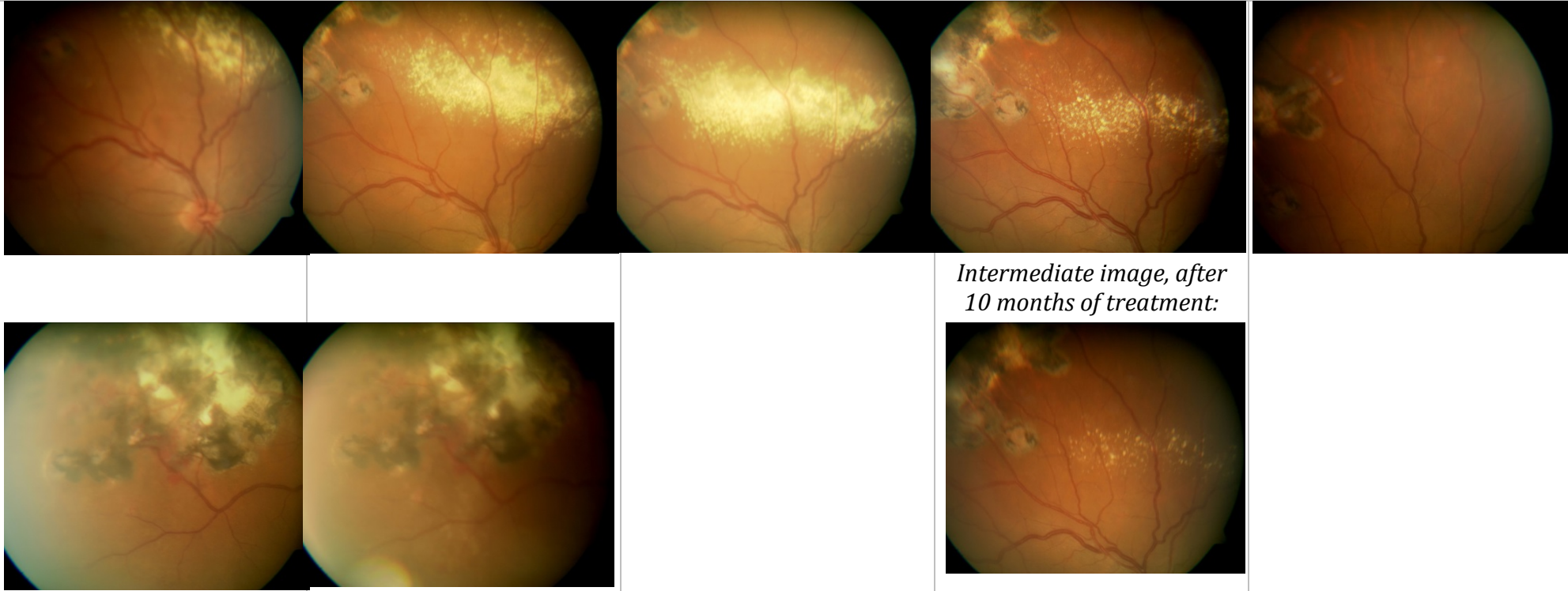
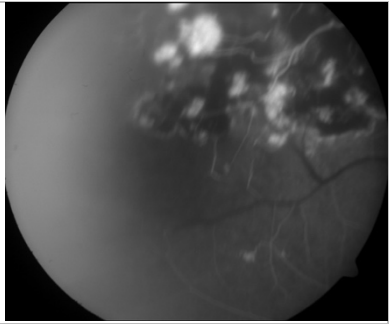

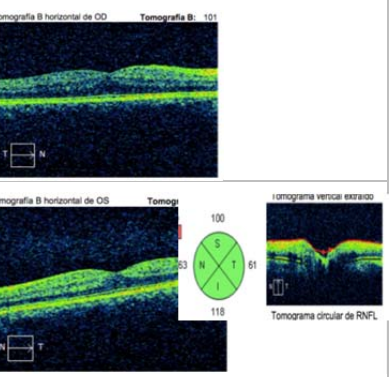
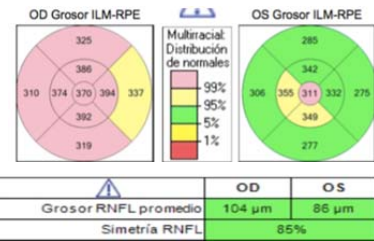


