

PROMISS

PRevention **O**f **M**alnutrition **I**n **S**enior **S**ubject in the EU



Kick-off Meeting | Minutes

Monday, June 6th 2016

Attendants:

Name	Partner	Name	Partner
Marjolein Visser	VU	Ellen Freiburger	FAU/EUNAAPA
Ingeborg Brouwer	VU	Richard Ijzerman	UGOT
Rachel van der Pols	VU	Kristien Fluitman	UGOT
Hanneke Wijnhoven	VU	Ingibjorg Gunnarsdottir	UI
Margreet Olthof	VU	Jolanda Boer	RIVM
Linda Hengeveld	VU	Marga Ocke	RIVM
Michel Klein	VU	Bart Keijser	TNO
Ilse Reinders	VUMC	Annet Roodenburg	HAS
Peter Weijs	VUMC	Joost Linschooten	HAS
Ophelie Durand	AGE	Yvonne van der Spek	FT
Georg Ruppe	EUGMS	Aaron Fanning	FT
Andrea Hovenier	EUGMS	Siska ten Hoeve	FT
Carol Jagger	UNEW	Hans Blonk	BC
Hélène Payette	US	Pierre Vanacker	FL
Pierrette Gaudreau	US	Nele Willem	FL
Noemí Muñoz	LGF	Loïc Dierickx	FL
Toine Hulshof	KG	Merja Suominen	UH
Lien Van den Broeck	VIVES	Elke Naumann	EFAD
Lien Perdu	VIVES	Reka Kegyes Bozo	EFAD
Yves De Bleecker	VIVES	Manuela Thul	EFAD
Paolo Caserotti	SDU	Marian de van der Schueren	ESPEN
Eleanor Boyle	SDU	Saske Hoving	NCP
		Dick Hoogendoorn	VU

Meeting: PROMISS Overview of project
Speaker: Marjolein Visser (PROMISS coordinator)
Date: Monday, June 6th 2016
Time: 10.00-11.00h

<<< in addition to attached presentation >>>

General remarks:

- EU money is going to NuAge (Canada) because they deliver unique data to the project.
- NIA is no official partner, but the Health ABC Study data is available for PROMISS project

Malnutrition:

- Specific focus on community dwelling older adults
- Very heterogeneous group of older adults
- Absolute numbers of malnutrition are higher in community dwelling older adults than in institutionalized older adults.
- Appetite is a central determinant of malnutrition; 10-15% of older adults report poor appetite.
- Interesting groups:
 1. older adults with poor appetite, but who are well-nourished
 2. older adults who are malnourished, but have good appetite.

Work packages:

- WP1: Nutritional information from 24-h recalls or food diaries is available from 4 surveys and 2 cohorts (NuAge and Newcastle 85+).
- WP2: Physical activity pattern over the day can be studied by using accelerometers.
- WP3 includes a nested case-control study in the LASA cohort (Y2-3) and a mice experiment (Y4). WP3 will also be involved in the long-term trial of WP8.
- WP5: Results from all work packages come together in work package 5.
- WP6: For now, 3 experiments are scheduled which provide information for the long-term prevention trial (WP8):
 - o Experiment 1: 3-week experiment focused on compliance with and feasibility of combined dietary and physical activity strategies.
 - o Experiment 2: 4-week experiment focused on compliance with dietary strategy including new food groups.
 - o Experiment 3: 4-week experiment focused on compliance with dietary strategy including new food groups.
- WP7: "PROMISS kitchen" is the name for the mix of participants involved in this project (nutritionists, consumer science people, industry people, food technology people, etc.).
- WP8: The long-term (cost)-effectiveness trial will be performed at two sides: Amsterdam, The Netherlands and Helsinki, Finland. The trial starts halfway year 3.
- WP9: The website name will be: www.promiss-vu.eu and will consist of an internal and external part.

Meeting: **Communication & Finances**
Speaker: **Ingeborg Brouwer (Project Manager)**
Date: **Monday, June 6th 2016**
Time: **11.30-11.45h**

<<< in addition to attached presentation >>>

Communication

- Very important: Communication with EU, always via the project coordinator (Marjolein Visser).
- Contact between WPs: always via the PROMISS project office: promiss.po@vu.nl.
- Contact within a WP: via e-mail, teleconferences (GoToMeeting), meetings, etc, always via WP leader.
 - o GoToMeeting can be used through PO (similar to Skype, but with sharing files on screen).
 - o If you want to organize a teleconference by GoToMeeting, you can contact the PROMISS PO (Rachel van der Pols). She will assist you in setting up the meeting.
- External communication: always contact the PROMISS PO first.

Website:

- Building the website will start within a few weeks.
- If you have any ideas, experiences or preferences related to the content of the PROMISS website, please inform the PROMISS PO (as soon as possible).

