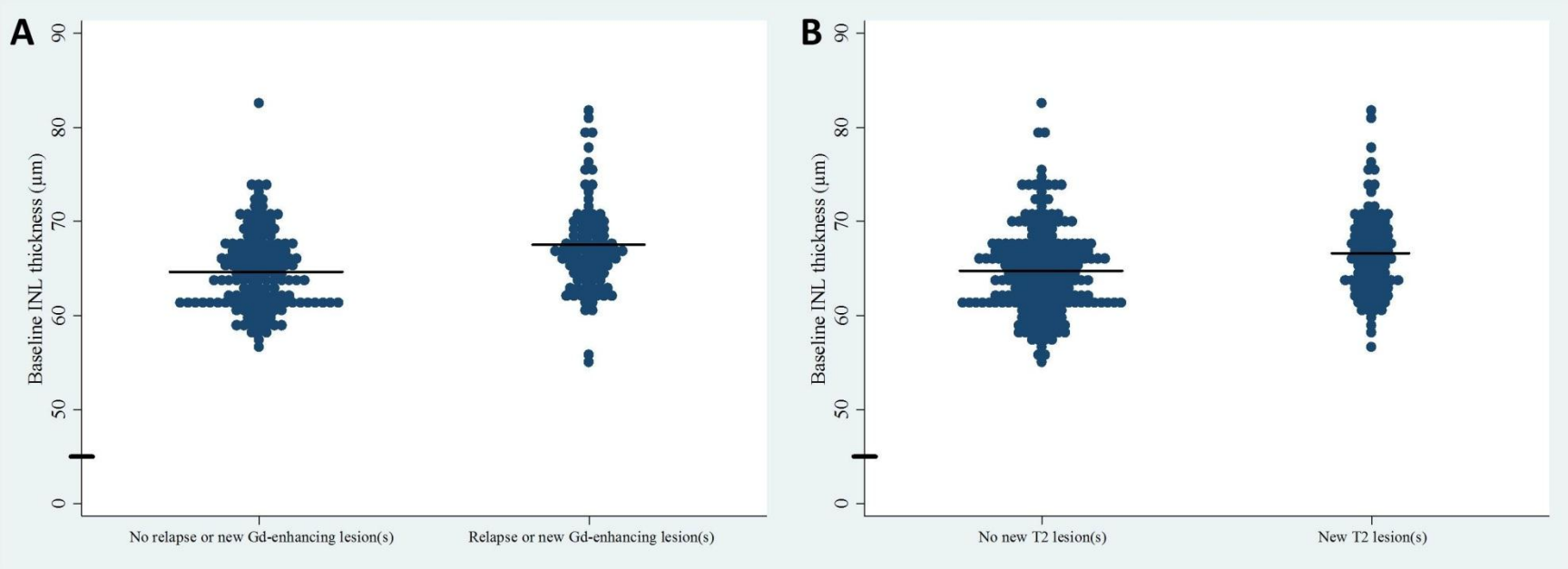
eTable 1. Immunomodulatory treatment at baseline of MS patients demonstrating MME and not demonstrating MME during the study				
	MS Patients that demonstrated MME during the study (n=10)	**MS patients that did not demonstrate MME during the study (n=151)**	**P-value**	**All MS patients (n=161)**
Immunomodulatory treatment at baseline				
Interferon beta, n(%)	3 (30%)	44 (29%)	0.70	47 (29%)
Glatiramer acetate, n(%)	1 (10%)	45 (30%)		46 (29%)
Natalizumab, n(%)	3 (30%)	31 (21%)		34 (21%)
Fingolimod, n(%)	0 (0%)	1 (0.7%)		1 (0.6%)
Untreated, n(%)	3 (30%)	30 (20%)		33 (20%)

MS: multiple sclerosis; MME: microcystic macular edema

eFigure 1: Dotplots of baseline INL thickness.

