Supplementary Sensitivity Analysis

(a) In order to assess if the technology used in the diagnosis of CMO influenced the incidence rate (IR) of onset of this ocular complication, we divided the follow-up time in two intervals(before and after 2005) and analyze the IR of these outcomes in a time-dependent manner. We registered 5 new diagnosis of CMO before 2005 (during a follow-up time of 68.0 persons-year) and 8 in 2005 or later (during a follow-up time of 56.2 persons-year), resulting in an IR with 95% confidence interval (CI) of 7.4 [3.1 to 17.7] and 14.2 [7.1 to 28.5] per 100 persons-year.Although a higher IR was observed after the introduction of the OCT for the diagnosis of this ocular complication, no statistical significant differences were observed comparing both time intervals (Log-rank test p-value = 0.24).

(b) Regarding the influence in the IRs of disease activity-related outcomes of the change in the grading of anterior chamber inflammation and vitreous haze, or the use of new technology for the diagnosis of CMO, we observed no statistical significant effects (**Supplementary Material, Table S5**).

(c) We used the same definition of remission as in Boer et al (Am J Ophthalmol 2006;141) and Kalinina-Ayuso et al (Br J Ophthalmol 2011;95:646–651): a complete absence of inflammation in any eye chamber without medication for at least 1 year. It is important to point out that in this new definition we have analyzed patients at risk instead of eyes. Based on this definition, we observed 7 episodes of remission during a time at risk of 86.9 patient-years, resulting in an incidence rate (95% confidence interval) of 8.1 [3.8 to 16.9] episodes per 100 patient-years. After 3, 5 and 8 years of follow-up, 17%, 33%, and 41% of eyes achieved this definition of remission. The mean

(standard deviation) time to event was 3.9 (3.0) years. Overall, 7 of our 19 patients (36.8%) achieved at least once remission. Of those patients, only 1 (85.7%) suffered an inflammatory relapse during the rest of the follow-up.