

CATT REQUIRED VISITS & PROCEDURES

-----FOLLOW-UP WEEK-----

	000	004	008	012	016	020	024	028	032	036	040	044	048	052
History	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Refraction	B	B		B			B			B				B
Visual Acuity	B	B	B	B	B	B	B	B	B	B	B	B	B	B
OCT	X	X	X	X	V	V	X	V	V	V	V	V	V	X
Ophthalmologic Exam	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Photography	B			F			F							B
Treatment+	X	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+

-----FOLLOW-UP WEEK-----

	056	060	064	068	072	076	080	084	088	092	096	100	104
History	X	X	X	X	X	X	X	X	X	X	X	X	X
Refraction			B			B			B				B
Visual Acuity	B	B	B	B	B	B	B	B	B	B	B	B	B
OCT	V	V	V	V	V	X	V	V	V	V	V	V	X
Ophthalmologic Exam	X	X	X	X	X	X	X	X	X	X	X	X	X
Photography						F							B
Treatment	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	X+	

LEGEND:

000: Denotes 'Baseline visit'

X: All patients

V: Only patients assigned to the variable dosing schedule.

B: Both eyes

F: Only for the 300 patients in the fluorescein angiography sub-study (75 patients per treatment arm)

+: Treatment for those in the fixed schedule groups. For the variable dosing schedule groups, evaluation for treatment.

Photography includes both color photography and fluorescein angiography.