**SUPPLEMENTAL MATERIALS**

**Carotid plaque**

Carotid plaques were classified as echolucent, isodense, or echogenic compared to the adjacent arterial wall.1 Echolucent plaques are associated with increased risk of cerebrovascular ischemia compared to echogenic plaques.2 Carotid plaque surface irregularity was defined as smooth compared to irregular/ulcerated. Kappa values for intra- and inter-reader reproducibility of carotid plaque were 0.83 (95% CI 0.70-0.96) and 0.89 (95% CI 0.72-1.00), respectively.3

**Small and large vessel elasticity**

Large and small artery elasticity were measured noninvasively and derived from the waveform of the radial artery using a mathematical model based on the modified Windkessel model.4 Briefly, measurements of small and large artery elasticity (change in arterial volume per change in arterial pressure) were measured using a tonometer (HDI/PulseWave CR2000; Hypertension Diagnostics, Inc., Eagan, Minnesota) placed over the radial artery of the dominant arm.

**Laboratory measurements**

Fibrinogen antigen was measured by immunoprecipitation using the BNII nephelometer (N antiserum to Human Fibrinogen; Dade Behring Inc., Deerfield, IL). The intra-assay and inter-assay coefficient of variation (CV) were 2.7% and 2.6% respectively.5 C-reactive protein (CRP) was also measured using the BNII nephelometer. The intra-assay and inter-assay coefficient of variation ranged from 2.3% to 4.4% and 2.1 to 5.7%, respectively.6

Plasmin-Antiplasmin Complex and Factor VIII was measured at the Laboratory for Clinical Biochemistry Research (University of Vermont, Burlington, VT).7 D-Dimer was measured with an immunoturbidimetric assay (liatest D-DI; Diagnostica Stago) on a Sta-R analyzer (Diagnostica Stago). The lower limit of detection was 0.01 mg/mL.8 Interleukin-6 (IL-6) was measured using ultra-sensitive ELISA (Quantikine HS Human IL-6 Immunoassay; R&D Systems, Minneapolis, Minnesota, US; CV 4.6-7.2%).9 The expected normal range is 0.24-12.5 pg/mL.

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