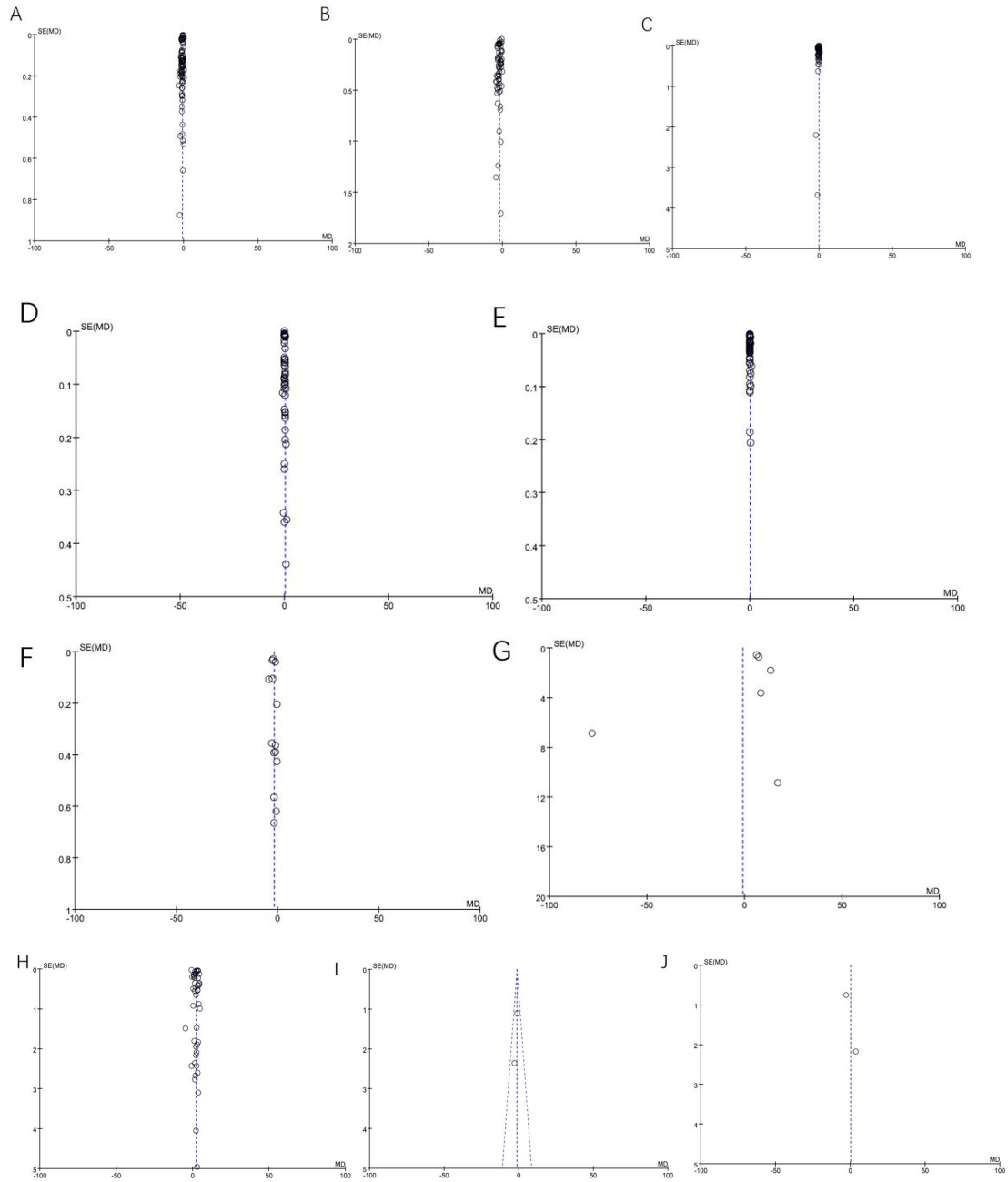
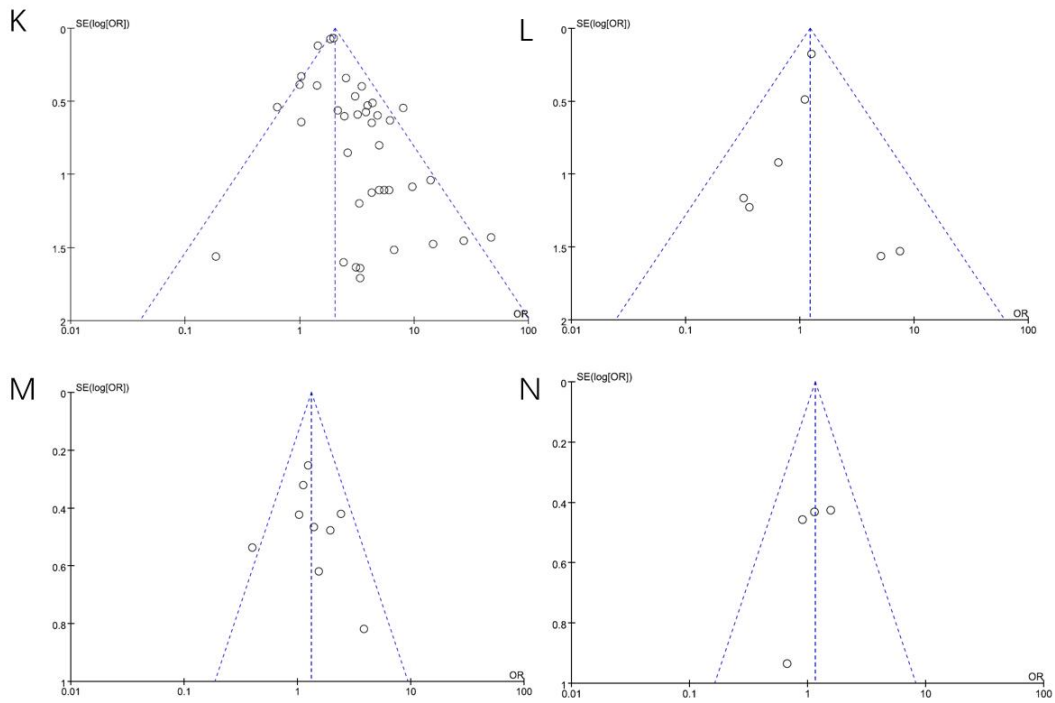
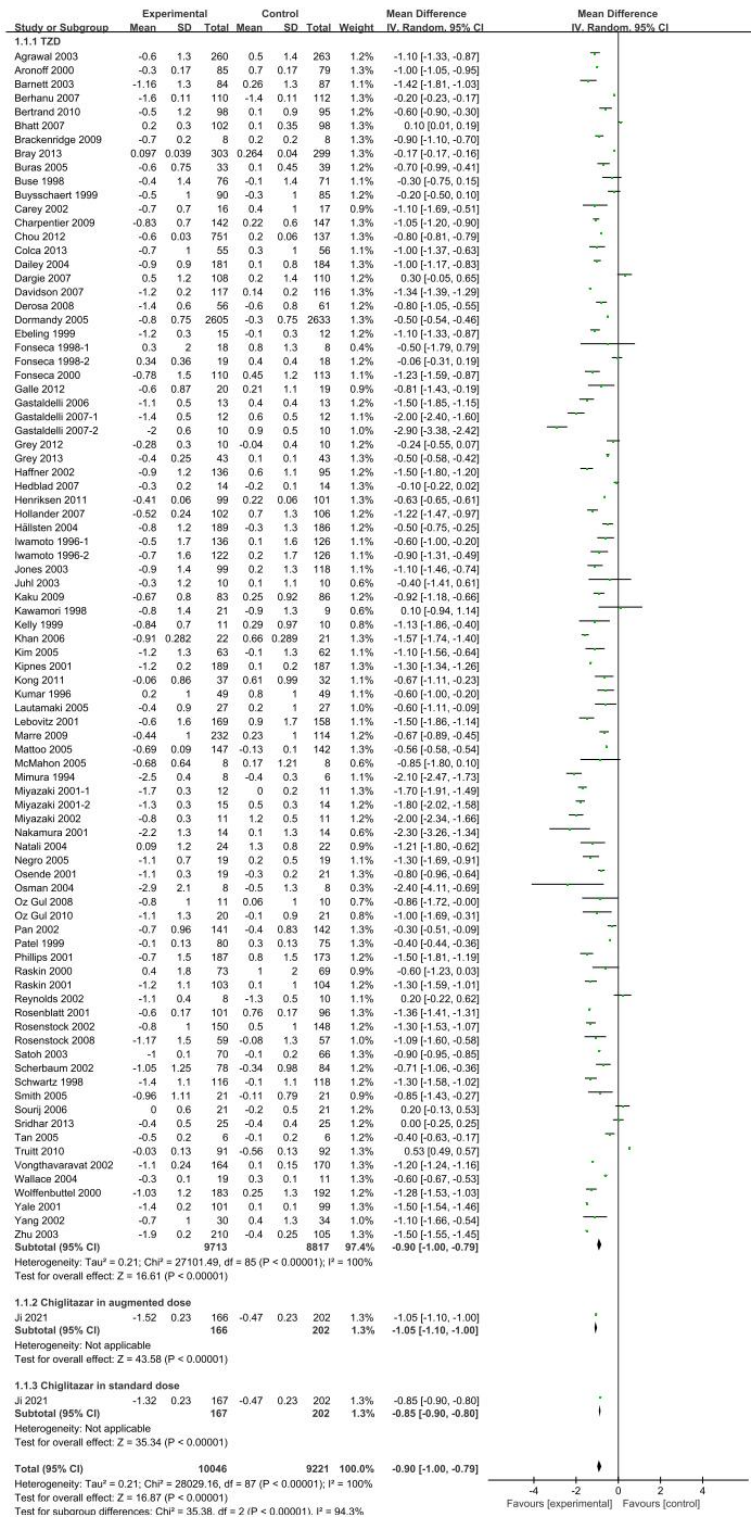


