Table e-1. APOSTEL criteria

Nine-point Advised Protocol for OCT Study Terminology and Elements checklist

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| **Item** | **Recommendation** |
| 1 Study Protocol | Describe how many OCT operating sites and graders were included: **one site, two graders** |
|  | Report the timing of OCT compared to other measurements (same day, delayed): **Same day** |
|  | Describe the inclusion and exclusion criteria: **Described on p. 7, lines 130-145.** |
| 2 Acquisition Device | For all OCT devices used, report data on: |
|  | Manufacturer: **Heidelberg Engineering, Heidelberg, Germany** |
|  | Model: **Spectralis OCT** |
|  | Software version: **Heidelberg Eye Explorer HEYEX 1.10.2.0** |
| 3 Acquisition Settings | Clearly describe the settings in which OCT scans were obtained: |
|  | Room light conditions: **dimly lit room** |
|  | Pupils dilated before examination: **yes** |
|  | Number of operators and devices: **two same devices, two professional operators** |
| 4 Scanning protocol | Clearly describe the scanning protocol, including: |
|  | Type of scan (circular, volume, star, line, other): **macular volume scan** |
|  | Location (area of interest, macula, optic nerve head papillomacular bundle, other?): **macula** |
|  | Scan parameters (with or without eye tracking): **with eye tracking** |
|  | Volume scan: size of scan area (degrees or millimeters), number of B-scans, alignment of B-scans, number of A- scans per B-scan  **Described on p 9, lines 189-191** |
|  | Radial scan: size of scan area (degrees of millimeters), number of B-scans, alignment of B-scans, number of A- scans per B-scan **N/A** |
|  | Ring scan: diameter, A-scan/B-scan, manual or automatic placement of ring or method of centering, depth resolution **N/A** |
|  | Line scan: angle, location, number of A-scans, depth resolution **N/A** |
| 5 Funduscopic imaging | Report other imaging modalities used in addition to OCT (fundoscopy, confocal scanning laser ophthalmoscopy, retinal angiography, autofluorescence imaging): **Fundus color photography** |
|  | Describe acquisition protocol including**: N/A** |
|  | Excitation wavelength |
|  | Filter sets |
|  | Number of frames averaged (if applicable) |
| 6 Postacquisition data | Describe image selection process, including: |

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| selection | |
| Quality control criteria: **OSCAR-IB criteria** | |
| Postacquisition discard (number and criteria): **7 images**, **A quality index of at least 20 was required for all images.** | |
| Eye selection strategy (if applicable): **Only a single eye showing the worse preoperative VF defects in each patient was selected for the analysis, except when the data quality of the worse eye was inappropriate. In the healthy controls, only the right eye data were analyzed, except when the data quality of the right eye was inappropriate for the analysis of the retinal layer thickness and the data quality of the left eye was appropriate.** | |
| 7 Postacquisition analysis | Describe all postacquisition steps: |
| Software used for processing scans and segmentation (may be different from acquisition software): **We used a built-in software of the Spectralis with the autosegmentation algorithm (Heidelberg Eye Explorer software), as described on p 10, lines 199-201** | |
| Which individual retinal layers were segmented/included:  **RNFL, GCL, IPL, INL, OPL, ONL, PRL** | |
| Method of segmentation (automated, semiautomated, or manually): **automated, described on p 10, lines 199-201** | |
| How potential bias was addressed in the case of manual segmentation (masking): **The OCT grader was masked to participant group assignment.** | |
| 8 Nomenclature and abbreviations | Define: |
|  | Anatomical structures analyzed: **RNFL, GCL, IPL, INL, OPL, ONL, PRL, peripapillary RNFL thickness** |
|  | Units of provided measurements (e.g., volume or thickness):  **thickness in μm** |
| 9 Statistical approach | Describe: |
|  | Statistical models used for the analyses of OCT data: **Described on p 11, lines 223-235** |
|  | Whether data were analyzed by eye or by patient: **Data were analyzed by eye (Only a single eye in each patient was used in the analysis.).** |