Supplementary Online Content

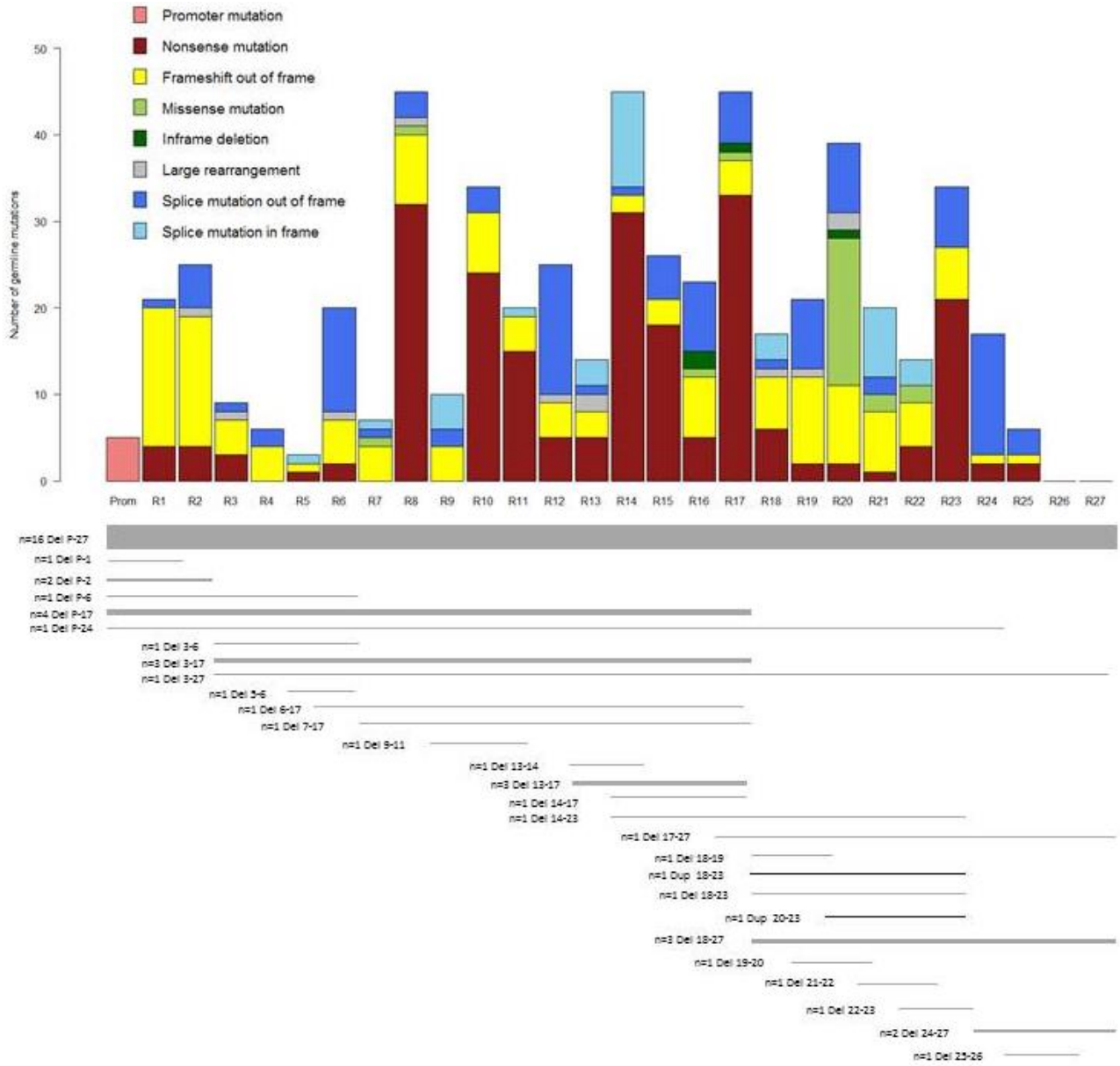
Salviat F, Gauthier-Villars M, Carton M, et al. Association between genotype and phenotype in consecutive unrelated individuals with retinoblastoma. *JAMA Ophthalmol*. Published online June 18, 2020. doi:10.1001/jamaophthalmol.2020.2100

This supplementary material has been provided by the authors to give readers additional information about their work.