SUPPLEMENTARY MATERIALS

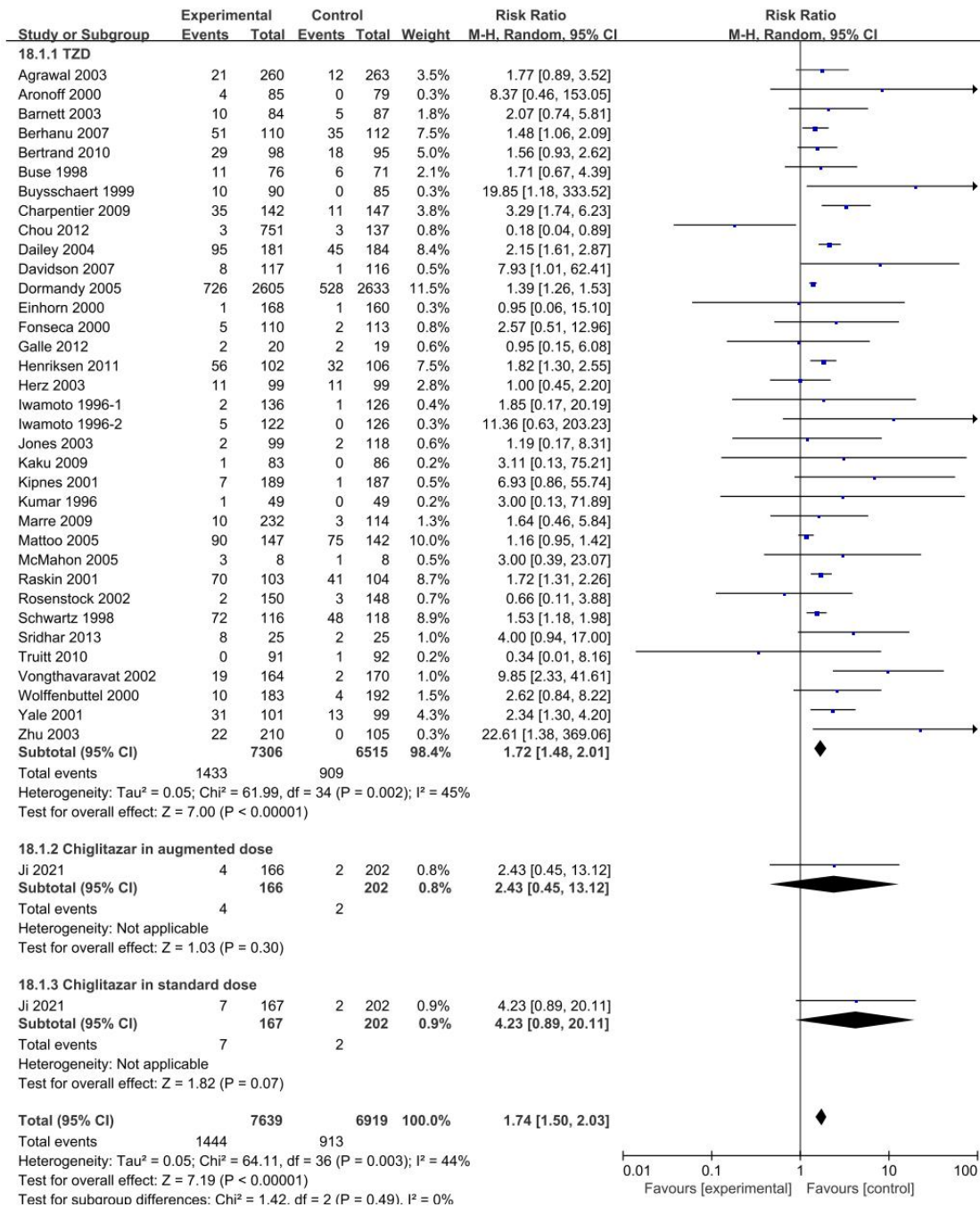




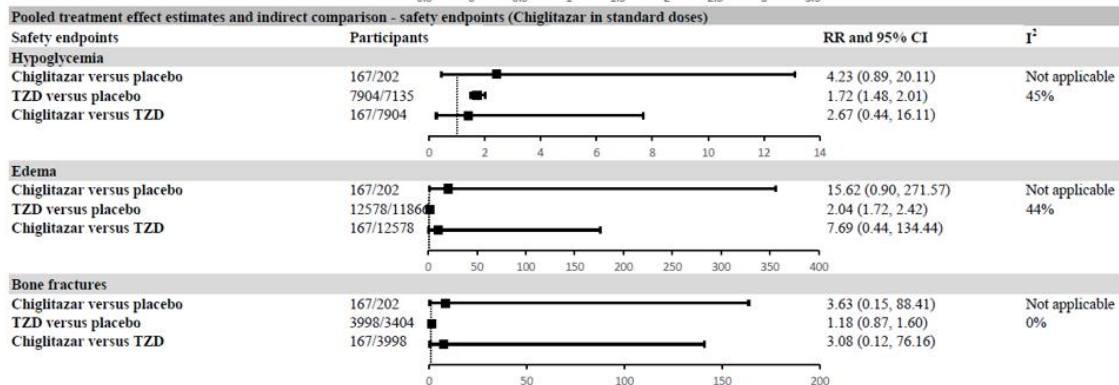
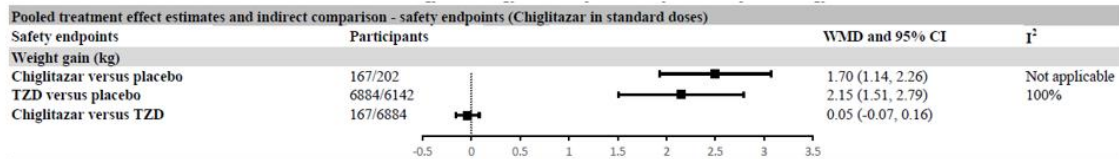
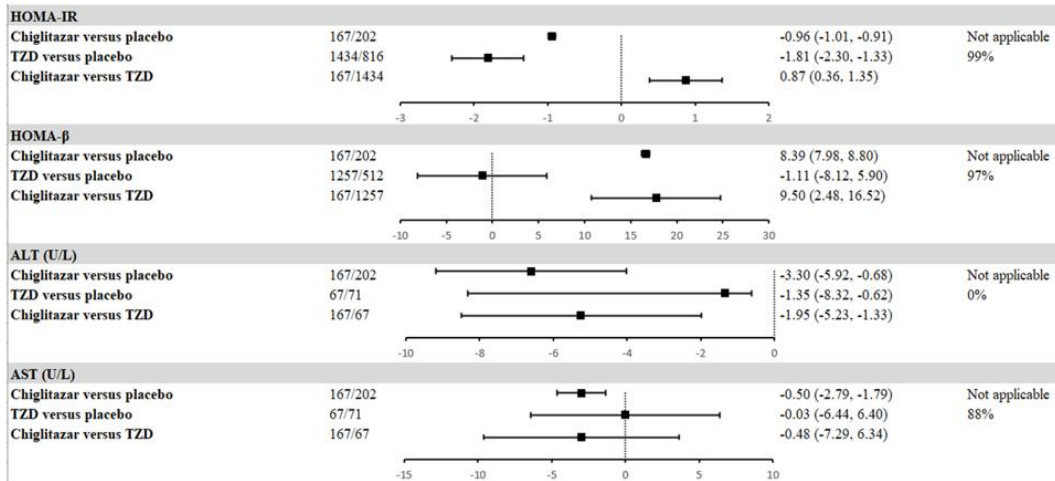
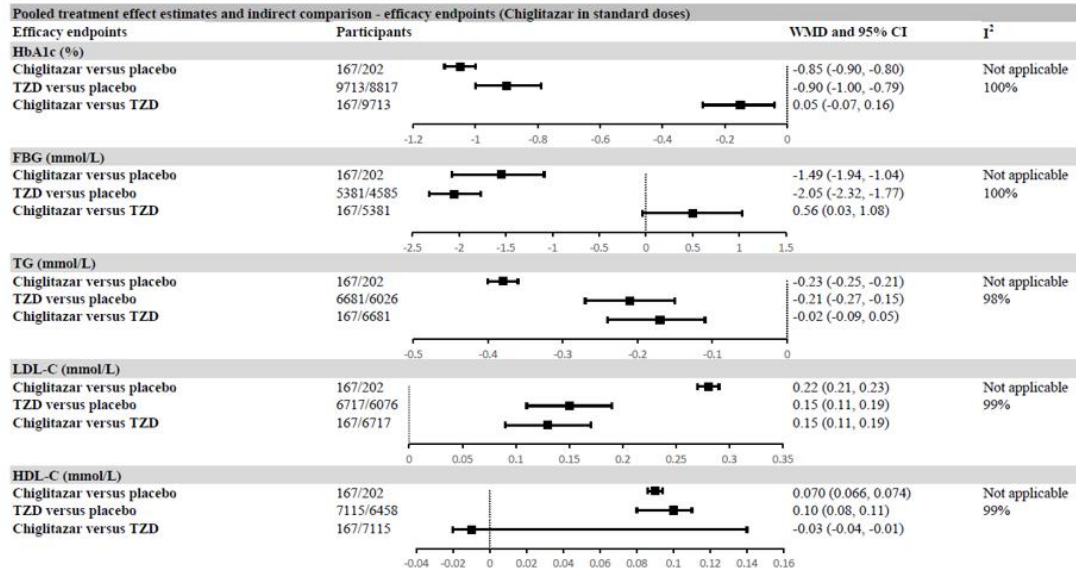
Supplementary Figure 1 Funnel plot of analysis endpoints. A-C: Endpoints of HbA1c, FBG, TG; D-G: Endpoints of LDL-C, HDL-C, HOMA-IR, HOMA- β ; H-J: Endpoints of body weight, ALT, AST; K-N: Endpoints of edema, bone fracture, upper respiratory tract infection, urinary tract infection.

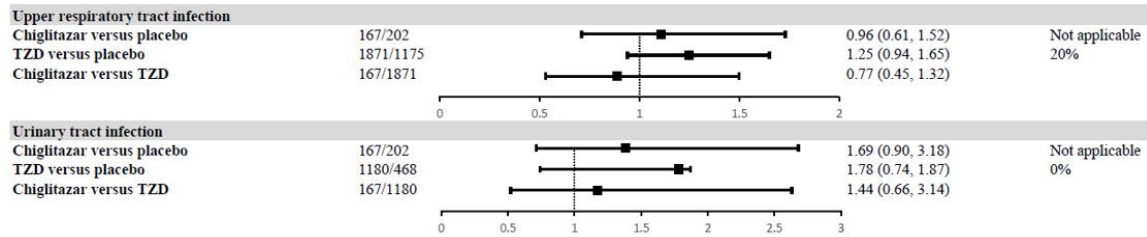


Supplementary Figure 2 Forest plot of the HbA1c change outcome.



Supplementary Figure 3 Forest plot of the hypoglycemia outcome.





Supplementary Figure 4 Pooled treatment effect estimates and indirect comparison between chiglitazar in standard doses and TZD of efficacy and safety endpoints.

HbA1c: Hemoglobin A1c; FBG: Fasting blood glucose; TG: Triglycerides; LDL-C: Low-density lipoprotein cholesterol; HDL-C: High-density lipoprotein cholesterol; HOMA-IR: Homeostasis model assessment of insulin resistance; HOMA-β: Homeostasis model assessment of β cell function; ALT: Alanine aminotransferase; AST: Aspartate aminotransferase; RR: Risk ratios; 95%CI: 95% confidential intervals.

Supplementary Table 1 Baseline characteristics of included studies

Author, year	Follow-up duration (weeks)	Treatment	No. of patients	Age (years)	Male (%)	BMI (kg/m²)	Diabetes duration (years)	Baseline HbA1c (%)	Predominant ethnicity
Chiglitazar (chiglitazar)									
Ji, 2021 ^[1]	24	Chiglitazar 48mg	166	51.8±9.9	65.1	26.1	1.4	8.6±0.7	Asian (100%)
		placebo	202	51.2±10.0	61.4	26.1	1.4	8.6±0.7	
Pioglitazone (thiazolidinedione)									
Aronoff, 2000 ^[2]	26	pioglitazone 30mg	85	NA	NA	NA	NA	10.2±0.21	Caucasian (78%)
		placebo	79	NA	NA	NA	NA	10.4±0.22	
Chou, 2012 ^[3]	26	pioglitazone 45mg	751	55.0±10.8	53.0	30.0	4.4	7.7±0.58	Caucasian (55%)
		placebo	137	55.4±12.3	48.9	30.1	4.9	7.7±0.54	

Colca, 2013 ^[4]	12	pioglitazon	55	55.0±NA	56.0	NA	4.4	8.2±NA	NA
		e 45mg							
		placebo	56	53.0±NA	48.0	NA	4.9	8.0±NA	
Khan, 2006 ^[5]	26	pioglitazon	22	52.7±9.0	68.2	32.3	NA	8.5±0.31	Caucasian
		e 30mg							(68%)
		placebo	21	54.8±8.7	28.6	32.0	NA	8.6±0.32	
Kong, 2011 ^[6]	12	pioglitazon	37	53.6±7.6	56.8	24.9	5.6	7.5±0.82	Asian
		e 30mg							(100%)
		placebo	32	54.0±8.5	59.4	25.5	5.9	7.4±0.62	
Miyazaki, 2001 ^[7]	16	pioglitazon	12	NA	NA	28.7	NA	8.9±0.3	Caucasian
		e 45mg							
		placebo	11	NA	NA	29.5	NA	7.9±0.3	
Miyazaki, 2002 ^[8]	26	pioglitazon	11	51±2	72.7	32.2	NA	8.5±0.5	Caucasian
		e 30mg							(55%)
		placebo	11	58±3	27.3	32.8	NA	8.6±0.5	
Rosenblatt, 2001 ^[9]	16	pioglitazon	101	53.8±10.0	50.5	31.5	NA	10.7±1.8	Caucasian
		e 30mg							(69%)

		placebo	96	55.2±10.0	56.2	30.7	NA	10.4±1.7	
Scherbaum,	26	pioglitazon	78	59.6±NA	41.0	29.3	4.6	9.1±NA	NA
2002	^[10]	e 30mg							
		placebo	84	59.1±NA	56.0	29.2	5.6	8.8±NA	
Sourij, 2006	^[11]	pioglitazon	21	60.3±7.5	NA	NA	0.1	6.1±0.6	NA
		e 30mg							
		placebo	21	60.3±7.5	NA	NA	0.1	6.1±0.5	
Truitt, 2010	^[12]	pioglitazon	91	56.6±10.1	58.2	32.9	6.6	8.0±0.8	Caucasian
		e 45mg							(51%)
		placebo	92	55.3±9.3	51.1	32.2	6.7	8.2±1.0	
Wallace, 2004	12	pioglitazon	19	61.4±6.3	73.7	29.8	2.6	6.7±0.9	NA
^[13]		e 45mg							
		placebo	11	62.6±10.0	72.7	28.9	2.5	6.7±0.9	
Berhanu, 2007	29	pioglitazon	110	52.9±11.3	43.6	30.7	7.7	8.4±0.1	Caucasian
^[14]		e 45mg							
		placebo	112	52.5±11.1	41.1	31.8	8.5	8.6±0.1	
Brackenridge,	12	pioglitazon	8	61.0±7.9	87.5	30.8	4.0	7.5±0.2	NA

2009 ^[15]		e 30mg							
		placebo	8	60.8±6.3	87.5	32.0	2.9	6.6±0.1	
Charpentier,	28	pioglitazon	142	60.2±9.6	64.6	29.1	12.5	8.1±0.7	Caucasian
2009 ^[16]		e 30mg							(87%)
		placebo	147	59.2±9.3	66.2	29.2	12.1	8.2±0.6	
Galle, 2012 ^[17]	26	pioglitazon	20	68.9±6.8	70.0	31.5	13.8	7.4±0.9	NA
		e 30mg							
		placebo	19	69.6±9.4	68.4	30.3	12.4	7.7±0.9	
Gastaldelli,	18	pioglitazon	10	55.0±4.0	50.0	28.9	6.0	9.3±0.4	Caucasian
2007 ^[18]		e 45mg							(50%)
		placebo	10	55.0±4.0	40.0	29.9	5.0	8.3±0.4	
Grey, 2012 ^[19]	26	pioglitazon	10	61.9±10.0	60.0	31.2	NA	7.6±2.1	NA
		e 30mg							
		placebo	10	57.9±15.2	50.0	33.2	NA	7.1±1.0	
Henriksen,	26	pioglitazon	102	60.1±8.6	69.0	33.2	13.8	8.7±1.4	Caucasian
2011 ^[20]		e 45mg							(99%)
		placebo	106	60.9±7.8	62.0	33.9	12.6	8.7±1.4	

Kaku, 2009 ^[21]	28	pioglitazon	83	52.0±8.6	66.3	25.6	4.5	7.6±1.0	Asian (100%)
		e 30mg							
		placebo	86	53.0±7.5	57.0	25.4	5.6	7.6±0.9	
Kawamori, 1998 ^[22]	12	pioglitazon	21	57.6±8.5	66.7	23.0	12.5	8.4±1.4	Asian (100%)
		e 30mg							
		placebo	9	60.6±10.0	55.6	22.0	11.9	8.7±1.3	
Kipnes, 2001 ^[23]	16	pioglitazon	189	56.6±10.1	60.0	32.4	NA	9.9±0.2	Caucasian (83%)
		e 30mg							
		placebo	187	56.9±8.9	58.0	32.0	NA	9.9±0.2	
Mattoo, 2005 ^[24]	26	pioglitazon	147	58.9±7.4	42.9	31.8	13.4	8.8±0.1	Caucasian (97%)
		e 30mg							
		placebo	142	58.8±6.9	43.7	32.5	13.6	8.9±0.1	
Nakamura, 2001 ^[25]	26	pioglitazon	14	52.5±10.2	64.3	NA	NA	8.4±1.3	NA
		e 30mg							
		placebo	14	52.5±10.2	NA	NA	NA	8.0±1.1	
Pan, 2002 ^[26]	12	pioglitazon	141	NA	NA	NA	NA	8.5±1.3	NA
		e 30mg							

		placebo	142	NA	NA	NA	NA	8.5±1.1	
Smith, 2005 ^[27]	24	pioglitazon e 45mg	21	56.2±9.7	42.9	32.1	NA	6.9±1.4	Caucasian (71%)
		placebo	21	53.1±9.3	47.6	31.9	NA	6.5±0.7	
Sridhar, 2013 ^[28]	24	pioglitazon e 30mg	25	56.2±5.8	100	25.3	2.2	6.8±0.4	NA
		placebo	25	53.1±7.2	100	25.1	2.9	6.8±0.4	
Grey, 2014 ^[29]	52	pioglitazon e 30mg	43	64.0±15.5	78.0	31.0	NA	7.4±3.5	NA
		placebo	43	63.0±23.0	80.0	31.0	NA	7.5±3.2	
Bray, 2013 ^[30]	134	pioglitazon e 30mg	303	50.7±10.1	NA	34.4	NA	5.0±0.4	NA
		placebo	299	48.1±11.3	NA	34.7	NA	5.0±0.4	
Bone, 2013 ^[31]	52	pioglitazon e 30mg	78	59.0±5.0	0	29.6	NA	NA	Caucasian (90%)
		placebo	78	60.2±6.2	0	30.3	NA	NA	
Dormandy,	138	pioglitazon	2605	61.9±7.6	67.0	30.7	8.0	7.9±0.9	Caucasian

