

**Table S1.** Summary of SGLT-2i effects on glycemic control as found in several studies

First author	Aim	Main results
Bailey <sup>39</sup>	To assess the efficacy and safety of dapagliflozin in subjects with poorly controlled type 2 DM under metformin	Dapagliflozin 2.5 mg, 5 mg, and 10 mg produced a significant greater HbA1c reduction vs placebo (-0.67% vs -0.70% vs -0.84% vs -0.30%)
Vasilakou <sup>40</sup>	To assess the efficacy and safety of SGLT-2i in adults with type 2 DM	SGLT-2i in monotherapy reduced Hb1c by 0.79% and by 0.61% as add-on therapy to other antidiabetic agents
Stenlöf <sup>41</sup>	To assess the efficacy and safety of canagliflozin in type 2 DM subjects with poor glycemic control under diet and exercise	Canagliflozin 100 and 300 mg produced a significant greater HbA1c reduction vs placebo (-0.77% vs -1.03% vs -0.14%)
Søfteland <sup>42</sup>	To assess the efficacy and safety of empagliflozin when added to linagliptin and metformin in subjects with poorly controlled type 2 DM	Empagliflozin 10 mg and 25 mg significantly reduced HbA1c vs placebo Empagliflozin significantly reduced FPG vs placebo
Miller <sup>43</sup>	To assess the efficacy and safety of ertugliflozin plus sitagliptin in subjects with poorly controlled type 2 DM under diet and exercise	Ertugliflozin 15 mg + Sitagliptin 100 mg reduced HbA1c by 1.7% Ertugliflozin 5 mg + Sitagliptin 100 mg reduced HbA1c by 1.6% Ertugliflozin significantly reduced FPG and postprandial glucose
Shyangdan <sup>44</sup>	To indirectly compare SGLT-2i in the treatment of type 2 DM	Canagliflozin 300 mg achieved a greater HbA1c reduction vs canagliflozin 100 mg and vs dapagliflozin Canagliflozin 300 mg produced no significant differences when compared to empagliflozin
Goring <sup>45</sup>	To assess HbA1c change when TZD, SU, DDP4-i, or dapagliflozin were added to metformin in subjects with poorly controlled type 2 DM	The treatment effects of dapagliflozin on HbA1c was -0.08% relative to DDP4-I, -0.02% relative to TZD and 0.00% relative to SU
Yang <sup>46</sup>	To assess the efficacy and tolerability of canagliflozin as add-on therapy to metformin in subjects with type 2 DM	Canagliflozin 100 and 300 mg reduced HbA1c by 0.59% and 0.75%, respectively Canagliflozin 100 and 300 mg reduced FPG by 1.49 mmol/L and 1.80 mmol/L, respectively
Sun <sup>47</sup>	To assess if dapagliflozin is synergistic with other antidiabetic drugs without body weight gain	Dapagliflozin reduced HbA1c by 0.52% and FPG by 20 mg/dL when added to other antidiabetic drugs
Zaccardi <sup>48</sup>	To assess the efficacy and safety of SGLT-2i in adults with type 2 DM	SGLT-2i decreased HbA1c by 0.6-0.9% and FPG by 1.1-1.9 mmol/L
Rosenstock <sup>49</sup>	To assess the efficacy and safety of ertugliflozin in subjects with poorly controlled type 2 DM under metformin	Ertugliflozin 5 and 15 mg reduced HbA1c by 0.7% and 0.9%, respectively
Henry <sup>50</sup>	To compare dapagliflozin 10 mg/day vs placebo by monitoring 24-hour glycemic profile using continuous glucose monitoring in adult subjects with type 2 DM	Dapagliflozin 10 mg/day achieved a mean glucose reduction by 18.2 mg/dL while placebo had an increase by 5.8 mg/dL

Kovacs <sup>51</sup>	To assess the efficacy and safety of empagliflozin as add-on to pioglitazone and/or metformin in subjects with type 2 DM	Empagliflozin 10 mg/day and 25 mg/day achieved a HbA1c reduction of -0.6% and -0.7%, respectively vs -0.1% with placebo  Empagliflozin 10 mg/day and 25 mg/day achieved a FPG reduction of -0.94 mmol/L and -1.22 mmol/L, respectively vs +0.36 mmol/L with placebo
Terauchi <sup>52</sup>	To assess the safety, tolerability, and efficacy of empagliflozin as add-on to liraglutide in subjects with type 2 DM	Empagliflozin 10 mg/day and 25 mg/day reduced HbA1c by -0.55% and -0.77%, respectively  Empagliflozin 10 mg/day and 25 mg/day reduced FPG by -32.5 mg/dL and -36 mg/dL, respectively
Terra <sup>53</sup>	To assess the safety and efficacy of ertugliflozin as monotherapy in subjects with type 2 DM	Ertugliflozin 5 mg/day and 15 mg/day reduced HbA1c by -0.99% and by -1.16%, respectively  Ertugliflozin 5 mg/day and 15 mg/day reduced FPG by -1.92 mmol/L and by -2.44 mmol/L, respectively
Abbreviations	DDP4-i, dipeptidyl peptidase inhibitors; FPG, fasting plasma glucose; HbA1c, glycated hemoglobin; mg, milligram; SGLT-2i, sodium-glucose cotransporter-2 inhibitors; SU, sulphonylureas; TZD, thiazolidinediones; type 2 DM, type 2 diabetes mellitus; vs, versus	