

SUPPLEMENTARY DATA

- **List of AddIT Investigators - Collaborators**

In addition to the authors, the following investigators participated to the AddIT trial:

UK: Carlo Acerini (Cambridge), Francis Ackland, Anne Smith (Northampton), BinuAnand (West Suffolk), Tim Barrett (Birmingham), Virginia Birrell (Middlesbrough), Fiona Campbell (Leeds), Tim Cheetham (Newcastle Upon Tyne), Chris Cooper (Stockport), Ian Doughty (Manchester), Atanu Dutta (Stoke Mandeville), Julie Edge (Oxford), Julian Hamilton-Shield (Bristol), Alastair Gray (Oxford), Nick Mann (Reading), ChandanYaliwal (Reading), Gerry Rayman (Ipswich), Mark Robinson (Wigan), Michelle Russell-Taylor (High Wycombe), VengudiSankar (Bolton), NanduThalange (Norwich), Marietta Charakida (London).

Australia: Phil Bergman (Melbourne), Christine Rodda (Melbourne), Fergus Cameron (Melbourne), Andrew Cotterill (South Brisbane), Jennifer Couper (North Adelaide), Elizabeth Davis (Perth); Maria Craig (Sydney), Bruce King (Newcastle), Charles Verge (Sydney), Paul Benitez-Aguirre (Sydney), Tien Wong (Singapore), Janine Cusumano (Sydney)

Canada: Cheril Clarson (London, Ontario); Jacqueline Curtis (Toronto), Etienne Sochett (Toronto).

- **AddIT Trial Steering Committee members**

Chair-Prof Sally Marshall (Newcastle University); Prof Jane Armitage (University of Oxford); Prof Polly Bingley (University of Bristol), Prof William Van't Hoff (Great Ormond Street Hospital, London), Prof David Dunger (University of Cambridge), Prof Neil Dalton (King's College London), Prof Denis Daneman (University of Toronto), Prof Andrew Neil (University of Oxford), Prof John Deanfield (University College London), Prof Tim Jones, (University of Western Australia), Prof Kim Donaghue (University of Sydney)

- **AddIT Data Monitoring and Ethics Committee members**

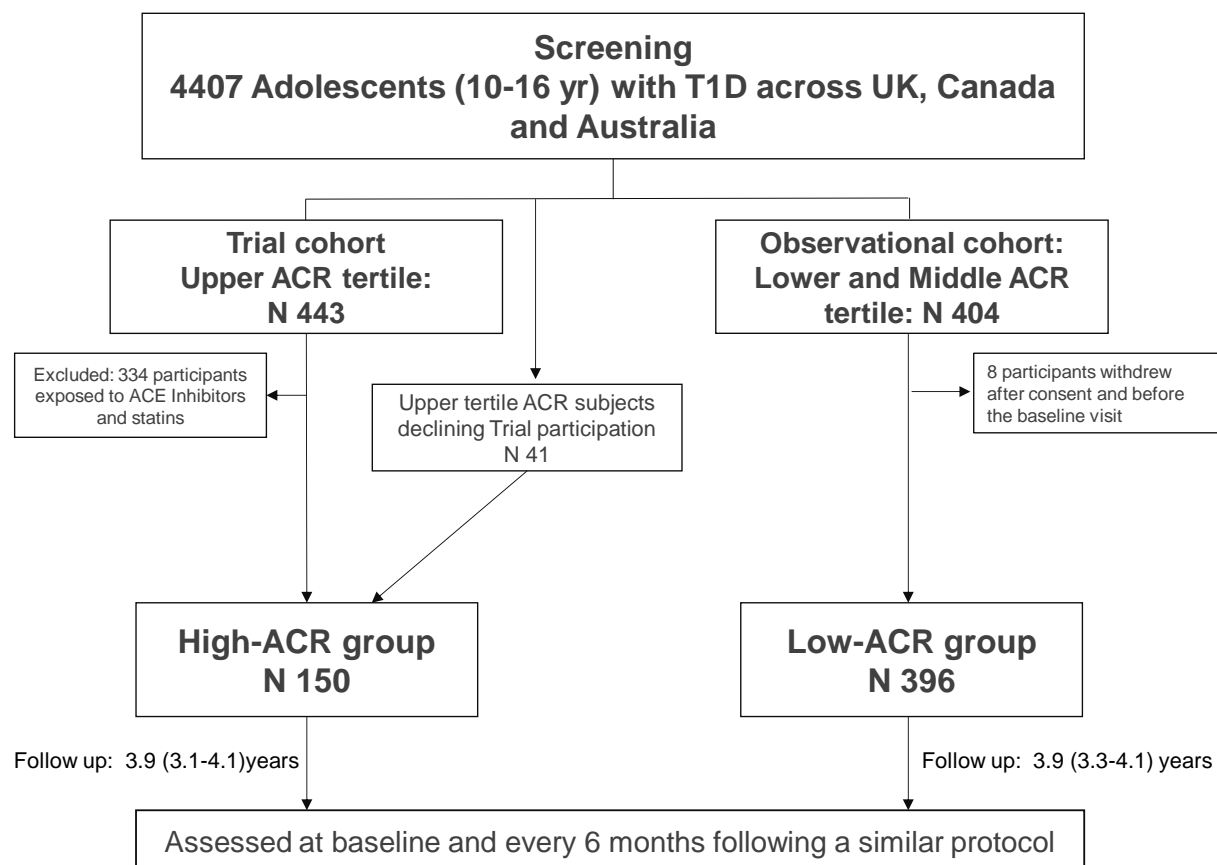
Chair- Prof Colin Baigent (University of Oxford); Dr Jon Emberson (University of Oxford); Prof Marcus Flather (University of East Anglia Norwich); Professor Rudy Bilous (James Cook University Hospital, Middlesbrough).