Finances

- The documents and budgets in the EU Participant Portal are leading.
- To get your money, you can start with filling out time sheets now (even if your work package will start later on in the project). But if you do so, keep in mind that you have to write time during the rest of the project.
- Please do not double count: do not write time during vacation and illness/sickness leave
- Write 100% integral: the number of hours on PROMISS, AND the number of hours on the rest

Meeting: Financial control
Speaker: Dick Hoogendoorn (controller)
Date: Monday, June 6th 2016
Time: 11.45-12.00h

<<< in addition to attached presentation >>>

- The EU will not accept declarations of costs made before the start (April 1st, 2016) or after the end date (March 31st, 2021) of the PROMISS project.
- With regard to personnel costs, keep in mind that the time you spend and want to declare, should be listed in the work package description.
- Travel expenses must be linked to an activity in the timesheets. You also have to prove your travel. Please, keep your tickets/boarding passes and receipts!
- If your institute's declarations have exceeded 325k € for PROMISS in a single reporting period, you should have an audit for that period.
- The overall budget for travel costs is communicated with the EU, so be careful with declaring costs on different budgets, for example changing personnel costs in travel costs, or the other way around.
- Within 'other costs' you can shift money, but it is very difficult to change personnel costs
- Consultant are allowed to do work for partner – but hours should be written ("other costs").

Meeting: National Contact Point
Speaker: Saske Hoving (Societal challenge 2)
Date: Monday, June 6th 2016
Time: 12.00-12.15h

<<< in addition to attached presentation >>>

- The National Contact Points (NCP) give personalized support in applicant's own languages.
- You can find your own National Contact Point via the European Commission Participant Portal:
- <https://ec.europa.eu/research/participants/portal/desktop/en/home.html> > Support > National Contact Point.
- The Netherlands Enterprise Agency (Rijksdienst voor Ondernemend Nederland, RVO) gives personal assistance with regard to proposal writing (open calls, application procedures, proposal checks, etc.).
- In case of legal and financial questions:
 - o Contact the (VU) financial department
 - o Contact your own National Contact Point
 - o Contact the PROMISS PO

Meeting: Introduction Meeting WP1, 2 and 5
Chair: WP1 (Marjolein Visser)
Date: Monday, June 6th 2016
Time: 13.30-15.00h

<<< in addition to attached presentation >>>

Work package 1

- The focus is on nutrition in a broad perspective: macronutrients, micronutrients, food groups, specific food products, etc.
- The most relevant clinical outcomes include frailty, functional decline (self-reported or objectively assessed) and quality of life.
- The deliverables are not specific about the papers that have to be published. We can, for example, do a meta-analysis.
- The PROMISS Analysis Plan Form is intended to be sure that there will be no overlap and to keep track of the projects and studies conducted within PROMISS.

Work package 2

- The focus is on physical activity patterns, sedentary behaviour patterns and nap/sleep patterns.
- A sedentary behaviour questionnaire is available in LASA.
- MS. 2.2 is no longer a milestone, all protocols are deliverables for the EU

Newcastle 85+ Study (Carol Jagger)

- The Newcastle 85+ Study is a cohort of individuals born in 1921 (recruited from general practices) who were first assessed at age 85 (baseline; 2006/2007). Follow-up assessments were at 18, 36 and 60 months. The plan is to assess them again at age 95.
- Including both community dwelling and institutionalized older adults.
- 5-7-day accelerometry was performed at phase 3 (36 months) only.
- Those who are recruited could be assessed on different levels:
 - o Look in general practice records (GPR) only
 - o Home assessment (HA) only
 - o GPR + HA
- Dietary assessment was performed by 24-multiple pass records on two non-consecutive days.
- Data access:
 - o See details of questionnaires and Excel sheet showing biomarkers on the website.
 - o Complete the data request form (available at website).
 - o Forms will be reviewed by the Data Guardians Group (chair until July 2016: Carol Jagger).
 - o After approval, the password protected data will be send.

AGES (Ingibjorg Gunnarsdottir)

- The AGES-Reykjavik Study is a continuum of the Reykjavik Study. For the original Reykjavik Study, all individuals living in the Reykjavik area in 1967 who were born between 1907 and 1935 were invited.
- In AGES, the only question regarding appetite is: "Do you have an illness or physical condition that interferes with your appetite or ability to eat?"

- Using data within Iceland is possible, but takes time. It is currently unknown if AGES data can be used outside Iceland (by other partners). Ingibjorg will figure this out.

NuAge (Hélène Payette)

- NuAge is a cohort of people with general good health, with N≈300 in each sex and age strata.
- Dietary assessment was performed by FFQ at baseline (asking for the food intake in the last 12 months) and by three non-consecutive 24-h recalls at four annual time points.
- Data collection through face-to-face interviews and telephone interviews in between
- Bio bank available including blood, saliva and morning urine
- Data access:
 - o Submit an analysis proposal form.
 - o When your analysis proposal is approved, the data will be send to you.

Health ABC Study (Marjolein Visser)

- Data access:
 - o Freely available for the PROMISS project partners
 - o Submit a data analysis form.
 - o When your data analysis form is approved, you will receive a password that gives you access to the internal website (containing protocols, questionnaires, data, etc.), where you can download the data.