2005 ^[32]		e 15-45mg							(98%)
		placebo	2633	61.6±7.8	66.0	31.0	8.0	7.8±0.9	
Satoh, 2003 ^[33]	12	pioglitazon	70	61.2±1.3	45.7	23.4	NA	8.1±0.1	Asian
		e 30mg							(100%)
		placebo	66	59.3±1.9	48.5	23.0	NA	8.0±0.2	
McMahon, 2005 ^[34]	12	pioglitazon	8	56.5±10.0	25.0	35.1	15.5	7.4±0.6	NA
		e 30mg							
		placebo	8	52.2±10.0	87.5	32.3	14.0	7.7±0.6	
Herz, 2003 ^[35]	16	pioglitazon	99	58.1±11.0	52.5	30.8	20.1	7.5±NA	Caucasian
		e 45mg							(94%)
		placebo	99	58.0±10.7	49.5	31.7	17.4	7.6±NA	
Einhorn, 2000 ^[36]	16	pioglitazon	168	55.5±10.3	54.8	32.1	NA	9.9±1.4	Caucasian
		e 30mg							(81%)
		placebo	160	55.7±9.9	60.0	32.1	NA	9.8±1.3	
Erdmann, 2007 ^[37]	NA	pioglitazon	2605	NA	NA	NA	NA	NA	NA
		e							
		placebo	2633	NA	NA	NA	NA	NA	

Rosiglitazone (thiazolidinedione)

Carey, 2002 ^[38]	16	rosiglitazon	16	54.2±11.1	87.5	29.8	3.3	7.8±1.3	Caucasian (100%)
		e 8mg							
		placebo	17	57.9±10.7	76.5	31.3	3.1	7.1±1.4	
Gastaldelli, 2006 ^[39]	12	rosiglitazon	13	53.0±2.0	53.8	29.3	4.0	8.6±0.5	Caucasian
		e 8mg							
		placebo	13	56.0±2.0	61.5	30.2	3.0	8.2±0.4	
Gastaldelli, 2007 ^[18]	18	rosiglitazon	12	55.0±3.0	50.0	29.2	4.0	8.7±0.5	Caucasian
		e 8mg							
		placebo	12	56.0±2.0	66.7	29.8	2.0	8.1±0.4	
Haffner, 2002 ^[40]	26	rosiglitazon	136	60.4±9.3	47.8	29.5	4.9	8.6±1.5	NA
		e 8mg							
		placebo	95	59.8±10.5	61.1	30.1	4.5	8.7±1.5	
Juhl, 2003 ^[41]	13	rosiglitazon	10	54.0±9.0	90.0	30.0	NA	7.0±1.4	NA
		e 8mg							
		placebo	10	54.0±9.0	60.0	31.7	NA	6.8±1.0	
Lautamaki,	16	rosiglitazon	27	64.1±7.8	70.4	29.6	6.7	7.3±0.9	NA

2005 ^[42]		e 8mg							
		placebo	27	63.2±7.4	70.4	29.6	6.8	7.1±0.9	
Miyazaki, 2001	12	rosiglitazon	15	NA	NA	30.0	NA	8.7±0.4	NA
^[43]		e 8mg							
		placebo	14	NA	NA	30.1	NA	8.3±0.4	
Oz Gul, 2008	12	rosiglitazon	11	NA	NA	28.3	NA	7.0±1.1	NA
^[44]		e 4mg							
		placebo	10	NA	NA	29.2	NA	6.4±1.1	
Oz Gul, 2010	12	rosiglitazon	20	NA	NA	29.6	NA	7.3±1.3	NA
^[45]		e 4mg							
		placebo	21	NA	NA	29.6	NA	7.3±0.9	
Patel, 1999 ^[46]	12	rosiglitazon	80	59.7±10.0	68.8	28.4	5.8	9.0±NA	Caucasian
		e 4mg							(73%)
		placebo	75	56.8±11.5	69.3	28.9	4.2	9.1±NA	
Phillips, 2001	16	rosiglitazon	187	56.5±9.7	65.2	29.9	5.9	9.0±1.5	Caucasian
^[47]		e 8mg							(71%)
		placebo	173	57.7±9.2	68.8	29.1	6.6	8.9±1.5	

Raskin, 2000 [48]	8	rosiglitazon e 4mg	73	58.5±9.8	61.6	30.2	5.6	8.7±1.4	Caucasian (71%)
		placebo	69	60.1±9.4	59.4	30.4	4.0	8.7±1.6	
Tan, 2005 [49]	24	rosiglitazon e 8mg	6	NA	NA	30.8	NA	7.2±0.3	NA
		placebo	6	NA	NA	30.8	NA	7.5±0.4	
Barnett, 2003 [50]	26	rosiglitazon e 8mg	84	54.3±24.0	80.0	26.8	6.5	9.2±1.3	Asian (100%)
		placebo	87	54.1±23.0	75.0	26.4	6.5	9.1±1.3	
Bertrand, 2010 [51]	52	rosiglitazon e 8mg	98	64.2±7.3	92.0	30.2	7.8	6.9±1.3	NA
		placebo	95	65.9±6.9	92.0	29.5	8.4	6.9±0.8	
Dailey, 2004 [52]	24	rosiglitazon e 8mg	181	57.0±9.0	58.0	32.0	9.0	8.1±0.9	Caucasian (77%)
		placebo	184	57.0±10.0	61.0	32.0	9.0	8.1±0.8	
Davidson, 2007 [53]	24	rosiglitazon e 8mg	117	52.0±11.9	45.3	31.3	6.0	9.2±1.3	NA

			placebo	116	53.0±10.4	48.3	31.9	6.2	9.4±1.4	
Derosa, 2008	26		rosiglitazon	56	55.0±4.0	46.4	28.6	3.0	7.8±0.7	Caucasian
[54]			e 8mg							(100%)
			placebo	61	54.0±3.0	47.5	28.4	4.0	8.0±0.9	
Fonseca, 2000	26		rosiglitazon	110	58.3±8.8	68.2	29.8	8.3	8.9±1.5	Caucasian
[55]			e 8mg							(77%)
			placebo	113	58.8±9.2	74.3	30.3	7.3	8.6±1.3	
Hollander, 2007	24		rosiglitazon	189	52.6±10.1	48.1	33.7	13.0	9.0±1.2	Caucasian
[56]			e 4mg							(57%)
			placebo	186	53.8±10.2	46.2	33.0	12.6	9.1±1.3	
Marre, 2009	26		rosiglitazon	232	56.0±9.8	47.0	29.4	6.6	8.4±1.0	NA
[57]			e 4mg							
			placebo	114	54.7±10.0	47.0	30.3	6.5	8.4±1.0	
Negro, 2005	52		rosiglitazon	19	60.3±6.4	52.6	28.3	7.1	8.4±0.6	Asian
[58]			e 8mg							(100%)
			placebo	19	59.0±8.0	63.2	28.7	6.6	8.1±0.5	
Raskin, 2001	26		rosiglitazon	103	57.1±10.2	54.4	32.3	12.5	9.0±1.3	Caucasian
[59]										

		e 8mg							(71%)
		placebo	104	55.6±10.3	55.8	32.7	11.7	8.9±1.1	
Reynolds, 2002	26	rosiglitazon	8	NA	NA	36.4	NA	8.0±0.3	NA
[60]		e 4mg							
		placebo	10	NA	NA	36.3	NA	9.8±0.5	
Rosenstock, 2008	26	rosiglitazon	59	63.0±9.0	44.0	29.9	6.4	8.1±1.5	Caucasian
[61]		e 8mg							(100%)
		placebo	57	65.0±9.0	60.0	29.1	6.6	7.9±1.3	
Wolffenbuttel, 2000	26	rosiglitazon	183	60.6±8.7	55.2	28.3	7.0	9.2±1.2	Caucasian
[62]		e 4mg							(98%)
		placebo	192	61.9±9.1	57.3	28.1	8.0	9.2±1.3	
Yang, 2002	26	rosiglitazon	30	58.9±9.4	43.3	25.8	NA	9.5±1.1	NA
[63]		e 4mg							
		placebo	34	57.8±8.9	38.2	25.8	NA	9.7±1.4	
Zhu, 2003	24	rosiglitazon	210	58.9±6.9	48.0	24.9	7.9	9.8±1.5	Asian
[64]		e 8mg							(100%)
		placebo	105	58.8±7.7	46.0	25.1	7.6	9.8±1.3	

Gruntmanis, 2010 ^[65]	26	rosiglitazon e 4mg	56	56.7±8.8	41.0	33.9	NA	7.6±1.8	Caucasian
		placebo	55	55.8±8.3	40.0	33.5	NA	7.6±1.7	
Gold, 2010 ^[66]	24	rosiglitazon e 2mg	162	71.7±8.6	36.0	24.3	NA	NA	Caucasian (67%)
		placebo	159	72.5±8.6	40.0	25.3	NA	NA	
Hallsten, 2002 ^[67]	26	rosiglitazon e 4mg	14	58.6±2.0	71.4	29.3	NA	6.8±0.2	NA
		placebo	14	57.7±1.9	71.4	30.3	NA	6.3±0.1	
Kim, 2005 ^[68]	12	rosiglitazon e 4mg	63	58.8±8.8	66.7	23.9	12.0	9.7±1.7	Asian (100%)
		placebo	62	58.1±9.5	62.9	24.5	10.1	9.3±1.3	
Lebovitz, 2001 ^[69]	26	rosiglitazon e 8mg	169	61.0±9.5	66.9	29.1	5.4	8.8±1.6	Caucasian (73%)
		placebo	158	59.0±10.9	65.8	29.9	4.6	9.0±1.7	
Natali, 2004 ^[70]	16	rosiglitazon e 8mg	24	59.0±7.0	NA	27.6	6.5	7.7±1.2	NA

		placebo	22	58.0±9.0	NA	30.2	3.4	7.6±0.8	
Osman, 2004	26	rosiglitazon	8	53.5±12.0	12.5	NA	7.8	10.3±3.2	NA
[71]		e 4mg							
		placebo	8	57.3±20.5	62.5	NA	6.8	8.7±1.9	
Jones, 2003	[72] 26	rosiglitazon	99	56.6±10.0	57.0	33.7	5.0	8.8±1.4	NA
		e 8mg +							
		metformin							
		Placebo +	118	57.5±9.0	70.0	34.0	5.0	8.7±1.3	
		metformin							
Vongthavarava	26	rosiglitazon	164	54.6±23.0	45.7	27.1	5.0	9.1±NA	Caucasian
t, 2008	[73]	e 4mg							
		placebo	170	57.3±20.0	42.4	27.1	6.0	8.9±NA	
Agrawal, 2003	26	rosiglitazon	260	56.5±9.0	67.7	31.0	7.7	9.2±1.3	NA
[74]		e 4mg							
		placebo	263	57.2±8.0	66.5	30.7	7.7	9.2±1.4	
Albertini, 2007	12	rosiglitazon	64	55.5±8.0	65.6	31.3	4.3	NA	Caucasian
[75]		e 8mg							(94%)

		placebo	71	56.4±6.9	63.4	29.8	4.1	NA	
Bhatt, 2007 ^[76]	52	rosiglitazon e 8mg	102	59.4±9.8	80.4	NA	NA	5.8±1.3	Caucasian (99%)
		placebo	98	59.4±9.6	79.6	NA	NA	5.7±0.2	
Dargie, 2007 ^[77]	52	rosiglitazon e 8mg	108	64.3±8.8	84.3	28.8	NA	7.8±1.3	Caucasian (99%)
		placebo	110	63.9±8.6	79.1	28.6	NA	7.8±1.3	
DREAM, 2006 ^[78]	156	rosiglitazon e 8mg	2635	54.6±10.9	41.7	30.8	NA	NA	NA
		placebo	2634	54.8±10.9	39.9	31.0	NA	NA	
Hedblad, 2007 ^[79]	52	rosiglitazon e 8mg	99	67.0±6.0	51.0	30.0	3.7	6.9±0.8	NA
		placebo	101	66.0±8.0	59.0	29.0	4.5	6.9±0.8	
Troglitazone (thiazolidinedione)									
Ebeling, 1999 ^[80]	16	troglitazone 400mg	15	62.6±2.2	33.3	32.2	15.9	8.7±0.3	NA
		placebo	12	63.5±2.8	50.0	33.1	14.3	8.8±0.3	

Fonseca, 1998-1	26	troglitazone	18	60.4±5.9	44.4	37.3	NA	9.5±2.0	NA
[81]		600mg							
		placebo	8	52.6±7.5	37.5	39.6	NA	10.1±1.4	
Fonseca, 1998-2	26	troglitazone	19	54.0±11.0	59.2	32.4	5.3	8.5±2.1	Caucasian
[82]		400mg							(74%)
		placebo	18	54.0±11.0	59.2	32.4	5.3	8.7±1.9	
Iwamoto, 1996-1	12	troglitazone	136	54.6±10.1	50.7	24.1	6.3	8.6±1.5	NA
[83]		400mg							
		placebo	126	57.4±9.3	53.2	24.7	7.5	8.5±1.5	
Iwamoto, 1996-2	12	troglitazone	122	57.8±9.0	50.8	23.7	NA	9.2±1.4	NA
[84]		400mg							
		placebo	126	58.7±8.0	42.9	23.3	NA	9.0±1.5	
Kumar, 1996	12	troglitazone	49	56.0±15.5	57.1	27.7	6.0	6.9±NA	NA
[85]		800mg							
		placebo	49	57.0±15.5	73.5	28.9	7.0	7.0±NA	
Rosenstock, 2002	16	troglitazone	150	58.0±26.5	59.0	29.5	NA	8.4±1.1	Caucasian
[86]		600mg							(79%)

		placebo	148	58.0±25.5	59.0	29.0	NA	8.2±1.2	
Buras, 2005 ^[87]	12	troglitazone 600mg	33	58.0±9.0	60.6	30.9	8.0	7.6±1.4	NA
		placebo	39	57.0±9.0	66.7	32.6	8.0	7.9±1.4	
Buse, 1998 ^[88]	26	troglitazone 400mg	76	58.0±10.0	50.0	34.8	NA	9.0±1.4	Caucasian (80%)
		placebo	71	57.0±11.0	49.0	34.5	NA	9.0±1.4	
Buyschaert, 1999 ^[89]	16	troglitazone 200mg	90	60.0±25.5	66.7	NA	6.4	7.9±NA	Caucasian (91%)
		placebo	85	60.0±21.5	51.8	NA	7.8	8.5±NA	
Kelly, 1999 ^[90]	12	troglitazone 600mg	11	58.0±8.6	72.7	28.7	NA	7.5±1.4	NA
		placebo	10	58.6±7.5	80.0	28.6	NA	8.4±1.5	
Mimura, 1994 ^[91]	12	troglitazone 400mg	8	53.0±NA	50.0	22.4	NA	9.3±0.4	NA
		placebo	6	58.0±NA	50.0	21.3	NA	9.7±0.3	
Osende, 2001	12	troglitazone	19	57.2±1.8	68.4	30.4	NA	9.1±0.3	NA

[92]		600mg							
		placebo	21	57.0±1.7	52.4	31.5	NA	9.2±0.2	
Schwartz, 1998	26	troglitazone	116	56.0±9.0	46.0	35.1	10.0	9.3±1.1	Caucasian
[93]		600mg							(67%)
		placebo	118	56.0±10.0	51.0	35.0	10.0	9.4±1.1	
Yale, 2001	[94] 24	troglitazone	101	58.0	55.0	30.1	11.9	9.6±0.1	NA
		400mg							
		placebo	99	60.0	58.0	30.0	10.8	9.7±0.1	

NA: Not available; BMI: Body mass index; HbA1c: Hemoglobin A1c.

