Supplementary Table 1: Therapeutic role of vitamin D in patients with type 1 diabetes.

Author	Sample size (n); Age, years	Supplementation dosage	Duration (months)	Comments / conclusion	Other findings
Giri et al[18]	73; 7.7 ± 4.4	VDD: 6000 U/d of VD_3 VDI: 400 U/d of VD_3	3	Treatment of VD_3 can potentially improve the glycaemic control.	Children with higher pre-treatment HbA1c had greater reduction in HbA1c ($P < 0.001$).
Panjiyar et al[19]	42; 8.48 ± 2.28	3,000 IU/d of VD_3	12	VD_3 supplementation improved metabolic control.	VD_3 administration slows the decline of RBCF in T1D.
Hafez et al[20]	30; 12.56 ± 3.53	4,000 IU/d of VD_3	4	VD_3 had a significant lowering effect on HbA1c.	VD_3 also significantly lowered the LDL level.
Sharma et al[21]	52; 9.5 ± 3.9 (intervention group) *vs.*9.0 ± 4.4 (control group)	60,000 IU/m of VD_3	6	No significant decrease in HbA1c level and insulin requirement between the two groups.	There is significant difference in mean C-peptide levels between the two groups.
Perchard et al[22]	42; 12.5 ± 3.5	100,000 IU of VD_3 (2–10 years) 160,000 IU of VD_3 (>10 years)	3 or 12	No differences in mean HbA1c levels before and after one-off VD_3 treatment for 3 or 12 months.	Further studies with larger sample sizes and using maintenance therapy are required.
Ordooei et al[24]	65; 10.5 ± 4.8	50,000 IU / two weeks of VD_3	3	VD_3 administration decrease fast blood sugar and HbA1c levels significantly.	No alterations in calcium and ALP levels with VD administration

The data of age are presented as mean ± standard deviation. VDD: Vitamin D deficiency; VDI: Vitamin D insufficient; HbA1c: Hemoglobin A1c; RBCF: Residual β-cell function; LDL: Low density lipoprotein; ALP: Alkaline-phosphatase.