Adjunctive vitamin D in tuberculosis treatment: meta-analysis of individual participant data. Online data supplement.

### Search Strategies.

A. PubMed

## Cochrane Highly Sensitive Search Strategy for identifying randomized controlled trials

#1. randomized controlled trial [pt] OR controlled clinical trial [pt] OR randomized [tiab] OR placebo [tiab] OR drug therapy [sh] OR randomly [tiab] OR trial [tiab] OR groups [tiab]

#2. animals [mh] NOT humans [mh]

#3. #1 NOT #2

#### Terms specific to vitamin D

#4. Vitamin D OR vitamin D2 OR vitamin D3 OR cholecalciferol OR ergocalciferol OR alphacalcidol OR alfacalcidol OR calcitriol OR paricalcitol OR doxerocalciferol

## Term specific to tuberculosis

#5. Tuberculosis

Combination of terms to identify randomized controlled trials of vitamin D conducted in patients with tuberculosis

#3 AND #4 AND #5

B. EMBASE

#### Terms for identifying randomized controlled trials

#1 'randomized controlled trial'/exp OR 'single blind procedure'/exp OR 'double blind procedure'/exp OR 'crossover procedure'/exp #2 random\*:ab,ti OR placebo\*:ab,ti OR crossover\*:ab,ti OR 'cross over':ab,ti OR allocat\*:ab,ti OR ((singl\* OR doubl\*) NEXT/1 blind\*):ab,ti OR trial:ti #3. #1 OR #2

#### Terms specific to vitamin D

#4. vitamin AND d OR vitamin AND d2 OR vitamin AND d3 OR cholecalciferol OR ergocalciferol OR alphacalcidol OR alfacalcidol OR calcitriol OR paricalcitol OR doxerocalciferol

### Term specific to tuberculosis

#5. tuberculosis

Combination of terms to identify randomized controlled trials of vitamin D conducted in patients with tuberculosis

#3 AND #4 AND #5

C. Cochrane Central

#### Terms specific to vitamin D

#1. Vitamin D OR vitamin D2 OR vitamin D3 OR cholecalciferol OR ergocalciferol OR alphacalcidol OR alfacalcidol OR calcitriol OR paricalcitol OR doxerocalciferol

### Term specific to tuberculosis

#2. Tuberculosis

Combination of terms to identify randomized controlled trials of vitamin D conducted in patients with tuberculosis

#1 AND #2

D. Web of Science

TS =(Vitamin D OR vitamin D2 OR vitamin D3 OR cholecalciferol OR ergocalciferol OR alphacalcidol OR alfacalcidol OR calcitriol OR paricalcitol OR doxerocalciferol) AND TS =(Tuberculosis) AND TS =(placebo\* or random\* or clinical trial\* or double blind\* or single blind\* or rct)

## Results

## Supplementary Table S1: Final treatment outcome by study and allocation<sup>1</sup>

	Ralph <i>et al</i> ¹		Wejse et af	
	Placebo (n)	Vitamin D (n)	Placebo (n)	Vitamin D (n)
Cured	32	36	59	72
Completed	6	4	34	29
Failed	1	0	0	0
Defaulted	0	5	14	9
Died	0	2	9	12
Transferred	2	2	1	2
Total	41	49	117	124

<sup>1,</sup> data on final treatment outcome were available for 90 participants in the trial by Ralph et al and 241 participants in the trial by Wejse et al.

## **Supplementary Table S2:** Baseline characteristics by allocation: all analyzed participants (n=1,850)

	Placebo group (n=923)	Vitamin D group (n=927)
Mean baseline 25(OH)D concentration, nmol/L (SD) <sup>1</sup>	41.0 (35.7)	41.3 (33.6)
Baseline 25(OH)D concentration (%) <sup>1</sup>		
<25 nmol/L	359 (38.9)	329 (35.4)
≥25 nmol/L	478 (51.8)	494 (53.3)
Mean age, years (SD)	34.0 (13.8)	33.0 (13.0)
Age (%)		
<30 years	450 (48.8)	467 (50.4)
≥30 years	473 (51.2)	460 (49.6)
Sex (%)		
Male	611 (66.2)	589 (63.5)
Female	312 (33.8)	338 (36.5)
Mean weight, kg (SD) <sup>2</sup>	51.2 (11.3)	51.0 (10.9)
Multidrug resistance (%) <sup>3</sup>		
No	619 (67.1)	600 (64.7)
Yes	25 (2.7)	30 (3.2)
HIV status <sup>4</sup>		
Seronegative	507 (54.9)	492 (53.1)
Seropositive	41 (4.4)	68 (7.3)
% zones involved, baseline CXR (%) <sup>5</sup>		
<50%	362 (39.2)	359 (38.7)
≥50%	146 (15.8)	137 (14.8)
Cavitation, baseline CXR (%) <sup>6</sup>		
No	330 (35.8)	341 (36.8)
Yes	334 (36.2)	324 (35.0)
Vitamin D Dosing Regimen (%)		
Daily/weekly	223 (24.2)	229 (24.7)
Bolus/2-weekly	700 (75.8)	698 (75.3)
Fokl VDR genotype (%) <sup>7</sup>		
FF	183 (19.8)	194 (20.9)
Ff	150 (16.3)	149 (16.1)
ff	36 (3.9)	20 (2.2)
Taql VDR genotype (%)8		
TT	258 (28.0)	245 (26.4)
Tt	140 (15.2)	140 (15.1)
tt	29 (3.1)	32 (3.5)

