12.0.
- Notify staff that the participant is ready to continue the visit.
- Take the samples to the lab for processing.
- Local laboratory processes and labels the samples and ships these to the study safety laboratory. The certified phlebotomist oversees all procedures related to the safety samples and shipping these to the safety lab.
- Local laboratory keep inventory of shipment to the safety lab.

**Physician**

- Obtain abbreviated medical history and medications including method of contraception as described in MOP Section 9.2.1.
- Review vital signs and ECG. Confirm the safety laboratory has actually been drawn at this visit.
- Perform a physical examination to confirm continuing eligibility of the participant.
- Document physical exam results on the physical exam form provided by the study coordinator.
- Notify staff that the participant is ready to continue the visit.

**Study Coordinator**

- Review the participant's binder and confirm that the participant has completed all procedures for this visit.
- Provide the participant with 6 week supply of vitamin/mineral and calcium supplements and instruct on dosage and use. The participant should stop all other supplements and only take what is provided to them in the study.
- Schedule the participant for the rest of the baseline visits (visits BL2-BL8).
- Remind participant to refrain from taking vitamin/mineral supplements the same day, prior to DXA testing.

**Study Manager**

- Check all CRF's generated for Visit 1 and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give the completed CRF's to Study Manager to double check.

### 6.3.2 Baseline Visit 2 Preparation

The following materials and equipment are needed to conduct the Baseline visit 2:

- DLW Dose
- DLW Urine Collection Kits
- Clinic Scale (Digital)
- Pregnancy Test (local lab)
- DXA Machine
- Snack and later meal for extended testing
- QOL/Psychological Questionnaires
- BAM
- IDED-IV (if needed – can also be moved to Baseline Visit 3 if cannot be performed at this visit)
- Home Scales, Weight Measurement Instructions and Weight Logs
- Food Record Instructions and Food Record
- Participant's Diary for review

#### 6.3.2.1 Baseline Visit 2 Conduction

**Study Coordinator**

- Greet the participant and explain procedures for today's visit.
- Review the participant's diary and medications with the participant for any reported events. Proactively inquire if they experience any health changes since their last visit.
- Confirm the participant hasn't ingested their vitamin/mineral supplements the same day, prior to DXA testing.
- Confirm that urine pregnancy test is negative and take participant and their binder to the DXA technician.

**Clinic Staff or Research Assistant**

- Obtain a urine sample for pregnancy testing and send this to the local laboratory for stat processing.
- Have the participant empty their bladder before obtaining a clinic weight.
- Take the participant to the clinic scale to be weighed prior to DLW dosing.
- Notify the measurement technician to perform BDI testing.

**DLW Technician**

- Perform DLW Day 0 procedures as described in MOP section 10.0.

**DXA Technician**

- Perform the required DXA, BMD and BMC measurements as described in MOP section 9.6.1.
- Notify staff that the participant is ready to continue the visit.

**Study Coordinator**

- Provide a participant with a scale, weight log and instructions for measuring and recording their home weights as described in MOP section 9.3.4. Remind participant to bring their diary at the next visit.
- Provide participant with a light snack after the DXA.
- Provide participant with a later meal prior to extended psychological testing.
- Review participant binder and confirm that all procedures for this visit have been completed.
- Confirm date and time of the next baseline visit and remind the participant to bring their weight log to the clinic.
- Provide safety laboratory results upon receipt from the lab to the physician to review.

**Measurement Technician**

- Have participant complete the BDI and the QOL questionnaires after the participant has eaten a light snack. The BDI should be scored as described in MOP Section 9.10.4 and notify the study physician and intervention leader if a problem exists so a suicide assessment may be conducted.
- Score the MAEDS questionnaire.
- Perform the BAM testing.
- Alert psychologist if IDED-IV is needed. This may also be performed at Baseline Visit 3 if cannot be preformed at this visit.

**Psychologist**

- Conduct IDED-IV if needed

**Dietician**

- Instruct participants on completion of the 6-day food record as described in MOP section 9.5.
- Provide food record to participant.

**Physician**

- Review laboratory results related to Visit 1 once these have been obtained from the safety laboratory.

**Study Manager**

- Check all CRF's generated for Visit 2 and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to study Manager to double check.

