

**Supplemental appendix 4. Recommendations for the management for ocular sarcoidosis by the International Workshop on Ocular Sarcoidosis (IWOS)**

- A. Inflammatory activity is evaluated and monitored by clinical examinations and specific ocular imaging tools.
- B. Anterior uveitis (AU)
  - 1. Ocular manifestations that are indicators for treatment in AU include anterior chamber (AC) cells, new-onset keratic precipitates, iris nodules, angle nodules, new-onset posterior synechia and raised IOP (not corticosteroid-induced).
  - 2. First-line therapy for severe AU (AC cell  $\geq 3+$ , new-onset KPs, iris nodules) is instillation of corticosteroid eye drops (prednisolone acetate 1% or similar) at least 10 times per day.
  - 3. First-line therapy for moderate AU (AC cell  $< 3+$ ) is instillation of corticosteroid eye drops at least 6 times per day.
  - 4. Second-line therapy in severe AU includes subconjunctival dexamethasone injection, periocular triamcinolone acetonide injection and systemic corticosteroid.
  - 5. Second-line therapy for moderate AU includes more frequent corticosteroid eye drops, subconjunctival dexamethasone injection, periocular triamcinolone acetonide injection and systemic corticosteroid.
  - 6. Inactive AU does not require treatment.
  - 7. Mydriatic eye drops are used when AU is active.
- C. Intermediate uveitis (IU)
  - 1. Ocular manifestations that are indicators for treatment in IU include diffuse vitreous opacities, snowball-like vitreous opacities, snowbanks and macular edema.
  - 2. First-line therapy for active bilateral IU includes local corticosteroid (periocular, intravitreal, implant) and systemic corticosteroid.
  - 3. First-line therapy for active unilateral IU is exactly the same as above.
  - 4. Second-line therapy for active bilateral IU includes local corticosteroid (periocular, intravitreal, implant), systemic corticosteroid, and non-biologic corticosteroid-sparing systemic immunosuppressive drugs.
  - 5. Second-line therapy for active unilateral IU is exactly same as above.
- D. Posterior uveitis (PU)
  - 1. Ocular manifestations that are indicators for treatment in PU include macular edema, optic disc nodules/granulomas, nodular and/or segmental periphlebitis,

active chorioretinal peripheral lesions and choroidal nodules.

2. First-line therapy for active bilateral PU includes systemic corticosteroid alone or with corticosteroid-sparing non-biologic systemic immunosuppressive drugs and local corticosteroid (periocular, intravitreal, implant).
3. First-line therapy for active unilateral PU is exactly the same as above.
4. Second-line therapy for active bilateral PU is same as first-line, with exception that biologic drugs are included.
5. Second-line therapy for active unilateral PU is exactly same as above.

#### E. Drugs

1. Mean initial dose of systemic prednisone/prednisolone is 0.5-1.0 mg/kg/day, to a maximum dose of 80 mg/day.
2. Mean duration of the initial dose of systemic prednisone/prednisolone is 2-4 weeks.
3. The mean duration of total treatment with systemic prednisone/prednisolone is 3-6 months.
4. The initial corticosteroid-sparing immunosuppressive drugs include methotrexate, azathioprine, mycophenolate mofetil, and cyclosporine.
5. In selected settings of severe disease, some specialists may consider intravenous pulse corticosteroid.
6. Biologic drugs (adalimumab) are used if necessary.