

**Table e5.** Sustained progression in either VFT or EDSS by treatment group with comparison to progression in either EDSS, HCVA or LCVA progression alone.

|  | Patients with either VFT or<br>EDSS progression (%) |                                     | HR                | <i>P</i> value |
|--|---|-------------------------------------|-------------------|----------------|
| Level of contrast                        | Placebo<br>(n=315)                                  | Natalizumab <sup>a</sup><br>(n=627) |                   |                |
| EDSS or 7-letter HCVA progression        | 91 (28.9)   | 125 (19.9)                          | 0.66              | 0.002          |
| EDSS or 7-letter LCVA (2.5%) progression | 143 (45.5)  | 210 (33.5)                          | 0.68              | 0.0003         |
| EDSS                                     | 84 (27.0)   | 104 (17.0)                          | 0.58 (0.43, 0.77) | <0.001         |
| 7-Letter HCVA                            | 20 (6.4)  | 25 (4.0)                            | 0.58 (0.32, 1.01) | 0.073          |
| 7-letter LCVA                            | 89 (28.3)   | 126 (20.1)                          | 0.65 (0.50, 0.86) | 0.002          |

The composite measure for EDSS and HCVA shows a significant treatment effect whereas the HCVA measure alone does not. The composite measure for EDSS and LCVA shows a slightly smaller treatment effect than either EDSS or LCVA alone. This confirms that LCVA captures more impairment when added to the EDSS.

<sup>a</sup>From Kaplan-Meier analysis.

<sup>b</sup>From a Cox proportional hazards model, adjusted for baseline VFT, EDSS, and age.

CI: confidence interval; EDSS: Expanded Disability Status Scale; HCVA: high-contrast visual acuity; HR: hazard ratio; LCVA: low-contrast visual acuity; VFT: visual function testing.