### 6.3.3 Baseline Visit 3 Preparation

The following materials are needed to conduct the Baseline visit 3:

- DLW Urine Collection Kits
- Clinic Scales (Digital)

- 7-day PAR
- Food Record
- IDED-IV (if MAEDS and BAM had triggered this requirement and cannot be preformed the earlier Baseline visit)
- Weight Logs
- Participant's diary for review

#### 6.3.3.1 Baseline Visit 3 Conduction

**Study Coordinator**

- Greet the participant, and explain procedures for today's visit.
- Review the home weights log with the participant as described in MOP section 9.3.4. Return the weight log to the participant for further completion.
- Review the participant's diary and medications with the participant for any reported events. Proactively inquire if they experienced any health changes since the last visit.
- Perform the Stanford 7-day PAR as described in MOP section 9.7.3.
- Take the participant and participant's binder to the DLW technician.

**Clinic Staff or Research Assistant**

- Obtain clinic weight with Day-7 DLW urines. Participant must empty their bladder prior to weighing.
- Notify coordinator the participant is ready for the rest of visit.

**DLW Technician**

- Perform DLW Day 7 procedures as described in MOP section 10.0.

**Measurement Staff**

- Perform IDED-IV if needed and if not performed at earlier Baseline Visit.

**Dietitian**

- Collect food record from participant.
- Verify that participant is taking supplements and has discontinued the use of any supplements that were not provided by the study.
- Review the record for completeness and prepare for submission to the reading center according to the steps described in MOP section 17.0.
- Notify staff that the participant is ready to continue the visit.

**Study Coordinator**

- Review participant binder and confirm that all procedures for this visit have been completed.
- Provide participant a light snack after fasting procedures and prior to IDED-IV (if needed).
- Confirm date and time of the next baseline visit and remind a participant not to exercise within 24 hours of next appointment. Also remind to bring weight log and diary to the clinic at next visit.

**Study Manager**

- Check all CRF's generated for Visit 3 and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to the Study Manager.

### 6.3.4 Baseline Visit 4 Preparation

The following materials and equipment are needed to conduct the Baseline visit 4:

- DLW Dose
- DLW Urine Collection Kits
- Clinic Scales (Digital)
- 7-day PAR
- Weight Logs
- Snack/Meal
- Food Record (Directions)
- Cybex
- Participant's diary for review

#### 6.3.4.1 Baseline Visit 4 Conduction

**Study Coordinator**

- Greet the participant, and explain procedures for today's visit.
- Review the home weights log with the participant as described in MOP section 9.3.4. Return the weight log to the participant for further completion.
- Review the participant's diary and medications with the participant for any reported events. Proactively inquire if they experienced any health changes since the last visit.
- Perform the Stanford 7-day PAR as directed in MOP section 9.7.3.
- Provide a snack/meal from the kitchen staff after the 7-Day PAR testing, depending on day's length of testing.

**Clinic Staff or Research Assistant**

- Have the participant empty their bladder before obtaining a clinic weight.
- Take the participant to the clinic scale to be weighed prior to DLW dosing.
- Notify physical activity measurements technician the participant is ready for testing.

**Physical Activity Measurements Technician**

- Verify that the participant has not exercised or completed the VO2 Max in the past 24 hours.
- Proceed with muscle strength and endurance testing as described in MOP section 9.7.2.
- Take the participant and participant's binder to the study coordinator.

**DLW Technician**

- Perform DLW Day 14 procedures for the first DLW period (obtain urines) and Day 0 procedures for the second DLW period (dosing) as described in MOP section 10.0.

**Dietitian**

- Instruct participants on completion of the 6-day food record as described in MOP section 9.5.
- Provide food record to participant.
- Instruct participant to consume at least 150 grams of carbohydrates for 3 days prior to the inpatient stay.
- Remind participant to continue taking supplements and document in food record.
- Notify staff that the participant is ready to continue the visit.

**Study Coordinator**

- Review participant binder and confirm that all procedures for this visit have been completed.
- Confirm date and time of the next baseline visit and remind a participant not to exercise within 24 hours of next appointment. Also remind to bring weight log and diary to the clinic at next visit.

**Study Manager**

- Check all CRF's generated for Visit 4 and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to the Study Manager to double check.

### 6.3.5 Baseline Visit 5 Preparation

The following materials and equipment are needed to conduct the Baseline visit 5:

- DLW Urine Collection Kits
- Clinic Scales (Digital)
- $VO_2$ max Equipment
- Weight Logs
- 7-day PAR
- Food Record Directions and Food Record
- Participant's diary for review

#### 6.3.5.1 Baseline Visit 5 Conduction

**Study Coordinator**

- Greet the participant, and explain procedures for today's visit.
- Indicate the participant last meal and what this was for the purpose of $VO_2$ testing.

