

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 series".		
Abstract	3a	Background-What is unique about this case series and what does it add to the scientific literature?		
	3b	Case Presentation-What is the story of the patients, e.g., their medical history, clinical manifestations, diagnosis findings or challenges, therapies, outcomes, adverse/unanticipated events, and follow-ups?		
	3c	Conclusions-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.		