International Validation of Myopic Traction Maculopathy Staging System

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BACKGROUND AND OBJECTIVE: The aim of this study was to evaluate the interobserver agreement of the myopic traction maculopathy (MTM) staging system (MSS).

PATIENTS AND METHODS: Each observer was asked to look at the MSS Table and then identify, in each optical coherence tomography scan, one among four stages of MTM in the retina, one among three stages in the fovea, and, as secondary findings, the presence or absence of an outer lamellar macular hole and the presence or absence of epiretinal abnormalities. The interobserver agreement value was calculated using the Gwet's AC1 unweighted and AC2 weighted statistics. The outcomes were interpreted as poor (<0.00), slight (0.00 to 0.20), fair (0.21 to 0.40), moderate (0.41 to 0.60), substantial (0.61 to 0.80), or almost perfect (0.81 to 1.00) agreement.

RESULTS: The agreement, among 65 participants, was 0.62 (AC1) and 0.77 (AC2) for the retina stage; 0.63 (AC1) and 0.81 (AC2) for the fovea stage; 0.56 (AC1) for the outer lamellar macular hole; and 0.26 (AC1) for epiretinal abnormalities.

CONCLUSION: The MSS is highly reproducible and helps ophthalmologists to share information on MTM in a more accurate and reliable way.

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The myopic traction maculopathy (MTM) staging system (MSS) describes the evolution of MTM and the related complications.[1] The MSS is based on the analysis of cases of MTM, using optical coherence tomography (OCT). The authors[1] performed a retrospective analysis of a variety of MTM cases and reconstructed the natural progression of the disease to build a scheme of stages, from the early tomographic changes in the retina and in the fovea to the most severe vision-affecting anatomic alterations.

The MSS is summarized in **Figure 1**, in which the four retinal stages are placed in the rows, along the vertical axis, to visually emphasize the tractional forces elongating the eye, perpendicularly to the retinal plane. The three stages of the fovea are placed in the columns, along the horizontal axis of the MSS scheme, to visually emphasize the tractional forces tangential to the retinal plane.

Each stage of MTM may evolve along the vertical, horizontal, or oblique axis of the MSS Table, according to the prevailing direction of the tractional force, passing, therefore, from mild retinal morphological changes, as inner-outer schisis, to more accentuated ones, with foveal involvement, such as lamellar macular hole (LMH), up to the most serious stages such as retinal detachment with or without full-thickness macular hole. Two secondary features associated with MTM stages are the presence of an outer lamellar macular hole (OLMH), reported in the MSS Table as an "O," and the presence of epiretinal abnormali-

Figure 1. Myopic Traction Maculopathy Staging System (MSS) Table. The table shows the evolution of the myopic traction maculopathy (MTM) with the changes in the retina from stage 1 to 4 and the changes in the fovea from stage a to c. Permission is granted for the life of the article on a non-exclusive basis, in the English language, throughout the world in all formats provided full citation is made to the original SAGE publication. Permission does not include any third-party material found within the work.

LMH = lamellar macular hole; FTMH = full thickness macular hole; BCVA = best-corrected visual acuity; PPV = pars plana vitrectomy; MB = macular buckle

ties (ERAs), reported in the MSS Table as a "+."

The aims of the MSS are to offer a simple way to identify all the types of MTM, with a common nomenclature, to predict the natural history and posttreatment prognosis in terms of time of evolution from one stage to the next, and to develop standardized metrics to allow for systematic study of the results of treatment of MTM customized per stage.

The success of any staging system lies in its clarity, precision, and ease of application. A preliminary study on interobserver and intraobserver reliability of the MSS staging system has been published.[2] In that study, six observers, experts in the diagnosis and management of pathologic myopia and MTM, reviewed 104 OCT scans twice, at an interval of 60 days. According to the interpretation guidelines of Landis and Koch,[3] the interobserver agreement was almost perfect describing the foveal stage (0.821), substantial when judging the retinal stage (0.724) and the presence of an OLMH (0.656), and moderate when judging the presence of an ERA (0.463). Intraobserver repeatability showed confirmation of the interobserver test with statistical significance. The aim of this study was to evaluate the ease of understanding and use of the MSS Table and the interobserver agreement when presented to a large sample of international colleagues, not previously familiar with the MSS.

