

Author, year	Selection	Comparability	Exposure
	Maximum, 4 stars	Maximum, 2 stars	Maximum, 3 stars
Abiemo et al, 2012 ⁽¹⁷⁾	***	**	***
Brunner et al, 2008 ⁽²¹⁾	***	*	***
De Koning et al, 2011 ⁽¹⁸⁾	****	**	***
Interact Consortium, 2011 ⁽²²⁾	****	**	***
Martínez-González et al, 2008 ⁽¹⁹⁾	****	**	**
Mozaffarian et al, 2007 ⁽²⁰⁾	****	**	**
Rossi et al, 2013 ⁽²³⁾	****	**	***
Tobias et al, 2012 ⁽²⁴⁾	****	**	**

Author, year	Randomized	Table of random numbers or computer-generated randomization	Double-blind	Use of a placebo	Numbers and reasons for withdrawal in each group are stated	Intention-to-treat analysis
Salas-Salvado et al. 2014 ⁽²⁵⁾	*	*	/	/	*	*

Table S1: Study Quality According to the Newcastle Ottawa Scale and Jadad Scale

Characteristic	Data points	RR (95% CI)	p-value	I² (%)
All studies	9	0.81 (0.72, 0.91)	0.0003	59
<i>Gender</i>				
Female	4	0.86 (0.69, 1.08)	0.20	64
Male	3	0.96 (0.93, 0.99)	0.01	0
<i>Study continent</i>				
United States	3	0.82 (0.68, 1.00)	0.05	59
Europe	6	0.81 (0.71, 0.93)	0.002	56
<i>Follow up, years</i>				
Follow up ≥ 10 y	4	0.75 (0.68, 0.83)	<0.00001	0
Follow up <10 y	5	0.86 (0.74, 0.99)	0.04	59
<i>Sample size</i>				
≥ 10000	4	0.82 (0.72, 0.94)	0.005	67
<10000	5	0.80 (0.67, 0.96)	0.01	50
<i>Outcome events</i>				
≥ 500	4	0.81 (0.73, 0.91)	0.0002	59
<500	5	0.77 (0.56, 1.05)	0.10	67
<i>Quality score (cohort)</i>				
≥ 7	8	0.83 (0.74, 0.92)	0.0006	56
<7				
<i>BMI</i>				
<25	2	0.92 (0.88, 0.96)	0.0002	0
25-30	1	0.95 (0.92, 0.98)	0.002	/
≥ 30	2	0.89 (0.58, 1.37)	0.60	36

Table S2: Stratified meta-analyses adherence to Mediterranean diet and risk of diabetes

Electronic search strategy (specifics as required for MEDLINE (1), Cochrane Library (2), Scopus (3): 02.04.2014)

1. key word: “Mediterranean diet diabetes”; 439 results

("diet, mediterranean"[MeSH Terms] OR ("diet"[All Fields] AND "mediterranean"[All Fields]) OR "mediterranean diet"[All Fields] OR ("mediterranean"[All Fields] AND "diet"[All Fields])) AND ("diabetes mellitus"[MeSH Terms] OR ("diabetes"[All Fields] AND "mellitus"[All Fields]) OR "diabetes mellitus"[All Fields] OR "diabetes"[All Fields] OR "diabetes insipidus"[MeSH Terms] OR ("diabetes"[All Fields] AND "insipidus"[All Fields]) OR "diabetes insipidus"[All Fields])

