Supplementary Tables

Table S1 - Original search

Pubmed (Oct 2, 2020) *[T2D, Diet Therapy, Remission/Reversal/Cure]*		
Search	Query	Items Found
#20 SR or Meta-analysis (as filter)	Search: ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (meta-analysis[Filter] OR systematicreview[Filter]) AND (remission OR reversal OR cure)	21
#19 Guidelines (as filter)	Search: ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND ((y_10[Filter]) AND (guideline[Filter] OR practiceguideline[Filter]))) AND (remission or reversal or cure)	3
#22 Guidelines (not as filter)	Search: ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (guideline*[Title] or statement*[Title] or position*[Title] or societ*[Title] or board[Title] or consensus[Title] or panel*[Title] or organization*[Title]) AND (y_10[Filter])) AND (remission or reversal or cure)	7

#23 RCTs (as filter)	Search: ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter]) AND (randomizedcontrolledtrial[Filter])) AND (remission or reversal or cure)	70
#24 Total	#19 AND #20 AND #22 AND #23	101
Final total minus duplicates	**Records to screen after duplicates were removed in EndNote**	**99**

Table S2 - Updated search #1 and updated search #2

Pubmed (Nov 19, 2020) *[T2D, Diet Therapy, Remission/Reversal/Resolution/Cure]*		
Search	Query	Items Found
#9 No pub type filters	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure)	1,671
#48 SR or Meta-analysis (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Meta-Analysis, Systematic Review	50
#46 Guidelines (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Guideline, Practice Guideline	3
#12 Guidelines (not as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND	10

	(guideline*[Title] or statement*[Title] or position*[Title] or societ*[Title] or board[Title] or consensus[Title] or panel*[Title] or organization*[Title]) AND (y_10[Filter])) AND(remission OR reversal OR resolv* OR resolution* OR cure)	
#49 RCTs and any trials (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Clinical Study, Clinical Trial, Clinical Trial, Phase I, Clinical Trial, Phase II, Clinical Trial, Phase III, Clinical Trial, Phase IV, Controlled Clinical Trial, Multicenter Study, Pragmatic Clinical Trial, Randomized Controlled Trial, Twin Study, Validation Study	124
#28 Case Reports (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Case Reports	56
#30 Observational Study (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Observational Study	11
#55 Total	**Search:** #48 OR #46 OR #12 OR #49 OR #28 OR #30	241

#56 New records to screen	**Search:** #55 NOT (#20 OR #19 OR #22 OR #23 [from Oct 2 search]) [Two articles from Sep 2020 added from previous search terms to ensure they are included – might have been missed in Oct 2 search]	~~139~~ 141
Final total minus duplicates	**New records to screen after duplicates were removed in Rayyan**	**140**
Pubmed (Sept 8, 2021) *[T2D, Diet Therapy, Remission/Reversal/Resolution/Cure]*		
Search	Query	Items Found
#1 No pub type filters	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure)	1,868
#3 SR or Meta-analysis (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Meta-Analysis, Systematic Review	55
#5 Guidelines (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND	3

	(y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Guideline, Practice Guideline	
#6 Guidelines (not as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (guideline*[Title] or statement*[Title] or position*[Title] or societ*[Title] or board[Title] or consensus[Title] or panel*[Title] or organization*[Title]) AND (y_10[Filter])) AND(remission OR reversal OR resolv* OR resolution* OR cure)	15
#18 RCTs and any trials (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Clinical Study, Clinical Trial, Clinical Trial, Phase I, Clinical Trial, Phase II, Clinical Trial, Phase III, Clinical Trial, Phase IV, Controlled Clinical Trial, Multicenter Study, Pragmatic Clinical Trial, Randomized Controlled Trial, Twin Study, Validation Study	153
#19 Case Reports (as filter)	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND (y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Case Reports	61
#20 Observational	**Search:** ("diabetes mellitus, type 2/diet therapy"[MeSH Terms] OR (("Diet Therapy"[MeSH Terms] OR diet*[All Fields] OR nutrition* [All Fields]) AND ("diabetes mellitus, type 2"[MeSH Terms] OR diabet*[Title])) AND	16

