Supplementary Table 1.Principal hospital-based and population-based studies (ordered by publication year) of the prevalence of NAFLD as diagnosed by either imaging methods or liver biopsy in patients with type 2 diabetes mellitus (T2DM).

Authors, year (ref.)	Study design & Study population	NAFLD diagnosis	Main findings
Hospital-based studies			
Targher G et al. 2007 [1]	Cross-sectional sample of 2392 Italian type 2 diabetic outpatients without secondary causes of chronic liver diseases (the Valpolicella Heart Diabetes Study). Mean age 63 years, mean BMI 27 kg/m^2	Ultrasonography	Prevalence of NAFLD was 69.5%
Leite NC et al. 2009 [2]	Cross-sectional sample of 180 consecutive Brazilian type 2 diabetic outpatients without secondary causes of chronic liver diseases. Mean age 55 years, mean BMI 30 kg/m^2	Ultrasonography	Prevalence of NAFLD was 69.4%
Leite NC et al. 2011 [3]	Cross-sectional sample of 96 Brazilian type 2 diabetic outpatients with ultrasonographic hepatic steatosis and raised serum liver enzymes (without known causes of chronic liver diseases). Mean age 51 years, mean BMI 31 kg/m^2	Biopsy	Prevalence of NAFLD was 94%; NASH was present in 76% of these patients
Williamson RM et al. 2011 [4]	Cross-sectional sample of 939 UK type 2 diabetic individuals (the Edimburgh T2DM Study). Mean age 69 years, mean BMI 31 kg/m^2	Ultrasonography	Prevalence of NAFLD was 42.6% and NAFLD was the most common cause (76%) of hepatic steatosis
Lv WS et al. 2013 [5]	Cross-sectional sample of 1217 Chinese type 2 diabetic inpatients. Mean age 59 years, mean BMI 32.8 kg/m^2	Ultrasonography	Prevalence of NAFLD was 61%

Targher G et al. 2013 [6]	Cross-sectional sample of 702 Italian type 2 diabetic inpatients without known chronic liver diseases. Mean age 66 years, mean BMI 31 kg/m^2	Ultrasonography	Prevalence of NAFLD was 73%
Kim SK et al. 2014 [7]	Cross-sectional sample of 4437 South Korean type 2 diabetic outpatients without cirrhosis. Mean age 57 years, mean BMI 24 kg/m^2	Ultrasonography	Prevalence of NAFLD was 72.7%
Portillo Sanchez P et al. 2015 [8]	Cross-sectional sample of 103 United States overweight/obese type 2 patients with normal serum aminotransferases and without known liver diseases. Mean age 60 years, mean BMI 33 kg/m^2	Magnetic resonance spectroscopy and biopsy	Prevalence of NAFLD was 76% and NASH was present in 56% of cases
Petit JM et al. 2015 [9]	Case-control study of 128 French adult patients with T1DM; 264 T2DM patients and 67 nondiabetic controls. Mean age 60 years, mean BMI 34 kg/m^2 (T2DM cohort)	Magnetic resonance imaging	Prevalence of NAFLD was 63%
Kwok R et al. 2016 [10]	Cross-sectional sample of 1918 Chinese type 2 outpatients without known chronic liver diseases. Mean age 60.6 years, mean BMI 26.6 kg/m^2	Controlled attenuation parameter and liver stiffness measurement (LSM) assessed with FibroScan; biopsy only in a subgroup of patients	The prevalence of NAFLD and the proportion of those with increased LSM were 72.8% and 17.7%, respectively. 94 patients underwent liver biopsy: 56% of them had NASH and 50% had advanced fibrosis
Chon YE et al. 2016 [11]	Cross-sectional analysis of a cohort of 340 Korean individuals with varying degrees of glucose tolerance (T2DM, n=66; prediabetes, n=202; normal glucose tolerance, n=72), who	Controlled attenuation parameter (CAP) assessed with the Fibroscan	The prevalence of NAFLD was 31.9% in normal glucose tolerance, 47% in prediabetes and 57.6% in T2DM, respectively. Median CAP was higher in T2DM patients than in those with prediabetes or normal glucose tolerance

