Table S1: Summary of included studies

Study Name Setting *Sponsor*	Control arm; Active arm(s) (N, randomized to arm)	Background treatment during trial	Enrolment criteria	Study end point: OR reaching <7% target compared to control	Study end point: Difference in A1C compared to control‡	Study Design
HARMONY-1 [35] Multicenter (Int'l) *GlaxoSmithKline*	PBO (155); ALBI 30 mg QW (155)	PIO (≥ 30 mg or max tolerated) +/- MET (≥ 1.5 mg/day or max tolerated)	≥ 18 years old; A1C 7-10; BMI 20-45 kg/m^2	At 52 weeks v PBO: ALBI 30 mg: 4.59 (95% CI: 2.63, 8.01)***	At 52 weeks vs PBO: ALBI 30 mg: -0.76 (95% CI: -0.96, -0.56)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA
HARMONY-2 [36] Multicenter (Int'l) *GlaxoSmithKline*	PBO (101); ALBI 30 mg QW (101); ALBI 30-50 mg QW (99);	None	≥ 18 years old; A1C NR; BMI 20-45 kg/m^2	At 52 weeks vs PBO: ALBI 30 mg: 3.52 (95% CI: 1.89, 6.56)*** ALBI 30-50 mg: 2.47 (95% CI: 1.31, 4.63)**	At 52 weeks vs PBO: ALBI 30 mg: -0.85 (95% CI: -1.12, -0.58)*** ALBI 30-50 mg: -1.04 (95% CI: -1.31, -0.77)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. ALBI 30 mg titrated to 50 mg week 12
HARMONY-3 [37 74] Multicenter (Int'l) *GlaxoSmithKline*	PBO (101); SITA 100 mg QD (302); ALBI 30/50 mg QW (302); GLIM 2 mg (307)	MET ≥ 1.5 g	≥ 18 years old; A1C 7-10; BMI 20-45 kg/m^2	At 104 weeks vs PBO: ALBI 30-50 mg: 3.43 (95% CI: 1.89, 6.24)***	At 104 weeks vs PBO: ALBI 30-50 mg: -0.91. (95% CI -1.16, -0.65)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA Titration for ALBI to 50 mg and GLIM to 4 mg if A1C exceeded threshold of 7.5% after 12 weeks
HARMONY-4 [38] Multicenter (Int'l) *GlaxoSmithKline*	INS-GLAR (263); ALBI 30/50 mg QW (516)	MET ≥ 1.5 g/day +/- SU	≥ 18 years old; A1C 7-10; BMI 20-45 kg/m^2	At 52 weeks vs INS-GLAR ALBI 30-50 mg: 0.95 (95% CI: 0.68, 1.32)	At 52 weeks vs INS-GLAR: ALBI 30-50 mg: 0.12 (95% CI: -0.03, 0.27)	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. ALBI dose could be uptitrated to 50 mg week 4
HARMONY-5 [39] Multicenter (Int'l) *GlaxoSmithKline*	PBO (115); ALBI 30/50 mg QW (271); PIO 30-45 mg QD (277);	MET ≥ 1.5 g (or max tolerated) + GLIM 4 mg/day	≥ 18 years old; A1C 7-10; BMI 20-45 kg/m^2	At 52 weeks vs PBO: ALBI 30-50 mg: 4.46 (95% CI: 2.21, 8.98)***	At 52 weeks vs PBO: ALBI 30-50 mg: -0.88 (95% CI: -1.08, -0.68)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. ALBI dose could be uptitrated to 50 mg if required; GLIM does could be reduced if hypo occurred