studies (as filter)	(y_10[Filter])) AND (remission OR reversal OR resolv* OR resolution* OR cure) **Filters:** Observational Study	
#21 Total	**Search:** #3 OR #5 OR #6 OR #18 OR #19 OR #20	285
#22 New records to screen	**Search:** #21 AND ((("2020/09/30"[Date - Create] : "3000"[Date - Create]) OR ("2020/09/30"[Date - Entry] : "3000"[Date - Entry])) OR ("2020/09/30"[Date - Publication] : "3000"[Date - Publication])	48
Final total minus duplicates	**New records to screen after duplicates were removed in Rayyan**	**41**

Table S3. Definitions and Basic Concepts: Non-Consensus Statements

Number*	Near Consensus Statements	Mean	Outliers
15	Remission should be a primary clinical goal for adults with T2D[1]	7.4	2
17	Remission is a realistic and achievable goal for many adults with T2D	7.5	2
Number*	**No Consensus Statements**	**Mean**	**Outliers**
3	Remission of T2D begins when normal glycemic measures are achieved without glucose-lowering therapy, but a patient is not considered to be "in remission" until this has been continued for a specified minimum time	6.93	5
4	Glucose-lowering medications used for non-diabetic indications, such as metformin for polycystic ovary syndrome, can be continued during remission of T2D	6.64	3
5	The minimum time for achieving remission of T2D is 6 months	6.64	3
6	The minimum time for achieving remission of T2D is 1 year	5.71	7
8	Remission of T2D is defined as normal glycemic	5.64	7

	measures (normal HbA1c[2] and normal fasting glucose) for at least 1 year with no surgery, devices, or active pharmacologic therapy for the specific purpose of lowering blood glucose		
9	Remission of T2D is not an appropriate term to describe clinical outcome when an adult with T2D has less than 6 months of normal glycemic measures (normal HbA1c and normal fasting glucose)	6.00	6
12	Remission of T2D requires HbA1c < 6.0%	4.64	6
13	Remission of T2D requires HbA1c < 5.7%	4.64	6
18	Categorizing remission of T2D as partial vs. complete, as recommended in the past, is not useful because it is complicated and creates an artificial distinction	6.93	7
19	Categorizing remission of T2D as partial vs. complete is useful because achieving partial remission may motivate patients to continue with the lifestyle behavior changes needed to achieve complete remission	4.93	6
20	Reversal of T2D is the preferred term for the process of arriving at the state of remission	5.64	6
21	Reversal of T2D is defined as normal glycemic	4.57	6

	measures for a time less than what would qualify for remission		
23	Remission differs from “no evidence of T2D” and from “reversal (or resolution) of T2D,” which are synonymous with cure because they imply the cause of T2D is no longer present	6.36	4
24	Improvement of insulin resistance is a necessary criterion in defining remission of T2D	6.29	7
25	Insulin resistance is present when elevated serum insulin (hyperinsulinemia) does not result in hypoglycemia	6.93	4
28	Absence of insulin resistance is a necessary criterion in defining remission of T2D	5.36	7
29	Medical nutrition therapy is the preferred term when referring to dietary intervention for T2D	6.50	5

1. type 2 diabetes

2. haemoglobin A1c

*Number in the initial list of candidate statements

Table S4. Diet and Remission of T2D: Non-Consensus Statements

Number*	Near Consensus Statements	Mean	Outliers
34	Diet is an essential adjunct to medical therapy for achieving remission of T2D[1]		
Number*	**No Consensus Statements**	**Mean**	**Outliers**
50	Very low-energy diets as a sustained intervention can achieve remission of T2D	6.0	5
33	Diet is an important adjunct to medical therapy for achieving remission of T2D	6.57	10
35	Medical therapy as a primary intervention for T2D can achieve remission	3.93	6
41	A dietary intervention of moderate intensity can result in remission of T2D if adhered to consistently for a long duration	6.29	1
42	Dietary intervention alone without other lifestyle changes can achieve remission of T2D	6.57	3
44	There are many diets that can achieve remission of T2D, but they should largely comprise at least moderate caloric restriction and be tailored to patient preferences	6.43	5
48	Diet as a primary intervention for T2D can achieve remission for disease of long-term duration (8 years	6.93	5

