Figure 1 (see page 209) shows data patterns resulting in all groups from three representative variables (BW, FW and LW) of the variable category I. The MANOVA analysis revealed nearly significant differences for the INTERACTION (TREATMENT x WEEK) [F(50,58) =1.35, p=0.13] without statistical significance on analysis of TREATMENT as main effect [F(10,98)=1.22, p=0.29].

When all groups were submitted to multivariate and univariate analyses taking exclusive data from weeks 2-5, we observed no significant difference result for the INTERACTION among group P and hCG-treated groups. This finding could be related to differences in mean basal body weights and treatment-dependent responses to the acute effects of VLCD during former weeks.

When the *post hoc* Scheffé test was applied to compare the result from each weekly record (weeks 1-5) to it's corresponding basal value (week zero), we found similar patterns for all groups concerning analysis of BW and TBI records (compare P vs. hCG-treated groups in every panel of Figure 1).

However, regarding the analysis of FW and BW data, we detected significant differences for the effect of the INTERACTION ($p<0.005$ and $p<0.05$, respectively). Comparing FW patterns from groups P and G1: F (5,230)=4.55, $p<0.001$. For the comparison P vs. G2, (BW and FW data), we obtained: F(5,140)=4.20 and 2.97, respectively ($p<0.01$ for both cases).

2. hCG+diet significantly decreased more waist and abdominal circumferences than diet alone.

Figure 2 shows the results for three (category II) body circumference assessments (WAT, ABD and HIP). MANOVA analysis showed significant differences for factor TREATMENT as main effect [F (16,92)=1.92, $p<0.04$], which we do not consider relevant due to the presence of higher basal records in group G2 when compared to the rest of the studied groups.

As a whole, the effect of the INTERACTION did not reveal statistical significance.

Nevertheless, significant differences were obtained after further analysis for the effect of the INTERACTION on variable WAT [F (10,265)=2.44, $p<0.01$, see panel A].

Data assessments from other circumferences did not show statistical differences for this effect among groups [as representative examples, see ABD (p=0.35) and HIP records in panels B and C, respectively]. When the records of weeks 0-1 were subtracted from MANOVA analysis, almost all p values were slightly affected. WAT and ABD measurements demonstrated to still be more affected by the INTERACTION: for WAT, $p<0.003$; for ABD, $p<0.08$. The INTERACTION significance increased when P controls were compared to subjects from group G2: comparing P vs. G2, and considering data from weeks 0-5, we obtained: F (5,140)=2.87 ($p<0.02$) for WAT, and F(5,140)=1.80, (p=0.12) for ABD. But when we analyzed data from weeks 2-5, we found the following: for WAT, F (3,84) =3.43 ($p<0.02$), for ABD, F (3,84)=2.73 ($p<0.05$).

3. Weak effects of hCG on a series of skinfold thickness reduction patterns.

Figures 3-4 show results from subcutaneous fat evaluations, as assessed by skinfold thickness, on nine selected skinfolds. Figure 3 presents three representative folds [TRI, SCA (i), ILI (U)3 out of five (those previous mentioned plus AXA and TOR)] that demonstrated to be slightly affected by the pharmacological treatment.

Analyzing skinfold data from weeks 0 to 5, the main effect TREATMENT showed statistical significance (F (10,98)=2.39, $p<0.02$). However, prevailing higher basal records in group G2 might account for this statistical significance. After studying the effect of the INTERACTION on skinfold results, statistics were as follows: TRI (see panel A), $p<0.08$; AXA, p=0.98; SCA(i) (see panel B), $p<0.005$; ILI (see panel C), p=0.23; TOR, p=0.35.

Performing pairwise comparisons between control P and hCG-treated groups, we observed that the higher significances obtained for SCA (i) and TRI skinfolds derived mainly from the comparison between P and G2: for TRI, F (5,140)=2.55, $p<0.04$, for skinfold SCA (i), F (5,140)=6.02, $p<0.0001$. MANOVA analyses run on weeks 2-5 data resulted in a significance increase for TREATMENT as main effect [F (10,98)=2.55, $p<0.009$]. In addition, the INTERACTION was enhanced on data from SCA(i) assessment ($p<0.00005$): by comparing data from groups P and G2 during weeks 2 to 5: for TRI, F (3,84)=2.08 ($p<0.04$), for SCA(i), F (3,84)=9.31.

4. Higher response rates in a different skinfold series by treatment with hCG plus a VLCD.

In Figure 4 we display skinfold thickness results

(Continued on next page)