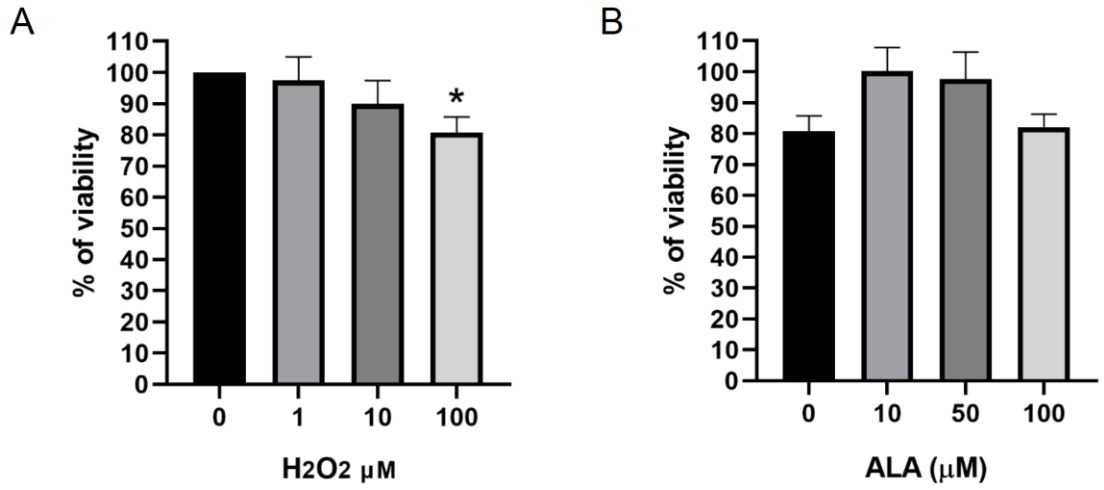

Figure S1. ALA treatment did not improve the survival of ROS-induced cell death in NIT-1 cell line. (**A**) NIT-1 cells were treated with various concentrations of H_2O_2 for 24 hours and measured the viability of NIT-1 cells by 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide assay (MTT assay). We found that 100 μM H_2O_2 treatment significantly induced the death of NIT-1 cells (n = 3; 0 μM vs. 1 μM p = 0.7536, vs. 10 μM *p* = 0.2516, vs. 100 μM * *p* = 0.0187). (**B**) Different concentrations of ALA (10 μM, 50 μM, and 100 μM) was added into 100μM H_2O_2 -treated NIT-1 cells and measured the cell viability by MTT assy. Our results showed that ALA treatment did not provide a preventive effect in the ROS-induced cell death (n = 3; 0 μM vs. 10 μM *p* = 0.0970, vs. 50 μM *p* = 0.1702, vs. 100 μM *p* = 0.8433).

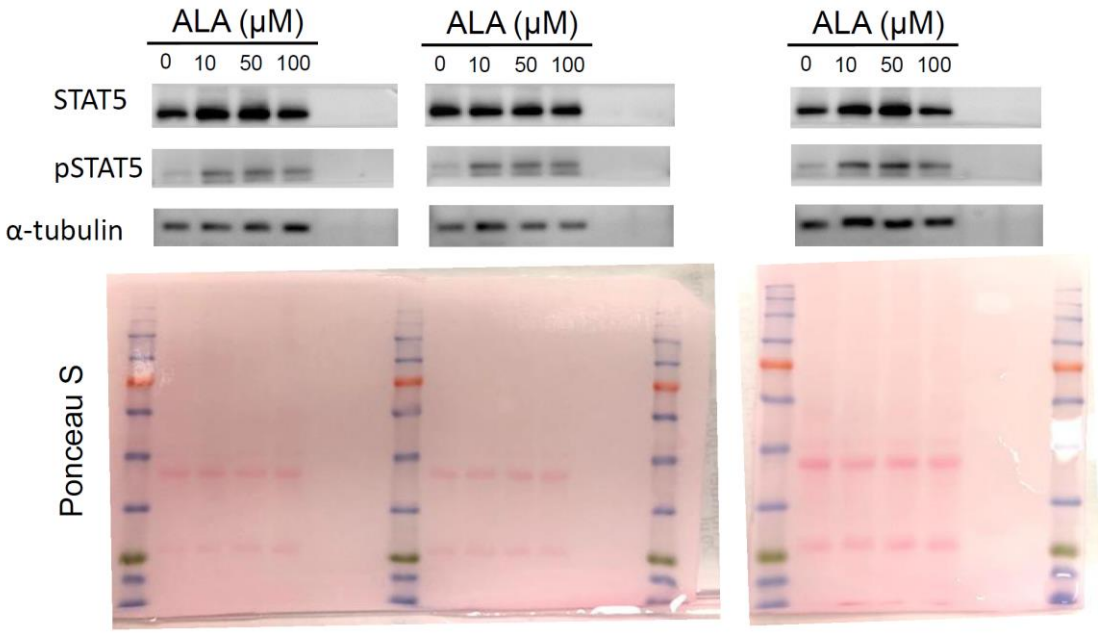

Figure S2. Three independent experiments of Western blotting for phosphorylated STAT5.

Negative in urine glucose with normoglycemia

0–50 mg/L urine glucose with
353 mg/dL blood glucose

1000 mg/L urine glucose with
454 mg/dL blood glucose

500–1000 mg/L urine glucose
with 443 mg/dL blood glucose

500–1000 mg/L urine glucose
with 455 mg/dL blood glucose

2000 mg/L urine glucose with blood glucose higher than 600 mg/dL

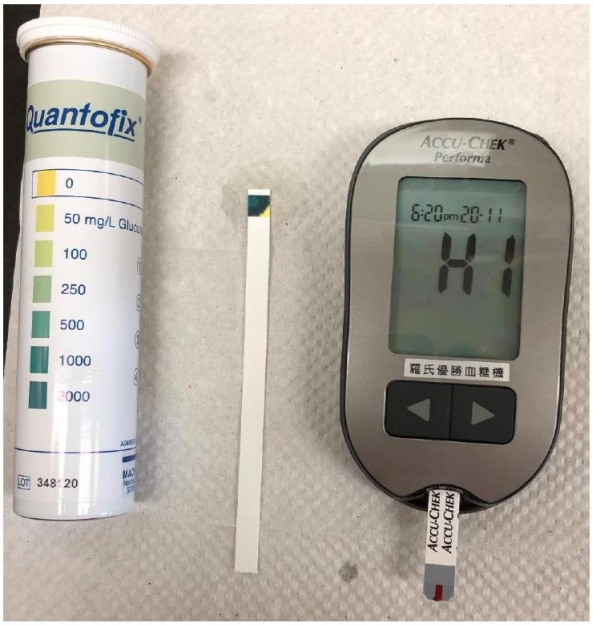

Figure S3. The correction between urine glucose and blood glucose in NOD mice.