HARMONY-6 [40] Multicenter (Int'l) *GlaxoSmithKline*	INS-LISP TID (292); ALBI 30/50 mg QW (294)	INS-GLAR +/- MET or PIO or α-Gi	≥ 18 years old; A1C 7-10.5; BMI 20-45 kg/m^2	At 26 weeks vs INS-GLAR: ALBI 30-50 mg: 1.26 (95% CI: 0.87, 1.83)	At 26 weeks vs INS-GLAR: ALBI 30-50 mg: -0.16 (95% CI: -0.33, 0.01) ‡	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. Non-inferiority threshold. ALBI dose could be uptitrated to 50 mg from week 8

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HARMONY-7 [41] Multicenter (Int'l) *GlaxoSmithKline*	LIRA 1.8 mg QD (419); ALBI 30-50 mg QW (422)	MET, SU or TZD, or any combination of these	≥ 18 years old; A1C 7-10; BMI 20-45 kg/m^2	At 32 weeks vs LIRA ALBI 30-50 mg: 0.68 (95% CI: 0.52, 0.90)**	At 32 weeks vs LIRA ALBI 30-50 mg: 0.21 (95% CI: 0.08, 0.34)** ‡	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. Non-inferiority threshold. ALBI 30 mg titrated to 50 mg week 6, LIRA 0·6 mg to 1·2 mg week 1 and 1·8 mg week 2
AWARD-1 [42] Multicenter (Int'l) *Eli Lilly and Co.*	PBO (141); EXE 10 µg BID (276); DULA 0.75 mg QW (280); DULA 1.5 mg QW (279)	MET ≥ 1.5 g/day + PIO 30-45 mg/day	≥ 18 years old; A1C 7-11 (OAD monotherapy), A1C 7-10 (OAD combination); BMI 23-45 kg/m^2	At 26 weeks vs PBO: EBID: 1.46 (95% CI: 0.94, 2.26) DULA 0.75 mg: 2.57 (95% CI: 1.65, 3.99)*** DULA 1.5 mg: 4.79 (95% CI: 3.01, 7.62)***	At 26 weeks vs PBO: EBID: -0.53 (95% CI: -0.73, -0.33)*** DULA 0.75 mg: -0.84 (95% CI: -1.01, -0.67)*** DULA 1.5 mg: -1.05 (95% CI: -1.22, -0.88)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. EXE 5 µg BID for 4 weeks then 10 µg BID
AWARD-2 [43] Multicenter (Int'l) *Eli Lilly and Co.*	INS-GLAR (262); DULA 0.75 mg QW (272); DULA 1.5 mg QW (273)	MET + GLIM (max tolerated)	≥ 18 years old; A1C 7-11)OAD monotherapy), A1C 7-10 (OAD combination); BMI 23-45 kg/m^2	At 26 weeks vs INS-GLAR: DULA 0.75 mg: 1.75 (95% CI: 1.23, 2.50)** DULA 1.5 mg: 2.88 (95% CI: 2.02, 4.12)***	At 26 weeks vs INS-GLAR: DULA 0.75 mg: -0.24 (95% CI: -0.38, -0.10)*** DULA 1.5 mg: -0.51 (95% CI: -0.65, -0.37)***	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. INS-GLAR titration based on blood glucose measures