- Review the home weights log with the participant as described in MOP section 9.3.4. Return the weight log to the participant for further completion.
- Review the participant's diary and medications with the participant for any reported events. Proactively inquire if they experienced any health changes since the last visit.
- Perform the Stanford 7-day PAR as directed in MOP section 9.7.3.
- Invite the study dietitian to meet with the participant.
- Take the participant and participant's binder to the DLW technician and then to the physical activity measurements technician.

**Clinic Staff or Research Assistant**

- Have the participant empty their bladder before obtaining a clinic weight.
- Take the participant to the clinic scale to be weighed.
- Notify coordinator the participant is ready for the remainder of their visit.

**DLW Technician**

- Perform DLW Day 7 procedures as described in MOP section 10.0.

**Dietitian**

- Collect the participant's 6-day food record.
- Verify and document on the food record that participant is taking supplements and has discontinued the use of any supplements that were not provided by the study.
- Review the record for completeness and prepare for submission to the reading center according to the steps described in MOP section 17.0.

**Physical Activity Measurements Technician**

- Verify that the participant has not exercised or completed the muscle strength and endurance testing in the past 24 hours.
- Perform the VO2max test as described in MOP section 9.7.1.
- Take the participant and participant's binder to the study coordinator.

**Physician**

- Supervise performance of the VO2max test

**Study Coordinator**

- Review participant binder and confirm that all procedures for this visit have been completed.
- Confirm date and time of the next baseline visit and remind a participant not to exercise for 48 hours prior to admission to the in-patient unit.
- Remind a participant to bring weight log, home scale and diary to the clinic at the next visit and consume sufficient amount of carbohydrates as per dietician's recommendations.

**Study Manager**

- Check all Visit 5 CRF's generated and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to Study Manager to double check.

### 6.3.6 Baseline Visit 6 Preparation

The following materials and equipment are needed to conduct the Baseline visit 6:

- Clinic provided meals with sufficient carbohydrate content (not less than 150 g/day)
- Core Temperature Capsule and Equipment
- DTH Materials

#### 6.3.6.1 Baseline Visit 6 Conduction

**Inpatient Nursing Staff**

- Admit participant to the inpatient unit by 4:00 pm
- Provide participant with the standard, high carbohydrate dinner prepared by the metabolic kitchen.
- Administer the core temperature capsule by 6:00-7:00 pm and document the time of administration. Oversee the attachment of the core temperature monitor for recording the core temperature until 8:00pm the next day. Please refer to MOP section 9.4.2 for further instructions.
- Review food records for high carbohydrate diet for the past 3 days.
- Administer DTH (see MOP Section 9.9.1).
- Remind the participant that he/she is required to fast overnight. Only water is allowed after dinner.
- Remind participant to not take their vitamin/mineral supplements the same day, prior to DXA testing.

**RMR/Body Temperature Technician**

- Perform core body temperature measurement as described in MOP section 9.4.2.

### 6.3.7 Baseline Visit 7 Preparation

The following materials and equipment are needed to conduct the Baseline visit 7:

- Blood and Urine Collection Kits for the outcome measurements
- OGTT Materials and Collection Kit
- DLW Urine Collection Kits
- Pregnancy Test (local lab)
- Clinic Scales (Digital)
- 24 Hour Urine Collection Container
- 7-day PAR
- Core Temperature Equipment
- RMR Equipment
- Meals
- DXA Equipment

- Cognitive Function Measures
- CANTAB
- Home weight logs
- Participant's Diary for Review

#### 6.3.7.1 Baseline Visit 7 Conduction

**Inpatient Nursing Staff**

- Wake the participant at 7:00am and explain procedures for today's visit.
- Obtain urine for pregnancy testing and have the participant empty their bladder before weighing. Pregnancy test should be processed stat by the local laboratory.
- Take the participant to the clinic scale to be weighed prior to obtaining DLW urines.
- Ask the participant to collect two separate DLW urine samples as directed in MOP section 10.0. Call the DLW Technician for pick-up after the collection of the 2 urine samples.
- Remind participant to not take their vitamin/mineral supplements the same day, prior to DXA testing.
- Start 24 hour urine collection for isoprostanes after the DLW samples are collected. Instruct the participant how their urine should be collected and stored for the next 24 hours.
- Provide meals throughout the day as directed by the kitchen staff. **No meals should be served until the completion of the RMR, OGTT, laboratory tests and DXA!**
- Confirm the participant is not pregnant prior to DXA testing.
- Take the core temperature monitor off the participant after 8:00pm as directed by the RMR/Body Temperature measurement technician.
- Perform 24 hour DTH read (see MOP section 9.9.1).
- Provide overnight supervision for the participant.