	underwent testing during a health check-up		
Arab JP et al. 2016 [12]	Cross-sectional study of 145 consecutive Chilean elderly (>55 year-old) patients with T2DM. Median age 60 years (57-64), mean BMI 29.6 kg/m^2	Magnetic resonance imaging and NAFLD fibrosis score (NFS)	Prevalence of NAFLD was 63.9%. A high prevalence of advanced hepatic fibrosis (by NFS=12.8%) and cirrhosis (on magnetic resonance=6%) was also observed
Jung CH, et al. 2017 [13]	Retrospective, cross-sectional analysis of 186 Korean patients with T2DM. Mean age 58 years, mean BMI 25 kg/m^2	Ultrasonography	Prevalence of NAFLD was 53%
Masarone M et al. 2017 [14]	Retrospective cross-sectional analysis of 215 consecutive Italian patients with metabolic syndrome and increased ALT levels; and 136 Italian patients at their first diagnosis of T2DM, irrespective of ALT levels. Mean age 54.85±14.33 years, mean BMI 33.8±6.8 kg/m^2	Biopsy	Prevalence of NAFLD was 94.8% in patients with metabolic syndrome and 100% in those with T2DM. NASH was present in 96.8% of those with T2DM
Population-based studies			
Browning JD et al. 2004 [15]	Cross-sectional multi-ethnic cohort of 2287 United States adults from the Dallas Heart Study. Mean age 45 years, mean BMI 30 kg/m^2 (whole cohort)	Magnetic resonance spectroscopy	Prevalence of NAFLD was 31% in the whole cohort, whereas the prevalence of NAFLD was 42% in those with T2DM or impaired fasting glycaemia (combined population)

Volzke H et al. 2005 [16]	Cross-sectional cohort of 4222 German adult participants from the Study of Health in Pomerania without chronic viral hepatitis or cirrhosis. Mean age 52 years, mean BMI 27 kg/m^2 (whole cohort)	Ultrasonography	Prevalence of NAFLD was 29.9% in the whole cohort, whereas the prevalence of NAFLD was 64% in those with T2DM (n=374)
Jimba S et al. 2005 [17]	Cross-sectional cohort of 1950 healthy middle-aged Japanese individuals (health check-up examination). Mean age 49 years, mean BMI 24 kg/m^2 (whole cohort)	Ultrasonography	Prevalence of NAFLD was 62% in patients with newly-diagnosed T2DM (n=45), 43% in those with impaired fasting glycaemia (n=107) and 27% in those with normal fasting glucose levels (n=1675)
Mohan V et al. 2009 [18]	Cross-sectional cohort of 541 Indian adult individuals with different degrees of glucose tolerance (Chennai Urban Rural Epidemiology Study). Mean age 51 years, mean BMI 25 kg/m^2 (diabetics)	Ultrasonography	Prevalence of NAFLD was 54.5% in patients with T2DM (n=132), 33% in those with prediabetes (n=80) and 22.5% in those with normal glucose tolerance (n=329)
Speliotes EK et al. 2010 [19]	Cross-sectional cohort of 2589 United States white participants from the Framingham Heart Study. Mean age 51 years, mean BMI 27.6 kg/m^2 (whole cohort)	Computed tomography	Prevalence of NAFLD was 17% in the whole cohort, whereas the prevalence of NAFLD was 37% in those with established T2DM (n=173)

Williams CD et al. 2011 [20]	Cross-sectional multi-ethnic cohort of 328 United States adults without known liver diseases (Brooke Army Medical Center). Mean age 59 years, mean BMI 33 kg/m^2 (diabetics)	Ultrasonography or biopsy	Prevalence of NAFLD was 46% in the whole cohort. Prevalence of ultrasonographic NAFLD was 74%, whereas that of NASH was 22% in those with T2DM (n=54)
Lazo M et al. 2013 [21]	Cross-sectional multi-ethnic cohort of 12454 United States adult participants from the Third National Health and Nutrition Examination Survey 1988–1994. Mean age 43 years, 80% had a BMI <30 kg/m^2 (whole cohort)	Ultrasonography (included only moderate or severe hepatic steatosis)	Prevalence of NAFLD was 19% in the whole cohort; the age-, sex- and race-adjusted prevalence ratio of NAFLD was 2.5 times higher in those with established diabetes than in those without diabetes (i.e. estimated prevalence of nearly 40%)
Zeb I et al. 2013 [22]	Cross-sectional multi-ethnic cohort of 4140 United States participants from the MESA. Mean age 65 years, mean BMI 30.9 kg/m^2 (diabetics)	Computed tomography	Prevalence of NAFLD was 19% in the whole cohort, whereas the prevalence of NAFLD was nearly 30% in those with established T2DM (n=554)
Wild SH et al. 2016 [23]	40-89 year old Scottish people in 2004-2013 were examined. There were 6667 and 33624 first mentions of chronic liver diseases in hospital, cancer and death records over ~1.8 and 24 million person-years in people with and without T2DM, respectively. Mean age 62 years, mean BMI 31.9 kg/m^2	International classification of disease (ICD) codes was used to identify NAFLD from linked diabetes, hospital, cancer and death records	NAFLD was the most common liver disease among patients with T2DM. In T2DM, the age-adjusted relative risk for NAFLD compared to the non-diabetic population was 5.36 (95% CI 4.4-6.5)
Wilman HR, et al. 2017 [24]	Cross-sectional study of 4949 UK individuals, aged 45-73 years, recruited in the UK Bio-bank imaging enhancement. 46.5% were in the 60-69 year age group,	Magnetic resonance	Prevalence of NAFLD was 50% among patients with T2DM (n=226)

