

## Supplemental Online Content

Maguire MG, Liu D, Bressler SB, et al; the DRCR Retina Network. Lapses in care among patients assigned to ranibizumab for proliferative diabetic retinopathy: a post hoc analysis of a randomized clinical trial. *JAMA Ophthalmol*. Published online October 21, 2021. doi:10.1001/jamaophthalmol.2021.4103

**eTable 1.** Baseline factors of participants and study eye alive through 5 years with eyes assigned to ranibizumab

**eTable 2.** Multivariable analysis of baseline factors associated with a long lapse in care

**eTable 3.** Duration of follow-up at time of dropout and visual acuity at baseline and the last completed visit

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

**eTable 1. Baseline factors of participants/study eye alive through 5 years with eyes assigned to ranibizumab**

<b>Baseline Factors</b>	<b>Participants Treated with Ranibizumab</b>
<b>No. of Participants</b>	170
<b>Participant Factors</b>	
<b>Sex, N (%)</b>	
Female	76 (44.7%)
Male	94 (55.3%)
<b>Age (yrs.)</b>	
Median (Q1, Q3)	51 (44, 59)
Mean $\pm$ SD	51 $\pm$ 12
<b>No. of study eyes enrolled, N (%)</b>	
1	89 (52.4%)
2	81 (47.6%)
<b>Race/ethnicity, N (%)</b>	
White	88 (51.8%)
Hispanic	42 (24.7%)
Black/African American	35 (20.6%)
Other	5 (2.9%)
<b>Diabetes type, N (%)</b>	
Type 1	40 (23.5%)
Type 2	124 (72.9%)
Uncertain	6 (3.5%)
<b>Duration of diabetes (yrs.)</b>	
Median (Q1, Q3)	18 (12, 25)
Mean $\pm$ SD	19 $\pm$ 11
<b>Hemoglobin A1c (%)<sup>a</sup></b>	
Median (Q1, Q3)	8.6 (7.5, 10.3)
Mean $\pm$ SD	8.9 $\pm$ 2.2
<b>Functional Comorbidity Index</b>	
Median (Q1, Q3)	0 (0, 1)
Mean $\pm$ SD	0.8 $\pm$ 1.1
<b>Fellow eye visual acuity (letter score)<sup>b</sup></b>	
Median (Q1, Q3)	76 (64, 83)
Snellen equivalent, Median (Q1, Q3)	20/32 (20/50, 20/25)
<b>Study-Eye Factors</b>	
<b>Visual acuity (letter score)<sup>b</sup></b>	
Median (Q1, Q3)	78 (72, 84)
Snellen equivalent, Median (Q1, Q3)	20/32 (20/40, 20/20)
<b>OCT central subfield thickness (Stratus equivalent, <math>\mu</math>m)<sup>c</sup></b>	

<b>Baseline Factors</b>	<b>Participants Treated with Ranibizumab</b>
Median (Q1, Q3)	222 (196, 265)
Mean $\pm$ SD	257 $\pm$ 104
<b>Presence of DME<sup>c</sup>, N (%)</b>	
No	123 (73.2%)
Yes	45 (26.8%)
<b>Neovascularization on clinical examination<sup>d</sup>, N (%)</b>	
NVD or NVE only	108 (65.5%)
NVD and NVE	57 (34.5%)
<b>Lens status on clinical examination, N (%)</b>	
Phakic	18 (10.6%)
Posterior chamber intraocular lens	152 (89.4%)
<b>Diabetic retinopathy severity (ETDRS level)<sup>c,e</sup>, N (%)</b>	
Severe NPDR or less ( $\leq$ level 53)	19 (11.3%)
Inactive PDR (level 60)	0
Mild PDR (level 61)	26 (15.5%)
Moderate PDR (level 65)	62 (36.9%)
High risk PDR (level 71 and 75)	58 (34.5%)
Advanced PDR (level 81 and 85)	3 (1.8%)
<b>Prior treatment for DME, N (%)</b>	
No	130 (76.5%)
Yes	40 (23.5%)
<b>Prior focal/grid laser for DME, N (%)</b>	
No	142 (83.5%)
Yes	28 (16.5%)
<b>Prior anti-VEGF treatment for DME, N (%)</b>	
No	150 (88.2%)
Yes	20 (11.8%)

Abbreviations: OCT, optical coherence tomography; DME, diabetic macular edema; NVD, neovascularization of the disc; NVE, neovascularization elsewhere; ETDRS, Early Treatment Diabetic Retinopathy Study; PDR, proliferative diabetic retinopathy; VEGF, vascular endothelial growth factor.