**Phlebotomist**

- Have the baseline visit outcomes kit from the University of Vermont lab ready and draw blood as directed in MOP section 11.0. Perform OGTT as described in MOP section 11.0.
- Collect the other outcomes blood samples, baseline antibody titers and take these to the local laboratory for processing and labeling for the University of Vermont lab as described in MOP Section 11.0. This will include extra aliquots for long term storage. (Samples that cannot be processed immediately must be stored under recommended conditions until processed).
- Take samples to the lab for processing and store samples under recommended conditions until they are shipped to the Vermont laboratory as described in MOP Section 11.0.
- Ship samples to the laboratory as described in MOP Section 11.0.
- Document the shipment.
- Notify staff that the participant is ready to continue the visit.

**DLW Technician**

- Perform DLW Day 14 procedures as described in MOP section 10.0.

**RMR/Body Temperature Measurement Technician**

- Verify that the participant is fasting and has not performed any physical activity in the last 48 hours.
- Verify that the participant is still wearing their core temperature monitor and inform the nursing staff when it is time for removal. The monitor should remain until at least 8:00pm or longer, depending on the initial ingestion time of the capsule.
- Perform RMR measurement as described in MOP section 9.4.1.
- Take the participant and participant's binder to the coordinator.

**Study Coordinator**

- Review the home weights log with the participant as described in MOP section 9.3.4. Collect the log and send it to the DCRI for data entry.
- Review participant's diary and medications with the participant for any reported events. Proactively inquire if they experienced any health changes since the last visit.
- Check that the final DLW samples have been collected and the 24 hour urine collection is in progress.
- Confirm the participant is not pregnant prior to DXA testing.
- Perform the Stanford 7-day PAR as described in MOP section 9.7.3.
- Take the participant and participant's binder to the phlebotomist

**DXA Technician**

- Perform the required DXA, BMD and BMC measurements as described in MOP section 9.6.1.
- Notify staff that the participant is ready to continue with the next part of their visit.

**Measurement Staff**

- Perform the CANTAB testing after meal.
- Prepare the participant for Cognitive Function testing and complete testing.

**Study Coordinator**

- Review participant binder and confirm that all procedures for this visit have been completed.

**Study Manager**

- Check all CRF's generated for the in-patient stay and approve.

**Research Assistant**

- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to the study manager to double check.

### 6.3.8 Baseline Visit 8 Preparation

The following materials and equipment are needed to conduct the Baseline visit 8:

- Clinic Scale (digital)
- RMR Equipment
- Muscle and Fat Biopsy Equipment and Sample Collection Kits
- Snack

#### 6.3.8.1 Baseline Visit 8 Conduction

**Inpatient Nursing Staff**

- Wake the participant at 7:00am and explain procedures for today's visit.
- Take the participant to the clinic scale to be weighed prior to RMR testing.
- Provide meals throughout the day as directed by the kitchen staff. No meals should be served until the completion of the RMR.
- Perform 48 hour DTH read (see MOP section 9.9.1).
- Assist physician in performing the biopsy. See MOP section 9.9.1 for further instructions.
- Discharge the participant after all visit procedures are completed.

**Study Coordinator**

- Take the participant and participant's binder to the RMR technician.
- After participant completes the RMR measurement, take the participant and participant's binder to the biopsy room.

**RMR/Body Temperature Technician**

- Perform RMR measurement as described in MOP section 9.4.1.

**Physician**

- Perform muscle and abdominal fat biopsies as described in MOP section 13.0.