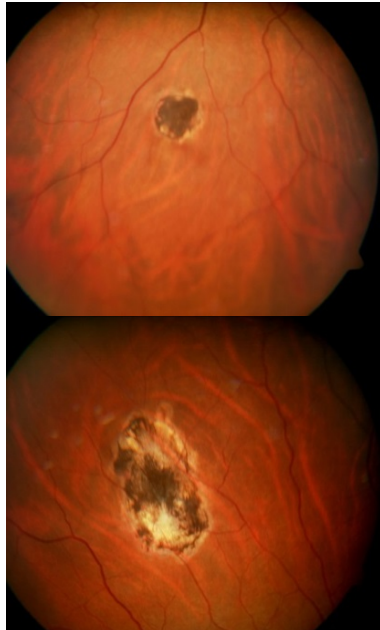
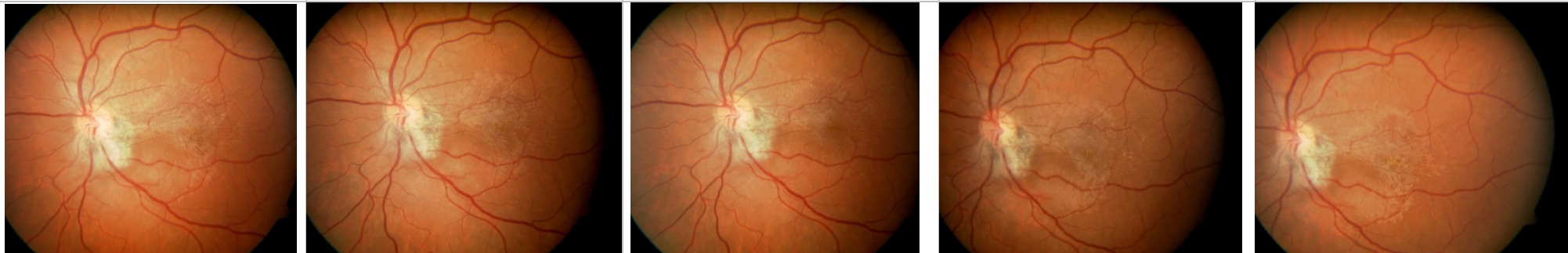
Supplementary table 1. Recorded variables for each patient. (Not all trial visits are represented).








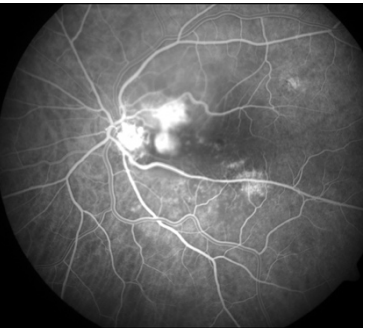
<i>PATIENT 1. Male, 36 yo</i>	<i>Baseline Visit</i>	<i>1st visit</i>	<i>2nd visit</i>	<i>3rd visit</i>	<i>Last Clinical Trial Visit</i>
UCVA Right eye Left eye	0,6/0,8 1	0,8+1/0,8+1 1,25	0,8 +2 /0,8 +2 1.25	0,8 +2 /0,8 +2 1.25	0,7/0,7 1
Slit lamp examination	Normal	Normal	Normal	Normal	Normal
IOP (mmHg) Right eye Left eye	15 15	12 10	13 14	12 14	12 10
Funduscopy Right eye Left eye	<i>1 Peripheral hemangioblastoma in superior temporal retinal area, treated with laser photocoagulation showing great exudation in FA.</i> <i>1 pre-existent peripheral hemangioblastoma treated with laser photocoagulation.</i>	<i>1 Peripheral hemangioblastoma still showing great exudation.</i> <i>No changes</i>	<i>Apparently, increased exudation.</i> <i>No changes</i>	<i>Exudation in resolution.</i> <i>No changes</i>	<i>No exudation at the end of the trial.</i> <i>No changes</i>
Retinography/FA Right eye					

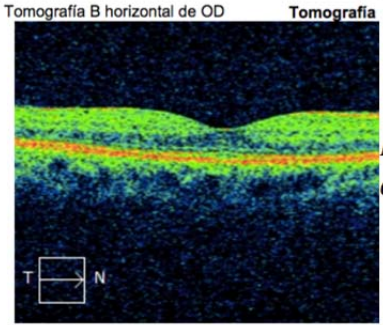
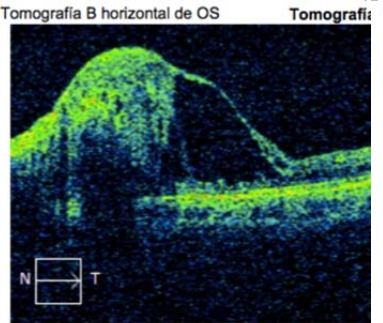
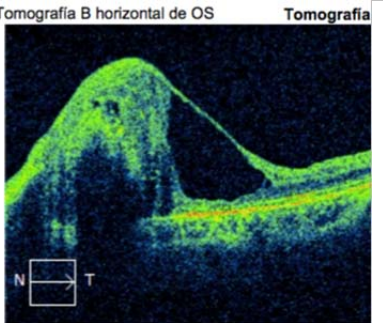
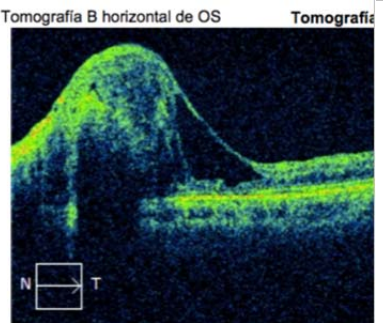
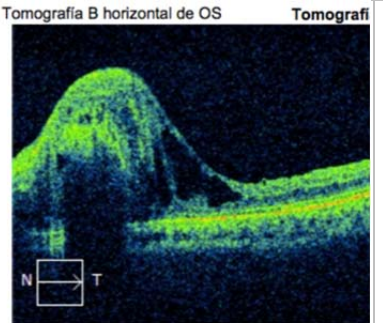
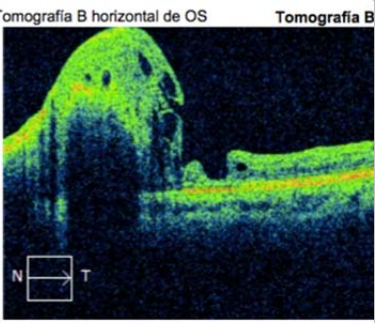
					
