Supplementary Table 3: Quality of the scans, grading definitions of vitreous, retinal and choroidal features and retinal layers for segmentation on optical coherence tomography (OCT) foveal scans

Quality	Description	
Excellent	Good resolution/saturation, features and pathologies are easily discerned, retinal layers are clearly defined and can be segmented or measured, and the scan is centered such that the area of	
	interest is entirely visible. Scans are also free of warping, motion, and scanning artifacts.	
Acceptable	Adequate resolution/saturation to assess features and pathologies. The layers of the retina are	
receptuble	visible and can be segmented and the volume has adequate centration such that the area of	
	interest can be assessed.	
Poor	Poor resolution/saturation such that the features, pathologies and retinal layers may be assessed	
	and/or measured.	
Unusable	Very low resolution/saturation such that key features or layers cannot be identified or if there is	
Chusuble	extreme motion or warping.	
OCT Feature	Description	
Vitreous pathologies	Vitreous pathologies may appear as strands, foci or clumps in the vitreous cavity with or without	
I S S	signal blocking.	
Vitreous separation	Separation of the posterior vitreous from the retinal surface.	
Vitreous opacities	Pre-retinal opacities visible above the retinal surface.	
Vitreous strands	Vitreous strands which appear as a linear vitreous opacity but not separation of the posterior	
	vitreous.	
Vitreous foci or clumps	Vitreous opacities that appear as highly reflective foci above the level of image noise that does not appear to be scan artifact.	
Pre-retinal neovascularization	Buds or tufts of tissue protruding upwards into the vitreous cavity.	
Macular edema	Presence of intraretinal edema or cystoid spaces commonly in the inner nuclear layer.	
Severity of Macular edema	<i>Mild:</i> presence of cystoid spaces in which there is little to no deformation of the foveal contour.	
	<i>Moderate:</i> presence of cystoid spaces with flattening or slight upward bulging and deformation of the foveal contour.	
	Severe: presence of cystoid spaces causing severe upward bulging of the foveal contour.	
Elongated cystoid spaces	Cystoid spaces that occupy more than ³ / ₄ or the entire height of the retinal layer.	
ELM at foveal center	Presence of ELM at the foveal center	
EZ band at foveal center	Presence of EZ at the foveal center.	
Photoreceptor bulging	Upward bulging of the outer plexiform layer at foveal center.	
Retinoschisis	Hypo-reflective spaces creating a split in the retinal layers.	
Retinal detachment	Neurosensory retina detached from the retinal pigment epithelium.	
Choroidal scleral junction (CSJ)	A distinct/indistinct band beneath the choroidal vessels and is considered synonymous with the stromal choroidal layer boundary as the supra-choroidal layer is not normally visible in young children on OCT.	
Decrease in choroidal signal	Seen as an area of signal blocking relative to surrounding areas or a broad area of lack of signal penetration likely due to hemorrhage or hyper-pigmentation.	
Retinal thickness measurements	Definition	
RNFL	Inner aspect of internal limiting membrane to the outer aspect of RNFL	
GCL & IPL	Outer aspect of RNFL to the outer aspect of IPL	
INL	Outer aspect of IPL to the inner aspect of OPL	
Outer retina	Inner aspect of OPL to inner aspect of RPE	

IZ (when	present)	and RPE
Choroid		

Inner aspect of IZ to the outer aspect of Bruch's membrane Outer aspect of Bruch's to inner aspect of CSJ

ELM: external limiting membrane; EZ: ellipsoid zone; RNFL: retinal nerve fiber layer; GCL: ganglion cell layer; IPL: Inner plexiform layer; INL: Inner nuclear layer; IZ: interdigitation zone; RPE: retinal pigment epithelium