METHODS

PARTICIPANTS AND STUDY DESIGN

A retrospective review of charts of patients affected by MTM was conducted and the available tomographic images were collected from the database of the OCT Canon A1 and S1 (Canon Xephilio) at the Ophthalmology Department of Eyecare Clinic, Brescia, Italy.

Twenty OCT scans from 20 eyes (12 right and 8 left) of 20 patients (10 women and 10 men) were collected in one single document (OCT document). Personal identifying data, such as name and birth date, were removed.

The Retina World Congress Global Collaborative Research Group (RWC-GCG) invited 1,000 RWC members to participate in the study and sent the instructions via email. The instructions consisted of

asking the participants to learn the MSS Table,[1] read the OCT document presented as a PDF (**Table A**, available in the online version of this article), and determine for each one of the 20 OCT scans of the OCT document the MSS retina stage (1, 2, 3, 4), the MSS fovea stage (a, b, c), and, as secondary findings, the presence or absence of an OLMH and the presence or absence of an ERA.

A definition of each MSS stage and presence, or lack thereof, of OLMH and/or ERA was provided in the instructions.

Each participant was masked to the results of the others. Examination time was not restricted, but respondents were asked to complete the study within 2 months from receiving the invitation. The recruitment of new participants stopped 2 months after launching the proposal of the study.

The answers were collected by the RWC-GCG through survey-based software (Survey Monkey) and studied for statistical analysis.

STATISTICAL ANALYSIS

The statistical analysis calculated the interobserver reliability. The absolute agreement and the Gwet's AC1 (unweighted) and AC2 (weighted quadratic) statistics with CIs were reported.[4] The agreement was evaluated for the polytomous variables "retina stage" and "fovea stage," individually and together, and for the two dichotomous variables, presence or absence of OLMH and of the ERA.

The MSS reliability assessment was performed by weighing how much the answers of observers differed from each other in the various stages of MSS. As the stages of MTM evolve from one to the next, we felt that a deviation of an answer from that deemed correct by the standard staging instructions by one stage could be considered differently than a deviation by two stages.

A quadratic weight formula (Fleiss-Cohen form)[5] to evaluate different variables was used.

For the value "retina," the following weights (w_r) were applied:

$w_r=1$ when the observer assigned the correct stage,

$w_r=0.88$ when the observer assigned a stage that was one stage different from the correct one,

$w_r=0.55$ when the observer assigned a stage that was two stages different from the correct one,

and $w_r=0$ when the observer assigned a stage that was three stages different from the correct one.

For the value "fovea" we applied:

$W_f=1$ when the observer assigned the correct stage,

$W_f=0.75$ when the observer assigned a stage that was one stage different from the correct one,

and $f_r=0$ when the observer assigned a stage that was two stages different from the correct one.

For the Retina and Fovea criteria, the "quadratic" criterion was chosen to emphasize the agreement between the evaluations by making the large differences less important and leaving the AC1 measure (unweighted agreement) the priority in the performance evaluation. The "linear" criterion in the calculation of AC2 would probably have led to intermediate results between AC1 and AC2 with "quadratic" weights.

OLMH and ERA allowed only dichotomic answers as "present" and "absent."

w_{OLMH} and $w_{ERA}=1$ when the observers agreed in recognizing the presence, and

w_{OLMH} and $w_{ERA}=0$ when they disagreed.

Retina, Fovea, OLMH, and ERA ($w= w_r * w_f * w_{OLMH} * w_{ERA}$) answers were combined to evaluate the agreement of the whole MSS.

Interpretation of outcomes was based on the guidelines outlined by Landis and Koch representing the outcome as "poor" when the agreement was <0.00, "slight" when the agreement was in the range of 0.00 to 0.20, "fair" when in the range of 0.21 to 0.40, "moderate" when in the range of 0.41 to 0.60, "substantial" when in the range of 0.61 to 0.80, and "almost perfect" when in the range of 0.81 to 1.00.

SAS 9.4 statistical software (SAS Institute) was used for the analysis.[3]

The 95% CIs were reported. Unweighted statistics and weighted statistical analyses were performed to evaluate polytomous variables, retina staging, and fovea staging separately from each other and together. Unweighted statistics was performed to evaluate the dichotomous variables OLMH and ERA. Finally, a test including all criteria was evaluated with unweighted and weighted statistics.