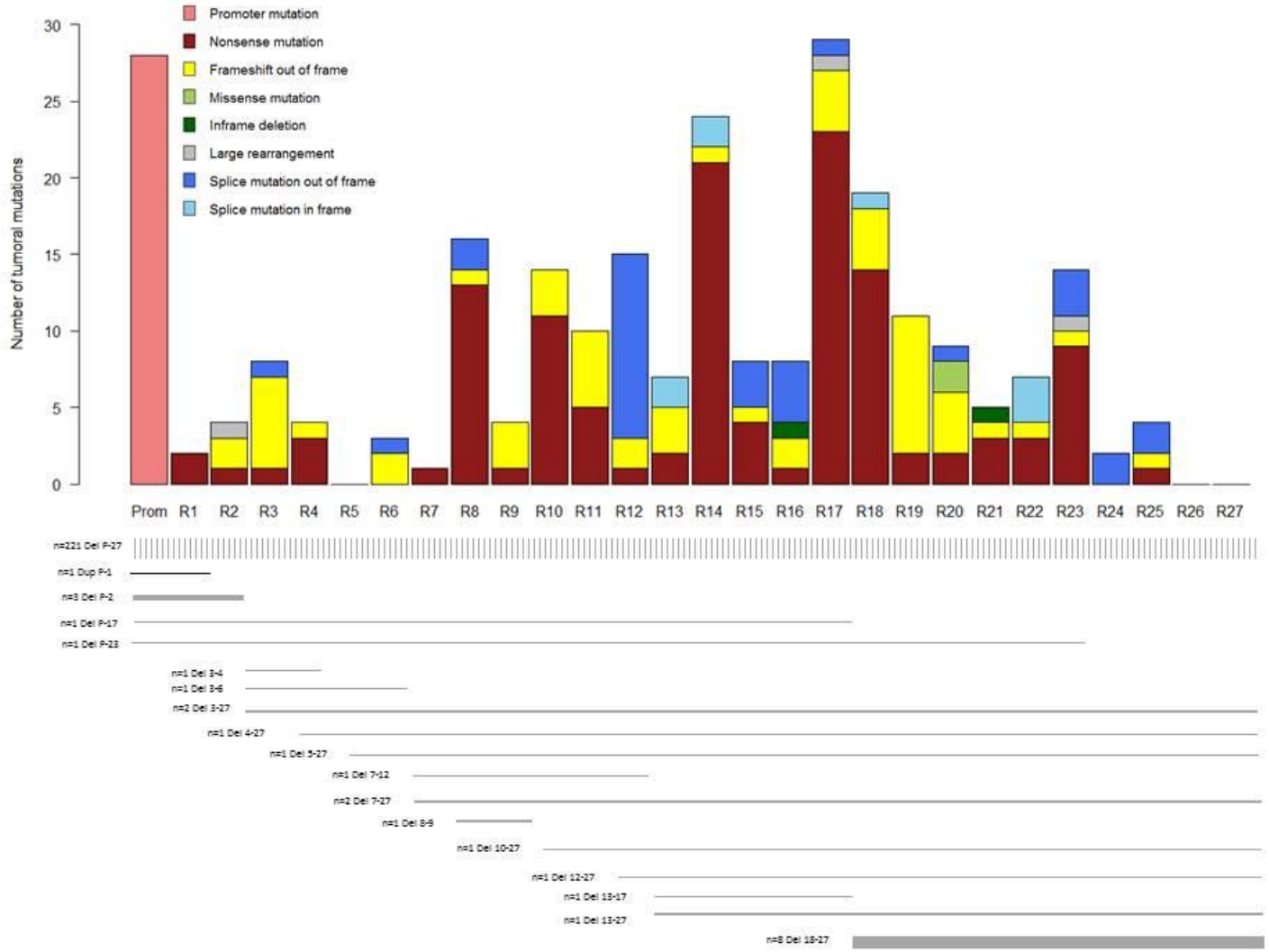
eTable. International Intraocular Retinoblastoma Classification, according to Murphree[30]