DREAM: Diabetes REduction Assessment with ramipril and rosiglitazone Medication.

Supplementary Table 2 Risk of bias in included studies (by Cochrane collaboration's tool)

Author, year	Adequate randomization sequence generation	Adequate allocation concealment	Blinding of participants and caregivers	Blinding of outcome assessors and adjudicators	Free frequent missing outcome data	Free of selective outcome reporting	Free of other bias
Chigitazar (chigitazar)							
Ji, 2021 ^[1]	Definitely yes Randomization was achieved via a web response system with a computer-generated random sequence	Definitely yes Sponsors and investigators did not have access to the randomization sequence	Definitely yes	Definitely yes	Probably no Data of 22/166 (13.3%) participants from experimental group and 40/202 (19.8%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced

Pioglitazone (thiazolidinedione)

Aronoff, 2000 ^[2]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 37/85 (44%) participants from experimental group and 26/79 (33%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Chou, 2012 ^[3]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 172/751 (22.9%) participants from experimental	Definitely yes	Probably yes Baseline characteristics were generally balanced

					group and 41/137 (29.9%) from control group missed		
Colca, 2013 ^[4]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Khan, 2006 ^[5]	Probably yes Randomized, multicentered, double-blinded trials	Probably yes Randomized, multicentered, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Kong, 2011 ^[6]	Definitely yes	Probably yes	Definitely	Definitely	Probably no	Definitely	Probably yes

	Eligible patients were randomized in a double blinded fashion	Randomized, double-blinded trials	yes	yes	Data of 3/37 (8.1%) participants from experimental group and 7/32 (21.9%) from control group missed	yes	Baseline characteristics were generally balanced
Miyazaki, 2001 ^[7]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Miyazaki, 2002 ^[8]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no No information	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			of missed data was reported		characteristics were generally balanced
Rosenblatt, 2001 [9]	Definitely yes Patients were given a unique double-blind number in accordance with a randomization schedule	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 54/197 (27.4%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Scherbaum, 2002 [10]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally

Sourij, 2006 ^[11]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	balanced Probably yes Baseline characteristics were generally balanced
Truitt, 2010 ^[12]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Definitely no Data of 51/91 (56.0%) participants from experimental group and 66/92 (71.7%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced

Wallace, 2004 ^[13]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Berhanu, 2007 ^[14]	Definitely yes Patients were randomized according to a computer-generated schedule	Definitely yes The tablets were indistinguishable from one another in all observable characteristics	Definitely yes	Definitely yes	Probably no Data of 14/110 (12.7%) participants from experimental group and 10/112 (8.9%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Brackenridge,	Definitely yes	Definitely yes	Definitely	Definitely	Probably no	Definitely	Probably yes

2009 ^[15]	Patients were randomized according to a computergenerated schedule	The tablets were indistinguishable from one another in all observable characteristics	yes	yes	Data of 13/98 (13.3%) participants from experimental group and 8/95 (8.4%) from control group missed	yes	Baseline characteristics were generally balanced
Charpentier, 2009 ^[16]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 11/145 (7.6%) participants from experimental group and 21/154 (13.6%)	Definitely yes	Probably yes Baseline characteristics were generally balanced

					from control group missed		
Galle, 2012 ^[17]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 4/19 (21.1%) participants from experimental group and 6/17 (35.3%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Gastaldelli, 2007 ^[18]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally

Grey, 2012 ^[19]	Definitely yes Randomization with a variable block size schedule based on computer generated random numbers	Definitely yes Only the statistician had access to treatment allocation and he had no contact with participants.	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Henriksen, 2011 ^[20]	Definitely yes Randomization by a contract service provider	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 17/102 (16.7%) participants from experimental group and	Definitely yes	Probably yes Baseline characteristics were generally balanced

					32/109 (29.4%) from control group missed		
Kaku, 2009 ^[21]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 9/83 (10.8%) participants from experimental group and 7/86 (8.1%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Kawamori, 1998 ^[22]	Definitely yes Randomized allocation performed	Definitely yes Randomized allocation performed	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were

	blocks of three patients	blocks of three patients					generally balanced
Kipnes, 2001 ^[23]	Probably yes Randomized, double-blinded trials	Definitely yes Randomized allocation was performed for blocks of three patients	Definitely yes	Definitely yes	Probably no Data of 82/560 (14.6%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Mattoo, 2005 ^[24]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 14/142 (9.9%) participants from experimental group and 12/147 (8.2%) from control	Definitely yes	Probably yes Baseline characteristics were generally balanced

					group missed		
Nakamura, 2001 [25]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Pan, 2002 [26]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Smith, 2005 [27]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 6/48 (12.5%) participants in	Definitely yes	Probably yes Baseline characteristics were

					overall study missed		generally balanced
Sridhar, 2013 ^[28]	Probably yes Randomized, double-blinded trials	Definitely yes Both patients and physicians were blinded to the treatment	Definitely yes	Definitely yes	Probably no Data of 4/44 (9.1%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Grey, 2014 ^[29]	Definitely yes Randomization using a variable block size schedule based on computer-generated random numbers	Definitely yes All the other study personnel and subjects were blinded to treatment allocation throughout	Definitely yes	Definitely yes	Probably no Data of 3/43 (7.0%) participants from experimental group and 2/43 (4.7%) from control group	Definitely yes	Probably yes Baseline characteristics were generally balanced

Bray, 2013 ^[30]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no missed No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Bone, 2013 ^[31]	Definitely yes Computer-generated randomization schedule with no stratification	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 21/78 (26.9%) participants from experimental group and 18/78 (23.1%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced

Dormandy, 2005 [32]	Definitely yes Randomization via a central interactive voice response system	Definitely yes Allocation was done by the method of randomized permuted blocks within centre	Definitely yes	Definitely yes	Probably no Data of 178/2605 (6.8%) participants from experimental group and 187/2633 (7.1%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Satoh, 2003 [33]	Definitely yes Randomization via a central interactive voice response system	Definitely yes Allocation was done by the method of randomized permuted blocks within centre	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced

McMahon, 2005 [34]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 2/10 (20.0%) participants from experimental group and 2/10 (20.0%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Herz, 2003 [35]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 7/99 (7.1%) participants from experimental group and	Definitely yes	Probably yes Baseline characteristics were generally balanced

						11/99 (11.1%) from control group missed		
Einhorn, [36]	2000	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 21/168 (12.5%) participants from experimental group and 37/160 (23.1%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Erdmann, [37]	2007	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were

generally
balanced

Rosiglitazone (thiazolidinedione)

Carey, 2002 ^[38]	Definitely yes Patients were then randomized in equal numbers	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Gastaldelli, 2006 ^[39]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Gastaldelli, 2007 ^[18]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no No information	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			of missed data was reported		characteristics were generally balanced
Haffner, 2002 ^[40]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Juhl, 2003 ^[41]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Lautamaki, 2005	Probably yes	Probably yes	Definitely	Definitely	Probably no	Definitely	Probably yes

[42]	Randomized, double-blinded trials	Randomized, double-blinded trials	yes	yes	Data of 4/62 (6.5%) participants in overall study missed	yes	Baseline characteristics were generally balanced
Miyazaki, 2001	Probably yes	Probably yes	Definitely	Definitely	Probably no	Definitely	Probably yes
[43]	Randomized, double-blinded trials	Randomized, double-blinded trials	yes	yes	No information of missed data was reported	yes	Baseline characteristics were generally balanced
Oz Gul, 2008 [44]	Probably yes	Probably yes	Definitely	Definitely	Probably no	Definitely	Probably yes
	Randomized, double-blinded trials	Randomized, double-blinded trials	yes	yes	No information of missed data was reported	yes	Baseline characteristics were generally balanced

Oz Gul, 2010 ^[45]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Patel, 1999 ^[46]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 69/380 (18.2%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Phillips, 2001 ^[47]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 39/187 (20.7%) participants from	Definitely yes	Probably yes Baseline characteristics were generally

					experimental group and 66/173 (38.4%) from control group missed		balanced
Raskin, 2000 ^[48]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 10/73 (13%) participants from experimental group and 17/69 (24%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Tan, 2005 ^[49]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no No information	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			of missed data was reported		characteristics were generally balanced
Barnett, 2003 ^[50]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 4/84 (4.8%) participants from experimental group and 9/87 (10.3%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Bertrand, 2010 ^[51]	Definitely yes Treatment assignment	Definitely yes Allocation of blinded study	Definitely yes	Definitely yes	Probably no Data of 13/98 (13.3%)	Definitely yes	Probably yes Baseline characteristics

	remained throughout study	blinded the	medication were provided to each patient			participants from experimental group and 8/95 (8.4%) from control group missed	were generally balanced
Dailey, 2004 ^[52]	Probably yes Randomized, double-blinded trials		Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 101/365 (27.7%) participants in overall study missed	Definitely yes Baseline characteristics were generally balanced
Davidson, 2007 ^[53]	Definitely yes Randomized centrally and used an interactive voice		Definitely yes Randomized centrally and used an	Definitely yes	Definitely yes	Probably no Data of 23/117 (19.7%) participants	Definitely yes Baseline characteristics were

	response system	interactive voice response system			from experimental group and 22/116 (19.0%) from control group missed		generally balanced
Derosa, 2008 ^[54]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Fonseca, 2000 ^[55]	Definitely yes Randomization was computer generated	Definitely yes No participants knew the allocation until completion	Definitely yes	Definitely yes	Probably no Data of 18/110 (16.4%) participants from	Definitely yes	Probably yes Baseline characteristics were generally

					experimental group and 22/113 (19.5%) from control group missed		balanced
Hollander, 2007 [56]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 62/209 (29.7%) participants from experimental group and 63/212 (29.7%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Marre, 2009 [57]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no Data of 37/231	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			(16.0%) participants from experimental group and 31/114 (27.1%) from control group missed		characteristics were generally balanced
Negro, 2005 ^[58]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Definitely yes No data of participants were missed in this trial	Definitely yes	Probably yes Baseline characteristics were generally balanced
Raskin, 2001 ^[59]	Definitely yes Randomization codes were	Definitely yes No personnel in this study knew	Definitely yes	Definitely yes	Probably no Data of 24/103 (23.0%)	Definitely yes	Probably yes Baseline characteristics

	generated with an internal software system	with an details about the software allocation			participants from experimental group and 22/104 (21.0%) from control group missed		were generally balanced
Reynolds, 2002 [60]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Rosenstock, 2008 [61]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 2/59 (3.4%) participants	Definitely yes	Probably yes Baseline characteristics were

					from experimental group and 5/57 (8.8%) from control group missed		generally balanced
Wolffenbuttel, 2000 [62]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 44/183 (24%) participants from experimental group and 69/192 (36%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Yang, 2002 [63]	Probably yes	Probably yes	Definitely	Definitely	Probably no	Definitely	Probably yes

	Randomized, double-blinded trials	Randomized, double-blinded trials	yes	yes	No information of missed data was reported	yes	Baseline characteristics were generally balanced
Zhu, 2003 ^[64]	Definitely yes Randomization was achieved using computer-generated codes	Definitely yes Allocation code was obtained from an opaque envelope	Definitely yes	Definitely yes	Probably no Data of 24/210 (11.3%) participants from experimental group and 37/105 (34.8%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Gruntmanis, 2010 ^[65]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no Data of 18/74	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			(24.3%)		characteristics were generally balanced
					participants from experimental group and 21/76 (27.6%) from control group missed		
Gold, 2010 [66]	Definitely yes	Probably yes	Definitely yes	Definitely yes	Probably no	Definitely yes	Probably yes
	Randomization was conducted by software	Randomized, double-blinded trials			Data of 29/156 (18.6%) participants from experimental group and 28/159 (17.6%) from control		Baseline characteristics were generally balanced

Hallsten, 2002 [67]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Kim, 2005 [68]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 6/63 (9.5%) participants from experimental group and 2/62 (3.2%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced

Lebovitz, 2001 [69]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 45/169 (26.6%) participants from experimental group and 77/158 (48.7%) from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Natali, 2004 [70]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 4/24 (17%) participants from experimental group and 6/22	Definitely yes	Probably yes Baseline characteristics were generally balanced

					(29%)	from	
					control	group	
					missed		
Osman, 2004 ^[71]	Probably yes	Probably yes	Definitely yes	Definitely yes	Definitely yes	Definitely yes	Probably yes
	Randomized, double-blinded trials	Randomized, double-blinded trials			No data of participants were missed in this trial		Baseline characteristics were generally balanced
Jones, 2003 ^[72]	Probably yes	Probably yes	Definitely yes	Definitely yes	Probably no	Definitely yes	Probably yes
	Randomized, double-blinded trials	Randomized, double-blinded trials			No information of missed data was reported		Baseline characteristics were generally balanced
Vongthavaravat, 2008 ^[73]	Definitely yes	Definitely yes	Definitely yes	Definitely yes	Probably no	Definitely yes	Probably yes
	Randomization	Treatment			Data of 36/164		Baseline

		list was computer generated	allocation codes were concealed in opaque envelopes			(22.0%)		characteristics were generally balanced
						participants from experimental group and 60/170 (35.3%) from control group missed		
Agrawal, [74]	2003	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Albertini, [75]	2007	Probably yes Randomized, double-blinded	Probably yes Randomized, double-blinded	Definitely yes	Definitely yes	Probably no Data of 2/64 (22.0%)	Definitely yes	Probably yes Baseline characteristics

	trials	trials			participants from experimental group and 9/71 (35.3%) from control group missed		were generally balanced
Bhatt, 2007 ^[76]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Dargie, 2007 ^[77]	Definitely yes Randomization list was computer generated	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 30/108 (27.8%) participants	Definitely yes	Probably yes Baseline characteristics were

						from experimental group and 32/110 (29.1%) from control group missed		generally balanced
DREAM, [78]	2006	Definitely yes Randomization by a concealed and computerized telephone system	Definitely yes Randomization by a concealed and computerized telephone system	Definitely yes	Definitely yes	Probably no Data of 772/2635 (29.3%) participants from experimental group and 658/2634 (25.0%) from control group	Definitely yes	Probably yes Baseline characteristics were generally balanced

						missed		
Hedblad, 2007 [79]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 108/442 (24.4%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced	
Troglitazone (thiazolidinedione)								
Ebeling, 1999 ^[80]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced	
Fonseca, 1998-1 [81]	Probably yes Randomized, double-blinded	Probably yes Randomized, double-blinded	Definitely yes	Definitely yes	Probably no No information of missed data	Definitely yes	Probably yes Baseline characteristics	

	trials	trials			was reported		were generally balanced
Fonseca, 1998-2 [82]	Definitely yes Randomization through double-blinded schedule	Probably yes a double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 13% participants from experimental group and 26% from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Iwamoto, 1996-1 [83]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 9/136 (6.6%) participants from experimental	Definitely yes	Probably yes Baseline characteristics were generally balanced

group and
13/126 (10.3%)
from control
group missed

Probably no
Data of 23/145
(15.9%)
participants
from
experimental
group and
20/146 (13.7%)
from control
group missed