LASA (Marjolein Visser)

- LASA includes some ancillary studies, in which information on food and lifestyle has been measured: the Lifestyle study (2007) and the Nutrition and Food Behaviour Study (2014).
- All measurements performed at home
- Data access:
 - o Submit an analysis proposal form to LASA director Martijn Huisman (ma.huisman@vumc.nl).
 - o When your analysis proposal is approved, the data manager will send you the data (zip file).

RIVM (Margo Ocké)

- For PROMISS, European surveys were selected which includes at least 100 participants aged 65+ years and with multiple 24-h dietary recalls or food records:
 - o Finland: FINDIET 2007 and FINDIET 2012, dietary recalls used
 - o France: INCA2 2006-2007, food records used
 - o Italy: INRAN-SCAI 2005-2006, food records used
 - o The Netherlands: RIVM, 24-h dietary recalls and non-consecutive dietary records used
- The data from the surveys cannot be pooled, because of differences in methodology.
- It have to be figured out whether the surveys include data on appetite and other factors of interest to the PROMISS project (Jolanda Boer).

HANC (Paolo Caserotti)

- 554 subjects in HANC

- An intervention study will soon start: *Prevention of frailty in 80+ year old community-dwelling citizens through a tailored action plan focusing on optimizing intake of milk-based protein combined with exercise.* → Development of protocol is in first phase, so input is welcome!

Meeting: Introduction Meeting WP3,4,5,6,7 and 8
Chair: WP7 (Lien van de Broeck)
Date: Monday, June 6th 2016
Time: 15.30-17.00h

<<< in addition to attached presentation >>>

VIVES (Lien van den Broeck)

- Working together with SME's, companies, applied sciences
- Working for local enterprises
- Involving students in research
- Innovative recipes

UGOT (Kristien Fluitman)

- Microbiome and obesity and diabetes (previous work)
- Now: Microbiome and undernutrition
- fMRI studies – Richard IJzermans is experienced.

LGF (Noemi Munoz)

- French name but located in Barcelona
- International company
- Lead Spanish market in infant nutrition
- Distributing via pharmacological companies
- Work in WP4, 6 and 7
- R&D → both Marylise Beaucreux and Noemi

Kellogg (Toine Hulshof)

- Founder of breakfast cereals and cornflakes
- Variety of foods (mainly US and Canada)
- Expertise = breakfast
- Involved in WP4 (Q: what should we develop?), WP6, 7 and 8

FT (Aaron Fanning)

- Owned by farmers
- Put theory into new foods
- Company from New Zealand
- Exporting milk throughout the world
- Science and technology based in New Zealand
- 350 scientist R&D
- Process dairy and use it in many different ways
- Involved in WP 4,6,7,8,
- Siska ten Hoeve is based in the Netherlands
- Aaron is available on the site from New Zealand

Newcastle university (Carol Jagger)

- HNRC involved in nutritional work of 85+ study

- FUSE helps to disseminate the results from this project
- EIT health – might be an organization where we could get some funding from either to run summer courses, dissemination activities, work with industrial partners
- National aging science and innovation = UK wide – money from government – research with university and industry – helps to disseminate research
- Antoneta Granic = post doc working on PROMISS

SDU (Paolo Caserotti)

- Covers Physical Activity science
- Teaching undergrad and PhD students
- Main vision interdisciplinary approach

BC (Hans Blonk)

- Sustainability
- LCA – analyses environmental impact of products (production, waste management)
- Specialized in food and agriculture
- Provide performance management
- If you want to make a diet/food pattern more sustainable and still want to keep this within health boundaries
- Gerard Kramer is WP leaders for WP5
- OPTimeal is a tool that will be used in this project: optimize solutions within nutritional and health boundaries.

FL (Pierre Vanacker)

- Distribution of meals to older adults at home (fresh on table) or institutionalized
- Make #15 million meals a year
- R&D and innovation is key to product leadership
- 10 kitchens in Belgium/the Netherlands – to produce as fresh as possible (cold or hot line)
- B2G = business to government
- B2B = business to business
- B2C = business to consumer

VU computer science (Michel Klein)

- Persuasive technology
- Individualize and personalize technology

UH (Merja Suominen)

- Faculty of medicine
- Nutritionist
- Many trials about nutrition
- What about recruitment

Questions and remarks:

- KG: we have to find a way to have a good communication
- KG: what do we expect from each-other
 - o Main interest from the companies are the surveys WP4.
- MV: What do you need from WP 1 and 2 and 3 in terms of new research
 - o to develop a product → we need time and input and strict deadlines
 - o provide input to WP leader (WP7 = Lien van de Broeck) they should keep track of the deadlines
 - o KG starting from scratch and need input from WP6: taste, texture, content, strategy and WP4
 - o LGF: not sure if they want to use an existing product
- LGF: Why are not all companies included in long-term trial (WP8)?
 - o When writing the grant we made choices as we were not sure whether all companies could include their products in the long-term trial.
 - o Very pragmatic choice, what to do in short term and what to study in long term studies.
- FT: WP4 is needed → designing a new product takes time.
 - o Input should be aligned with WP1 as well. WP4 is consumer need, WP1 is scientific/nutritional need.
 - o What are the changes in the product choice that older people use?
 - o MV this is difficult. Cohorts collected their data in different time periods and generations may have different preferences. Normally, age doesn't tell you everything, better factors are for instance appetite and functioning level.
 - o Defining groups based on e.g. appetite should be the same in WP4 and WP1
- FT: specific nutrients are of interest → what do you want in the product, how to provide/packaging/time schedule, when do you want the older adults to eat the products.
 - o MV: in all cohorts we can find out these questions in relation to outcomes
- KG: WP3: it would be very interesting what the microbiome would do – do we need to add pre or probiotics.
- FL: 6-7 months to create new products.
 - o Texture, flavor, mashed, sliced,
 - o Regional differences – important
 - o Information on nutrients – range of products
 - o Focus on meals – cold (frozen) or hot line
 - o If it is cold line – how is it regenerated – this influences the end product
- UGOT: WP3 will be interested in different outcomes compared to the companies and work closely related to WP8
- UI:
 - o In malnutrition trials often oral nutritional supplement (drinks) are used → they should be transformed into real/'normal' food products.
 - o We should find replacements for the nutritional drinks that are comparable in energy and protein.
 - o MV: Compliance is a really important issue! Because we know that this is difficult with these drinks
 - o MV: There are several Dutch companies that make energy and protein enriched 'normal' foods

- The drinks are very expensive, but paid for by insurance, so new products should have same content. The 'at risk' group would not get anything paid because they are still at risk.
- MV: Main outcome of the trial: we decided on using an objective function measure (Short Physical Performance Battery = SPPB), a set of three tests. Prevention of malnutrition is secondary outcome.

Finances:

Budget for the companies is both meant for product development, as well as the distribution of these products in WP6 / WP8.

Meeting: Introduction Meeting WP9

Chair: WP9 (Ophelie Durand)

Date: Monday, June 6th 2016

Time: 15.30-17.00h

AGE

- The AGE Platform Europe (AGE) constitutes of two parts: 1) political involvement and 2) bringing ageing in European projects.
- Dissemination is very important according to the EU.

EUGMS

- EUGMS represents about 17 million geriatricians.
- EUGMS has a growing annual congress. The next one will focus on prevention (September 2017 in Nice, France).

EUNAAPA

- EUNAAPA focus on assessment, implementation and dissemination of physical activity.
- EUNAAPA consists of stakeholders and scientists.
- EUNAAPA is very active in dissemination on both national and European level.

EFAD

- EFAD represents about 30,000 dieticians.
- EFAD has meetings with Ministries of Welfare and WHO.
- EFAD organizes annual European conferences and every four years an international conference.

VIVES

- VIVES will set up a program to small and medium-sized enterprises to get/share some information out of this project.

Work package 9

- Dissemination is what kind of results and deliverables will be gained from this project. Exploitation is what you will do with the findings (focus more economic).
- Please think of people who might be helpful within this project (Advisory Board members). These people do not have necessarily to be European. There is limited budget for members of the Advisory Board.
- Website ideas:
 - o Private/internal and external part
 - o Internal calendar with internal and external events (project meetings, congresses, etc.)
 - o Internal archive
 - A limited number of persons are responsible for uploading and updating documents.
 - o Discussion boards seems not necessary.
 - o When a paper is published, the researcher has to make a lay summary of the paper to put on the website.

- Until now, AGE got six offers from companies willing to build the website. Within a few days, the final company will be selected.. At the end of July, there will be a visible website (either a permanent or a temporary one).
- Deliverables really have to be on time (for the EU)!
- All partners will have to tell the PROMISS PO when they will present results or submit a paper. In collaboration with the PROMISS PO, WP9 can stay updated on dissemination. Every six months, WP9 will send a reminder to all partners on keeping WP9 updated of dissemination activities.
- We do have budget for open access publication. Dependent on the journal, open access publication is possible for some publications.
- It would be nice that the project leaflet available at the time meetings/congresses takes place (fall 2016).
 - o Aim is to have the leaflet ready mid-August.
 - o Leaflets preferable in PDF and easy printable on A4.
- The press release was done by the VU University when the proposal was accepted and granted.
- Budget has to be kept for the lay-out of D39 strategies leaflet. Printing is not planned.
- Budget for translation needs to be checked.
- Are we free to disseminate or do we have to contact WP9 for all dissemination activities? Some deliverables are public, others not. → Please send all dissemination to the PROMISS PO for approval.
- AGE will make and pose videos of each partner on social media, to have a human face behind the scientific papers.
- **The Facebook page does not have priority now, but is a deliverable D43 and needs to be uploaded September 201 (month 6).**
- A Twitter account will be in place in month 6.
- Please mention the PROMISS project on your website or in your (email) signature.
- A plan on communication, dissemination and exploitation will be send by AGE (Ophelie Durand). Please give your feedback on it.

