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”	1/L2	Title
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	3/L5	Keywords
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature?	2/L2-9	Abstract
	3b	Main symptoms and/or important clinical findings	2/L9-22	Abstract
	3c	The main diagnoses, therapeutic interventions, and outcomes	2/L9	Abstract
	3d	Conclusion—What is the main “take-away” lesson(s) from this case?	2/L22-3/L2	Abstract
Introduction	4	One or two paragraphs summarizing why this case is unique **(may include references)**	4/L2-5/L7	Introduction
Patient Information	5a	De-identified patient specific information	5/L10	Case presentation/P1
	5b	Primary concerns and symptoms of the patient	5/L10-11	Case presentation/P1
	5c	Medical, family, and psycho-social history including relevant genetic information	5/L11-12	Case presentation/P1
	5d	Relevant past interventions with outcomes	NA	There was no prior
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	5/L13-14	Case presentation/P1
Timeline	7	Historical and current information from this episode of care organized as a timeline	5/L10-20	Case presentation/P1
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	5/L13-16; 5/L21-7/L2	Case presentation/P1
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	NA	There was no notable
	8c	Diagnosis (including other diagnoses considered)	5/L3-4	Case presentation/P1
	8d	Prognosis (such as staging in oncology) where applicable	5/L7	Case presentation/P1
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	5/L16-18	Case presentation/P1
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	NA	The patient did not reeive
	9c	Changes in therapeutic intervention (with rationale)	NA	The patient did not reeive

Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	5/L19-20	Case presentation/P1
	10b	Important follow-up diagnostic and other test results	5/L19-20	Case presentation/P1
	10c	Intervention adherence and tolerability (How was this assessed?)	NA	There was no notable
	10d	Adverse and unanticipated events	NA	There was no notable issue
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	7/L5-10/L2	Discussion/P1-P4
	11b	Discussion of the relevant medical literature **with references**	7/L5-10/L2	Discussion/P1-P4
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	7/L5-10/L2	Discussion/P1-P4
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	10/L3-10/L6	Discussion/P5
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	NA	The patient did not make a
Informed Consent	13	Did the patient give informed consent? Please provide if requested	**Yes** ☑	**No** ☐

Article information: https://dx.doi.org/10.21037/tcr-21-2331
*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.