CARE case report guidelines

CARE Checklist of information to include when writing a case report

(cc) BY-NC-ND

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/line 1	Title Page
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	Page 1/line 8	Title Page
Abstract (Structured summary)	3a	Background: state what is known and unknown; why the case report is unique and what it adds to existing literature.	Page 1/line 11-14	Abstract/Background
	3b	Case Description: describe the patient’s demographic details, main symptoms, history, important clinical findings, the main diagnosis, interventions, outcomes and follow-ups.	Page 1/line 15-25	Abstract/Case description
	3c	Conclusions: summarize the main take-away lesson, clinical impact and potential implications.	Page 1/ line 26-28	Abstract/Conclusions
Introduction	4	One or two paragraphs summarizing why this case is unique **(may include references)**	Page 1/ line 29-38	Introduction paragraph 1
Patient Information	5a	De-identified patient specific information	Page 2/ line 2-4	Case presentation para 1
	5b	Primary concerns and symptoms of the patient	Page 2/ line 4-5	Case Presentation para 1
	5c	Medical, family, and psycho-social history including relevant genetic information	Page 2/ line 3-4	Case presentation para 1
	5d	Relevant past interventions with outcomes	NA	NA
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	Page 2/ line 4-7	Case presentation para 1
Timeline	7	Historical and current information from this episode of care organized as a timeline	Pg 3 line 1-24	Timeline of events section
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	page 6 / line 8-13	Diagnosis and intervention
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	NA	NA
	8c	Diagnosis (including other diagnoses considered)	page 6/ line 5-7	Diagnosis paragraph 1
	8d	Prognosis (such as staging in oncology) where applicable	Page 7 line 11-12	Diagnosis paragraph 3
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	page 6/line 9-13	Diagnosis paragraph 2
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	NA	NA
	9c	Changes in therapeutic intervention (with rationale)	NA	NA

Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	NA	NA
	10b	Important follow-up diagnostic and other test results	Page 7, line 2-12	Diagnosis section para 3
	10c	Intervention adherence and tolerability (How was this assessed?)	NA	NA
	10d	Adverse and unanticipated events	NA	NA
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	Pg 8, line 42, pg 9 line 1-4	Discussion paragraph 6
	11b	Discussion of the relevant medical literature **with references**	page 7,8,9,	Discussion paragraph 1-8
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	page 9, line 27-29	Discussion paragraph 1-8
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	Page 9/ line 26-31	Conclusion paragraph
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	NA	NA
Informed Consent	13	Did the patient give informed consent? Please provide if requested	**Yes** ☐	**No** ☑

Article information: https://dx.doi.org/10.21037/aot-21-20
*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.