Non-neovascular AMD
with SRF

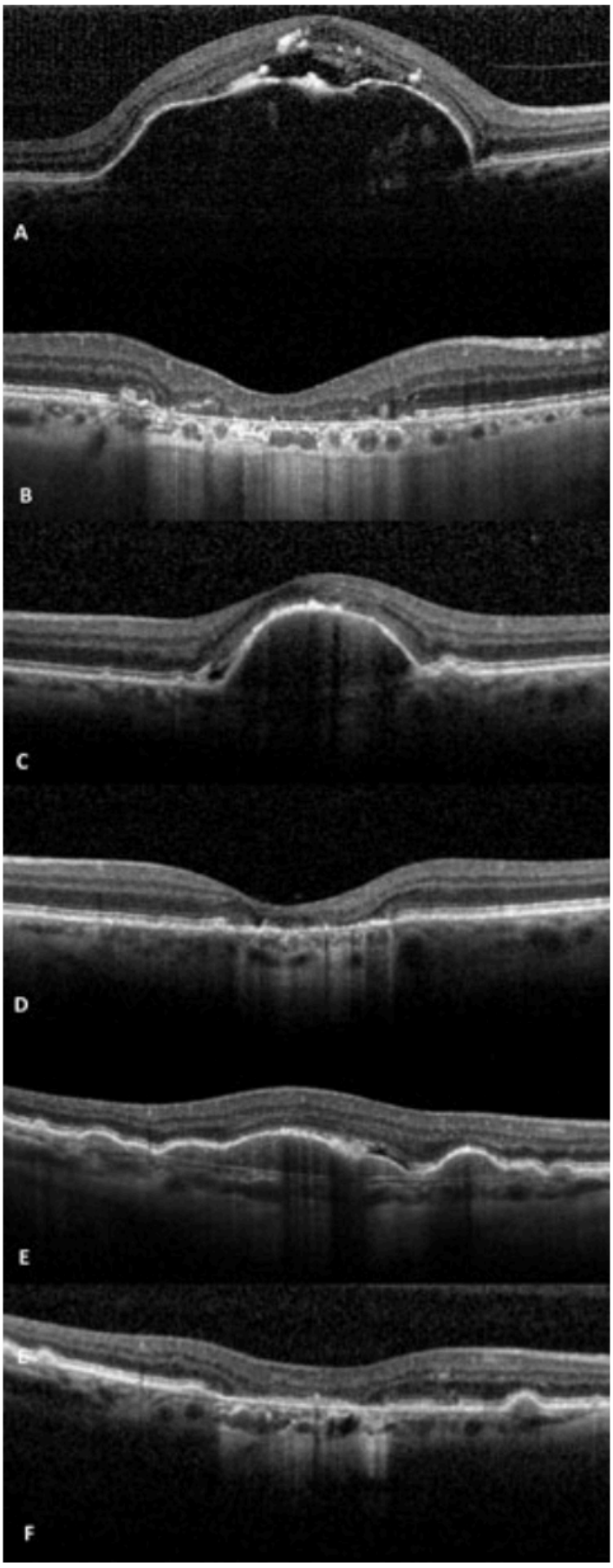

Figure 1: Three Cases of Non-Neovascular Intermediate AMD

- **Description**:
  - **(A)** Spectral-domain optical coherence tomography (SD-OCT) shows a drusenoid pigment epithelial detachment (PED) with a crest of subretinal fluid (SRF) associated with an acquired vitelliform lesion (AVL) and focal retinal pigment epithelium (RPE) thickening, including intraretinal hyper-reflective foci.

- **(B)** At the 5-year follow-up visit, the drusenoid PED is collapsed, leading to the development of complete RPE and outer retinal atrophy (cRORA).
- **(C)** SD-OCT illustrates a drusenoid PED with SRF located at the angle or crypt of the PED.
- **(D)** At the 10-month follow-up visit, the PED collapses, progressing to cRORA.
- **(E)** SD-OCT illustrates a drusenoid PED with low-lying drape of SRF.
- **(F)** At the 7-year follow-up visit, the drusenoid PED collapses, progressing to cRORA.

- **Results**:
- This figure demonstrates three distinct patterns of SRF in non-neovascular AMD:
  1. Crest of SRF at the apex of a drusenoid PED (Panel A-B).
  2. Fluid at the angle or crypt of a large druse or drusenoid PED (Panel C-D).
  3. Low-lying drape of fluid over confluent drusen (Panel E-F).
- All cases eventually progressed to collapse of the PED and development of cRORA, highlighting the association between SRF and eventual atrophy.

