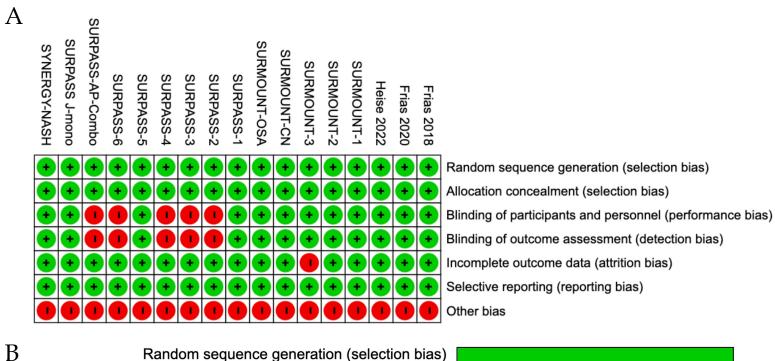
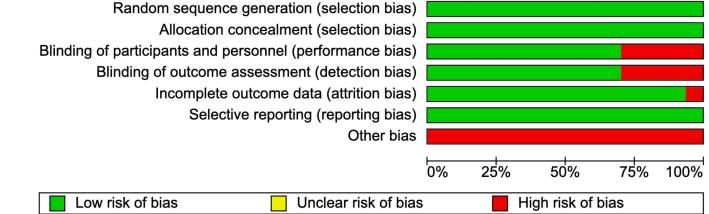
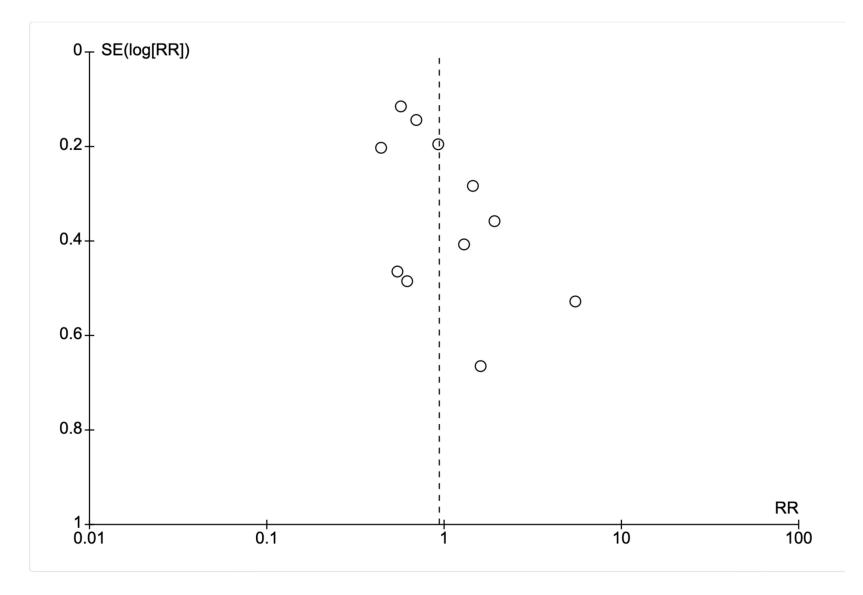
**Supplementary Figure 1.** A. Risk of bias summary: Review authors' judgments about each risk of bias item for each included study; B. Risk of bias graph: Review authors' judgments about each risk of bias item presented as percentages across all included studies





**Supplementary Figure 2.** Funnel plot for the studies that included the proportion of study subjects with permanent discontinuation of the study drug in tirzepatide 15 mg vs. placebo groups.



