

Online Supplementary Appendix

Table S1. Search Strategies

Table S2. Characteristics of included Studies

Table S3. Assessment of risk of bias in individual studies

Table S4. Assessment of loop inconsistency in networks

Table S5. Assessment of global inconsistency in networks using the ‘design-by-treatment’ model

Table S6. Pairwise random-effects meta-analyses for efficacy and safety outcomes

Table S7. Contributions of direct evidence in the entire network

Table S8. Sensitivity analyses for the primary outcomes

Figure S1. Network maps of efficacy and safety outcomes of oral antidiabetic drugs

Figure S2. Network estimates of treatment effects for oral antidiabetic drugs

Figure S3. Comparison-adjusted funnel plot for the network meta-analysis on primary outcomes

References

Table S1. Search Strategies

Data source	Search terms
PubMed	#1 Sodium glucose co-transporter 2
	#2 SGLT2 OR SGLT-2 OR SGLT 2
	#3 Tofogliflozin OR Empagliflozin OR Dapagliflozin OR Canagliflozin OR Sotagliflozin OR Luseogliflozin OR Ipragliflozin OR Remogliflozin OR Sergliflozin OR Ertugliflozin
	#4 OR#1 - #3
	#5 DPP-4 OR DDP4 OR DPP 4
	#6 Vildagliptin OR Saxagliptin OR Sitagliptin OR Linagliptin OR Alogliptin OR Dutogliptin OR Gemigliptin OR Camegliptin OR Teneligliptin
	#7 #5 OR #6
	#8 Meglitinide OR Mitiglinide OR Nateglinide OR Repaglinide
	#9 Sulphonylurea OR Acetohexamide OR Carbutamide OR Chlorpropamide OR Glibenclamide OR Glibornuride OR Gliclazide OR Glimepiride OR Glipizide OR Gliquidone OR Tolazamide OR Glyburide OR Glycopyramide
	#10 Alpha glucosidase inhibitor OR Acarbose OR Miglitol OR

Voglibose

#11 Glitazone OR Thiazolidinedione OR Pioglitazone OR

Rivoglitazone OR Rosiglitazone

#12 #4 OR #7 OR #8 OR #9 OR #10 #11

#13 Diabetes mellitus or Diabetes

#14 random*

#15 "Randomized Controlled Trial"[Publication Type]

#16 RCT or RCTs

#17 OR/#14 - #16

#18 #12 AND #13 AND #17

CENTRAL

TITLE-ABSTRACT- KEYWORDS (Sodium Glucose

co-transporter 2 OR SGLT2 OR SGLT-2 OR SGLT 2 OR

Tofogliflozin OR Empagliflozin OR Dapagliflozin OR

Canagliflozin OR Sotagliflozin OR luseogliflozin OR Ipragliflozin

OR Remogliflozin OR Sergliflozin OR Ertugliflozin OR DPP-4

OR DDP4 OR DPP 4 OR Vildagliptin OR Saxagliptin OR

Sitagliptin OR Linagliptin OR Alogliptin OR Dutogliptin OR

Gemigliptin OR Camegliptin OR Teneligliptin OR Meglitinide

OR Mitiglinide OR Nateglinide OR Repaglinide OR

Sulphonylurea OR Acetohexamide OR Carbutamide OR

Chlorpropamide OR Glibenclamide OR Glibornuride OR
Gliclazide OR Glimepiride OR Glipizide OR Gliquidone OR
Tolazamide OR Glyburide OR Glycopyramide OR Alpha
glucosidase inhibitor OR Acarbose OR Miglitol OR Voglibose
OR Glitazone OR Thiazolidinedione OR Pioglitazone OR
Rivoglitazone OR Rosiglitazone) AND (Diabetes mellitus or
Diabetes)

Embase

TITLE-ABSTRACT-AUTHOR KEYWORDS (Sodium Glucose
co-transporter 2 OR SGLT2 OR SGLT-2 OR SGLT 2 OR
Tofogliflozin OR Empagliflozin OR Dapagliflozin OR
Canagliflozin OR Sotagliflozin OR luseogliflozin OR Ipragliflozin
OR Remogliflozin OR Sergliflozin OR Ertugliflozin OR DPP-4
OR DDP4 OR DPP 4 OR Vildagliptin OR Saxagliptin OR
Sitagliptin OR Linagliptin OR Alogliptin OR Dutogliptin OR
Gemigliptin OR Camegliptin OR Teneligliptin OR Meglitinide
OR Mitiglinide OR Nateglinide OR Repaglinide OR
Sulphonylurea OR Acetohexamide OR Carbutamide OR
Chlorpropamide OR Glibenclamide OR Glibornuride OR
Gliclazide OR Glimepiride OR Glipizide OR Gliquidone OR
Tolazamide OR Glyburide OR Glycopyramide OR Alpha
glucosidase inhibitor OR Acarbose OR Miglitol OR Voglibose
OR Glitazone OR Thiazolidinedione OR Pioglitazone OR

Rivoglitazone OR Rosiglitazone) AND (Diabetes mellitus or
Diabetes) AND (RCT* OR random*)

Table S2. Characteristics of included Studies

Author (year)	trial registr ation	Intervention s	Sample size (n)	Mean Age (years)	Mean Sex (man%)	Mean HbA1c^u (%)	Mean body weight (kg)	Mean BMI^t (kg/m²)	Mean duration of diabetes (years)	Follow-up (weeks)
Bolinder (2014) [1]	NCT00 855166	Dapa ^a : 10mg	89	60.6	55.1	7.2	92.1	32.1	6.0	102
		PLA ^s	91	60.8	56.0	7.2	90.9	31.7	5.5	102
		Dapa: 2.5mg	137	55	51	8.0	84.9		6	102
Baily (2013) [2]	NCT00 528879	Dapa:5mg	137	54.3	50	8.2	84.7		6.4	102
		Dapa: 10mg	135	52.7	57	8.0	86.3	NA ^v	6.1	102
		PLA	137	53.7	55	8.1	87.7		5.8	102

Lava-Gon		Cana ^c :100mg	368	55.3	47.0	7.9	88.8	32.4	6.7	52
	NCT01									
zalez		Cana:300mg	367	55.5	47.3	7.9	85.4	31.4	7.1	52
	106677									
(2013) [3]		Sita ^f : 100mg	366	55.5	45.0	7.9	87.7	32.0	6.8	52
Rosenstoc		Dapa: 5mg	179	54	50	8.9	NA	31.5	7.4	24
	NCT01									
k (2015)		Saxa ^g : 10mg	176	55	47	9.0	NA	31.8	8.2	24
	606007									
[4]										
Del Prato	NCT00	Dapa: 10mg	400	58.1	55.3	7.7	88.4	31.7	6.1	208
(2015) [5]	660907	Glip: 20mg	401	58.6	54.9	7.7	87.6	31.2	6.6	208
Merker	NCT01	Empa ^b : 10mg	217	55.5	57.6	7.9	81.6	29.1		76
									6.3	
(2015) [6]	159600	Empa: 25mg	213	55.6	56.3	7.9	82.2	29.7		76

	/NCT0									
	128999	PLA	207	56.0	56.0	7.9	79.7	28.7		76
	0									
		Vild: 50mg	177	54.3	57.3	8.4	NA	32.1	6.8	24
BOSI (2007) [7]	NCT00 099892	Vild:100mg	185	53.9	61.5	8.4	NA	32.9	5.8	24
		PLA	182	54.9	53.1	8.3	NA	33.2	5.2	24
		Tene:5mg	87	58.8	52.9	8.0	92.8	32.2	4.7	24
Bryson (2016) [8]	NCT00 971243	Tene:10mg	93	58.5	54.8	7.8	91.2	32.2	4.8	24
		Tene:20mg	91	58.3	61.5	8.0	94.7	33.0	5.3	24
		Tene:40mg	88	58.2	59.1	7.9	93.3	32.2	5.1	24

		PLA	88	58.9	53.4	7.9	92.1	32.0	4.8	24
Charbonne l (2006) [9]	NCT00 86515	Sita:100mg PLA	464 237	54.4 54.7	55.8 59.5	8.0 8.0	86.7 89.6	30.9 31.5	6.0 6.6	24 24
Ahren (2004) [10]	NA	Vild: 50mg PLA	42 29	58.4 54.3	61.9 75.9	7.6 7.8	NA NA	29.6 29.9	5.8 4.6	52 52
Handelsm an (2017) [11]	NCT01 682759	Oma: 25mg Glim ^m : 6mg	376 375	58 58	54.0 56.3	7.5 7.4	87.5 88.7	31.2 31.7	7.6 7.7	54 54
Gadde	NCT01	Sita:100mg	122	54.3	54.1	8.4	88.1	31.6	7.9	28

(2017)	652729	PLA	61	53.4	60.7	8.5	89.0	31.5	8.7	28
[12]										
Du (2017)	NCT02	Saxa: 5mg	238	54.7	61.8	8.2	73.3	26.4	5.1	24
[13]	243176	Acar ^P : 50mg	243	56.5	56.8	8.2	72.6	26.3	5.3	24
Yang		Dapa: 5mg	147	53.1	45.6	8.1	70.8	26.4	4.2	24
(2016)	NCT01	Dapa: 10mg	152	54.6	57.9	8.2	71.4	26.2	5.3	24
[14]	095666	PLA	145	53.5	59.3	8.1	70.9	25.7	5.3	24
Lu (2016)	NCT01	Ipra ^d : 50mg	87	53.9	50.6	7.7	70.36	26.6	6.4	24
[15]	505426	PLA	83	53.4	39.8	7.8	70.45	27.0	5.7	24
Tai (2016)	NCT02	Alog ⁱ : 25mg	44	53.8	61.4	8.2	NA	31.1	6.6	26

[16]	798172	Met: 1000mg	37	53.4	59.5	8.2	NA	30.6	6.6	26
DeFronzo		Empa: 10mg	137	56.1	56.9	8.0	86.1	30.9	NA	52
(2015)	NCT01 422876	Empa: 25mg	140	55.5	46.4	8.0	87.7	31.8	NA	52
[17]		Lina ^h : 5mg	128	56.2	50.0	8.0	85.0	30.6	NA	52
Ji (2016)	NCT01	Vild ^e : 50mg	2501	56.5	54.4	7.2	69.3	25.1	4.3	24
[18]	541956	Met:1000mg	484	56.2	49.6	7.2	68.7	25.1	4.1	24
Wang		Lina: 5mg	205	55.1	49.8	8.0	68.1	25.5	NA	24
(2016)	NCT01 215097	PLA	101	56.5	50	8.0	68.5	25.8	NA	24
[19]										
Wang	NA	Saxa: 5mg	41	64.3	43.9	8.3	65.2	NA	12.3	26

(2015)		Acar: 50mg	40	65.1	47.5	7.7	63.9		14.2	26
[20]										
Schernthaler (2015)	NCT01006603	Saxa:5mg	360	72.5	60.3	7.6	NA	29.9	7.6	52
[21]		Glim:<6mg	360	72.7	63.3	7.6	NA	29.3	7.6	52
Ridderstrale (2014)	NCT01167881	Empa: 25mg	765	56.2	56	7.9	82.5	30.0	NA	104
[22]		Glim:1-4mg	780	55.7	54	7.9	83.0	30.3	NA	104
Del Prato (2014)	NCT00856284	Alog:12.5mg	880	55.2	47.6	7.6	NA	31.3	5.7	104
[23]		Alog: 25mg	885	55.5	51.1	7.6	NA	31.3	5.4	104
		Glip ⁿ :5-20mg	874	55.4	50.5	7.6	NA	31.1	5.5	104

Derosa		Vild: 100mg	81	57.2	49.4	7.9	77.8	27.9	6.9	26
(2014)	NA									
[24]		Glim:6mg	86	59.8	49.8	7.7	77	27.6	6.8	26
Kashiwagi		Ipra: 50mg	112	56.2	58.9	8.3	68.52	26.0	7.4	24
(2015)	NCT01									
[25]	135433	PLA	56	57.7	68.9	8.4	67.51	25.5	7.9	24
Cefalu		Cana:100mg	483	56.4	52	7.8	86.9	31.0	6.5	52
(2013)	NCT00									
[26]	968812	Cana:300mg	485	55.8	50	7.8	86.6	31.2	6.7	52
		GLIM	482	56.3	55	7.8	86.5	30.9	6.6	52
Berndt-Zi		Vild:100mg	22	57	68.2	7.4	99.3	34.6	8.4	24
pfel	NA									
(2013)		Glim:0.5-4m	22	60	59.1	7.3	93.7	33.3	6.1	24

[27]		g								
Yang		Sita:100mg	197	54.1	47	8.5	67.9	25.3	6.4	24
(2012)	NCT00									
[28]	813995	PLA	198	55.1	55	8.5	68.9	25.3	7.3	24
Gallwitz		Lina: 5mg	777	59.8	60	7.7	86.1	86.1		104
(2012)	NCT00								NA	
[29]	622284	Glim: 1mg	775	59.8	61	7.7	86.8	86.8		104
Derosa		Sita: 100mg	91	55.9	46.2	8.1	78.4	28.1	5.8	52
(2012)	NA									
[30]		PLA	87	54.8	50.2	8.0	78.6	28.9	5.4	52
Derosa- a	NA	Vild:100mg	84	54.2	50.0	8.1	76.9	27.9	6.1	52

(2012)		PLA	83	52.4	51.8	8.2	78.5	27.8	6.3	52
[31]										
Yang	NCT00	Saxa: 5mg	283	53.8	48.1	7.9	68.9	26.3	5.1	24
(2011)	661362	PLA	287	54.4	48.4	7.9	69	26.1	5.1	24
[32]										
Bergental	NCT00	Sita:100mg	185	55.5	59	7.9	92.5	32.4	6.0	24
(2012)	754988	PLA	93	56.1	52	8.0	91.1	32.5	5.5	24
[33]										
Pan		Vild:100mg	146	54.2	50.0	8.1	71.58	26.0	4.9	24
(2012)	NA	Vild:50mg	148	53.7	55.4	8.1	68.36	25.0	5.0	24
[34]		PLA	144	54.5	54.2	8.0	69.83	25.5	5.2	24