Left eye		<i>No changes</i>	<i>No changes</i>	<i>No changes</i>	<i>No changes</i>
OCT Macular		<i>No changes</i>	<i>No changes</i>	<i>No changes</i>	<i>No changes</i>

Optic nerve	 <p>OD Grosor ILM-RPE: 325, 386, 310, 374, 370, 304, 337, 352, 319</p> <p>OS Grosor ILM-RPE: 280, 342, 306, 305, 311, 332, 275, 349, 277</p> <p>Multiracial Distribución de normales: 99%, 95%, 5%, 1%</p> <table border="1"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>104 µm</td> <td>86 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">85%</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	104 µm	86 µm	Simetría RNFL	85%					
	OD	OS												
Grosor RNFL promedio	104 µm	86 µm												
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Propranolol dosage	None	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)									
Comments	<p><i>This patient had had multiple tumours which required multiple photocoagulations. After 11 months of treatment, he had to suspend it for three months due to a neurosurgery for CNS hemangioblastoma. His regular ophthalmologist wrote in his clinical history "no new lesions/no active lesions" during the following year. He had also the most significant reduction in VEGF levels along the study. At present, he continues taking propranolol off-label.</i></p>													

LEGEND
UCVA - Uncorrected visual acuity
IOP - Intraocular pressure
FA - Fluorescein angiography
OCT - Optical coherence tomography








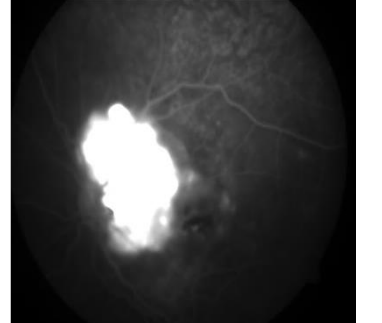
PATIENT 2. Female, 33 yo	Baseline Visit	1st visit	2nd visit	3rd visit	October 2016 – continued taking propranolol – off-label
UCVA Right eye Left eye	1 0,6	1 0,8+2	1 0,8	1 0,8	1 0,6
Slit lamp examination	Normal	Normal	Normal	Normal	Normal
IOP (mmHg) Right eye Left eye	16 16	12 10	14 14	12 10	10 10
Funduscopy Right eye Left eye	2 pre-existent hemangioblastomas located one superior and other inferior treated with laser photocoagulation, no exudation 1 juxtapapillary hemangioblastoma, late hyperfluorescence. Epirretinal membrane	No changes Less exudation	No changes No changes	No changes No changes	No changes No changes
Retinography /FA Right eye Left eye		No changes	No changes	No changes	No changes
					

<i>PATIENT 3. Female, 50 yo</i>	<i>Baseline Visit</i>	<i>1st visit</i>	<i>2nd visit</i>	<i>3rd visit</i>	<i>Last Clinical Trial Visit</i>
UCVA Right eye Left eye	1,6 0,1/0,12	1,6 0,12	1,2 0,1	1 0,1/0,2	1 0,1/0,2
Slit lamp examination	Normal	Normal	Normal	Normal	Normal
IOP (mmHg) Right eye Left eye	16 18	16 16	18 18	12 12	14 18
Funduscopy Right eye Left eye	<i>Normal</i> <i>Juxtapapillary hemangioblastoma showing great exudation and macular edema.</i>	<i>Normal</i> <i>No changes</i>	<i>Normal</i> <i>Less exudation</i>	<i>Normal</i> <i>Retinal exudation has almost disappeared</i>	<i>Normal</i> <i>Exudation still persists</i>
Retinography/FA Right eye		<i>No changes</i>	<i>No changes</i>	<i>No changes</i>	<i>No changes</i>
Left eye	 				 

