

## CARE Checklist of information to include when writing a case report



| Topic                    | Item                | Checklist item description   | Reported on Line   |                                 |
|--------------------------|---------------------|--|--|---------------------------------|
| Title                    | 1                   | The diagnosis or intervention of primary focus followed by the words "case report" . . . . .                     | Page 1 lines 1-2   |                                 |
|                          | Key Words           | 2  | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" . . . . . | Page 1 line 34                  |
|                          |                     | 3a   | Introduction: What is unique about this case and what does it add to the scientific literature? . . . . .        | Page 1 lines 14-21              |
|                          | (no references)     | 3b   | Main symptoms and/or important clinical findings . . . . .   | Page 1 lines 22-23              |
|                          |                     | 3c   | The main diagnoses, therapeutic interventions, and outcomes . . . . .  | Page 1 lines 23-26; 30-31       |
|                          |                     | 3d   | Conclusion—What is the main "take-away" lesson(s) from this case? . . . . .                                      | Page 1 lines 27-32              |
|                          | Introduction        | 4  | One or two paragraphs summarizing why this case is unique ( <b>may include references</b> ) . . . . .            | Page 1, 33-47; Page 2 lines 1-5 |
|                          |                     | 5a   | De-identified patient specific information . . . . .   | Page 2 lines 8-19               |
|                          | Patient Information | 5b   | Primary concerns and symptoms of the patient . . . . .   | Page 2 lines 11-19; 23-31       |
|                          |                     | 5c   | Medical, family, and psycho-social history including relevant genetic information . . . . .                      | Page 2 9-10; 21-26              |
|                          | Clinical Findings   | 5d   | Relevant past interventions with outcomes . . . . .  | Page 2 lines 21-22              |
|                          |                     | 6  | Describe significant physical examination (PE) and important clinical findings . . . . .                         | Page 2 lines 28-31; 36          |
|                          |                     | 7  | Historical and current information from this episode of care organized as a timeline . . . . .                   | Page 2 lines 8-47, page 3 1-7   |
| Diagnostic Assessment    | 8a                  | Diagnostic testing (such as PE, laboratory testing, imaging, surveys) . . . . .                                  | Page 2 lines 17-19   |                                 |
|                          | 8b                  | Diagnostic challenges (such as access to testing, financial, or cultural) . . . . .                              | N/A  |                                 |
| Therapeutic Intervention | 8c                  | Diagnosis (including other diagnoses considered) . . . . .   | Page 2 line 5 11-14  |                                 |
|                          | 8d                  | Prognosis (such as staging in oncology) where applicable . . . . .   | Page 2 lines 13-14   |                                 |
|                          | 9a                  | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) . . . . .             | Page 2 lines 37-47, <del>page 3</del>  |                                 |
|                          | 9b                  | Administration of therapeutic intervention (such as dosage, strength, duration) . . . . .                        | Page 2 lines 37-47, page 3, 1-7  |                                 |
| Follow-up and Outcomes   | 9c                  | Changes in therapeutic intervention (with rationale) . . . . .   | N/A  |                                 |
|                          | 10a                 | Clinician and patient-assessed outcomes (if available) . . . . .   | Page 3 lines 4-7   |                                 |
| Discussion               | 10b                 | Important follow-up diagnostic and other test results . . . . .  | N/A  |                                 |
|                          | 10c                 | Intervention adherence and tolerability (How was this assessed?) . . . . .                                       | Page 2 lines 43; Page 3 line 7   |                                 |
|                          | 10d                 | Adverse and unanticipated events . . . . .   | N/A  |                                 |
| Patient Perspective      | 11a                 | A scientific discussion of the strengths AND limitations associated with this case report . . . . .              | Page 3 lines 25-46; Page 4 1-19  |                                 |
|                          | 11b                 | Discussion of the relevant medical literature <b>with references</b> . . . . .                                   | Page 3 lines 10-46; Page 4 1-19  |                                 |
|                          | 11c                 | The scientific rationale for any conclusions (including assessment of possible causes) . . . . .                 | Page 3 lines 33-46; Page 4 1-12  |                                 |
|                          | 11d                 | The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion . . . . . | Page 4 lines 17-19   |                                 |
| Informed Consent         | 12                  | The patient should share their perspective in one to two paragraphs on the treatment(s) they received . . . . .  | N/A - Annotated  |                                 |
|                          | 13                  | Did the patient give informed consent? Please provide if requested . . . . .                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                 |