	or longer)		
49	There is an optimal dietary pattern for achieving remission of T2D	6.36	7
51	Reducing calories, with or without liquid meal replacements, should be the primary short-term dietary intervention to achieve remission of T2D	5.43	6
52	A very low-carbohydrate diet as a primary intervention can achieve short-term remission of T2D	5.07	6
53	A very low-carbohydrate diet as a primary intervention can achieve long-term remission of T2D	3.50	7
54	A very low-carbohydrate diet as a primary intervention does not produce remission of T2D or insulin resistance in most patients	5.57	5
55	Diets that promote consumption of fruits, vegetables, whole grains, legumes, nuts, seeds, and lean proteins are beneficial in achieving remission of T2D	7.00	7
56	Caloric restriction is an essential characteristic of dietary intervention for remission of T2D	6.71	5
58	Macronutrient proportion (fat, protein, carbohydrate) is an essential characteristic of	5.64	8

	dietary intervention for remission of T2D		
59	Micronutrient content (vitamins, minerals) is an essential characteristic of dietary intervention for remission of T2D	5.07	6
60	Servings by food group (fruits, vegetables, grains, protein foods, dairy) is an essential characteristic of dietary intervention for remission of T2D	5.57	5
61	Meal timing is an essential characteristic of dietary intervention for remission of T2D	5.93	6
66	Diet as a primary intervention for T2D can achieve type of outcomes comparable to medical therapy	6.5	7
67	Diet as a primary intervention for T2D can achieve type of outcomes superior to medical therapy	7.21	3

1. type 2 diabetes

*Number in the initial list of candidate statements

Table S5. Dietary Specifics and Types of Diets: Non-Consensus Statements

Number*	Near Consensus Statements	Mean	Outliers
79	A whole food plant-based diet can often sustain remission of T2D[1]	7.6	2
Number*	**No Consensus Statements**	**Mean**	**Outliers**
69	Dietary intervention for T2D should include an initial phase of very low caloric consumption (e.g., 800-1200 calories per day) followed by a maintenance phase of liberalized calorie intake based on the needs of the specific patient	5.93	6
71	Dietary intervention for T2D may include occasional refined carbohydrates to promote patient adherence to the overall dietary plan, provided total calorie intake is therapeutic	6.21	1
76	A whole food, plant-based diet may include some animal foods to promote patient adherence to the overall dietary plan, provided that the overall dietary composition is plant-predominant	6.57	5
79	A whole food plant-based diet, without calorie restriction, can often sustain remission of T2D	6.7	3
80	A whole food plant-based diet, without calorie counting or portion control, can be effective in	6.50	4

	achieving remission of T2D in the short-term and long-term		
82	A whole food, plant-based diet may be as effective as severe caloric restriction or liquid meal replacements in achieving remission of T2D	6.86	5
83	A whole food, plant-based diet can achieve remission of T2D after an initial phase of severe caloric restriction or liquid meal replacements	7.00	6
89	Dietary intervention for sustained remission of T2D should eliminate ultra-processed foods	6.57	5

1. type 2 diabetes

*Number in the initial list of candidate statements

Table S6. Adjuvant and Alternative Interventions: Non-Consensus Statements

Number*	No Consensus Statements	Mean	Outliers
93	A whole food, plant-based diet with intermittent fasting or time-restricted feeding could achieve remission of T2D[1] in many patients	6.9	5
95	A whole food, plant-based diet combined with intermittent fasting or time-restricted feeding could improve the effectiveness of dietary intervention for remission of T2D when compared to diet without fasting or timing restrictions	6.93	4
96	Adults with T2D who use intermittent fasting or time-restricted feeding as part of dietary intervention to achieve remission should monitor their blood glucose levels	7.14	4
97	Combining a whole food, plant-based diet with intermittent fasting or time-restricted feeding can increase success rates for achieving remission of T2D	7.21	3
98	Combining a whole food, plant-based diet with intermittent fasting or time-restricted feeding can increase success rates for sustaining remission of T2D once achieved	7.00	8

