

## Supplementary Methods

**Computation of 2-hour C-peptide AUC.** The 2-hour C-peptide AUC was calculated using the trapezoidal rule over a 2-hour period (0-120 minutes). The “time 0” C-peptide value was taken as the average of C-peptide values measured at time points -10 and 0 minutes. The AUC calculation was based on the available time points from the mixed meal tolerance tests (MMTT). Results reported as less than the lower limit of detection were imputed as half the lower limit of detection for that time point.

**Imputation for missing Month 24 MMTT assessments.** The MMTT performed at the month 24 visit was used, regardless of time out of window. For a subject who missed the month 24 MMTT assessment, the missing AUC value was imputed using the following conservative approach for the primary analysis of the month-24 endpoint, which employs a pessimistic estimate when imputing in the ATG arm and an optimistic estimate when imputing in the placebo arm: If the subject’s last observed AUC value was 0, the missing month 24 AUC was imputed as zero. If the subject’s last observed AUC value was  $>0$ , then the missing AUC at month 24 was imputed using data observed over the same time interval among subjects in the same arm who had non-zero AUC values at the start of the interval. Specifically, for each treatment arm, a linear regression line and 95% confidence bands were fit where observed month 24 AUC values were regressed on AUC values observed at the start of the interval. For example, if a subject’s last observed value AUC was at month 6, then, using data from other subjects in the same treatment arm, month 18 AUC values served as the outcome in a regression model where month 6 AUC values were the predictors. In the ATG arm, a missing month 18 AUC value was imputed as the value predicted from the estimated lower limit of a 95% confidence band about the linear regression line. In the placebo group, a missing month

24 AUC value was imputed as the value predicted from the estimated upper limit of a 95% confidence band about the linear regression line. Note that imputation was only used for the ITT analysis of the month-24 endpoint (i.e. 2-hour C-peptide AUC).

Sensitivity analyses were also performed on the ITT population using the following approaches:

- Using imputed values for missing month 24 AUCs as described above but using an optimistic approach. In the ATG arm, a missing month 24 AUC value will be imputed as the value predicted from the estimated upper limit of a 95% confidence band about the linear regression line. In the placebo group, a missing month 24 AUC value will be imputed as the value predicted from the estimated lower limit of a 95% confidence band about the linear regression line.
- Using imputed values for missing month 24 AUCs as described above but using a “best guess” approach. In each arm, a missing month 24 AUC value will be imputed as the value predicted from the linear regression line.
- Using observed data only (i.e. without imputing any missing month 24 AUCs).

**Computation of 4-hour C-peptide AUC.** The 4-hour C-peptide AUC was calculated using the same method as the 2-hour C-peptide AUC, only over a 4-hour time period (0-240 minutes).

Missing 4-hour C-peptide AUC values were not imputed.