Jeon		Vild:100mg	54	53.5	68.6	8.0	NA	22.7	5.9	32
(2011)	NA									
[35]		Glim: 4mg	52	55.4	60.8	8.1	NA	22.3	5.9	32
Seck		Sita:100mg	248	57.6	57.3	7.3	88.5	30.9	5.8	104
(2010)	NCT00									
[36]	094770	Glip:5-20mg	256	57.0	62.9	7.3	90.3	31.3	5.7	104
Goke		Saxa: 5mg	428	57.5	49.5	7.7	88.7	31.5	5.5	52
(2010)	NA									
[37]		Glip:5-20mg	430	57.6	54.0	7.7	88.6	31.3	5.4	52
Matthews	EudraT	Vild:2-6mg	1562	57.5	53.1	7.3	89.5	31.9	5.7	104
(2010)	200400									
[38]	455921	Glim:100mg	1556	57.5	53.9	7.3	88.9	31.7	5.7	104

Filozof		Vild:100mg	513	59.2	52.2	8.5	85.7	31.2	6.4	52
(2010)	NA	Glic:80-320								
[39]		mg	494	59.7	51.8	8.5	84.2	30.8	6.8	52
Filozof-a		Vild:100mg	456	56.9	49.6	7.4	84.6	31.1	4.6	24
(2010)	NCT00									
[40]	396357	Met	458	57.0	55	7.3	84.4	31.2	4.7	24
Arechaval		Sita:100mg	516	56.3	55.0	7.5	80.6	29.7	6.8	30
eta (2011)	NCT00									
[41]	701090	Glim:1-6mg	519	56.2	53.8	7.5	82.0	30.2	6.7	30
Taskinen		Lina:5mg	523	56.5	53	8.1	82.2	29.9	NA	24
(2011)	NCT00									
[42]	601250	PLA	177	56.6	57	8.0	83.3	30.1	NA	24

Goodman		Vild:100mg	248	54.9	52.8	8.5	NA	31.4	NA	24
(2009)	NA									
[43]		PLA	122	54.5	67.2	8.7	NA	31.7	NA	24
Bergental		Sita:100mg	166	52	52	8.5	87	32	5	26
(2010)	NCT00									
[44]	637273	Piog ^q :45mg	165	53	48	8.5	88	32	6	26
Nauck		Alog:12.5mg	213	55	47.4	7.9	NA	32	6	26
(2009)	NCT00									
[45]	286442	Alog:25mg	210	54	57.3	7.9	NA	32	6	26
		PLA	104	56	48	8.0	NA	32	6	26
DeFronzo	NCT00	Saxa:2.5mg	192	54.7	43.2	8.1	85.97	31.7	6.7	24
(2009)	121667	Saxa:5mg	191	54.7	53.9	8.1	87.26	31.2	6.4	24

[46]		Saxa:10mg	181	54.2	52.5	8.0	87.83	31.1	6.3	24
		PLA	179	54.8	53.6	8.1	87.14	31.6	6.7	24
Bolli		Vild:50mg	295	56.3	61.7	8.4	91.8	32.2	6.4	52
(2009)	NA									
[47]		Piog:30mg	281	57.0	64.1	8.4	91.2	32.1	6.4	52
Raz		Sita:100mg	96	53.6	49.0	9.3	81.5	30.1	8.4	30
(2008)	NCT00									
[48]	337610	PLA	94	56.1	58.5	9.1	81.2	30.4	7.3	30
Xiao		Glip: 5-10mg	40	53.6	58.3	8.7		26.6		24
(2015)	NA	Piog:					NA		NA	
[49]		15-45mg	40	54.2	59.8	8.7		26.5		24

Ohira		Glim: 1mg	30	62.2	50	8.6		24.49		26
(2014)	NA						NA		NA	
[50]		Piog: 15mg	30	63.7	63.3	8.5		23.61		26
Genovese		Piog	110	57	59.1	6.92	88.8	32.4		26
(2013)	NCT00								5.8	
[51]	772174	PLA	103	57.8	60.2	7.02	89	32.6	5.7	26
Pfutzner		Glim: 4mg	150	59	64.1	7.4	94.1	32.5	5.9	24
(2011)	NCT00									
[52]	770653	Piog: 30mg	155	59	64.1	7.1	96.2	32.6	6.2	24
Petrica		Glim: 4mg	39	58.8	NA	7.49	NA	33.71	10.17	52
(2011)	NA									
[53]		Piog: 30mg	39	56.8	NA	7.7	NA	32.1	10	52

Petrica		Glim: 4mg	22	63.2	41.2	7.58	NA	33.55	10.4	26
(2009)	NA									
[54]		Rosi ^r : 4mg	22	63	41.2	7.72	NA	33.58	10.53	26
Khanolkar		Glic: 80mg	25	56	60	7.08	NA	33.66	NA	26
(2008)	NA									
[55]		Rosi: 4mg	25	59	56	7.33	NA	34.55	NA	26
Kelly		Glyb: 20mg	16	63.1	62.5	7.3	95	NA	NA	26
(2007)	NCT00									
[56]	123643	Rosi: 8mg	20	57.9	45	7.8	96.9	NA	NA	26
Umpierrez		Glim: 2-8mg	101	51.6	55.2	8.41	NA	34.54	4.9	28
(2006)	NA									
[57]		Piog: 30-45mg	109	55.7	52.3	8.31	NA	33.81	5.9	28

Ristic		Glic:80-240	129	61.6	50.4	7.6	NA	29.5	6.7	24
(2006)	NA	mg								
[58]		Nate ^o :	133	62	54.2	7.67	NA	28.5	7.16	24
		180-540mg								
Garber		Glib ^k :	160	56	56	8.5	93	32	5	24
(2006)	NA	5-10mg								
[59]		Rosi: 4-8mg	158	56	65	8.4	94	32	6	24
Bakris		Glyb: 5mg	185	58.8	69	8.3	90.3	31.8	7.6	32
(2006)	NA									
[60]		Rosi: 4mg	204	60	63	8.5	89.2	31.6	8	32
Negro	NA	Rosi: 8mg	19	60.3	52.6	8.4	84.1	28.3	7.1	52

[64]		PLA	43	62.3	76.7	7.82	87.88	30.09	6.06	24
Halimi		Acar: 100mg	59	56	28	8.6	NA	30.1	9.5	26
(2000)	NA									
[65]		PLA	70	55	44	8.5	NA	29.7	9	26
Ferrannini		Empa: 10mg	166	60	50	7.88	89.6	30.2	NA	78
(2013)	NCT00881530	Empa: 25mg	166	60	53	7.91	89.5	30.3	NA	78
[66]		Sita: 100mg	56	60	51.8	8.03	88.6	30	NA	78
Blonde		Cana: 100mg	241	64.3	51.5	7.8	88.4	31.4	12.3	26
(2016)	NCT01106651	Cana: 300mg	236	63.4	54.7	7.7	88.8	31.5	11.3	26
[67]		PLA	237	63.2	60.3	7.8	91.1	31.8	11.4	52

Dei Cas	Vild: 100mg	40	61	65	7.7	NA	29.1	NA	52
(2017)	NCT01								
[68]	822548	Glim:	24	63	71	7.7	NA	28.9	52
		2.5-5mg							

Note: ^aDapa: Dapagliflozin; ^bEmpa: Empagliflozin; ^cCana: Canagliflozin; ^dIpra: Ipragliflozin; ^eVild: Vildagliptin; ^fSita: Sitagliptin; ^gSaxa: Saxagliptin; ^hLina: Linagliptin; ⁱAlog: Alogliptin; ^jTene: Teneligliptin; ^kGlib: Glyburide; ^lGlic: Gliclazide; ^mGlim: Glimepiride; ⁿGlip: Glipizide; ^oNate: Nateglinide; ^pAcar: Acarbose; ^qPiog: Pioglitazone; ^rRosi: Rosiglitazone; ^sPLA: Placebo. ^tBMI: body mass index; ^uHbA1c: glycated hemoglobin; ^vNA: not applicable.

Table S3. Assessment of risk of bias in individual studies

Study	Sequence Generation	Allocation Concealment	Blinding of Participants and Personnel	Blinding of Outcome Assessment	Incomplete Outcome Data	Selective Reporting
Bolinder (2014) [1]	Low	Unclear	Low	Unclear	High	Low
Baily (2013) [2]	Low	Low	Low	Unclear	Low	Low
Lava-Gonzalez (2013) [3]	Low	Unclear	Low	Unclear	Low	Low
Rosenstock (2015) [4]	Unclear	Unclear	Low	Unclear	Low	Low
Del Prato (2015) [5]	Low	Low	Low	Unclear	Low	Low
Merker (2015) [6]	Low	Low	Low	Unclear	Low	Low
BOSI (2007) [7]	Unclear	Unclear	Low	Unclear	High	Low
Bryson (2016)	Low	Low	Low	Unclear	High	Low

[8]						
Charbonnel (2006) [9]	Unclear	Unclear	Low	Unclear	High	Low
Ahren (2004) [10]	Unclear	Unclear	Low	Unclear	High	Low
Handelsman (2017) [11]	Low	Unclear	Low	Unclear	High	Low
Gadde (2017) [12]	Low	Low	Low	Unclear	Low	Low
Du (2017) [13]	Low	Unclear	Low	Unclear	High	Low
Yang (2016) [14]	Low	Unclear	Low	Unclear	High	Low
Lu (2016) [15]	Low	Low	Low	Unclear	Low	Low
Tai (2016) [16]	Low	Unclear	Low	Unclear	High	Low
DeFronzo (2015) [17]	Low	Low	Low	Unclear	High	Low
Ji (2016) [18]	Low	Unclear	Low	Unclear	High	Low
Wang (2016)	Low	Low	Low	Low	Low	Low

[19]						
Wang (2015)	Unclear	Unclear	Unclear	Unclear	Low	High
[20]						
Schernthaler (2015) [21]	Low	Low	Low	Unclear	High	Low
Ridderstrale (2014) [22]	Low	Low	Low	Unclear	High	Low
Del Prato (2014) [23]	Unclear	Unclear	Low	Low	High	Low
Derosa (2014) [24]	Unclear	Unclear	Low	Unclear	High	High
Kashiwagi (2015) [25]	Unclear	Unclear	Low	Unclear	Low	Low
Cefalu (2013) [26]	Low	Low	Low	Unclear	Low	Low
Berndt-Zipfel (2013) [27]	Unclear	Unclear	High	Unclear	Unclear	High
Yang (2012) [28]	Low	Unclear	Low	Unclear	Low	Low

Gallwitz (2012) [29]	Low	Low	Low	Unclear	High	Low
Derosa (2012) [30]	Low	Unclear	Low	Unclear	Low	High
Derosa- a (2012) [31]	Unclear	Unclear	Low	Unclear	Low	High
Yang (2011) [32]	Low	Unclear	Low	Unclear	High	Low
Bergental (2012) [33]	Unclear	Low	Low	Unclear	High	Low
Pan (2012) [34]	Unclear	Unclear	Low	Unclear	Low	High
Jeon (2011) [35]	Unclear	Unclear	High	Unclear	Low	High
Seck (2010) [36]	Unclear	Unclear	Low	Unclear	High	Low
Goke (2010) [37]	Low	Low	Low	Unclear	High	Low
Matthews	Unclear	Unclear	Low	Unclear	High	Low

(2010) [38]						
Filozof (2010) [39]	Unclear	Unclear	Low	Low	High	Low
Filozof-a (2010) [40]	Unclear	Unclear	Low	Low	Low	High
Arechavaleta (2011) [41]	Low	Unclear	Low	Unclear	High	Low
Taskinen (2011) [42]	Unclear	Unclear	Low	Unclear	Low	High
Goodman (2009) [43]	Unclear	Unclear	Low	Unclear	Low	Low
Bergental (2010) [44]	Low	Low	Low	Unclear	High	Low
Nauck (2009) [45]	Low	Low	Low	Unclear	High	Low
DeFronzo (2009) [46]	Low	Low	Low	Unclear	High	Low
Bolli (2009) [47]	Unclear	Low	Low	Unclear	Unclear	Low

Raz (2008) [48]	Low	Unclear	Low	Unclear	Low	Low
Xiao (2015) [49]	Low	Unclear	High	Unclear	Low	High
Ohira (2014) [50]	Unclear	Low	High	Unclear	Low	High
Genovese (2013) [51]	Unclear	Unclear	Low	Unclear	Low	High
Pfutzner (2011) [52]	Unclear	Unclear	Low	Unclear	High	High
Petrica (2011) [53]	Unclear	Unclear	High	Unclear	Low	High
Petrica (2009) [54]	Unclear	Unclear	High	High	Low	High
Khanolkar (2008) [55]	Unclear	Unclear	High	Unclear	Low	High
Kelly (2007) [56]	Unclear	Unclear	Low	Unclear	Low	Low
Umpierrez	Unclear	Unclear	High	Unclear	High	Low

(2006) [57]						
Ristic (2006) [58]	Low	Low	Low	Unclear	High	High
Garber (2006) [59]	Unclear	Unclear	Low	Unclear	High	High
Bakris (2006) [60]	Unclear	Unclear	Low	Unclear	High	High
Negro (2005) [61]	Unclear	Unclear	High	Unclear	Unclear	High
Matthews (2005) [62]	Unclear	Unclear	Low	Unclear	High	Low
Derosa (2005) [63]	Unclear	Unclear	Low	Unclear	Low	High
Phillips (2003) [64]	Unclear	Unclear	Low	Unclear	Low	Low
Halimi (2000) [65]	Unclear	Unclear	Low	Unclear	High	High
Ferrannini (2013) [66]	Unclear	Unclear	Low	Unclear	Low	Low

Blonde (2016)

[67]

Unclear

Unclear

Low

Unclear

Low

Low

Dei Cas

(2017) [68]