RESULTS

Sixty-five ophthalmologists, from 10 countries in different continents, volunteered within 2 months from the proposal to participate in the validation of the MSS. They sent back their answers within 1 week after acceptance of participation (**Table A**).

INTEROBSERVER RELIABILITY

Table A shows the results of the test for the interobserver validation, performed by the 65 observers.

Applying the Gwet's AC1 (unweighted) and AC2 (weighted, quadratic) statistics, the agreement for the retina stage was 0.62 (AC1) and 0.77 (AC2 quadratic) and therefore considered "substantial"; for the fovea stage, it was 0.63 (AC1) and 0.81 (AC2 quadratic) and therefore considered "substantial or almost perfect"; for the presence of OLMH, it was 0.56 (AC1) and therefore considered "moderate"; and for the presence of ERA,

the agreement was 0.26 (AC1) and therefore "fair."

When the retina stage and fovea stages were analyzed together, the agreement was 0.51 (AC1) and 0.74 (AC2) and therefore considered "moderate to substantial."

DISCUSSION

The MSS was designed for three main purposes. The first purpose was to offer a standardized and complete nomenclature, to guide in the identification of the main various morphological patterns present in MTM, from early retinal and foveal changes, such as maculoschisis, in the inner and inner-outer layers, and LMH, to serious cases of retinal detachment and lamellar or full-thickness macular holes.

The second purpose was to describe the pathogenesis, natural history, and prognosis of MTM. The MSS Table is in fact designed to describe the evolution of the disease, particularly when enriched by data on the time taken for MTM to evolve from one stage to the next.

The third purpose was to create a structure for researchers, studying the treatment of MTM, to be able to ultimately offer guidelines for management that are customized per stage.

The accurate definition of MTM stages is based on the direct observation of OCT images. Several authors have described the various patterns of MTM,[6,7] but none is complete with all the stages, nor have they associated them with changes that occur with natural evolution. Knowing the severity of the MTM patterns and predicting their natural progression and the time in which they can occur helps the ophthalmologist to make more rational choices on follow-up and treatment.

The classification by Shimada et al.[6] describes the retinoschisis in 5 stages (from 0 to 4) based on the size and location of the schisis in relation to the fovea. It is an anatomical classification that does not mention the evolution into detachment or into holes.

A second classification by Shimada et al.[8] describes the evolution from schisis to detachment through an outer macular hole. However, it does not comprise all the stages of MTM.

Ruiz Moreno et al.[7] proposed a classification not just of MTM but of myopic maculopathy as a whole, that is known as ATN classification, considering the three main aspects of myopia: A as atrophy, T as traction, and N as neovascularization. The T session is the one dedicated to MTM, but it is not complete.

The MSS is the only staging system. Unlike other grading proposals, the MSS is not a classification and does not divide MTM in types but in stages to underline the evolving and dynamic nature of the disease.

The MSS allows the observer to judge separately the retinal and foveal morphological changes, without neglecting any detail, and, at the same time, to accurately describe the type of MTM.

Although there are 12 main stages in the MSS, the interobserver reliability test was significantly positive, and, according to the definition of Landis and Koch, it was "substantial" for the retina and "almost perfect" for the fovea. Hence, we might conclude that not only MTM experts[2] but also colleagues with less disease-specific training can easily identify the stages described in the MSS Table.

Because the aim of this study was to evaluate the ease of understanding and use of the MSS Table when used by colleagues not previously familiar with the MSS, the RWC-GCG did not ask to specify the training experience of the participant, although it can be assumed that members of RWC are mostly retina specialists.

The ease of learning and then using the MSS was well demonstrated, as we saw those observers, who were not familiar with the MSS but had the opportunity to read the MSS Table only for the purpose of the present study, were nevertheless able to complete the assignment within 1 week after agreeing to participate in the study.

One observation concerns the statistical analyses used. Although the Cohen's kappa is among the most used statistical analysis tests in the literature, it allows us to compare the evaluation on dichotomous scales, ie, for criteria that have two choices: yes or no. Although this statistical analysis is appropriate to evaluate the presence of absence of OLMH and ERA variables, it is not appropriate for the retina and the fovea variables that require the choice of more than two alternatives (four in the retina and three in the fovea). Fleiss created an extension of the Cohen kappa measure (Fleiss K) to evaluate the polychotomic scales. Both analyses software, Cohen and Fleiss, allow for comparison between two observers but not between multiple observers. Many authors have tried to create extensions, one of which is the Gwet's statistic (unweighted AC1 and weighted AC2) that was used in this study. This analysis can be used for both dichotomous and polychotomic scales and compares more than two observers. Furthermore, Cohen's kappa test is not reliable when the data are not homogeneously distributed among the alternative choices made by the observers.