Registration	Trial ID (name),	Major characteristics of the	Study arms	Ν	Age (y),	Female	Duration
no., Phase,	Authors	study subjects			mean (SD)	(%)	
Place of the	(publication year)						
Trial	of included						
	studies						
NCT03131687,	Frias 2018,	Adults with T2D on diet and	Tirzepatide 1 mg	52	57.4 (8.9)	44	26 weeks
Phase 2,	Frias et al. (2018)	exercise (± metformin),	Tirzepatide 5 mg	55	57.9 (8.2)	38	
Multicenter in	[16]	HbA1c 7-10.5%, BMI 23-50	Tirzepatide 10 mg	51	56.5 (9.9)	41	
Poland, Puerto		kg/m <sup>2</sup>	Tirzepatide 15 mg	53	56.0 (7.6)	59	
Rico, Slovakia,			Placebo	51	56.6 (8.9)	56	
and USA			Dulaglutide 1.5	54	58.7 (7.8)	43	
			mg				
NCT03311724,	Frias 2020,	Adults with T2D on diet and	Tirzepatide 12	29	61.2 (7.56)	48.3	12 weeks
Phase 2,	Frias et al. (2020)	exercise (± metformin),	mg*				
Multicenter in	[17]	HbA1c 7-10.5%, BMI 23-45	Tirzepatide 15	28	55.5 (8.54)	42.9	
USA		kg/m <sup>2</sup>	mg-1†				
			Tirzepatide 15	28	56.6 (9.21)	17.9	
			mg-2†				
			Placebo	26	56.0 (10.13)	53.8	

Supplementary Table 1 The basic and baseline characteristics of the included randomized controlled trials and participants

NCT03951753,	Heise 2022,	Adults, aged 20-74 years,	Tirzepatide 15 mg	45	61.1 (7.1)	31	28 weeks
Phase 1,	Heise et al. (2022)	with T2D inadequately	Semaglutide 1 mg	44	63.7 (5.9)	23	-
Two centers in	[18]	controlled with lifestyle	Placebo	28	60.4 (7.6)	25	-
Germany		advice and metformin					
		exercise (± one OHA), HbA1c					
		7.0–9.5%, BMI 25–45 kg/m <sup>2</sup>					
NCT04184622,	SURMOUNT-1,	Adults with BMI $\geq$ 30, or $\geq$ 27	Tirzepatide 5 mg	630	45.6 (12.7)	67.6	72 weeks
Phase 3,	Jastreboff et al.	kg/m <sup>2</sup> and at least one	Tirzepatide 10 mg	636	44.7 (12.4)	67.1	
Multicenter in	(2022) [19]	weight-related complication,	Tirzepatide 15 mg	630	44.9 (12.3)	67.5	-
multiple		excluding diabetes	Placebo	642	44.4 (12.5)	67.8	
countries							
NCT04657003,	SURMOUNT-2,	Adults with T2D, BMI $\geq$ 27	Tirzepatide 10 mg	312	54.3 (10.7)	51	72 weeks
Phase 3,	Garvey et al. (2023)	kg/m², HbA1c 7-10%	Tirzepatide 15 mg	311	53.6 (10.6)	51	-
Multicenter in	[20]		Placebo	315	54.7 (10.5)	50	
multiple							
countries							
NCT04657016,	SURMOUNT-3,	Adults with BMI $\geq$ 30, or $\geq$ 27	Tirzepatide MTD	287	45.4 (12.6)	63.1	72 weeks
Phase 3,	Wadden et al.	kg/m <sup>2</sup> and at least one	(10 or 15 mg)‡				
Multicenter in	(2023) [21]	weight-related complication,	Placebo	292	45.7 (11.8)	62.7	1
USA,		excluding diabetes					

