Supplemental Table S1. Duration of diagnosed diabetes according to glucose at visit 5 (N=509)

Glucose percentile	Duration of diagnosed diabetes, n (%)					
	<10yr		10-19yr		≥20yr	
10th or less	32	(62.9)	11	(21.6)	7	(13.8)
10th< to 25th	59	(78.7)	11	(14.7)	4	(5.3)
25th< to median	103	(78.7)	21	(16.0)	6	(4.6)
median< to 75th	91	(72.3)	24	(19.1)	10	(7.9)
75th< to 90th	41	(52.6)	28	(35.9)	8	(10.3)
>90th	19	(35.4)	18	(33.5)	16	(29.8)
Total, n	345		113		51	

P-value for comparison of glucose percentile category by duration of diabetes was <0.001 by chi-square test. Cutoff values of 10th, 25th, 50th, 75th, and 90th percentiles were 5.2, 5.9, 6.8, 8.3, and 9.9 mmol/L (94, 106, 122, 150, and 179 mg/dL), respectively.

Supplemental Table S2. Duration of diagnosed diabetes according to HbA1c at visit 5 (N=509)

HbA1c percentile	Duration of diagnosed diabetes, n (%)					
	<10yr		10-19yr		≥20yr	
10th or less	64	(91.4)	5	(7.1)	1	(1.4)
10th< to 25th	69	(90.8)	5	(6.6)	2	(2.6)
25th< to median	89	(76.1)	19	(16.2)	9	(7.7)
median< to 75th	77	(62.6)	35	(28.5)	11	(8.9)
75th< to 90th	32	(42.7)	29	(38.7)	14	(18.7)
>90th	14	(29.2)	20	(41.7)	14	(29.2)
Total, n	345		113		51	

P-value for comparison of HbA1c percentile category by duration of diabetes was <0.001 by chi-square test. Cutoff values of 10th, 25th, 50th, 75th, and 90th percentiles were 38, 41, 45, 53, and 64 mmol/mol (5.6, 5.9, 6.3, 7.0, and 8.0 %), respectively.

Supplemental Table S3. Chronic kidney disease and peripheral artery disease at Visit 5 according to duration of diagnosed diabetes

Duration of diagnosed diabetes		Chronic kidney disease (CKD) at Visit 5		Peripheral artery disease (PAD) at Visit 5	
	n	n	(%)	n*	(%)*
Never (no diabetes)	1135	380	(33.5)	62	(5.8)
Less than 10 yrs	345	132	(38.3)	22	(6.9)
10 to 19 yrs	113	49	(43.4)	20	(18.2)
20yrs or longer	51	27	(52.9)	11	(23.4)
Total, n	1644	588	(35.8)	115	(7.4)
P-value for trend			<0.001		<0.001

P-value for trend was based on Mantel-Haenszel Chi-square. *Ninety participants had their peripheral artery disease (PAD) status missing, thus, they were excluded from the analyses. CKD was defined as estimated glomerular filtration rate <60 ml/min/1.73 m^2. The estimate was based on the Chronic Kidney Disease Epidemiology Collaboration equation using both serum creatinine and cystatin-C. PAD was defined as ankle-brachial index <=0.9.

Supplemental Table S4. Diabetes duration and intracranial artery stenosis according to prevalent chronic kidney disease (CKD) at Visit 5

