**Supplemental Digital Content 3: Eligibility criteria**

**Inclusion criteria**

The investigator assessed the eligibility of the patient and the study eye.

Adult patients who met the following inclusion criteria were eligible for inclusion in this study:

**Inclusion criteria for patient**

1. Written informed consent (from adult patients and parents/guardians of adolescent patients) was to be obtained before any assessment was performed.
2. Male or female patients ≥ 18 years of age.

**Inclusion criteria for study eye**

If both eyes were eligible at screening and baseline, the eye selected as the study eye was the one the investigator deemed to be more appropriate for study treatment and the study, based on the most appropriate active choroidal neovascularization (CNV) lesion characteristics in addition to visual impairment.

1. Diagnosis of active CNV secondary to any causes (except neovascular age-related macular degeneration [nAMD], polypoidal choroidal vasculopathy (PCV), or pathologic myopia [PM]), with the CNV or its sequelae affecting the fovea, confirmed by at least one of the three following criteria:
* Presence of posterior pole changes compatible with active CNV seen by fundus ophthalmoscopy and/or biomicroscopy
* Presence of leakage from CNV seen by fluorescein angiography (FA)
* Presence of intra- or sub-retinal fluid seen by optical coherence tomography (OCT)
1. At least one of the following CNV lesion types present in the study eye:
* Subfoveal (presence of abnormal neovasculature in the avascular central fovea)
* Juxtafoveal (presence of abnormal neovasculature not under the center of the fovea but within 200 μm from the center) with involvement of the central macular area
* Extrafoveal (presence of abnormal neovasculature more than 200 μm from the center of the fovea) with involvement of the central macular area
* Margin of the optic disc (presence of abnormal neovasculature at peripapillary area) with involvement of the central macular area
1. Best-corrected visual acuity (BCVA) was to be between ≥ 24 and ≤ 83 letters in the study eye tested at 4 meters starting distance using Early Treatment Diabetic Retinopathy Study (ETDRS)-like visual acuity charts (approximate Snellen chart equivalent of 20/25 and 20/320)
2. Visual loss in the study eye was to be mainly due to the presence of any eligible types of CNV (for adult patients: non-nAMD and non-PM) based on ocular clinical, as well as FA and/or OCT findings.

**Exclusion Criteria**

Patients with any of the following criteria (at screening and confirmed at baseline) were not eligible for inclusion in this study.

No additional exclusions were applied by the investigator, in order to ensure that the study population was representative of all eligible patients.

**Exclusion criteria for patient**

1. Inability to comply with study or follow-up procedures.
2. For female patients ≥ 18 years old: women of child-bearing potential, defined as all women physiologically capable of becoming pregnant, unless they were using effective methods of contraception during dosing of study treatment. Effective contraception methods included:
* Total abstinence (when this is in line with the preferred and usual lifestyle of the patient). Periodic abstinence (e.g., calendar, ovulation, symptothermal, post-ovulation methods) and withdrawal were not acceptable methods of contraception
* Female sterilization (have had surgical bilateral oophorectomy with or without hysterectomy) or tubal ligation at least six weeks before taking study treatment. In case of oophorectomy alone, only when the reproductive status of the woman had been confirmed by follow up hormone level assessment
* Male sterilization (at least 6 months prior to screening). For female patients on the study, the vasectomized male partner was to be the sole partner for that patient
* Barrier methods of contraception: condom or occlusive cap (diaphragm or cervical/vault caps) with spermicidal foam/gel/film/cream/vaginal suppository
* Use of oral, injected or implanted hormonal methods of contraception or other forms of hormonal contraception that have comparable efficacy (failure rate < 1%), for example hormone vaginal ring or transdermal hormone contraception
* Placement of an intrauterine device (IUD) or intrauterine system (IUS)
1. For female patients ≥ 12 to < 18 years: women of child-bearing potential who did not agree to abstinence or, if sexually active, did not agree to the use effective methods of contraception during the study as specified above.
2. Pregnant or nursing (lactating) women, where pregnancy is defined as the state of a female after conception and until the termination of gestation, confirmed by a positive human chorionic gonadotropin (hCG) laboratory test.
In case of use of oral contraception, females were to be stable on the same pill for a minimum of 3 months before taking study treatment.
Reliable contraception was to be maintained throughout the study and for 3 months after study treatment discontinuation.
Women were considered post-menopausal and not of child bearing potential if they had had 12 months of natural (spontaneous) amenorrhea with an appropriate clinical profile (e.g., age appropriate, history of vasomotor symptoms) or had had surgical bilateral oophorectomy (with or without hysterectomy) or tubal ligation at least six weeks prior to study start. In the case of oophorectomy alone, only when the reproductive status of the woman had been confirmed by follow up hormone level assessment was she considered not of child bearing potential.