99	Diet as a primary intervention can achieve remission of T2D rates that are comparable to bariatric surgery	6.64	8
100	Bariatric surgery is superior to dietary interventions in achieving remission of T2D	4.21	9
101	Medical therapy alone as a primary intervention can achieve remission of T2D	3.93	6
102	Medical therapy alone as a primary intervention cannot achieve remission of T2D	6.21	6

1. type 2 diabetes

*Number in the initial list of candidate statements

Table S7. Weight Loss: Non-Consensus Statements

Number*	Near Consensus Statements	Mean	Outliers
119	Diet as a primary intervention for T2D[1] can achieve remission when accompanied by significant weight loss	6.71	1
Number*	**No Consensus Statements**	**Mean**	**Outliers**
117	Weight loss is not a necessary criterion in defining remission of T2D	6.29	4
118	Weight loss is a necessary criterion in defining remission of T2D	4.07	6
120	Diet as a primary intervention for T2D can achieve remission in the absence of significant weight loss	6.36	4
121	With intensive hypocaloric dietary interventions, remission of T2D can occur before significant weight loss, and over time the hypocaloric diet will result in significant weight loss, making weight loss a marker for sustained remission	6.21	3
123	Diet as a primary intervention for achieving remission of T2D should also include a goal for weight reduction, based on a percentage of the patient's baseline body weight	6.21	2
124	Diet as a primary intervention for achieving	4.50	3

	remission of T2D should also include a goal for weight reduction, based on a specified amount (e.g., 5, 10, 15 pounds) independent of the patient's baseline body weight		

1. type 2 diabetes

*Number in the initial list of candidate statements

Table S8. Expert Evidence Summary of Dietary Intervention and Patient Populations

Name, Setting **Total Number of Patients & Duration of Care** **_____** **Remission Outcomes / Improvements in Blood Glucose and Medication Dosages**	**Dietary Intervention Recommended** **_____** **Rating of Effect of Dietary Intervention and Comparison Diet** (1=large/moderate benefit, 2=small benefit, 3=no benefit, 4=small harm, 5=large/moderate harm, or 6=I cannot provide information on this outcome)	**Access to Comparison Group and Outcomes Measured** **_____** **Comments**
Monica Agarwal MD, MEHP, FACE Academic setting – Endocrinology and Obesity Medicine clinics in university setting 100% of the patients followed in Weight Loss Clinic have obesity or are overweight	• Hypocaloric meal plan (a combination of meal replacements and small meals) • Low-carbohydrate diet plan • Very low-calorie diet plan (VLCD) < 800 cal/day • Hypocaloric meal plan with an emphasis on plant-based diet and avoiding red and processed meats Recommendation for a plant-based diet is ~50%, but several patients do not prefer plant-based diets.	No comparison group Outcomes measured: BMI, Weight, %fat, BP, HbA1c, Lipid panel, Hepatic and Renal Panel, Fasting glucose _____

~70% of the patients followed in Endocrinology Clinic have obesity or are overweight Cared for July 2009 – 2021 _____ Several patients had remission of diabetes with weight loss and dietary changes	Milk, dairy products, fish permitted while avoiding red and processed meats. Mostly whole and minimally processed natural foods. Avoid processed foods. _____ Dietary intervention: The effect of the dietary intervention is 1=large/moderate benefit	I am an endocrinologist and obesity medicine specialist. I am board certified in internal medicine, endocrinology, and obesity medicine. I am Chair of the American Association of Clinical Endocrinology (AACE) Disease State Network for Obesity and Nutrition. I have been managing patients with obesity since 2009. About 50-70% of these patients also have prediabetes and T2D[1]. The dietary and lifestyle recommendations are for management of prediabetes, diabetes and obesity. A large percentage of patients have remission of diabetes with weight loss and dietary changes.