Unclear

Unclear

Low

Unclear

Low

Low

Table S4. Assessment of loop inconsistency in networks

Loop	Inconsistency factor	95% confidence interval	P-value	Loop heterogeneity tau²
HbA1c^a				
PLA ^k -DPP4 ^g -AGI ^h	0.43	0.06-0.81	0.024	0.021
PLA-SGLT2 ^f -SU ^j -TZD ⁱ	0.23	0.00-0.81	0.497	0.041
SGLT2-DPP4-SU	0.10	0.00-0.30	0.30	0.009
PLA-SGLT2-DPP4	0.08	0.00-0.36	0.572	0.028
DPP4-SU-TZD	0.06	0.00-0.37	0.710	0.016
PLA-DPP4-TZD	0.02	0.00-0.53	0.932	0.033
2h-PPG^b				
PLA-SGLT2-DPP4	1.10	0.00-3.65	0.396	0.468
PLA-DPP4-TZD	0.44	0.00-3.32	0.737	0.468
FPG^c				
PLA-DPP4-AGI	0.49	0.00-1.10	0.122	0.056
DPP4-SU-TZD	0.40	0.00-1.10	0.260	0.099
PLA-SGLT2-DPP4	0.34	0.00-0.74	0.098	0.053
SGLT2-DPP4-SU	0.09	0.00-0.68	0.769	0.084
Body weight				
PLA-SGLT2-DPP4	0.82	0.00-1.65	0.052	0.132
PLA-SGLT2-SU-TZD	0.45	0.00-3.33	0.758	0.152
DPP4-SU-TZD	0.56	0.00-1.62	0.290	0.101

PLA-DPP4-TZD	0.21	0.00-3.00	0.882	0.140
SGLT2-DPP4-SU	0.12	0.00-0.70	0.679	0.027
PLA-DPP4-AGI	0.09	0.00-1.91	0.921	0.130
All-cause mortality				
PLA-SGLT2-DPP4	0.94	0.00-3.57	0.486	0.000
SGLT2-DPP4-SU	0.02	0.00-2.16	0.982	0.000
MACE^d				
DPP4-SU-TZD	1.13	0.00-4.78	0.544	0.000
PLA-SGLT2-DPP4	0.38	0.00-2.23	0.693	0.000
SGLT2-DPP4-SU	0.00	0.00-1.62	0.999	0.000
Serious adverse event				
PLA-SGLT2-SU-TZD	1.10	0.00-3.56	0.377	0.063
DPP4-SU-TZD	0.62	0.00-1.39	0.118	0.003
SGLT2-DPP4-SU	0.48	0.00-1.04	0.094	0.028
PLA-DPP4-TZD	0.28	0.00-2.66	0.818	0.000
PLA-SGLT2-DPP4	0.25	0.00-0.87	0.467	0.000
Hypoglycemia				
DPP4-SU-TZD	1.76	0.00-4.15	0.150	0.149
SGLT2-DPP4-SU	0.41	0.00-1.37	0.403	0.146
PLA-SGLT2-DPP4	0.04	0.00-0.88	0.929	0.000
UTI^e				
SGLT2-DPP4-SU	0.43	0.00-1.11	0.220	0.068

PLA-SGLT2-DPP4	0.08	0.00-0.69	0.781	0.000
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Diarrhea

SGLT2-DPP4-SU	1.16	0.00-2.89	0.191	0.000
PLA-SGLT2-DPP4	0.60	0.00-2.81	0.592	0.501
DPP4-SU-TZD	0.12	0.00-0.97	0.775	0.000

Note: ^aHbA1c, glycated hemoglobin; ^b2h-PPG, 2-h postprandial glucose; ^cFPG, fasting plasma glucose; ^dMACE, major adverse cardiovascular event; ^eUTI, urinary tract infection. ^fSGLT2, sodium-glucose co-transporter-2 inhibitor; ^gDPP4, dipeptidyl peptidase-4 inhibitor; ^hAGI, alpha-glucosidase inhibitor; ⁱTZD, thiazolidinedione; ^jSU, sulfonylurea; ^kPLA, placebo.

Table S5. Assessment of global inconsistency in networks using the ‘design-by-treatment’ interaction model

Network outcome	Chi square	P value for test of global inconsistency
HbA1c ^a	7.31	0.1987
2h-PPG ^b	1.12	0.5720
FPG ^c	8.00	0.0914
Body weight	7.36	0.1949
All-cause mortality	0.74	0.6909
MACE ^d	0.6	0.8974
Hypoglycemia	3.82	0.2814
Serious adverse event	5.65	0.2267
UTI ^e	1.57	0.4558
Diarrhea	3.29	0.3496

Note: ^aHbA1c, glycated hemoglobin; ^b2h-PPG, 2-h postprandial glucose; ^cFPG, fasting plasma glucose; ^dMACE, major adverse cardiovascular event; ^eUTI, urinary tract infection.

Table S6. Pairwise random-effects meta-analyses for efficacy and safety outcomes

Drug A	Drug B	No. of trials	No. of participants	OR / WMD (95% CI)	Heterogeneity I ² (%)
HbA1c^a					
SGLT-2 inhibitor	PLA	7	2841	-0.66 (-0.85-0.48)	83
DPP-4 inhibitor	PLA	17	6556	-0.64 (-0.73-0.55)	72
AGI	PLA	2	210	-1.02 (-1.09-0.94)	0
TZD	PLA	2	251	-0.86 (-1.69-0.03)	94
DPP-4 inhibitor	Met	3	3980	-0.17 (-0.21-0.14)	0
SU	Glitinide	1	247	-0.16 (-0.38,0.06)	/
DPP-4 inhibitor	AGI	2	562	-0.10 (-0.19,0.00)	0
SGLT-2 inhibitor	SU	3	3771	-0.12 (-0.21-0.02)	50
SU	TZD	11	1908	0.03 (-0.13,0.20)	69

2h-PPG^b

DPP-4	SU	12	10374	0.06	71
inhibitor				(-0.01,0.13)	
DPP-4	TZD	2	892	0.14	71
inhibitor				(-0.16,0.44)	
SGLT-2	DPP-4	4	2126	-0.09	58
inhibitor	inhibitor			(-0.23,0.04)	
SGLT-2	PLA	1	358	-2.55	/
inhibitor				(-3.09-2.01)	
DPP-4	PLA	7	2384	-1.76	86
inhibitor				(-2.35-1.18)	
AGI	PLA	1	129	-2.50	/
				(-3.77-1.23)	
SGLT-2	DPP-4	1	291	-1.89	/
inhibitor	inhibitor			(-2.43-1.35)	
DPP-4	Met	1	81	-0.21	/
inhibitor				(-0.61,0.19)	
DPP-4	SU	3	703	-0.06	42
inhibitor				(-0.57,0.45)	
DPP-4	AGI	1	478	0.30	/
inhibitor				(-0.19,0.79)	
SU	TZD	1	95	0.33	

FPG^c

					(-0.12,0.78)	
SGLT-2	PLA	7	2841	-1.32		67
inhibitor					(-1.57-1.06)	
DPP-4	PLA	16	6099	-0.97		64
inhibitor					(-1.13-0.82)	
AGI	PLA	2	210	-1.62		81
					(-2.74-0.50)	
SGLT-2	DPP-4	4	2324	-0.68		38
inhibitor	inhibitor				(-0.91-0.46)	
DPP-4	Met	2	995	-0.68		38
inhibitor					(-1.65,0.29)	
SGLT-2	SU	2	2346	-0.65		0
inhibitor					(-0.81-0.49)	
SU	Glitinide	1	247	-0.19		/
					(-0.68,0.30)	
DPP-4	AGI	2	562	-0.15		24
inhibitor					(-0.36,0.06)	
SU	TZD	6	1428	0.03		58
					(-0.33,0.40)	
DPP-4	SU	13	12116	0.18		82
inhibitor					(-0.03,0.38)	

DPP-4	TZD	2	889	0.60	0
inhibitor				(0.25,0.96)	

Body weight

SGLT-2	PLA	7	2848	-1.97	63
inhibitor				(-2.37-1.56)	

DPP-4	PLA	10	3035	-0.29	62
inhibitor				(-0.61,0.03)	

AGI	PLA	1	81	-0.89	/
				(-2.05,0.27)	

TZD	PLA	2	251	2.40	0
				(0.01,4.79)	

SGLT-2	SU	3	3783	-4.47	0
inhibitor				(-4.75-4.20)	

SGLT-2	DPP-4	3	1962	-2.41	0
inhibitor	inhibitor			(-2.78-2.04)	

DPP-4	SU	11	11338	-1.94	43
inhibitor				(-2.15-1.73)	

SU	TZD	5	1020	-0.26	64
				(-1.23,0.70)	

DPP-4	Met	1	3192	0.51	/
inhibitor				(0.28,0.74)	

DPP-4	AGI	1	481	0.69	/
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inhibitor					(0.19,1.19)	
DPP-4	TZD	2	898		-2.95	75
inhibitor					(-4.08-1.81)	
All-cause mortality						
SGLT-2	PLA	5	1977		0.87	0
inhibitor					(0.13,5.97)	
DPP-4	PLA	10	4050		0.29	0
inhibitor					(0.05,1.87)	
SGLT-2	SU	3	3809		0.67	0
inhibitor					(0.28,1.63)	
SGLT-2	DPP-4	3	1861		0.77	0
inhibitor	inhibitor				(0.09,6.30)	
DPP-4	SU	9	12805		0.80	0
inhibitor					(0.45,1.43)	
SU	TZD	2	887		2.44	0
					(0.21,27.86)	
SU	Glitinide	1	256		1.03	/
					(0.02,52.38)	
DPP-4	AGI	1	461		1.00	/
inhibitor					(0.02,50.39)	
DPP-4	Met	2	3167		0.42	0
inhibitor					(0.03,6.76)	

MACE^d

SGLT-2 inhibitor	PLA	6	2699	0.49	0
				(0.20,1.16)	
DPP-4 inhibitor	PLA	9	4468	0.64	0
				(0.25,1.67)	
DPP-4 inhibitor	TZD	2	908	0.42	0
				(0.06,3.00)	
SU	TZD	1	290	0.34	/
				(0.03,3.29)	
DPP-4 inhibitor	SU	8	8771	0.69	0
				(0.45,1.06)	
SGLT-2 inhibitor	SU	3	3809	0.73	0
				(0.32,1.67)	
SGLT-2 inhibitor	DPP-4 inhibitor	4	2253	0.99	0
				(0.20,4.82)	

Serious adverse event

SGLT-2 inhibitor	PLA	7	2861	0.77	0
				(0.57,1.05)	
DPP-4 inhibitor	PLA	14	6181	0.97	0
				(0.69,1.36)	
TZD	PLA	1	213	2.86	/
				(0.29,27.94)	

DPP-4	TZD	2	906	0.45	0
inhibitor				(0.25,0.81)	
DPP-4	Met	3	4081	0.68	49
inhibitor				(0.10,4.80)	
DPP-4	SU	11	12971	0.97	16
inhibitor				(0.85,1.11)	
DPP-4	AGI	1	461	2.52	/
inhibitor				(0.48,13.13)	
SGLT-2	DPP-4	4	2249	0.63	0
inhibitor	inhibitor			(0.41,0.95)	
SGLT-2	SU	3	3809	0.95	81
inhibitor				(0.59,1.52)	
SU	TZD	4	1282	0.81	49
				(0.41,1.61)	

Hypoglycemia

SGLT-2	PLA	7	2861	0.79	0
inhibitor				(0.56,1.12)	
DPP-4	PLA	14	6181	0.58	0
inhibitor				(0.33,1.01)	
DPP-4	SU	10	11968	0.11	75
inhibitor				(0.08,0.15)	
DPP-4	Met	3	4081	0.68	0

inhibitor					(0.33,1.49)	
DPP-4	AGI	1	461	0.74	/	
inhibitor					(0.16,3.36)	
DPP-4	TZD	1	331	5.09	/	
inhibitor					(0.59,44.08)	
SU	TZD	4	1489	7.75	60.4	
					(5.10,11.76)	
SGLT-2	SU	3	3809	0.09	76	
inhibitor					(0.06,0.15)	
SGLT-2	DPP-4	4	2249	1.45	0	
inhibitor	inhibitor				(0.85,2.48)	
SU	Glitinide	1	256	1.04	/	
					(0.58,1.88)	

UTI^e

SGLT-2	PLA	6	2693	1.16	0	
inhibitor					(0.83,1.63)	
DPP-4	PLA	9	4127	1.13	0	
inhibitor					(0.81,1.59)	
SGLT-2	SU	3	3809	1.24	44	
inhibitor					(0.90,1.70)	
SGLT-2	DPP-4	4	2249	0.93	0	
inhibitor	inhibitor				(0.66,1.31)	

DPP-4	SU	6	7725	0.86	73
inhibitor				(0.54,1.36)	
DPP-4	AGI	1	463	1.51	/
inhibitor				(0.53,4.32)	
DPP-4	TZD	1	331	1.52	/
inhibitor				(0.53,4.37)	

Diarrhea

SGLT-2	PLA	5	2523	0.95	0
inhibitor				(0.64,1.43)	
DPP-4	PLA	11	4965	0.72	67
inhibitor				(0.38,1.33)	
AGI ^h	PLA ^l	1	83	1.09	/
				(0.32,3.70)	
DPP-4	Met ^j	1	914	0.52	/
inhibitor				(0.30,0.90)	
DPP-4	SU	9	11875	0.97	0
inhibitor				(0.83,1.13)	
DPP-4	TZD	2	906	1.13	0
inhibitor				(0.65,1.95)	
SU	TZD ⁱ	2	616	1.29	0
				(0.68,2.43)	
SGLT-2	SU ^k	2	2359	0.79	0

inhibitor					(0.58,1.09)	
SGLT-2	DPP-4	2	795	2.85		37
inhibitor ^f	inhibitor ^g				(0.32,25.64)	

Note: ^aHbA1c, glycated hemoglobin; ^b2h-PPG, 2-h postprandial glucose; ^cFPG, fasting plasma glucose; ^dMACE, major adverse cardiovascular event; ^eUTI, urinary tract infection; ^fSGLT-2 inhibitor, sodium-glucose co-transporter-2 inhibitor; ^gDPP-4 inhibitor, dipeptidyl peptidase-4 inhibitor; ^hAGI, α -glucosidase inhibitor; ⁱTZD, thiazolidinedione; ^jMet, high dose metformin; ^kSU, sulfonylurea; ^lPLA, placebo.

