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”	page 1/lines 1-2	1
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	page 2/ line 44	3
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	page 2/ lines 36-39	2
	3b	Main symptoms and/or important clinical findings	page 2/lines 36-39	2
	3c	The main diagnoses, therapeutic interventions, and outcomes	page 2/ lines 36-39	2
	3d	Conclusion—What is the main “take-away” lesson(s) from this case?	page 2/ lines 39-41	2
Introduction	4	One or two paragraphs summarizing why this case is unique **(may include references)**	page 3/lines 59-70	4
Patient Information	5a	De-identified patient specific information	page 3/ lines 74-80	5
	5b	Primary concerns and symptoms of the patient	page 3/ line 74-75	5
	5c	Medical, family, and psycho-social history including relevant genetic information	page 3/line 74-75	5
	5d	Relevant past interventions with outcomes	The patient did not have	The patient did not have
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	page 3/ lines 74-75	5
Timeline	7	Historical and current information from this episode of care organized as a timeline	page 3-4/ lines 74-85	5-6
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	page 3/ lines 75-80	5
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	Was not applicable	Was not applicable
	8c	Diagnosis (including other diagnoses considered)	page 3/ lines 76-80	5
	8d	Prognosis (such as staging in oncology) where applicable	Was not applicable	Was not applicable
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	page 4/ lines 100-106	7
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	The patient did not have	The patient did not have
	9c	Changes in therapeutic intervention (with rationale)	The patient did not have	The patient did not have

Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	Information not available	Information not available
	10b	Important follow-up diagnostic and other test results	page 4, lines 111-13	8
	10c	Intervention adherence and tolerability (How was this assessed?)	page 4, lines 111-113	8
	10d	Adverse and unanticipated events	The patient did not have	The patient did not have
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	page 4-5/ lines 175-200	14,15
	11b	Discussion of the relevant medical literature **with references**	pages 4-5/ lines 127-173	11-13
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	Not applicable to case	Not applicable to case
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	page 5/ lines 195-200	15
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	Information not available	Information not available
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.