The weighted statistical analysis considers differently the disagreement of just one stage compared with the disagreement of more than one stage. In our study, the weighted statistical analysis confirmed the reliability with an even greater agreement. High agreement was achieved for both for initial, intermediate, and extreme MTM stages.

Some stages might be in evolution across stages and be identified as stage 1 or 2 or 1/2, which is likely to account for some of the variability among partici-

pants in assessing the correct final stage.

The highest disagreement was related to the attribution of the secondary findings, ie, the presence or absence of OLMH and ERA. These are adjunctive features of MTM and can add information to the overall understanding of natural history, prognosis, and treatment. However, they do not influence the attribution of the stage of MTM and do not influence the choice of treatment. The low agreement seen among observers demonstrated the difficulty in recognizing an OLMH as a space where the photoreceptors are not present and there is a splitting in the photoreceptor's layers. An OLMH may also be indirectly recognizable as an area of hyperreflectivity into the subretinal tissue (RPE and sclera),[9] although more training may be required to appreciate it when looking at an OCT scan of an eye with MTM.

Additionally, the recognition of ERA in MTM is not as straightforward as it is in cases of epiretinal membranes in eyes without high myopia. In eyes with MTM, it is not easy to differentiate whether the top layer of the scan represents the separation of the internal limiting membrane from other retinal layers or an epiretinal membrane or the vitreous cortex, unlike in cases of idiopathic epiretinal membrane, where the structures are easier to identify. As such, some OCT scans used in this study may have been misinterpreted even though we selected them with the aim of offering real-life examples of MTM cases.

In conclusion, the proposed MSS offers an accurate description of MTM, is easy to learn, is highly reproducible, and can help ophthalmologists to share information on the disease using a standard diagnostic and prognostic terminology.

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Table A

Q1. First Name

Answered	**57**
Skipped	**1**

Q2. Last Name

Answered	**57**
Skipped	**1**

Q3. Professional Designation

Answer Choices		Responses
Physician	91,23%	52
Fellow	8,77%	5
	Answered	**57**
	Skipped	**1**

Q4. Email Address

Answered	**57**
Skipped	**1**

Q5. OCT Scan #1: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	0,00%	0
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	1,75%	1
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	98,25%	56
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
	Answered	**57**
	Skipped	**1**

Q6. OCT Scan #1: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	0,00%	0
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	100,00%	56
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
	Answered	**56**
	Skipped	**2**

Q7. OCT Scan #1: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	28,07%	16
No	71,93%	41
	Answered	**57**
	Skipped	**1**

Q8. OCT Scan #1: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	71,93%	41
No	28,07%	16
	Answered	**57**
	Skipped	**1**

Q9. OCT Scan #2: Select the intraretinal stage

Answer Choices		Responses

Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	17,54%	10
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	75,44%	43
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	5,26%	3
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	1,75%	1
Answered		**57**
Skipped		**1**

Q10. OCT Scan #2: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	76,79%	43
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	23,21%	13
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
Answered		**56**
Skipped		**2**

Q11. OCT Scan #2: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	1,75%	1
No	98,25%	56
Answered		**57**
Skipped		**1**

Q12. OCT Scan #2: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	50,88%	29
No	49,12%	28
Answered		**57**
Skipped		**1**

Q13. OCT Scan #3: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	1,75%	1
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	0,00%	0
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	98,25%	56
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
Answered		**57**
Skipped		**1**

Q14. OCT Scan #3: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	73,68%	42
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	26,32%	15
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
Answered		**57**
Skipped		**1**

Q15. OCT Scan #3: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	10,53%	6
No	89,47%	51
	Answered	**57**
	Skipped	**1**

Q16. OCT Scan #3: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	85,96%	49
No	14,04%	8
	Answered	**57**
	Skipped	**1**

Q17. OCT Scan #4: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	1,75%	1
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	0,00%	0
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	10,53%	6
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	87,72%	50
	Answered	**57**
	Skipped	**1**

Q18. OCT Scan #4: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	1,75%	1
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	0,00%	0
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	98,25%	56
	Answered	**57**
	Skipped	**1**

