The full list of inclusion and exclusion criteria for the IVAN trial.

Inclusion criteria:

- Adults of either sex aged 50 years and older;
- Newly referred for the treatment of nAMD in the first or second eye;
- Best corrected distance visual acuity (BCVA) of ≥25 letters measured on a standard ETDRS chart;
- Any component of the neovascular lesion (CNV, blood, serous pigment epithelial detachment, elevated blocked fluorescence) involving the centre of the fovea.
- If a fellow eye develops CNV from AMD, it will be treated with the optimum locally available treatment.

Exclusion criteria:

- Previous treatment with PDT or a VEGF inhibitor in the eye being considered for inclusion.
- Argon laser treatment to the proposed study eye within the last 6 months
- Long standing CNV evidenced by the presence of fibrosis in excess of 50% of the total lesion
- Greatest linear diameter >6000μm (equivalent to about 12 disc diameters)
- Presence of thick blood involving the centre of the fovea
- Presence of other active ocular disease causing concurrent vision loss, e.g. diabetic retinopathy.
- Patients with 8 or more dioptres of myopia.
- Pregnant and or lactating women
- Women with child bearing potential (i.e. not sterilised or not post-menopausal) who are unwilling to use contraception
- Men with a spouse or partner with child bearing potential unless the participant has agreed to use condoms

A past medical history of cardiovascular disease or cardiovascular comorbidity, e.g. previous myocardial infarction (MI) or stroke, current angina, was not an exclusion criterion. However, such conditions were documented carefully at the time of recruitment, and the potential benefits and harms of treatment discussed carefully with potential participants.

Causes of loss to follow-up

There were 60 participants who withdrew from follow-up after their first injection and before visit 24, i.e. the scheduled end of the trial. The rate of withdrawal was constant over the first 18 months of the follow-up period. The most common reason for withdrawal was that the patient was too ill to attend (participant reported reason) or had experienced an SAE (clinician reported reason).

The pattern of missed visits was similar for the two drugs and two treatment regimens.

The most frequent reasons for missed visits were: (a) withdrawal (see above), (b) unwell, (c) holiday or other scheduled absence – remembering that, if a patient couldn't attend a visit in the time window for the scheduled visit, then it had to be considered to be missed (we couldn't defer visits indefinitely).