Supplementary Figure 1. No change in the excavation accompanied by polypoidal choroidal vasculopathy (PCV). A 61-year-old man visited our clinic with PCV in the left eye (Patient 6). (A) The right eye showed extrafoveal reddish-orange (white arrow) with no exudative changes. (B) Indocyanine green angiography confirmed the presence of polypoidal lesions (red arrow). (C) Initial examination with optical coherence tomography (OCT) showing a conforming excavation (yellow arrow). Eighteen months later, he experienced visual disturbance in the right eye. (D) Fundus photograph showing an exudative change from polypoidal lesions. No remarkable changes can be seen in the area corresponding to the excavation. (E) Indocyanine green angiography showing polypoidal lesions with a branching
vascular network. (F) A section of a swept-source OCT image showing a nonconforming excavation. (G) Three-dimensional image reconstructed by segmentation of the retinal pigment epithelium showing the shape of the excavation. The right eye was treated with 9 intravitreal injections of ranibizumab. (H-J) Twelve months later, the right eye showed persistent exudative changes. (J) The excavation was still nonconforming. The right eye was treated with ranibizumab combined with photodynamic therapy. (K-M) Twelve months later, the exudative changes were resolved. (M) The excavation had changed to the conforming type. No change in either the size or shape of the excavation was detected. OCT sections were made along the long white arrows