Supplementary Appendix 1

Study population

Discovery cohort: The discovery cohort was designed for an exploratory analysis and its sample size was determined by project feasibility. Using a random number generator, we selected a sub-cohort of adults (≥ 18 years) with newly diagnosed drug-sensitive pulmonary tuberculosis at the time of treatment initiation from the CTRIUMPH study at the Byramjee-Jeejeebhoy Government Medical College (BJGMC) in Pune(1). Cases were diagnosed by the presence of acid-fast bacilli (AFB) on smear microscopy, *Mycobacterium tuberculosis* DNA on Xpert MTB/RIF assay, *M tuberculosis* growth on culture, or based on clinical judgement in the absence of microbiological evidence of tuberculosis. HIV status was ascertained by ELISA (Genetic Systems HIV-1/HIV-2 PLUS O EIA, BioRad, USA). Diabetes was classified as having a prior physician diagnosis or a glycated hemoglobin (HbA1c) concentration ≥ 6.5% at enrollment. Chest X-ray (CXR) images were read by two independent reviewers and scored using a previously validated system which explicitly accounts for cavitation(2). Study participants received standard multi-drug tuberculosis treatment according to the Indian National Tuberculosis Elimination Program (NTEP) guidelines and, were followed for 24 months after treatment initiation to ascertain treatment outcomes of failure, recurrence or death. Plasma samples collected at treatment initiation, 2 months and 6 months underwent cytokine testing, in duplicates, using multiplex ELISA on Luminex assay (Bio-Rad, USA) at the National Institutes of Health (NIH) – National Institute for Research in Tuberculosis (NIRT) – International Center for Excellence in Research (ICER) laboratory in Chennai. Cytokines analyzed were selected a-priori for their role in the

host inflammatory response to *M tuberculosis* (interferon gamma [INF-γ], tumor necrosis factor alpha [TNF-α], interleukin [IL]-1β, IL-4, IL-6, IL-10, IP-10, IL-12, IL-13 and IL-17)(3), lung pathology (matrix metalloproteinases [MMP]-1, MMP-3, MMP-7, tissue inhibitor of metalloprotease [TIMP]-1, TIMP-2, TIMP-3, TIMP-4)(4), and fibrous remodeling (transforming growth factor beta [TGFβ]-1, TGFβ-2, TGFβ-3)(5).

Internal validation cohort: We nested a case-control study within the CTRIUMPH cohort to validate statistically significant results from the discovery analysis. Adults with culture confirmed drug-sensitive pulmonary tuberculosis were eligible for selection; those already included in the discovery analysis were excluded from internal validation. Cases comprised of pulmonary tuberculosis patients who failed treatment, defined as confirmation of *M tuberculosis* by culture during the last two months of treatment. Controls comprised of tuberculosis patients with two consecutive cultures negative for *M tuberculosis* during the last two months of treatment. Controls were matched to cases on age and sex in a 1:1 ratio. Socio-demographic, clinical and laboratory data were collected using standardized questionnaires and protocols as described in the discovery cohort. Study participants received standard multi-drug tuberculosis treatment according to NTEP guidelines. IL-6, IL-13 and IFN-γ measured at treatment initiation were statistically significantly associated with treatment failure in the discovery analysis and were therefore selected for internal validation. Plasma samples collected at treatment initiation underwent cytokine testing, in duplicates, using multiplex ELISA by Luminex assay (Bio-Rad, USA) at the BJGMC laboratory in Pune.

Indian external validation cohort: We nested a case-control study among adults with drug-sensitive pulmonary tuberculosis enrolled in the EDOTS cohort in Chennai(6).

Pulmonary tuberculosis was diagnosed by the presence of AFB on smear microscopy or culture confirmation of *M tuberculosis*; those with HIV coinfection were excluded. Participants received standard multi-drug tuberculosis treatment according to NTEP guidelines and were followed for 18 months after treatment initiation to ascertain outcomes. Cases comprised of participants with an unfavorable treatment outcome of failure, recurrence or death. Controls included participants with recurrence free cure during 18 months of follow-up. Controls were matched to cases on age, sex and BMI in a 2:1 ratio, with replacement. For participants reporting a prior history of diabetes, classification was confirmed by medical treatment history and HbA1c ≥ 6.5%. For participants with no known history of diabetes, classification was made by 75-gram oral glucose tolerance test as having a two-hour post-challenge blood glucose level ≥ 200mg/dL. CXR images were read by two independent reviewers and scored using a previously validated system which explicitly accounts for cavitation(2). IL-6 measured at treatment initiation was statistically significantly associated with treatment failure during internal validation and was therefore selected for independent external validation. Plasma samples collected at treatment initiation underwent IL-6 testing by Luminex assay (R&D Systems, USA) at the NIH-NIRT-ICER laboratory in Chennai.

South African external validation cohort: We nested a case-control study among adults with Xpert MTB/RIF-confirmed rifampin-susceptible pulmonary tuberculosis who were enrolled as part of a prospective cohort study in Khayelitsha, South Africa(7, 8). Participants received standard multi-drug tuberculosis treatment according to the South African National Tuberculosis Control Program guidelines and were followed for 22 months after treatment initiation. Cases comprised of participants with an unfavorable

treatment outcome of failure, recurrence or death. Controls included participants with recurrence free cure during 18 months of follow-up. HIV testing (Abbott Architect HIV Ag/Ab Combo test) and CD4+ T lymphocyte quantification were performed at enrollment. Diabetes was classified by a prior physician diagnosis or a HbA1c $\geq$ 6.5%. Plasma samples collected at tuberculosis treatment initiation underwent IL-6 testing by Luminex assay (MilliporeSigma, USA) at the Wellcome Centre for Infectious Disease Research, South Africa.

References

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