**Study Coordinator**

- Review participant binder and confirm that all procedures for this visit have been completed.
- Review participant's questionnaires for completeness and collect
- Inform the inpatient staff that a participant could be discharged.
- Inform the participant of their randomized assignment and follow the next steps. If randomized to the CR group, the participant will be informed of their randomization assignment and a return appointment with the intervention staff will be made within 3 weeks from the randomization date. Day 1 of the intervention for CR participants is the first day of the intervention feeding and this date will be captured in the Baseline CRF. If the participant is randomized to the Control group, they will be informed of their assignment and the coordinator should collect the home scales from the control participant at this visit. Day 1 of the intervention for Controls is considered the following day after their randomization and this date will be captured in the Baseline CRF.
- A one month visit appointment will be made for participants based on Day 1 of the intervention. Month 1 and subsequent clinic visits are to be scheduled from the Day 1 intervention date. This can easily be done prior to discharge for Controls but the coordinator will need to know the first intervention visit to

schedule subsequent visits for the CR participants. Participants will need to be reminded to fast prior to their next clinic visit.
- Perform vitamin/mineral and calcium pill count and dispense new 3 months supply.
- Provide the outcome laboratory results upon receipt from the Vermont lab to the physician.

**Study Manager**
- Randomize the participant prior to the in-patient discharge as described in MOP Section 7.0.
- Check all CRF's generated for this in-patient visit and approve.

**Research Assistant**
- Complete any required CRF's for this visit. Any CRF questions should be referred to the study coordinator.
- Give completed CRF's to the Study Manager to double check.

### 6.3.9 Phone Follow-up for Biopsy Check Preparation

The following materials are needed to conduct the follow-up of the biopsy site:
- Progress note for verification of follow-up

#### 6.3.9.1 Phone Follow-up for Biopsy Check Conduction

**Study Coordinator**
- Call participant to follow-up on biopsy site and how it is healing
- Note this follow-up on a progress note and file this in the participant's binder.

**Study Coordinator**
- For the CR participants, at the time of the first intervention feeding, greet the CR participant, and explain the procedures for that visit.
- Issue weight logs to the CR participant and review the instructions.
- Direct the CR participant to the intervention staff.
- After meeting the intervention staff, direct the participant to the feeding staff.
- Schedule Month 1 follow-up visit and remind the participant to fast prior to the visit.

**Intervention Staff**
- Follow the procedures described in the Intervention Manual.

**Feeding Staff**
- Explain to the participant the schedule for picking up and eating meals provided by the site.
- Begin 4 week feeding period.

This concludes the baseline testing period. The participant's binder and chart should be reviewed for any missing or incomplete data and any remaining baseline CRF sections completed and sent to the CC.

**Baseline Visit Checklist** **CALERIE ID Number:**_____

**Date of Visit 1: ___/___/___**

**Check completed items:**

___Consent Form

___Vital Signs

___Resting BP

___Clinic Weight and Height

___BMI Calculation

___Waist Circumference

___ECG

___Blood Chemistry, Hematology and Urinalysis

___Abbreviated Medical and Medication History

___Physical Exam

___Dispense and Explain Adverse Events Diary

___Vitamin/Mineral and Calcium Supplements for 6 Weeks Issued

**Comments:**

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 2: ___/___/___**

**Check completed items:**

___Clinic Weight

___Urine Pregnancy Test (local lab STAT)

___DLW Day 0 Procedures

___Food Record Directions

___DXA (refrain from ingestion of vitamin/mineral supplements the same day, prior to DXA scan)

___BMD/BMC

___QOL/Psychological Questionnaires

___MAEDS

___IDED-IV (if needed – may also be moved to Baseline Visit 3)

___Issue Home Scale/Weight Log with Directions

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 3: ___/___/___**

**Check completed items:**

___Clinic Weight

___DLW Day 7 Procedures

___Collect Home Weights

___7-day PAR

___IDED-IV (if needed and was not performed earlier at Baseline)

___Collect 6 Day Food Records

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 4: ___/___/___**

**Check completed items:**

___Clinic Weight

___DLW Day 14 Procedures

___Collect Home Weights

___7-Day PAR

___DLW Day 0 Procedures for 2nd Baseline DLW

___Cybex (Muscle Strength)

___Food Record (Directions)

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 5: ___/___/___**

**Check completed items:**

___Clinic Weight

___DLW Day 7 Procedures

___Collect Home Weights

___7-day PAR

___Collect 6-day Food Record

___V02 Max (Indicate when last meal was provided and what this was prior to testing)

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 6: ___/___/___**

**Check completed items:**

___Administer DTH

___Standard Dinner (High Carbohydrate Meal) Followed by Overnight Fast

___Administer Core Temperature Capsule and Attach Monitor

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 7: ___/___/___**

**Check completed items:**

___Lab Work: Cardiovascular Risk Factors, insulin, C-peptide, sex hormones (men), endocrine response and growth factors, bone markers, baseline antibody titers, blood/urine for archive