Probably no
Data of 23/145
(15.9%)

Definitely
yes

Definitely
yes

Iwamoto, 1996-2
[84]

Probably yes
Randomized,
double-blinded
trials

Probably yes
Randomized,
double-blinded

Probably yes
Randomized,
double-blinded
trials

Probably yes
Randomized,
double-blinded

Definitely
yes

Definitely
yes

Definitely
yes

Definitely
yes

Probably yes
Baseline
characteristics
were
generally
balanced

Probably yes
Baseline
characteristics

	trials	trials			participants from experimental group and 20/146 (13.7%) from control group missed		were generally balanced
Kumar, 1996 ^[85]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 17% participants from experimental group and 33% from control group missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Rosenstock, 2002 ^[86]	Definitely yes Randomization	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no Data of 45/151	Definitely yes	Probably yes Baseline

	through the use of double-blind double-dummy trials blinding of the study medications	double-blinded trials			(29.8%) participants from experimental group and 55/148 (37.2%) from control group missed		characteristics were generally balanced
Buras, 2005 ^[87]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Definitely yes No data of participants were missed in this trial	Definitely yes	Probably yes Baseline characteristics were generally balanced
Buse, 1998 ^[88]	Probably yes Randomized, double-blinded	Probably yes Randomized, double-blinded	Definitely yes	Definitely yes	Probably no Data of 28/222 (12.6%)	Definitely yes	Probably yes Baseline characteristics

	trials	trials			participants in overall study missed		were generally balanced
Buysschaert, 1999 ^[89]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 13/259 (5.0%)	Definitely yes	Probably yes Baseline characteristics were generally balanced
Kelly, 1999 ^[90]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no No information of missed data was reported	Definitely yes	Probably yes Baseline characteristics were generally balanced
Mimura, 1994 ^[91]	Probably yes Randomized,	Probably yes Randomized,	Definitely yes	Definitely yes	Probably no No information	Definitely yes	Probably yes Baseline

	double-blinded trials	double-blinded trials			of missed data was reported		characteristics were generally balanced
Osende, 2001 ^[92]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Definitely yes No data of participants were missed in this trial	Definitely yes	Probably yes Baseline characteristics were generally balanced
Schwartz, 1998 ^[93]	Probably yes Randomized, double-blinded trials	Probably yes Randomized, double-blinded trials	Definitely yes	Definitely yes	Probably no Data of 46/350 (13.1%) participants in overall study missed	Definitely yes	Probably yes Baseline characteristics were generally balanced
Yale, 2001 ^[94]	Definitely yes	Definitely yes	Definitely	Definitely	Probably no	Definitely	Probably yes

Computer-generated randomization schedule for the entire study	Participants involved in work were blinded to treatment	yes	yes	Data of 9/101 (8.9%) participants from experimental group and 13/99 (13.1%) from control group missed	yes	Baseline characteristics were generally balanced
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DREAM: Diabetes REduction Assessment with ramipril and rosiglitazone Medication.

Supplementary Table 3 Subgroup analyses for indirect comparison of efficacy and safety between chiglitazar in augmented doses and TZD

Efficacy endpoints & Subgroups	Weighted mean difference (WMD)	95% Confidential intervals (CIs)
HbA1c (%)		
Age ≥ 60 years old	-0.295	-0.407, -0.184
Age < 60 years old	-0.090	-0.239, 0.060
Baseline HbA1c ≥ 8.5%	-0.439	-0.577, -0.300
Baseline HbA1c < 8.5%	0.143	-0.015, 0.301
BMI ≥ 30kg/m²	-0.244	-0.404, -0.084
BMI < 30kg/m ²	-0.003	-0.173, 0.166
Diabetes duration ≥ 10 years	-0.076	-0.444, 0.293
Diabetes duration < 10 years	-0.162	-0.306, -0.018
Male percentage ≥ 50%	-0.141	-0.274, -0.008
Male percentage < 50%	-0.087	-0.331, 0.157
Asian predominant	0.024	-0.205, 0.253
Caucasian predominant	-0.127	-0.299, 0.045

Follow-up duration ≥ 24 weeks	-0.232	-0.372, -0.092
Follow-up duration < 24 weeks	-0.370	-0.212, 0.138
Monotherapy	-0.197	-0.342, -0.051
Combined therapy	-0.100	-0.289, 0.088
TZD subtypes		
Pioglitazone 30mg	-0.199	-0.429, 0.032
Pioglitazone 45mg	-0.110	-0.537, 0.318
Rosiglitazone 4mg	-0.389	-0.667, -0.111
Rosiglitazone 8mg	0.164	0.009, 0.319
Troglitazone 400mg	-0.297	-0.862, 0.268
Troglitazone 600mg	-0.038	-0.314, 0.238
FBG (mmol/L)		
Age ≥ 60 years old	0.141	-0.405, 0.687
Age < 60 years old	0.558	-0.024, 1.139
Baseline HbA1c ≥ 8.5%	-0.067	-0.656, 0.521
Baseline HbA1c < 8.5%	1.048	0.439, 1.658
BMI ≥ 30kg/m ²	0.505	-0.111, 1.121

BMI < 30kg/m ²	0.542	-0.025, 1.109
Diabetes duration ≥ 10 years	0.666	0.030, 1.301
Diabetes duration < 10 years	0.439	-0.060, 0.937
Male percentage ≥ 50%	0.664	-0.052, 1.380
Male percentage < 50%	0.490	-0.178, 1.158
Asian predominant	0.460	-0.240, 1.161
Caucasian predominant	0.745	-0.166, 1.323
Follow-up duration ≥ 24 weeks	0.533	-0.059, 1.125
Follow-up duration < 24 weeks	0.449	-0.130, 1.029
Monotherapy	0.536	-0.048, 1.120
Combined therapy	0.433	-0.205, 1.071
TG (mmol/L)		
Age ≥ 60 years old	-0.160	-0.286, -0.035
Age < 60 years old	-0.151	-0.233, -0.069
Baseline HbA1c ≥ 8.5%	-0.269	-0.356, -0.182
Baseline HbA1c < 8.5%	-0.036	-0.138, 0.065
BMI ≥ 30kg/m²	-0.109	-0.213, -0.006

BMI < 30kg/m²	-0.222	-0.307, -0.136
Diabetes duration ≥ 10 years	-0.004	-0.385, 0.376
Diabetes duration < 10 years	-0.243	-0.341, -0.145
Male percentage ≥ 50%	-0.146	-0.231, -0.061
Male percentage < 50%	-0.043	-0.364, 0.277
Asian predominant	-0.299	-0.326, -0.273
Caucasian predominant	-0.172	-0.246, -0.098
Follow-up duration ≥ 24 weeks	-0.167	-0.260, -0.074
Follow-up duration < 24 weeks	-0.176	-0.277, -0.075
Monotherapy	-0.174	-0.250, -0.098
Combined therapy	-0.172	-0.283, -0.062
TZD subtypes		
Pioglitazone 30mg	-0.055	-0.182, 0.073
Pioglitazone 45mg	0.106	-0.110, 0.321
Rosiglitazone 4mg	-0.580	-0.861, -0.299
Rosiglitazone 8mg	-0.221	-0.363, -0.079
Troglitazone 400mg	0.082	-0.355, 0.519

Troglitazone 600mg	-0.518	-1.031, -0.004
HDL-C (mmol/L)		
Age ≥ 60 years old	-0.020	-0.054, 0.015
Age < 60 years old	-0.005	-0.030, 0.019
Baseline HbA1c ≥ 8.5%	-0.001	-0.280, 0.025
Baseline HbA1c < 8.5%	-0.007	-0.035, 0.022
BMI ≥ 30kg/m ²	-0.023	-0.052, 0.006
BMI < 30kg/m ²	0.014	-0.002, 0.029
Diabetes duration ≥ 10 years	-0.054	-0.105, -0.004
Diabetes duration < 10 years	0.004	-0.011, 0.019
Male percentage ≥ 50%	-0.011	-0.034, 0.012
Male percentage < 50%	-0.017	-0.056, 0.021
Asian predominant	0.006	-0.034, 0.046
Caucasian predominant	-0.010	-0.035, 0.015
Follow-up duration ≥ 24 weeks	-0.002	-0.026, 0.022
Follow-up duration < 24 weeks	-0.006	-0.047, 0.034
Monotherapy	0.013	-0.007, 0.033

Combined therapy	-0.027	-0.059, 0.004
LDL-C (mmol/L)		
Age ≥ 60 years old	0.156	-0.011, 0.324
Age < 60 years old	0.095	0.045, 0.146
Baseline HbA1c ≥ 8.5%	0.156	0.084, 0.229
Baseline HbA1c < 8.5%	0.090	0.021, 0.159
BMI ≥ 30kg/m²	0.129	0.066, 0.192
BMI < 30kg/m²	0.121	0.015, 0.227
Diabetes duration ≥ 10 years	0.032	-0.102, 0.165
Diabetes duration < 10 years	0.114	0.049, 0.178
Male percentage ≥ 50%	0.108	0.049, 0.166
Male percentage < 50%	0.131	0.027, 0.235
Asian predominant	0.195	-0.059, 0.449
Caucasian predominant	0.142	0.092, 0.193
Follow-up duration ≥ 24 weeks	0.102	0.038, 0.165
Follow-up duration < 24 weeks	0.149	0.063, 0.235
Monotherapy	0.109	0.050, 0.167

Combined therapy	0.156	0.092, 0.219
HOMA-IR		
Age ≥ 60 years old	0.608	-0.177, 1.392
Age < 60 years old	1.014	0.329, 1.699
Baseline HbA1c ≥ 8.5%	0.697	0.226, 1.167
Baseline HbA1c < 8.5%	1.810	-1.229, 4.848
BMI ≥ 30kg/m²	1.450	0.852, 2.048
BMI < 30kg/m ²	0.479	-0.160, 0.973
Diabetes duration ≥ 10 years	0.240	-0.477, 0.957
Diabetes duration < 10 years	0.818	0.446, 1.190
Male percentage ≥ 50%	1.071	0.609, 1.533
Male percentage < 50%	0.059	-0.036, 0.154
Asian predominant	0.096	-0.073, 0.265
Caucasian predominant	1.804	1.023, 2.585
Follow-up duration ≥ 24 weeks	1.080	0.722, 1.437
Follow-up duration < 24 weeks	0.825	-0.622, 2.272
Monotherapy	1.231	0.636, 1.825

Combined therapy	0.180	-0.835, 1.196
HOMA-β		
Age \geq 60 years old	NA	NA
Age < 60 years old	21.709	13.581, 29.826
Baseline HbA1c \geq 8.5%	26.360	8.795, 43.925
Baseline HbA1c < 8.5%	10.577	9.323, 11.830
BMI \geq 30kg/m²	29.421	19.341, 39.502
BMI < 30kg/m²	4.157	0.977, 7.338
Diabetes duration \geq 10 years	8.340	1.192, 15.488
Diabetes duration < 10 years	26.360	8.795, 43.925
Male percentage \geq 50%	19.175	11.873, 26.477
Male percentage < 50%	-0.036	-21.679, 20.959
Asian predominant	8.340	1.192, 15.488
Caucasian predominant	29.421	19.341, 39.502
Follow-up duration \geq 24 weeks	34.761	-23.207, 92.730
Follow-up duration < 24 weeks	7.476	1.937, 13.015
Monotherapy	19.175	11.873, 26.477

Combined therapy	-0.360	-21.679, 20.959
ALT (U/L)		
Age ≥ 60 years old	NA	NA
Age < 60 years old	-5.249	-8.504, -1.994
Baseline HbA1c ≥ 8.5%	-5.249	-8.504, -1.994
Baseline HbA1c < 8.5%	NA	NA
BMI ≥ 30kg/m ²	NA	NA
BMI < 30kg/m²	-5.249	-8.504, -1.994
Diabetes duration ≥ 10 years	NA	NA
Diabetes duration < 10 years	-5.600	-8.984, -2.216
Male percentage ≥ 50%	-3.660	-8.965, 1.645
Male percentage < 50%	-5.600	-8.984, -2.216
Asian predominant	NA	NA
Caucasian predominant	-5.600	-8.984, -2.216
Follow-up duration ≥ 24 weeks	-5.600	-8.984, -2.216
Follow-up duration < 24 weeks	-3.660	-8.965, 1.645
Monotherapy	NA	NA

Combined therapy	-5.249	-8.504, -1.994
AST (U/L)		
Age ≥ 60 years old	NA	NA
Age < 60 years old	-2.976	-9.606, 3.653
Baseline HbA1c ≥ 8.5%	-2.976	-9.606, 3.653
Baseline HbA1c < 8.5%	NA	NA
BMI ≥ 30kg/m ²	NA	NA
BMI < 30kg/m ²	-2.976	-9.606, 3.653
Diabetes duration ≥ 10 years	NA	NA
Diabetes duration < 10 years	0	-2.223, 2.223
Male percentage ≥ 50%	-6.580	-11.140, -2.020
Male percentage < 50%	0	-2.223, 2.223
Asian predominant	NA	NA
Caucasian predominant	0	-2.223, 2.223
Follow-up duration ≥ 24 weeks	NA	NA
Follow-up duration < 24 weeks	-6.580	-11.140, -2.020
Monotherapy	NA	NA

Safety endpoints & Subgroups	Weighted mean difference (WMD)	95% Confidential intervals (CIs)
Combined therapy	-2.976	-9.606, 3.653
Weight gain (kg)		
Age ≥ 60 years old	0.019	-1.039, 1.077
Age < 60 years old	-0.607	-0.607, 1.479
Baseline HbA1c ≥ 8.5%	0.726	-0.074, 1.526
Baseline HbA1c < 8.5%	-0.401	-1.174, 0.372
BMI ≥ 30kg/m ²	-0.241	-0.979, 0.497
BMI < 30kg/m ²	0.990	-0.006, 1.985
Diabetes duration ≥ 10 years	-0.347	-1.437, 0.743
Diabetes duration < 10 years	0.277	-0.685, 1.239
Male percentage ≥ 50%	0.505	-0.248, 1.257
Male percentage < 50%	-0.783	-1.985, 0.420
Asian predominant	0.176	-2.207, 4.559
Caucasian predominant	-0.092	-1.246, 1.061
Follow-up duration ≥ 24 weeks	0.006	-0.979, 0.991