Tuesday, June 7th 2016

Attendants:

Name	Partner	Name	Partner
Marjolein Visser	VU	Paolo Caserotti	SDU
Ingeborg Brouwer	VU	Eleanor Boyle	SDU
Rachel van der Pols	VU	Ellen Freiberger	FAU/EUNAAPA
Hanneke Wijnhoven	VU	Richard Ijzerman	UGOT
Margreet Olthof	VU	Kristien Fluitman	UGOT
Linda Hengeveld	VU	Ingibjorg Gunnarsdottir	UI
Michel Klein	VU	Jolanda Boer	RIVM
Ilse Reinders	VUmc	Bart Keijser	TNO
Ilenia Gheno	AGE	Jasper Kieboom	TNO
Ophelie Durand	AGE	Annet Roodenburg	HAS
Georg Ruppe	EUGMS	Joost Linschooten	HAS
Andrea Hovenier	EUGMS	Yvonne van der Spek	FT
Carol Jagger	UNEW	Aaron Fanning	FT
Hélène Payette	US	Siska ten Hoeve	FT
Pierrette Gaudreau	US	Hans Blonk	BC
Noemí Muñoz	LGF	Pierre Vanacker	FL
Toine Hulshof	KG	Nele Willem	FL
Lien Van den Broeck	VIVES	Loïc Dierickx	FL
Lien Perdu	VIVES	Merja Suominen	UH
Yves De Bleecker	VIVES	Elke Naumann	EFAD
Christine Yung Hung	UGENT	Reka Kegyes Bozo	EFAD
Marian de van der Schueren	ESPEN	Manuela Thul	EFAD

Meeting: General Assembly Meeting
Chair: Ingeborg Brouwer
Date: Tuesday, June 7th 2016
Time: 10.00-11.00h

PROMISS General Assembly Attendance list – representatives from each partner

	Name	Partner
1	Marjolein Visser	VU
2	Ingibjorg Gunnarsdottir	UI
3	Carol Jagger	UNEW
4	Jolanda Boer	RIVM
5	Paolo Caserotti	SDU
6	Richard Ijzerman	UGOT
7	Jasper Kieboom	TNO
8	Lien Van den Broeck	VIVES
9	Christine Yung Hung	UGENT
10	Annet Roodenburg	HAS
11	Toine Hulshof	KG
12	Noemí Muñoz	LGF
13	Siska ten Hoeve	FT
14	Hans Blonk	BC
15	Nele Willem	FL
16	No representative present	Hi
17	Merja Suominen	UH
18	Elke Naumann	EFAD
19	Marian de van der Schueren	ESPEN
20	Georg Ruppe	EUGMS
21	Ellen Freiberger	FAU/EUNAAPA
22	Ophelie Durand	AGE
23	Hélène Payette	US

<<< in addition to attached presentation >>>

Project Management Structure

- Each partner has to designate one member to be the representative in the GA. In case of absence, this person must give a written notification of the name of the colleague who will replace him/her.
- Strategic decisions

Communication within PROMISS

- Executive Board Meetings – approving and monitoring deliverables and milestones, contact via GoToMeeting
- Mustafa Ozokcu is the main financial controller of the VU.
- For daily/general questions, please contact the PROMISS PO (promiss.po@vu.nl).

- For the EU, the deliverables are most important. The milestones will be used to make sure that the deliverables will be delivered on time.
- We need a copy of all official papers (e.g. ethical approval for all data collections in this project, even original ethical approvals for data collections in cohort studies), to show the EU when required. Please send to PROMISS.po@vu.nl

Financial management

- The last 10% of the total grant will be paid after the project has been finished.

Data management plan

- National regulations
- PO will send a template to partners that collect new data
- Currently being worked on
- Includes legal and privacy matters
- ***Please respond rapidly after receipt***

All partners have received a signed copy of the Consortium Agreement.

- ***ESPEN – by mail***
- ***Henri – via HAS***

Date next GA meeting: September 2017,. Location: probably Nice, France (linked to EUGMS meeting)

Meeting: Discussion Meeting WP1, 2 and 3

Chair: Marjolein Visser

Date: Tuesday, June 7th 2016

Time: 11.30-12.30h

General aspects

- We have to keep in mind the link between WP1 and WP4 and WP1 and WP6.
- When stratifying in WP1: same strate used be used in survey in WP4.
- To provide evidence for the intervention study (WP6), we need to study functional decline, frailty and quality of life as outcomes.
- Keep in mind: we want to prevent malnutrition.
- Appetite is a central determinant: We want to know what differences in preferences and intake are present between those with poor and those with good appetite.