2. key word: “Mediterranean diet diabetes”; 61 results

3. key word: “Mediterranean diet diabetes”; 418 results

Excluded full-texts

Reference	Reason for exclusion
R.M. van Dam, E.B. Rimm, W.C. Willett, M.J. Stampfer, F.B. Hu, Dietary patterns and risk for type 2 diabetes mellitus in U.S. men. <i>Ann Intern Med</i> 136: 201–209 (2002)	No MD score
J. Montonen, P. Knekt, T. Härkänen, R. Järvinen, M. Heliövaara, A. Aromaa, A. Reunanen, Dietary patterns and the incidence of type 2 diabetes. <i>Am J Epidemiol</i> 161: 219–227 (2005)	No MD score
A.M. Hodge, D.R. English, K. O’Dea, G.G. Giles, Dietary patterns and diabetes incidence in the Melbourne Collaborative Cohort Study. <i>Am J Epidemiol</i> 165: 603–610 (2007)	No MD score
T.T. Fung, M. McCullough, R.M. van Dam, F.B. Hu, A prospective study of overall diet quality and risk of type 2 diabetes in women. <i>Diabetes Care</i> 30: 1753–1757 (2007)	No MD score
J.A. Nettleton, L.M. Steffen, H. Ni, K. Liu, D.R. Jacobs, Dietary patterns and risk of incident type 2 diabetes in the Multi-Ethnic Study of Atherosclerosis. <i>Diabetes Care</i> 31:1777–1782 (2008)	No MD score
A.D. Liese, M. Nichols, X. Sun, R.B. Jr D’Agostino, S.M. Haffner, Adherence to the DASH diet is inversely associated with incidence of type 2 diabetes: The Insulin Resistance Atherosclerosis Study. <i>Diabetes Care</i> 32: 1434–1436 (2009)	No MD score
R. Villegas, G. Yang, Y.T. Gao, H. Cai, H. Li, W. Zheng, X.O. Shu, Dietary patterns are associated with lower incidence of type 2 diabetes in middle-aged women: the Shanghai Women's Health Study. <i>Int J Epidemiol</i> 39 :889-899 (2010)	No MD score
R. Yu, J. Woo, R. Chan, Relationship between dietary intake and the development of type 2 diabetes in a Chinese population: the Hong Kong Dietary Survey. <i>Public Health Nutr</i> 14: 1133-1141 (2011)	No MD score
A.O. Odegaard, W.P. Koh, L.M. Butler, Dietary patterns and incident type 2 diabetes in chinese men and women: the singapore chinese health study. <i>Diabetes Care</i> 34 : 880-885 (2011)	No MD score

