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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: Still CD, Wood GC, Benotti P, et al. Preoperative prediction of type 2 diabetes remission after Roux-en-Y gastric bypass surgery: a retrospective cohort study. *Lancet Diabetes Endocrinol* 2013; published online September 13. http://dx.doi. org/10.1016/S2213-8587(13)70070-6.

Supplemental Information

<u>**Title**</u>: A probability score for preoperative prediction of type 2 diabetes remission following RYGB surgery.

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Table S1. Characteristics of the Primary cohort (N=690) stratified by use of insulin (T2D: T2D patients not using insulin; T2D+I: T2D patients using insulin). INS: insulin sensitizing agent.

		T2D N=438	T2D+I N=252	
Conden	Male, % (n)	24% (n=104)	32% (n=80)	
Gender	Female, % (n)	76% (n=334)	68% (n=172)	
A go (voors)	Mean (SD)	48.8 (10.3)	53.6 (8.9)	
Age (years)	Range	[19, 72]	[26, 74]	
	White, % (n)	97% (n=423)	98% (n=246)	
Ethnic anoun	Black, % (n)	3% (n=12)	2% (n=6)	
Eunite group	Other, % (n)	<1% (n=3)	0% (n=0)	
	Unknown (n)	n=50	n=31	
Waight at baseling (Ka)	Mean (SD)	117 (27)	138 (29)	
Weight at baseline (Kg)	Range	[88, 241]	[84, 265]	
BMI at baseline (Kg/m ²)	Mean (SD)	49.5 (8.0)	49.2 (8.8)	
	Range	[35.1, 82.2]	[35.0, 81.6]	
	Yes, % (n)	88% (n=387)	60% (n=150)	
Use of metorinin	No, % (n)	12% (n=51)	40% (n=102)	
	Yes, % (n)	36% (n=159)	23% (n=58)	
Use of suffortylureas	No, % (n)	64% (n=279)	77% (n=194)	
Use of ISA other than motformin	Yes, % (n)	29% (n=125)	38% (n=95)	
Use of ISA other than metormin	No, % (n)	71% (n=313)	62% (n=157)	
Dres compressive allocada (mag/dL)	Mean (SD)	121.4 (46.8)	153.9 (80.6)	
Pre-operative glucose (hig/dL)	Range	[44, 351]	[51, 607]	
Dress conceptions III $A = (0/2)$	Mean (SD)	6.8 (1.2)	8.2 (1.7)	
Pre-operative HDA1C (%)	Range	[4.5, 12.2]	[4.9, 12.2]	
	Mean (SD)	27.5 (26.9)	28.0 (42.2)	
Fie-operative serum insulin ($\mu U/mL$)	Range	[3.4, 234.0]	[0·2, 510·2]	

Table S2. Kaplan-Meier survival estimates for percent (%) of patients with T2D [partial + complete] remission after RYGB surgery over five years, stratified by pre-operative use of insulin, in the Primary cohort. (T2D: type 2 diabetes patients not using insulin; T2D+I: type 2 diabetes patients using insulin) (with reference to Figure 2A).

		14-months*	14-months* 2-year		5-year	
T2D (N=438)	% remission	70.6%	80.7%	87.8%	90.1%	
	95% CI	[66-3%, 74-8%]	[76.9%, 84.5%]	[84.3%, 91.2%]	[86.6%, 93.6%]	
	N in follow-up	129	61	25	12	
T2D+I (N=252)	% remission	10.3%	19.8%	26.6%	31.1%	
	95% CI	[6.6%, 14.1%]	[14.7%, 24.8%]	[20.5%, 32.6%]	[23.5%, 38.6%]	
	N in follow-up	226	162	85	35	
Log-rank p-value < 0.0001						
*: The time point of 14-months was used to approximate the effect of surgery on diabetes remission (i.e. allow 2 months after surgery to reach diabetes free status then another 12-months required for remission).						

Table S3. Kaplan-Meier survival estimates for percent (%) of patients with T2D <u>complete</u> remission after **RYGB surgery over five years, stratified by pre-operative use of insulin, in the Primary cohort**. (T2D: type 2 diabetes patients not using insulin; T2D+I: type 2 diabetes patients using insulin) (with reference to Figure 2B).

		14-months* 2-year		3-year	5-year	
T2D (N=438)	% remission	42.4%	60.3%	73.3%	77.7%	
	95% CI	[37.6%, 46.9%]	[55.5%, 65.0%]	[68.6%, 78.0%]	[72.9%, 82.5%]	
	N in follow-up	253	134	63	34	
T2D+I (N=252)	% remission	4.4%	8.5%	13.8%	15.4%	
	95% CI	[1.8%, 6.9%]	[5.0%, 12.0%]	[9.3%, 18.3%]	[10.5%, 20.3%]	
	N in follow-up	241	208	154	63	
Log-rank p-value < 0.0001						
*: The time point of 14-months was used to approximate the effect of surgery on diabetes remission (i.e. allow 2 months after surgery to reach diabetes free status then another 12-months required for remission).						