Potential interesting variables

- Subgroups of older persons that might be interesting to compare:
 - o *People with low protein intake vs high protein intake.* This is also interesting for the intervention study (focus on low protein intake people?).
 - o *People with recent weight loss vs no weight loss.*
 - o *People with good appetite vs poor appetite.*
 - o *People with vs without frailty?* This might be hard, because you need many variables to define frailty and we do not have this information in e.g. national food consumption surveys. Also, weight loss is already in the definition of frailty (partly overlap).
- AGES does not have a question on recent weight loss, but this might be calculated from repeated measured weights.
- Newcastle 85+ does not have a question on appetite.
- AGES used a short FFQ, so energy intake is not available. However, energy intake can possibly be defined from the validation study.
- Pooling data is impossible (time constraint and loss of detail), but conducting a meta-analysis is possible.
- Protein intake can be studied at different levels: absolute grams, relative to energy intake, or grams/kg body weight/day. What do we prefer? What cut-off points for protein intake do we prefer? First, run the analyses for all these options and fill out the tables to see whether the cells are filled and/or what cells have low numbers or are empty.
- Because AGES doesn't have appetite in their data set, maybe it is best to look at:
 - o Persons with good protein intake, but weight loss
 - o Persons with good protein intake and no weight loss
 - o Persons with poor protein intake and weight loss
 - o Persons with poor protein intake, but no weight loss
- In the cohorts that have both protein intake, weight loss and appetite, it might be interesting to see what the overlap is between these categories.
- WP3 is interested in microbiome differences between people who are malnourished and those who are well-nourished. In LASA we can select the people who are well-nourished, at risk of malnutrition, as well as those who are malnourished already.

- Richard Ijzerman: I think that weight loss is clinically relevant and makes sense, but protein intake seems less clinically relevant.
Carol Jagger/Marjolein Visser: Low protein intake is predicting weight loss, so maybe it is good to intervene at that point.
- Medication clearly affects appetite and microbiome. In LASA there is information on types of medication intake. Think about potential medications you would like to exclude (for the nested case-control study of WP3).
- WP3: For the nested case-control study in LASA, it is good to have appetite in the stratification. (Appetite is assessed by “I did not feel like eating: my appetite was poor” Yes/No.)
- Hanneke Wijnhoven: With regard to weight loss, we prefer involuntary weight loss. Maybe we can use the same kind of definition?
Helene Payette: Is it necessary to look at involuntary vs voluntary weight loss? It seems that all weight loss is bad. Hanneke: reason of weight loss is related to outcome in LASA study, see: <http://biomedgerontology.oxfordjournals.org/content/69/10/1236.long>
- What kind of outcomes do we want to study?
 - o Objective functioning (preferable SPPB; Short Physical Performance Battery). This is also necessary for the trial.
 - o Incidence of malnutrition
 - o Sedentary behaviour and/or physical activity (Paolo Caserotti)
- For clinical relevance, a good time frame to look at change in functional outcomes will be 3 to 5 years.
- Data available on smell and taste:
 - o AGES: subjective taste complains
 - o Health ABC: subjective taste complains
 - o LASA: scratch and sniff cards (identification)
 - o NuAge: subjective smell complains, and in a subgroup objectively smell tests were performed (currently uncertain in how many people and what kind of tests were used).
- With regard to the variables in the national food consumption surveys: very likely appetite is only available in the Dutch survey.

Planning

- WP1: the first milestone (MS1) is ‘Analysis proposals cohort and survey analyses’ and is scheduled for month 6 (September 2016). These analysis plans are output driven; we want to know what papers with what research question in which cohort(s) will be written. Local approval of analyses plan is always necessary for cohort data.
- WP1: Food consumption surveys: the data request is fast for the Italian survey; France is freely available (data is already downloaded); Finland takes some more time (first contact has been made).

Activities & tasks

- WP1&2: For all cohorts, please update the Excel overview with available variables.
 - o The PROMISS PO will send you an adapted version with some new variables.
 - o Paolo Caserotti will send some specific physical activity / accelerometer topics that will be added to the Excel overview.
 - o Be as complete as possible.

- WP1: Jolanda Boer will fill out an Excel overview similar to the cohort one for the surveys.
- WP1: First we will look at the prevalence of good/poor appetite, weight loss and low/high protein intake in each cohort. Later on we will look at other nutrients/products and at outcomes.
 - o Please do the (raw) analysis and fill out the table for your cohort.
 - o A short form including the table and some other relevant items will be send to you soon.
 - o Please fill out the cells within a few weeks.
- Next contacts: monthly calls will be scheduled with the first one within one month.
 - o The PROMISS PO will send out a doodle.

Meeting: Discussion Meeting WP4 and 7
Chair: WP7 (Lien van den Broeck)
Date: Tuesday, June 7th 2016
Time: 11.30-12.30h