Table S7. Contributions of direct evidence in the entire network

Drug A	Drug B	No. of trials	Contribution to the network, %
HbA1c^a			
SGLT-2 inhibitor	PLA	7	4.4
DPP-4 inhibitor	PLA	17	9.4
AGI	PLA	2	8.9
TZD	PLA	2	0.5
DPP-4 inhibitor	Met	3	11.1
SU	Glitinide	1	11.1
DPP-4 inhibitor	AGI	2	9.1
SGLT-2 inhibitor	SU	3	10.0
SU	TZD	11	8.9
DPP-4 inhibitor	SU	12	18.0
DPP-4 inhibitor	TZD	2	3.1
SGLT-2 inhibitor	DPP-4 inhibitor	4	5.6
2h-PPG^b			
SGLT-2 inhibitor	PLA	1	9.5

DPP-4 inhibitor	PLA	7	10.8
AGI	PLA	1	3.5
SGLT-2 inhibitor	DPP-4 inhibitor	1	12.4
DPP-4 inhibitor	Met	1	13.8
DPP-4 inhibitor	SU	3	23.0
DPP-4 inhibitor	AGI	1	13.4
SU	TZD	1	13.8
FPG^c			
SGLT-2 inhibitor	PLA	7	6.8
DPP-4 inhibitor	PLA	16	11.5
AGI	PLA	2	0.6
SGLT-2 inhibitor	DPP-4 inhibitor	4	8.1
DPP-4 inhibitor	Met	2	11.3
SGLT-2 inhibitor	SU	2	13.1
SU	Glitinide	1	11.3
DPP-4 inhibitor	AGI	2	11.1
SU	TZD	6	6.9
DPP-4 inhibitor	SU	13	11.8

DPP-4 inhibitor	TZD	2	7.5
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Body weight

SGLT-2	PLA	7	8.2
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inhibitor

DPP-4 inhibitor	PLA	10	11.3
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AGI	PLA	1	2.9
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TZD	PLA	2	1.4
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SGLT-2	SU	3	11.6
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inhibitor

SGLT-2	DPP-4 inhibitor	3	7.3
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inhibitor

DPP-4 inhibitor	SU	11	17.0
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SU	TZD	5	7.8
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DPP-4 inhibitor	Met	1	14.3
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DPP-4 inhibitor	AGI	1	12.6
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DPP-4 inhibitor	TZD	2	5.8
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All-cause mortality

SGLT-2	PLA	5	6.7
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inhibitor

DPP-4 inhibitor	PLA	10	9.8
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SGLT-2	SU	3	11.8
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inhibitor

	SGLT-2 inhibitor	DPP-4 inhibitor	3	3.2
	DPP-4 inhibitor	SU	9	22.4
	SU	TZD	2	11.5
	SU	Glitinide	1	11.5
	DPP-4 inhibitor	AGI	1	11.5
	DPP-4 inhibitor	Met	2	11.5
MACE^d				
	SGLT-2 inhibitor	PLA	6	15.5
	DPP-4 inhibitor	PLA	9	15.9
	DPP-4 inhibitor	TZD	2	15.9
	SU	TZD	1	6.8
	DPP-4 inhibitor	SU	8	22.3
	SGLT-2 inhibitor	SU	3	16.9
	SGLT-2 inhibitor	DPP-4 inhibitor	4	6.7
Serious adverse event				
	SGLT-2 inhibitor	PLA	7	10.2
	DPP-4 inhibitor	PLA	14	12.1

TZD	PLA	1	0.7
DPP-4 inhibitor	TZD	2	7.2
DPP-4 inhibitor	Met	3	14.4
DPP-4 inhibitor	SU	11	19.4
DPP-4 inhibitor	AGI	1	14.4
SGLT-2 inhibitor	DPP-4 inhibitor	4	7.8
SGLT-2 inhibitor	SU	3	6.4
SU	TZD	4	7.4

Hypoglycemi

a

SGLT-2 inhibitor	PLA	7	10.0
DPP-4 inhibitor	PLA	14	7.6
DPP-4 inhibitor	SU	10	18.9
DPP-4 inhibitor	Met	3	11.2
DPP-4 inhibitor	AGI	1	11.2
DPP-4 inhibitor	TZD	1	0.8
SU	TZD	4	11.0
SGLT-2 inhibitor	SU	3	10.7

	SGLT-2 inhibitor	DPP-4 inhibitor	4	7.3
	SU	Glitinide	1	11.2
UTI^e				
	SGLT-2 inhibitor	PLA	6	12.9
	DPP-4 inhibitor	PLA	9	13.7
	SGLT-2 inhibitor	SU	3	13.5
	SGLT-2 inhibitor	DPP-4 inhibitor	4	13.2
	DPP-4 inhibitor	SU	6	12.0
	DPP-4 inhibitor	AGI	1	17.4
	DPP-4 inhibitor	TZD	1	17.4
Diarrhea				
	SGLT-2 inhibitor	PLA	5	15.2
	DPP-4 inhibitor	PLA	11	8.5
	AGI ^h	PLA ^l	1	12.5
	DPP-4 inhibitor	Met ^j	1	12.5
	DPP-4 inhibitor	SU	9	19.1
	DPP-4 inhibitor	TZD	2	7.6

SU	TZD ⁱ	2	5.8
SGLT-2 inhibitor	SU ^k	2	18.3
SGLT-2 inhibitor ^f	DPP-4 inhibitor ^g	2	0.5

Note: ^aHbA1c, glycated hemoglobin; ^b2h-PPG, 2-h postprandial glucose; ^cFPG, fasting plasma glucose; ^dMACE, major adverse cardiovascular event; ^eUTI, urinary tract infection; ^fSGLT-2 inhibitor, sodium-glucose co-transporter-2 inhibitor; ^gDPP-4 inhibitor, dipeptidyl peptidase-4 inhibitor; ^hAGI, α -glucosidase inhibitor; ⁱTZD, thiazolidinedione; ^jMet, high dose metformin; ^kSU, sulfonylurea; ^lPLA, placebo.

Table S8. Sensitivity analyses for the primary outcomes

HbA1c, %							
PLA^a	<u>-0.72 (-0.84, 0.60)</u>	<u>-0.62 (-0.70-0.53)</u>	<u>-0.65 (-0.77-0.54)</u>	<u>-0.65 (-0.81-0.50)</u>	<u>-0.99 (-1.26-0.72)</u>	<u>-0.48 (-0.81-0.15)</u>	<u>-0.49 (-0.89-0.10)</u>
<u>0.72 (0.60,0.84)</u>	SGLT2^b	0.10 (-0.02,0.22)	0.07 (-0.06,0.20)	0.07 (-0.11,0.24)	-0.27 (-0.56,0.03)	0.24 (-0.10,0.59)	0.23 (-0.17,0.63)
<u>0.62 (0.53,0.70)</u>	-0.10 (-0.22,0.02)	DPP4^c	-0.04 (-0.13,0.05)	-0.04 (-0.18,0.11)	<u>-0.37 (-0.65-0.09)</u>	0.14 (-0.18,0.46)	0.12 (-0.26,0.51)
<u>0.65 (0.54,0.77)</u>	-0.07 (-0.20,0.06)	0.04 (-0.05,0.13)	SU^g	-0.00 (-0.14,0.14)	<u>-0.34 (-0.63-0.04)</u>	0.18 (-0.16,0.51)	0.16 (-0.22,0.54)
<u>0.65 (0.50,0.81)</u>	-0.07 (-0.24,0.11)	0.04 (-0.11,0.18)	0.00 (-0.14,0.14)	TZD^e	<u>-0.34 (-0.65-0.02)</u>	0.18 (-0.18,0.53)	0.16 (-0.24,0.56)
<u>0.99 (0.72,1.26)</u>	0.27 (-0.03,0.56)	<u>0.37 (0.09,0.65)</u>	<u>0.34 (0.04,0.63)</u>	<u>0.34 (0.02,0.65)</u>	AGI^d	<u>0.51 (0.08,0.94)</u>	<u>0.50 (0.02,0.97)</u>
<u>0.48 (0.15,0.81)</u>	-0.24 (-0.59,0.10)	-0.14 (-0.46,0.18)	-0.18 (-0.51,0.16)	-0.18 (-0.53,0.18)	<u>-0.51 (-0.94-0.08)</u>	Met^f	-0.02 (-0.52,0.49)
<u>0.49 (0.10,0.89)</u>	-0.23 (-0.63,0.17)	-0.12 (-0.51,0.26)	-0.16 (-0.54,0.22)	-0.16 (-0.56,0.24)	<u>-0.50 (-0.97-0.02)</u>	0.02 (-0.49,0.52)	Meglitinide
Body weight, kg							
PLA	<u>-2.10 (-2.46-1.74)</u>	-0.07 (-0.39,0.25)	<u>2.05 (1.66,2.44)</u>	<u>2.64 (2.01,3.27)</u>	-0.89 (-2.30,0.52)		
<u>2.10 (1.74,2.46)</u>	SGLT2	<u>2.03 (1.64,2.42)</u>	<u>4.15 (3.75,4.56)</u>	<u>4.74 (4.09,5.40)</u>	1.21 (-0.24,2.66)		
0.07 (-0.25,0.39)	<u>-2.03 (-2.42-1.64)</u>	DPP4	<u>2.12 (1.82,2.41)</u>	<u>2.71 (2.15,3.27)</u>	-0.82 (-2.26,0.62)		

<u>-2.05 (-2.44-1.66)</u>	<u>-4.15 (-4.56-3.75)</u>	<u>-2.12 (-2.41-1.82)</u>	SU	<u>0.59 (0.03,1.15)</u>	<u>-2.94 (-4.40-1.48)</u>
<u>-2.64 (-3.27-2.01)</u>	<u>-4.74 (-5.40-4.09)</u>	<u>-2.71 (-3.27-2.15)</u>	<u>-0.59 (-1.15-0.03)</u>	TZD	<u>-3.53 (-5.07-1.99)</u>
0.89 (-0.52,2.30)	-1.21 (-2.66,0.24)	0.82 (-0.62,2.26)	—	<u>2.94 (1.48,4.40)</u>	<u>3.53 (1.99,5.07)</u>

MACE

PLA	0.57 (0.27,1.22)	0.55 (0.25,1.20)	0.80 (0.36,1.80)	1.81 (0.29,11.16)	
1.74 (0.82,3.71)	SGLT2	0.95 (0.46,1.97)	1.39 (0.70,2.77)	3.14 (0.52,18.83)	
1.83 (0.84,4.01)	1.05 (0.51,2.18)	DPP4	1.46 (0.98,2.19)	3.30 (0.63,17.29)	
1.25 (0.56,2.82)	0.72 (0.36,1.43)	0.68 (0.46,1.02)	SU	2.26 (0.42,12.06)	
0.55 (0.09,3.43)	0.32 (0.05,1.91)	0.30 (0.06,1.58)	0.44 (0.08,2.37)	TZD	

All-cause mortality

PLA	0.65 (0.22,1.89)	0.62 (0.23,1.67)	0.82 (0.29,2.37)	0.29 (0.02,4.00)	0.77 (0.04,15.12)
1.54 (0.53,4.47)	SGLT2	0.95 (0.40,2.25)	1.26 (0.58,2.75)	0.44 (0.04,5.56)	1.19 (0.07,21.29)
1.62 (0.60,4.40)	1.06 (0.44,2.51)	DPP4	1.33 (0.77,2.31)	0.47 (0.04,5.53)	1.26 (0.07,21.32)

1.22 (0.42,3.50)	0.79 (0.36,1.72)	0.75 (0.43,1.29)	SU	0.35 (0.03,3.90)	0.94 (0.06,15.14)
3.45 (0.25,47.73)	2.25 (0.18,28.13)	2.13 (0.18,25.06)	2.84 (0.26,31.46)	TZD	2.68 (0.07,105.41)
1.29 (0.07,25.19)	0.84 (0.05,15.02)	0.80 (0.05,13.49)	1.06 (0.07,17.07)	0.37 (0.01,14.71)	AGI

Note: Bold and underline fonts indicate statistically significant differences. ^aPLA, placebo; ^bSGLT2, sodium-glucose co-transporter-2 inhibitor; ^cDPP4, dipeptidyl peptidase-4 inhibitor; ^dAGI, alpha-glucosidase inhibitor; ^eTZD, thiazolidinedione; ^fMet, high dose metformin; ^gSU, sulfonylurea.

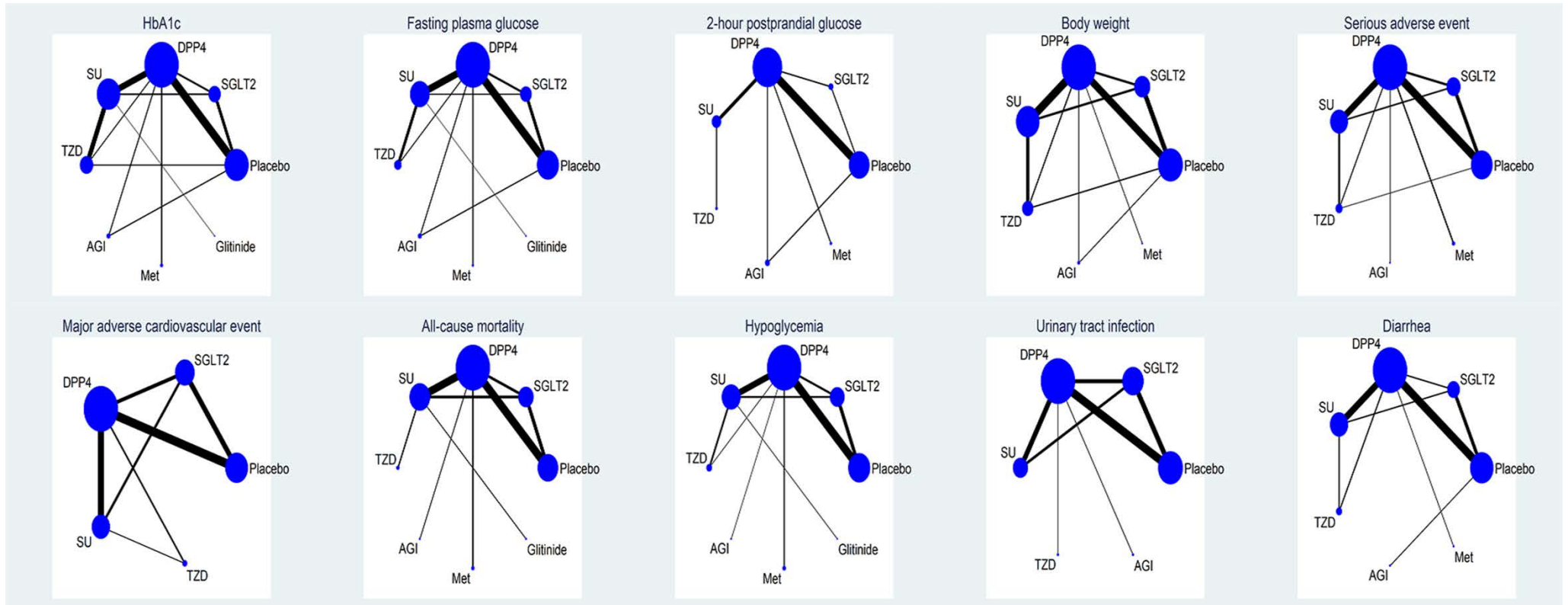


Figure S1. Network maps of efficacy and safety outcomes of oral antidiabetic drugs.