Argentina and							
Brazil							
NCT05024032,	SURMOUNT-CN,	Adults with BMI $\geq$ 28, or $\geq$ 24	Tirzepatide 10 mg	70	34.7 (7.2)	50	52 weeks
Phase 3,	Zhao et al. (2024)	kg/m <sup>2</sup> and at least one	Tirzepatide 15 mg	71	35.8 (9.3)	49.3	-
Multicenter in	[22]	weight-related comorbidity,	Placebo	69	37.8 (10.2)	47.8	-
China		excluding diabetes					
NCT05412004,	SURMOUNT-	Adults with moderate-to-		Trial	1§:		52 weeks
Phase 3,	OSA,	severe obstructive sleep	Tirzepatide MTD <sup>‡</sup>	114	47.3 (11.0)	31.6	-
Multicenter in	Malhotra et al.	apnea and obesity (BMI ≥30	Placebo	120	48.4 (11.9)	34.2	-
multiple	(2024) [23]	kg/m <sup>2</sup> ), excluding diabetes	Trial 2 <sup>§</sup> :				-
countries			Tirzepatide MTD <sup>‡</sup>	120	50.8 (10.7)	27.5	-
			Placebo	115	52.7 (11.3)	27.8	-
NCT03954834,	SURPASS-1,	Adults with T2D	Tirzepatide 5 mg	121	54.1 (11.9)	54	40 weeks
Phase 3,	Rosenstock et al.	inadequately controlled with	Tirzepatide 10 mg	121	55.8 (10.4)	40	-
Multicenter in	(2021) [24]	diet and exercise alone	Tirzepatide 15 mg	121	52.9 (12.3)	48	-
India, Japan,		and who were naive to	Placebo	115	53.6 (12.8)	51	-
Mexico, and		injectable diabetes therapy,					
USA		HbA1c 7–9.5%, BMI ≥23					
		kg/m <sup>2</sup>					

NCT03987919,	SURPASS-2,	Adults with T2D	Tirzepatide 5 mg	470	56.3 (10.0)	56.4	40 weeks
Phase 3,	Frías et al. (2021)	inadequately controlled with	Tirzepatide 10 mg	469	57.2 (10.5)	49.3	-
Multicenter in	[25]	metformin, HbA1c 7-10.5%,	Tirzepatide 15 mg	470	55.9 (10.4)	54.5	_
multiple		BMI ≥25 kg/m <sup>2</sup>	Semaglutide	469	56.9 (10.8)	52.0	-
countries							
NCT03882970,	SURPASS-3,	Adults with T2D treated with	Tirzepatide 5 mg	358	57.2 (10.1)	44	52 weeks
Phase 3,	Ludvik et al. (2021)	any combination of	Tirzepatide 10 mg	360	57.4 (9.7)	46	-
Multicenter in	[26]	metformin, SU, or SGLT2i,	Tirzepatide 15 mg	359	57.5 (10.2)	46	_
multiple		HbA1c 7–10.5%, BMI ≥25	Insulin degludec	360	57.5 (10.1)	41	_
countries		kg/m <sup>2</sup>					
NCT03730662,	SURPASS-4,	Adults with T2D	Tirzepatide 5 mg	329	62.9 (8.6)	40	52 weeks
Phase 3,	Del Prato et al.	inadequately controlled with	Tirzepatide 10 mg	328	63.7 (8.7)	36	-
Multicenter in	(2021) [27]	metformin ± an SGLT2i,	Tirzepatide 15 mg	338	63.7 (8.6)	40	_
multiple		HbA1c 7–10.5%, BMI ≥25	Insulin glargine	1000	63.8 (8.5)	36	_
countries		kg/m <sup>2</sup>					
NCT04039503,	SURPASS-5,	Adults with T2D receiving	Tirzepatide 5 mg	116	62 (10)	47	40 weeks
Phase 3,	Dahl et al. (2022)	stable doses of once daily	Tirzepatide 10 mg	119	60 (10)	39	-
	[28]	insulin glargine ± metformin,	Tirzepatide 15 mg	120	61 (10)	46	-
			Placebo	120	60 (10)	45	-

