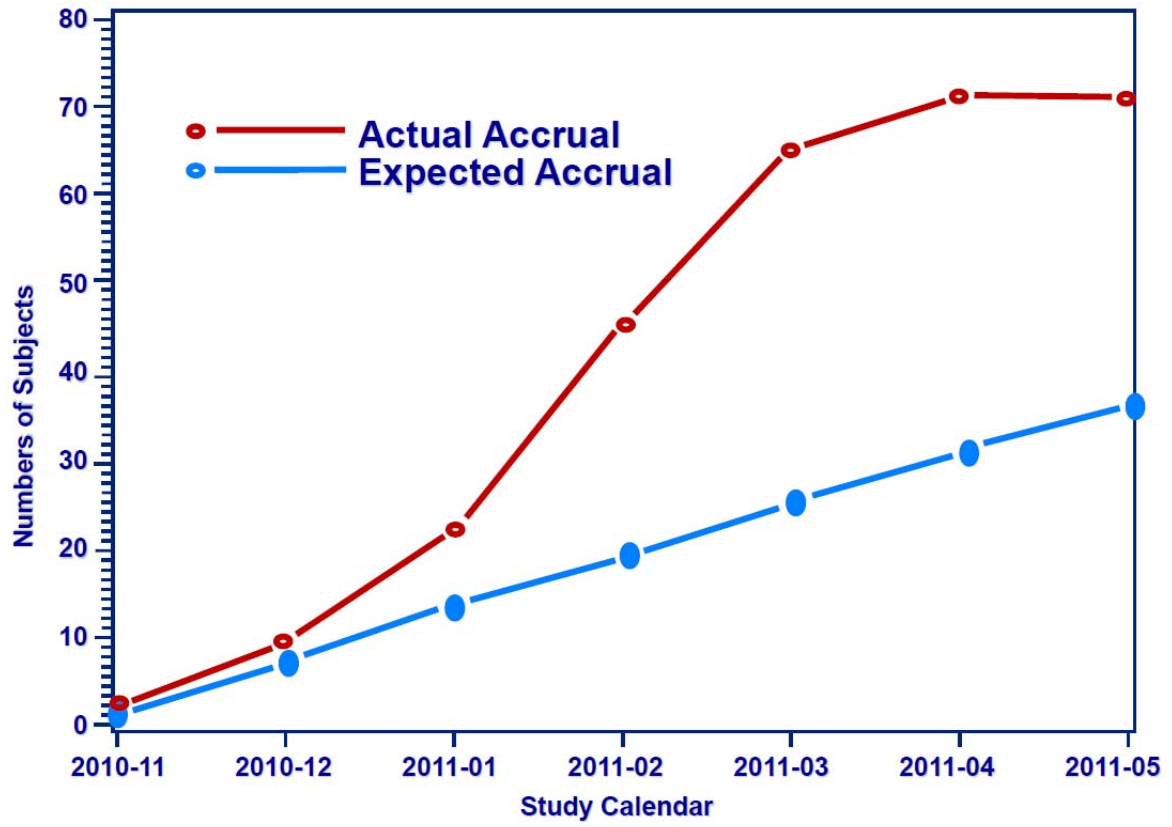


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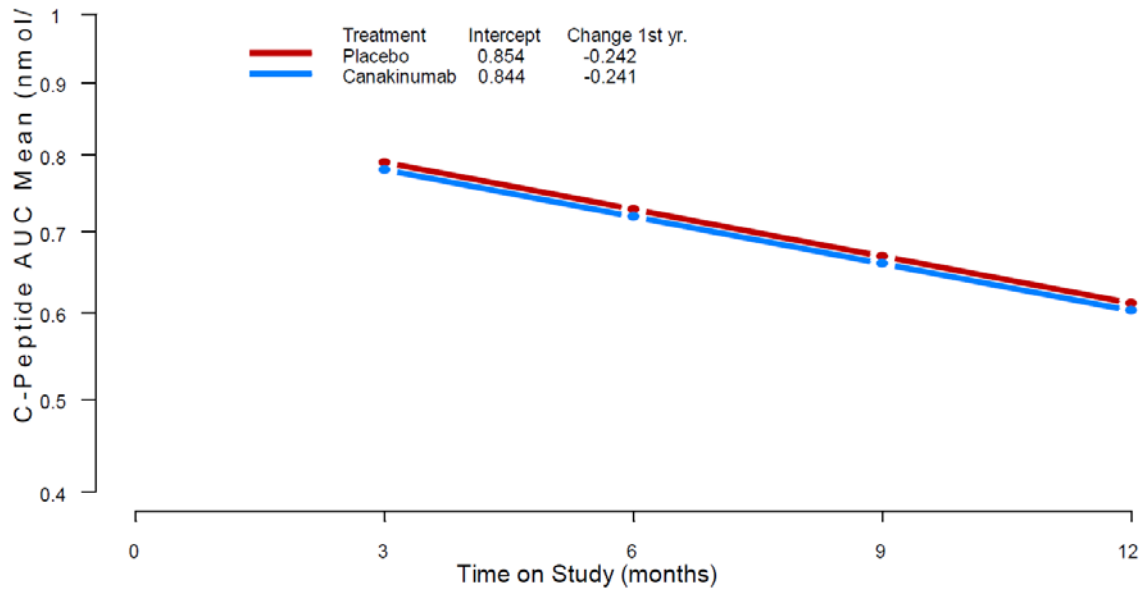
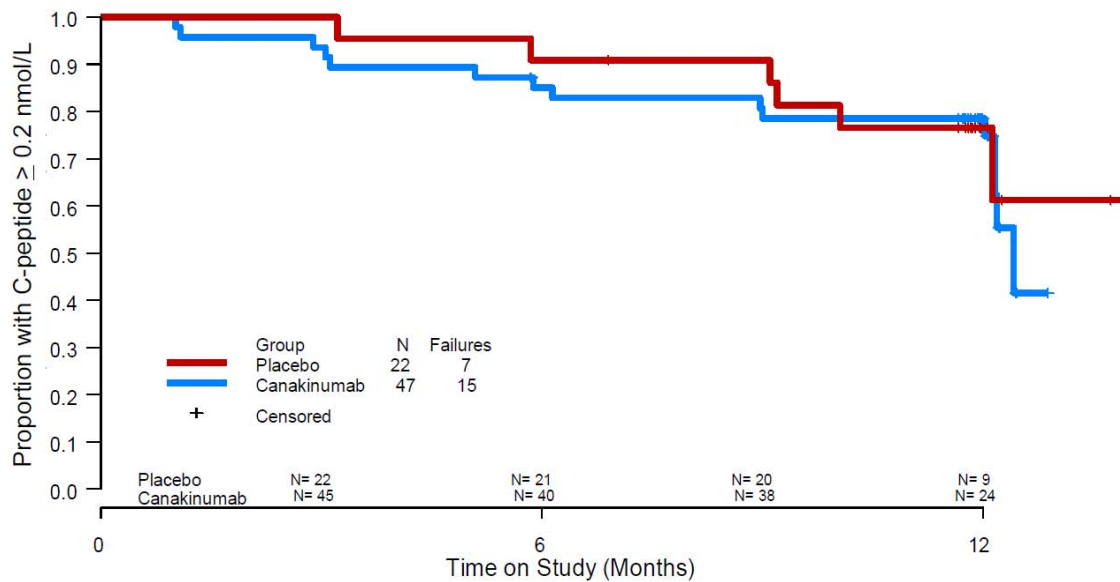
Supplementary appendix

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

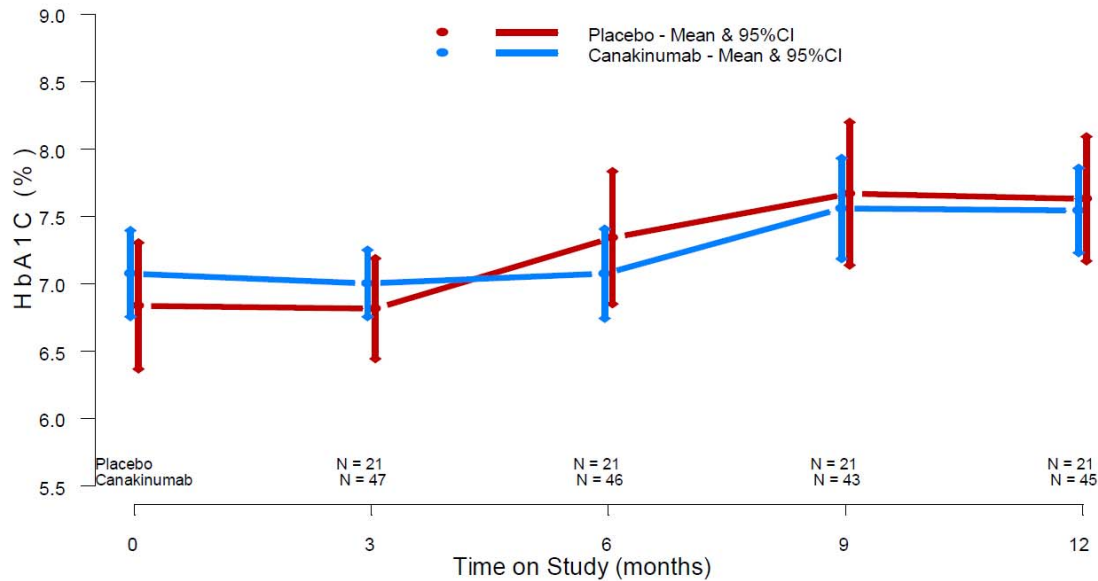
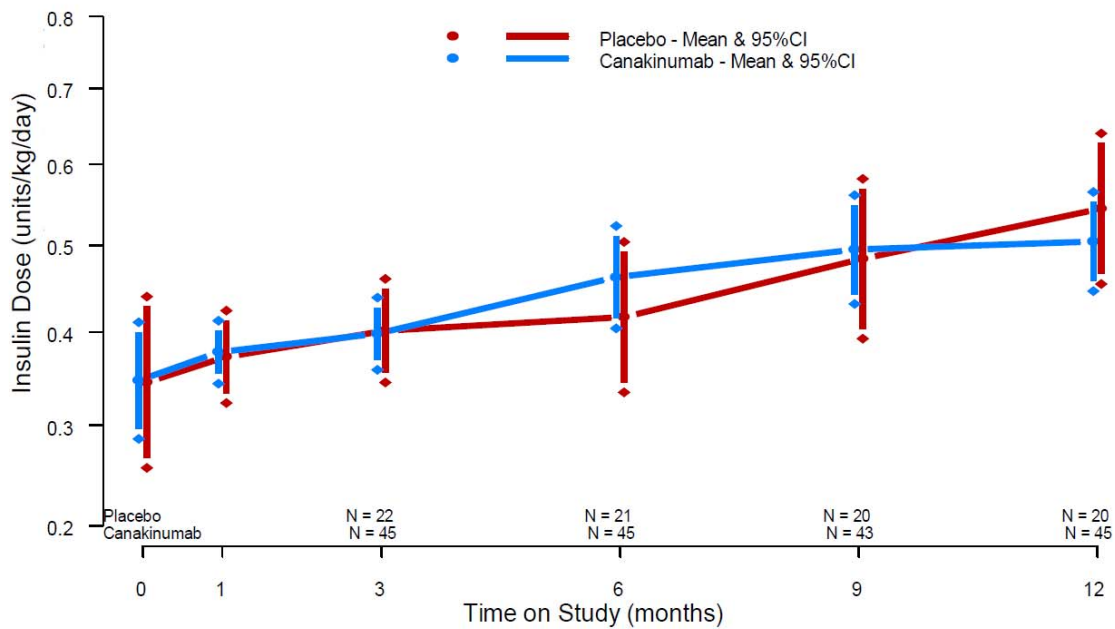
Supplement to: Moran A, Bundy B, Becker DJ, et al. Interleukin-1 antagonism in type 1 diabetes of recent onset: two multicentre, randomised, double-blind, placebo-controlled trials. *Lancet* 2013; published online April 5. [http://dx.doi.org/10.1016/S0140-6736\(13\)60023-9](http://dx.doi.org/10.1016/S0140-6736(13)60023-9).



