

# SPIRIT 2013 Checklist – Appendix 1: MEPHISTO Protocol

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This document contains the completed SPIRIT 2013 checklist for the study protocol titled 'Metabolic Flexibility to Predict Lifestyle Interventions Outcomes (MEPHISTO)'. The checklist ensures that all essential elements of a clinical trial protocol are addressed.

## **Title (1)**

Description: Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym

Addressed in Protocol: Metabolic Flexibility to Predict Lifestyle Interventions Outcomes (MEPHISTO): Protocol for Predictive Validation Study and Randomized Controlled Trial

## **Trial registration (2a)**

Description: Trial identifier and registry name

Addressed in Protocol: Registered: NCT06329349

## **Trial registration (2b)**

Description: All items from the WHO Trial Registration Data Set

Addressed in Protocol: Included in ClinicalTrials.gov entry

## **Protocol version (3)**

Description: Date and version identifier

Addressed in Protocol: Version 1.0, April 2025

## **Funding (4)**

Description: Sources and types of support

Addressed in Protocol: Funded by the Ministry of Health of the Czech Republic (NU23-01-00509) and Charles University (grant 74524)

### **Roles and responsibilities (5a-d)**

Description: Names, affiliations, roles; sponsor info; funders' role; coordinating structure

Addressed in Protocol: Authors and contributors listed with affiliations and roles in protocol. Sponsors have no role in design, analysis, or publication decisions.

### **Background and rationale (6a)**

Description: Justification for the trial and relevant studies

Addressed in Protocol: Detailed in Introduction, citing current gaps in personalized interventions based on MetFlex and microbiome.

### **Choice of comparators (6b)**

Description: Explanation for control/comparator

Addressed in Protocol: Control is a non-intervention period in the crossover design.

### **Objectives (7)**

Description: Specific objectives or hypotheses

Addressed in Protocol: To identify predictors of weight loss success, and evaluate MetFlex as a key mechanism.

### **Trial design (8)**

Description: Type of trial, allocation ratio, framework

Addressed in Protocol: Two-stage design: predictive validation and 2:1 randomized crossover controlled trial.

### **Study setting (9)**

Description: Location(s) and settings

Addressed in Protocol: University Hospital Kralovské Vinohrady and Charles University, Prague, Czech Republic.

### **Eligibility criteria (10)**

Description: Inclusion and exclusion criteria

Addressed in Protocol: Women aged 25–45, BMI >30; specific exclusions listed (e.g., diabetes, pregnancy).

### **Interventions (11a-d)**

Description: Details to allow replication, adherence strategies, modifications, co-interventions

Addressed in Protocol: 12-week supervised aerobic protocol with progressive energy expenditure; compliance tracked, adherence measures described.

### **Outcomes (12)**

Description: Primary, secondary, exploratory outcomes

Addressed in Protocol:  $\Delta$ RQ, insulin sensitivity, microbiome and metabolomics changes.

### **Participant timeline (13)**

Description: Schedule of enrolment, intervention, assessment

Addressed in Protocol: Outlined in Figure 1 of protocol.

### **Sample size (14)**

Description: Estimates and assumptions

Addressed in Protocol: Sample size of 40 based on  $\Delta$ RQ, insulin sensitivity, weight loss; powered for 30 completers.

### **Recruitment (15)**

Description: Strategies for enrolment

Addressed in Protocol: Via clinic network, prior research participants, and university/hospital social media outreach.

### **Sequence generation (16a)**

Description: Method of randomization

Addressed in Protocol: Computer-generated random sequence by independent investigator.

### **Allocation concealment (16b)**

Description: Method for concealment

Addressed in Protocol: Independent investigator assigns participants using sealed envelopes.

### **Implementation (16c)**

Description: Roles in allocation

Addressed in Protocol: Allocation by staff uninvolved in outcome assessments.

### **Blinding (17a,b)**

Description: Who is blinded and unblinding procedures

Addressed in Protocol: Outcome assessors blinded; no blinding of participants due to nature of intervention.

### **Data collection methods (18a,b)**

Description: Plans for data collection, retention

Addressed in Protocol: Standardized instruments and protocols; 3-day diet records, accelerometers for activity, validated measures used.

### **Data management (19)**

Description: Entry, coding, storage

Addressed in Protocol: Data stored securely, double-entry, monitored for range and completeness.

### **Statistical methods (20a-c)**

Description: Analyses, handling missing data

Addressed in Protocol: Mixed models, machine learning, imputation methods; described in detail.

### **Data monitoring (21a,b)**

Description: DMC composition, interim analyses

Addressed in Protocol: No DMC due to pilot scale; no interim analyses planned.

### **Harms (22)**

Description: Plans for AE reporting

Addressed in Protocol: All adverse events monitored and reported to IRB.

### **Auditing (23)**

Description: Trial audits

Addressed in Protocol: Internal audits by principal investigator and sponsor monitors.

### **Ethics approval (24)**

Description: Plans for IRB approval

Addressed in Protocol: Approved by ethics boards of University Hospital KV and Charles University.

### **Protocol amendments (25)**

Description: Communication plans

Addressed in Protocol: Amendments communicated to ethics committees and updated on ClinicalTrials.gov.

### **Consent (26a,b)**

Description: Informed consent procedures

Addressed in Protocol: Written consent obtained by trained staff; no biological samples stored for future use.

### **Confidentiality (27)**

Description: Data protection measures

Addressed in Protocol: Personal data anonymized, access restricted.

### **Declaration of interests (28)**

Description: Investigators' COIs

Addressed in Protocol: No competing interests declared.

### **Access to data (29)**

Description: Who has access

Addressed in Protocol: Investigators have access; no restrictive agreements.

### **Ancillary care (30)**

Description: Post-trial care

Addressed in Protocol: No ancillary care provided; participants informed of health findings.

### **Dissemination (31a-c)**

Description: Plans to share results

Addressed in Protocol: Results to be shared via publications, conferences, and ClinicalTrials.gov.

### **Informed consent materials (32)**

Description: Model forms

Addressed in Protocol: Provided to ethics committee; available upon request.

### **Biological specimens (33)**

Description: Plans for biobanking

Addressed in Protocol: Not applicable; specimens not stored for future use.