Supplementary Table 1. Mean Changes in Choroidal Thickness (µm)

<table>
<thead>
<tr>
<th>Location</th>
<th>Month 3</th>
<th>Month 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ranibizumab 1.0 mg or 2.0 mg</td>
<td>Ranibizumab 0.5 mg</td>
</tr>
<tr>
<td>Fovea</td>
<td>−2.8</td>
<td>+3.4</td>
</tr>
<tr>
<td>Temporal</td>
<td>+11.7</td>
<td>+14.8</td>
</tr>
<tr>
<td>Nasal</td>
<td>+1.9</td>
<td>+19.2</td>
</tr>
<tr>
<td>Inferior</td>
<td>−12.1</td>
<td>+41.8</td>
</tr>
<tr>
<td>Superior</td>
<td>+8.0</td>
<td>+19.8</td>
</tr>
</tbody>
</table>
**Supplementary Table 2.** BCVA and CFT at Baseline and Change at Month 12 for Each Patient

<table>
<thead>
<tr>
<th>Patient</th>
<th>BCVA (ETDRS letters)</th>
<th>Change at Month 12</th>
<th>CFT (µm)</th>
<th>Change at Month 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>68</td>
<td>+1</td>
<td>145</td>
<td>+47</td>
</tr>
<tr>
<td>2</td>
<td>73</td>
<td>+5</td>
<td>375</td>
<td>–152</td>
</tr>
<tr>
<td>3</td>
<td>62</td>
<td>+6</td>
<td>175</td>
<td>+9</td>
</tr>
<tr>
<td>4</td>
<td>27</td>
<td>+21</td>
<td>255</td>
<td>–47</td>
</tr>
<tr>
<td>5</td>
<td>29</td>
<td>–1</td>
<td>226</td>
<td>–34</td>
</tr>
<tr>
<td>6</td>
<td>89</td>
<td>–5</td>
<td>220</td>
<td>–220</td>
</tr>
<tr>
<td>7</td>
<td>39</td>
<td>+2</td>
<td>244</td>
<td>–18</td>
</tr>
<tr>
<td>8</td>
<td>73</td>
<td>–2</td>
<td>137</td>
<td>–137</td>
</tr>
<tr>
<td>9</td>
<td>74</td>
<td>+8</td>
<td>335</td>
<td>–61</td>
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<tr>
<td>10</td>
<td>77</td>
<td>+12</td>
<td>350</td>
<td>–124</td>
</tr>
<tr>
<td>11</td>
<td>80</td>
<td>+4</td>
<td>238</td>
<td>–7</td>
</tr>
<tr>
<td>12</td>
<td>83</td>
<td>–3</td>
<td>276</td>
<td>+11</td>
</tr>
<tr>
<td>13</td>
<td>87</td>
<td>–5</td>
<td>323</td>
<td>–9</td>
</tr>
<tr>
<td>14</td>
<td>77</td>
<td>+6</td>
<td>172</td>
<td>+94</td>
</tr>
<tr>
<td>15</td>
<td>59</td>
<td>–1</td>
<td>129</td>
<td>+3</td>
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<td>85</td>
<td>+9</td>
<td>321</td>
<td>–81</td>
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<td>17</td>
<td>60</td>
<td>+25</td>
<td>518</td>
<td>–321</td>
</tr>
<tr>
<td>18</td>
<td>89</td>
<td>+1</td>
<td>237</td>
<td>–17</td>
</tr>
<tr>
<td>19</td>
<td>64</td>
<td>–25</td>
<td>407</td>
<td>–145</td>
</tr>
<tr>
<td>20</td>
<td>71</td>
<td>+17</td>
<td>231</td>
<td>–9</td>
</tr>
</tbody>
</table>

Patients shaded in grey received standard-dose ranibizumab (0.5 mg). BCVA, best-corrected visual acuity; CFT, central foveal thickness; ETDRS, Early Treatment Diabetic Retinopathy Study.
**Supplementary Table 3.** Mean Changes in BCVA and CFT From Baseline at Month 12 in Various Patient Subgroups

<table>
<thead>
<tr>
<th>Baseline Characteristic</th>
<th>Change in BCVA (ETDRS Letters) From Baseline at Month 12</th>
<th>Change in CFT (µm) From Baseline at Month 12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ranibizumab 1.0 mg or 2.0 mg</td>
<td>Ranibizumab 0.5 mg</td>
</tr>
<tr>
<td>CFT &gt;300 µm</td>
<td></td>
<td></td>
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<tr>
<td>n</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Mean</td>
<td>+12.5</td>
<td>-7.0</td>
</tr>
<tr>
<td>Subfoveal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Mean</td>
<td>+5.9</td>
<td>-7.0</td>
</tr>
<tr>
<td>Fibrosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Mean</td>
<td>+6.7</td>
<td>N/A</td>
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<tr>
<td>Treatment-naïve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Mean</td>
<td>+15.0</td>
<td>-5.0</td>
</tr>
<tr>
<td>Previously treated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Mean</td>
<td>+3.6</td>
<td>-5.0</td>
</tr>
</tbody>
</table>

BCVA, best-corrected visual acuity; CFT, central foveal thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; N/A, not applicable.
Supplementary Figure 1. Proportion of eyes treated with high-dose ranibizumab (1.0 or 2.0 mg) gaining ≥5, ≥10, or ≥15 ETDRS letters in BCVA from baseline at Months 3, 6, 9, and 12.

n = 15 at all months except Month 9 (n = 13). BCVA, best-corrected visual activity; ETDRS, Early Treatment Diabetic Retinopathy Study.
Supplementary Figure 2. Qualitative grading over 12 months for all patients (N = 20). A. Fundus photographs. B. Indocyanine green angiography. C. Fluorescein angiography.
Supplementary Figure 3. ICG angiograms from a 76-year-old black female, non–treatment-naïve (multiple previous bevacizumab and ranibizumab 0.5-mg injections before enrollment), randomized to high-dose ranibizumab (1.0 or 2.0 mg). ICG angiography demonstrates improvement in size and prominence of polyps but no polyp resolution at 12 months. At Month 12, there is evidence of polyp regression without resolution in the more peripheral superior and intertemporal macula; however, there is an increase in the number of polyps in the more central macular region just superior to the fovea. This patient had known and treated sleep apnea and hypertension. Baseline visual acuity was 68 ETDRS letters (Snellen equivalent ~20/50), which improved 1 letter to 69 letters (Snellen equivalent ~20/40) at 12 months. Baseline OCT central subfield thickness was 145 µm, thin from chronic disease.

Baseline

Month 12

ETDRS, Early Treatment Diabetic Retinopathy Study; ICG, indocyanine green; OCT, optical coherence tomography.