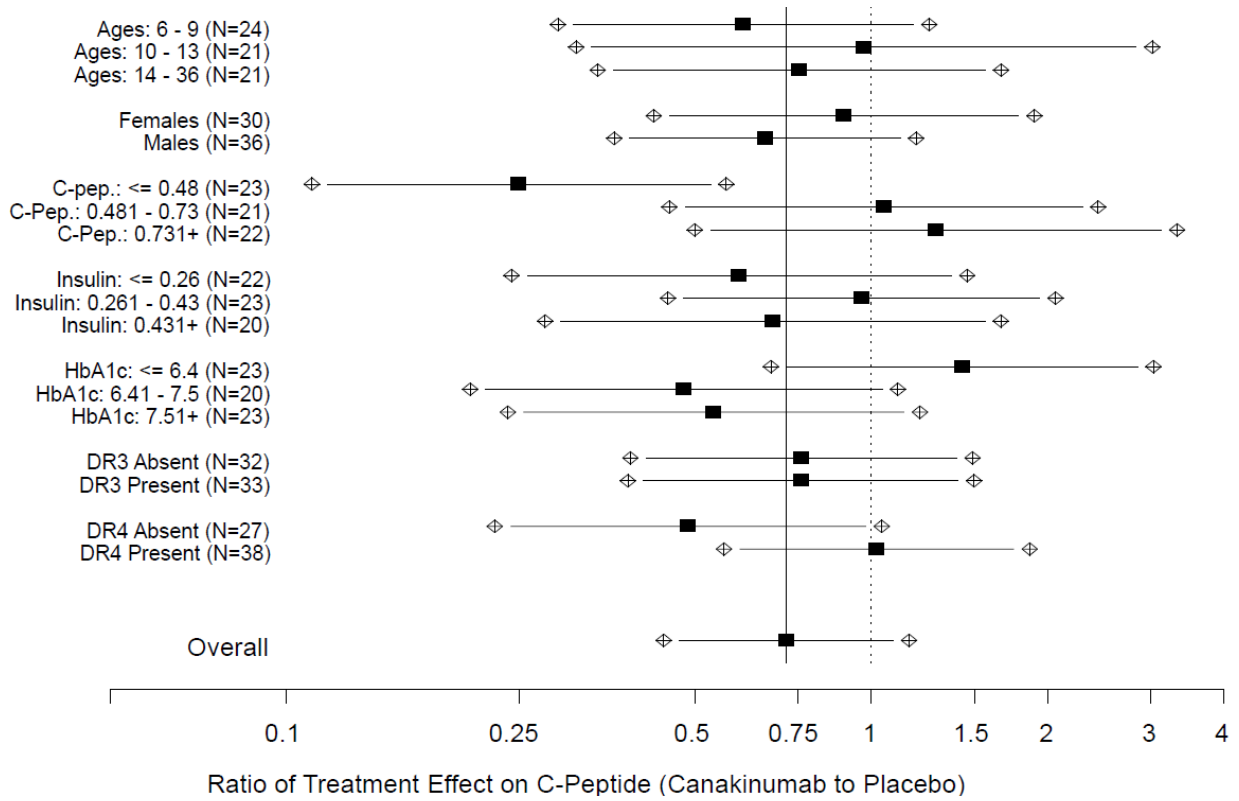
Supplement Figure S1. Canakinumab trial rate of enrollment over time.

