associated with keratoconus (n=28) did not significantly contribute to the model. The predicted time-to-event curves closely followed the observed curves during internal-external validation.

Conclusions A prognostic model to predict keratoconus progression could aid patient empowerment, triage and service provision. Age at presentation is the most significant predictor of progression risk. Candidate SNPs associated with keratoconus do not contribute to progression risk.

**Abstract Withdrawn**

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