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	title
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"	Page 2	Key words
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 2/Line 3-5	Abstract/Para.1
	3b	Case Description: describe the patient’s demographic details, main symptoms, history, important clinical findings, the main diagnosis, interventions, outcomes and follow-ups.	Page2/line7-16	Case Description/Para. 2
	3c	Conclusions: summarize the main take-away lesson, clinical impact and potential implications.	Page2/line19-21	Conclusion/Para.3
Introduction	4	One or two paragraphs summarizing why this case is unique **(may include references)**	Page3/line 16-18	Introduction/Para.1
Patient Information	5a	De-identified patient specific information	Page3/line22	Case presentation/Para .3
	5b	Primary concerns and symptoms of the patient	Page3/line 22-23	History of recent illness/Para 2
	5c	Medical, family, and psycho-social history including relevant genetic information	Page 4/Line 10	History of past illness/Para 2
	5d	Relevant past interventions with outcomes	N/A	N/A
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings	Page4/line 11-14	Phusical examination/Para 3
Timeline	7	Historical and current information from this episode of care organized as a timeline	Figure 4	Figure 4
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys).	Page 4/line 27	Final diagnosis/Para 4
	8b	Diagnostic challenges (such as access to testing, financial, or cultural)	N/A	N/A
	8c	Diagnosis (including other diagnoses considered)	Page 4/line 29	Final diagnosis/Para 4
	8d	Prognosis (such as staging in oncology) where applicable	Page 5/line 10	Outcome and follow-up/Para 5
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)	Page 5/line 1-5	Treatment/Para 5
	9b	Administration of therapeutic intervention (such as dosage, strength, duration)	Page 5/line 5-6	Treatment/Para 5
	9c	Changes in therapeutic intervention (with rationale)	N/A	N/A

Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available)	Page 4/line10-15	outcome and follow-up/ page5
	10b	Important follow-up diagnostic and other test results	Page 4/line10-11	outcome and follow-up
	10c	Intervention adherence and tolerability (How was this assessed?)	Page 4/line12-13	outcome and follow-up
	10d	Adverse and unanticipated events	N/A	N/A
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report	Page 6-7/line26-30	Disscussion/Para 2
	11b	Discussion of the relevant medical literature **with references**	Page 6/line30	Disscussion/Para 2
	11c	The scientific rationale for any conclusions (including assessment of possible causes)	Pagr 9/line28-30	Disscussion/Para 2
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion	Pagr 8/line28-30	Disscussion/Para 2
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received	N/A	N/A
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.