A**B**

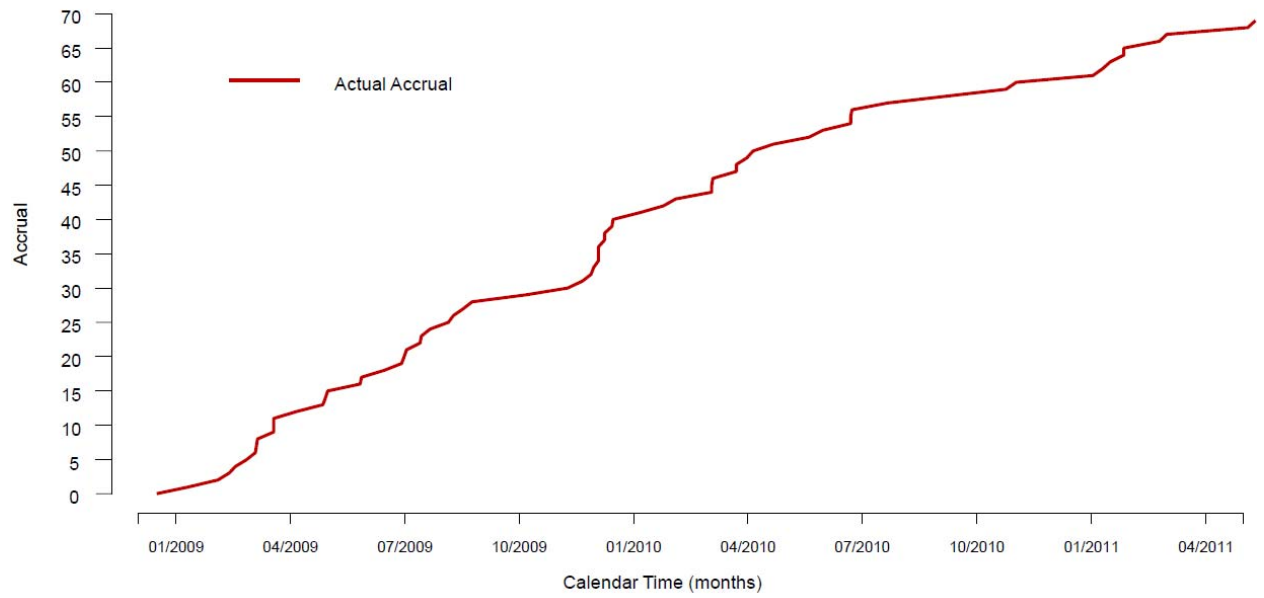
Supplement Figure S2. Canakinumab trial. **[A]** Predicted population mean of stimulated C-peptide 2-hour AUC mean over time for each treatment group. Estimates are from the analysis of mixed effects model adjusting for age, gender, baseline value of C-peptide and treatment assignment, and including a fixed effect for time as a linear line on the $\log(y + 1)$ scale. **[B]** The proportion of participants with 2-h peak C-peptide remaining at or above 0.2 nmol/L over time for each treatment group. The estimated relative risk of peak C-peptide dropping below 0.2 nmol/l is 1.24 (canakinumab to placebo), 95% CI: 0.474, 3.26, $p=0.66$.

A**B**

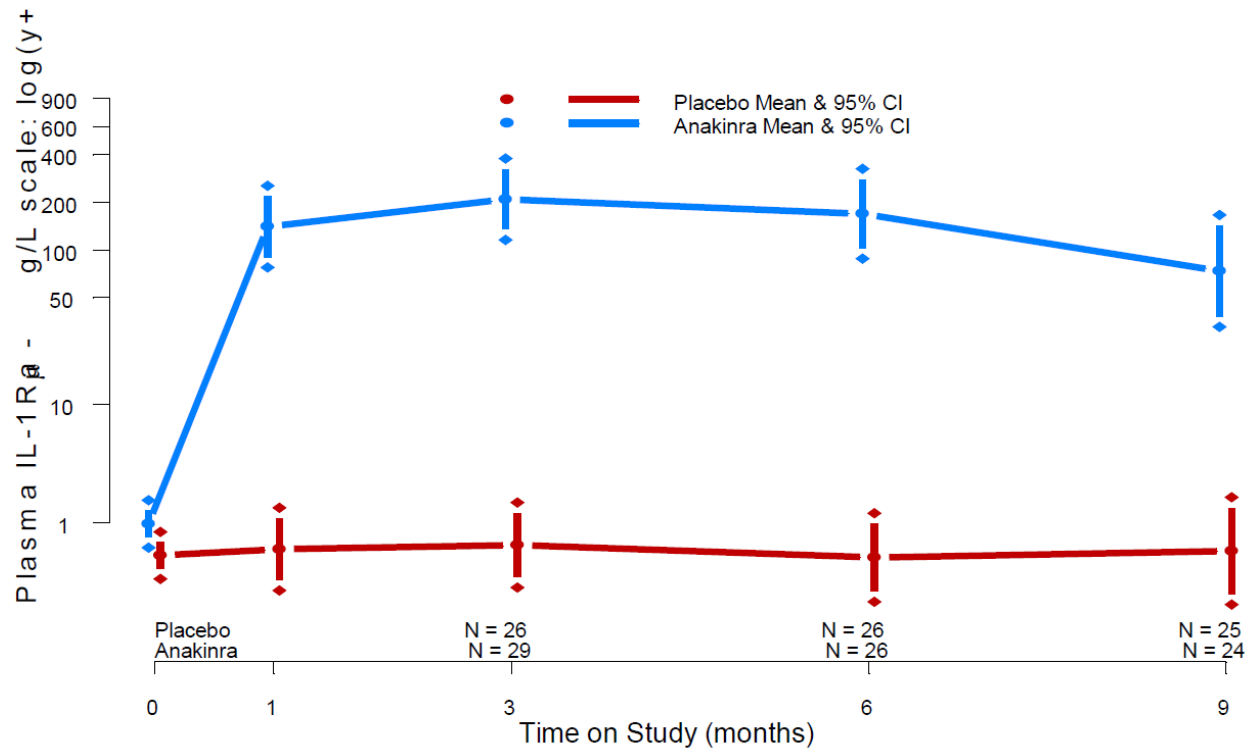
Supplement Figure S3. Canakinumab trial. The population mean of [A] HbA1c and [B] insulin use over time for each treatment group. The estimates are from the analysis of covariance model adjusting for age, gender, baseline value of dependent variable, and treatment assignment. Insulin use is per kg of bodyweight per day. Error bars show 95% CIs. HbA1c=glycated haemoglobin A1c.



