Category	Description	Included Scenarios
1. Moderate TED without functional urgency or refractoriness	Patients with active moderate disease, without imminent visual threat, with good response or no previous treatment, and without critical comorbidities. This category represents typical cases of moderate TED in early or subacute phases, with controllable symptoms and without treatment failure or visual emergencies.	**Scenario 1** – Active moderate TED, <6 months of evolution, intermittent diplopia, without optic neuropathy, without risk factors, stabilized thyroid status. **Scenario 2** – Active moderate TED, >6 months of evolution, progressive exophthalmos (>24 mm), without diplopia or neuropathy, active smoker. **Scenario 8** – Active moderate TED, without relevant exophthalmos, but with persistent diplopia and CAS=3, without other comorbidities. Scenario 11 – Active moderate TED, without significant functional or visual symptoms, but with exophthalmos or eyelid edema that impacts quality of life for cosmetic reasons. CAS=3. Non-smoker, euthyroid.
2. Moderate TED with refractoriness, comorbidities, or risk factors	Moderate cases with complicating factors for treatment choice: Therapeutic failure, limiting comorbidities, active smoking, or high functional impact. This category includes patients in whom treatment indication is complex due to insufficient response to glucocorticoids, conditions limiting their use, or risks modifying the benefit-risk balance.	**Scenario 4** – Active moderate TED, significant diplopia and high CAS, no response after 12 weeks of IV glucocorticoids. **Scenario 5** – Active moderate TED, partial response to IV glucocorticoids, but with uncontrolled diabetes mellitus. **Scenario 7** – Active moderate TED, exophthalmos and orbital pain, active smoker, no response to initial treatment with glucocorticoids. **Scenario 9** – Patient with active moderate-to-severe TED who presents an absolute contraindication or documented intolerance to systemic glucocorticoids. **Scenario 12** – Active moderate TED with unilateral or bilateral corneal thinning due to exposure.

3. Severe TED with acute visual involvement or optic neuropathy	Severe disease scenarios with clear visual risk (optic neuropathy, acute visual loss), with or without contraindication to standard treatment. This category gathers ophthalmologic emergencies in which timely intervention is critical to preserve vision.	**Scenario 3** – Active severe TED, with incipient optic neuropathy, <6 months of evolution, without contraindications to glucocorticoids. **Scenario 6** – Active severe TED with established optic neuropathy, and absolute contraindication to IV glucocorticoids. **Scenario 10** – Patient with active severe TED, bilateral optic neuropathy with rapid visual loss (days) and imaging findings suggestive of orbital compression. No contraindication to IV glucocorticoids. **Scenario 14** – Severe TED with globe luxation and acute optic neuropathy due to stretching.
4. Severe TED with severe corneal complications	Cases of TED with severe ocular surface involvement: corneal thinning or perforation, with structural and visual risk. This category distinguishes a less frequent but highly severe subgroup, in which corneal involvement predominates and requires a different management approach compared to optic neuropathy.	**Scenario 13** – Active severe TED with unilateral or bilateral corneal perforation.