eAppendix I: Details of Analyses

1. The restricted mean survival time analysis comparing time to reactivation in dose groups was limited to study eyes. The time horizon (follow-up time), *tau*, chosen for this analysis was 91 days because the latest observed reactivation was observed at 91 days. Eyes that had treatment failure or were treated for persistent avascular retina were censored at the time of failure and treatment, respectively. Five eyes of infants who died were censored at the time of death. Two eyes were censored at time zero due to protocol deviations. Eyes with no additional treatment after initial injection were censored at their maximum follow-up time.

2. Eye-level outcomes were refractive error, optic atrophy, anterior segment, cornea, lens, macular ectopia, retinal detachment, and presence of any ocular abnormality

3. Patient-level outcomes were strabismus, nystagmus, amblyopia, and anisometropia

4. IVB total dose refers to either total dose intravitreal bevacizumab in the infant (if the outcome was infant-level) or total dose in the eye (if the outcome was eye-level)

5. For continuous 12-month outcomes, dose was categorized based on quartiles before inclusion in the model

6. For categorical 12-month outcomes with at least 10 events, a logistic regression model adjusting for the correlation between eyes if eye-level, or unadjusted if infant-level, was used to evaluate the relationship between total dose and each binary outcome. If the categorical 12-month outcome had fewer than 10 events, a Fisher's exact test was used instead for both eye-level and infant-level outcomes.

7. To evaluate the relationship between eye-level spherical equivalent (SE) cycloplegic refractive error at 12 months and laser treatment, a linear mixed model adjusted for the correlation between eyes as well as the zone at enrollment and gestational age was used.

8. The relationship between eye-level SE cycloplegic refractive error at 12 months and post-menstrual age (PMA) at the time of the first laser treatment in the eye was evaluated using a linear mixed model adjusted for the correlation between eyes as well as the zone (i.e., specific location in the eye) at the time of laser treatment. Additionally, a logistic regression model adjusted for the correlation between eyes and the zone at the time of laser treatment, was used to test for the association between high myopia (refractive error $\leq$ -5.0D) and PMA at the time of the first laser treatment in the eye, if applicable.