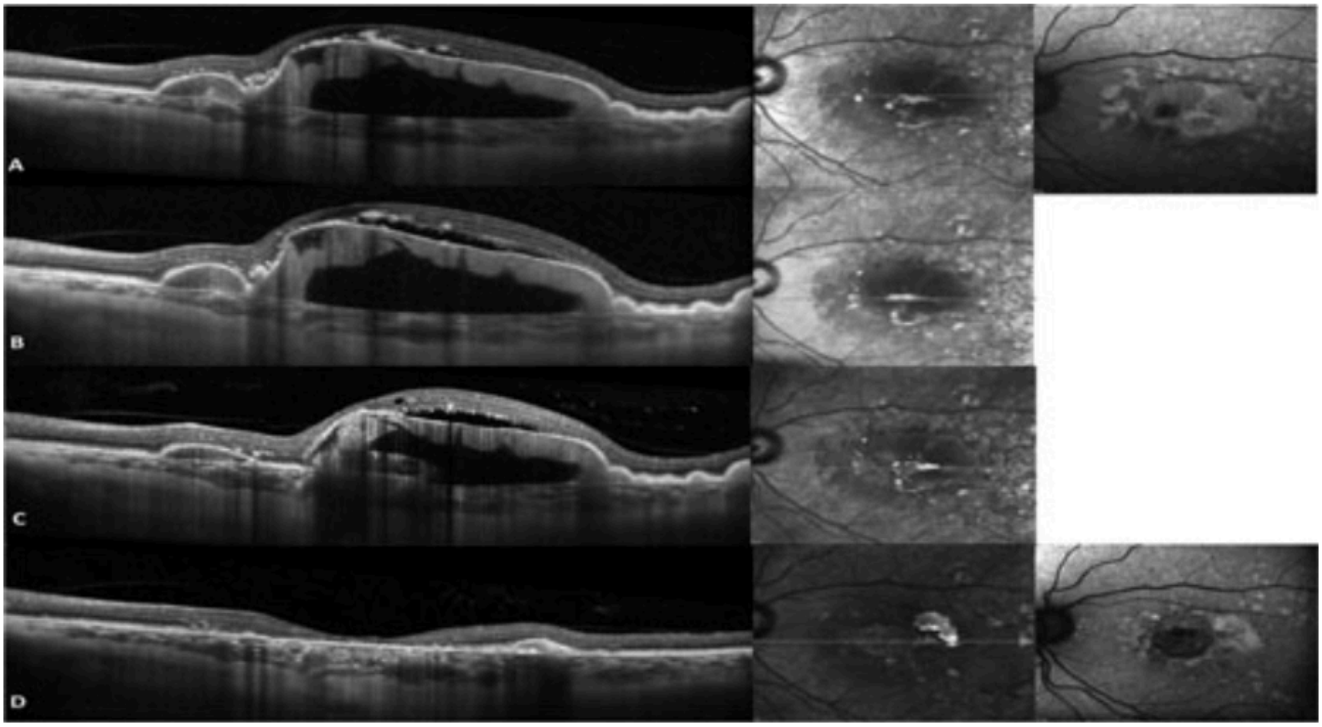

Figure 2: Case of Non-Neovascular Intermediate AMD
- **Description**:
- **(A)** Baseline SD-OCT B-scan showing a large drusenoid PED with SRF at the crest. Associated findings include choroidal hypertransmission and a hyporeflective sub-RPE space, indicating a high risk for progressive RPE atrophy.
- **(B)** At the 3-year follow-up visit, severe apex fluid is noted, accompanied by intraretinal hyper-reflective foci, focal RPE thickening, and hyporeflective sub-RPE areas.
- **(C)** At the 4-year follow-up visit, intraretinal degenerative cysts develop.
- **(D)** At the 5-year follow-up visit, the drusenoid PED collapses, resulting in the development of cRORA. Near-infrared (NIR) and fundus autofluorescence (FAF) images illustrate the progressive development of RPE atrophy.

- **Results**:
- The progression of SRF at the apex of the drusenoid PED is associated with significant anatomical changes, including RPE thickening, intraretinal hyper-reflective foci, and eventual collapse of the PED into cRORA.
- Choroidal hypertransmission and hyporeflective sub-RPE spaces are early indicators of progressive RPE atrophy.

