

Supplementary Online Content

Kong X, Fujinami K, Strauss RW, et al; the ProgStar Study Group. Visual acuity change over 24 months and its association with foveal phenotype and genotype in individuals with Stargardt disease: ProgStar Study report No. 10. *JAMA Ophthalmol*. Published online June 14, 2018. doi:10.1001/jamaophthalmol.2018.2198

eFigure 1. Flowchart of participants at enrollment and at follow-ups of the prospective ProgStar study

eFigure 2. Spaghetti plots of best corrected visual acuity (BCVA) (LogMAR) over the two years by baseline BCVA level

eFigure 3. Spaghetti plots of BCVA (LogMAR) over the two years by baseline fovea lesion involvement status.

eTable. Fovea involvement phenotype by best corrected visual acuity (BCVA) at baseline

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

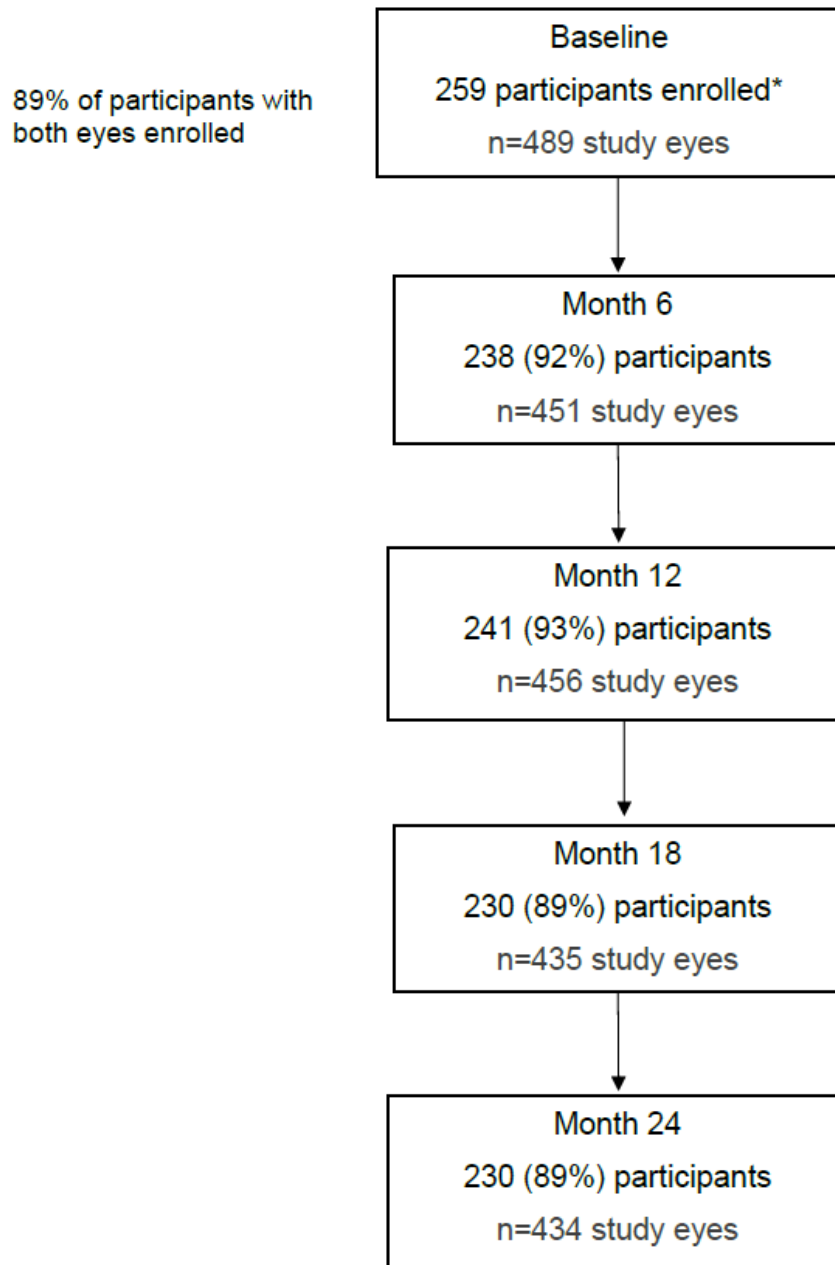
eTable. Fovea involvement phenotype by best corrected visual acuity (BCVA) at baseline.

| | Normal AF | QDAF | Increased AF | DDAF | Total |
|----------------------------|------------------|--------------|---------------------|-------------|--------------|
| Baseline BCVA level | N(%) | N(%) | N(%) | N(%) | |
| No VI * | 8 44.44 | 6 33.33 | 2 11.11 | 2 11.11 | 18 |
| Mild VI | 25 32.05 | 38 48.72 | 4 5.13 | 11 14.10 | 78 |
| Moderate VI | 3 1.23 | 177 72.54 | 13 5.33 | 51 20.90 | 244 |
| Severe VI | 0 0.00 | 39 36.45 | 2 1.87 | 66 61.68 | 107 |
| Total | 36 | 260 | 21 | 130 | 447 |

*No VI: VA better or equal to 20/25; Mild VI: VA worse than 20/25 to 20/70; Moderate VI: VA worse than 20/70 to 20/200; Severe VI/Blindness: VA worse than 20/200.

