



Supplemental figure 2: FA and ICG images of patient 5 at baseline and OCT-A images at baseline, week 4 and 10. The measurement and treatment schedule is displayed as a timeline: A=OCT-A; B=bevacizumab; P=photodynamic therapy (PDT).

At baseline, a poorly defined hyperfluorescent area was seen on FA (Row 1, column 1 and 2, red arrow) and a hypercyanescent hotspot on ICG (Row 1, column 3, red dashed arrow). Enhanced blood flow was observed at the end of a capillary at the border of the foveal avascular zone, as displayed at the baseline OCT-A *en face* image (Row 2, column 1, red circle). The OCT-A tomogram shows that the intraretinal neovascularization was located in the outer retina (Row 2, column 2, indicated with 'IRN'). Visualization of the feeding vessels was characterized as good on FA (Row 1, column 2, white dashed arrow) and as good on OCT-A *en face* (Row 2, column 1, white arrow).

At week 4 after a first bevacizumab injection, the OCT-A *en face* showed the same area of enhanced blood flow (Row 3, column 1, red circle), although smaller in size. This was confirmed on the OCT-A tomogram, which depicts persistent blood flow in the area of hyperreflectivity (Row 3, column 2, 'IRN'). The white area's in the upper third part of the *en face* image are artifacts caused by a failing segmentation algorithm due to a low intensity signal in that region.

At 10 weeks after baseline, after PDT and two additional intravitreal bevacizumab injections, the OCT-A *en face* did not show the enhanced blood flow at the end of the capillary (Row 4, column 1, red circle), although the quality of the measurement was lower due to increased noise in the central part of the image. On the OCT-A tomogram no suspected blood flow was seen near the hyperreflective area (Row 4, column 2). There is significant reduction of intra- and subretinal fluid from baseline to week 10.