Note: SGLT2, sodium-glucose co-transporter-2 inhibitor; DPP4, dipeptidyl peptidase-4 inhibitor; AGI, alpha-glucosidase inhibitor; TZD, thiazolidinedione;

Met, high dose metformin; SU, sulfonylurea; Glitinide, meglitinide.

Figure S2. Network estimates of treatment effects for oral antidiabetic drugs

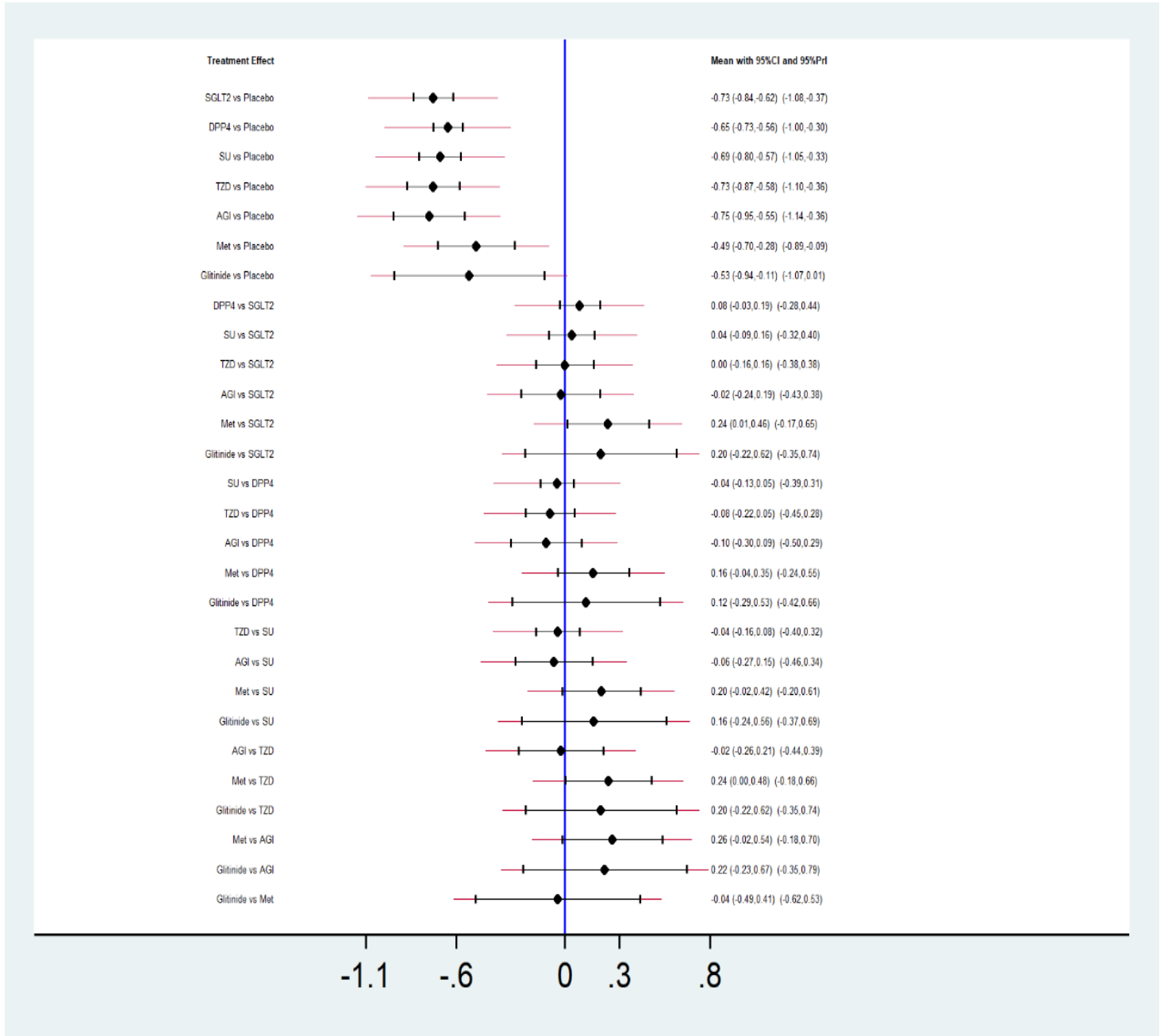


Figure S2.a HbA1c

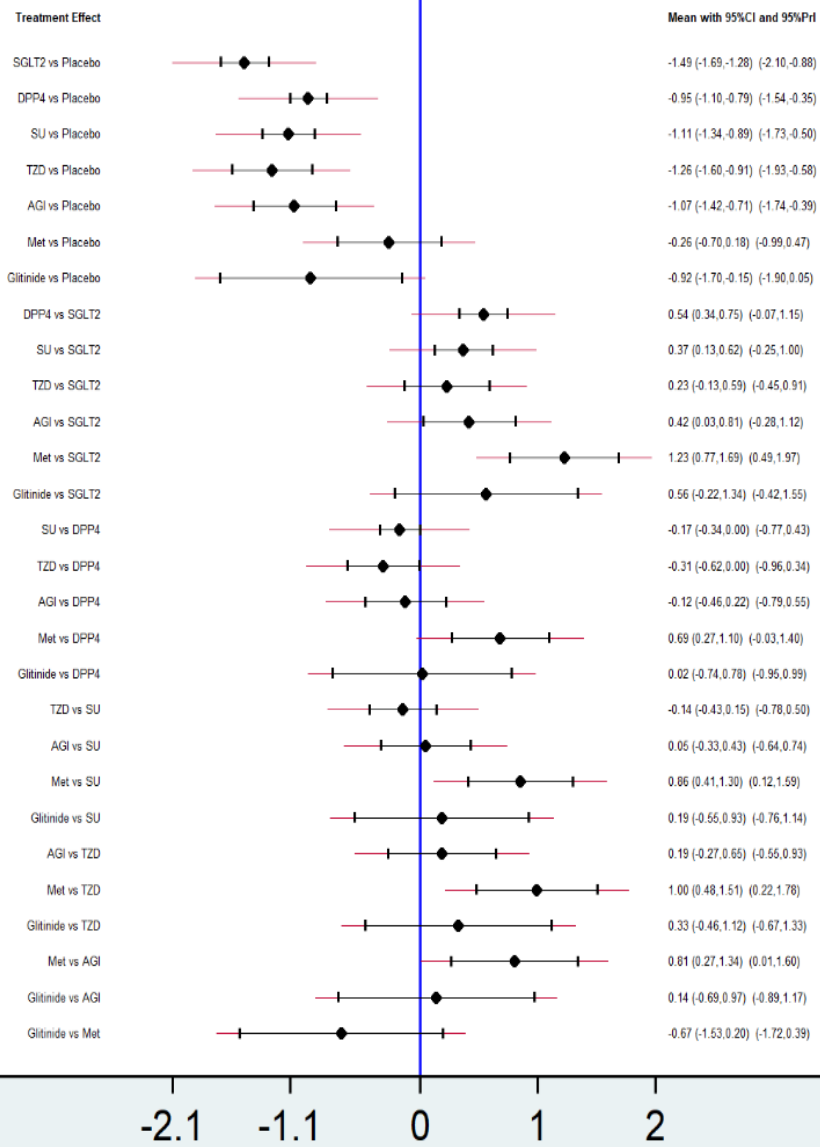


Figure S2.b FPG

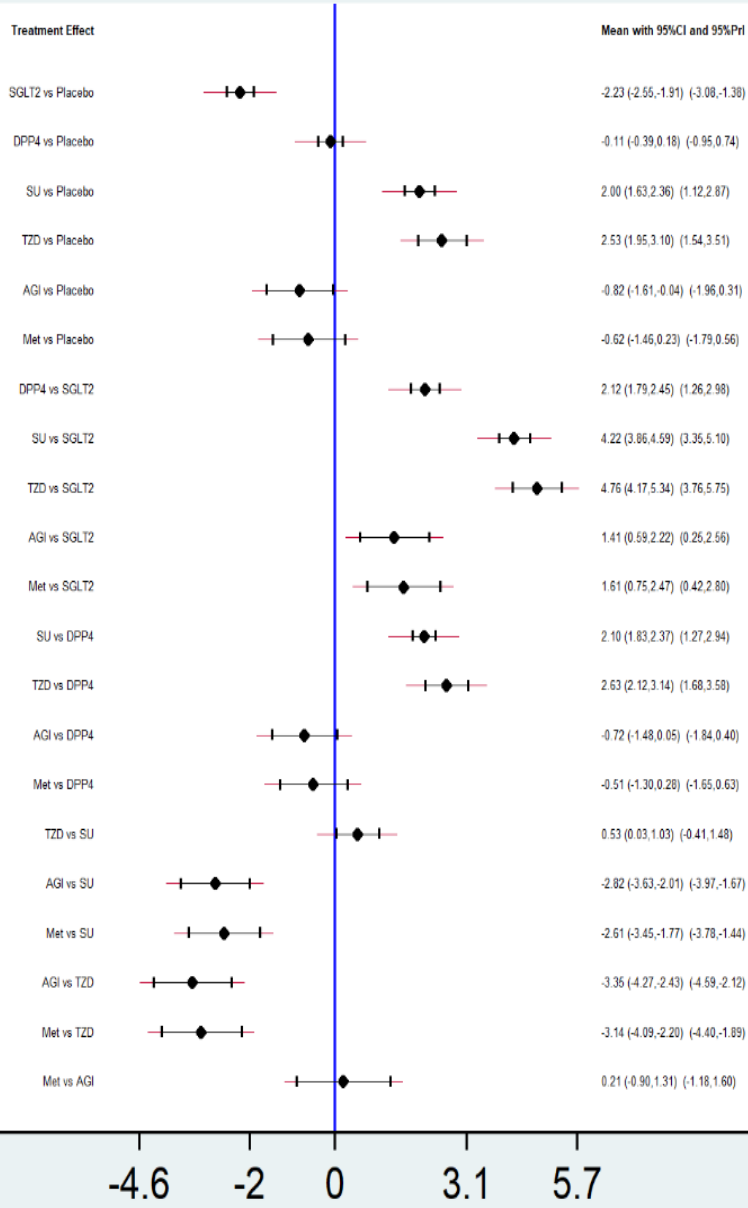


Figure S2.c Body weight

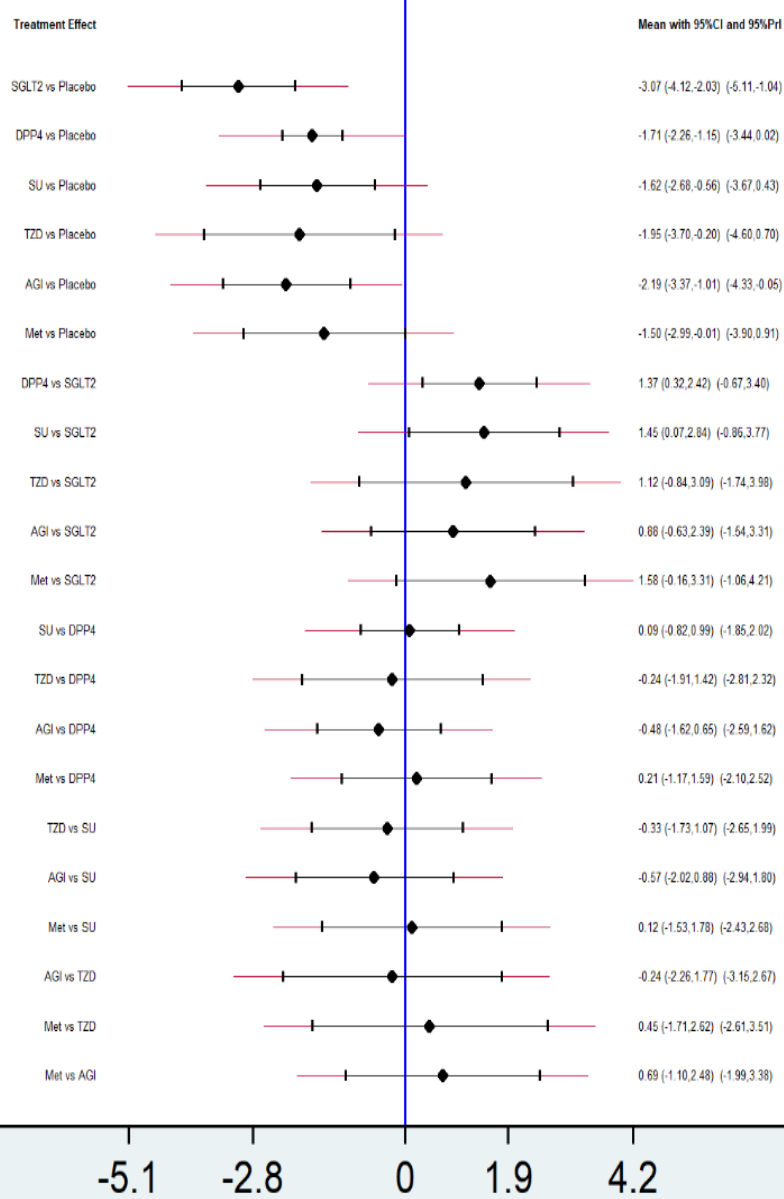


Figure S2.d 2h-PPG

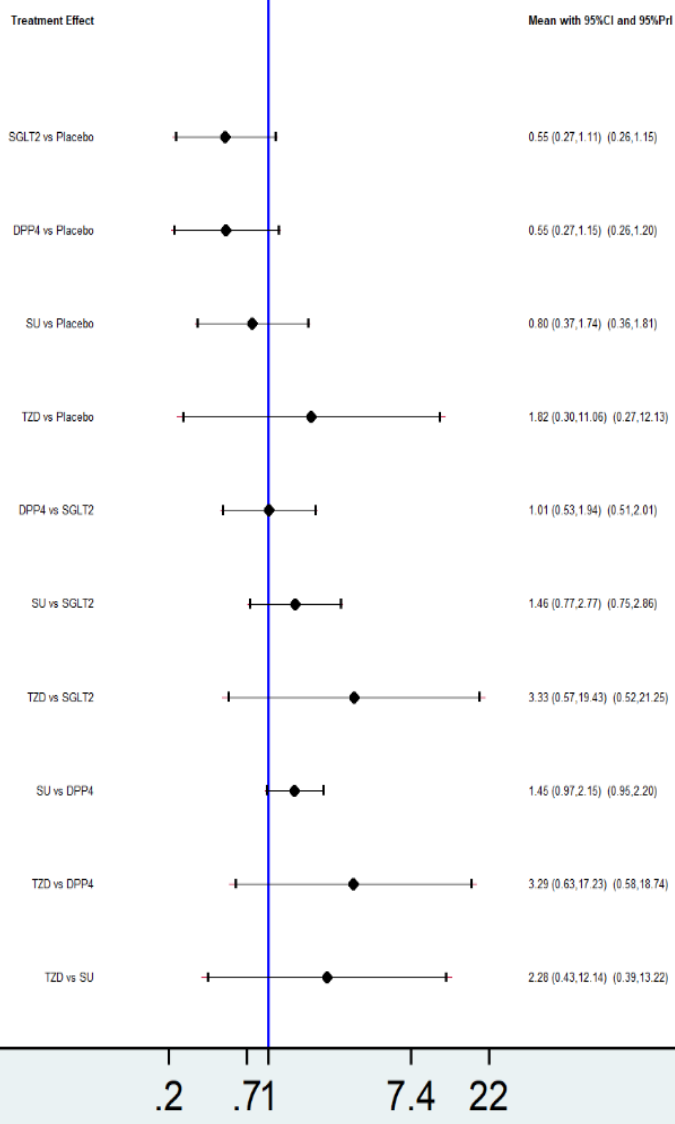


Figure S2.e Major adverse cardiovascular events

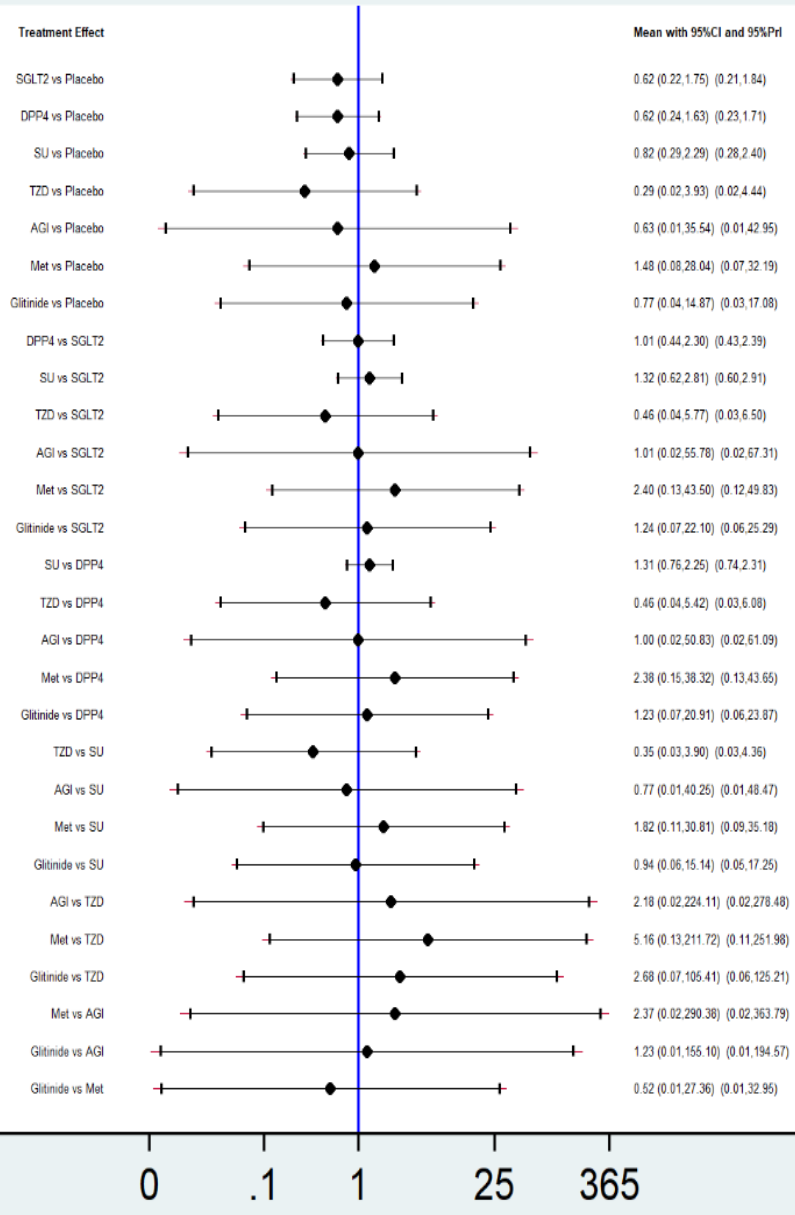


Figure S2.f All-cause mortality

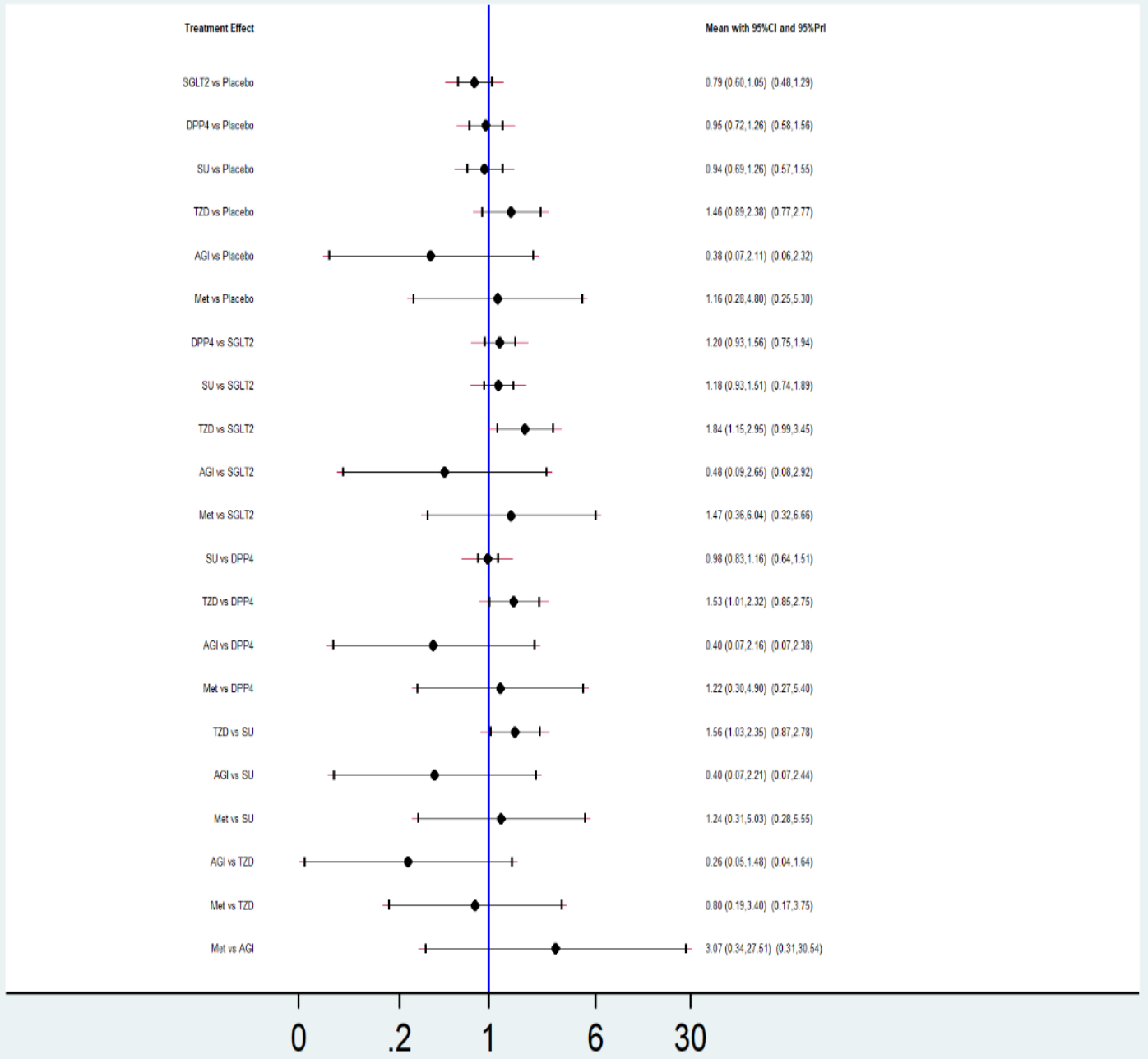


Figure S2.g Serious adverse event

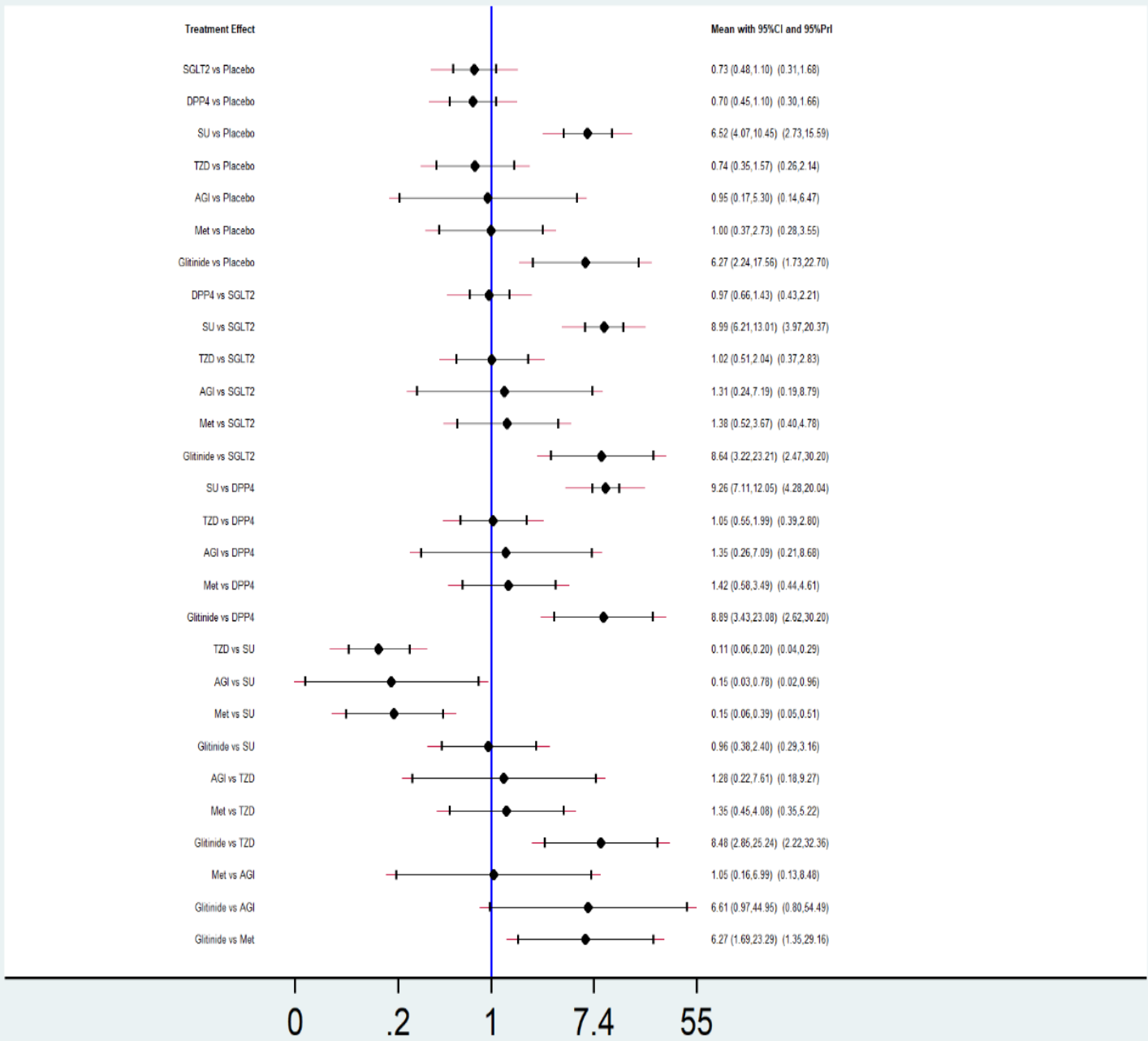


Figure S2.h Hypoglycemia

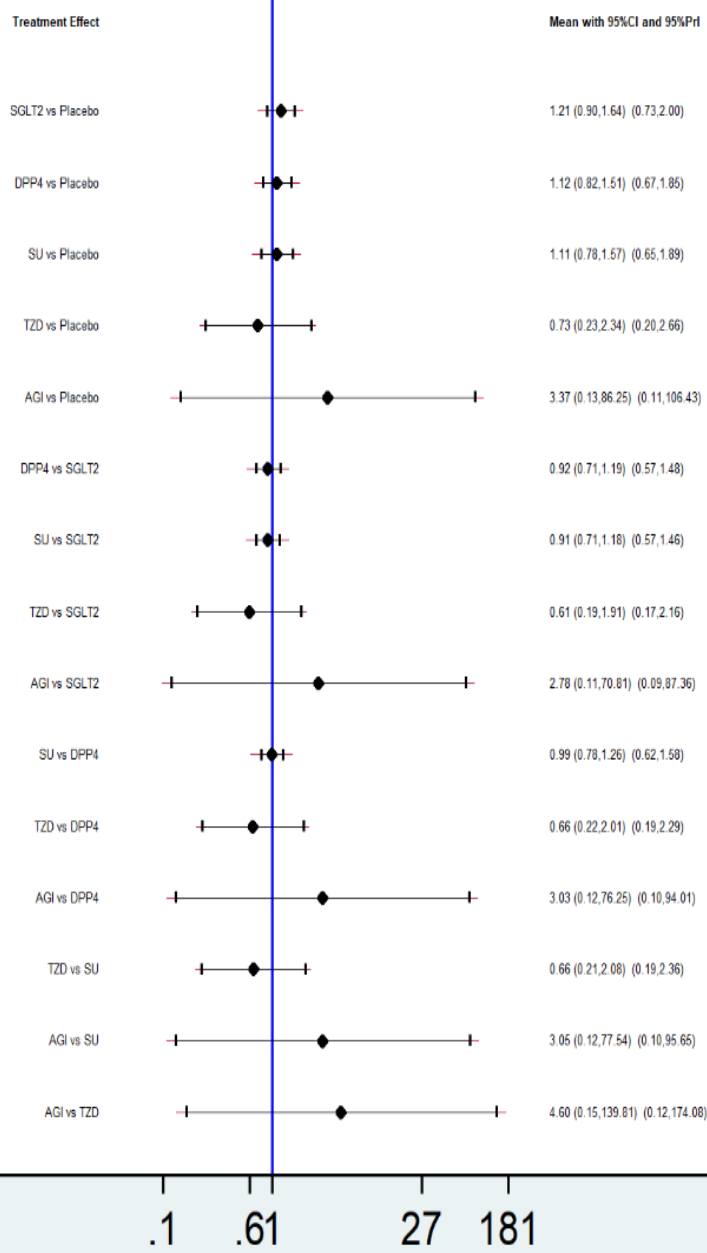


Figure S2.i Urinary tract infection

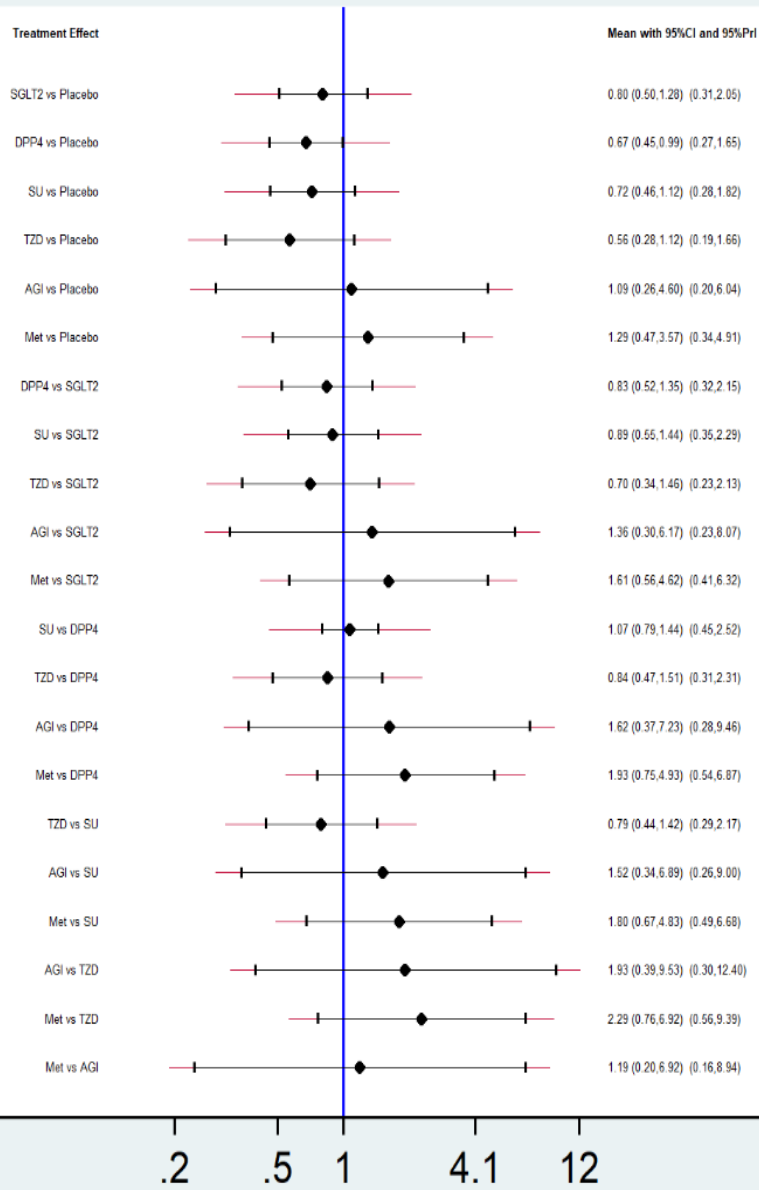


Figure S2.j Diarrhea

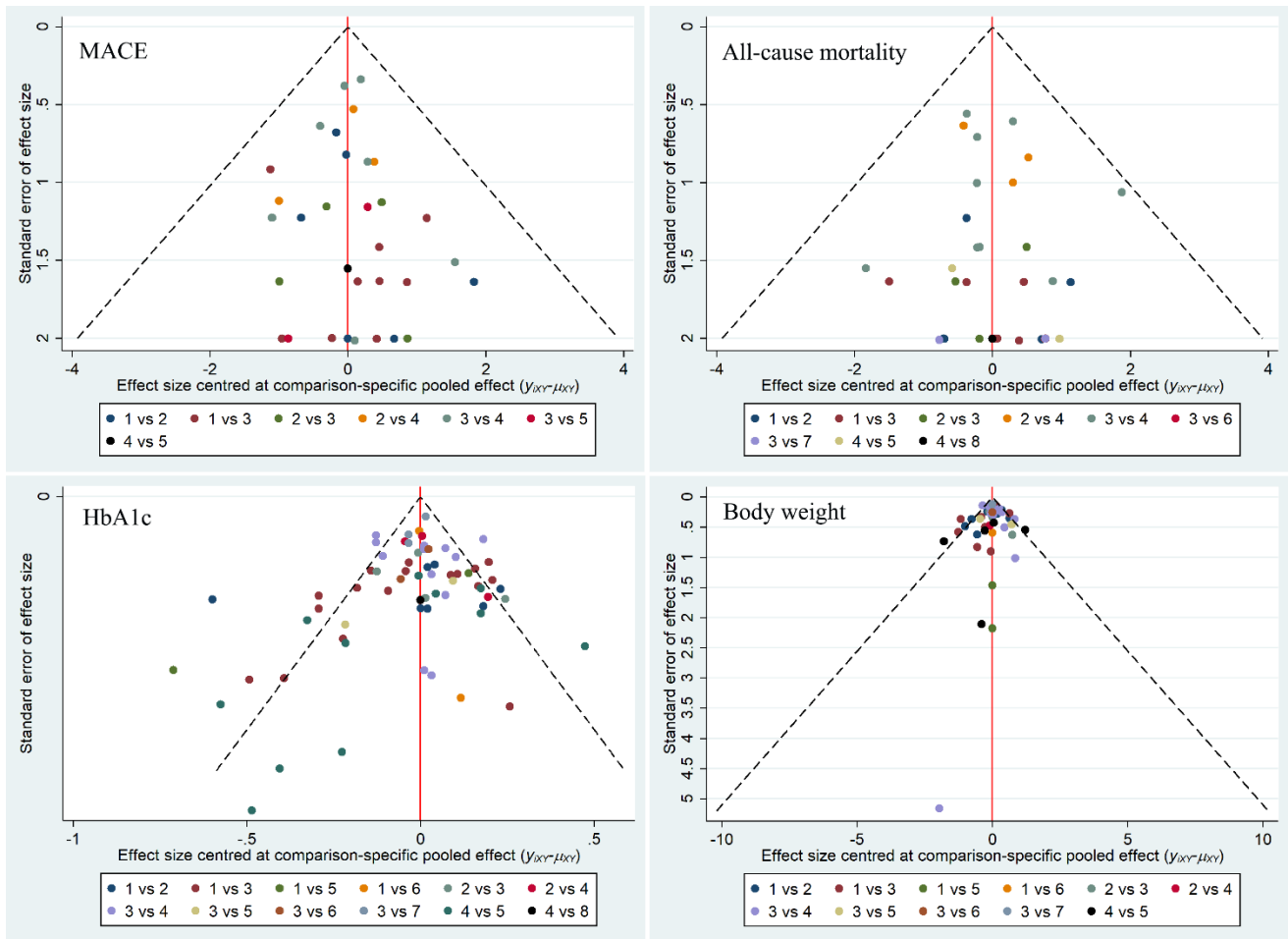


Figure S3. Comparison-adjusted funnel plot for the network meta-analysis on primary outcomes.

Note: 1=Placebo; 2=SGLT-2 inhibitor; 3=DPP-4 inhibitor; 4= Sulfonylurea; 5= Thiazolidinedione; 6=alpha-Glucosidase Inhibitor; 7=High dose metformin; 8= Meglitinide

References

1. Bolinder J, Ljunggren O, Johansson L, et al. Dapagliflozin maintains glycaemic control while reducing weight and body fat mass over 2 years in patients with type 2 diabetes mellitus inadequately controlled on metformin. *Diabetes, obesity & metabolism*. 2014;16(2):159–69.
2. Bailey CJ, Gross JL, Hennicken D, Iqbal N, Mansfield TA, List JF. Dapagliflozin add-on to metformin in type 2 diabetes inadequately controlled with metformin: a randomized, double-blind, placebo-controlled 102-week trial. *BMC Med*. 2013;11–43.
3. Lavalle-González FJ, Januszewicz A, Davidson J, et al. Efficacy and safety of canagliflozin compared with placebo and sitagliptin in patients with type 2 diabetes on background metformin monotherapy: a randomised trial. *Diabetologia*. 2013;56(12):2582–92.
