

## SUPPLEMENTARY TABLES

Supplementary Table S1. Risk of bias assessment

<b>Jastreboff 2022 [4]</b>	<b>Risk of bias</b>	<b>Author Judgement</b>
Random sequence generation (selection bias)	Low risk	Randomized, placebo-controlled trial
Allocation concealment (selection bias)	Low risk	Participants were randomly assigned in a 1:1:1:1 ratio to receive tirzepatide at a dose of 5 mg, 10 mg, or 15 mg or placebo
Blinding of participants & personnel (performance bias)	Low risk	Double-blind trial
Blinding of outcome assessment (detection bias)	Low risk	Double-blind trial
Incomplete outcome data (attrition bias)	Low risk	Overall, 86.0% of participants completed the primary trial treatment period. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups.
Selective reporting (reporting bias)	Low risk	All pre-specified outcomes are reported.
Other biases	High risk	Funding for this study was provided by was funded by Eli Lilly, Indianapolis. Five of authors are employees of the pharmaceutical company.
<b>Wadden 2023 [5]</b>	<b>Risk of bias</b>	<b>Author Judgement</b>
Random sequence generation (selection bias)	Low risk	Randomized, placebo-controlled trial
Allocation concealment (selection bias)	Low risk	Participants were randomly assigned in a 1:1 ratio to receive either the maximum tolerated dose of tirzepatide (10 or 15 mg) or placebo. Assignment to treatment group was determined by a computer-generated random sequence using a validated interactive web-response system.
Blinding of participants & personnel (performance bias)	Low risk	Double-blind trial
Blinding of outcome assessment (detection bias)	Low risk	Double-blind trial
Incomplete outcome data (attrition bias)	Low risk	Of the 579 randomized participants, 479 (82.7%) completed the study. Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups.
Selective reporting (reporting bias)	Low risk	All pre-specified outcomes are reported.
Other biases	High risk	Funding for this study was provided by was funded by Eli Lilly, Indianapolis. Five of authors are employees of the pharmaceutical company.

*touchREVIEWS in Endocrinology*. 2024;20(2):Online ahead of journal publication

*This supplementary material was peer reviewed with the manuscript but has not been subject to our in-house editing or production processes.*