Supplementary Methods

(a) We collected demographic data [gender, age and calendar year at the first visit in our unit (baseline visit)], clinical characteristics of the disease [course (acute, relapsing, chronic) and laterality (unilateral, bilateral)], and ocular clinical characteristics at baseline and at each visit in our clinic [presence of anterior chamber cells (ranked using an ordinal scale ranging from 0 to 4+), keratic precipitates (KP; yes, no), cataracts (yes, no. Cataract was defined as lens opacity associated with a visual acuity loss greater than 0.3 LogMAR), intra ocular pressure (IOP; continuous variable), presence of ocular hypertension (OHT; yes, no. OHT was defined as an intraocular pressure reading greater than 21 m Hg as measured by Goldmannapplanation), vitreous haze (ranked using an ordinal scale ranging from 0 to 4+), snowballs (yes, no), snowbanks (yes, no), peripheral vasculitis (yes, no), cystoid macular edema (CMO; yes, no), papillitis (yes, no), epiretinal membrane (ERM) (yes, no), and retinoschisis (yes, no)].

(b)Regarding the diagnosis of CMO, and the grading of anterior chamber inflammation and vitreous haze, it is important to take into account that there was a change in methodologyduring the period of the study: regarding the formed, in 2005 it was introduced in our clinic the use of optical coherence tomography (OCT; Zeiss Stratus OCT) to aid in the diagnosis of CMO. Before the use of OCT, CMO was clinically diagnosed thorough the presence of macular thickening or cysts. Definitive diagnosis was performed with the aid of a fluorescein angiography (FA), which was used in case there was a clinical suspicion of CMO based on the findings of the indirect ophthalmoscopy or an unexplained decrease of visual acuity.FA was also performed when clinical signs of vasculitis (including perivascular whitish cuffs (sheathing), caliber changes of vessels, perivascular edema, intrarretinalhemorrhages or the presence

of cotton-wool spots, and defined by vessel leakage and late staining of the vessel walls) or papillitis (including optic dischyperemia, swelling, and blurring of disk margins, and defined by leakage of the papillary vessels) were observed in the indirect ophthalmoscopy. Therefore not all patients at baseline or during follow-up underwent a FA, only those with a clinical suspicion of any of the referred complications.

Regarding the grading of anterior chamber inflammation and vitreous haze, before 2005, they were performed using the Nussenblatt grading scales(4,5). After 2005, we adopted the Standardization of Uveitis Nomenclature workshop ranking(6).