Minutes: Meeting WP4 and WP7

- Presentation by UGENT (cfr Ppt)
 - o Agro Food Marketing and Consumer Behaviour
 - o Role in PROMISS:
 - WP4 (leader), WP5, WP10
 - o Wim Verbeke & Christine Yung Hung
- WP4:
 - o Objectives:
 - attitudes & preferences: dietary preferences, physical activities & food patterns
 - suitable recommendations for WP5, WP7 and WP9
 - acceptance of different strategies WP5
 - o Tasks
 - 4.1 Quantification of attitudes and preferences regarding dietary and physical activity characteristics and daily patterns according to appetite and malnutrition strata in older adults.
 - 4.2 Identification of implications and recommendations for optimal strategies and new food product development
 - 4.3 Quantification of acceptance and preferences of potential dietary and physical activity strategies according to appetite and malnutrition strata in older adults
- WP7 and WP4
 - o To have the most optimal questionnaire we should wait for WP1, 2, 4 ... Due to the timeline this is not feasible for companies.
 - E.g. texture adaptations are difficult -> it takes time
 - o We will start thinking now. In WP7 we would like to develop 'Fast track approach'
 - Companies start thinking 'on paper': indicate clearly what info is needed
 - o Combine existing information, current knowledge:
 - A Dropbox will be available to upload important knowledge based on published papers and recent own work. Please always add a summary + highlight why you put this information in the dropbox.
 - Belgium: data on older persons are available, use these data already in survey
 - Important questions: What do older people need? High in protein, soft, little sugar, improved taste, smell, ...
 - HAS can offer: students, creativity, working force ... (food design, food technology students) -> they need to be recruited
 - o WP4:
 - Include some questions about general aspects: Do they have issues (e.g. false teeth), what do they like? Differences according to social economic status, etc.
 - Make questions on specific items (texture, taste, flavour, smell, portion size ...)
 - o Fast track approach:
 - Develop framework: Important questions: what are we aiming for? Long term feasibility? Are we considering total diet, one product?
 - Make assumptions and adapt assumptions when needed.
 - Important issue: Do older people like it (taste)?
 - We prefer a **total diet approach**

- E.g. Kellogg: breakfast cereal + cereal bars, Frigilunch: hot meal (cold line), Fonterra: dessert + milk product ...
 - Focus on older adults at risk of malnutrition?
 - WP4
 - Online survey does not work very well for oldest old and frail.
 - People bringing meals could help with doing interviews
 - Peer interviewing
 - Definition older adults?
 - 65 years and older
 - Prevention: should start early
 - Vives will be the bridge between WP7 and WP4
 - General questionnaire:
 - Keep in contact with WP1 and use same strata (based on appetite, nutritional status etc)
 - Why not conduct survey in the Netherlands instead of Belgium? In Netherlands the trials will take place. (remark: results are already available in Belgium only cover Flemish speaking part). Why not conduct survey in Finland instead of Denmark? (as trial will be in Finland). This will be discussed with Wim Verbeke.
 - Inclusion and exclusion criteria? How are we going to recruit them?
 - UGENT will develop protocol for questionnaire that can be discussed.
 - In questionnaire: include screening for malnutrition (SNAQ65+, MNA SF)? Assss level of physical activity?
 - Food development:
 - How does KG work:
 - Consumer: what do they want? What are they going to buy?
 - Food development: start generic, go for different concepts
 - Often a story
 - Cereal/bar? When consumed? Europe or not?
 - Create 5-6 concepts
 - Show concepts to consumers (no tasting yet)
 - Best ones are selected for production plant
 - It takes +- 1,5 Year
 - 2 cereals
 - morning snacks -> rich in protein, soft, homogeneous,

Frigilunch: 7-14 meals

- Cold line (frozen + regeneration at home) -> for both Dutch and Finnish trial. Distribution of meals to individual participant needs attention.

- Henri: soup

Fonterra: soup or dessert

LGF: enriched drinks

- A teleconference will be organized monthly.

Meeting: Discussion Meeting WP5 and 9
Chair: WP9 (Ophelie Durand and Ilenia Gheno)
Date: Tuesday, June 7th 2016
Time: 11.30-12.30h

Discussion meeting

- Wp5 needs: how do people eat? Which food products? Which quantities? Nutritional characteristics? Differences between countries
- You have to produce food → starting with agriculture → for every food product you make a life cycle → environmental impact of the total food → food prints → for example for meat.
- Data base with food products is available (Blonk)
- WP5: all information WPs come together in this work package
- First WP5 needs to find out what are the implications for the strategies in PROMISS
- Thereafter dissemination of strategies in WP9 including the impact on the environment
- WP9 – general information on PROMISS available in state of the Art – in the proposal – reasoning behind the PROMISS project
- First PROMISS dissemination: we would like to provide a PROMISS flavour from a users' perspective
- First year:
 - o Malnutrition and nutrition
 - o Deficiencies among older adults, focus on energy and protein
 - o WHO nutrient guidelines / EFSA guidelines?
 - o Filling the public website
 - Please all partners send info to AGE
 - Keep AGE updated
 - Link JPI Malnutrition and PROMISS?
 - Link DO-RE-MI project on malnutrition?
 - EU action group – platform for organizations that promote active aging & environment – PROMISS is one of the partners of EIP AHA
 - 5-8 December there will be a summit
 - Privilege line for PROMISS booth at that summit
 - 29th June meeting in Luxemburg where Ilenia or Ophelie will be present on behalf of PROMISS
 - o Most work of dissemination partners is in the end
 - o EFAD, ESPEN, EUGMS, EENAPA → use available channels during PROMISS project
 - o LOGO → AGE and PO decide
- Dissemination activities should be discussed with PO (PROMISS.PO@vu.nl) before online publication.