	Duration of diagnosed diabetes		Intracranial stenosis (ICAS), n (%)						Odds ratio of ICAS, unweighted		
		n	none		<50%		50%-Occlusion		OR	(95%CI)	P
Chronic kidney disease (CKD) at Visit 5	Never (no diabetes)	380	245	(66.2)	89	(63.6)	46	(59.0)	1 (ref)	-	-
	Less than 10 yrs	132	88	(23.8)	27	(19.3)	17	(21.8)	1.00	(0.65 , 1.54)	0.99
	10 to 19 yrs	49	25	(6.8)	16	(11.4)	8	(10.3)	1.74	(0.94 , 3.20)	0.08
	20yrs or longer	27	12	(3.2)	8	(5.7)	7	(9.0)	2.64	(1.22 , 5.71)	0.01
	Total, n	588	370		140		78		P-value for trend=0.01		
No chronic kidney disease (CKD) at Visit 5	Never (no diabetes)	755	542	(70.6)	152	(73.8)	61	(74.4)	1 (ref)	-	-
	Less than 10 yrs	213	165	(21.5)	37	(18.0)	11	(13.4)	0.78	(0.54 , 1.13)	0.19
	10 to 19 yrs	64	48	(6.3)	10	(4.9)	6	(7.3)	0.88	(0.48 , 1.62)	0.68
	20yrs or longer	24	13	(1.7)	7	(3.4)	4	(4.9)	1.97	(0.86 , 4.52)	0.11
	Total, n	1056	768		206		82		P-value for trend=0.86		

P-value for interaction by prevalent chronic kidney disease (CKD) on the association between diabetes duration and ICAS was 0.07.

CKD was defined as estimated glomerular filtration rate <60 ml/min/1.73 m^2. The estimate was based on the Chronic Kidney Disease Epidemiology Collaboration equation using both serum creatinine and cystatin-C. Odds ratios were adjusted for age, sex, race-center (five categories), education, medications for hypertension and cholesterol (yes/no), systolic blood pressure (mmHg), non-HDL-cholesterol (mg/dL), and smoking (current/non-current). Those adjusting covariates were the ones assessed at Visit 5. P-values for trend and for interaction were obtained by treating diabetes duration category as ordinal.

Supplemental Table S5. Diabetes duration and intracranial artery stenosis according to prevalent peripheral artery disease at Visit 5

	Duration of diagnosed diabetes		Intracranial stenosis (ICAS), n (%)						Odds ratio of ICAS, unweighted			
		n	none		<50%		50%-Occlusion		OR	(95%CI)		P
Peripheral artery disease (PAD) at Visit 5	Never (no diabetes)	62	28	(58.3)	22	(53.7)	12	(46.2)	1 (ref)	-		-
	Less than 10 yrs	22	11	(22.9)	5	(12.2)	6	(23.1)	1.19	(0.43	, 3.32)	0.74
	10 to 19 yrs	20	5	(10.4)	11	(26.8)	4	(15.4)	1.06	(0.37	, 3.01)	0.91
	20yrs or longer	11	4	(8.3)	3	(7.3)	4	(15.4)	1.11	(0.30	, 4.09)	0.87
	Total, n	115	48		41		26		P-value for trend=0.84			
No peripheral artery disease (PAD) at Visit 5	Never (no diabetes)	1014	717	(69.8)	211	(72.5)	86	(71.1)	1 (ref)	-		-
	Less than 10 yrs	299	226	(22.0)	54	(18.6)	19	(15.7)	0.83	(0.61	, 1.14)	0.25
	10 to 19 yrs	90	65	(6.3)	15	(5.2)	10	(8.3)	1.11	(0.68	, 1.81)	0.69
	20yrs or longer	36	19	(1.9)	11	(3.8)	6	(5.0)	2.61	(1.34	, 5.08)	0.00
	Total, n	1439	1027		291		121		P-value for trend=0.15			

Ninety participants had their peripheral artery disease (PAD) status missing, thus, they were excluded from the analyses.

P-value for interaction by PAD on the association between diabetes duration and ICAS was 0.52. PAD was defined as ankle-brachial index <=0.9. Odds ratios were adjusted for age, sex, race-center (five categories), education, medications for hypertension and cholesterol (yes/no), systolic blood pressure (mmHg), non-HDL-cholesterol (mg/dL), and smoking (current/non-current). Those adjusting covariates were the ones assessed at Visit 5. P-values for trend and for interaction were obtained by treating diabetes duration category as ordinal.