

CANDIED: A Pan-Canadian Cohort of Immune Checkpoint Inhibitor-Induced Insulin-Dependent Diabetes Mellitus

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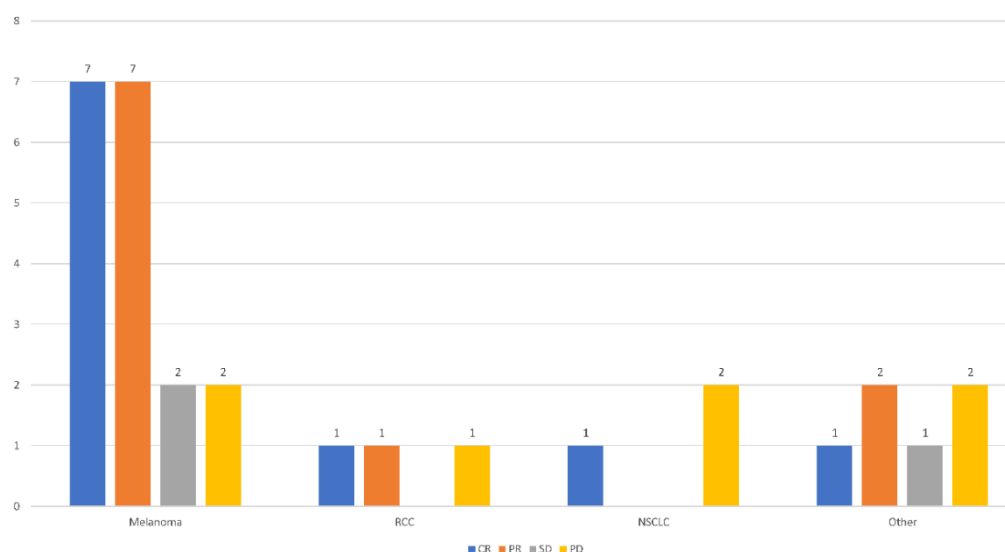


Figure S1. Response assessment according to primary tumor type. CR: Complete response; PR: Partial response; SD: Stable disease; PD: Progressive disease; RCC: Renal cell carcinoma; NSCLC: Non-small cell lung cancer.

Table S1. Comparison of baseline characteristics between patients with ICI-induced IDDM treated at Princess Margaret and other cancer centers.

	Princess Margaret (N=15)	Other centers (N=19)	p value
Median age (range)	56 (48-77)	61 (39-79)	1.00
Mean glucose (SD)	37.1 (16.5)	32.9 (15.2)	0.45
Mean HbA1c (SD)	6.9 (1.3)	8.9 (2)	0.02
Sex			
Male	11 (73%)	14 (74%)	0.98
Female	4 (27%)	5 (26%)	
Primary tumor			
Melanoma	8 (53%)	11 (58%)	0.79
Renal cell carcinoma	2 (13%)	2 (10%)	0.80
Non-small cell lung cancer	1 (7%)	3 (16%)	0.41
Other	4 (27%)	3 (16%)	0.43
ICI regimen			
Anti-PD1/PD-L1 single agent	8 (53%)	12 (64%)	0.56
Anti-PD1/PD-L1 + Anti-CTLA4	4 (27%)	5 (26%)	0.98
Anti-PD1/PD-L1 + another agent	1 (7%)	2 (10%)	0.69
Anti-PD1/PD-L1 + another agent/placebo	2 (13%)	0	0.10

CTLA4: Cytotoxic T-lymphocyte antigen 4; ICI: Immune checkpoint inhibitor; IDDM: Insulin-dependent diabetes mellitus; PD1: Programmed death 1; PD-L1: programmed death ligand 1; SD: Standard deviation.