Meeting: Discussion Meeting WP4, 6, 7 and 8

Chair: WP7 (Lien van den Broeck)

Date: Tuesday, June 7th 2016

Time: 13.30-14.30h

Survey

- Defining risk group based on different strata:
 - o Defining risk group – not malnourished older adults – with certain range in SPPB score that leaves room for improvement in function
 - o Weight loss / appetite strata
 - o Low and high protein intake as a strata
 - o Physical activity might be a crucial effect modifier in the impact of intervention on outcomes, not per se a variable we will stratify on at baseline.
- UGENT will perform a survey –start soon and not wait for results of WP1 and WP2
- Kind of questions that should be included in the survey of WP4
 - o taste, smell and texture → also included in feasibility studies WP6
- Lien van den Broeck: What kind of screening on paper can we do for functioning?
→ Marjolein Visser: It seems feasible to enclose some questions in the survey by which we can distinguish the good functioning people from the poor ones.
- The surveys will be conducted among people aged 70+.
- We have to think about whether people might need assistance by filling out the survey (by proxies, peers, research assistants?).
- Survey in 5 countries → Change Denmark into Finland and Change Belgium into Netherlands, because the long-term study will be in those countries.
- WP4: should it really be an online survey? Maybe we should do peer interviewing?
→ MV: the at risk people are the older adults – maybe instructions that someone can help them. Maybe a research assistant? Or phone interviews.
- WP4 can start immediately – how do we want to reach the people – process- online and telephones? WP1 will help to develop the final questionnaire.
→ Helene Payette: we have data on attitudes and food preference and we can use as a basis for the survey.

Product development

- The different products that will be developed, will not be considered individually, but as a whole, as a diet strategy.
 - KG breakfast and snack
 - FL meal with extra protein/energy
 - LGF drink with high protein
 - FT dessert / soup
- It is important to know what products will be designed for what meal moment, because the consumption of product A might influence the consumption of product B.
- The focus of the project is on protein-energy malnutrition. So the development of food products will be focused on high protein and energy (and not on other micronutrients).

- For 99% of the population, high protein intake will not be a danger. Only in case of severe kidney disease, high protein intake may be harmful (exclude those from trial).
- Frigilunch prefers cold line. Finland agrees with cold line.
- Most of the older people have a microwave (both in Finland and The Netherlands).
- Studying an intervention is a multi-step approach. Step 1: you want to know whether the intervention is effective. So, in the intervention study you want an optimal intervention. In this way, you could study the “real” effect of the intervention (and will not end up with no results because of low compliance, etc.). Step 2: You want to know whether the intervention is cost-effective, you can study impact of motivation/compliance etc. Step 3: Implementation research to translate intervention to ‘real life’. Step 1 and 2 are part of WP8 in PROMISS.
- The focus of the persuasion will be on the adherence of the older people to the whole dietary strategies (including the use of new products) and physical activities.
- Important to think about is the distribution of meals daily or weekly? In the Netherlands there is a distribution network, but not yet in Finland.

Activities & tasks

- Sharing relevant information and documents via the website and for now (until the website is launched) via a temporary Dropbox. Please include, when you upload a document, a small conclusion of why and for whom you think this might be relevant information.
- PO will create a PROMISS Dropbox
- Next meetings:
 - WP1, 2 and 3: monthly conference calls in the first period.
 - WP9: no fixed meetings in the first period.
 - WP4 and 7: monthly conference calls in the first period.

Meeting: Summary of WP discussion meeting by chairs

Chair: Marjolein Visser

Date: Tuesday, June 7th 2016

Time: 14.45-15.45h

Work package 1-2-3 (morning session)

- A discussion was held about subgroups of older persons that might be interesting to compare with regard to dietary intake and physical activity and which variables we need to define/select these groups. First we will see whether it is feasible to make groups based on protein intake, weight loss, appetite or a combination of these items in the different cohorts.
- For WP3 it is interesting to select on appetite.
- The main outcomes we will focus on are physical functioning and incident malnutrition.

Work package 5 and 9 (morning session)

- To fill the website, partners are asked to give a little description of themselves (that can be placed on the external part of the website).
- Within 2 to 3 weeks the logo will be presented.
- Very soon (before mid-August) a PROMISS leaflet will be delivered.
- Every half year, the WP9 leader will ask you whether you have had any dissemination activities. Please let them know. Even the smallest activities count.

Work package 4, 6, 7 and 8 (afternoon session)

- The products to be developed will not be considered individually, but the different products will be seen as a whole diet strategy to increase protein intake (and energy).

Work package 3 (afternoon session)

- A conference call will be planned within 3 to 4 weeks.
- A time schedule has been made.

PROMISS General Assembly Meeting September 2017

Date: September 2017, week 37 or 38

Location: Probably linked to EUGMS conference (20-22 September 2017) in Nice, France. Option for a PROMISS symposium at this meeting will also be discussed.