AWARD-3 [44] Multicenter (Int'l) *Eli Lilly and Co.*	MET 1.5-2 g (268); DULA 0.75 mg QW (270); DULA 1.5 mg QW (269)	None	≥ 18 years old; A1C 6.5-9.5; BMI 23-45 kg/m^2; T2D for 3mths-5yrs	At 26 weeks MET: DULA 0.75 mg: 1.45 (95% CI: 1.03, 2.05)* DULA 1.5 mg: 1.38 (95% CI: 0.98, 1.96)	At 26 weeks vs MET: DULA 0.75 mg: -0.15 (95% CI: -0.32, 0.02) ‡ DULA 1.5 mg: -0.22 (95% CI: -0.36, -0.08)**	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. Non-inferiority test and gatekeeping approached to superiority. MET titrated to 2.0 g (or max tolerated up to 4 week)
AWARD-4 [45] Multicenter (Int'l) *Eli Lilly and Co.*	INS-GLAR (296); DULA 0.75 mg QW (293); DULA 1.5 mg QW (295)	Prandial INS-LISP	≥ 18 years old; A1C 7-11; BMI 23-45 kg/m^2	At 26 weeks vs INS-GLAR: DULA 0.75 mg: 1.69 (95% CI: 1.19, 2.39)** DULA 1.5 mg: 1.59 (95% CI: 1.13, 2.25)**	At 26 weeks vs INS-GLAR: DULA 0.75 mg: -0.17 (95% CI: -0.33, -0.02)* DULA 1.5 mg: -0.22 (95% CI: -0.38, -0.07)**	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. INS titration allowed based on blood glucose levels
AWARD-5 [46] Multicenter (Int'l) *Eli Lilly and Co.*	PBO (177); SITA 100 mg QD (315); DULA 0.75 mg QW (302); DULA 1.5 mg QW (304)	MET ≥ 1.5 g/day	18-75 years old; A1C 8-9.5; BMI 25-40 kg/m^2; T2D for ≥ 6mths	At 26 weeks PBO: DULA 0.75 mg: 4.63 (95% CI: 3.02, 7.11)*** DULA 1.5 mg: 5.86 (95% CI: 3.81, 9.01)***	At 26 weeks PBO: DULA 0.75 mg: -1.05 (95% CI: -1.21, -0.88)*** DULA 1.5 mg: -1.26 (95% CI: -1.42, -1.09)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. Superiority threshold with p-value adjusted using gatekeeping approach.

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AWARD-6 [47] Multicenter (Int'l) *Eli Lilly and Co.*	LIRA 1.8 mg QD (300); DULA 1.5 mg QW (299)	MET ≥ 1.5 g/day	≥ 18 years old; A1C 7-10; BMI ≥ 45 kg/m^2	At 26 weeks vs LIRA: DULA 1.5 mg: 1.02 (95% CI: 0.72, 1.44)	At 26 weeks vs LIRA: DULA 1.5 mg: -0.06 (95% CI: -0.19, 0.07)	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. Non-inferiority test. LIRA: 0.6 mg/day 1 week then 1.2 mg 1 week then 1.8 mg
Buse 2004 [48] Multicenter (USA) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	PBO (123); EXE 5 µg BID (125); EXE 10 µg BID (129);	SU (max effective)	FPG < 240 mg/dl; A1C 7.1-11; BMI 27-45 kg/m^2	At 30 wks vs PBO: EXE 5 µg: 4.81 (95% CI: 1.87, 12.38)** EXE 10 µg: 6.58 (95% CI: 2.57, 16.84)***	At 30 wks vs PBO: EXE 5 µg: -0.58 (95% CI: -0.87, -0.29)*** EXE 10 µg: -0.98 (95% CI: -1.26, -0.70)***	Randomized, triple-blind, parallel arm Change in A1C adjusted using generalized linear modelling. 5 µg BID for 4 weeks then 10 µg BID. Progressive 50% reductions in SU dose/ discontinuation for hypoglycemia.
