Materials Design Analysis Reporting (MDAR) Checklist for Authors

The MDAR framework establishesa minimum set of requirements in transparent reporting applicable to studies in the life sciences (see Statement of Task: doi:10.31222/osf.io/9sm4x.). The MDAR checklist is a tool for authors, editors and others seeking to adopt the MDAR framework for transparent reporting in manuscripts and other outputs. Please refer to the MDAR Elaboration Document for additional context for the MDAR framework.

Materials

Antibodies	Yes (indicate where provided:section/paragraph)	n/a
For commercial reagents, provide supplier name, catalogue number and RRID, if available.		n/a

Cell materials	Yes (indicate where provided:section/paragraph)	n/a
Cell lines: Provide species information, strain. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID		n/a
Primary cultures: Provide species, strain, sex of origin, genetic modification status.		n/a

Experimental animals	Yes (indicate where provided:section/paragraph)	n/a
Laboratory animals: Provide species, strain, sex, age, genetic modification status. Provide accession number in repository **OR** supplier name, catalog number, clone number, **OR** RRID		n/a
Animal observed in or captured from the field: Provide species, sex and age where possible		n/a
Model organisms: Provide Accession number in repository (where relevant) **OR** RRID		n/a

Plants and microbes	Yes (indicate where provided: section/paragraph)	n/a
Plants:provide species and strain, unique accession number if available, and source (including location for collected wild specimens)		n/a
Microbes:provide species and strain, unique accession number if available, and source		n/a

Human research participants	Yes (indicate where provided:section/paragraph)	n/a
Identify authority granting ethics approval(IRB or equivalent committee(s), provide reference number for approval.		n/a
Provide statement confirming informed consent obtained from study participants.	Yes. In Baseline data of patients of Data and methods	
Report on age and sex for all study participants.	Yes. In table 1	

Design

Studyprotocol	Yes (indicate where provided:section/paragraph)	n/a
For clinical trials, provide the trial registration number **OR**cite DOI in manuscript.		n/a

Laboratoryprotocol	Yes (indicate where provided:section/paragraph)	n/a
Provide DOI or other citation details if detailed step-by-step protocols are available.		n/a

Experimental study design (statistics details)	Yes (indicate where provided:section/paragraph)	n/a
State whether and how the following have been done**, or** if they were not carried out.		
Sample size determination		n/a
Randomisation		n/a
Blinding		n/a
Inclusion/exclusion criteria		n/a

Sample definition and in-laboratory replication	Yes (indicate where provided:section/paragraph)	n/a
State number of times the experiment was replicated in laboratory		n/a
Define whether data describe technical or biological replicates		n/a

Ethics	Yes (indicate where provided: section/paragraph)	n/a
Studies involving human participants: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		n/a
Studies involving experimental animals: State details of authority granting ethics approval (IRB or equivalent committee(s), provide reference number for approval.		n/a
Studies involving specimen and field samples: State if relevant permits obtained, provide details of authority approving study; if none were required, explain why.		n/a

Dual Use Research of Concern (DURC)	Yes (indicate where provided:section/paragraph)	n/a
If study is subject to dual use research ofconcern, statethe authority granting approval and reference number for the regulatory approval		n/a

Analysis

Attrition	Yes (indicate where provided:section/paragraph)	n/a
State if sample or data point from the analysis is excluded, and whether the criteria for exclusion were determined and specified in advance.		n/a

Statistics	Yes (indicate where provided:section/paragraph)	n/a
Describestatistical tests used and justify choice of tests.		n/a

Data Availability	Yes (indicate where provided:section/paragraph)	n/a
State whether newly created datasets are available, including protocols for access or restriction on access.		n/a
If data are publicly available, provide accession number in repository or DOI or URL.		n/a
If publicly available data are reused, provide accession number in repository or DOI or URL, where possible.		n/a

Code Availability	Yes (indicate where provided:section/paragraph)	n/a
For all newly generated code and software essential for replicating the main findings of the study:		
State whether the code or software is available.		n/a
If code is publicly available, provide accession number in repository, or DOI or URL.		n/a

Reporting

Adherence to community standards	Yes (indicate where provided: section/paragraph)	n/a
MDAR framework recommends adoption of discipline-specific guidelines, established and endorsed through community initiatives. Journals have their own policy about requiring specific guidelines and recommendations to complement MDAR.		
State if relevant guidelines (eg., ICMJE, MIBBI, ARRIVE) have been followed, and whether a checklist (eg., CONSORT, PRISMA, ARRIVE) is provided with the manuscript.	ICMJE guidelines were followed, as the journal follows ICMJE recommendations for publication. AME Case Series reporting checklist is also followed.	