A. Morimoto, Y. Ohno, Y. Tatsumi, S. Mizuno, S. Watanabe, Effects of healthy dietary pattern and other lifestyle factors on incidence of diabetes in a rural Japanese population. <i>Asia Pac J Clin Nutr</i> 21 : 601-608 (2012)	No MD score
A. T. Nanri A, Shimazu T, R. Takachi et al.; Japan Public Health Center-based Prospective Study Group, Dietary patterns and type 2 diabetes in Japanese men and women: the Japan Public Health Center-based Prospective Study. <i>Eur J Clin Nutr</i> 67 : 18-24 (2013)	No MD score
Chrysohoou C, Panagiotakos DB, Pitsavos C, Das UN, Stefanadis C. Adherence to the Mediterranean diet attenuates inflammation and coagulation process in healthy adults: the ATTICA study. <i>J Am Coll Cardiol</i> 2004 ;44:152– 8.	Cross-sectional study Only CVD risk factors
Mantzoros CS, Williams CJ, Manson JE, Meigs JB, Hu FB. Adherence to the Mediterranean dietary pattern is positively associated with plasma adiponectin concentrations in diabetic women. <i>Am J Clin Nutr</i> 2006 ;84:328 –35.	Cross-sectional study Only CVD risk factors
Romaguera D, Norat T, Mouw T, et al. Adherence to the Mediterranean diet is associated with lower abdominal adiposity in European men and women. <i>J Nutr</i> 2009 ;139:1728 –37.	Cross-sectional study Only CVD risk factors
Babio N, Bullo M, Basora J, et al. Adherence to the Mediterranean diet and risk of metabolic syndrome and its components. <i>Nutr Metab Cardiovasc Dis</i> 2009 ;19:563–70.	Cross-sectional study Only CVD risk factors
Tzima N, Pitsavos C, Panagiotakos DB, et al. Mediterranean diet and insulin sensitivity, lipid profile and blood pressure levels, in overweight and obese people; the Attica study. <i>Lipids Health Dis</i> 2007 ;6:22.	Cross-sectional study Only CVD risk factors
Panagiotakos DB, Tzima N, Pitsavos C, et al. The association between adherence to the Mediterranean diet and fasting indices of glucose homeostasis: the ATTICA study. <i>J Am Coll Nutr</i> 2007 ;26:32– 8.	Cross-sectional study Only CVD risk factors
Panagiotakos DB1, Pitsavos C, Chrysohoou C, Stefanadis C. The epidemiology of Type 2 diabetes mellitus in Greek adults: the ATTICA study. <i>Diabet Med</i> . 2005 Nov ;22(11):1581-8.	Cross-sectional study
Grosso G, Pajak A, Mistretta A, Marventano S, Raciti T, Buscemi S, Drago F, Scalfi L, Galvano F. Protective role of the Mediterranean diet on several cardiovascular risk factors: Evidence from Sicily, southern Italy. Grosso G, Pajak A, Mistretta A, Marventano S, Raciti T, Buscemi S, Drago F, Scalfi L, Galvano F. <i>Nutr Metab Cardiovasc Dis</i> . 2014 Apr ;24(4):370-7. doi: 10.1016/j.numecd.2013.09.020. Epub 2013 Nov 1.	Cross-sectional study Only CVD risk factors
Vetrano DL, Martone AM, Mastropaolo S, Tosato M, Colloca G, Marzetti E, Onder G, Bernabei R, Landi F. Prevalence of the seven cardiovascular health metrics in a Mediterranean country: results from a cross-sectional study. <i>Eur J Public Health</i> . 2013 Oct ;23(5):858-62. doi: 10.1093/eurpub/ckt130.	Cross-sectional study
Dietary quality in a sample of adults with type 2 diabetes mellitus in Ireland; a cross-sectional case control study. Murray AE, McMorrow AM, O'Connor E, Kiely C, Mac Ananey O, O'Shea D, Egaña M, Lithander FE. <i>Nutr J</i> . 2013 Aug 6;12:110. doi: 10.1186/1475-2891-12-110.	Cross-sectional study
Ortega E, Franch J, Castell C, Goday A, Ribas-Barba L, Soriguer F, Vendrell J, Casamitjana R, Bosch-Comas A, Bordiú E, Calle-Pascual A, Carmena R, Castaño L, Catalá M, Delgado E, Gaztambide S, Girbés J, López-Alba A, Martínez-Larrad MT, Menéndez E, Mora-Peces I, Pascual-Manich G, Rojo-Martínez G, Serrano-Rios M, Urrutía I, Valdés S, Vázquez JA, Gomis R. Mediterranean diet adherence in individuals with prediabetes and unknown diabetes: the Di@bet.es Study. <i>Ann Nutr Metab</i> . 2013 ;62(4):339-46. doi: 10.1159/000346553. Epub 2013 Jul 2.	Cross-sectional study
Muñoz-Pareja M, León-Muñoz LM, Guallar-Castillón P, Graciani A, López-García E, Banegas JR, Rodríguez-Artalejo F. The diet of diabetic patients in Spain in 2008-2010: accordance with the main dietary recommendations--a cross-sectional study. <i>PLoS One</i> . 2012 ;7(6):e39454. doi: 10.1371/journal.pone.0039454. Epub 2012 Jun 22.	Cross-sectional study
Díez-Espino J1, Buil-Cosiales P, Serrano-Martínez M, Toledo E, Salas-Salvadó J, Martínez-González MÁ. Adherence to the Mediterranean diet in patients with type 2 diabetes mellitus and HbA1c level. <i>Ann Nutr Metab</i> . 2011 ;58(1):74-8. doi: 10.1159/000324718. Epub 2011 Mar 24.	Cross-sectional study