Amy E. Rothberg, MD, PhD Academic/university setting 90% of the patient population have obesity and are followed for weight management. One third also have T2D. 268/1234 = 21.7% had T2DM (in the research cohort) Cared for patients 2009 to 2021 (present) _____ Completers only (baseline, n=103): -6 months: 68.6% (n=102) -1 yr: 63.5% (n=74)	University of Michigan Health System Weight Management Program is a 2-year intensive clinical and research program. It is a core of the NIH/NIDDK, Nutrition Obesity Research Center. Use a VLED Total Meal Replacement with gradual transition to low-calorie diet employing conventional food. Most patients are encouraged to adopt more plant protein, although we tailor to individual preferences and do permit animal foods. We also encourage limiting saturated fat and ultra-processed foods, and eating whole grains. We ask patients to consider adopting a modified MyPlate with ¼ of the plate to be protein, ¼ whole grains and ½ non-starchy vegetables. _____ The effect of the dietary intervention is 1=large/moderate benefit Compared to the DPP, the effect of the dietary intervention is 1=large/moderate benefit.	No comparison group. However, we run studies in our clinic that often have a comparison group. This is driven by the investigator who is using our cohort. Remission is defined either by OGTT, HbA1c (< 6.5% on no meds) or both (not everyone gets OGTT) Outcomes measured: Remission based on HbA1c, HOMA-IR, and we have published on beta cell function. We also look at number of medications that are reduced or eliminated. _____ I serve on a number of task forces on obesity, chair the Special Programs

-2 yrs: 55.1% (n=98) All (n=268): -6 months: 62.0% (n=200) -1 yr: 60.9% (n=115)		Committee for Endocrine Society and Project ECHO on Lifestyle Management for obesity, steer the ADA committee on obesity and was part of the ADA writing group for the revised consensus statement on Bariatric Surgery and Remission of Type 2 Diabetes. I have published many articles on VLED and outcomes, costs and cost effectiveness.
Karen Aspry, MD, MS O/P Cardiology Practice, I/P Cardiology Services OTHER: Assoc. Director, Ornish Cardiac Rehab Program Directly and indirectly I have been involved with about 50 patients in our ICR (Ornish)	• Whole foods plant-based diet is emphasized • Elimination of ALL foods with > 5 grams of added sugars per serving • Only a few animal sources of protein promoted – fish, egg whites, Triple Zero Greek yogurt • In those with severe obesity/poor DM control, often recommend lower carbohydrate content in general in addition to elimination of ALL foods with added sugars	No comparison group. Compared lipid changes in our Ornish CR program (low fat, plant-based) vs. our traditional CR program. Outcomes measured: Standard lipids, LDL particle # in some patients _____

program, as well as those in my prevention practice who achieve weight loss thru diet and/or bariatric surgery Cared for over 2 years _____ Remission outcomes not reported	Large or moderate benefit for glycemic control, weight loss, lipid control with elimination of all sugar-sweetened beverages AND also in those on Ornish/plant-based diet _____ Not reported	Must consider short term (6-12 mos) vs. long term outcomes. If an intervention only improves weight loss and glycemic control up to 6-12 months, but there is no benefit thereafter, clinicians will view the intervention as limited – it either means there was erosion of adherence OR some other compensatory physiologic shift. (Example: data show that VLCDs are difficult to adhere to over the long term. Also, in those with pre-DM and DM, reductions in weight loss and improvements in glycemic control with a VLCD have not been observed beyond 6-12 months.)
Ted Barnett, MD, FACLM	Recommendation of 100% WFPB, low fat with no animal products and no oil. We allow 1 TBSP of concentrated sugar (e.g. maple	No comparison group

Private practice, outpatient, mostly group visits Unsure of the number of patients Cared for patients from 12/2015 to 11/2020 (present) _____ Remission outcomes among select number of patients	syrup) and 1 cup of unsweetened plant milk per day. We do not emphasize macronutrient percentages other than eliminating all high-fat plant foods for the first two weeks, and possibly indefinitely. _____ 1=large/moderate benefit for those following the intervention diet	Outcomes measured not reported _____ Generally speaking, our patients do not object to the changes we ask them to make. They are happy that we don't emphasize portion control or calorie counting. For the most part, they are a self-selected group who know what they are getting into.
Gunadhar Panigrahi, MD Cardiovascular Wellness Clinic/Sentara Cardiology Specialists	Recommend: > 90% Plant-Based diet, mostly whole food and minimally processed. Food plan provided: 65-70% complex carbohydrate, 10-15% protein (plant), and < 20% fat.	No comparison group Outcomes measured: Weight, blood pressure, lipid profile, renal function