DeFronzo 2005 [49] Multicenter (USA) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	PBO (113); EXE 5 µg BID (110); EXE 10 µg BID (113)	MET ≥ 1.5 g/day	FPG < 13.3 mmol/l; A1C 7.1-11; BMI 27-45 kg/m^2	At 30 wks vs PBO: EXE 5 µg: 3.10 (95% CI: 1.37, 7.02)** EXE 10 µg: 5.81 (95% CI: 2.63, 12.80)***	At 30 wks vs PBO: EXE 5 µg: -0.48 (95% CI: -0.76, -0.20)*** EXE 10 µg: -0.86 (95% CI: -1.14, -0.58)***	Randomized, triple-blind, parallel arm. Change in A1C adjusted using generalized linear modelling. 5 µg BID for 4 weeks then 10 µg BID
Kendall 2005 [50] Multicenter (USA) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	PBO (247); EXE 5 µg BID (245); EXE 10 µg BID (241);	MET ≥ 1.5 g/day + SU (max effective/min recommended dose)	FPG < 13.3 mmol/l; A1C 7.5-11; BMI 27-45 kg/m^2	At 30 wks vs PBO: EXE 5 µg: 4.34 (95% CI: 2.41, 7.83)*** EXE 10 µg: 6.07 (95% CI: 3.40, 10.84)***	At 30 wks vs PBO: EXE 5 µg: -0.80 (95% CI: -1.08, -0.52)*** EXE 10 µg: -1.00 (95% CI: -1.28, -0.72)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using generalized linear modelling. 5 µg BID for 4 weeks then 10 µg BID. Progressive 50% reductions in SU dose/ discontinuation for hypoglycemia
Moretto 2008 [51] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	PBO (78); EXE 5 µg BID (77); EXE 10 µg BID (78)	None	≥ 18 years old; A1C 6.5-10; BMI 25-45 kg/m^2; BP < 160/110 mm Hg	At 24 wks vs PBO: EXE 5 µg: 2.30 (95% CI: 1.07, 4.97)* EXE 10 µg: 2.14 (95% CI: 0.99, 4.63)	At 24 wks vs PBO: EXE 5 µg: -0.50 (95% CI: -0.78, -0.22)*** EXE 10 µg: -0.70 (95% CI: -0.98, -0.42)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. 5 µg BID for 4 weeks then 10 µg BID

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DURATION-1 [52] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	EXE 10 µg BID (147); EXE 2 mg QW (148)	None or MET, SU or TZD, or any combination of these	≥ 16 years old; FPG < 16 mmol/l; A1C 7.1-11; BMI 25-45 kg/m^2; T2D for ≥ 2mths	At 30 wks vs EBID: EQW: 2.34 (95% CI: 1.45, 3.79)***	At 30 wks vs EBID: EQW: -0.40 (95% CI: -0.54, -0.12)**	Randomized, open-label, parallel arm. Change in A1C adjusted using ANOVA. 5 µg BID for 4 weeks then 10 µg BID. Reductions in SU dose up to week 10.
DURATION-2 [53] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	SITA 100 mg QD (172); EXE 2 mg QW (170); PIO 45 mg QD(172);	MET 1.5 g/day	≥ 18 years old; A1C 7.1-11; BMI 25-45 kg/m^2;	At 26 wks vs SITA: EQW: 3.21 (95% CI: 2.04, 5.07)***	At 26 wks vs SITA: EQW: -0.60 (95% CI: -0.85, -0.35)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using generalized linear modelling.
DURATION-3 [54] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	INS-GLAR (223); EXE 2 mg QW (233)	MET ≥ 1.5 g/day +/- SU	≥ 18 years old; A1C 7.1-11; BMI 25-45 kg/m^2;	At 26 wks vs INS-GLAR: EQW: 1.63 (95% CI: 1.11, 2.39)*	At 26 wks vs INS-GLAR: EQW: -0.16 (95% CI: -0.29, -0.03)*	Randomized, open-label, parallel arm. Change in A1C adjusted using repeated measures ANCOVA. INS-GLAR titrated to glucose targets. SU dose reduction if hypoglycemia.
DURATION-4 [55] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	SITA 100 mg QD (163); EXE 2 mg QW (248); MET 2 g/day (246); PIO 45 mg QD (163)	None	≥ 18 years old; A1C 7.1-11; BMI 23-45 kg/m^2;	At 26 wks vs SITA: EQW: 2.15 (95% CI: 1.40, 3.29)***	At 26 wks vs SITA: EQW: -0.38 (95% CI: -0.62, -0.13)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using repeated measures ANCOVA. MET increased weekly up to 2 mg With further increase up to 2.5 mg/day based on glycemic control. PIO increased weekly up to 45 mg/day.