Esposito K, Maiorino MI, Di Palo C, Giugliano D; Campanian Postprandial Hyperglycemia Study Group. Adherence to a Mediterranean diet and glycaemic control in Type 2 diabetes mellitus. <i>Diabet Med.</i> 2009 Sep;26(9):900-7. doi: 10.1111/j.1464-5491.2009.02798.x.	Cross-sectional study
Tobias DK, Zhang C, Chavarro J, Bowers K, Rich-Edwards J, Rosner B, Mozaffarian D, Hu FB. Prepregnancy adherence to dietary patterns and lower risk of gestational diabetes mellitus. <i>Am J Clin Nutr.</i> 2012 Aug;96(2):289-95. doi: 10.3945/ajcn.111.028266. Epub 2012 Jul 3.	Gestational diabetes
Grosso G, Mistretta A, Frigiola A, Gruttadauria S, Biondi A, Basile F, Vitaglione P, D'Orazio N, Galvano F. Mediterranean diet and cardiovascular risk factors: a systematic review. <i>Crit Rev Food Sci Nutr.</i> 2014;54(5):593-610. doi: 10.1080/10408398.2011.596955.	Review
Esposito K, Maiorino MI, Ceriello A, Giugliano D. Prevention and control of type 2 diabetes by Mediterranean diet: a systematic review. <i>Diabetes Res Clin Pract.</i> 2010 Aug;89(2):97-102. doi: 10.1016/j.diabres.2010.04.019. Epub 2010 May 23. Review.	Review
Esposito K1, Giugliano D. Mediterranean diet and type 2 diabetes. <i>Diabetes Metab Res Rev.</i> 2014 Mar;30 Suppl 1:34-40. doi: 10.1002/dmrr.2516.	Review

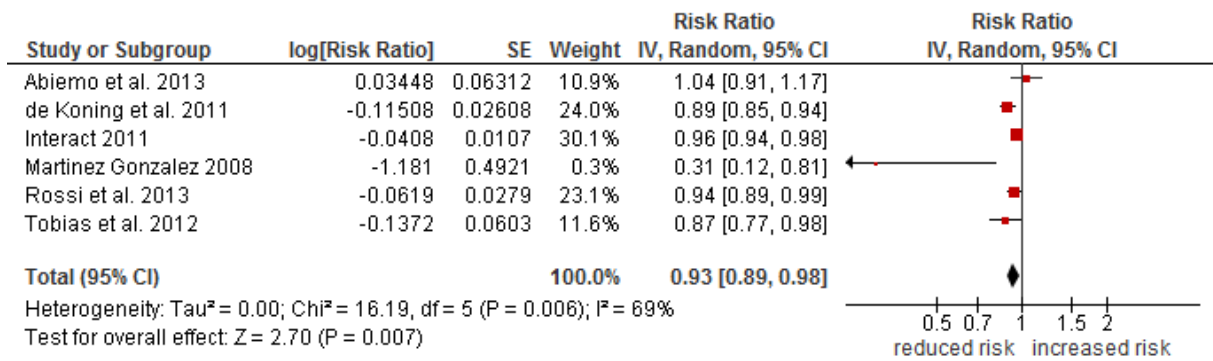


Figure S1: Sensitivity analysis; Forest plot of the association between a 2-point increase of adherence to the Mediterranean diet score (Trichopoulou et al. 2003) and the risk of type 2 diabetes mellitus. The center of each square indicates the relative risk of the study, and the horizontal lines indicate 95% CIs. The area of the square is proportional to the amount of information from the study. The diamond indicates pooled estimates.