Article information: https://dx.doi.org/10.21037/gs-22-414

AME Case Series Checklist –Adapted from CARE Checklist and PROCESS Checklist

Section	Item	Checklist 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 series”.	1-2	title
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case series, including "case report" or "case series".	41-42	Key words
Abstract (no references)	3a	Introduction—What is unique about this case series and what does it add to the scientific literature?	25-26	abstract
	3b	Methods—describe what was done, how and when was it done and by whom.	26-29	abstract
	3c	Results—what was found.	29-36	abstract
	3d	Conclusion—What is the main take-away lesson(s)? What have we learned and what does it mean?	36-39	abstract
Introduction	4	Explain the scientific background and rationale for the case series. What is the unifying theme - common disease, exposure, intervention and outcome, etc. Why is this study needed?	44-53	Introduction
Methods	5a	Registration and ethics— 5a.1 State the research registry number in accordance with the declaration of Helsinki - “Every research study involving human subjects must be registered in a publicly accessible database” (this can be obtained from; ResearchRegistry.com or ClinicalTrials.gov or ISRCTN). 5a.2 State whether ethical approval was passed. 5a.3 Provide the patient consent form too.	57-63	Baseline data of patients
	5b	Study design—state the study is a case series and whether prospective or retrospective in design, whether single or multi-center and whether cases are consecutive or non-consecutive.	57-63	Baseline data of patients
	5c	Setting - describe the setting(s)and nature of the institution in which the patient was managed; academic, community or private practice setting? Location(s), and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.	57-63	Baseline data of patients
	5d	Participants— 5d.1 Describe the relevant characteristics of the participants (history, comorbidities, tumor staging, smoking, etc.). 5d.2 State any eligibility (inclusion/exclusion) criteria and the sources and methods of selection of participants.	57-63	Baseline data of patients

	5e	Intervention—types of intervention (such as pharmacologic, surgical, preventive, self-care) deployed and reasoning behind treatment offered. Pharmacological therapies should include formulation, dosage, strength, route and duration.	65-94	Location of transplanted pancreas and selection of biopsy methods, Percutaneous CT combined with color Doppler guided needle biopsy and Laparoscopic biopsy
	5f	Follow up—describe length and methods of follow-up.	96-103	Treated after biopsy
Results	6a	Participants—reports numbers involved and their characteristics (comorbidities, tumor staging, smoking, etc.).	108-112	Histological findings and management
	6b	Any changes in the interventions during the course of the case series (how has it evolved, been tinkered with, what learning occurred, etc.) together with rationale and a diagram if appropriate.	108-112	Histological findings and management
	6c	Outcomes and follow-up—Clinician assessed and patient-reported outcomes (when appropriate) should be stated with inclusion of the time periods at which assessed. Relevant photographs/radiological images should be provided. e.g. 12-month follow-up.	108-112	Histological findings and management
	6d	Where relevant—intervention adherence/compliance and tolerability (how was this assessed). Describe loss to follow-up (express as a percentage) and any explanations for it.	134-137	Perioperative observation and follow-up
	6e	Complications and adverse or unanticipated events.	134-137	Perioperative observation and follow-up
Discussion	7a	Summarize key results.	170-187,202-225	The fifth, seventh and eighth section of discussion
	7b	Discussion of the relevant literature, implications for clinical practice guidelines. How do outcomes compare with established therapies and the prevailing gold standard? Generate a hypothesis if possible.	156-169,188-201,226-231	The third, fourth,sixth and ninth section of discussion
	7c	Strengths and limitations of the study.	244-246	Last section of discussion
	7d	The rationale for any conclusions.	232-239	The tenth section of discussion
Conclusion	8a	State the key conclusions from the study.	240-248	Last section of discussion
	8b	State what needs to be done next, further research with what study design.	240-248	Last section of discussion

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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.