Group	Risk of treatment failure with primary chemotherapy and focal consolidation	Global clinical description	Details
A	Very low	Eyes with **small** tumors away from critical structures	All tumors are 3 mm or smaller, confined to the retina, and located at least 3 mm from the foveola and 1.5 mm from the optic nerve. No vitreous or subretinal seeding is allowed.
B	Low	Eyes with **no** vitreous or subretinal seeding and discrete retinal tumor of any size or location	Retinal tumors may be of any size or location not in Group A. No vitreous or subretinal seeding allowed. A small cuff of subretinal fluid extending no more than 5 mm form the base of the tumor is allowed.
C	Moderate	Eyes with only **focal** vitreous or subretinal seeding and discrete retinal tumors of any size and location	Any seeding must be local, fine, and limite so as to be theoretically treatable with a radioactive plaque. Retinal tumors are discrete and of any size and location. Up to one quadrant of subretinal fluid may be present.
D	High	Eyes with **diffuse** vitreous or subretinal seeding and/or massive, nondiscrete endophytic or exophytic disease	Eyes with more extensive seeding than Group C. Massive and/or diffuse intraocular disseminated disease may consist of fine or "greasy" vitreous seeding or avascular masses. Subretinal seeding may be plaque-like. Includes exophytic disease and more than one quadrant of retinal detachment.
E	Very high	Eyes that have been **destroyed** anatomically or fonctionnaly by the tumor	Eyes with one or more of the following : irreversible neovascular glaucoma, massive intraocular hemorrhage, aseptic orbital cellulitis, tumor anterior to anterior vitreous face, tumor touching the lens, diffuse infiltrating retinoblastoma, phthisis or pre-phthisis.