Supplement Figure S4. In the canakinumab trial, the ratio (canakinumab to placebo) of treatment effect on 12 month stimulated C-peptide AUC mean within categories of pre-specified baseline factors. The estimates are from the analysis of covariance modeling log of C-peptide adjusting for age, gender, baseline value of C-peptide, the indicated categorized factor, treatment assignment, and treatment interaction terms.

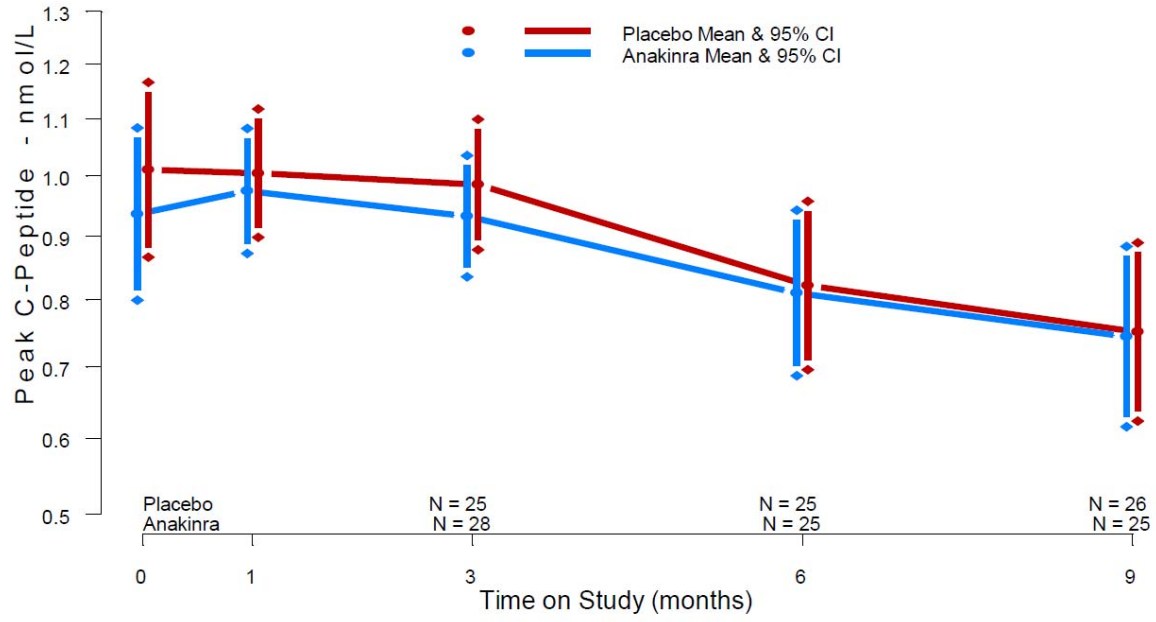


Supplement Figure S5. Anakinra trial rate of enrollment over time.

