THE LANCET

Supplementary webappendix

This webappendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Jebb SA, Ahern AL, Olson AD, et al. Primary care referral to a commercial provider for weight loss treatment versus standard care: a randomised controlled trial. *Lancet* 2011; published online Sept 8. DOI:10.1016/S0140-6736(11)61344-5.

Web Appendix

Biochemical Analyses

In the UK, insulin analyses were conducted by the NIHR Cambridge Biomedical Research Centre, Core Biochemical Assay Laboratory, Addenbrookes Hospital, Cambridge UK using the 1235 AutoDELFIA automatic immunoassay system using a two-step time resolved fluorometric assay. All other UK analyses were conducted at Northampton General Hospital. Glucose was measured by colorimetric assay using glucose oxidase method; was measured by high performance lipid chromatography (HPLC; Bio-Rad turbo-II, CA, USA); total cholesterol, high density lipoprotein (HDL) cholesterol and triglycerides were analysed using enzymatic colorimetric assays using the Vitros 5.1FS platform (Ortho Clinical Diagnostics). Low density lipoprotein (LDL) cholesterol was calculated using the Friedewald equation.[1]

In Germany, all analyses were carried out at Labor München Zentrum Medizinisches Versorgungszentrum GbR (Munich, Germany). Glucose was measured by hexokinase method (Modular DPE, Roche Diagnostics GmbH, Mannheim, Germany); insulin with an electrochemiluminescence immunoassay method (Immulite 2000, Siemens Healthcare Diagnostics GmbH, Eschborn, Germany); and HbA_1c with the Tina-quant turbidimetric immunoassay (Integra 800, Roche Diagnostics GmbH, Mannheim, Germany). Total cholesterol was determined by CHOD-PAP method and triglycerides, HDL and LDL cholesterol with an enzymatic colorimetric assay (Modular DPE, Roche Diagnostics GmbH, Mannheim, Germany).

In Australia, analyses were conducted at (Laverty Pathology, 60 Waterloo Road, North Ryde, 2113 New South Wales, Australia). Glucose was measured by hexokinase method (Siemens Advia 2400, Siemens Australia, Bayswater, Australia); insulin by chemiluminescent immunoassay (Siemens Advia Centaur, Siemens Advia 2400, Siemens Australia, Bayswater, Australia); HbA_1c was measured by HPLC (Bio-Rad turbo-II, CA, USA). Total cholesterol was determined by CHOD-PAP method, and triglyceride and HDL cholesterol were each measured by enzymatic methods (Siemens Advia Centaur, Siemens Advia 2400, Siemens Australia, Bayswater, Australia). LDL cholesterol was calculated using the Friedewald equation.[1]

Session Attendance

Number of sessions per month attended since last assessment were recorded and analysed using a linear mixed effects model with individual as a random effect. There was an interaction between country and treatment in the number of sessions attended $\chi(2) = 42.97$; $p < 0.0001$. On average, SC participants attended 1 session per month in all countries. WW participants in Australia and the UK attended an average of 3 WW meetings per month and participants in Germany attended 2 (Table 1).

Table 1 Number of sessions per month attended while in trial (Mean (95%CI)) by county and treatment group.

	Commercial Programme	Standard Care
Australia	2.81 (2.65-2.96)	0.95 (0.78-1.11)
Germany	1.97 (1.80-2.13)	1.01 (0.86-1.20)
UK	3.15 (2.98-3.33)	1.18 (0.96-1.39)

References

[1] Friedewald WT, Levy RI, Fredrickson DS. Estimation of the concentration of low-density lipoprotein cholesterol in plasma, without use of the preparative ultracentrifuge. Clinical chemistry. 1972 Jun;18(6):499-502.