CARE case report guidelines

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”	3~4/1	
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	35~37/2	
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	26~27/1	1
	3b	Main symptoms and/or important clinical findings	27~29/1	1
	3c	The main diagnoses, therapeutic interventions, and outcomes	27~32/1	1
	3d	Conclusion—What is the main “take-away” lesson(s) from this case?	32~33/1	1
Introduction	4	One or two paragraphs summarizing why this case is unique **(may include references)**	41~69/2,3	2,3
Patient Information	5a	De-identified patient specific information	73~74/3	4
	5b	Primary concerns and symptoms of the patient	74~76/3	4
	5c	Medical, family, and psycho-social history including relevant genetic information	N/A	No remarkable information
	5d	Relevant past interventions with outcomes	N/A	No remarkable information
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	76~78/3	4
Timeline	7	Historical and current information from this episode of care organized as a timeline	308~313/10	
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	78~81/3, 86~89/3,92~93/3	4, 5,6
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	N/A	The patient is cooprative
	8c	Diagnosis (including other diagnoses considered)	89/3	5
	8d	Prognosis (such as staging in oncology) where applicable	89/3	5
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	93/3	6
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	93/3	6
	9c	Changes in therapeutic intervention (with rationale)	N/A	There is no change in

Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	N/A	We did not assess the
	10b	Important follow-up diagnostic and other test results	98~99/3	7
	10c	Intervention adherence and tolerability (How was this assessed?)	101~102/3,4	7
	10d	Adverse and unanticipated events	101~102/3,4	7
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	110~146/4,5	9,10,11,12
	11b	Discussion of the relevant medical literature **with references**	110~146/4,5	9,10,11,12
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	114~146/5	11
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	149~151/5	13
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received		N/A The patient did not
Informed Consent	13	Did the patient give informed consent? Please provide if requested	**Yes**	**No** ☐

Article information: http://dx.doi.org/10.21037/tau-21-268
*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.