OCT Macular		<p>Left's eye macular edema decreased 190 μm.</p>	<p>Left's eye macular edema kept decreasing, this time it had decreased 123 μm.</p>	<p>In this visit, left's eye macular edema remained stable. It only decreased 9 μm.</p>	<p>In last visit, macular edema augmented 45 μm.</p>																																																																																																				
Optic nerve	 <table border="1" data-bbox="557 800 905 905"> <thead> <tr> <th colspan="3">ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (μm)</td> <td>248</td> <td>607</td> <td></td> <td></td> </tr> <tr> <td>Cubo de volumen (mm^3)</td> <td>9.7</td> <td>15</td> <td></td> <td></td> </tr> <tr> <td>Cubo grosor prom. (μm)</td> <td>270</td> <td>416</td> <td></td> <td></td> </tr> </tbody> </table>	ILM - RPE			OD	OS	Grosor del subcampo central (μm)	248	607			Cubo de volumen (mm^3)	9.7	15			Cubo grosor prom. (μm)	270	416			 <table border="1" data-bbox="923 800 1270 905"> <thead> <tr> <th colspan="3">ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (μm)</td> <td>248</td> <td>417</td> <td></td> <td></td> </tr> <tr> <td>Cubo de volumen (mm^3)</td> <td>9.8</td> <td>15</td> <td></td> <td></td> </tr> <tr> <td>Cubo grosor prom. (μm)</td> <td>272</td> <td>418</td> <td></td> <td></td> </tr> </tbody> </table>	ILM - RPE			OD	OS	Grosor del subcampo central (μm)	248	417			Cubo de volumen (mm^3)	9.8	15			Cubo grosor prom. (μm)	272	418			 <table border="1" data-bbox="1291 800 1638 905"> <thead> <tr> <th colspan="3">ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (μm)</td> <td>248</td> <td>294</td> <td></td> <td></td> </tr> <tr> <td>Cubo de volumen (mm^3)</td> <td>9.9</td> <td>14</td> <td></td> <td></td> </tr> <tr> <td>Cubo grosor prom. (μm)</td> <td>274</td> <td>389</td> <td></td> <td></td> </tr> </tbody> </table>	ILM - RPE			OD	OS	Grosor del subcampo central (μm)	248	294			Cubo de volumen (mm^3)	9.9	14			Cubo grosor prom. (μm)	274	389			 <table border="1" data-bbox="1662 800 2009 905"> <thead> <tr> <th colspan="3">ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (μm)</td> <td>255</td> <td>285</td> <td></td> <td></td> </tr> <tr> <td>Cubo de volumen (mm^3)</td> <td>9.9</td> <td>15</td> <td></td> <td></td> </tr> <tr> <td>Cubo grosor prom. (μm)</td> <td>276</td> <td>418</td> <td></td> <td></td> </tr> </tbody> </table>	ILM - RPE			OD	OS	Grosor del subcampo central (μm)	255	285			Cubo de volumen (mm^3)	9.9	15			Cubo grosor prom. (μm)	276	418			 <table border="1" data-bbox="2033 800 2380 905"> <thead> <tr> <th colspan="3">ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (μm)</td> <td>321</td> <td>330</td> <td></td> <td></td> </tr> <tr> <td>Cubo de volumen (mm^3)</td> <td>9.9</td> <td>11.8</td> <td></td> <td></td> </tr> <tr> <td>Cubo grosor prom. (μm)</td> <td>275</td> <td>328</td> <td></td> <td></td> </tr> </tbody> </table>	ILM - RPE			OD	OS	Grosor del subcampo central (μm)	321	330			Cubo de volumen (mm^3)	9.9	11.8			Cubo grosor prom. (μm)	275	328		
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Comments	<p>This patient and patient 4 are mother and son. They had the same regular ophthalmologist, who had written in their clinical histories that both of them had a severe retinal affection with proliferation, and the tractional component would limit the results.</p>																																																																																																								

