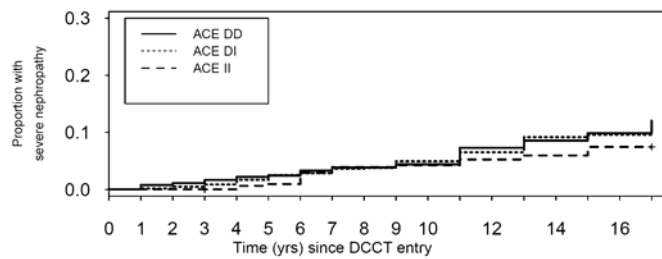
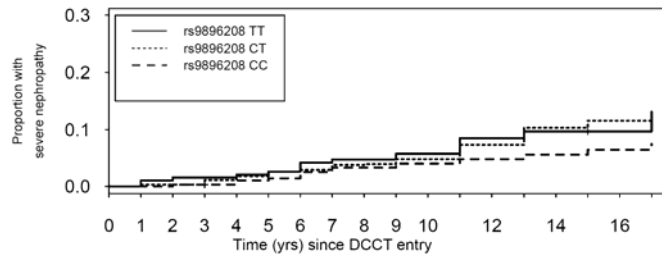


CC # at risk	258	256	255	254	250	246	244	239	233	207	107	30	
CC # events	2	1	1	2	1	1	1	0	0	5	2	1	0
CT # at risk	698	697	695	690	680	663	651	640	639	620	559	264	103
CT # events	1	2	4	5	6	3	5	1	10	13	15	2	3
TT # at risk	409	408	408	407	404	396	384	377	377	374	341	162	66
TT # events	1	0	0	2	1	7	4	0	1	5	5	2	0



DD # at risk	369	366	365	362	358	354	348	340	340	332	288	138	42
DD # events	3	1	2	2	1	3	2	0	2	10	4	2	1
DI # at risk	680	679	677	674	664	646	636	626	625	608	558	271	105
DI # events	1	2	3	5	6	2	5	1	8	10	16	1	2
II # at risk	316	316	316	315	312	305	295	290	290	287	261	124	52
II # events	0	0	0	2	1	6	3	0	1	3	2	2	0



CC # at risk	560	560	558	557	551	537	524	518	518	506	465	234	89
CC # events	0	2	0	4	2	6	4	0	4	4	4	2	1
CT # at risk	612	610	610	604	595	582	574	560	559	547	488	227	84
CT # events	2	0	5	4	5	2	5	1	5	14	16	3	1
TT # at risk	193	191	190	190	188	186	181	178	178	174	154	72	26
TT # events	2	1	0	1	1	3	1	0	2	5	2	0	1

Figure A1: Cumulative Incidence of Severe Nephropathy according to ACE Genotype. The time was calculated from DCCT baseline to the first timed AER collection greater than 208 μ g/minute or renal replacement therapy (dialysis or transplant) in an individual with persistent microalbuminuria in the DCCT or EDIC follow up periods. Subjects were categorized according to genotypes at the three ACE polymorphisms: rs1800764, InDel, rs9896208. For univariate analysis see Table 2.