Supplementary Results

(a) None of the patients with unilateral disease (6 patients) were treated with systemic corticosteroids (SysC). 2 were treated with periocular corticosteroids (PerC; one injection each; also, one of them received topical corticosteroids), 2 with topical corticosteroids only, one with ISDs only [methotrexate (MTX) in monotherapy], and one did not receive any treatment during follow-up.

Among those with bilateral disease (13 patients; **Supplementary Material, Table S3)**, 8 (61.5%) were treated with at least one cycle of SysC. 4 of the 8 patients received only 1 cycle of SysC, 1 received 2, 1 received 3 and 2 received 4 cycles. The median (IQR; range) duration of treatment was 0.46 (0.18-1.49; 0.07-6.69) years, and the median (IQR; range) time from baseline to initiation of treatment was 0.57 (0.00-1.53; 0.00-2.10) months. In addition, among those that received SysC, 7 also received PerC (5 in only one of the affected eyes and 2 in both). Furthermore, 5 of the patients that were treated with SysC and PerC also received ISDs. Among those that received no SysC, one did not receive any treatment at all, and 4 were also treated with PerC (all of them in one of the affected eyes).

Regarding ISDs use, this therapy was introduced early during follow-up [median (IQR; range) time from baseline to initiation of ISDs was 5.13 (3.68-5.81; 0-29.53) months]. 3 patients received 1 drug, and 3 patients received 3 drugs. The most frequently used were MTX, azathioprine (AZA), infliximab (INF), adalimumab (ADA), and cyclosporine (CSA) [5 (26.3%), 2 (10.5%), 2 (10.5%), 2 (10.5%), 1 (5.3%) patient, respectively]. Initial ISD treatment was MTX in 4 patients and AZA in 2 patients. When we analyze the particular treatment received, we observed that 5 patients had been treated with MTX in monotherapy, 2 with AZA in monotherapy, 2 with MTX and ADA in combination, 2 with MTX and INF in combination, 1 with CSA in monotherapy, 1 with

INF in monotherapy, 1 with MTX and AZA in combination, 1 with AZA and INF in combination, and 1 with MTX, AZA, and INF in combination.

(b) We collected the information regarding corrected visual acuity (CVA) using the LogMAR scale from each visit. Because our data derives from real-life clinical practice, measures were not performed at standardized time points. Thus, we selected the CVA measure from the closet visit (± 2 months) to 1, 2, 3, 4, and 5 years after baseline visit (**Supplementary Material, Table S4**).