4. Rosenstock J, Hansen L, Zee P, et al. Dual add-on therapy in type 2 diabetes poorly controlled with metformin monotherapy: a randomized double-blind trial of saxagliptin plus dapagliflozin addition versus single addition of saxagliptin or dapagliflozin to metformin. *Diabetes Care*. 2015;38(3):376–83.
5. Del Prato S, Nauck M, Duran-Garcia S, et al. Long-term glycaemic response and tolerability of dapagliflozin versus a sulphonylurea as add-on therapy to metformin in patients with type 2 diabetes: 4-year data. *Diabetes, obesity & metabolism*. 2015;17(6):581–90.
6. Merker L, Haring HU, Christiansen AV, et al. Empagliflozin as add-on to metformin in people with Type 2 diabetes. *Diabet Med*. 2015;32(12):1555–67.

7. Bosi E, Camisasca RP, Collober C, Rochotte E, Garber AJ. Effects of vildagliptin on glucose control over 24 weeks in patients with type 2 diabetes inadequately controlled with metformin. *Diabetes Care*. 2007;30(4):890–5.
8. Bryson A, Jennings PE, Deak L, Paveliu FS, Lawson M. The efficacy and safety of teneligliptin added to ongoing metformin monotherapy in patients with type 2 diabetes: a randomized study with open label extension. *Expert opinion on pharmacotherapy*. 2016;17(10):1309–16.
9. Charbonnel B, Karasik A, Liu J, Wu M, Meininger G, Sitagliptin Study G. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor sitagliptin added to ongoing metformin therapy in patients with type 2 diabetes inadequately controlled with metformin alone. *Diabetes Care*. 2006;29(12):2638–43.
10. Ahren B, Gomis R, Standl E, Mills D, Schweizer A. Twelve- and 52-week efficacy of the dipeptidyl peptidase IV inhibitor LAF237 in metformin-treated patients with type 2 diabetes. *Diabetes Care*. 2004;27(12):2874–80.
11. Handelsman Y, Lauring B, Gantz I, et al. A randomized, double-blind, non-inferiority trial evaluating the efficacy and safety of omarigliptin, a once-weekly DPP-4 inhibitor, or glimepiride in patients with type 2 diabetes inadequately controlled on metformin monotherapy. *Curr Med Res Opin*. 2017:1–19.