25(OH)D, 25-hydroxyvitamin D; CXR, chest radiograph; SD, standard deviation; HIV, human immunodeficiency virus; VDR, vitamin D receptor.

<sup>1.</sup> Data available for n=837 in the placebo group and n=823 in the vitamin D group; 2. Data available for n=906 in the placebo group and n=914 in the vitamin D group; 3. Data available for n=644 in the placebo group and n=630 in the vitamin D group; multidrug resistance defined as being resistant to both isoniazid and rifampicin, at least; 4. Data available for n=548 in the placebo group and n=560 in the vitamin D group; 5. Data available for n=408 in the placebo group and n=496 in the vitamin D group; 6. Data available for n=664 in the placebo group and n=665 in the vitamin D group; 7. Data available for n=369 in the placebo group and n=363 in the vitamin D group; 8. Data available for n=427 in the placebo group and n=417 in the vitamin D group.

## Supplementary Table S3: Baseline characteristics by allocation: participants with multidrug-resistant tuberculosis (n=55)(1)

		Placebo group (n=25)	Vitamin D group (n=30)
Mean age, years (SD)		30.7 (7.8)	31.8 (13.1)
Age (%)	<30 years	13 (52.0)	19 (63.3)
	≥30 years	12 (48.0)	11 (36.7)
Sex (%)	Male	15 (60.0)	16 (53.3)
Male	Female	10 (40.0)	14 (46.7)
Mean baseline 25(OH)D concentration, nmol/L (SD)(2)		21.6 (16.3)	26.7 (23.8)
Baseline 25(OH)D concentration (%)	<25 nmol/L	17 (68.0)	17 (56.7)
	≥25 nmol/L	7 (28.0)	12 (40.0)
	Not known	1 (4.0)	1 (3.3)
Mean weight, kg (SD)		54.1 (11.1)	55.5 (9.7)
HIV status (%)	Seronegative	11 (44.0)	13 (43.3)
	Seropositive	0 (0.0)	1 (3.3)
	Not known	14 (56.0)	16 (53.3)
Cavitation, baseline CXR (%)	No	13 (52.0)	21 (70.0)
	Yes	12 (48.0)	8 (26.7)
	Not known	0 (0.0)	1 (3.3)
Vitamin D dosing Regimen (%)	Daily/weekly	15 (60.0)	15 (50.0)
	Bolus/2-weekly	10 (40.0)	15 (50.0)
Other adjunctive therapy (%)	Phenylbutyrate	3 (12.0)	1 (3.3)
	L-arginine	1 (4.0)	0 (0.0)
	Nil	21 (84.0)	29 (96.7)
Fokl VDR genotype (%) <sup>5</sup>	FF	2 (8.0)	6 (20.0)
	Ff	5 (20.0)	6 (20.0)
	ff	2 (8.0)	1 (3.3)
	Not known	16 (64.0)	17 (56.7)
Taql VDR genotype (%) <sup>6</sup>	π	9 (36.0)	13 (43.3)
	Tt	3 (12.0)	1 (3.3)
	tt	4 (16.0)	1 (3.3)
	Not known	9 (36.0)	15 (50.0)
Antimicrobial sensitivity	Resistant to isoniazid and rifampicin only	10 (40.0)	15 (50.0)
	Additionally resistant to at least one other anti-TB drug <sup>3</sup>	15 (60.0)	15 (50.0)

25(OH)D, 25-hydroxyvitamin D; CXR, chest radiograph; SD, standard deviation; HIV, human immunodeficiency virus; VDR, vitamin D receptor.