LEGEND

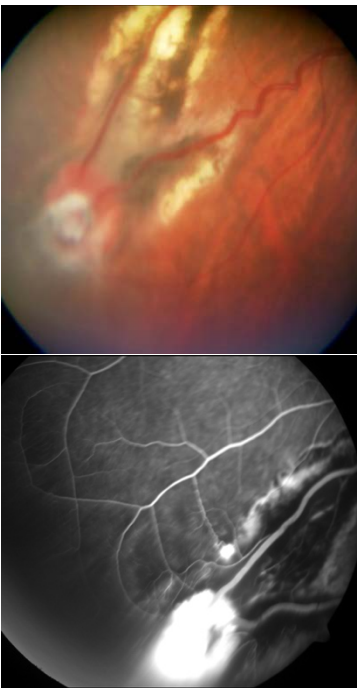
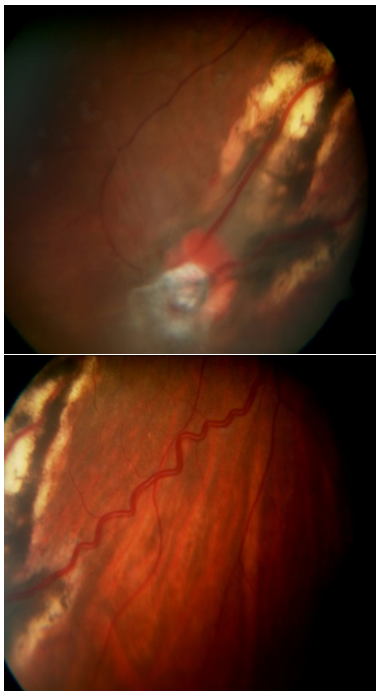
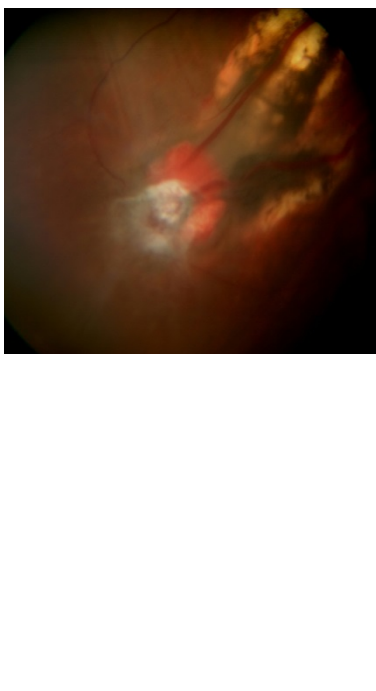
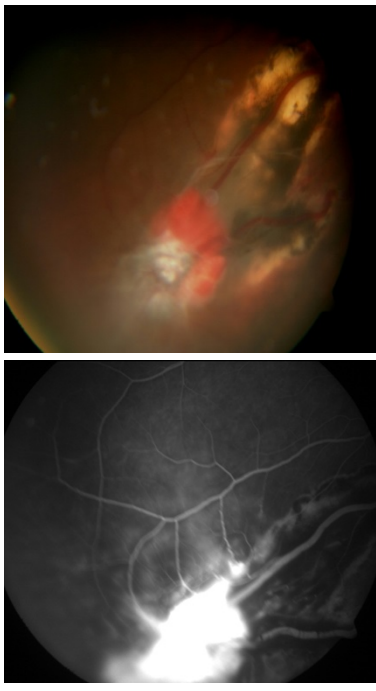
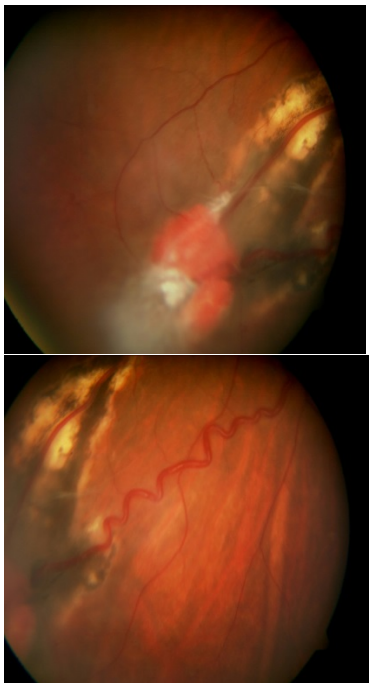
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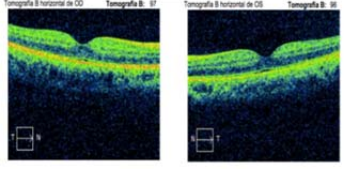
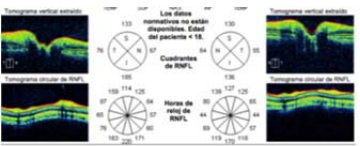
PATIENT 4. Male, 20 yo	Baseline Visit	1st visit	2nd visit	3rd visit	Last Clinical Trial Visit
UCVA					
Right eye	1,6	1,6	1,6	1,6	1,6
Left eye	0,12	0,12	0,12	0,12	0,1
Slit lamp examination	Normal	Normal	Normal	Normal	Normal
IOP (mmHg)					
Right eye	16	16	15	16	14
Left eye	16	16	17	16	13
Funduscopy					
Right eye	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>
Left eye	<i>Juxtapapillary hemangioblastoma and cystoid macular edema. Early hyperfluorescence.</i>	<i>Although lesions persist, exudation has improved.</i>	<i>No changes</i>	<i>No changes</i>	<i>No changes</i>
Retinography/FA					
Right eye		<i>No changes</i>	<i>No changes</i>	<i>No changes</i>	<i>No changes</i>
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		<table border="1"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>97 µm</td> <td>159 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">41%</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	97 µm	159 µm	Simetría RNFL	41%		<table border="1"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>96 µm</td> <td>106 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">37%</td> </tr> </tbody> </table> <p>Left optic nerve measures also improved, as we can appreciate above.</p>		OD	OS	Grosor RNFL promedio	96 µm	106 µm	Simetría RNFL	37%		<table border="1"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>98 µm</td> <td>125 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">11%</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	98 µm	125 µm	Simetría RNFL	11%		<table border="1"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>X</td> <td>113 µm</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	X	113 µm																											
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Propranolol dosage	None	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)																																																												
Comments	This patient and patient 3 are son and mother. They had the same regular ophthalmologist, who had written in their clinical histories that both of them had a severe retinal affectionation with proliferation, and the tractional component would limit the results.																																																																