DURATION-5 [56] Multicenter (USA) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	EXE 10 µg BID (125); EXE 2 mg QW (129)	+/- up to 2 OADs (MET, SU or TZD)	≥ 18 years old; FPG < 15.5 mmol/l; A1C 7.1-11; BMI 25-45 kg/m^2; T2D for ≥ 2mths	At 24 wks vs EBID: EQW: 3.23 (95% CI: 1.92, 5.43)***	At 24 wks vs EBID: EQW: -0.7 (95% CI: -0.9, -0.4)***	Randomized, open-label, parallel arm. Change in A1C adjusted using generalized linear modelling. Non-inferiority test. 5 µg BID for 4 weeks then 10 µg BID

Study Name **Setting** ***Sponsor***	**Control arm;** **Active arm(s) (N, randomized to arm)**	**Background treatment during trial**	**Enrolment criteria**	**Study end point: OR reaching <7% target compared to control**	**Study end point: Difference in A1C compared to control‡**	**Study Design**
DURATION-6 [57] Multicenter (Int'l) *Amylin Pharmaceuticals (AstraZeneca) & Eli Lilly and Co.*	LIRA 1.8 mg QD (450); EXE 2 mg QW (461)	Max or near max dose of MET, SU, MET+SU, MET+PIO	≥ 18 years old; A1C 7.1-11; BMI ≤ 45 kg/m^2	At 26 wks vs LIRA: EQW: 0.74 (95% CI: 0.57, 0.96)*	At 26 wks vs LIRA: EQW: 0.21 (95% CI: 0.08, 0.33)**	Randomized, open-label, parallel arm. Non-inferiority test. LIRA was up-titrated weekly in 0.6 mg increments
LEAD-1 [58] Multicenter (Int'l) *Novo Nordisk A/S*	PBO (114); LIRA 1.2 mg QD (228); LIRA 1.8 mg QD (234); ROSI 4 mg/day (232); LIRA 0.6 mg QD (233)†;	GLIM 2-4 mg/day	18-80 years old; A1C 7-11 (OAD monotherapy), 7-10 (OAD combination); BMI ≤ 45 kg/m^2	At 26 wks vs PBO: LIRA 1.2 mg: 6.31 (95% CI: 3.03, 13.13)*** LIRA 1.8 mg: 8.41 (95% CI: 4.06, 17.42)***	At 26 wks vs PBO: LIRA 1.2 mg: -1.3 (95% CI: -1.1, -0.6)*** LIRA 1.8 mg: -1.4 (95% CI: -1.6, -1.1)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. LIRA up-titrated weekly in 0.6 mg increments. GLIM dose adjusted 2-4 mg/day in cases of hypoglycemia
LEAD-2 [59] Multicenter (Int'l) *Novo Nordisk A/S*	PBO (122); LIRA 1.2 mg QD (241); LIRA 1.8 mg QD (242); GLIM 4 mg QD (244) LIRA 0.6 mg QD (242)†	MET 2 g/day	18-80 years old; A1C 7-11 (OAD monotherapy), 7-10 (OAD combination); BMI ≤ 40 kg/m^2	At 26 wks vs PBO: LIRA 1.2 mg: 4.56 (95% CI: 2.42, 8.58)*** LIRA 1.8 mg: 6.16 (95% CI: 3.28, 11.55)***	At 26 wks vs PBO: LIRA 1.2 mg: -1.1 (95% CI: -1.3, -0.9)*** LIRA 1.8 mg: -1.1 (95% CI: -1.3, -0.9)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. 2-3 week run-in for active arms MET dose adjusted to 1.5-2 g/day if hypoglycemia or AEs
