ease involvement, reduction in subfoveal choroidal thickness, and fluctuation in cystoid macular edema (CME). We thus believe our findings support our conclusion, which again, is a suggestion, not a definitive truth beyond a reasonable doubt. We do not wish to imply that the findings from this case will apply to all cases of PPS maculopathy, and perhaps it would be more conservative to phrase our statement as “maculopathy may continue to evolve after drug cessation for at least 10 years.”

We agree that the etiology of CME in patient 6 is uncertain. Indeed, we stated, “It is unclear when this patient initially developed CME and if it was related to PPS use, although she had no other identifiable cause for CME.” However, we have seen CME in numerous patients with PPS maculopathy with no other identifiable etiology. In the largest case series to date (35 cases), we observed CME in 9 eyes (13%) of 6 patients. Thus we believe that CME may be a feature of PPS maculopathy.

We also agree with and wish to highlight the important comment that many patients with PPS exposure may develop unrelated maculopathies. Although numerous studies have demonstrated a strong association between long-term PPS use and PPS maculopathy, not all patients with PPS exposure and macular disease have PPS maculopathy. We have previously explored this concern of potential misdiagnosis with separate studies comparing the imaging phenotype of PPS maculopathy with inherited retinal diseases and age-related macular degeneration.3 4

In sum, we appreciate Vander’s comments regarding the importance of drawing measured conclusions from the data. We intend to continue learning about the long-term trajectory of this condition so that we are best able to counsel our patients.

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In Reply We thank the authors for their letter regarding our article, “Detection of Coronavirus Disease 2019 Viral Material on Environmental Surfaces of an Ophthalmology Examination Room.”1 We are grateful for the opportunity to discuss the topic of masks, which we did not mention in the original article because of the word count limitation of the journal’s instructions. We agree with the authors that whether the patients, companions, and health care workers were wearing masks could alter the outcomes and interpretation of the study. All patients and companions were wearing different kinds of masks, including surgical masks and simple homemade cloth masks. Health care workers were wearing Filtering Facepiece 2 masks during the study. However, there was no standardized particle-filtering mask use in the study. Furthermore, we did not record the mask types. We agree that this was a limitation of the study. We would like to highlight that this study was not interventional but only observational, so standardization of mask use did not occur.

We also observed that most patients did not wear the masks properly covering their noses and mouths, although no systematic recording of this observation was obtained during the study. Beginning with the entrance to the clinic, patients took off their masks at various steps of the examination, particularly while they were talking. Again, we did not systematically collect this information. We do believe that this study matched the reality of our daily ophthalmologic examinations early on within the pandemic conditions. Because of the observational nature of this study, we do not suggest that we detected coronavirus 2019 disease (COVID-19) viral material despite use of proper face masking with standardized particle-filtering masks. We hope, though, that our observations and this reply may decrease anxiety among physicians and other health care workers interacting with patients who wear proper face masks that tightly cover the nose and mouth. Evaluation of environmental surfaces of ophthalmology examination rooms after examinations of patients wearing standardized particle-filtering masks covering the nose and mouth may be the subject of another study.

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CORRECTION

Error in Figure 1 and Additional Information: The Original Investigation titled "Insights From Survival Analyses During 12 Years of Anti–Vascular Endothelial Growth Factor Therapy for Neovascular Age-Related Macular Degeneration," published online November 19, 2020, was corrected to fix Figure 1A, which had shown the wrong graph, and to fix the Dryad link in the Additional Information section. This article was corrected online.