Table S4. **Basic characteristics of T2D (non-insulin using) patients by remission [partial + complete] type, in the primary cohort** (with reference to Table 2) (ISA: insulin sensitizing agent). P-values were derived by ANOVA (comparisons of means) or Chi square tests (comparisons of percentages).

		Early Remission N=309	Late Remission N=65	No Remission N=64	P-value
Conden	Male, % (n)	23% (n=70)	18% (n=12)	34% (n=22)	0.074
Gender	Female, % (n)	77% (n=239)	82% (n=53)	64% (n=42)	
	Mean (SD)	47.8 (10.5)	49.3 (9.4)	53.4 (9.1)	0.0003
Age (years)	Range	[19, 72]	[29, 68]	[35, 70]	
	White, % (n)	96% (n=296)	100% (n=65)	97% (n=62)	
Ethnic group	Black, % (n)	4% (n=11)	0% (n=0)	2% (n=1)	0.0347
	Other, % (n)	<1% (n=2)	0% (n=0)	2% (n=1)	
	Mean (SD)	139 (27)	134 (26)	136 (23)	0.274
weight at basenne (Kg)	Range	[89, 241]	[98, 236]	[88, 198]	
BMI at baseline (Kg/m ²)	Mean (SD)	49.8 (8.3)	49.0 (7.6)	48.6 (7.2)	0.422
	Range	[35.1, 82.2]	[35.2, 69.7]	[35.1, 76.2]	
	Yes, % (n)	91% (n=281)	83% (n=54)	81% (n=52)	0.032
Use of metformin	No, % (n)	9% (n=28)	17% (n=11)	19% (n=12)	
	Yes, % (n)	28% (n=86)	45% (n=29)	69% (n=44)	0.0001
Use of suffonylureas	No, % (n)	72% (n=223)	55% (n=36)	31% (n=20)	
Use of ISA other than	Yes, % (n)	21% (n=64)	31% (n=20)	64% (n=41)	0.0001
metformin	No, % (n)	79% (n=245)	69% (n=45)	36% (n=23)	
Pre-operative glucose	Mean (SD)	113.8 (39.1)	130.8 (49.8)	149.0 (64.2)	<0.0001
(mg/dL)	Range	[44, 281]	[69, 313]	[72, 351]	
Pre-operative HbA1c (%)	Mean (SD)	6.5 (1.0)	7.1 (1.4)	7.7 (1.3)	<0.0001
	Range	[4.5, 10.9]	[5.3, 11.4]	[5.5, 12.2]	
Pre-operative serum insulin	Mean (SD)	29.6 (30.4)	23.6 (13.0)	20.8 (1.3)	0.033
(µU/mL)	Range	[3.4, 234.0]	[6.2, 67.2]	[5.0, 77.3]	

Table S5. Basic characteristics of T2D+I (insulin using) patients by T2D remission [partial + complete] type in the primary cohort (with reference to Table 3) (ISA: insulin sensitizing agent). P-values were derived by ANOVA (comparisons of means) or Chi square tests (comparisons of percentages).

		Early Remission N=26	Late Remission N=36	No Remission N=190	P-value
Conden	Male, % (n)	15% (n=4)	42% (n=15)	32% (n=61)	0.088
Gender	Female, % (n)	85% (n=22)	58% (n=21)	68% (n=129)	
A go (voors)	Mean (SD)	48.4 (10.7)	50.5 (7.0)	54.9 (8.6)	0.0001
Age (years)	Range	[26, 64]	[37, 65]	[23, 74]	
	White, % (n)	100% (n=26)	100% (n=36)	97% (n=184)	0.790
Ethnic group	Black, % (n)	0% (n=0)	0% (n=0)	3% (n=6)	
	Other, % (n)	0% (n=0)	0% (n=0)	0% (n=0)	
	Mean (SD)	137 (29)	146 (30)	137 (29)	0.232
weight at baseline (Kg)	Range	[100, 234]	[93, 203]	[84, 565]	
BMI at baseline (Kg/m ²)	Mean (SD)	49.4 (9.8)	50.2 (8.8)	49.0 (8.7)	0.757
	Range	[35.7, 72.1]	[35.2, 66.8]	[35.0, 81.6]	
	Yes, % (n)	81% (n=21)	67% (n=24)	55% (n=105)	0.029
Use of metformin	No, % (n)	19% (n=5)	33% (n=12)	45% (n=85)	
	Yes, % (n)	38% (n=10)	22% (n=8)	21% (n=40)	0.140
Use of suffonylureas	No, % (n)	62% (n=16)	78% (n=28)	79% (n=150)	
Use of ISA other than	Yes, % (n)	31% (n=8)	39% (n=14)	38% (n=73)	0.743
metformin	No, % (n)	69% (n=18)	61% (n=22)	62% (n=117)	
Pre-operative glucose	Mean (SD)	143.4 (69.7)	167-2 (86-5)	152.7 (80.9)	0.485
(mg/dL)	Range	[55, 368]	[58, 490]	[51, 607]	
	Mean (SD)	7.4 (1.6)	7.8 (1.5)	8.4 (1.7)	0.011
Pre-operative HbA1c (%)	Range	[5.2, 10.3]	[5.0, 11.2]	[4.9, 14.1]	
Pre-operative serum insulin	Mean (SD)	25.5 (12.1)	26.8 (19.5)	28.5 (47.6)	0.935
(µU/mL)	Range	[10.3, 49.3]	[0.9, 80.1]	[0.2, 510.2]	