<sup>a</sup> Unavailable for 6 participants.

<sup>b</sup> Visual acuity letter scores indicate best-corrected visual acuity in the study eye following protocol-defined refraction. Visual acuity was measured using electronic Early Treatment for Diabetic Retinopathy Study (ETDRS) visual acuity testing; higher letter scores indicate better vision.

<sup>c</sup> Unavailable for 2 participants.

<sup>d</sup> Unavailable for 5 participants.

<sup>e</sup> Determined by central reading center on 7 standard stereo field fundus photographs.

**eTable 2. Multivariable analysis of baseline factors associated with a long lapse in care**

<b>Baseline Study-Eye Factor</b>	<b>Odds Ratio (95% Confidence Interval)</b>	<b>P Value</b>
<b>Visual acuity letter score</b> (for every 5-letter decrease <sup>a</sup> )	1.21 (1.03, 1.43)	.02
<b>Neovascularization clinical examination</b> (NVD and NVE vs. NVD only or NVE only)	2.19 (1.09, 4.38)	.03
<b>Prior focal/grid laser for DME</b> (No vs. Yes)	3.48 (1.38, 8.78)	.008

Abbreviations: DME, diabetic macular edema; NVD, neovascularization of the disc; NVE, neovascularization elsewhere.

A backward stepwise variable selection approach was used with entry selection criterion set at  $P \leq .10$  and stay criterion set at  $P \leq .05$ .

<sup>a</sup> A 5-letter difference in visual acuity letter score is equivalent to one Snellen line.

**eTable 3. Duration of follow-up at time of dropout and visual acuity at baseline and the last completed visit**

	Completed	Dropped Out in Year 4 or 5 <sup>b</sup>	Dropped Out in Year 2 or 3	Dropped Out in Year 1
<b>No. of Eyes</b>	120	14	21	15
<b>Baseline visual acuity letter score<sup>a</sup></b>				
Mean ± SD	77 ± 12	72 ± 12	74 ± 10	72 ± 13
Snellen equivalent, Mean	20/32	20/40	20/40	20/40
Median (Q1, Q3)	80 (75, 85)	72 (64, 81)	76 (70, 81)	77 (68, 81)
Snellen equivalent, Median (Q1, Q3)	20/25 (20/32, 20/20)	20/40 (20/50, 20/25)	20/32 (20/40, 20/25)	20/32 (20/50, 20/25)
<b>Visual acuity letter score at last completed visit<sup>b</sup></b>				
Mean ± SD	79 ± 20	77 ± 13	74 ± 20	79 ± 11
Snellen equivalent, Mean	20/32	20/32	20/32	20/25
Median (Q1, Q3)	84 (78, 89)	84 (64, 86)	78 (74, 82)	83 (75, 86)
Snellen equivalent, Median (Q1, Q3)	20/20 (20/32, 20/16)	20/25 (20/50, 20/20)	20/32 (20/32, 20/25)	20/25 (20/32, 20/20)
<b>Change in visual acuity letter score from baseline at last completed visit<sup>a,b</sup></b>				
Mean ± SD	+1.5 ± 19.4	+5.1 ± 12.3	+0.3 ± 18.4	+7.9 ± 7.0
Median (Q1, Q3)	+4 (-2, +10)	+9 (0, +13)	+5 (+1, +7)	+5 (+3, +10)

<sup>a</sup> Visual acuity letter scores indicate best-corrected visual acuity in the study eye following protocol-defined refraction. Visual acuity was measured using electronic Early Treatment for Diabetic Retinopathy Study (ETDRS) visual acuity testing; higher letter scores indicate better vision. A 5-letter difference in visual acuity letter score is equivalent to one Snellen line.

<sup>b</sup> Visual acuity was missing for 1 participant at the last completed visit. The last available visual acuity data was reported instead.