Multicenter in		HbA1c 7–10.5%, BMI ≥23					
multiple		kg/m <sup>2</sup>					
countries							
NCT04537923,	SURPASS-6,	Adults with T2D	Tirzepatide 5 mg	243	58.0 (10.2)	56.4	52 weeks
Phase 3b,	Rosenstock et al.	inadequately controlled with	Tirzepatide 10 mg	238	59.6 (9.4)	62.6	
Multicenter in	(2023) [29]	basal insulin $\pm$ up to two	Tirzepatide 15 mg	236	58.2 (9.6)	59.3	
multiple		OADs, HbA1c 7.5–11%, BMI	Insulin lispro	708	59.0 (9.7)	55.9	
countries		23–45 kg/m <sup>2</sup>					
NCT04093752,	SURPASS-AP-	Adults with T2D	Tirzepatide 5 mg	230	53.1 (11.2)	41.7	40 weeks
Phase 3,	Combo,	inadequately controlled with	Tirzepatide 10 mg	228	53.5 (11.1)	44.7	
Multicenter in	Gao et al. (2023)	metformin ± SU, HbA1c 7.5-	Tirzepatide 15 mg	229	54.3 (11.6)	43.7	
China, South	[30]	11%, BMI $\ge$ 23 kg/m <sup>2</sup>	Insulin glargine	220	55.6 (11.4)	46.4	
Korea,							
Australia and							
India							
NCT03861052,	SURPASS J-mono,	Age $\geq$ 20 years with T2D on	Tirzepatide 5 mg	159	56.8 (10.1)	29	52 weeks
NCT04093752,	Inagaki et al.	diet and exercise or	Tirzepatide 10 mg	158	56.2 (10.3)	25	
Phase 3,	(2022) [31]	discontinued OAD	Tirzepatide 15 mg	160	56.0 (10.7)	18	

Multicenter in		monotherapy, HbA1c 7-10%,	Dulaglutide 0.75	159	57.5 (10.2)	26	
Japan		BMI $\geq 23 \text{ kg/m}^2$	mg				
NCT04166773,	SYNERGY-NASH,	Adults with biopsy-	Tirzepatide 5 mg	47	55.0 (11.6)	57	52 weeks
Phase 2,	Loomba et al.	confirmed MASH and stage	Tirzepatide 10 mg	47	54.3 (12.1)	55	
Multicenter in	(2024) [32]	F2 or F3 fibrosis, with or	Tirzepatide 15 mg	48	54.9 (10.0)	60	
multiple		without T2D, BMI 27-50	Placebo	48	53.5 (11.6)	56	
countries		kg/m <sup>2</sup>					

ALT, Alanine aminotransferase; AST, Aspartate aminotransferase; BMI, Body mass index; HbA1c, Glycated hemoglobin, MASLD, Metabolic dysfunction-associated steatotic liver disease; MASH, Metabolic dysfunction-associated steatohepatitis; MTD, Maximum tolerated dose; NAFLD, Nonalcoholic fatty liver disease; OHA, Oral anti-diabetic drugs; SD, Standard deviation; SE, Standard error; SGLT2i, Sodium-glucose cotransporter-2 inhibitors; SU, Sulphonylureas, T2D, Type 2 diabetes

\*Analyzed in the subgroup Tirzepatide 10 mg

<sup>†</sup>Outcome results were polled to analyze in a single subgroup of Tirzepatide 15 mg

<sup>‡</sup>Tirzepatide MTD was analyzed as Tirzepatide 15 mg

<sup>§</sup>Outcome results of Tirzepatide MTD and placebo groups in Trials 1 and 2 were pooled into single groups of Tirzepatide MTD and placebo.