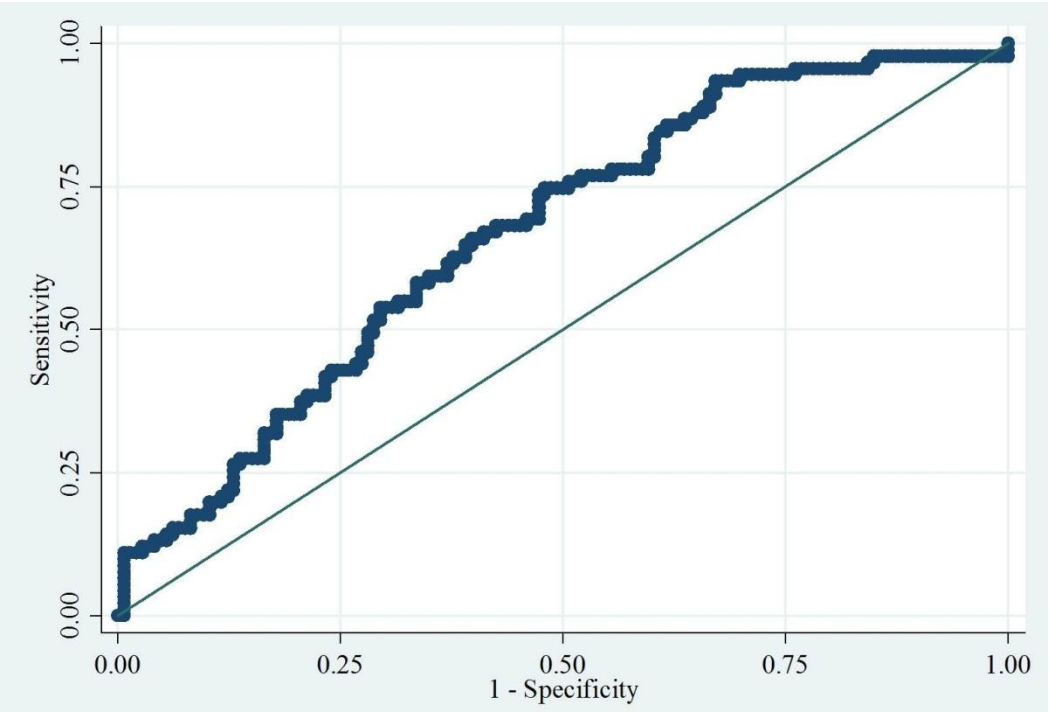


The same data is presented as box and whiskers plots in Figure 4.

Panel A shows baseline INL thicknesses of patients that developed relapses or new Gd-enhancing lesions during study follow-up (n= 47 subjects [94 eyes]) vs. patients that did not (n=73 subjects [146 eyes]). Panel B shows baseline INL thicknesses of MS patients exhibiting new T2 lesions during follow-up (n=49 subjects [98 eyes]), as compared to patients that did not (n=109 subjects [218 eyes]).

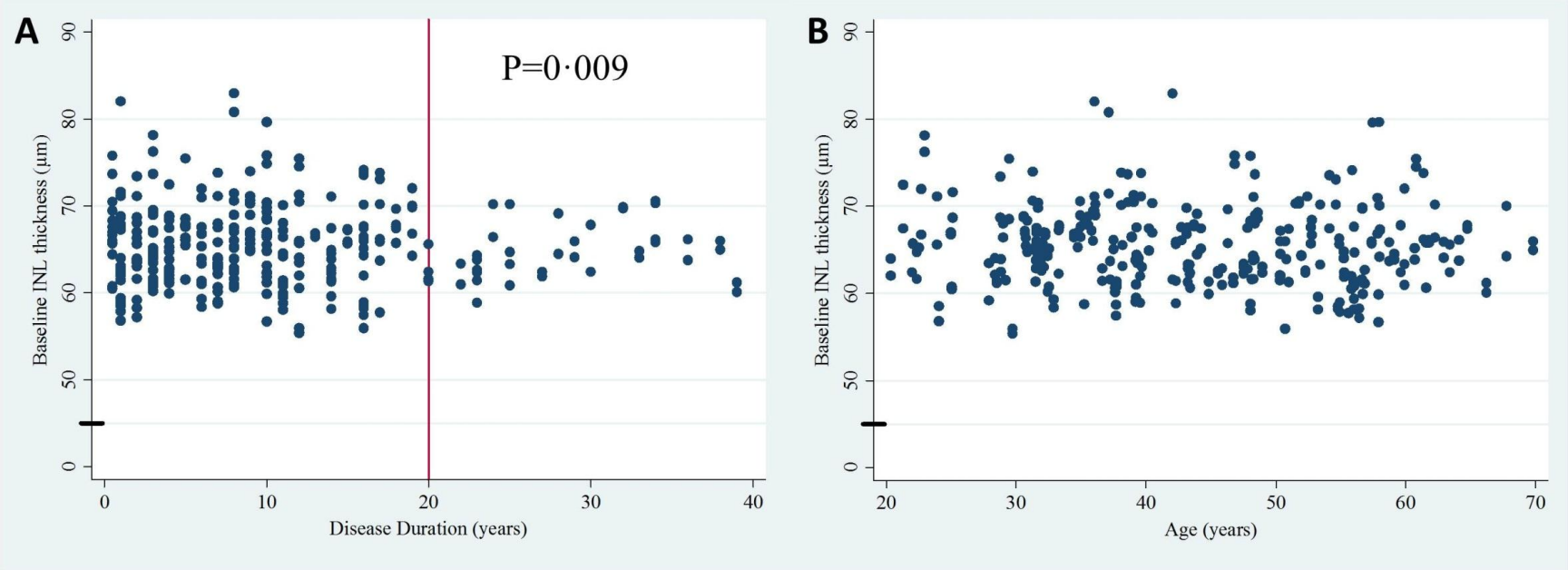
The horizontal lines superimposed on the dotplots represent the corresponding mean INL thicknesses.

eFigure 2: Receiving operator characteristic (ROC) curve of baseline INL thickness for the prediction of development of a relapse or new Gd-enhancing lesion during follow-up in RRMS.



Data available for 120 RRMS patients (240 eyes). The area under the ROC curve (AUROC) is 0.67 (95% confidence intervals: 0.60-0.74).

eFigure 3: Scatterplots of baseline INL thickness with disease duration and age in MS.



Panel A illustrates increased variance of INL thickness measures earlier in the course of MS. The p-value result is from Levene's variance ratio testing of baseline INL thickness in MS patients with disease duration <20 years vs. MS patients with disease duration ≥ 20 years. Panel B illustrates the lack of relationship between baseline INL thickness and age in MS.