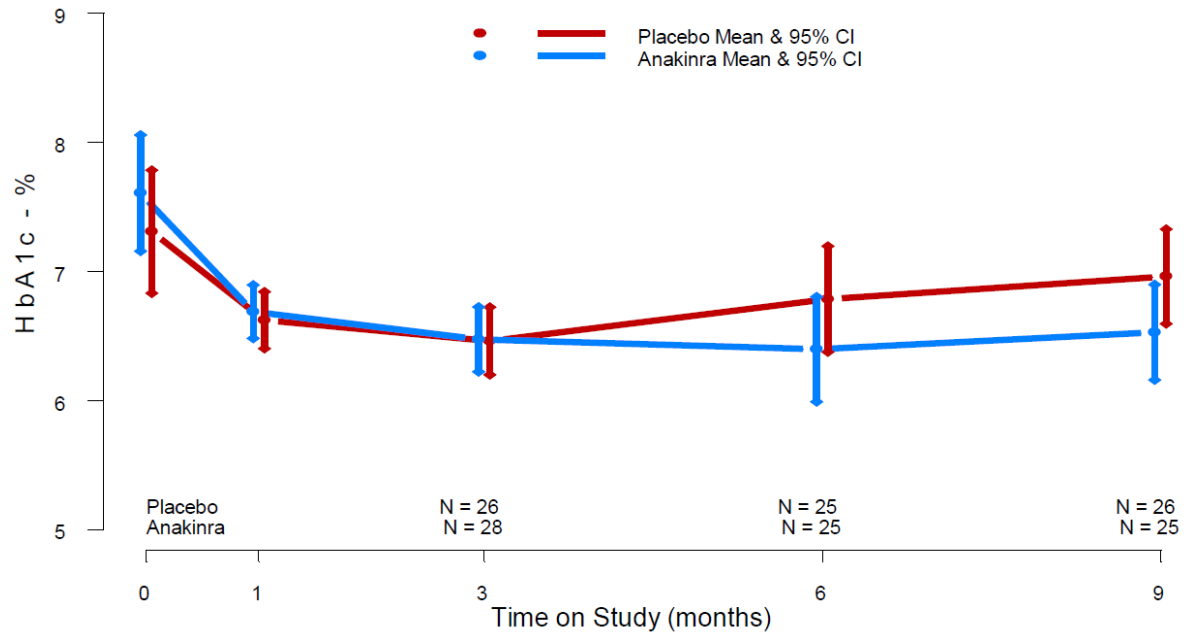


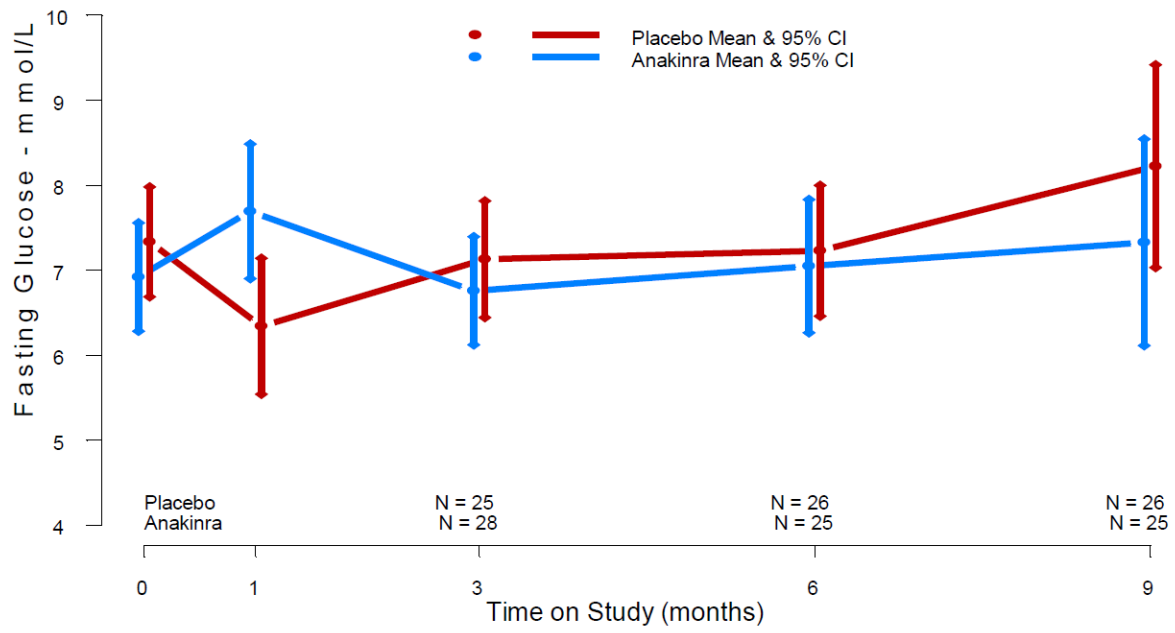
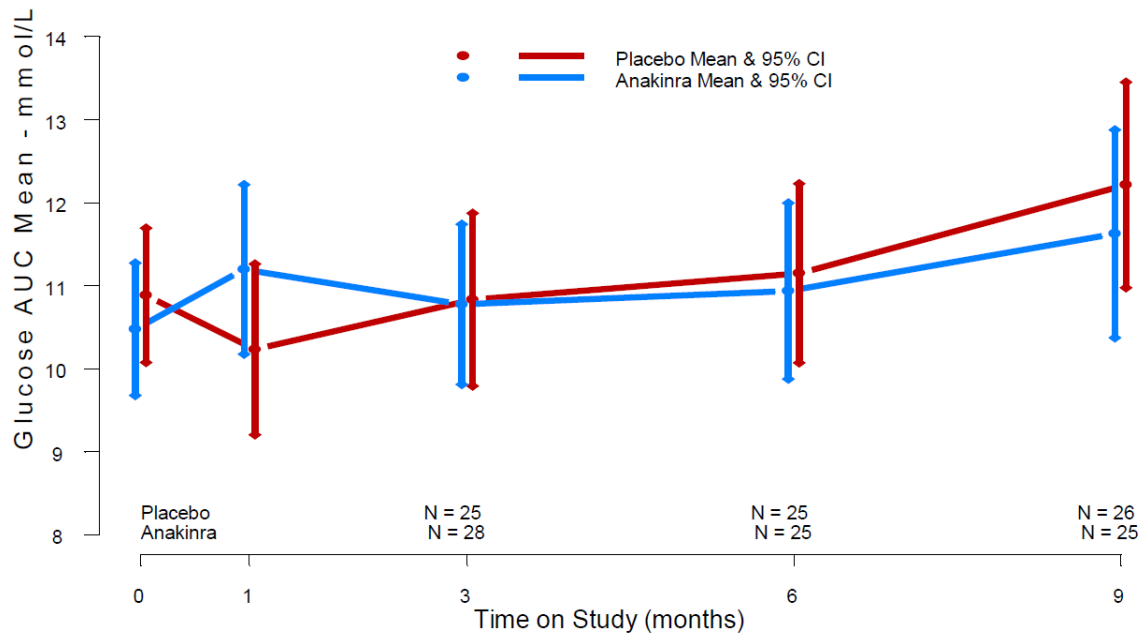
Supplement Figure S6: In the anakinra trial, plasma levels of IL-1Ra ($\mu\text{g/L}$) measured 4 hours after latest injection.