eFigure 1a. *RB1* Germline Pathogenic Variants

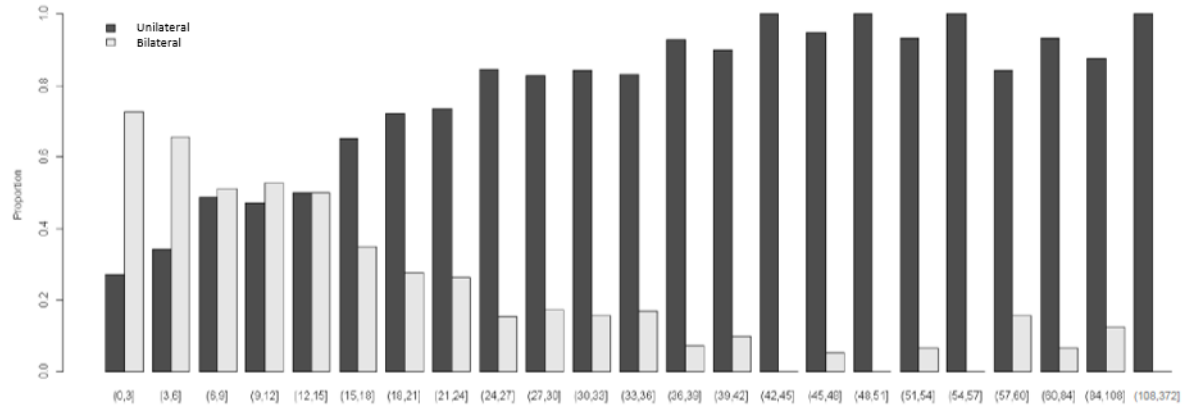


eFigure 1b. *RB1* Somatic Pathogenic Variants

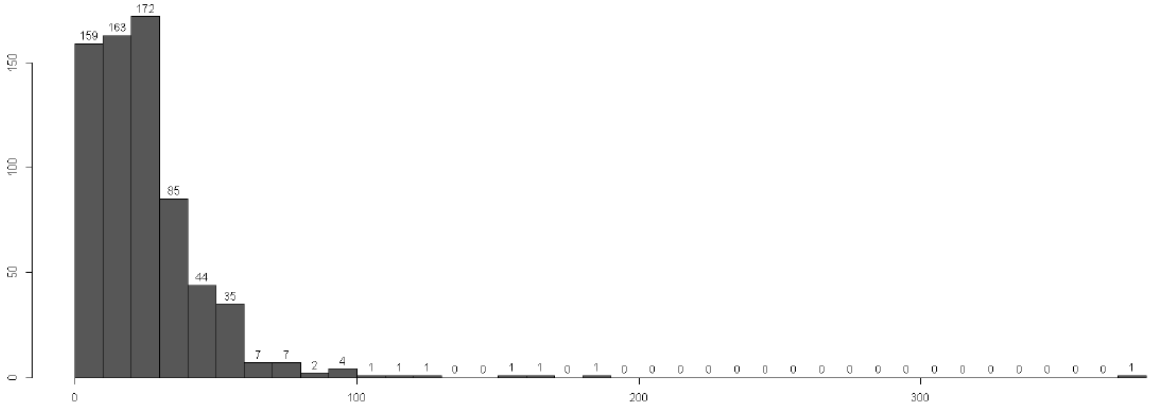


Legend to eFigure 1: Distribution within the *RB1* cDNA and promoter of germline point pathogenic variants and large deletions identified in 606 probands (2a). Distribution within the *RB1* cDNA and promoter of 504 somatic point pathogenic variants and large deletions identified in 293 probands (2b). The number of occurrences of large deletions is in brackets.

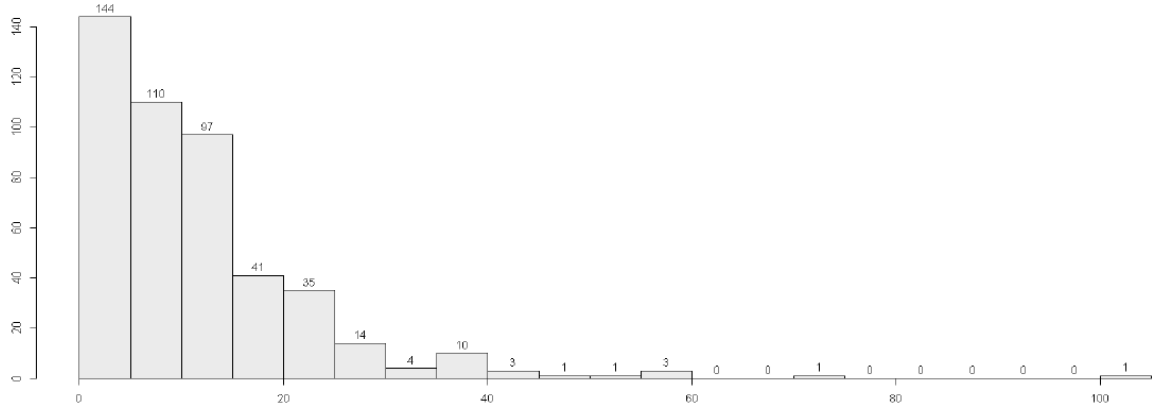
eFigure 2a. Age in Months at Diagnosis of Retinoblastoma According to Laterality