LEAD-3 [60] Multicenter (Int'l) *Novo Nordisk A/S*	GLIM 8 mg (248); LIRA 1.2 mg QD (251); LIRA 1.8 mg QD (246)	None	18-80 years old; A1C 7-11 (treated with diet & exercise), 7-10 (OAD monotherapy); BMI ≤ 45 kg/m^2	At 52 wks vs GLIM: LIRA 1.2 mg: 1.93 (95% CI: 1.33, 2.80)*** LIRA 1.8 mg: 2.68 (95% CI: 1.84, 3.89)***	At 52 wks vs GLIM: LIRA 1.2 mg: -0.33 (95% CI: -0.53, -0.13)** LIRA 1.8 mg: -0.62 (95% CI: -0.83, -0.42)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. LIRA was up-titrated weekly in 0.6 mg increments; GLIM 2 to 4 mg to 8 mg over 2 weeks
LEAD-4 [61] Multicenter (Int'l) *Novo Nordisk A/S*	PBO (177); LIRA 1.2 mg QD (178); LIRA 1.8 mg QD (178)	MET ≥ 1.5 g/day + ROSI 8 mg	18-80 years old; A1C 7-11 (OAD monotherapy), 7-10 (OAD combination); BMI ≤ 45 kg/m^2	At 26 wks vs PBO: LIRA 1.2 mg: 3.41 (95% CI: 2.19, 5.30)*** LIRA 1.8 mg: 2.97 (95% CI: 1.91, 4.62)***	At 26 wks vs PBO: LIRA 1.2 mg: -1.00 (95% CI: -1.28, -0.72)*** LIRA 1.8 mg: -1.00 (95% CI: -1.28, -0.72)***	Randomized, double-blind, parallel arm. Change in A1C adjusted using ANCOVA. LIRA was up-titrated weekly in 0.6 mg increments
LEAD-5 [62] Multicenter (Int'l) *Novo Nordisk A/S*	PBO (115); LIRA 1.8 mg QD (232); INS-GLAR (234)	MET 2 g/day + GLIM 4 mg/day	18-80 years old; A1C 7.5-10 (OAD monotherapy), 7-10 (OAD combination); BMI ≤ 45 kg/m^2	At 26 wks vs PBO: LIRA 1.8 mg: 6.02 (95% CI: 3.42, 10.61)***	At 26 wks vs PBO: LIRA 1.8 mg: -1.09 (95% CI: -1.28, -0.90)***	Randomized, parallel arm. Open-label INS. LIRA and LIRA-placebo blinded. Change in A1C adjusted using ANCOVA. LIRA was up-titrated weekly in 0.6 mg increments

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LEAD-6 [63] Multicenter (Int'l) *Novo Nordisk A/S*	EXE 10 µg BID (231); LIRA 1.8 mg QD (233);	MET +/- SU (max tolerated)	18-80 years old; A1C 7-11; BMI ≤ 45 kg/m^2	At 26 wks vs EBID: LIRA 1.8 mg: 1.57 (95% CI: 1.09, 2.27)*	At 26 wks vs EBID: LIRA 1.8 mg: -0.33 (95% CI: -0.47, -0.18)**	Randomized, open-label, parallel arm. Change in A1C adjusted using ANCOVA. Non-inferiority. LIRA was up-titrated weekly in 0.6 mg increments; EXE 5 µg BID to 10 µg BID after 4 weeks

α-Gi, alpha-glucosidase inhibitor; ALBI, albiglutide; ANCOVA, analysis of covariance; ANOVA, analysis of variance; BID, twice daily; DULA, dulaglutide; EXE, exenatide; GLIM, glimepiride; INS-GLAR, insulin glargine; INS-LISP, insulin lispro; LIRA, liraglutide; MET, metformin; OAD, oral antihyperglycemic drug; PIO, pioglitazone; PBO, placebo; QD, once daily; QW, once weekly; ROSI, rosiglitazone; SITA, sitagliptin; SU, sulfonylurea; TZD, thiazolidinedione; † not licensed dose so this arm is not included in the analysis; * $p<0.05$; ** $p<0.01$; *** $p<0.001$; ‡ p-value calculated from two-sided t-test with $\alpha=0.025$, p-values may differ from those reported in the publication where non-inferiority thresholds, adjusted p-values or gatekeeping approaches were used