12. Gadde KM, Vetter ML, Iqbal N, Hardy E, Ohman P. Efficacy and safety of autoinjected exenatide once-weekly suspension versus sitagliptin or placebo with metformin in patients with type 2 diabetes: The DURATION-NEO-2 randomized clinical study. *Diabetes, obesity & metabolism*. 2017;19(7):979–88.

13. Du J, Liang L, Fang H, et al. Efficacy and Safety of Saxagliptin Compared with Acarbose in Chinese Patients with Type 2 Diabetes Mellitus Uncontrolled on Metformin Monotherapy: Results of a Phase IV Open-Label Randomized Controlled Study (The SMART Study). *Diabetes, obesity & metabolism*. 2017;19(11):1513–1520.
14. Yang W, Han P, Min KW, et al. Efficacy and safety of dapagliflozin in Asian patients with type 2 diabetes after metformin failure: A randomized controlled trial. *J Diabetes*. 2016;8(6):796–808.
15. Lu CH, Min KW, Chuang LM, Kokubo S, Yoshida S, Cha BS. Efficacy, safety, and tolerability of ipragliflozin in Asian patients with type 2 diabetes mellitus and inadequate glycemic control with metformin: results of a phase 3 randomized, placebo-controlled, double-blind, multicenter trial. *Journal of diabetes investigation*. 2016;7(3):366–73.
16. Tai H, Wang MY, Zhao YP, et al. The effect of alogliptin on pulmonary function in obese patients with type 2 diabetes inadequately controlled by metformin monotherapy. *Medicine*. 2016;95(33) (no pagination).
17. DeFronzo RA, Lewin A, Patel S, et al. Combination of empagliflozin and linagliptin as second-line therapy in subjects with type 2 diabetes inadequately controlled on metformin. *Diabetes Care*. 2015;38(3):384–93.
18. Ji LN, Pan CY, Lu JM, et al. Efficacy and safety of combination therapy with vildagliptin and metformin versus metformin uptitration in Chinese patients with type 2 diabetes inadequately controlled with metformin monotherapy: a randomized, open-label, prospective study (VISION). *Diabetes, obesity & metabolism*. 2016;18(8):775–82.

