



Supplemental figure 3: FA and ICG images of patient 9 at baseline and OCT-A images at baseline and week 12. The measurement and treatment schedule is displayed as a timeline: A=OCT-A; P=photodynamic therapy (PDT); B=bevacizumab.

At baseline, the visualization of an occult neovascularization was obscured by an intraretinal hemorrhage (Row 1, column 1 and 2, red arrow) and a hypercyanescent hotspot was seen on ICG (Row 1, column 3, red dashed arrow). At the OCT-A en face image at baseline several abnormally curved vessels were seen (Row 2, column 1, red circle) near the foveal avascular zone. On OCT-A tomogram 1 a vessel can be seen running through a local break in the retinal pigment epithelium (RPE), on top of a pigment epithelial detachment (PED) (Row 2, column 3, indicated as 'RCA') and on OCT-A tomogram 2 a vessel is displayed in the PED (Row 2, column 2, PED). In the adjacent frames it was found that these vessels form an anastomosis with intraretinal vessels. Visualization of the feeding vessels was characterized as poor on FA (Row 1, column 2) and as good on OCT-A en face (Row 2, column 1, white arrow).

At week 12, after two intravitreal injections of bevacizumab and PDT, a normalization of the vascular pattern was seen, as shown at the OCT-A *en face* (Row 3, column 1, red circle). The PED almost completely declined and the intraretinal fluid resolved after treatment, with the RPE break clearly visible on structural OCT tomograms 3 and 4 at the location of the former RCA (Row 3, column 2 and 3).