___OGTT

___Urine Pregnancy Test (Local Lab – STAT)

___RMR

___24 Hour Urine Collection (Isoprostanes)

___Clinic weight

___DLW Day 14 Procedures

___Collect Home Weights

___7-day PAR

___Core Temperature (complete measurement)

___DTH (24-hour read)

___DXA (refrain from ingestion of vitamin/mineral supplements the same day, prior to DXA scan)

___Cognitive Function Measures

___CANTAB

___Review Concomitant Medications

___Review Adverse Events

**Comments:**

_____
_____
_____
_____
_____

**Baseline Visit Checklist** **CALERIE ID Number:_____**

**Date of Visit 8: ___/___/___**

**Check completed items:**

___RMR

___Muscle Biopsy

___Fat Biopsy

___DTH (48-hour read)

___Review Concomitant Medications

___Review Adverse Events

___Randomization

___Perform Vitamin/Mineral and Calcium Supplement Pill Count and Dispense New 3 Month's Supply

___Collect Home Scales from Control Participants

**Comments:**

_____
_____
_____
_____

**Baseline Phone Visit Checklist (48 – 72 hours after biopsies)**

**Date of Phone Call: ___/___/____**

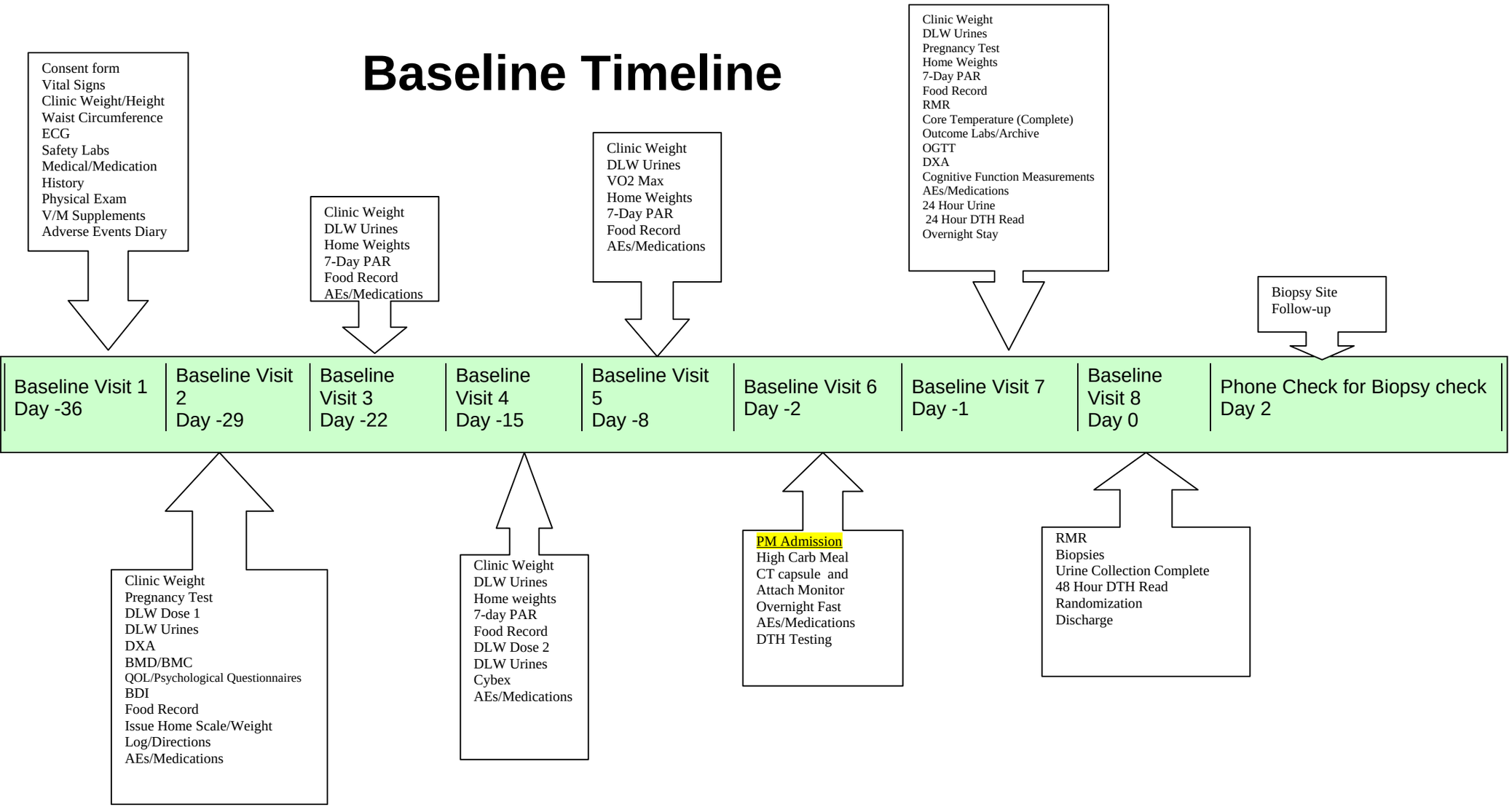
___Phone Follow-Up for Biopsy Check

___Progress Note for phone follow-up

**Comments:**

_____
_____
_____
_____

# Baseline Timeline



| Study ID | Baseline Outpatient | Baseline Outpatient | BL Outpatient | BL Outpatient | BL Outpatient | BL Outpatient/ Inpatient | BL Inpatient | BL Inpatient | BL Biopsy Check |
|---|---|---|---|---|---|---|---|---|---|

## Baseline Evaluations and Procedures

| Study ID | Baseline Outpatient | Baseline Outpatient | BL Outpatient | BL Outpatient | BL Outpatient | BL Outpatient/ Inpatient | BL Inpatient | BL Inpatient | BL Biopsy Check |
|---|---|---|---|---|---|---|---|---|---|
| **Visit #** | 1 (Day -36) | 2 (Day -29) | 3 (Day -22) | 4 (Day -15) | 5 (Day -8) | 6 (Day -2) P.M. Admission | 7 (Day -1) | 8 (Day 0) | Phone Contact (Day 2) |
| Informed Consent/HIPAA | X | | | | | | | | |
| Abbreviated Medical and Medication History | X | | | | | | | | |