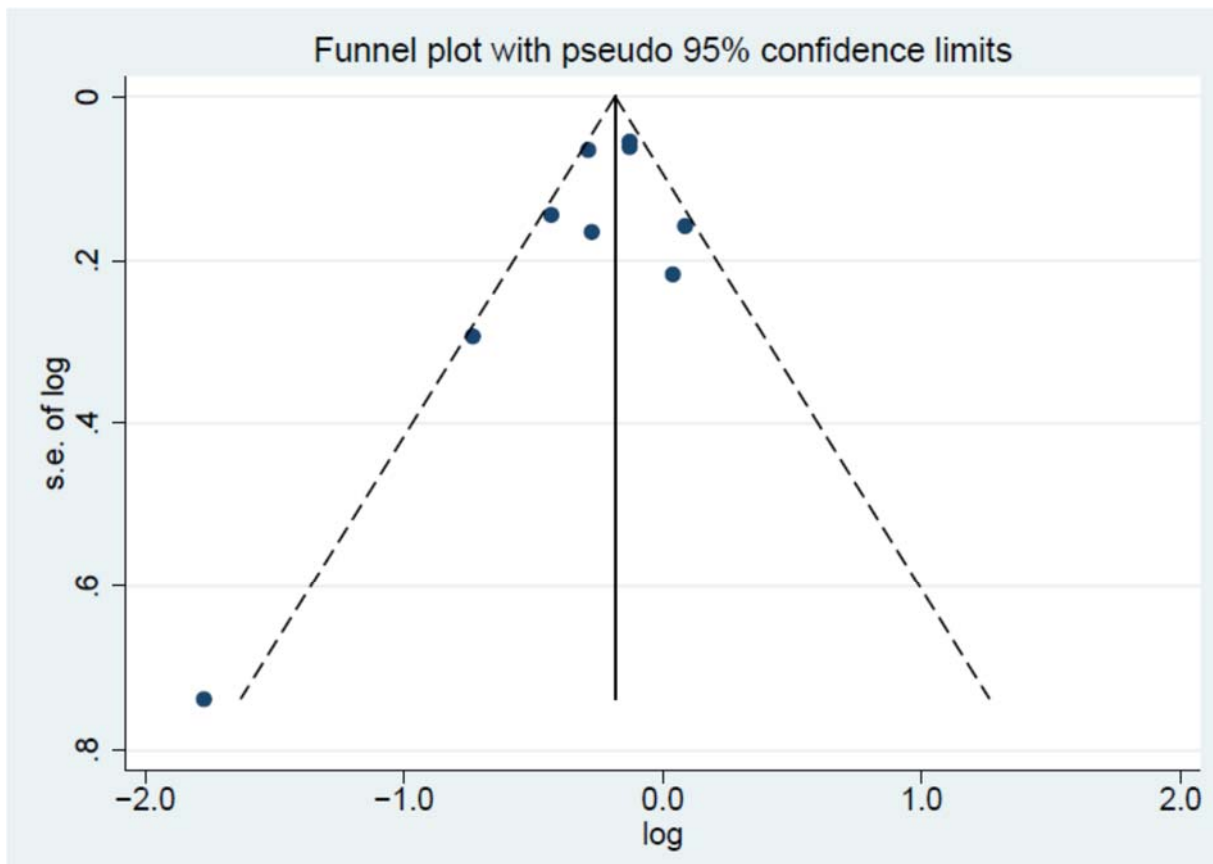


Figure S2: Funnel plot showing study precision against the s.e. of log effect estimate with 95% CIs for log relative risk of diabetes. s.e = Standard error

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Author page
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	2
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	2
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	/
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	3,4 Table 1
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	3,4 Fig 1 Supporting Information
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	3,4 Fig 1 Supporting Information
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	3,4

			Fig 1
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	3,4
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	3,4
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	3,4 Table S1
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	3,4 Table 1 Table S2
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	3,4 Figure 2 Table S2
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	3,4 Table S1
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	4 Table S2
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	4 Fig 1 Supporting Information
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	4, Table 1
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	4, Table S1

Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	5 Table S2 Fig 1
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	5 Table S2
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	5 Table S1
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	5 Table S2
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	6, 7
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	7
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	7
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	Author page No funding