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Assessing the need for pioglitazone in the treatment of patients with type 2 diabetes: A meta-analysis of its risks and benefits from prospective trials

Binayak Sinha¹ & Samit Ghosal²

- 1. Consultant Endocrinologist: AMRI Hospitals KB 24, KB Block, Sector III, Bidhannagar, Kolkata 700098. India.
- 2. Consultant Endocrinologist: Nightingale Hospital. 11 Shakespeare Sarani. Kolkata 700071. India.

Corresponding author: Samit Ghosal.

E-mail address: ramdasghosal@gmail.com

Supplementary Table 1: Assessment of quality of evidence for the outcomes analyzed using the GRADE system

| Outcomes of interest | Trials, | Effect size: MH-OR; (95% CI) | P-value | l ² | Grading of Recommendations, Assessment, Development, and Evaluation | |
|-------------------------|---------|---------------------------------|---------|----------------|---|--|
| MACE | 5 | 0.86; (0.75–0.98) | 0.03 | 0.000 | $\oplus\oplus\oplus\oplus$ | |
| MI | 5 | 0.85; (0.68–1.06) | 0.14 | 0.000 | $\oplus \oplus \ominus \Theta$ | |
| Stroke | 5 | 0.77; (0.60–0.99) | 0.04 | 0.000 | $\oplus \oplus \ominus \Theta$ | |
| CV death | 3 | 0.88; (0.35–2.24) | 0.79 | 5.51 | $\oplus \oplus \ominus \Theta$ | |
| ACM | 6 | 0.94; (0.76–1.16) | 0.58 | 0.000 | $\oplus \oplus \oplus \oplus$ | |
| Nephropathy progression | 3 | 0.95; (0.74–1.21) | 0.68 | 75.65 | $\oplus \oplus \ominus \Theta$ | |
| hHF | 5 | 1.47; (1.26–1.71) | <0.001 | <0.001 | $\oplus \oplus \ominus \Theta$ | |
| HF | 3 | 1.48; (1.21–1.81) | <0.001 | <0.001 | $\oplus \oplus \Theta$ | |
| Cancer | 3 | 1.02; (0.83-1.25) | 0.86 | 0.000 | $\oplus \oplus \Theta \Theta$ | |
| Fracture | 4 | 1.31; (0.98-1.76) | 0.06 | 22.77 | $\oplus \oplus \Theta \Theta$ | |
| Macular edema | 1 | 2.28; (0.59-8.82) | 0.23 | NA | ⊕000 | |
| Anaemia | 2 | 2.56; (1.56-4.20) | <0.001 | 24.83 | ⊕000 | |
| Drug discontinuation | 3 | 1.09; (0.89-1.34) | 0.38 | 10.59 | ⊕000 | |

Supplementary figure 1: Web search strategy

Search Name: Pio: Cochrane Library (Access provided by Royal College of Physicians) 12/08/2018 17:43:52 Date Run: Comment: ID Search Hits MeSH descriptor: [Diabetes Mellitus, Type 2] explode all trees 17440 #1 MeSH descriptor: [Thiazolidinediones] explode all trees 1811 #2 #3 MeSH descriptor: [Pioglitazone] explode all trees 1053 #4 #2 OR #3 1811 #1 OR #2 OR #3 in Trials 18087 #5 #1 AND #4 1083 #6 #7 (major adverse cardiac events):ti,ab,kw (Word variations have been searched) 5899 #8 (MACE):ti,ab,kw (Word variations have been searched) 2957 #9 (myocardial infarction):ti,ab,kw (Word variations have been searched) 30757 #10 (stroke):ti,ab,kw (Word variations have been searched) 54538 #11 (cardiovascular death):ti,ab,kw (Word variations have been searched) 12329 #12 (all-cause mortality):ti,ab,kw (Word variations have been searched) 9388 #13 (heart failure):ti,ab,kw (Word variations have been searched) #14 (hospitalization for heart failure):ti,ab,kw (Word variations have been searched) 10194 #15 (microvascular outcomes):ti,ab,kw (Word variations have been searched) 1384 #16 #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 113261 #17 #16 AND #5 1410 #16 AND #6 127 #18

Supplementary Figure 2: Quality of selected studies using the Cochrane risk of bias algorithm

| PROactive ¹¹ | + | + | + | + | + | + | + |
|---------------------------|---|---|---|---|---|---|---|
| 2005 | | | | | | | |
| TOSCA.IT ¹² | + | + | + | + | + | + | + |
| 2017 | | | | | | | |
| PROFIT-J ¹³ | ? | ? | - | - | + | + | + |
| 2014 | | | | | | | |
| Kaku et al ¹⁴ | ? | ? | - | + | + | ? | + |
| 2009 | | | | | | | |
| J-SPIRIT ¹⁵ | ? | ? | - | ? | + | ? | ? |
| 2017 | | | | | | | |
| Lee et al ¹⁶ | ? | ? | ? | ? | + | ? | ? |
| 2013 | | | | | | | |
| PERISCOPE ⁷ | + | + | + | + | + | + | + |
| 2008 | | | | | | | |
| Kaneda et | ? | ? | + | - | + | ? | + |
| al ¹⁷ 2009 | | | | | | | |
| Giles et | ? | + | ? | ? | + | - | ? |
| al ²⁶ 2008 | | | | | | | |
| Giles et al ²⁷ | ? | ? | + | ? | + | ? | ? |
| 2010 | | | | | | | |
| | | | | | | | |

Random sequence generation

Allocation concealment

Blinding of participants and personnel

Incomplete outcome data

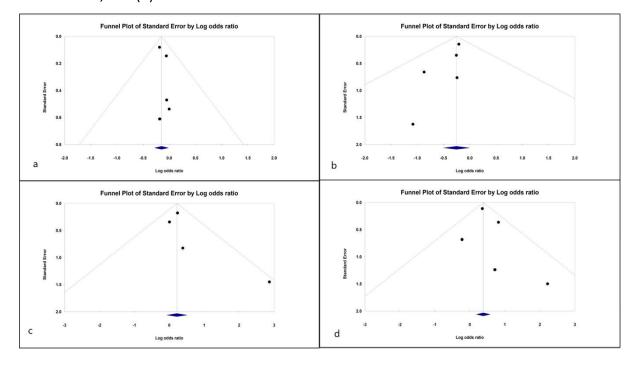
Blinding of outcome assessment

Other bias

Selective reporting

- + Low risk of bias
- -High risk of bias
- ? Unclear risk of bias

Supplementary figure 3: Funnel plots assessing publication bias (a) MACE, (b) Stroke, (c) Fracture risk, and (d) hHF.



Supplementary Figure 4: Sensitivity analysis comparing Pioglitazone versus non-active control on (a). MACE, (b). Stroke, and (c). hHF.

