Supplementary File 1 - World Health Organization Trial Registration Data Set

Data category	Information		
Primary registry and trial identifying number	ClinicalTrials.gov Identifier: NCT02495181		
Date of registration in primary registry	March 23, 2015		
Secondary identifying numbers	EudraCT number: 2015-001368-20		
Source(s) of monetary or material support	This study was supported by Bayer		
	HealthCare Pharmaceuticals Inc.;		
	Bayer Portugal, SA		
Primary sponsor	AIBILI – Association for Innovation and		
	Biomedical Research on Light and Image		
Secondary sponsor(s)	NA		
Contact for public queries	AIBILI – Association for Innovation and		
	Biomedical Research on Light and Image		
	Address: Azinhaga de Santa Comba, Celas,		
	3000-548 Coimbra, Portugal		
	Contact: Sandrina Nunes, PhD		
	Telephone: +351 239 480 137		
Contact for scientific queries	E-mail: 4c@aibili.pt AIBILI – Association for Innovation and		
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	3000-548 Coimbra, Portugal		
	Contact: Sandrina Nunes, PhD		
	Telephone: +351 239 480 137		
	E-mail: 4c@aibili.pt		
Public title	PROTOCOL FOR A RANDOMISED, DOUBLE-		
	MASKED, SHAM-CONTROLLED PHASE IV		
	STUDY ON THE EFFICACY, SAFETY AND		
	TOLERABILITY OF INTRAVITREAL		
	AFLIBERCEPT MONOTHERAPY COMPARED		
	TO AFLIBERCEPT WITH ADJUNCTIVE		
	PHOTODYNAMIC THERAPY IN POLYPOIDAL		
	CHOROIDAL VASCULOPATHY – THE		
	ATLANTIC STUDY		
Scientific title	The ATLANTIC Study		
Countries of recruitment	Portugal and Spain		
Health condition(s) or problem(s) studied	Polypoidal Choroidal Vasculopathy		
Intervention(s)	Sham Comparator: Aflibercept + Verteporfin PDT		
	- IVT Aflibercept 2 mg on a Treat & Extend		
	Regimen + Verteporfin PDT		
	Sham Comparator: Aflibercept + Sham PDT		
	IVT Aflibercept 2 mg on a Treat & Extend		
	Regimen + Sham PDT		
Key inclusion and exclusion criteria	Inclusion Criteria:		
	1. Age ≥ 50		
	2. Either gender		

- 3. Treatment-naive PCV patients
- 4. BCVA at study entry from 25 to 80 ETDRS letters (Snellen Equivalent 20/320 to 20/25)
- 5. Presence of PCV in the study eye assessed by the Central Reading Centre based on multimodal retinal imaging (CFP, SD-OCT, FA and ICGA), including the presence of active polyps on ICGA, with or without branching vascular network. Subfoveal involvement is required, with intraretinal or subretinal fluid and/or subfoveal PED seen on SD-OCT.
- 6. Greatest linear dimension of the lesion of \leq 5400 µm, assessed by FA/ICGA angiography.
- 7. Women must be post-menopausal for at least 12 months prior to trial entry, or surgically sterile, or in case of child-bearing potential, women must be using highly effective method of birth control (i.e. one that results in a failure rate less than 1% per year when used consistently and correctly, such as, combined hormonal contraception, progestogen-only hormonal contraception, intrauterine devices (IUD), intrauterine hormone-releasing system (IUS), bilateral tubal occlusion, vasectomized partner, and sexual abstinence).
- 8. Ability to provide written informed consent.
- 9. Ability to return for all study visits.

1. Active ocular or periocular infection or inflammation in the study eye. 2. Uncontrolled intraocular pressure in the study eye. 3. Ocular condition in the study eye likely to impact vision and confound study outcomes (e.g. vitreomacular traction, epiretinal membrane with severe retinal folds, ocular inflammation, retinal vascular diseases like diabetic retinopathy or diabetic macular edema). 4. Presence of centromacular scarring or atrophy indicating irreversible BCVA loss. 5. Prior treatment of the study eye with amanti-VEGF agents 6. Systemic use of anti-VEGF products with 3 months prior to the study entry. 7. Previous intraocular surgery, macular laser treatment, PDT, or intraocular steroid in the study eye. 8. Known serious allergies or history of hypersensitivity to fluorescein, indocyaning green, verteporfin or components used on Eylea® formulation. 9. Subject with a condition (such as		Exclusion criteria:
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