Supplementary Table S1. Cox regression models for incident microalbuminuria with post-baseline parameters

UNIVARIATE MODELS			
	HR	95% CI	p value
Mean HbA1c, per %	1.56	1.24-1.98	<0.001
Mean Systolic BP, per mmHg	0.85	1.00-1.03	0.85
Mean Diastolic BP, per mmHg	1.03	0.96-1.09	0.42
Mean LDL-cholesterol, mmol/l	0.75	0.41-1.37	0.35
Mean eGFR, per ml/min/1.73m ²	1.02	1.00-1.04	0.12
MULTIVARIATE MODEL			
ACR group (Low vs high)	4.20	2.03-8.67	<0.001
Mean HbA1c, per %	1.51	1.19-11.91	0.001

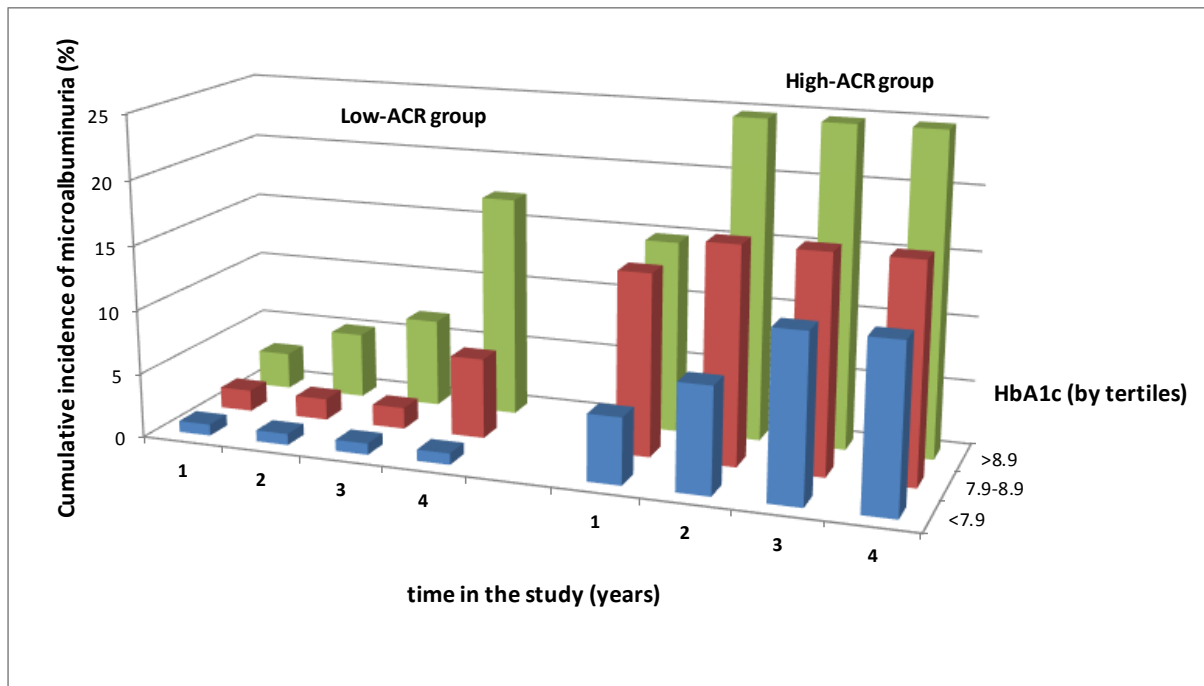
Results are hazard ratios (HR), 95% confidence intervals (CI) and p values. BP: blood pressure; eGFR: estimated glomerular filtration rate

Supplementary Figure S1. Flow of study participants



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Supplementary Figure S2. Cumulative incidence of microalbuminuria by tertiles of mean HbA1c



Bars represents cumulative incidence by years in the study (x-axis) and tertiles of mean HbA1c (z-axis) in the low-ACR group (right) and high-ACR group (left). Cumulative incidences by years in the study were calculated by life table method