AF: autofluorescence. QDAF: questionably decreased AF. DDAF: definitely decreased AF.

eFigure 1. Flowchart of participants at enrollment and at follow-ups of the prospective ProgStar study



*207 participants (n=391 study eyes) attended all five visits; 29 participants (n=55 study eyes) attended the baseline and three follow-up visits; 10 participants (n=20 study eyes) attended the baseline and two follow-up visits; 4 participants (n=7 study eyes) attended the baseline and one follow-up visits; and 9 participants (n=16 study eyes) only attended the baseline visit. The longitudinal analysis using linear mixed effects models (LMEM) utilized data from all available visits, including the visits from participants with missing visits.

eFigure 2. Spaghetti plots of best corrected visual acuity (BCVA) (LogMAR) over the two years by baseline BCVA level (each line shows data for one eye)

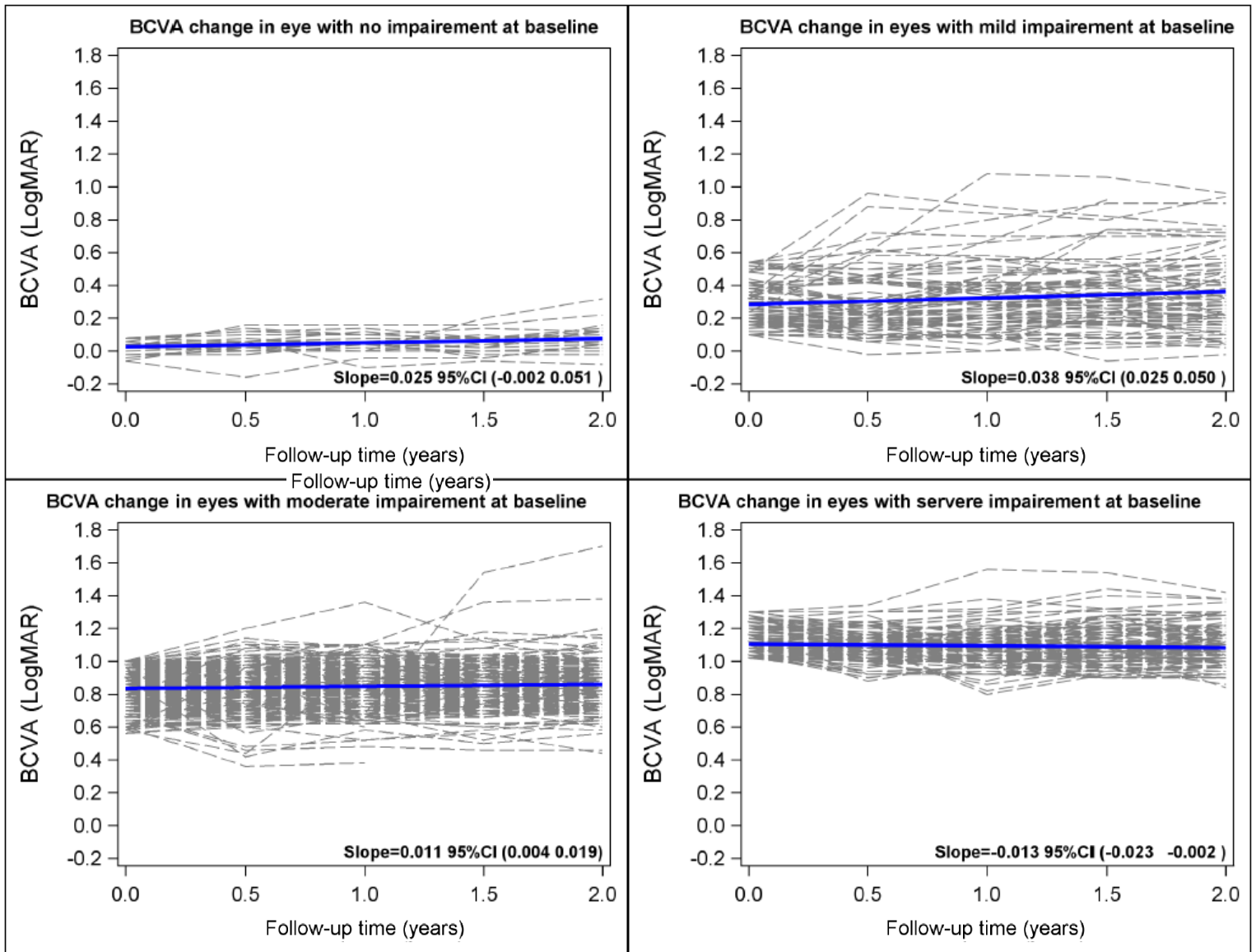


Figure 3. Spaghetti plots of BCVA (LogMAR) over the two years by baseline fovea lesion involvement status