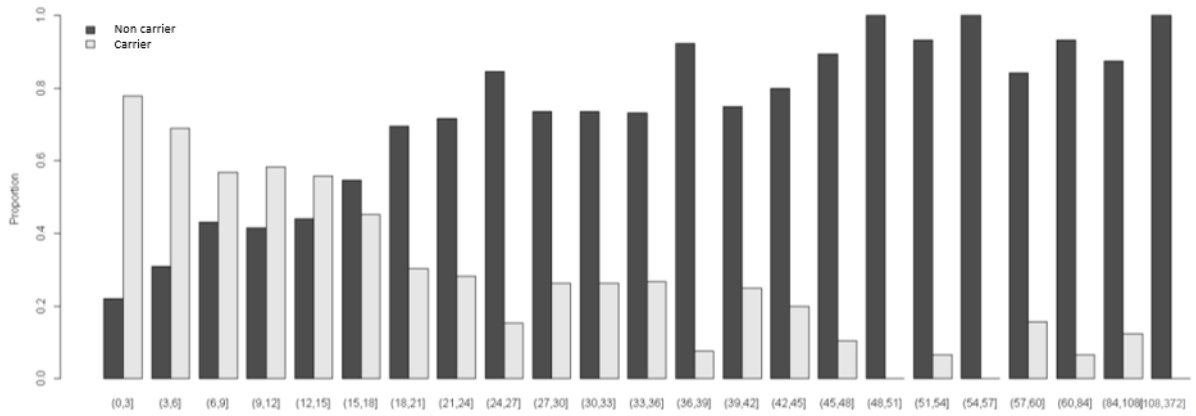
eFigure 2b. Age in Months at Diagnosis of Retinoblastoma Among Unilateral Cases



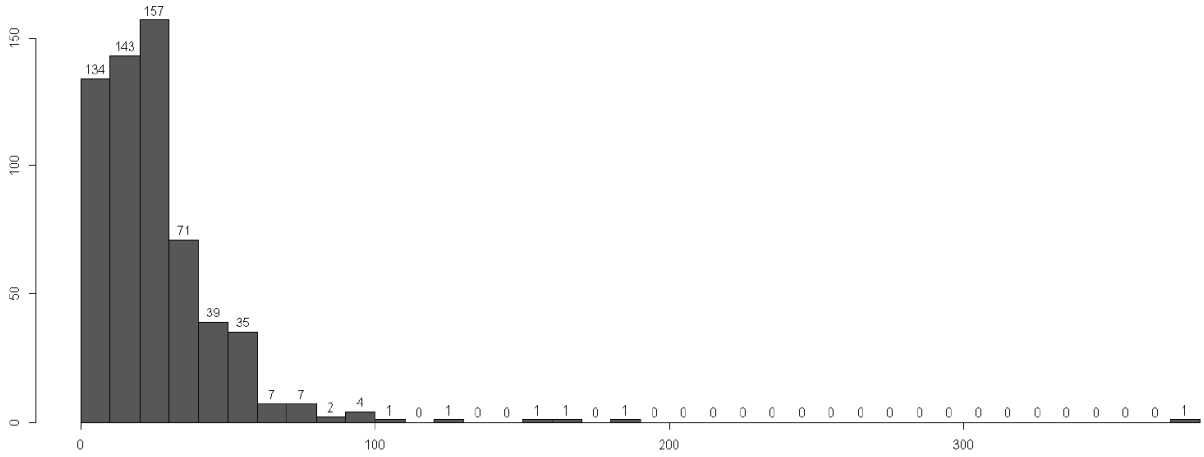
eFigure 2c. Age in Months at Diagnosis of Retinoblastoma Among Bilateral Cases



eFigure 3a. Age in Months at Diagnosis of Retinoblastoma According to *RB1* Germline Carriage



eFigure 3b. Age in Months at Diagnosis of Retinoblastoma Among Noncarriers of *RB1* Germline Pathogenic Variant



eFigure 3c. Age in Months at Diagnosis of Retinoblastoma Among Carriers of *RB1* Germline Pathogenic Variant