

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. | | |

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| 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. | | |