**Exclusion for systemic medical history and conditions**

1. Any type of systemic advanced, severe or unstable disease or its treatment, that could interfere with primary and/or secondary outcome evaluations including any medical condition that could be expected to progress, recur, or change to such an extent that it could bias the assessment of the clinical status of the patient to a significant degree or put the patient at special risk.
2. Active malignancies.
3. History of stroke less than 6 months prior to screening.
4. Uncontrolled blood pressure defined as systolic value of ≥ 160 mmHg or diastolic value of ≥ 100 mmHg. Antihypertensive treatment could be initiated and was to be taken for at least 30 days after which the patient could be assessed for study eligibility a second time.
5. Known hypersensitivity to the study drug (ranibizumab or any component of the ranibizumab formulation) or to drugs of similar chemical classes, and to fluorescein or any other component of the fluorescein formulation.
6. Uncontrolled systemic inflammation or infection, related directly to the underlying causal disease of CNV. In the case of systemic inflammation, patients could be enrolled provided a stable treatment of the condition was established that did not interfere with efficacy and/or safety outcomes of the study. Specific diagnostic tests were performed by the investigator in order to rule out ongoing /active infection (e.g., toxoplasmosis or tuberculosis [TB]). Patients with a positive TB test result were to undergo further evaluation by a specialist in order to rule out active TB infection, i.e., TB that was under or required TB-specific treatment. Documentation of the same was to be provided.

**Exclusion criteria for ocular medical history and conditions**

**For both eyes**

1. Active diabetic retinopathy, active ocular/periocular infectious disease or active severe intra-ocular inflammation (e.g., anterior chamber cells (ACC) >2+ and/or vitreous haze (VH) >2+). Rescreening was permitted after intra-ocular inflammation was successfully treated with anti-inflammatory therapy that did not compromise eligibility.
2. Confirmed intraocular pressure (IOP) ≥ 25 mmHg for any reason.
3. Neovascularization of the iris or neovascular glaucoma.
4. Inability to obtain fundus photographs, fluorescein angiograms or OCT images of sufficient quality to be analyzed.

**For study eye**

1. CNV secondary to nAMD, PCV or PM (for adult patients only). Retinal angiomatous proliferation (RAP) lesions were exclusionary in patients 50 years of age or older.
2. Ocular disorders that could confound interpretation of study results, compromise visual acuity or require medical or surgical intervention during the 12-month study period (including retinal detachment, cataract (if causing significant visual impairment), macular hole and pre-retinal membrane of the macula).
3. Any type of ocular advanced, severe or unstable disease or its treatment that could interfere with the primary and/or secondary outcome evaluations.
4. CNV conditions with a high likelihood of spontaneous resolution (e.g., CNV due to choroidal rupture), unless deemed chronic by the Investigator (e.g., lasting for > 2 months or being recurrent).

**Exclusion criteria for prior or current systemic medication**

1. Use of other investigational drugs - excluding vitamins and minerals - at the time of screening, or within 30 days or 5 half-lives of enrollment, whichever was longer.
2. Use of any systemic anti-VEGF drugs within 6 months before baseline (eg, sorafenib [Nexavar®], sunitinib [Sutent®], bevacizumab [Avastin®], ziv-aflibercept [Zaltrap®])
3. Current or planned use of systemic medications known to be toxic to the lens, retina or optic nerve, e.g., deferoxamine, chloroquine/hydoxychloroquine (Plaquenil®), tamoxifen, etc.

**Exclusion criteria for prior or current ocular treatment**

**For study eye**

1. History of laser photocoagulation with involvement of the macular area at any time.
2. Verteporfin photodynamic therapy (vPDT) at any time.
3. History of intraocular treatment with any anti-angiogenic drugs within 6 months of the Baseline visit (e.g., bevacizumab [Avastin®], aflibercept [Eylea®], pegaptanib [Macugen®], ranibizumab [Lucentis®]).
4. History of intravitreal treatment with steroids, e.g., triamcinolone within 6 months of the baseline visit.
5. History of treatment with intravitreal implants (e.g., Illuvien®, Ozurdex®, Retisert®) at any time.
6. History of vitreoretinal surgery at any time (cataract surgery was not an exclusion criterion unless a large removal of vitreous or removal of posterior vitreous had occurred).

**For fellow eye**

1. Prior treatment with other anti-angiogenic drugs (including any anti-VEGF agents other than ranibizumab) within 3 months prior to baseline (e.g., bevacizumab [Avastin®], aflibercept [Eylea®], pegaptanib [Macugen®]).