	median BMI 26.1 kg/m^2		

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Supplementary Table 2. Principal epidemiological cross-sectional and case-control studies (ordered by publication year) of the prevalence of NAFLD, diagnosed with various methodologies, in patients with type 1 diabetes mellitus (T1DM).

Authors, year (ref.)	Study design & Study population	NAFLD diagnosis	Main findings
Leeds JS et al. 2009 [1]	Cross-sectional study of 911 consecutive adult patients with T1DM	Liver enzymes	Prevalence of NAFLD was dependent on the cut-off value of serum ALT: >30 IU/l in males and >19 IU/l in females, >50 IU/l and >63 IU/l was nearly 35%, 4% and 2%, respectively
Targher G et al. 2010 [3]	Cross-sectional study of 250 consecutive T1DM adult outpatients without known liver diseases	Ultrasonography	Prevalence of NAFLD was 44.4%
Targher G et al. 2012 [4]	Cross-sectional study of 343 consecutive T1DM adult outpatients without known liver diseases	Ultrasonography	Prevalence of NAFLD was 53.1%
Vendhan R et al. 2014 [5]	Cross-sectional study of 736 T1DM young outpatients (age at first diagnosis of diabetes ≤25 years)	Ultrasonography	Prevalence of NAFLD was 27.7%
Serra-Planas E et al. 2017 [6]	Cross-sectional study of 100 asymptomatic T1DM adult patients without a previous history of clinical cardiovascular disease and hepatic diseases	Ultrasonography	Prevalence of NAFLD was 12%
Elkabbany ZA et al. 2017 [7]	Cross-sectional study of 100 consecutive children and adolescents with T1DM	Ultrasonography, transient elastography and liver enzymes	Prevalence of NAFLD was nearly 15%; in this cohort, there was also a high prevalence of autoimmune hepatitis (11%) and HCV-infection (6%)
Kummer S et al. 2017 [8]	Cross-sectional study of 93 children and adolescents with T1DM	Ultrasonography, transient elastography and liver enzymes	Only one patient (1.1%) had NAFLD
Regnell SE et al. 2015 [9]	Case-control study of 22 children with T1DM and 32 nondiabetic controls without known liver diseases	Magnetic resonance imaging	No children had NAFLD
Llauradó G et al. 2015 [10]	Case-control study of 32 overweight adult	Magnetic resonance	Prevalence of NAFLD was nearly 10% in T1DM.

	T1DM patients without known liver diseases and 32 nondiabetic controls matched for age, sex and body mass index	spectroscopy	Liver fat content was lower in T1DM individuals than in controls (0.6% [25th-75th quartiles, 0.3%-1.1%] vs. 9.0% [3%-18%]). Liver function tests were also significantly lower in T1DM patients than in controls
Petit JM et al. 2015 [11]	Case-control study of 128 adult patients with T1DM; 264 patients with T2DM and 67 nondiabetic controls	Magnetic resonance imaging	Prevalence of NAFLD was nearly 5% in T1DM, 63% in T2DM and 13% in control group, respectively
Cusi K et al. 2017 [12]	Post-hoc analysis of baseline data from patients with T1DM (n=204) or T2DM (n=197) patients, who had liver fat content evaluated by magnetic resonance imaging in four clinical trials of basal insulin peglispro IMAGINE development programme	Magnetic resonance imaging	Prevalence of NAFLD was 8.8% in T1DM and 76.5% in T2DM, respectively
Sviklāne L et al. 2017 [13]	Cross-sectional study of 201 consecutive overweight adults with T1DM without known liver diseases	Hepatic steatosis index and fatty liver index (FLI) in the whole sample. Magnetic resonance imaging in a subgroup of 40 patients	Prevalence of NAFLD was 30% among the 40 patients undergoing magnetic resonance imaging. Diagnostic performance of the FLI and HSI for predicting liver fat content was good in these patients (sensitivity >85% and specificity >70%)

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