Trial reg. no.	Authors (publication year)	Reason of exclusion
NCT03882970	Battelino et al. (2022) [33]	Substudy of the SURPASS-3 trial
NCT03882970	Cariou et al. (2023) [34]	Substudy of the SURPASS-3 trial
NCT03882970	Gastaldelli et al. (2022) [35]	Substudy of the SURPASS-3 trial
NCT03730662	Heerspink et al. (2022) [36]	Post hoc analysis of SURPASS-4 trial
NCT03131687	Hartman et al. (2018) [37]	Post hoc analysis of included study by Frias et al. (2018)
NCT03131687	Pirro et al. (2022) [38]	Post hoc analysis of included study by Frias et al. (2018)
NCT03131687	Thomas et al. (2021) [39]	Post hoc analysis of included study by Frias et al. (2018)
NCT03131687	Wilson et al. (2020) [40]	Post hoc analysis of included study by Frias et al. (2018)
NCT03131687	Wilson et al. (2022) [41]	Post hoc analysis of included study by Frias et al. (2018)
NCT04235959	Feng et al. (2023) [42]	Not reported the outcome(s) of interest
NCT03322631	Furihata et al. (2021) [43]	Not reported the outcome(s) of interest
NCT03861039	Kadowaki et a. (2022) [44]	Not reported the outcome(s) of interest
NCT04143802	Urva et al. (2022) [45]	Not reported the outcome(s) of interest

Supplementary Table 2 The basic characteristics of the excluded randomized controlled trials and participants

## Supplementary Table S3. Summary of Findings Table

Outcomes	Anticipated abs	olute effects <sup>*</sup> (95%	Relative effect	No. of	Certainty of
		CI)	(95% CI) participants th		the evidence
	Risk with	Risk with		(studies)	(GRADE)
	Placebo	Tirzepatide			
Permanent discontinuation from	42 per 1,000	31 per 1,000	RR 0.74	1946	$\oplus \oplus \oplus \bigcirc$
study treatment - Tirzepatide 05 mg		(20 to 49)	(0.47 to 1.17)	(5 RCTs)	Moderatea
Permanent discontinuation from	34 per 1,000	23 per 1,000	RR 0.69	2773	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 10 mg		(17 to 32)	(0.51 to 0.93)	(8 RCTs)	High
Permanent discontinuation from	60 per 1,000	56 per 1,000	RR 0.94	3918	$\oplus \oplus \bigcirc \bigcirc$
study treatment - Tirzepatide 15 mg		(41 to 78)	(0.68 to 1.31)	(11 RCTs)	Low <sup>b</sup>
	<b>Risk with</b>	Risk with			
	Insulin	Tirzepatide			
Permanent discontinuation from	124 per 1,000	119 per 1,000	RR 0.96	3466	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 05 mg		(93 to 153)	(0.75 to 1.24)	(4 RCTs)	High
Permanent discontinuation from	124 per 1,000	147 per 1,000	RR 1.19	3462	$\oplus \oplus \bigcirc \bigcirc$
study treatment - Tirzepatide 10 mg		(95 to 225)	(0.77 to 1.82)	(4 RCTs)	Low <sup>b</sup>
Permanent discontinuation from	124 per 1,000	162 per 1,000	RR 1.31	3468	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 15 mg		(127 to 206)	(1.03 to 1.67)	(4 RCTs)	High

	Risk with GLP-	Risk with			
	1RA	Tirzepatide			
Permanent discontinuation from	92 per 1,000	91 per 1,000	RR 0.98	1367	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 05 mg		(65 to 127)	(0.70 to 1.37)	(3 RCTs)	High
Permanent discontinuation from	92 per 1,000	129 per 1,000	RR 1.40	1361	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 10 mg		(95 to 176)	(1.03 to 1.90)	(3 RCTs)	High
Permanent discontinuation from	88 per 1,000	150 per 1,000	RR 1.70	1437	$\oplus \oplus \oplus \oplus$
study treatment - Tirzepatide 15 mg		(112 to 200)	(1.27 to 2.27)	(4 RCTs)	High

**\*The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: confidence interval; RR: risk ratio

**GRADE** Working Group grades of evidence

High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.

**Moderate certainty:** we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

**Low certainty:** our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.

**Very low certainty:** we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

Explanations

a. Moderate heterogeneity among the studies present.

b. High heterogeneity among the studies present.