LEGEND

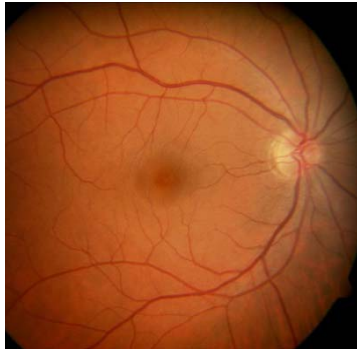

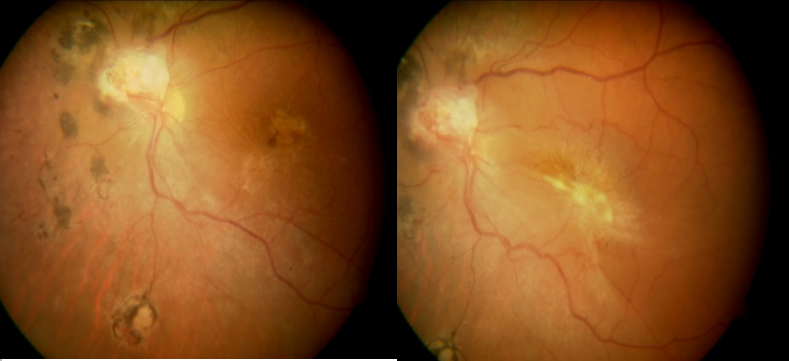
UCVA - Uncorrected visual acuity
IOP – Intraocular pressure
FA – Fluorescein angiography
OCT - Optical coherence tomography

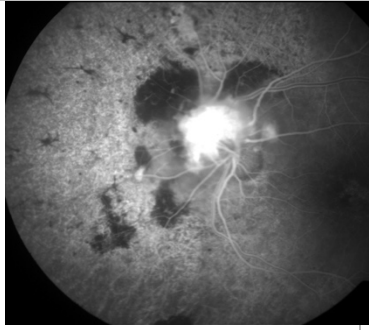
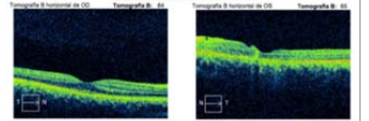
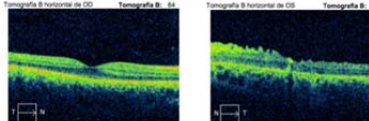
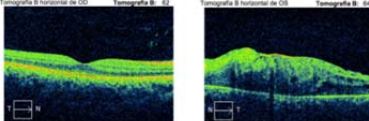
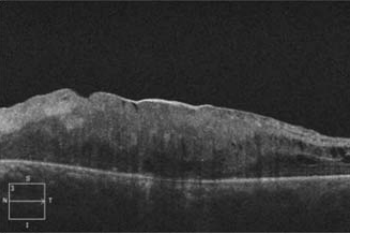
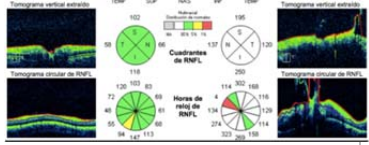
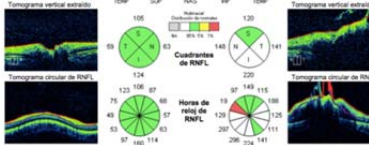
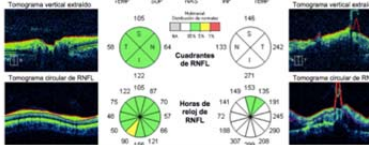
PATIENT 5. Male, 15 yo	Baseline Visit	1st visit	2nd visit	Last Clinical Trial Visit	February 2017 - having discontinued propranolol
UCVA Right eye Left eye	1 1,2	1,25 1,25	1,25 1,25	1 1,25	1 1
Slit lamp examination	Normal	Normal	Normal	Normal	Normal
IOP (mmHg) Right eye Left eye	18 18	15 13	15 13	11 9	14 13
Funduscopy Right eye	<i>1 peripheral hemangioblastoma located inferior temporal, treated with laser photocoagulation, showing dilated vessels.</i>	<i>No changes</i>	<i>The tumour seemed a little bit more retracted, although it had the same size.</i>	<i>No changes</i>	<i>The tumour appeared larger and congested.</i>
Left eye	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>
Retinography/FA Right eye	 <p>Early hyperfluorescence</p>			 <p>Early hyperfluorescence</p>	

Left eye		No changes	No changes	No changes	No changes												
OCT Macular	<table border="1" data-bbox="557 527 893 625"> <thead> <tr> <th>ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (µm)</td> <td>301</td> <td>278</td> </tr> <tr> <td>Cubo de volumen (mm³)</td> <td>10,8</td> <td>10,3</td> </tr> <tr> <td>Cubo grosor prom. (µm)</td> <td>301</td> <td>286</td> </tr> </tbody> </table> 	ILM - RPE	OD	OS	Grosor del subcampo central (µm)	301	278	Cubo de volumen (mm ³)	10,8	10,3	Cubo grosor prom. (µm)	301	286	No changes	No changes	No changes	No changes
ILM - RPE	OD	OS															
Grosor del subcampo central (µm)	301	278															
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Optic nerve	 <table border="1" data-bbox="557 951 893 1024"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>115 µm</td> <td>96 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">86%</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	115 µm	96 µm	Simetría RNFL	86%		No changes	No changes	No changes	No changes			
	OD	OS															
Grosor RNFL promedio	115 µm	96 µm															
Simetría RNFL	86%																
Propranolol dosage	None	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)												
Comments	After the end of the clinical trial, this patient continued taking propranolol off label for 6 months . Three months after suspension of treatment, he experienced an increase in tumor activity and had to undergo a serial of different treatments to try to control it.																