Follow-up duration < 24 weeks	1.058	0.129, 1.987
Monotherapy	0.417	-0.745, 1.579
Combined therapy	0.180	-0.605, 0.965
Safety endpoints & Subgroups	Risk Ratio (RR)	95% Confidential intervals (CIs)
Hypoglycemia		
Age ≥ 60 years old	1.346	0.243, 7.455
Age < 60 years old	1.421	0.260, 7.755
Baseline HbA1c ≥ 8.5%	1.326	0.395, 4.451
Baseline HbA1c < 8.5%	1.495	0.272, 8.213
BMI ≥ 30kg/m ²	1.568	0.289, 8.502
BMI < 30kg/m ²	0.822	0.146, 4.618
Diabetes duration ≥ 10 years	1.486	0.272, 8.131
Diabetes duration < 10 years	1.323	0.241, 7.271
Male percentage ≥ 50%	1.369	0.251, 7.450
Male percentage < 50%	1.441	0.258, 8.039
Asian predominant	0.501	0.067, 3.744

Caucasian predominant	1.502	0.276, 8.179
Follow-up duration ≥ 24 weeks	1.415	0.261, 7.683
Follow-up duration < 24 weeks	NA	NA
Monotherapy	1.719	0.303, 9.758
Combined therapy	1.326	0.244, 7.214
Edema		
Age ≥ 60 years old	10.685	0.608, 187.901
Age < 60 years old	8.092	0.463, 141.328
Baseline HbA1c ≥ 8.5%	11.959	0.694, 206.214
Baseline HbA1c < 8.5%	5.567	0.314, 98.751
BMI ≥ 30kg/m ²	10.444	0.602, 181.049
BMI < 30kg/m ²	7.224	0.400, 130.426
Diabetes duration ≥ 10 years	11.751	0.658, 209.812
Diabetes duration < 10 years	7.083	0.403, 124.504
Male percentage ≥ 50%	7.617	0.437, 132.781
Male percentage < 50%	13.371	0.762, 234.762
Asian predominant	3.101	0.150, 64.158

Caucasian predominant	8.832	0.506, 154.191
Follow-up duration \geq 24 weeks	10.624	0.615, 183.682
Follow-up duration < 24 weeks	2.085	0.062, 70.037
Monotherapy	11.508	0.665, 199.043
Combined therapy	7.988	0.454, 140.549
Bone fracture		
Age \geq 60 years old	6.829	0.349, 133.681
Age < 60 years old	10.219	0.476, 219.314
Baseline HbA1c \geq 8.5%	6.923	0.354, 135.293
Baseline HbA1c < 8.5%	NA	NA
BMI \geq 30kg/m ²	6.923	0.354, 135.293
BMI < 30kg/m ²	16.867	0.643, 442.671
Diabetes duration \geq 10 years	NA	NA
Diabetes duration < 10 years	12.172	0.621, 238.412
Male percentage \geq 50%	6.853	0.323, 145.575
Male percentage < 50%	13.004	0.413, 409.037
Asian predominant	NA	NA

Caucasian predominant	7.331	0.375, 143.448
Follow-up duration ≥ 24 weeks	12.082	0.618, 236.357
Follow-up duration < 24 weeks	NA	NA
Monotherapy	7.224	0.370, 141.070
Combined therapy	NA	NA
Upper respiratory tract infection		
Age ≥ 60 years old	NA	NA
Age < 60 years old	0.891	0.518, 1.532
Baseline HbA1c ≥ 8.5%	1.155	0.561, 2.381
Baseline HbA1c < 8.5%	0.768	0.446, 1.323
BMI ≥ 30kg/m ²	0.856	0.506, 1.448
BMI < 30kg/m ²	0.937	0.405, 2.168
Diabetes duration ≥ 10 years	NA	NA
Diabetes duration < 10 years	0.891	0.518, 1.532
Male percentage ≥ 50%	0.899	0.494, 1.636
Male percentage < 50%	0.833	-0.909, 0.545
Asian predominant	0.937	0.405, 2.168

Caucasian predominant	0.900	0.517, 1.565
Follow-up duration ≥ 24 weeks	0.828	0.501, 1.369
Follow-up duration < 24 weeks	2.085	0.879, 4.946
Monotherapy	0.936	0.538, 1.725
Combined therapy	0.769	0.404, 1.464
Urinary tract infection		
Age ≥ 60 years old	NA	NA
Age < 60 years old	1.171	0.522, 2.629
Baseline HbA1c ≥ 8.5%	1.512	0.511, 4.470
Baseline HbA1c < 8.5%	1.504	0.446, 2.494
BMI ≥ 30kg/m ²	1.512	0.511, 4.470
BMI < 30kg/m ²	1.504	0.446, 2.494
Diabetes duration ≥ 10 years	NA	NA
Diabetes duration < 10 years	1.171	0.522, 2.629
Male percentage ≥ 50%	1.512	0.511, 4.470
Male percentage < 50%	1.504	0.446, 2.494
Asian predominant	1.504	0.446, 2.494

Caucasian predominant	1.512	0.511, 4.470
Follow-up duration \geq 24 weeks	1.171	0.522, 2.629
Follow-up duration < 24 weeks	NA	NA
Monotherapy	0.297	0.584, 1.179
Combined therapy	0.919	0.334, 2.531

The results of significance were emphasized in bold and red text.

Abbreviations: NA, not available; BMI, body mass index; HbA1c, hemoglobin A1c; FBG, fasting blood glucose; TG, triglycerides; LDL-C, low-density lipoprotein cholesterol; HDL-C, high-density lipoprotein cholesterol; HOMA-IR, homeostasis model assessment of insulin resistance; HOMA- β , homeostasis model assessment of β cell function; ALT, alanine aminotransferase; AST, aspartate aminotransferase.

Supplementary Table 4 Meta-regression analyses for potential associated baseline characteristics

Parameter	β	95%CI	P value	Parameter	β	95%CI	P value
HbA1c change (%)							
Age (year old)	0.032	-0.002, 0.068	0.065	Diabetes duration (years)	-0.018	-0.063, 0.027	0.421
Male percentage (%)	0.011	0.002, 0.021	0.019	Study duration (year)	0.007	0.000, 0.013	0.038
BMI (kg/m ²)	0.035	-0.010, 0.080	0.124	Baseline HbA1c (%)	-0.320	-0.427, -0.212	0.0001
Weight change (kg)							
Age (year old)	-0.049	-0.183, 0.085	0.465	Diabetes duration (years)	0.084	-0.081, 0.250	0.303
Male percentage (%)	0.004	-0.026, 0.035	0.772	Study duration (year)	0.013	-0.005, 0.032	0.157
BMI (kg/m ²)	0.081	-0.116, 0.279	0.410	Baseline HbA1c (%)	0.239	-0.244, 0.722	0.323
FBG (mmol/L)							
Age (year old)	0.051	-0.023, 0.125	0.172	Diabetes duration (years)	-0.027	-0.121, 0.067	0.565
Male percentage (%)	0.009	-0.012, 0.029	0.395	Study duration (year)	0.012	-0.003, 0.026	0.106
BMI (kg/m ²)	-0.026	-0.119, 0.067	0.576	Baseline HbA1c (%)	-0.578	-0.768, -0.388	0.0001

TG (mmol/L)								
Age (year old)	0.021	-0.009, 0.050	0.163	Diabetes duration (years)	-0.185	-0.061, 0.024	0.376	
Male percentage (%)	0.006	-0.003, 0.015	0.201	Study duration (year)	-0.000	-0.004, 0.004	0.845	
BMI (kg/m²)	-0.249	-0.442, -0.055	0.013	Baseline HbA1c (%)	-0.060	-0.150, 0.031	0.189	
HDL-c (mmol/L)								
Age (year old)	0.005	-0.003, 0.014	0.239	Diabetes duration (years)	0.008	-0.003, 0.018	0.157	
Male percentage (%)	-0.000	-0.003, 0.002	0.828	Study duration (year)	-0.002	-0.005, 0.001	0.127	
BMI (kg/m ²)	0.003	-0.007, 0.014	0.522	Baseline HbA1c (%)	0.009	-0.018, 0.037	0.498	
LDL-c (mmol/L)								
Age (year old)	0.015	-0.005, 0.036	0.142	Diabetes duration (years)	0.010	-0.013, 0.032	0.389	
Male percentage (%)	-0.006	-0.012, -0.0001	0.046	Study duration (year)	0.000	-0.002, 0.001	0.460	
BMI (kg/m ²)	0.005	-0.021, 0.031	0.708	Baseline HbA1c (%)	0.059	-0.005, 0.123	0.071	
HOMA-IR								
Age (year old)	-0.009	-0.175, 0.156	0.902	Diabetes duration	-0.092	-0.366, 0.182	0.462	

				(years)			
Male percentage (%)	0.041	-0.000, 0.083	0.052	Study duration (year)	-0.020	-0.069, 0.029	0.390
BMI (kg/m ²)	-0.189	-0.389, 0.010	0.061	Baseline HbA1c (%)	-0.573	-1.112, -0.034	0.039
HOMA-β							
Age (year old)	1.408	-16.541, 19.358	0.838	Diabetes duration (years)	-0.602	-21.302, 20.098	0.932
Male percentage (%)	0.038	-4.859, 4.935	0.984	Study duration (year)	-2.129	-8.544, 4.285	0.409
BMI (kg/m ²)	-6.049	-19.920, 7.823	0.293	Baseline HbA1c (%)	3.085	-31.440, 37.609	0.816
Upper respiratory tract infection							
Age (year old)	1.159	0.910, 1.476	0.187	Diabetes duration (years)	1.000	0.759, 1.318	1.000
Male percentage (%)	1.010	0.957, 1.067	0.656	Study duration (year)	1.072	0.999, 1.150	0.051
BMI (kg/m ²)	1.051	0.925, 1.195	0.378	Baseline HbA1c (%)	1.256	0.863, 1.828	0.194
Urinary tract infection							
Age (year old)	1.107	0.828, 1.480	0.426	Diabetes duration (years)	1.112	0.766, 1.615	0.512
Male percentage (%)	1.041	0.855, 1.266	0.638	Study duration (year)	0.821	0.460, 1.465	0.447

BMI (kg/m ²)	0.965	0.729, 1.279	0.770	Baseline HbA1c (%)	1.054	0.543, 2.044	0.857
Edema							
Age (year old)	1.049	0.587, 1.878	0.846	Diabetes duration (years)	0.979	0.653, 1.468	0.904
Male percentage (%)	1.014	0.909, 1.133	0.763	Study duration (year)	1.077	0.888, 1.305	0.395
BMI (kg/m ²)	1.020	0.740, 1.407	0.884	Baseline HbA1c (%)	1.173	0.448, 3.068	0.707
Heart failure							
Age (year old)	0.937	0.826, 1.062	0.275	Diabetes duration (years)	0.967	0.774, 1.210	0.719
Male percentage (%)	0.981	0.953, 1.011	0.185	Study duration (year)	0.999	0.989, 1.009	0.832
BMI (kg/m ²)	1.061	0.768, 1.465	0.691	Baseline HbA1c (%)	0.798	0.341, 1.866	0.557
Bone fractures							
Age (year old)	1.005	0.910, 1.110	0.904	Diabetes duration (years)	1.004	0.990, 1.017	0.540
Male percentage (%)	1.020	0.980, 1.061	0.249	Study duration (year)	1.027	0.845, 1.232	0.500
BMI (kg/m ²)	1.066	0.838, 1.357	0.524	Baseline HbA1c (%)	1.034	0.583, 1.833	0.866

HbA1c: Hemoglobin A1c; FBG: Fasting blood glucose; TG: Triglycerides; LDL-C: Low-density lipoprotein cholesterol; HDL-C:

High-density lipoprotein cholesterol; HOMA-IR: Homeostasis model assessment of insulin resistance; HOMA- β : Homeostasis model assessment of β cell function; ALT: Alanine aminotransferase; AST: Aspartate aminotransferase; RR: Risk ratios; 95%CI: 95% confidential intervals.

References

- [1] Ji L, Song W, Fang H, et al. Efficacy and safety of chiglitazar, a novel peroxisome proliferator-activated receptor pan-agonist, in patients with type 2 diabetes: a randomized, double-blind, placebo-controlled, phase 3 trial (CMAP)[J]. *Science Bulletin*, 2021.66(15):1571-1580.
- [2] Aronoff S, Rosenblatt S, Braithwaite S, Egan JW, Mathisen AL, Schneider RL. Pioglitazone hydrochloride monotherapy improves glycemic control in the treatment of patients with type 2 diabetes: a 6-month randomized placebo-controlled dose-response study. The Pioglitazone 001 Study Group. *Diabetes Care*. 2000 Nov;23(11):1605-11.
- [3] Chou HS, Truitt KE, Moberly JB, Merante D, Choi Y, Mun Y, Pfützner A. A 26-week, placebo- and pioglitazone-controlled monotherapy study of rivoglitazone in subjects with type 2 diabetes mellitus. *Diabetes Obes Metab*. 2012 Nov;14(11):1000-9.
- [4] Colca JR, VanderLugt JT, Adams WJ, Shashlo A, McDonald WG, Liang J, Zhou R, Orloff DG. Clinical proof-of-concept study with MSDC-0160, a prototype mTOT-modulating insulin sensitizer. *Clin Pharmacol Ther*. 2013 Apr;93(4):352-9.
- [5] Khan M, Murray FT, Karunaratne M, Perez A. Pioglitazone and reductions in post-challenge glucose levels in patients with type 2 diabetes. *Diabetes Obes Metab*. 2006 Jan;8(1):31-8.
- [6] Kong AP, Yamasaki A, Ozaki R, Saito H, Asami T, Ohwada S, Ko GT, Wong CK, Leung GT, Lee KF, Yeung CY, Chan JC. A randomized-controlled trial to investigate the effects of rivoglitazone, a novel PPAR gamma agonist on glucose-lipid control in type 2 diabetes. *Diabetes Obes Metab*. 2011 Sep;13(9):806-13.
- [7] Miyazaki Y, Mahankali A, Matsuda M, Glass L, Mahankali S, Ferrannini E, Cusi K, Mandarino LJ, DeFronzo RA. Improved

glycemic control and enhanced insulin sensitivity in type 2 diabetic subjects treated with pioglitazone. *Diabetes Care*. 2001 Apr;24(4):710-9.

