

STROBE Statement—checklist of items that should be included in reports of observational studies

Section/item	Item No	Recommendation	Reported on Page Number/Line Number	Reported on Section/Paragraph
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract		
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found		
Introduction				
Background/ rationale	2	Explain the scientific background and rationale for the investigation being reported		
Objectives	3	State specific objectives, including any prespecified hypotheses		
Methods				
Study design	4	Present key elements of study design early in the paper		
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection		
Participants	6	(a) Cohort study —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up Case-control study —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls Cross-sectional study —Give the eligibility criteria, and the sources and methods of selection of participants		
		(b) Cohort study —For matched studies, give matching criteria and number of exposed and unexposed Case-control study —For matched studies, give matching criteria and the number of controls per case		
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable		
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group		
Bias	9	Describe any efforts to address potential sources of bias		
Study size	10	Explain how the study size was arrived at		
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why		

Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding		
		(b) Describe any methods used to examine subgroups and interactions		
		(c) Explain how missing data were addressed		
		(d) Cohort study —If applicable, explain how loss to follow-up was addressed Case-control study —If applicable, explain how matching of cases and controls was addressed Cross-sectional study —If applicable, describe analytical methods taking account of sampling strategy		
		(e) Describe any sensitivity analyses		
Results				
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed		
		(b) Give reasons for non-participation at each stage		
		(c) Consider use of a flow diagram		
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders		
		(b) Indicate number of participants with missing data for each variable of interest		
		(c) Cohort study —Summarise follow-up time (eg, average and total amount)		
Outcome data	15*	Cohort study —Report numbers of outcome events or summary measures over time		
		Case-control study —Report numbers in each exposure category, or summary measures of exposure		
		Cross-sectional study —Report numbers of outcome events or summary measures		
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included		
		(b) Report category boundaries when continuous variables were categorized		
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period		
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses		
Discussion				
Key results	18	Summarise key results with reference to study objectives		
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias		

Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence		
Generalisability	21	Discuss the generalisability (external validity) of the study results		
Other information				
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based		

*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

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”.		
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case series, including "case report" or "case series".		
Abstract (no references)	3a	Introduction—What is unique about this case series and what does it add to the scientific literature?		
	3b	Methods—describe what was done, how and when was it done and by whom.		
	3c	Results—what was found.		
	3d	Conclusion—What is the main take-away lesson(s)? What have we learned and what does it mean?		
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?		
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.		
	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.		
	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.		
	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.		

	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.		
	5f	Follow up—describe length and methods of follow-up.		
Results	6a	Participants—reports numbers involved and their characteristics (comorbidities, tumor staging, smoking, etc.).		
	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.		
	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.		
	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.		
	6e	Complications and adverse or unanticipated events.		
Discussion	7a	Summarize key results.		
	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.		
	7c	Strengths and limitations of the study.		
	7d	The rationale for any conclusions.		
Conclusion	8a	State the key conclusions from the study.		
	8b	State what needs to be done next, further research with what study design.		