LEGEND

UCVA - Uncorrected visual acuity
IOP - Intraocular pressure
FA - Fluorescein angiography
OCT - Optical coherence tomography

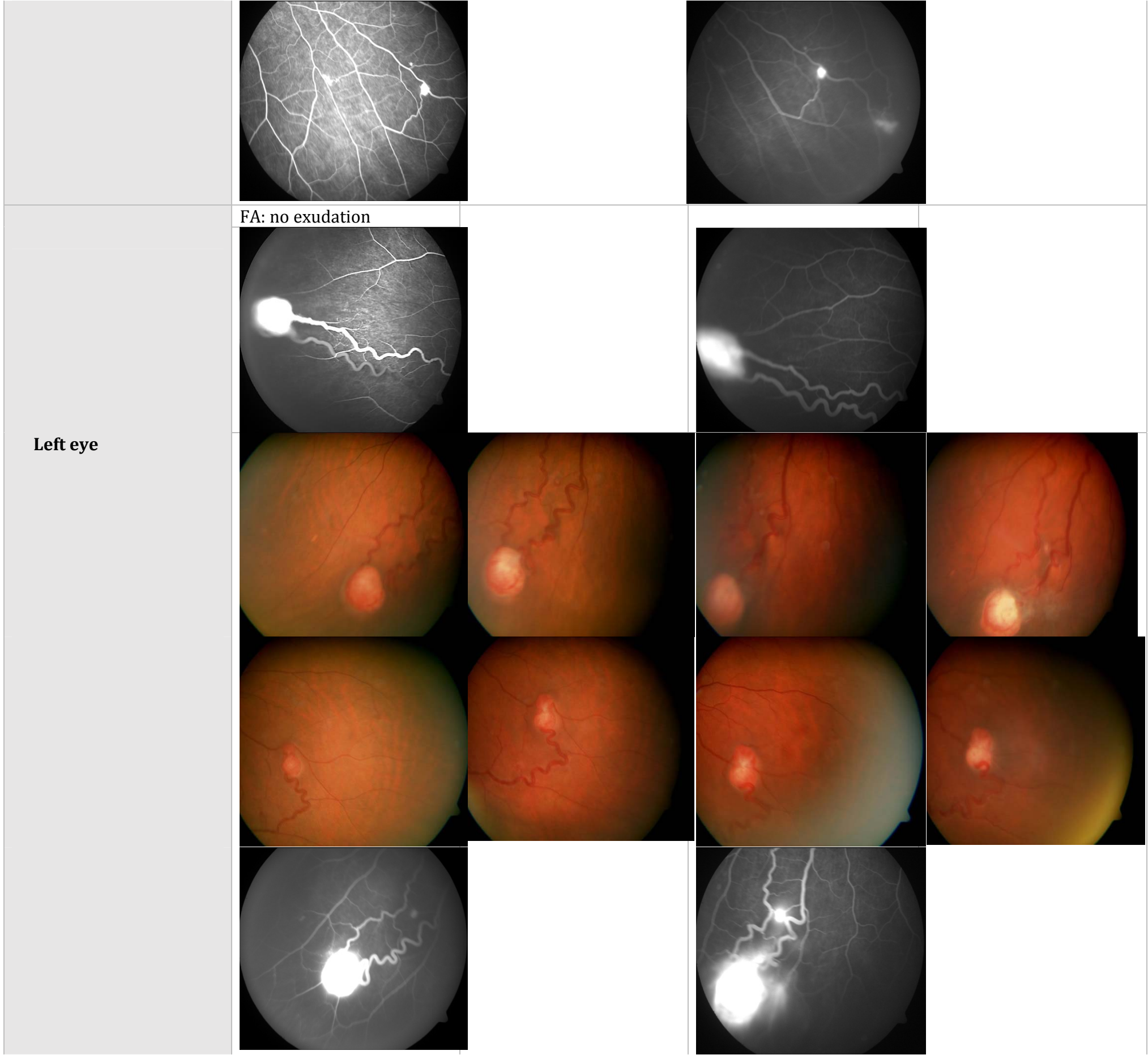
<i>PATIENT 6. Female, 38 yo</i>	<i>Baseline Visit</i>	<i>1st visit</i>	<i>2nd visit</i>	<i>3rd visit</i>	<i>Withdrawn from the clinical trial due to a scheduled surgery</i>
UCVA Right eye Left eye	1,6 0,1/0,12	1 0,16	1 0,125	1 0,125	-
Slit lamp examination	Normal	Normal	Normal	Normal	-
IOP (mmHg) Right eye Left eye	12 16	16 16	16 17	12 13	-
Funduscopy Right eye Left eye	<i>Normal</i>	<i>Normal</i>	<i>Normal</i>	<i>No changes</i>	- - -
	<i>Juxtapapillary hemangioblastoma surrounded by scar tissue from photodynamic therapy. Exudation.</i>	<i>No changes</i>	<i>No changes</i>	<i>Juxtapapillary hemangioblastoma surrounded by scar tissue from photodynamic therapy. Exudation. Epiretinal membrane and vitreomacular traction syndrome.</i>	
Retinography/FA Right eye		<i>No changes</i>	<i>No changes</i>	<i>No changes</i>	
Left eye					Withdrawn