Q19. OCT Scan #4: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	23,21%	13
No	76,79%	43
	Answered	**56**
	Skipped	**2**

Q20. OCT Scan #4: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	47,37%	27
No	52,63%	30
	Answered	**57**
	Skipped	**1**

Q21. OCT Scan #5: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	67,27%	37
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	14,55%	8

Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	1,82%	1
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	16,36%	9
Answered		**55**
Skipped		**3**

Q22. OCT Scan #5: Select the fovea stage

Answer Choices	Responses	
Stage a: the fovea is intact, regular, complete.	0,00%	0
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	3,51%	2
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	96,49%	55
Answered		**57**
Skipped		**1**

Q23. OCT Scan #5: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	24,56%	14
No	75,44%	43
Answered		**57**
Skipped		**1**

Q24. OCT Scan #5: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	50,00%	28
No	50,00%	28
Answered		**56**
Skipped		**2**

Q25. OCT Scan #6: Select the intraretinal stage

Answer Choices	Responses	
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	7,14%	4
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	75,00%	42
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	7,14%	4
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	10,71%	6
Answered		**56**
Skipped		**2**

Q26. OCT Scan #6: Select the fovea stage

Answer Choices	Responses	
Stage a: the fovea is intact, regular, complete.	85,96%	49
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	12,28%	7
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	1,75%	1
Answered		**57**
Skipped		**1**

Q27. OCT Scan #6: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	5,26%	3
No	94,74%	54

Q28. OCT Scan #6: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	47,37%	27
No	52,63%	30
	Answered	**57**
	Skipped	**1**

Q29. OCT Scan #7: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	41,07%	23
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	58,93%	33
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	0,00%	0
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
	Answered	**56**
	Skipped	**2**

Q30. OCT Scan #7: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	80,70%	46
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	19,30%	11
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
	Answered	**57**
	Skipped	**1**

Q31. OCT Scan #7: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	3,51%	2
No	96,49%	55
	Answered	**57**
	Skipped	**1**

Q32. OCT Scan #7: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	0,00%	0
No	100,00%	57
	Answered	**57**
	Skipped	**1**

Q33. OCT Scan #8: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	5,45%	3
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	12,73%	7
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	76,36%	42
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	5,45%	3
	Answered	**55**
	Skipped	**3**

Q34. OCT Scan #8: Select the fovea stage

Answer Choices	Responses	
Stage a: the fovea is intact, regular, complete.	0,00%	0
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	10,53%	6
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	89,47%	51
Answered		**57**
Skipped		**1**

Q35. OCT Scan #8: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	33,93%	19
No	66,07%	37
Answered		**56**
Skipped		**2**

Q36. OCT Scan #8: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	68,42%	39
No	31,58%	18
Answered		**57**
Skipped		**1**

Q37. OCT Scan #9: Select the intraretinal stage

Answer Choices	Responses	
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	0,00%	0
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	5,26%	3
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	85,96%	49
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	8,77%	5
Answered		**57**
Skipped		**1**

Q38. OCT Scan #9: Select the fovea stage

Answer Choices	Responses	
Stage a: the fovea is intact, regular, complete.	50,88%	29
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	43,86%	25
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	5,26%	3
Answered		**57**
Skipped		**1**

Q39. OCT Scan #9: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	87,72%	50
No	12,28%	7
Answered		**57**
Skipped		**1**

Q40. OCT Scan #9: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	50,88%	29

No	49,12%	28
Answered		**57**
Skipped		**1**

Q41. OCT Scan #10: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	1,75%	1
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	3,51%	2
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	85,96%	49
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	8,77%	5
Answered		**57**
Skipped		**1**

Q42. OCT Scan #10: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	62,50%	35
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	32,14%	18
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	5,36%	3
Answered		**56**
Skipped		**2**

Q43. OCT Scan #10: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	68,42%	39
No	31,58%	18
Answered		**57**
Skipped		**1**

Q44. OCT Scan #10: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	50,88%	29
No	49,12%	28
Answered		**57**
Skipped		**1**

Q45. OCT Scan #11: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	5,26%	3
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	5,26%	3
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	3,51%	2
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	85,96%	49
Answered		**57**
Skipped		**1**

Q46. OCT Scan #11: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	87,72%	50

Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	7,02%	4
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	5,26%	3
Answered		**57**
Skipped		**1**