n = 100 (some of them are on metformin only, all have HbA1c < 6.5 %) Cared for patients 04/2017 to 10/2020 (present) _____ Remission outcomes: I apply the same lifestyle principle in treating CAD, CHF, obesity, DM, metabolic syndrome, CKD; and approach the principles of risk factor reduction to prevent and reverse CAD (DM, HTN, hyperlipidemia and obesity)	Animal foods: chicken and/or fish maximum of 10 ounce /week (if they have CAD no animal-derived foods are recommended). _____ 1=large/moderate benefit for those following the intervention diet	_____ Initial consult is an hour: Intensive education on the role of diet (nutrition) in reversingT2D. Provide handouts – materials for reference, reading, menu plans, etc. Follow-up visits are 30 minutes: at the interval of 6 weeks to 3 months, depending on availability. Also, I introduce them to the AHA's Simple 7 rules for optimum health with lifestyle changes (plant-based diet).

Mahima Gulati, MD, MSc Clinical practice (endocrinology) _____ No patients have achieved remission, but many have achieved improvements in blood glucose control	I try to recommend plant-forward dietary regimens and cutting back significantly on processed foods: ideally >90-95% unprocessed. I tell them to try ≥75% plants. I do let them eat some animal foods, but try to keep ≤25% animal foods. DO NOT emphasize macronutrient percentage. Recommend intermittent fasting to some interested patients who may not be at high risk of hypoglycemia. _____ 1=large/moderate benefit for those following the intervention diet	No comparison group Outcomes measured: HbA1c, fructosamine, fasting glucose, 2 hr OGTT, and of course time in range on continuous glucose monitor. _____ No further comments
John H. Kelly, MD, MPH Intensive lifestyle medicine treatment and teaching programs	Use a minimally-processed 100% plant-based diet. Utilize a balanced plant diet emphasizing whole grains, fruits, vegetables, legumes, and nuts and seeds. Do not emphasize specific macronutrient proportions but analyses of this dietary pattern indicate it tends to be about 20% E from fats, 15% E from plant protein, and 65% E from minimally-processed carbohydrates.	No comparison group Outcomes measured: fasting serum glucose and insulin (calculate HOMA-IR and -beta) sometimes measure HbA1c, liver enzymes, lipid profile, hsCRP (cardiac CRP) BMI, blood

Treated hundreds of patients with LM (300-400), many with T2D (~20%). No follow-up outcomes beyond 12 weeks. _____ Treated patients on a short-term basis since 2007 – 2020 (present) Most non-insulin dependent diabetes mellitus (NIDDM) T2D patients have dramatic improvement with remission; fewer IDDM T2D patients have similar outcomes	_____ 1=large/moderate for remission—20-40% reduction in most risk factors, including HOMA-IR. Fasting glucose and insulin drop while diabetic medications are stopped or greatly reduced. Lipid profiles improve commensurate with T2D measures. (20-40% reduction with decreased medication dosing) hsCRP drops 50-75%, with most dropping to below 1.0. Elevated blood pressure drops 10 mmHg for diastolic and 15-30 mmHg for systolic. Beck depression scores drop one or two categories. (e.g. moderate to mild or no depression)	pressure, and multiple lifestyle factors including diet, exercise and sleep patterns, and medication dosing. _____ Almost universally, upon seeing the improvements and feeling better than they have in years, patients express the belief that "I can do this," meaning they find the lifestyle doable. Multiple lines of evidence indicate that patients are willing to make even dramatic changes when they produce significant results. One of the biggest deterrents to using LM treatment is that patients (and providers) see it as too much work for the small benefits. Dosing must be calibrated to the severity of the condition

		and produce marked change quickly. This in turn motivates patients to stay with the new lifestyle habits. When they make smaller changes and see no real change, they do not continue.

1. type 2 diabetes