[8] Miyazaki Y, Matsuda M, DeFronzo RA. Dose-response effect of pioglitazone on insulin sensitivity and insulin secretion in type 2 diabetes. *Diabetes Care*. 2002 Mar;25(3):517-23.

[9] Rosenblatt S, Miskin B, Glazer NB, Prince MJ, Robertson KE; Pioglitazone 026 Study Group. The impact of pioglitazone on glycemic control and atherogenic dyslipidemia in patients with type 2 diabetes mellitus. *Coron Artery Dis*. 2001 Aug;12(5):413-23.

[10] Scherbaum WA, Göke B; German Pioglitazone Study Group. Metabolic efficacy and safety of once-daily pioglitazone monotherapy in patients with type 2 diabetes: a double-blind, placebo-controlled study. *Horm Metab Res*. 2002 Oct;34(10):589-95.

[11] Sourij H, Zweiker R, Wascher TC. Effects of pioglitazone on endothelial function, insulin sensitivity, and glucose control in subjects with coronary artery disease and new-onset type 2 diabetes. *Diabetes Care*. 2006 May;29(5):1039-45.

[12] Truitt KE, Goldberg RB, Rosenstock J, Chou HS, Merante D, Triscari J, Wang AC. A 26-week, placebo- and pioglitazone-controlled, dose-ranging study of rivoglitazone, a novel thiazolidinedione for the treatment of type 2 diabetes. *Curr Med Res Opin*. 2010 Jun;26(6):1321-31.

[13] Wallace TM, Levy JC, Matthews DR. An increase in insulin sensitivity and basal beta-cell function in diabetic subjects treated with pioglitazone in a placebo-controlled randomized study. *Diabet Med*. 2004 Jun;21(6):568-76.

[14] Berhanu P, Perez A, Yu S. Effect of pioglitazone in combination with insulin therapy on glycaemic control, insulin dose requirement and lipid profile in patients with type 2 diabetes previously poorly controlled with combination therapy. *Diabetes*

Obes Metab. 2007 Jul;9(4):512-20.

[15] Bertrand OF, Poirier P, Rodés-Cabau J, Rinfret S, Title LM, Dzavik V, Natarajan M, Angel J, Batalla N, Alméras N, Costerousse O, De Larochelière R, Roy L, Després JP; VICTORY Trial Investigators. Cardiometabolic effects of rosiglitazone in patients with type 2 diabetes and coronary artery bypass grafts: A randomized placebo-controlled clinical trial. *Atherosclerosis*. 2010 Aug;211(2):565-73.

[16] Charpentier G, Halimi S; F-PIO-100 Study Investigators. Earlier triple therapy with pioglitazone in patients with type 2 diabetes. *Diabetes Obes Metab*. 2009 Sep;11(9):844-54.

[17] Galle J, Kleophas W, Dellanna F, Schmid VH, Forkel C, Dikta G, Krajewski V, Fuchs W, Forst T, Pfützner A. Comparison of the Effects of Pioglitazone versus Placebo when Given in Addition to Standard Insulin Treatment in Patients with Type 2 Diabetes Mellitus Requiring Hemodialysis: Results from the PIOren Study. *Nephron Extra*. 2012 Jan;2(1):104-14.

[18] Gastaldelli A, Ferrannini E, Miyazaki Y, Matsuda M, Mari A, DeFronzo RA. Thiazolidinediones improve beta-cell function in type 2 diabetic patients. *Am J Physiol Endocrinol Metab*. 2007 Mar;292(3):E871-83.

[19] Grey A, Beckley V, Doyle A, Fenwick S, Horne A, Gamble G, Bolland M. Pioglitazone increases bone marrow fat in type 2 diabetes: results from a randomized controlled trial. *Eur J Endocrinol*. 2012 Jun;166(6):1087-91.

[20] Henriksen K, Byrjalsen I, Qvist P, Beck-Nielsen H, Hansen G, Riis BJ, Perrild H, Svendsen OL, Gram J, Karsdal MA, Christiansen C; BALLET Trial Investigators. Efficacy and safety of the PPAR γ partial agonist balaglitazone compared with pioglitazone and placebo: a phase III, randomized, parallel-group study in patients with type 2 diabetes on stable insulin therapy.

Diabetes Metab Res Rev. 2011 May;27(4):392-401.

[21] Kaku K. Efficacy and safety of therapy with metformin plus pioglitazone in the treatment of patients with type 2 diabetes: a double-blind, placebo-controlled, clinical trial. *Curr Med Res Opin.* 2009 May;25(5):1111-9.

[22] Kawamori R, Matsuhisa M, Kinoshita J, Mochizuki K, Niwa M, Arisaka T, Ikeda M, Kubota M, Wada M, Kanda T, Ikebuchi M, Tohdo R, Yamasaki Y. Pioglitazone enhances splanchnic glucose uptake as well as peripheral glucose uptake in non-insulin-dependent diabetes mellitus. AD-4833 Clamp-OGL Study Group. *Diabetes Res Clin Pract.* 1998 Jul;41(1):35-43.

[23] Kipnes MS, Krosnick A, Rendell MS, Egan JW, Mathisen AL, Schneider RL. Pioglitazone hydrochloride in combination with sulfonylurea therapy improves glycemic control in patients with type 2 diabetes mellitus: a randomized, placebo-controlled study. *Am J Med.* 2001 Jul;111(1):10-7.

[24] Mattoo V, Eckland D, Widel M, Duran S, Fajardo C, Strand J, Knight D, Grossman L, Oakley D, Tan M; H6E-MC-GLAT study group. Metabolic effects of pioglitazone in combination with insulin in patients with type 2 diabetes mellitus whose disease is not adequately controlled with insulin therapy: results of a six-month, randomized, double-blind, prospective, multicenter, parallel-group study. *Clin Ther.* 2005 May;27(5):554-67.

[25] Nakamura T, Ushiyama C, Osada S, Hara M, Shimada N, Koide H. Pioglitazone reduces urinary podocyte excretion in type 2 diabetes patients with microalbuminuria. *Metabolism.* 2001 Oct;50(10):1193-6.

[26] Pan C, Gao Y, Gao X, Li G, Luo B, Shi H, Tian H, Jia P, Lin H, Xing X, Zhao Y, Zhou L. [The efficacy and safety of pioglitazone hydrochloride in combination with sulphonylureas and metformin in the treatment of type 2 diabetes mellitus a 12-week

randomized multi-centres placebo-controlled parallel study]. *Zhonghua Nei Ke Za Zhi*. 2002 Jun;41(6):388-92. Chinese.

[27] Smith SR, De Jonge L, Volaufova J, Li Y, Xie H, Bray GA. Effect of pioglitazone on body composition and energy expenditure: a randomized controlled trial. *Metabolism*. 2005 Jan;54(1):24-32.

[28] Sridhar S, Walia R, Sachdeva N, Bhansali A. Effect of pioglitazone on testosterone in eugonadal men with type 2 diabetes mellitus: a randomized double-blind placebo-controlled study. *Clin Endocrinol (Oxf)*. 2013 Mar;78(3):454-9.

[29] Grey A, Bolland M, Fenwick S, Horne A, Gamble G, Drury PL, Reid IR. The skeletal effects of pioglitazone in type 2 diabetes or impaired glucose tolerance: a randomized controlled trial. *Eur J Endocrinol*. 2013 Dec 21;170(2):255-62.

[30] Bray GA, Smith SR, Banerji MA, Tripathy D, Clement SC, Buchanan TA, Henry RR, Kitabchi AE, Mudaliar S, Musi N, Ratner RE, Schwenke DC, Stentz FB, Reaven PD, DeFronzo RA. Effect of pioglitazone on body composition and bone density in subjects with prediabetes in the ACT NOW trial. *Diabetes Obes Metab*. 2013 Oct;15(10):931-7.

[31] Bone HG, Lindsay R, McClung MR, Perez AT, Raanan MG, Spanheimer RG. Effects of pioglitazone on bone in postmenopausal women with impaired fasting glucose or impaired glucose tolerance: a randomized, double-blind, placebo-controlled study. *J Clin Endocrinol Metab*. 2013 Dec;98(12):4691-701.

[32] Dormandy JA, Charbonnel B, Eckland DJ, Erdmann E, Massi-Benedetti M, Moules IK, Skene AM, Tan MH, Lefèbvre PJ, Murray GD, Standl E, Wilcox RG, Wilhelmsen L, Betteridge J, Birkeland K, Golay A, Heine RJ, Korányi L, Laakso M, Mokán M, Norkus A, Pirags V, Podar T, Scheen A, Scherbaum W, Schernthaner G, Schmitz O, Skrha J, Smith U, Taton J; PROactive Investigators. Secondary prevention of macrovascular events in patients with type 2 diabetes in the PROactive Study (PROspective

pioglitazone Clinical Trial In macroVascular Events): a randomised controlled trial. *Lancet*. 2005 Oct 8;366(9493):1279-89.

[33] Satoh N, Ogawa Y, Usui T, Tagami T, Kono S, Uesugi H, Sugiyama H, Sugawara A, Yamada K, Shimatsu A, Kuzuya H, Nakao K. Antiatherogenic effect of pioglitazone in type 2 diabetic patients irrespective of the responsiveness to its antidiabetic effect. *Diabetes Care*. 2003 Sep;26(9):2493-9.

[34] McMahon GT, Plutzky J, Daher E, Bhattacharyya T, Grunberger G, DiCarli MF. Effect of a peroxisome proliferator-activated receptor-gamma agonist on myocardial blood flow in type 2 diabetes. *Diabetes Care*. 2005 May;28(5):1145-50.

[35] Herz M, Johns D, Reviriego J, Grossman LD, Godin C, Duran S, Hawkins F, Lochnan H, Escobar-Jiménez F, Hardin PA, Konkoy CS, Tan MH. A randomized, double-blind, placebo-controlled, clinical trial of the effects of pioglitazone on glycemic control and dyslipidemia in oral antihyperglycemic medication-naive patients with type 2 diabetes mellitus. *Clin Ther*. 2003 Apr;25(4):1074-95.

[36] Einhorn D, Rendell M, Rosenzweig J, Egan JW, Mathisen AL, Schneider RL. Pioglitazone hydrochloride in combination with metformin in the treatment of type 2 diabetes mellitus: a randomized, placebo-controlled study. The Pioglitazone 027 Study Group. *Clin Ther*. 2000 Dec;22(12):1395-409.

[37] Erdmann E, Charbonnel B, Wilcox RG, Skene AM, Massi-Benedetti M, Yates J, Tan M, Spanheimer R, Standl E, Dormandy JA; PROactive Investigators. Pioglitazone use and heart failure in patients with type 2 diabetes and preexisting cardiovascular disease: data from the PROactive study (PROactive 08). *Diabetes Care*. 2007 Nov;30(11):2773-8.

[38] Carey DG, Cowin GJ, Galloway GJ, Jones NP, Richards JC, Biswas N, Doddrell DM. Effect of rosiglitazone on insulin

sensitivity and body composition in type 2 diabetic patients [corrected]. *Obes Res.* 2002 Oct;10(10):1008-15.

[39] Gastaldelli A, Miyazaki Y, Pettiti M, Santini E, Ciociaro D, DeFronzo RA, Ferrannini E. The effect of rosiglitazone on the liver: decreased gluconeogenesis in patients with type 2 diabetes. *J Clin Endocrinol Metab.* 2006 Mar;91(3):806-12.

[40] Haffner SM, Greenberg AS, Weston WM, Chen H, Williams K, Freed MI. Effect of rosiglitazone treatment on nontraditional markers of cardiovascular disease in patients with type 2 diabetes mellitus. *Circulation.* 2002 Aug 6;106(6):679-84.

[41] Juhl CB, Hollingdal M, Pørksen N, Prange A, Lönnqvist F, Schmitz O. Influence of rosiglitazone treatment on beta-cell function in type 2 diabetes: evidence of an increased ability of glucose to entrain high-frequency insulin pulsatility. *J Clin Endocrinol Metab.* 2003 Aug;88(8):3794-800.

[42] Lautamäki R, Airaksinen KE, Seppänen M, Toikka J, Luotolahti M, Ball E, Borra R, Härkönen R, Iozzo P, Stewart M, Knuuti J, Nuutila P. Rosiglitazone improves myocardial glucose uptake in patients with type 2 diabetes and coronary artery disease: a 16-week randomized, double-blind, placebo-controlled study. *Diabetes.* 2005 Sep;54(9):2787-94.

[43] Miyazaki Y, Glass L, Triplitt C, Matsuda M, Cusi K, Mahankali A, Mahankali S, Mandarino LJ, DeFronzo RA. Effect of rosiglitazone on glucose and non-esterified fatty acid metabolism in Type II diabetic patients. *Diabetologia.* 2001 Dec;44(12):2210-9.

[44] Oz O, Tuncel E, Eryilmaz S, Fazlioglu M, Gul CB, Ersoy C, Ocak N, Dirican M, Cangur S, Baran I, Imamoglu S. Arterial elasticity and plasma levels of adiponectin and leptin in type 2 diabetic patients treated with thiazolidinediones. *Endocrine.* 2008 Feb;33(1):101-5.

[45] Oz Gul O, Tuncel E, Yilmaz Y, Ulukaya E, Gul CB, Kiyici S, Oral AY, Guclu M, Ersoy C, Imamoglu S. Comparative effects of

pioglitazone and rosiglitazone on plasma levels of soluble receptor for advanced glycation end products in type 2 diabetes mellitus patients. *Metabolism*. 2010 Jan;59(1):64-9.

[46] Patel J, Anderson RJ, Rappaport EB. Rosiglitazone monotherapy improves glycaemic control in patients with type 2 diabetes: a twelve-week, randomized, placebo-controlled study. *Diabetes Obes Metab*. 1999 May;1(3):165-72.

[47] Phillips LS, Grunberger G, Miller E, Patwardhan R, Rappaport EB, Salzman A; Rosiglitazone Clinical Trials Study Group. Once- and twice-daily dosing with rosiglitazone improves glycemic control in patients with type 2 diabetes. *Diabetes Care*. 2001 Feb;24(2):308-15.

[48] Raskin P, Rappaport EB, Cole ST, Yan Y, Patwardhan R, Freed MI. Rosiglitazone short-term monotherapy lowers fasting and post-prandial glucose in patients with type II diabetes. *Diabetologia*. 2000 Mar;43(3):278-84.

[49] Tan GD, Fielding BA, Currie JM, Humphreys SM, Désage M, Frayn KN, Laville M, Vidal H, Karpe F. The effects of rosiglitazone on fatty acid and triglyceride metabolism in type 2 diabetes. *Diabetologia*. 2005 Jan;48(1):83-95.

[50] Barnett AH, Grant PJ, Hitman GA, Mather H, Pawa M, Robertson L, Trelfa A; Indo-Asian Trial Investigators. Rosiglitazone in Type 2 diabetes mellitus: an evaluation in British Indo-Asian patients. *Diabet Med*. 2003 May;20(5):387-93.