19. Wang W, Yang J, Yang G, et al. Efficacy and safety of linagliptin in Asian patients with type 2 diabetes mellitus inadequately controlled by metformin: A multinational 24-week, randomized clinical trial. *Journal of diabetes*. 2016;8(2):229–37.
20. Wang MM, Lin S, Chen YM, et al. Saxagliptin is similar in glycaemic variability more effective in metabolic control than acarbose in aged type 2 diabetes inadequately controlled with metformin. *Diabetes research and clinical practice*. 2015;108(3):e67–70.
21. Schernthaner G, Duran-Garcia S, Hanefeld M, et al. Efficacy and tolerability of saxagliptin compared with glimepiride in elderly patients with type 2 diabetes: A randomized, controlled study (GENERATION). *Diabetes, obesity & metabolism*. 2015;17(7):630–8.
22. Ridderstrale M, Andersen KR, Zeller C, et al. Comparison of empagliflozin and glimepiride as add-on to metformin in patients with type 2 diabetes: a 104-week randomised, active-controlled, double-blind, phase 3 trial. *Lancet Diabetes Endocrinol*. 2014;2(9):691–700.
23. Del Prato S, Camisasca R, Wilson C, Fleck P. Durability of the efficacy and safety of alogliptin compared with glipizide in type 2 diabetes mellitus: a 2-year study. *Diabetes, obesity & metabolism*. 2014;16(12):1239–46.
24. Derosa G, Bonaventura A, Bianchi L, et al. Vildagliptin compared to glimepiride on post-prandial lipemia and on insulin resistance in type 2 diabetic patients. *Metabolism: Clinical and Experimental*. 2014;63(7):957–67.
25. Kashiwagi A, Kazuta K, Goto K, Yoshida S, Ueyama E, Utsuno A. Ipragliflozin in combination with metformin for the treatment of Japanese

- patients with type 2 diabetes: ILLUMINATE, a randomized, double-blind, placebo-controlled study. *Diabetes, obesity & metabolism*. 2015;17(3):304–8.
26. Cefalu WT, Leiter LA, Yoon KH, et al. Efficacy and safety of canagliflozin versus glimepiride in patients with type 2 diabetes inadequately controlled with metformin (CANTATA-SU): 52 week results from a randomised, double-blind, phase 3 non-inferiority trial. *Lancet (London, England)*. 2013;382(9896):941–50.
 27. Berndt-Zipfel C, Michelson G, Dworak M, et al. Vildagliptin in addition to metformin improves retinal blood flow and erythrocyte deformability in patients with type 2 diabetes mellitus - results from an exploratory study. *Cardiovascular diabetology*. 2013;12–59.
 28. Yang W, Guan Y, Shentu Y, et al. The addition of sitagliptin to ongoing metformin therapy significantly improves glycemic control in Chinese patients with type 2 diabetes. *Journal of diabetes*. 2012;4(3):227–37.
 29. Gallwitz B, Rosenstock J, Rauch T, et al. 2-year efficacy and safety of linagliptin compared with glimepiride in patients with type 2 diabetes inadequately controlled on metformin: A randomised, double-blind, non-inferiority trial. *The Lancet*. 2012;380(9840):475–83.
 30. Derosa G, Carbone A, D'Angelo A, et al. A randomized, double-blind, placebo-controlled trial evaluating sitagliptin action on insulin resistance parameters and beta-cell function. *Expert opinion on pharmacotherapy*. 2012;13(17):2433–42.
 31. Derosa G, Ragonesi PD, Carbone A, et al. Vildagliptin added to metformin on β -cell function after a euglycemic hyperinsulinemic and hyperglycemic

- clamp in type 2 diabetes patients. *Diabetes technology & therapeutics*. 2012;14(6):475–84.
32. Yang W, Pan CY, Tou C, Zhao J, Gause-Nilsson I. Efficacy and safety of saxagliptin added to metformin in Asian people with type 2 diabetes mellitus: A randomized controlled trial. *Diabetes research and clinical practice*. 2011;94(2):217–24.
33. Bergenstal RM, Forti A, Chiasson JL, Woloschak M, Boldrin M, Balena R. Efficacy and safety of taspoglutide versus sitagliptin for type 2 diabetes mellitus (T-Emerge 4 Trial). *Diabetes Therapy*. 2012;3(1):1–19.
34. Pan C, Xing X, Han P, et al. Efficacy and tolerability of vildagliptin as add-on therapy to metformin in Chinese patients with type 2 diabetes mellitus. *Diabetes, obesity & metabolism*. 2012;14(8):737–44.
35. Jeon HJ, Oh TK. Comparison of vildagliptin-metformin and glimepiride-metformin treatments in type 2 diabetic patients. *Diabetes Metab J*. 2011;35(5):529–35.
36. Seck T, Nauck M, Sheng D, et al. Safety and efficacy of treatment with sitagliptin or glipizide in patients with type 2 diabetes inadequately controlled on metformin: a 2-year study. *International journal of clinical practice*. 2010;64(5):562–76.
37. Göke B, Gallwitz B, Eriksson J, Hellqvist Å, Gause-Nilsson I. Saxagliptin is non-inferior to glipizide in patients with type 2 diabetes mellitus inadequately controlled on metformin alone: A 52-week randomised controlled trial. *International journal of clinical practice*. 2010;64(12):1619–31.
38. Matthews DR, Dejager S, Ahren B, et al. Vildagliptin add-on to metformin produces similar efficacy and reduced hypoglycaemic risk compared with

- glimepiride, with no weight gain: Results from a 2-year study. *Diabetes, Obesity and Metabolism*. 2010;12(9):780–9.
39. Filozof C, Gautier JF. A comparison of efficacy and safety of vildagliptin and gliclazide in combination with metformin in patients with Type 2 diabetes inadequately controlled with metformin alone: a 52-week, randomized study. *Diabetic medicine*. 2010;27(3):318–26.
 40. Filozof C, Schwartz S, Foley JE. Effect of vildagliptin as add-on therapy to a low-dose metformin. *World J Diabetes*. 2010;1(1):19–26.
 41. Arechavaleta R, Seck T, Chen Y, et al. Efficacy and safety of treatment with sitagliptin or glimepiride in patients with type 2 diabetes inadequately controlled on metformin monotherapy: A randomized, double-blind, non-inferiority trial. *Diabetes, Obesity and Metabolism*. 2011;13(2):160–8.
 42. Taskinen MR, Rosenstock J, Tamminen I, et al. Safety and efficacy of linagliptin as add-on therapy to metformin in patients with type 2 diabetes: a randomized, double-blind, placebo-controlled study. *Diabetes, obesity & metabolism*. 2011;13(1):65–74.
 43. Goodman M, Thurston H, Penman J. Efficacy and tolerability of vildagliptin in patients with type 2 diabetes inadequately controlled with metformin monotherapy. *Hormone and metabolic research*. 2009;41(5):368–73.
 44. Bergenstal RM, Wysham C, Macconell L, et al. Efficacy and safety of exenatide once weekly versus sitagliptin or pioglitazone as an adjunct to metformin for treatment of type 2 diabetes (DURATION-2): a randomised trial. *Lancet*. 2010;376(9739):431–9.
 45. Nauck MA, Ellis GC, Fleck PR, Wilson CA, Mekki Q. Efficacy and safety of adding the dipeptidyl peptidase-4 inhibitor alogliptin to metformin therapy in

- patients with type 2 diabetes inadequately controlled with metformin monotherapy: a multicentre, randomised, double-blind, placebo-controlled study. *International journal of clinical practice*. 2009;63(1):46–55.
46. DeFronzo RA, Hissa MN, Garber AJ, et al. The efficacy and safety of saxagliptin when added to metformin therapy in patients with inadequately controlled type 2 diabetes with metformin alone. *Diabetes care*. 2009;32(9):1649–55.
47. Bolli G, Dotta F, Colin L, Minic B, Goodman M. Comparison of vildagliptin and pioglitazone in patients with type 2 diabetes inadequately controlled with metformin. *Diabetes, obesity & metabolism*. 2009;11(6):589–95.
48. Raz I, Chen Y, Wu M, et al. Efficacy and safety of sitagliptin added to ongoing metformin therapy in patients with type 2 diabetes. *Current Medical Research and Opinion*. 2008;24(2):537–50.
49. Xiao CC, Ren A, Yang J, et al. Effects of pioglitazone and glipizide on platelet function in patients with type 2 diabetes. *Eur Rev Med Pharmacol Sci*. 2015;19(6):963–70.
50. Ohira M, Yamaguchi T, Saiki A, et al. Pioglitazone improves the cardio-ankle vascular index in patients with type 2 diabetes mellitus treated with metformin. *Diabetes, metabolic syndrome and obesity : targets and therapy*. 2014;7:313–9.
51. Genovese S, Passaro A, Brunetti P, et al. Pioglitazone Randomised Italian Study on Metabolic Syndrome (PRISMA): effect of pioglitazone with metformin on HDL-C levels in Type 2 diabetic patients. *Journal of endocrinological investigation*. 2013;36(8):606–16.

52. Pfutzner A, Schondorf T, Tschöpe D, et al. PIOfix-study: effects of pioglitazone/metformin fixed combination in comparison with a combination of metformin with glimepiride on diabetic dyslipidemia. *Diabetes Technol Ther.* 2011;13(6):637–43.
53. Petrica L, Vlad A, Petrica M, et al. Pioglitazone delays proximal tubule dysfunction and improves cerebral vessel endothelial dysfunction in normoalbuminuric people with type 2 diabetes mellitus. *Diabetes research and clinical practice.* 2011;94(1):22–32.
54. Petrica L, Petrica M, Vlad A, et al. Nephro- and neuroprotective effects of rosiglitazone versus glimepiride in normoalbuminuric patients with type 2 diabetes mellitus: a randomized controlled trial. *Wiener klinische Wochenschrift.* 2009;121(23-24):765–75.
55. Khanolkar MP, Morris RH, Thomas AW, et al. Rosiglitazone produces a greater reduction in circulating platelet activity compared with gliclazide in patients with type 2 diabetes mellitus--an effect probably mediated by direct platelet PPARgamma activation. *Atherosclerosis.* 2008;197(2):718–24.
56. Kelly AS, Thelen AM, Kaiser DR, Gonzalez-Campoy JM, Bank AJ. Rosiglitazone improves endothelial function and inflammation but not asymmetric dimethylarginine or oxidative stress in patients with type 2 diabetes mellitus. *Vascular medicine (London, England).* 2007;12(4):311–8.
57. Umpierrez G, Issa M, Vlaisnjic A. Glimepiride versus pioglitazone combination therapy in subjects with type 2 diabetes inadequately controlled on metformin monotherapy: results of a randomized clinical trial. *Curr Med Res Opin.* 2006;22(4):751–9.

58. Ristic S, Collober-Maugeais C, Pecher E, Cressier F. Comparison of nateglinide and gliclazide in combination with metformin, for treatment of patients with Type 2 diabetes mellitus inadequately controlled on maximum doses of metformin alone. *Diabet Med.* 2006;23(7):757–62.
59. Garber A, Klein E, Bruce S, Sankoh S, Mohideen P. Metformin-glibenclamide versus metformin plus rosiglitazone in patients with type 2 diabetes inadequately controlled on metformin monotherapy. *Diabetes, obesity & metabolism.* 2006;8(2):156–63.
60. Bakris GL, Ruilope LM, McMorn SO, et al. Rosiglitazone reduces microalbuminuria and blood pressure independently of glycemia in type 2 diabetes patients with microalbuminuria. *J Hypertens.* 2006;24(10):2047–55.
61. Negro R, Mangieri T, Dazzi D, Pezzarossa A, Hassan H. Rosiglitazone effects on blood pressure and metabolic parameters in nondipper diabetic patients. *Diabetes research and clinical practice.* 2005;70(1):20–5.
62. Matthews DR, Charbonnel BH, Hanefeld M, Brunetti P, Schernthaner G. Long-term therapy with addition of pioglitazone to metformin compared with the addition of gliclazide to metformin in patients with type 2 diabetes: a randomized, comparative study. *Diabetes/metabolism research and reviews.* 2005;21(2):167–74.
63. Derosa G, Cicero AF, Gaddi AV, et al. Long-term effects of glimepiride or rosiglitazone in combination with metformin on blood pressure control in type 2 diabetic patients affected by the metabolic syndrome: a 12-month, double-blind, randomized clinical trial. *Clinical therapeutics.* 2005;27(9):1383–91.

64. Phillips P, Karrasch J, Scott R, Wilson D, Moses R. Acarbose improves glycemic control in overweight type 2 diabetic patients insufficiently treated with metformin. *Diabetes Care*. 2003;26(2):269–73.
65. Halimi S, Le Berre MA, Grange V. Efficacy and safety of acarbose add-on therapy in the treatment of overweight patients with Type 2 diabetes inadequately controlled with metformin: a double-blind, placebo-controlled study. *Diabetes research and clinical practice*. 2000;50(1):49–56.
66. Ferrannini E, Berk A, Hantel S, et al. Long-term safety and efficacy of empagliflozin, sitagliptin, and metformin: an active-controlled, parallel-group, randomized, 78-week open-label extension study in patients with type 2 diabetes. *Diabetes Care*. 2013;36(12):4015–21.
67. Blonde L, Stenlof K, Fung A, Xie J, Canovatchel W, Meininger G. Effects of canagliflozin on body weight and body composition in patients with type 2 diabetes over 104 weeks. *Postgraduate medicine*. 2016;128(4):371–80.
68. Dei Cas A, Spigoni V, Cito M, et al. Vildagliptin, but not glibenclamide, increases circulating endothelial progenitor cell number: a 12-month randomized controlled trial in patients with type 2 diabetes. *Cardiovascular diabetology*. 2017;16(1) (no pagination).