Table S6. Kaplan-Meier survival estimates and 95% confidence intervals for the percent (%) of T2D patients with [partial + complete] remission after RYGB surgery, over five years, by using four variables (age, HbA1c, insulin levels, and type of preoperative medication). The *DiaRem* score of this model ranges from 0-22 and was stratified into 5 groups corresponding to 5 ranges of probabilities of diabetes remission: 0-2 (88%-99%), 3-7 (64%-88%), 8-12 (23%-49%), 13-17 (11%-33%), 18-22 (2%-16%) (with reference to Figure 3A).

D	iaRem score	14-months*	2-year	3-year	5-year
0-2	% remission	88%	96%	99%	100%
(n=188)	95% CI	[83%, 92%]	[93%, 99%]	[98%, 100%]	NA
	N in follow-up	23	5	1	0
3-7	% remission	64%	76%	85%	88%
(n-209)	95% CI	[58%, 71%]	[70%, 82%]	[80%, 90%]	[83%, 93%]
(11=209)	N in follow-up	75	38	14	8
9.12	% remission	23%	37%	49%	49%
8-12 (n=70)	95% CI	[13%, 33%]	[25%, 49%]	[36%, 63%]	[36%, 63%]
	N in follow-up	54	32	16	7
12.17	% remission	11%	21%	29%	33%
(n=169)	95% CI	[6%, 16%]	[15%, 28%]	[22%, 37%]	[24%, 41%]
	N in follow-up	150	107	61	25
10.00	% remission	2%	4%	4%	16%
18-22	95% CI	[0%, 5%]	[0%, 9%]	[0%, 9%]	[0%, 38%]
(n=54)	N in follow-up	53	41	18	7
Log-rank p-va	alue <0.0001	1	1	1	1

Table S7. Kaplan-Meier survival estimates and 95% confidence intervals for the percent (%) of T2D patients with <u>complete</u> remission after RYGB surgery, over five years, by using four variables (age, HbA1c, insulin levels, and type of preoperative medication). The diabetes remission score (*DiaRem* score) of this model has a range of 0-22 and was stratified into 5 groups: *DiaRem* 0-2 (61%-94%), 3-7 (32%-72%), 8-12 (10%-34%), 13-17 (5%-16%), 18-22 (0%) (with reference to Figure 3B).

DiaRem score		14-months*	2-year	3-year	5-year	
0-2 (n=188)	% remission	61%	82%	94%	94%	
	95% CI	[54%, 68%]	[76%, 88%]	[89%, 98%]	[89%, 98%]	
	N in follow-up	74	27	5	1	
	% remission	32%	49%	65%	72%	
3-7 (n=209)	95% CI	[25%, 38%]	[42%, 56%]	[57%, 72%]	64%, 80%]	
()	N in follow-up	143	82	42	23	
8-12 (n=70)	% remission	10%	21%	31%	34%	
	95% CI	[3%, 17%]	[11%, 30%]	[19%, 42%]	[21%, 48%]	
	N in follow-up	63	47	28	16	
13-17 (n=169)	% remission	5%	9%	14%	16%	
	95% CI	[2%, 9%]	[5%, 13%]	[9%, 20%]	[10%, 22%]	
	N in follow-up	160	136	107	43	
18-22 (n=54)	% remission	0%	0%	0%	0%	
	95% CI	NA	NA	NA	NA	
	N in follow-up	54	50	35	14	
Log-rank p-value <0.0001						



Figure S1. *DiaRem* scores predicting percent T2D remission rates, according to five different definition of diabetes remission at 14 months after RYGB surgery using the replication cohort from Arizona (AZ). The five definitions of diabetes remission (percent) were according to fasting glucose (FG) levels, and/or antidiabetic medication use, and/or HbA1c levels, as follows: AZ-1 (59·4%): FG <100 mg/dL, no medication, AZ-2 (55·6%): HbA1c <6.0%, no medication, AZ-3 (46·9%): HbA1c <5.7%, no medication, AZ-4 (46·7%): FG <100 mg/dL, HbA1c <6.0%, AZ-5: FG <100 mg/dL, HbA1c <5.7% (REF # 5). Cochran-Armitage trend tests were used to confirm that lower *DiaRem* scores were associated with higher chance of remission within each cohort (P < 0.0001).