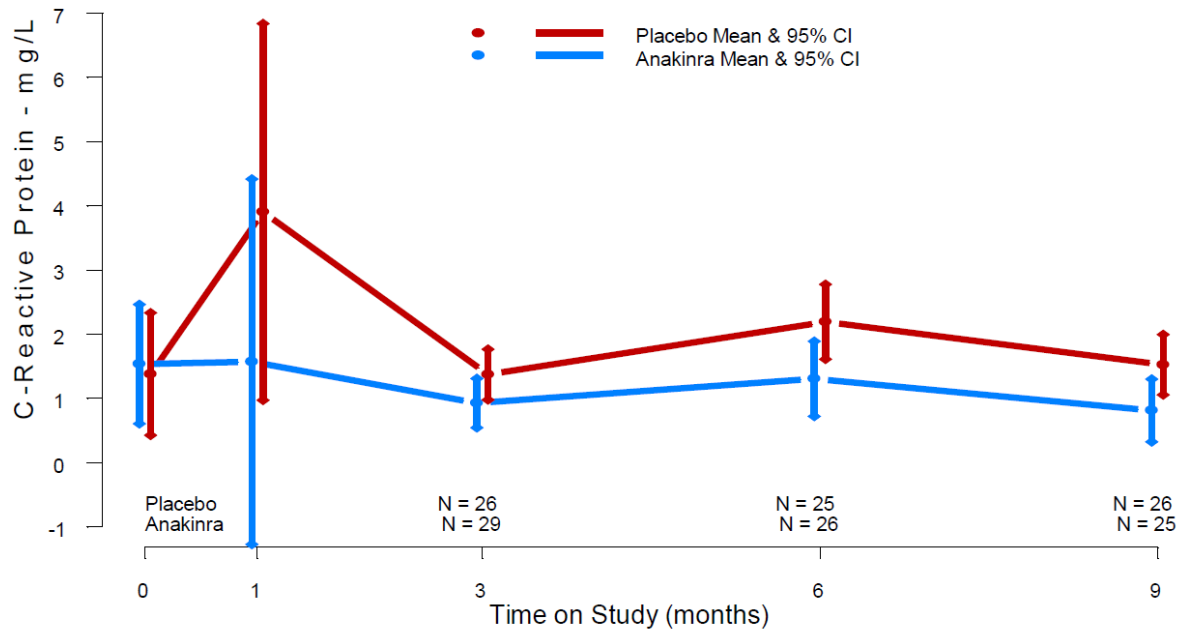
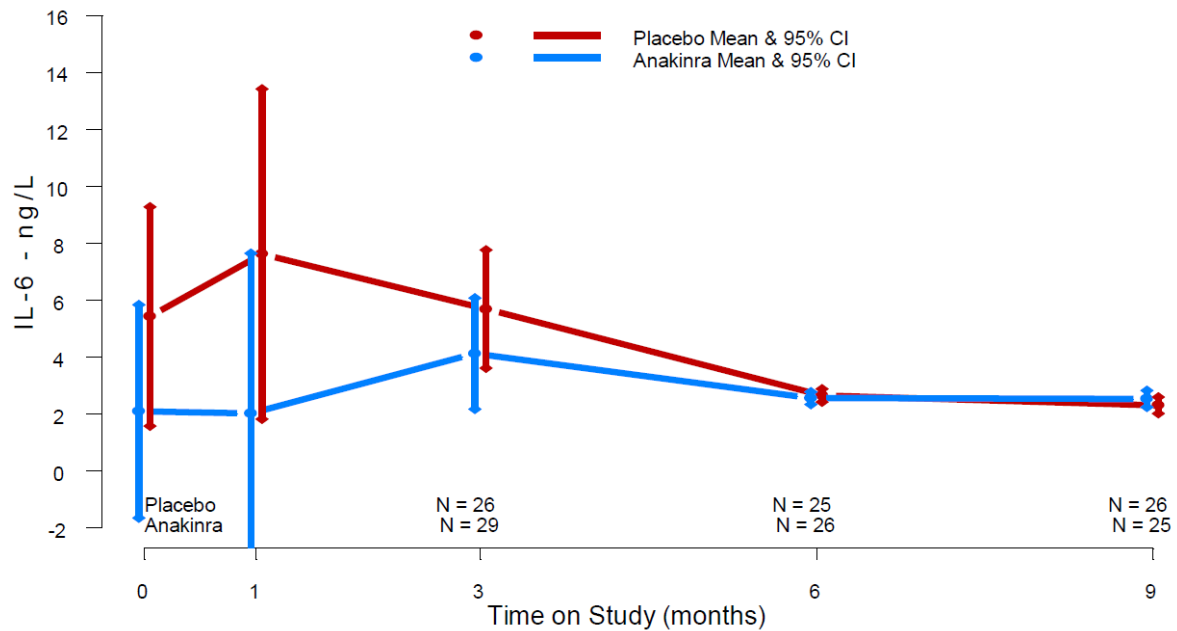
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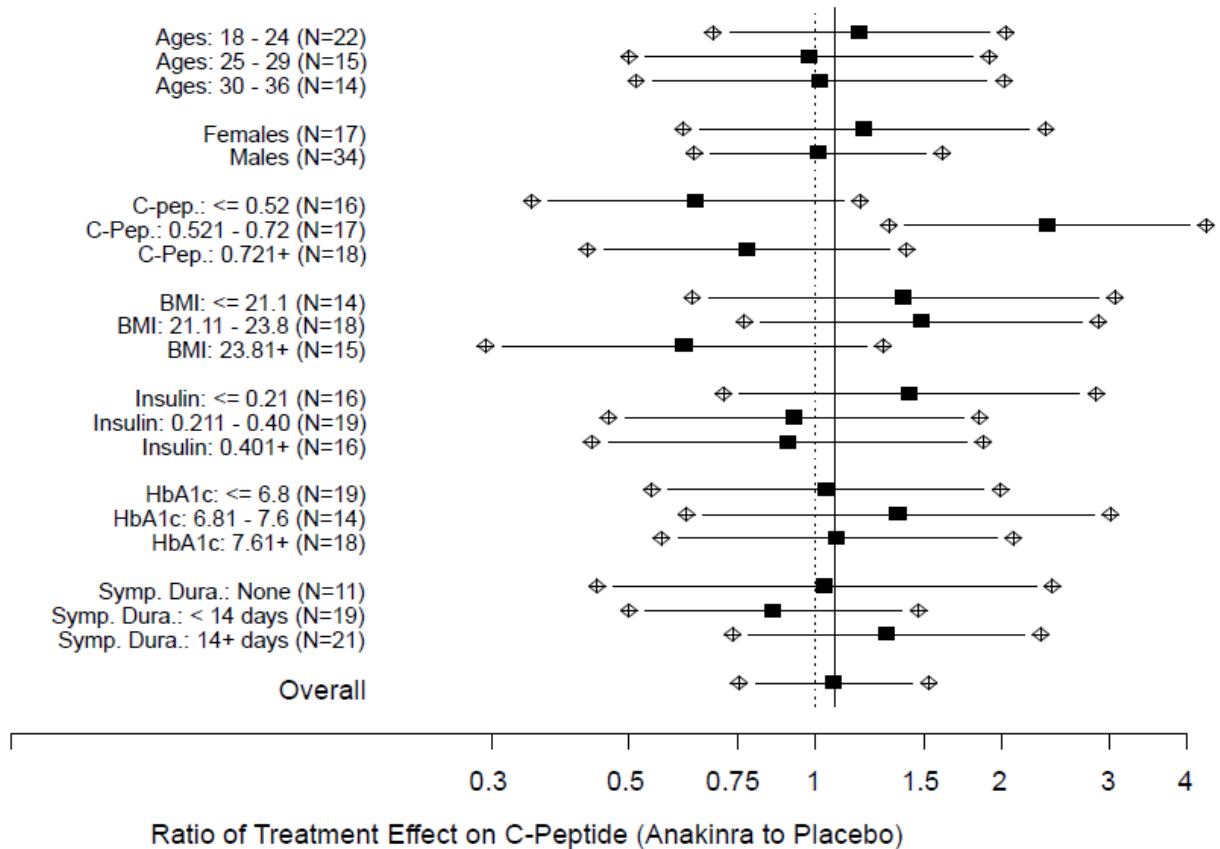
B



C**D**

E**F**

Supplement Figure S7: Anakinra trial secondary outcomes. [A] Mean peak plasma C-peptide levels (nmol/L) in response to a mixed-meal test. [B] Mean blood glycated haemoglobin levels (% points). [C] Mean fasting plasma glucose levels (mmol/L). [D] Mean 2-hour area-under-the-curve for plasma glucose during a mixed-meal test (mmol/L). [E] Mean plasma C-reactive protein levels at baseline (mg/L). One extremely large value at 1 month distorted the placebo group mean and both confidence intervals. [F] Mean plasma interleukin-6 levels at baseline (ng/L).



Supplement Figure S8. In the anakinra trial, the ratio (anakinra to placebo) of treatment effect on 9 month stimulated C-peptide AUC mean within categories of pre-specified baseline factors. The estimates are from the analysis of covariance modeling log of C-peptide adjusting for age, gender, baseline value of C-peptide, the indicated categorized factor, treatment assignment, and treatment interaction terms.