Multidrug-resistant tuberculosis defined as resistance of isolate to both isoniazid and rifampicin, at least.
Baseline 25(OH)D concentration missing for 1 participant in the placebo group and 1 participant in the vitamin D

<sup>3.</sup> Isolates additionally resistant to ethambutol, streptomycin or both

## Supplementary Table S4. Risk of Bias Assessment

	Sequence generation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective reporting	Other bias
Wejse 2009 <sup>2</sup>	<b>√</b>	✓	✓	✓	<b>?</b> 1	✓	✓
Martineau 2011 <sup>3</sup>	<b>√</b>	<b>√</b>	✓	✓	✓	✓	<b>√</b>
Salahuddin 2013 <sup>4</sup>	✓	✓	✓	✓	✓	✓	✓
Ralph 2013 <sup>1</sup>	✓	✓	✓	✓	<b>?</b> 1	✓	✓
Mily 2015 <sup>5</sup>	✓	✓	✓	✓	<b>?</b> 1	✓	✓
Daley 2015 <sup>6</sup>	✓	✓	✓	✓	<b>?</b> 1	✓	✓
Tukvadze 2015 <sup>7</sup>	✓	✓	✓	✓	✓	✓	✓
Ganmaa 2017 8	✓	✓	✓	✓	✓	✓	✓

<sup>√ =</sup> low risk of bias; ? = unclear risk of bias;

## **Supplementary Table S5:** One-step individual participant data meta-analysis, safety outcomes

	N participants (trials)	Proportion with ≥1 event, placebo group (%)	Proportion with ≥1 event, vitamin D group (%)	Adjusted odds ratio (95% CI) <sup>1</sup>	P value
Hypercalcemia <sup>2</sup>	6	39/639 (6.1)	38/614 (6.2)	0.94 (0.55, 1.62)	0.83
Renal stones	8	0/923 (0.0)	0/927 (0.0)		
Serious Adverse Events, any cause	8	32/923(3.5)	33/927 (3.6)	0.99 (0.59, 1.65)	0.96
Withdrawals/loss to follow- up	8	124/923 (13.4)	117/927 (12.6)	0.96 (0.73, 1.27)	0.79
Total Deaths	8	21/923 (2.3)	23/927 (2.5)	1.09 (0.59, 2.03)	0.79

<sup>1,</sup> adjusted for age, sex and clustering between trials

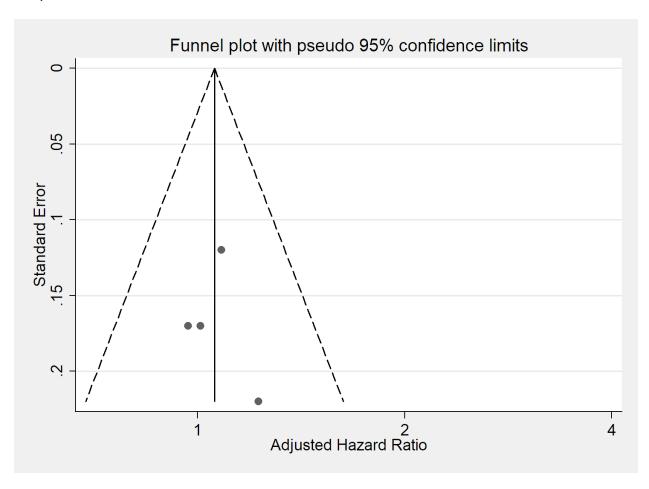
<sup>1,</sup> risk of bias due to incomplete outcome data assessed as 'unclear' due to relatively high rates of loss to follow-up (>20%)

<sup>2,</sup> hypercalcemia defined as serum calcium concentration >2.65 mmol/L; serum calcium concentration was corrected for serum albumin concentration where this was also measured (4/6 studies). In all studies where serum calcium concentrations were measured, this was done routinely i.e. irrespective of symptoms

# **Supplementary Table S6:** One-step individual participant data meta-analysis, responder analysis

	N participants (N trials)	Median time to sputum culture conversion, days (IQR)	Adjusted hazard ratio (95% CI)	P value
Intervention, end-study 25(OH)D < 75 nmol/L	34 (3)	28 (28, 56)	Referent	
Intervention, end-study 25(OH)D ≥ 75 nmol/L	232 (4)	28 (28, 53)	0.95 (0.63, 1.41)	0.78

**Supplementary Figure S1:** Funnel plot for individual patient data meta-analysis of time to sputum culture conversion.



#### References

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- 3. Martineau AR, Timms PM, Bothamley GH, et al. High-dose vitamin D₃ during intensivephase antimicrobial treatment of pulmonary tuberculosis: a double-blind randomised controlled trial. *Lancet* 2011; **377**(9761): 242-50.
- 4. Salahuddin N, Ali F, Hasan Z, Rao N, Aqeel M, Mahmood F. Vitamin D accelerates clinical recovery from tuberculosis: results of the SUCCINCT Study [Supplementary Cholecalciferol in recovery from tuberculosis]. A randomized, placebo-controlled, clinical trial of vitamin D supplementation in patients with pulmonary tuberculosis'. *BMC Infectious Diseases* 2013; **13**: 22.
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- 6. Daley P, Jagannathan V, John KR, et al. Adjunctive vitamin D for treatment of active tuberculosis in India: a randomised, double-blind, placebo-controlled trial. *Lancet Infect Dis* 2015; **15**(5): 528-34.
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