| Physical Exam | X | | | | | | | | |
| Waist Circumference | X | | | | | | | | |
| Vitamin/Mineral/ Calcium Supple. | X | | | | | | | | |
| AEs/Medications | X | X | X | X | X | X | X | | |
| Vital Signs | X | | | | | | | | |
| Metabolic Weight | X | X | X | X | X | | X | X | |
| Home Weight | | X[a] | X[g] | X[g] | X[g] | X[g] | X[g] | | |
| ECG | X | | | | | | | | |
| Lab Work | X[b] | | | | | | | | |
| Urine Pregnancy Test | X[C] | | | | | | X[C] | | |
| BDI | | X | | | | | | | |
| EE by DLW | | X | | X | | | | | |
| DLW Urine | | X | X | X | X | | X | | |
| RMR | | | | | | | X | X | |
| Core Body Temperature | | | | | | X | X | | |
| Randomization | | | | | | | X | | |
| Cardiovascular Risk Factors | | | | | | | X | | |
| OGTT, Insulin & C-Peptide | | | | | | | X | | |
| Immune Function | | | | | | X (Administer DTH) | X (DTH Read) | X (DTH Read) | |
| Antibody Titers | | | | | | | X | | |
| Endocrine Response Growth Factors | | | | | | | X | | |
| Sex Hormones (men) | | | | | | | X | | |
| Archive Blood | | | | | | | X | | |
| QoL | | X | | | | | | | |
| Psychological Assessments | | X | | | | | | | |
| Cognitive Function | | | | | | | X | | |
| 6 day Food Record | | X[f] | X | X[f] | X | | X | | |
| 7-day PAR | | | X | X | X | | X | | |
| Cybex | | | | X | | | | | |
| VO2 Max | | | | | X | | | | |
| DXA | | X | | | | | X | | |
| BMD/BMC | | X | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Bone Turnover Markers | | | | | | | X | | |
| Muscle Biopsy | | | | | | | | X | |
| Fat biopsy | | | | | | | | X | |
| 24 Hour Urine | | | | | | | X | X | |

## Baseline Evaluations and Procedures

a Subject will be provided with study scale and instructed to weigh themselves in a standard method daily until their inpatient stay.
b Fasting chemistry, hematology, U/A
c Only on females of childbearing potential, tests to be processed locally
d Provide subject with instruction on 6-day food record
e Review and make a copy of weight log; at the end of the DLW period, collect the original log.