Kristensen MB, Wessel I, Beck AM, Dieperink KB, Mikkelsen TB, Møller JJK, Zwisler AD. Rationale and design of a randomised controlled trial investigating the effect of multidisciplinary nutritional rehabilitation for patients treated for head and neck cancer (the NUTRI-HAB Trial), Nutrition Journal

**Additional file 1:** Body weight and health related quality of life (QOL) at baseline and at 3-month follow-up in Danish patients treated for head and neck cancer who participated in a multidisciplinary residential nutritional rehabilitation programme<sup>a</sup>.

	Baseline	3-month follow-up	p-value <sup>b</sup>
Body weight (n=34)	$65.0 \pm 15.1$	$66.0 \pm 15.5$	0.042*
EORTC QLQ-C30			
Global health status/QOL (n=32)	59.4 ±22.7	$58.1 \pm 19.8$	0.558
Functional scales			
- Physical functioning (n=32)	$77.5 \pm 16.7$	$82.7 \pm 13.2$	0.038*
- Role functioning (n=32)	$68.8 \pm 26.4$	$72.9 \pm 27.7$	0.312
- Emotional functioning (n=32)	$65.4 \pm 21.6$	$71.9 \pm 22.7$	0.154
- Cognitive functioning (n=32)	$72.4 \pm 21.8$	$75.0 \pm 25.8$	0.233
- Social functioning (n=31)	$68.8 \pm 25.0$	$76.9 \pm 16.7$	0.210
Symptom scales/items			
- Fatigue (n=32)	$42.0 \pm 23.2$	$41.3 \pm 25.1$	0.719
- Nausea and vomiting (n=32)	$13.0 \pm 18.8$	$7.3 \pm 11.9$	0.066
- Pain (n=32)	$25.5 \pm 26.1$	$28.1 \pm 27.3$	0.382
- Dyspnoea (n=32)	$20.8 \pm 30.2$	$15.6 \pm 25.4$	0.195
- Insomnia (n=32)	$36.5 \pm 27.3$	$32.3 \pm 32.2$	0.194
- Appetite loss (n=31)	$47.3 \pm 35.3$	$36.6 \pm 31.5$	0.054
- Constipation (n=32)	$14.6 \pm 22.3$	$11.5 \pm 16.1$	0.366
- Diarrhoea (n=32)	$14.6 \pm 20.6$	$11.5 \pm 23.4$	0.432
- Financial difficulties (n=32)	$10.4 \pm 17.9$	$11.5 \pm 24.8$	0.948
EORTC QLQ-H&N35			
Symptom scales/items			
- Pain (n=31)	$31.7 \pm 22.8$	$28.2 \pm 24.4$	0.760
- Swallowing (n=30)	$35.8 \pm 23.4$	$30.0 \pm 24.3$	0.034*
- Sensory problems (n=31)	$35.5 \pm 25.7$	$30.6 \pm 25.1$	0.059
- Speech problems (n=31)	$22.2 \pm 21.1$	$15.4 \pm 16.4$	0.016*
- Trouble with social eating (n=30)	$47.8 \pm 31.3$	$38.4 \pm 27.3$	0.010*
- Trouble with social contact (n=30)	$12.9 \pm 15.4$	$11.8 \pm 17.1$	0.508
- Less sexuality (n=26)	$37.2 \pm 38.7$	$33.3 \pm 36.2$	0.873
- Teeth (n=30)	$42.2 \pm 36.0$	$41.1 \pm 39.8$	0.873
- Opening mouth (n=30)	$25.6 \pm 32.4$	$27.8 \pm 35.1$	0.964
- Dry mouth (n=31)	$73.1 \pm 29.1$	$71.0 \pm 30.7$	0.629
- Sticky saliva (n=30)	$51.1 \pm 36.9$	$50.0 \pm 35.8$	0.719
- Coughing (n=31)	$31.2 \pm 29.7$	$31.2 \pm 33.3$	0.992
- Felt ill (n=31)	$21.5 \pm 20.3$	$23.7 \pm 27.5$	0.392
- Pain killers (n=31)	$51.6 \pm 50.8$	$38.7 \pm 49.5$	0.103
- Nutritional supplements (n=30)	$33.3 \pm 47.9$	$40.0 \pm 49.8$	0.527
- Feeding tube (n=28)	$25.0 \pm 44.1$	$10.7 \pm 31.5$	0.046*
- Weight loss (n=29)	$41.4 \pm 50.1$	$20.7 \pm 41.2$	0.014*
- Weight gain (n=27)	$22.2 \pm 42.4$	$33.3 \pm 48.0$	0.257

<sup>&</sup>lt;sup>a</sup> Only participants with both a baseline and a follow-up measurement of the given variable were included in the analyses and thus in the table. The included numbers of participants are presented for each variable.

Data are presented as mean values and standard deviations. The European Organization for Research and Treatment of Cancer's (EORTC) QLQ-C30 and QLQ-H&N35 were used to assess QOL. All scales and single-item measures range in score from 0 to 100. A high score represents a higher response level. Thus a high score for a functional scale or global QOL represents a high level of functioning/QOL whereas a high score on a symptom scale represents a high level of symptoms.

<sup>&</sup>lt;sup>b</sup> Differences between body weight at baseline and follow up were tested using a two-sided paired t-test while differences between QOL scores at baseline and follow-up were tested using the Wilcoxon sign rank test.

\*p<0.05