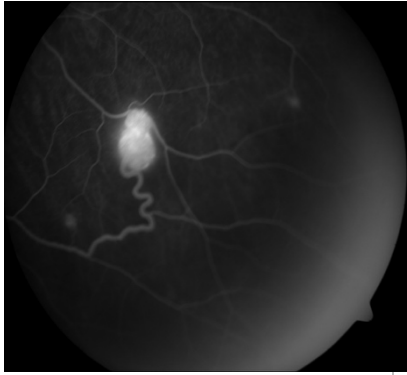
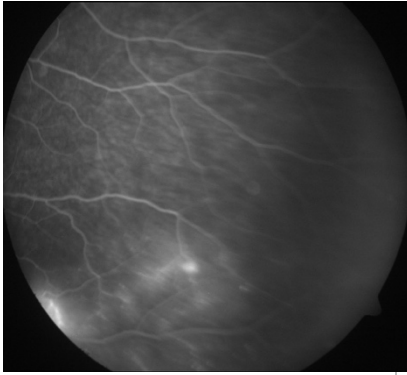
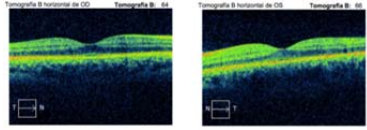
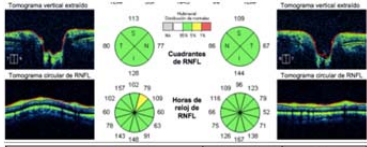
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Propranolol dosage	<i>None</i>	<i>120 mg/day (40 mg/ 8 h)</i>	<i>120 mg/day (40 mg/ 8 h)</i>	<i>120 mg/day (40 mg/ 8 h)</i>	-																																			
Comments	This patient had a severe retinal disease with important visual impairment. She had to undergo retinal surgery, scheduled before the start of the trial. She was admitted to the trial in an attempt to avoid such surgery, but finally it was inevitable.																																							

LEGEND

UCVA - Uncorrected visual acuity
IOP – Intraocular pressure
FA – Fluorescein angiography
OCT - Optical coherence tomography

PATIENT 7. Male, 22 yo	Baseline Visit	2nd visit	Last Clinical Trial Visit	October 2016 - continued taking propranolol – off-label
UCVA Right eye Left eye	1,25 1,25	1,25 1,25	1,25 1,25	1,25 1,25
Slit lamp examination	Normal	Normal	Normal	Normal
IOP (mmHg) Right eye Left eye	13 14	16 16	12 12	12 13
Funduscopy Right eye Left eye	<i>Large hemangioblastoma located superior with afferent and efferent vessels. Another smaller one located inferior</i> <i>Large hemangioblastoma nasal inferior and another smaller temporal one. inferior</i>	<i>No changes</i> <i>No changes</i>	<i>No changes</i> <i>No changes</i>	<i>No changes</i> <i>No changes</i>
Retinography/FA Right eye				



																
	FA: no exudation.															
OCT Macular	 <table border="1" data-bbox="839 699 1181 798"> <thead> <tr> <th>ILM - RPE</th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor del subcampo central (µm)</td> <td>271</td> <td>271</td> </tr> <tr> <td>Cubo de volumen (mm³)</td> <td>10.7</td> <td>10.7</td> </tr> <tr> <td>Cubo grosor prom. (µm)</td> <td>296</td> <td>296</td> </tr> </tbody> </table>	ILM - RPE	OD	OS	Grosor del subcampo central (µm)	271	271	Cubo de volumen (mm ³)	10.7	10.7	Cubo grosor prom. (µm)	296	296	No changes	No changes	No changes
ILM - RPE	OD	OS														
Grosor del subcampo central (µm)	271	271														
Cubo de volumen (mm ³)	10.7	10.7														
Cubo grosor prom. (µm)	296	296														
Optic nerve	 <table border="1" data-bbox="839 961 1181 1029"> <thead> <tr> <th></th> <th>OD</th> <th>OS</th> </tr> </thead> <tbody> <tr> <td>Grosor RNFL promedio</td> <td>99 µm</td> <td>102 µm</td> </tr> <tr> <td>Simetría RNFL</td> <td colspan="2">83%</td> </tr> </tbody> </table>		OD	OS	Grosor RNFL promedio	99 µm	102 µm	Simetría RNFL	83%		No changes	No changes	No changes			
	OD	OS														
Grosor RNFL promedio	99 µm	102 µm														
Simetría RNFL	83%															
Propranolol dosage	None	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)	120 mg/day (40 mg/ 8 h)												
Comments	This patient had rejected standard treatments some time before his inclusion in the clinical trial. At present, he continues taking propranolol off-label.															

LEGEND

- UCVA - Uncorrected visual acuity
- IOP - Intraocular pressure
- FA - Fluorescein angiography
- OCT - Optical coherence tomography