[51] Bertrand OF, Poirier P, Rodés-Cabau J, Rinfret S, Title LM, Dzavik V, Natarajan M, Angel J, Batalla N, Alméras N, Costerousse O, De Larochelière R, Roy L, Després JP; VICTORY Trial Investigators. Cardiometabolic effects of rosiglitazone in patients with type 2 diabetes and coronary artery bypass grafts: A randomized placebo-controlled clinical trial. *Atherosclerosis*. 2010 Aug;211(2):565-73.

- [52] Dailey GE 3rd, Noor MA, Park JS, Bruce S, Fiedorek FT. Glycemic control with glyburide/metformin tablets in combination with rosiglitazone in patients with type 2 diabetes: a randomized, double-blind trial. *Am J Med.* 2004 Feb 15;116(4):223-9.
- [53] Davidson JA, McMorn SO, Waterhouse BR, Cobitz AR. A 24-week, multicenter, randomized, double-blind, placebo-controlled, parallel-group study of the efficacy and tolerability of combination therapy with rosiglitazone and sulfonylurea in African American and Hispanic American patients with type 2 diabetes inadequately controlled with sulfonylurea monotherapy. *Clin Ther.* 2007 Sep;29(9):1900-14.
- [54] Derosa G, Salvadeo SA, D'Angelo A, Fogari E, Ragonesi PD, Ciccarelli L, Piccinni MN, Ferrari I, Gravina A, Maffioli P, Cicero AF. Rosiglitazone therapy improves insulin resistance parameters in overweight and obese diabetic patients intolerant to metformin. *Arch Med Res.* 2008 May;39(4):412-9.
- [55] Fonseca V, Rosenstock J, Patwardhan R, Salzman A. Effect of metformin and rosiglitazone combination therapy in patients with type 2 diabetes mellitus: a randomized controlled trial. *JAMA.* 2000 Apr 5;283(13):1695-702.
- [56] Hollander P, Yu D, Chou HS. Low-dose rosiglitazone in patients with insulin-requiring type 2 diabetes. *Arch Intern Med.* 2007 Jun 25;167(12):1284-90.
- [57] Marre M, Shaw J, Brändle M, Bebakar WM, Kamaruddin NA, Strand J, Zdravkovic M, Le Thi TD, Colagiuri S; LEAD-1 SU study group. Liraglutide, a once-daily human GLP-1 analogue, added to a sulphonylurea over 26 weeks produces greater improvements in glycaemic and weight control compared with adding rosiglitazone or placebo in subjects with Type 2 diabetes (LEAD-1 SU). *Diabet Med.* 2009 Mar;26(3):268-78.

- [58] Negro R, Mangieri T, Dazzi D, Pezzarossa A, Hassan H. Rosiglitazone effects on blood pressure and metabolic parameters in nondipper diabetic patients. *Diabetes Res Clin Pract.* 2005 Oct;70(1):20-5.
- [59] Raskin P, Rendell M, Riddle MC, Dole JF, Freed MI, Rosenstock J; Rosiglitazone Clinical Trials Study Group. A randomized trial of rosiglitazone therapy in patients with inadequately controlled insulin-treated type 2 diabetes. *Diabetes Care.* 2001 Jul;24(7):1226-32.
- [60] Reynolds LR, Konz EC, Frederick RC, Anderson JW. Rosiglitazone amplifies the benefits of lifestyle intervention measures in long-standing type 2 diabetes mellitus. *Diabetes Obes Metab.* 2002 Jul;4(4):270-5.
- [61] Rosenstock J, Chou HS, Matthaei S, Seidel DK, Hamann A. Potential benefits of early addition of rosiglitazone in combination with glimepiride in the treatment of type 2 diabetes. *Diabetes Obes Metab.* 2008 Sep;10(10):862-73.
- [62] Wolffenbuttel BH, Gomis R, Squatrito S, Jones NP, Patwardhan RN. Addition of low-dose rosiglitazone to sulphonylurea therapy improves glycaemic control in Type 2 diabetic patients. *Diabet Med.* 2000 Jan;17(1):40-7.
- [63] Yang WS, Jeng CY, Wu TJ, Tanaka S, Funahashi T, Matsuzawa Y, Wang JP, Chen CL, Tai TY, Chuang LM. Synthetic peroxisome proliferator-activated receptor-gamma agonist, rosiglitazone, increases plasma levels of adiponectin in type 2 diabetic patients. *Diabetes Care.* 2002 Feb;25(2):376-80.
- [64] Zhu XX, Pan CY, Li GW, Shi HL, Tian H, Yang WY, Jiang J, Sun XC, Davies C, Chow WH. Addition of rosiglitazone to existing sulfonylurea treatment in chinese patients with type 2 diabetes and exposure to hepatitis B or C. *Diabetes Technol Ther.* 2003;5(1):33-42.

- [65] Gruntmanis U, Fordan S, Ghayee HK, Abdullah SM, See R, Ayers CR, McGuire DK. The peroxisome proliferator-activated receptor-gamma agonist rosiglitazone increases bone resorption in women with type 2 diabetes: a randomized, controlled trial. *Calcif Tissue Int.* 2010 May;86(5):343-9.
- [66] Gold M, Alderton C, Zvartau-Hind M, Egginton S, Saunders AM, Irizarry M, Craft S, Landreth G, Linnamägi U, Sawchak S. Rosiglitazone monotherapy in mild-to-moderate Alzheimer's disease: results from a randomized, double-blind, placebo-controlled phase III study. *Dement Geriatr Cogn Disord.* 2010;30(2):131-46.
- [67] Hällsten K, Virtanen KA, Lönnqvist F, Sipilä H, Oksanen A, Viljanen T, Rönnemaa T, Viikari J, Knuuti J, Nuutila P. Rosiglitazone but not metformin enhances insulin- and exercise-stimulated skeletal muscle glucose uptake in patients with newly diagnosed type 2 diabetes. *Diabetes.* 2002 Dec;51(12):3479-85.
- [68] Kim YM, Cha BS, Kim DJ, Choi SH, Kim SK, Ahn CW, Lim SK, Kim KR, Huh KB, Lee HC. Predictive clinical parameters for therapeutic efficacy of rosiglitazone in Korean type 2 diabetes mellitus. *Diabetes Res Clin Pract.* 2005 Jan;67(1):43-52.
- [69] Lebovitz HE, Dole JF, Patwardhan R, Rappaport EB, Freed MI; Rosiglitazone Clinical Trials Study Group. Rosiglitazone monotherapy is effective in patients with type 2 diabetes. *J Clin Endocrinol Metab.* 2001 Jan;86(1):280-8.
- [70] Natali A, Baldeweg S, Toschi E, Capaldo B, Barbaro D, Gastaldelli A, Yudkin JS, Ferrannini E. Vascular effects of improving metabolic control with metformin or rosiglitazone in type 2 diabetes. *Diabetes Care.* 2004 Jun;27(6):1349-57.
- [71] Osman A, Otero J, Brizolaro A, Waxman S, Stouffer G, Fitzgerald P, Uretsky BF. Effect of rosiglitazone on restenosis after coronary stenting in patients with type 2 diabetes. *Am Heart J.* 2004 May;147(5):e23.

- [72] Jones TA, Sautter M, Van Gaal LF, Jones NP. Addition of rosiglitazone to metformin is most effective in obese, insulin-resistant patients with type 2 diabetes. *Diabetes Obes Metab*. 2003 May;5(3):163-70.
- [73] Vongthavaravat V, Wajchenberg BL, Waitman JN, Quimpo JA, Menon PS, Ben Khalifa F, Chow WH; 125 Study Group. An international study of the effects of rosiglitazone plus sulphonylurea in patients with type 2 diabetes. *Curr Med Res Opin*. 2002;18(8):456-61.
- [74] Agrawal A, Sautter MC, Jones NP. Effects of rosiglitazone maleate when added to a sulfonylurea regimen in patients with type 2 diabetes mellitus and mild to moderate renal impairment: a post hoc analysis. *Clin Ther*. 2003 Nov;25(11):2754-64.
- [75] Albertini JP, McMorn SO, Chen H, Mather RA, Valensi P. Effect of rosiglitazone on factors related to endothelial dysfunction in patients with type 2 diabetes mellitus. *Atherosclerosis*. 2007 Nov;195(1):e159-66.
- [76] Bhatt DL, Chew DP, Grines C, Mukherjee D, Leesar M, Gilchrist IC, Corbelli JC, Blankenship JC, Eres A, Steinhubl S, Tan WA, Resar JR, AlMahameed A, Abdel-Latif A, Tang WH, Brennan D, McErlean E, Hazen SL, Topol EJ. Peroxisome proliferator-activated receptor gamma agonists for the Prevention of Adverse events following percutaneous coronary Revascularization--results of the PPAR study. *Am Heart J*. 2007 Jul;154(1):137-43.
- [77] Dargie HJ, Hildebrandt PR, Riegger GA, McMurray JJ, McMorn SO, Roberts JN, Zambanini A, Wilding JP. A randomized, placebo-controlled trial assessing the effects of rosiglitazone on echocardiographic function and cardiac status in type 2 diabetic patients with New York Heart Association Functional Class I or II Heart Failure. *J Am Coll Cardiol*. 2007 Apr 24;49(16):1696-704.
- [78] DREAM (Diabetes REduction Assessment with ramipril and rosiglitazone Medication) Trial Investigators, Gerstein HC, Yusuf

S, Bosch J, Pogue J, Sheridan P, Dinccag N, Hanefeld M, Hoogwerf B, Laakso M, Mohan V, Shaw J, Zinman B, Holman RR. Effect of rosiglitazone on the frequency of diabetes in patients with impaired glucose tolerance or impaired fasting glucose: a randomised controlled trial. *Lancet*. 2006 Sep 23;368(9541):1096-105.

[79] Hedblad B, Zambanini A, Nilsson P, Janzon L, Berglund G. Rosiglitazone and carotid IMT progression rate in a mixed cohort of patients with type 2 diabetes and the insulin resistance syndrome: main results from the Rosiglitazone Atherosclerosis Study. *J Intern Med*. 2007 Mar;261(3):293-305.

[80] Ebeling P, Teppo AM, Koistinen HA, Viikari J, Rönnemaa T, Nissén M, Bergkulla S, Salmela P, Saltevo J, Koivisto VA. Troglitazone reduces hyperglycaemia and selectively acute-phase serum proteins in patients with Type II diabetes. *Diabetologia*. 1999 Dec;42(12):1433-8.

[81] Fonseca VA, Reynolds T, Hemphill D, Randolph C, Wall J, Valiquet TR, Graveline J, Fink LM. Effect of troglitazone on fibrinolysis and activated coagulation in patients with non-insulin-dependent diabetes mellitus. *J Diabetes Complications*. 1998 Jul-Aug;12(4):181-6.

[82] Fonseca VA, Valiquett TR, Huang SM, Ghazzi MN, Whitcomb RW. Troglitazone monotherapy improves glycemic control in patients with type 2 diabetes mellitus: a randomized, controlled study. The Troglitazone Study Group. *J Clin Endocrinol Metab*. 1998 Sep;83(9):3169-76.

[83] Iwamoto Y, Kosaka K, Kuzuya T, Akanuma Y, Shigeta Y, Kaneko T. Effects of troglitazone: a new hypoglycemic agent in patients with NIDDM poorly controlled by diet therapy. *Diabetes Care*. 1996 Feb;19(2):151-6.

- [84] Iwamoto Y, Kosaka K, Kuzuya T, Akanuma Y, Shigeta Y, Kaneko T. Effect of combination therapy of troglitazone and sulphonylureas in patients with Type 2 diabetes who were poorly controlled by sulphonylurea therapy alone. *Diabet Med*. 1996 Apr;13(4):365-70.
- [85] Kumar S, Boulton AJ, Beck-Nielsen H, Berthezene F, Muggeo M, Persson B, Spinass GA, Donoghue S, Lettis S, Stewart-Long P. Troglitazone, an insulin action enhancer, improves metabolic control in NIDDM patients. Troglitazone Study Group. *Diabetologia*. 1996 Jun;39(6):701-9.
- [86] Rosenstock J, Shen SG, Gatlin MR, Foley JE. Combination therapy with nateglinide and a thiazolidinedione improves glycemic control in type 2 diabetes. *Diabetes Care*. 2002 Sep;25(9):1529-33.
- [87] Buras J, Reenstra WR, Orlow D, Horton ES, Veves A. Troglitazone-induced changes in adiponectin do not affect endothelial function in diabetes. *Obes Res*. 2005 Jul;13(7):1167-74.
- [88] Buse JB, Gumbiner B, Mathias NP, Nelson DM, Faja BW, Whitcomb RW. Troglitazone use in insulin-treated type 2 diabetic patients. The Troglitazone Insulin Study Group. *Diabetes Care*. 1998 Sep;21(9):1455-61.
- [89] Buysschaert M, Bobbioni E, Starkie M, Frith L. Troglitazone in combination with sulphonylurea improves glycaemic control in Type 2 diabetic patients inadequately controlled by sulphonylurea therapy alone. Troglitazone Study Group. *Diabet Med*. 1999 Feb;16(2):147-53.
- [90] Kelly IE, Han TS, Walsh K, Lean ME. Effects of a thiazolidinedione compound on body fat and fat distribution of patients with type 2 diabetes. *Diabetes Care*. 1999 Feb;22(2):288-93.

- [91] Mimura K, Umeda F, Hiramatsu S, Taniguchi S, Ono Y, Nakashima N, Kobayashi K, Masakado M, Sako Y, Nawata H. Effects of a new oral hypoglycaemic agent (CS-045) on metabolic abnormalities and insulin resistance in type 2 diabetes. *Diabet Med*. 1994 Aug-Sep;11(7):685-91.
- [92] Osende JI, Badimon JJ, Fuster V, Herson P, Rabito P, Vidhun R, Zaman A, Rodriguez OJ, Lev EI, Rauch U, Heflt G, Fallon JT, Crandall JP. Blood thrombogenicity in type 2 diabetes mellitus patients is associated with glycemic control. *J Am Coll Cardiol*. 2001 Nov 1;38(5):1307-12.
- [93] Schwartz S, Raskin P, Fonseca V, Graveline JF. Effect of troglitazone in insulin-treated patients with type II diabetes mellitus. Troglitazone and Exogenous Insulin Study Group. *N Engl J Med*. 1998 Mar 26;338(13):861-6.
- [94] Yale JF, Valiquett TR, Ghazzi MN, Owens-Grillo JK, Whitcomb RW, Foyt HL. The effect of a thiazolidinedione drug, troglitazone, on glycemia in patients with type 2 diabetes mellitus poorly controlled with sulfonylurea and metformin. A multicenter, randomized, double-blind, placebo-controlled trial. *Ann Intern Med*. 2001 May 1;134(9 Pt 1):737-45.