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

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| Topic | Item No | Checklist item description | Reported on Page Number/Line Number | Reported on Section/Paragraph |
|---|---|---|---|---|
| Title | 1 | The diagnosis or intervention of primary focus followed by the words “case report” | Page 1, line 2-3 | Title/Para1 |
| Key Words | 2 | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 1, line 15-16 | Keywords/ Para 4 |
| Abstract (no references) | 3a | Introduction: What is unique about this case and what does it add to the scientific literature? | Page 1, line 5-8 | Abstract/ Para 2 |
| | 3b | Main symptoms and/or important clinical findings | Page 1, line 8-11 | Abstract/ Para 2 |
| | 3c | The main diagnoses, therapeutic interventions, and outcomes | Page 1,line 8-11 | Abstract/ Para 2 |
| | 3d | Conclusion—What is the main “take-away” lesson(s) from this case? | Page 1,line 12-14 | Abstract/ Para 3 |
| Introduction | 4 | One or two paragraphs summarizing why this case is unique **(may include references)** | Page 1, line 17-26 | Introduction / Para 5 |
| Patient Information | 5a | De-identified patient specific information | Page 2, line 29 | Case presentation / Para 6 |
| | 5b | Primary concerns and symptoms of the patient | Page 2, line 30-31 | Case presentation / Para 6 |
| | 5c | Medical, family, and psycho-social history including relevant genetic information | Page 2, line 32 | Case presentation / Para 6 |
| | 5d | Relevant past interventions with outcomes | Page 2, line 32 | Case presentation / Para 6 |
| Clinical Findings | 6 | Describe significant physical examination (PE) and important clinical findings | Page 2, line 32-37 | Case presentation / Para 6 |
| Timeline | 7 | Historical and current information from this episode of care organized as a timeline | - | - |
| Diagnostic Assessment | 8a | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). | Page 2, line 35-57 | Case presentation / Para 6 |
| | 8b | Diagnostic challenges (such as access to testing, financial, or cultural) | Page 2, line 35-57 | Case presentation / Para 6 |
| | 8c | Diagnosis (including other diagnoses considered) | Page 2, line 35-57 | Case presentation / Para 6 |
| | 8d | Prognosis (such as staging in oncology) where applicable | - | - |
| Therapeutic Intervention | 9a | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page 2, line 50-51 | Case presentation / Para 6 |
| | 9b | Administration of therapeutic intervention (such as dosage, strength, duration) | Page 3-4, line 79-101 | Discussion/ Para 9-10-11 |
| | 9c | Changes in therapeutic intervention (with rationale) | Page 4, line 95-101 | Discussion/ Para 11 |

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| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available) | Page 3-4, line 66-91 | Discussion/ Para 8-9 |
| | 10b | Important follow-up diagnostic and other test results | Page 3, line 58-59 | Case presentation / Para 7 |
| | 10c | Intervention adherence and tolerability (How was this assessed?) | Page 4, line 95-101 | Discussion/ Para 11 |
| | 10d | Adverse and unanticipated events | Page 3-4, line 79-91 | Discussion/ Para 9-10 |
| Discussion | 11a | A scientific discussion of the strengths AND limitations associated with this case report | Page 3, line 66-75 | Discussion/ Para 8 |
| | 11b | Discussion of the relevant medical literature **with references** | Page 3-4, line 76-91 | Discussion/ Para 9 |
| | 11c | The scientific rationale for any conclusions (including assessment of possible causes) | Page 3-4, line 76-101 | Discussion/ Para 9-11 |
| | 11d | The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion | Page 4, line 102-106 | Discussion/ Para 12 |
| Patient Perspective | 12 | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | Unfortunately at moment | no access to the patient |
| Informed Consent | 13 | Did the patient give informed consent? Please provide if requested | **Yes** ☑ | **No** ☐ |

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*As the checklist was provided upon initial submission, the page number/line number reported may be changed due to copyediting and may not be referable in the published version. In this case, the section/paragraph may be used as an alternative reference.