Q47. OCT Scan #11: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	19,64%	11
No	80,36%	45
Answered		**56**
Skipped		**2**

Q48. OCT Scan #11: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	19,30%	11
No	80,70%	46
Answered		**57**
Skipped		**1**

Q49. OCT Scan #12: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	10,53%	6
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	84,21%	48
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	0,00%	0
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	5,26%	3
Answered		**57**
Skipped		**1**

Q50. OCT Scan #12: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	85,96%	49
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	14,04%	8
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
Answered		**57**
Skipped		**1**

Q51. OCT Scan #12: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	1,75%	1
No	98,25%	56
Answered		**57**
Skipped		**1**

Q52. OCT Scan #12: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	10,53%	6
No	89,47%	51
Answered		**57**
Skipped		**1**

Q53. OCT Scan #13: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	35,71%	20
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	60,71%	34
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	3,57%	2
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
	Answered	**56**
	Skipped	**2**

Q54. OCT Scan #13: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	28,07%	16
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	70,18%	40
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	1,75%	1
	Answered	**57**
	Skipped	**1**

Q55. OCT Scan #13: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	14,29%	8
No	85,71%	48
Answered		**56**
Skipped		**2**

Q56. OCT Scan #13: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	43,86%	25
No	56,14%	32
Answered		**57**
Skipped		**1**

Q57. OCT Scan #14: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	1,79%	1
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	5,36%	3
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	92,86%	52
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
	Answered	**56**
	Skipped	**2**

Q58. OCT Scan #14: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	1,75%	1
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	98,25%	56
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0

Q59. OCT Scan #14: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	31,58%	18
No	68,42%	39
Answered		**57**
Skipped		**1**

Q60. OCT Scan #14: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	80,70%	46
No	19,30%	11
Answered		**57**
Skipped		**1**

Q61. OCT Scan #15: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	1,82%	1
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	0,00%	0
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	1,82%	1
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	96,36%	53
Answered		**55**
Skipped		**3**

Q62. OCT Scan #15: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	100,00%	56
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	0,00%	0
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
Answered		**56**
Skipped		**2**

Q63. OCT Scan #15: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	7,14%	4
No	92,86%	52
Answered		**56**
Skipped		**2**

Q64. OCT Scan #15: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	0,00%	0
No	100,00%	56
Answered		**56**
Skipped		**2**

Q65. OCT Scan #16: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	91,23%	52

Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	5,26%	3
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	1,75%	1
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	1,75%	1
Answered		**57**
Skipped		**1**

Q66. OCT Scan #16: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	98,25%	56
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	1,75%	1
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
Answered		**57**
Skipped		**1**

Q67. OCT Scan #16: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	5,26%	3
No	94,74%	54
Answered		**57**
Skipped		**1**

Q68. OCT Scan #16: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	91,23%	52
No	8,77%	5
Answered		**57**
Skipped		**1**

Q69. OCT Scan #17: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	7,14%	4
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	23,21%	13
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	69,64%	39
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	0,00%	0
Answered		**56**
Skipped		**2**

Q70. OCT Scan #17: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	54,39%	31
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	43,86%	25
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	1,75%	1
Answered		**57**
Skipped		**1**

Q71. OCT Scan #17: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses

Yes	70,18%	40
No	29,82%	17
	Answered	**57**
	Skipped	**1**

Q72. OCT Scan #17: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	70,18%	40
No	29,82%	17
	Answered	**57**
	Skipped	**1**

Q73. OCT Scan #18: Select the intraretinal stage

Answer Choices	Responses	
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	0,00%	0
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	7,02%	4
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	85,96%	49
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	7,02%	4
	Answered	**57**
	Skipped	**1**

Q74. OCT Scan #18: Select the fovea stage

Answer Choices	Responses	
Stage a: the fovea is intact, regular, complete.	63,16%	36
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	36,84%	21
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	0,00%	0
	Answered	**57**
	Skipped	**1**

Q75. OCT Scan #18: Is an Outer Lamellar Macular hole present?

Answer Choices	Responses	
Yes	68,42%	39
No	31,58%	18
	Answered	**57**
	Skipped	**1**

Q76. OCT Scan #18: Is an epiretinal abnormality present?