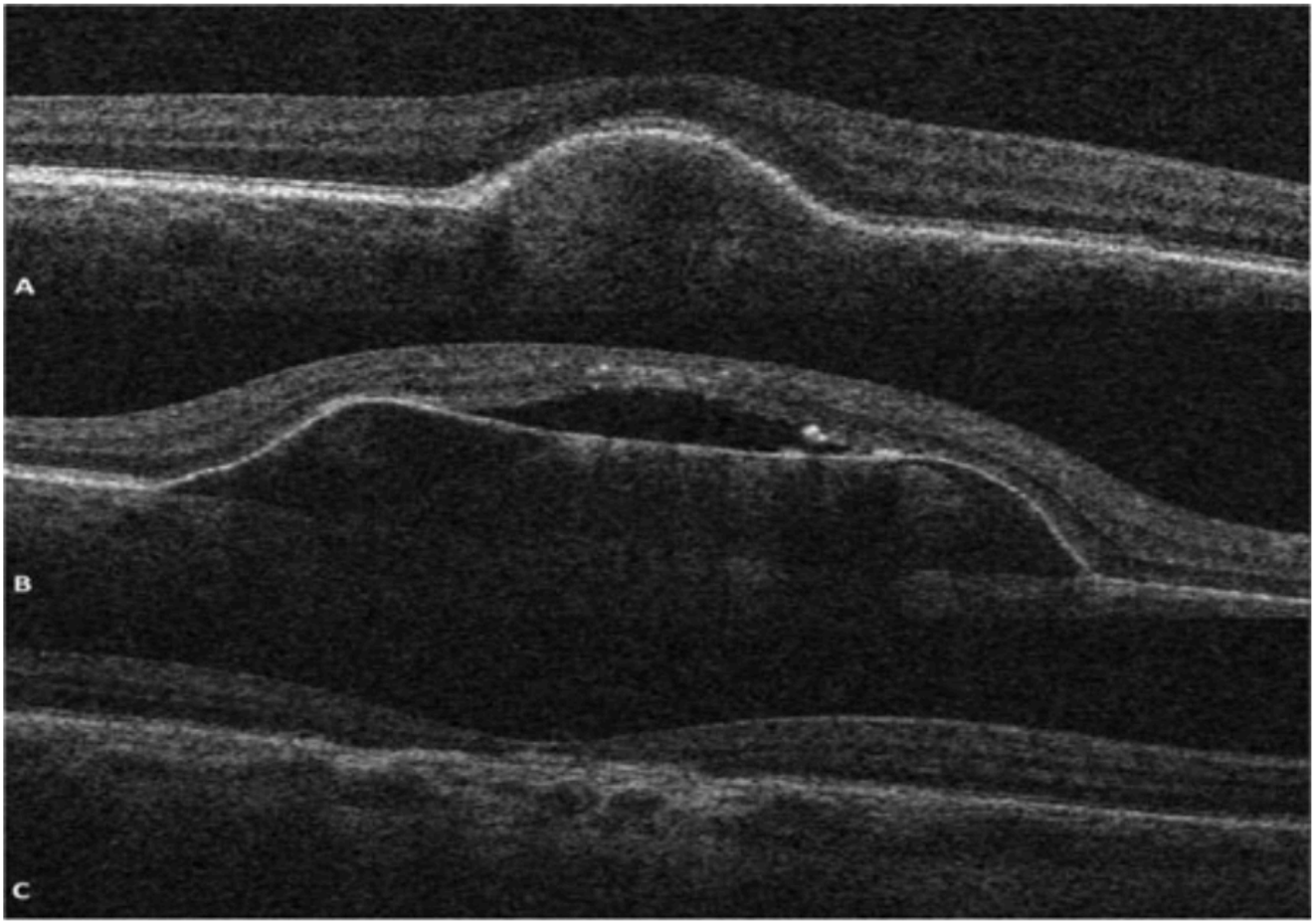

Figure 3: Case of Non-Neovascular Intermediate AMD

- **Description**:
  - **(A)** SD-OCT B-scan illustrating a large drusenoid PED.
  - **(B)** At the 7-year follow-up visit, evolving collapse of the drusenoid PED is evident, with the development of severe SRF at the apex and high-risk signs for progression to atrophy, such as focal RPE thickening, intraretinal hyper-reflective foci, choroidal hypertransmission, and hyporeflective areas in the sub-RPE compartment.
  - **(C)** At the 10-year follow-up visit, the drusenoid PED is completely collapsed, leading to the development of cRORA.

- **Results**:
  - This case highlights the long-term progression of SRF at the apex of the drusenoid PED, which ultimately leads to PED collapse and cRORA.
  - High-risk signs like choroidal hypertransmission and hyporeflective sub-RPE spaces are predictive of future atrophy.

Summary of Image Results:

1. **Figure 1**: Demonstrates three distinct patterns of SRF in intermediate AMD—crest of SRF, fluid at the angle/crypt, and low-lying drape of fluid—all of which progress to PED collapse and atrophy.
2. **Figure 2**: Illustrates the longitudinal progression of SRF at the apex of a drusenoid PED, showing the development of intraretinal changes and eventual collapse into cRORA.
3. **Figure 3**: Highlights the long-term evolution of SRF at the apex of a drusenoid PED, emphasizing the role of high-risk OCT biomarkers (e.g., choroidal hypertransmission, hyporeflective sub-RPE spaces) in predicting atrophy.

These images collectively support the conclusion that SRF in non-neovascular AMD is associated with high rates of PED collapse and progression to advanced forms of atrophy, particularly cRORA.