

## **Supplementary Information S2: Definitions of inactive disease, non-response, and Recurrence Under Adalimumab (ADA) Treatment**

Inactive disease was defined as a clinical decision made by a uveal specialist based on the absence of signs of ocular inflammation and successful tapering of systemic corticosteroid (CS) therapy ( $\leq 10$  mg/day) and no periocular steroid injection in the previous 3 months. Non-response was defined as inadequate resolution of inflammation, unsuccessful tapering of systemic CS therapy ( $>10$  mg/day), and periocular CS injection requirement. Recurrence was defined as the presence of new fluorescein leakage on control angiography, decreased best corrected visual acuity, increased anterior chamber cell/vitreous clouding, or presence of cystoid macular edema on spectral-domain optical coherence tomography (Spectralis, Heidelberg Engineering, Heidelberg, Germany).

In case of non-response or recurrence, ADA therapy was escalated to weekly injections or IST was added, depending on the level of ocular inflammation. If ocular inflammation was not under control despite the increasing treatment regimen, ADA was switched to other biologics.

ADA was discontinued in case of inadequate efficacy, severe relapse, patient request, or serious adverse events.