Answer Choices	Responses	
Yes	38,60%	22
No	61,40%	35
	Answered	**57**
	Skipped	**1**

Q77. OCT Scan #19: Select the intraretinal stage

Answer Choices	Responses	
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	78,18%	43
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	18,18%	10
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	0,00%	0
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	3,64%	2

Q78. OCT Scan #19: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	3,51%	2
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	87,72%	50
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	8,77%	5
	Answered	57
	Skipped	1

Q79. OCT Scan #19: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	23,21%	13
No	76,79%	43
	Answered	56
	Skipped	2

Q80. OCT Scan #19: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	83,93%	47
No	16,07%	9
	Answered	56
	Skipped	2

Q81. OCT Scan #20: Select the intraretinal stage

Answer Choices		Responses
Stage 1: initial schisis in inner layers or inner-outer layers. No detachment of the photoreceptors from the RPE is visible but only schisis. Schisis means that the layers of the retina are separated one from the other but the photoreceptors are still attached.	0,00%	0
Stage 2: deeper schisis in the outer deep layer of the retina. No detachment of the photoreceptors from the RPE is visible.	5,26%	3
Stage 3: association\combination of schisis and detachment of the fovea in the 6 central mm OCT scan.	87,72%	50
Stage 4: prevalent detachment of the macula with minimal or absent schisis, in the 6 central mm OCT scan.	7,02%	4
	Answered	57
	Skipped	1

Q82. OCT Scan #20: Select the fovea stage

Answer Choices		Responses
Stage a: the fovea is intact, regular, complete.	87,72%	50
Stage b: the fovea has a partial splitting in a lamellar macular hole. The splitting can involve the inner surface or the inner retina. Even a partial splitting, a lack of continuity is stage b and not a.	10,53%	6
Stage c: the fovea is totally split in a full thickness macular hole. No connection is visible in the fovea. Residual deep tissue is still a lamellar hole. In order to be stage c there must be a total separation of each layer.	1,75%	1
	Answered	57
	Skipped	1

Q83. OCT Scan #20: Is an Outer Lamellar Macular hole present?

Answer Choices		Responses
Yes	8,77%	5
No	91,23%	52
	Answered	57
	Skipped	1

Q84. OCT Scan #20: Is an epiretinal abnormality present?

Answer Choices		Responses
Yes	45,61%	26
No	54,39%	31
	Answered	**57**
	Skipped	**1**

Answer Choices		Responses
Yes	45,61%	26
No	54,39%	31
	Answered	**57**
	Skipped	**1**

Supplemental Material 1
"International Validation of Myopic Traction Maculopathy Staging System" Study Participants

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Serena	Fragiotta	Italy
Alessandro	Cutini	Italy
Enrico	Borrelli	Italy
Giuseppe	Demarinis	Italy
Antonio	Scoyni	Italy
Carlo	Gandolfi	Italy
Stefano	Russo	Italy
Giulia	Di Stefano	Italy
Roberto	Dell'omo	Italy
Horia	Stanca	Romania
Lorenzo	Casillo	Italy
Ilaria	De Pascale	Italy
Alberto	La Mantia	Italy
Giuseppe	Querques	Italy
Alfonso	Savastano	Italy
Andrea	Baldi	Italy
Robinson	Barrientos	Venezuela
Ogugua	Okonkwo	Nigeria
Kunihiko	Akiyama	Japan
Teresa	Florit Pons	Italy

Michele	Palmieri	Italy
Jean-Yves	Sahyoun	Canada
Sengul	Ozdek	Turkey
Sangeet	Mittal	India
Alejandro	Filloy Rius	Spain
Matteo Giuseppe	Cereda	Italy
Antonio Marcelo	Barbante Casella	Brazil
Radina	Kirkova	Bulgaria
Jesus	Garcia-Martinez	Mexico
Sehrish	Nizar Ali Momin	Pakistan
Hannah	Prasanth	India
Naseh	Mohammadi	Iran
Nuria	Olivier	Spain
Samira	Tachfouti	Morocco
Haroon	Tayyab	Pakistan
Esteban	Velez	Colombia
Narciso Jr	Atienza	Philippines
Peter	Kaiser	USA
Jorge	Rocha	Brazil
Fernando	Arevalo	USA
Taiji	Sakamoto	Japan
Kourous	Rezaei	USA
Tarek	Hassan	USA
Rishi	Sing	Canada
Raya	Narajanan	India
Hiroto	Terasaki	Japan