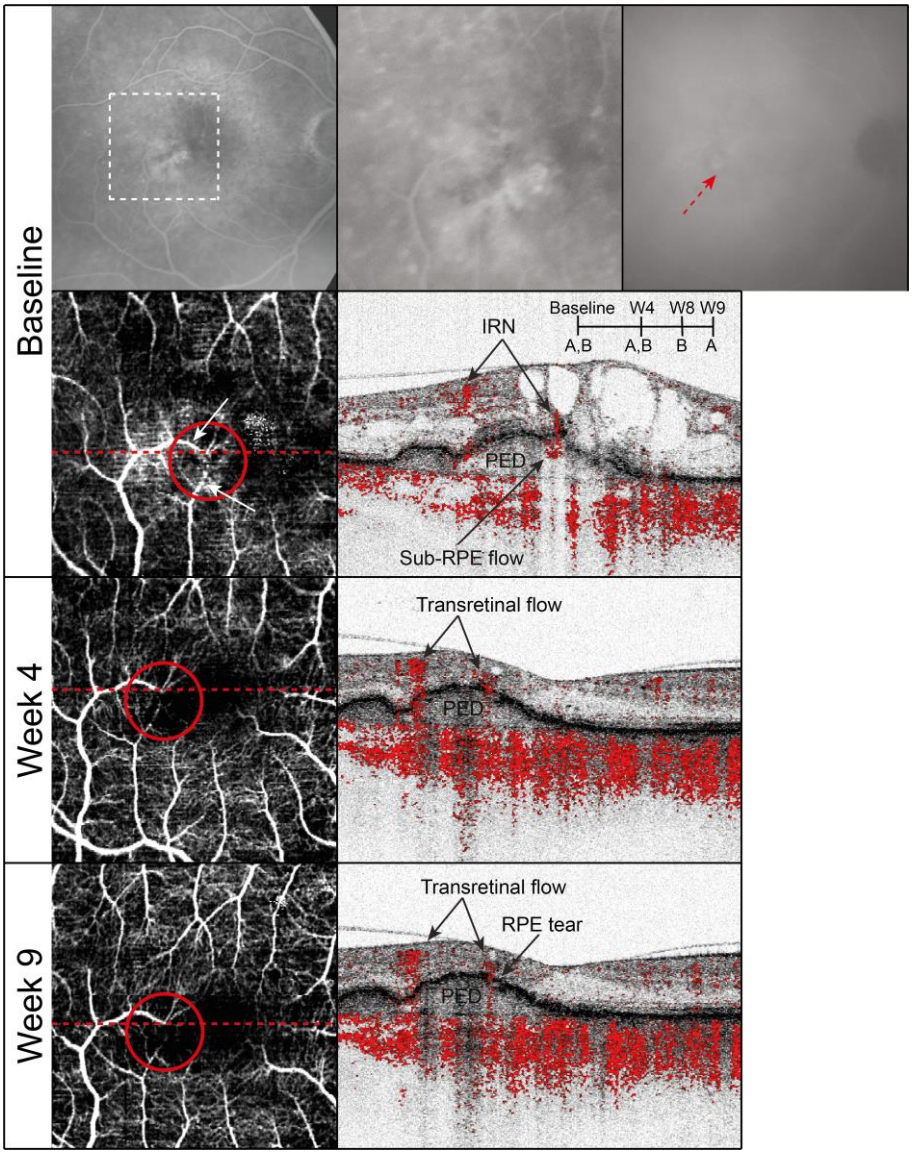


Supplemental figure 4: FA and ICG images of patient 10 at baseline and OCT-A images at baseline, week 4 and 9. The measurement and treatment schedule is displayed as a timeline: A=OCT-A; B=bevacizumab.

At baseline, an occult neovascularization was seen on FA and a hypercyanescent hotspot on ICG (Row 1, column 3, red dashed arrow). The OCT-A *en face* at baseline depicts a vessel which is strongly curved towards an area of increased blood flow near the fovea (Row 2, column 1, red circle). The OCT-A tomogram depicts the dissection of this vessel at different depth locations (Row 3, column 5, indicated as 'IRN'). The vessel appeared to run from the inner retina through the retinal pigment epithelium (RPE) into the sub-RPE space (indicated as 'sub-RPE flow' in the 'PED'). Visualization of the feeding vessels was characterized as poor on FA (Row 1, column 2) and as good on OCT-A enface (Row 2, column 1, white arrow).

At week 4, after an intravitreal injection of bevacizumab, the abnormal blood flow seen on OCT-A *en face* had disappeared (Row 3, column 1, red circle) and no sub-RPE flow was found in the RPE detachment (Row 3, column 2), while the curved vessel running towards the PED was still present. The amount of intra- and subretinal fluid was significantly reduced.

The patient was treated with two additional injections of bevacizumab at week 4 and 8. At week 9 (Row 4), no obvious differences where noted compared to the OCT-A images at week 4. However, the RPE-break through which the IRN formed a connection with the sub-RPE flow at baseline was still visible on the OCT-A tomogram (Row 4, column 2).