

Supplementary table B: Overview of the content of the PADOVA dietary counselling sessions

Counselling session	Content
First counselling session	<ul style="list-style-type: none"> - Introduction of dietitian and aim of dietary counselling sessions - Anthropometric measures <ul style="list-style-type: none"> o Current weight and weight history o Height o Body Mass Index o Body composition - Dietary assessment <ul style="list-style-type: none"> o Nutrition-related illnesses or symptoms (e.g. reduced appetite, nausea, vomiting, gastrointestinal problems, chewing or swallowing difficulties) o Relevant social factors (e.g. social support) o Dietary analyses of current nutritional intake o Current exercise and physical activity level - Assessment of energy [1,2] and protein [3,4] requirements using multiple formulas - Dietetic diagnosis (synthesized information from anthropometric measures and dietary assessment) - Provide feedback on patients' weight, body composition and dietary intake - Providing information about the influence of lifestyle and body weight related factors on the occurrence of cancer and about the potential positive effects of increased physical activity and a healthy diet (including the effects of habitual protein consumption during exercise) throughout chemotherapy. - Set individual goals and action plans to achieve goals (depending on current nutritional status) - Discussion of factors that could influence achieving each goal, as well as strategies to overcome possible barriers and/or strategies to increase facilitators - Hand out self-monitoring logs in which patients can log their weight, dietary intake and/or physical activity.
Second – fifth counselling session	<ul style="list-style-type: none"> - Anthropometric measures <ul style="list-style-type: none"> o Current weight and Body Mass Index o Body composition (every other counselling session) - Dietary assessment (if changed) - Assessment of energy and protein requirements (if changed) - (Revision of) dietetic diagnosis - Discussion of filled in self-monitoring logs - Discussion of potential discrepancies between current behavior and each goal - Review and if necessary modification of goals and action plans
Last counselling session	<ul style="list-style-type: none"> - Same content as second to fifth counselling session - Discussion and encouragement of self-regulation strategies to be able to maintain adherence to the World Cancer Research Fund/American Institute for Cancer Research recommendations after the end of the intervention [5]

REFERENCES

1. Roza AM, Shizgal HM. The Harris Benedict equation reevaluated: resting energy requirements and the body cell mass. *Am J Clin Nutr* 1984;40(1):168-82. doi: 10.1093/ajcn/40.1.168 [published Online First: 1984/07/01]
2. Energy and protein requirements. Report of a joint FAO/WHO/UNU Expert Consultation. *World Health Organ Tech Rep Ser* 1985;724:1-206. [published Online First: 1985/01/01]
3. Nitenberg G, Raynard B. Nutritional support of the cancer patient: issues and dilemmas. *Crit Rev Oncol Hematol* 2000;34(3):137-68. [published Online First: 2000/06/06]
4. Arends J, Bachmann P, Baracos V, et al. ESPEN guidelines on nutrition in cancer patients. *Clin Nutr* 2016 doi: 10.1016/j.clnu.2016.07.015 [published Online First: 2016/09/18]
5. World Cancer Research Fund / American Institute for Cancer Research. Diet, Nutrition, Physical Activity and Cancer: a Global Perspective. Continuous Update Project Expert report, 2018.