# CARE Checklist of information to include when writing a case report

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, Lines 7-8 | Title Page |
| Key Words | 2 | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 1, Lines 23-24 | Title Page |
| Abstract (no references) | 3a | Introduction: What is unique about this case and what does it add to the scientific literature? | Page 2, Lines 34-38 | Abstract |
| | 3b | Main symptoms and/or important clinical findings | Page 2, Lines 38-39 | Abstract |
| | 3c | The main diagnoses, therapeutic interventions, and outcomes | Page 2, Lines 40-44 | Abstract |
| | 3d | Conclusion—What is the main “take-away” lesson(s) from this case? | Page 2, Lines 45-47 | Abstract |
| Introduction | 4 | One or two paragraphs summarizing why this case is unique **(may include references)** | Page 3, Lines 56-72 | Introduction, Paragraphs |
| Patient Information | 5a | De-identified patient specific information | Page 5, Lines 124-125 | Case Presentation #2, |
| | 5b | Primary concerns and symptoms of the patient | Page 5, Lines 124-125 | Case Presentation #2, |
| | 5c | Medical, family, and psycho-social history including relevant genetic information | Page 5, Lines 124-125 | Case Presentation #2, |
| | 5d | Relevant past interventions with outcomes | Pages 5-6, Lines 130-141 | Case Presentation #2, |
| Clinical Findings | 6 | Describe significant physical examination (PE) and important clinical findings | Page 6, Lines 142-144 | Case Presentation #2, |
| Timeline | 7 | Historical and current information from this episode of care organized as a timeline | Figure 2 | Figure 2 |
| Diagnostic Assessment | 8a | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). | Page 6, Lines 143-146 | Case Presentation #2, |
| | 8b | Diagnostic challenges (such as access to testing, financial, or cultural) | Page 6, Lines 145-146 | Case Presentation #2, |
| | 8c | Diagnosis (including other diagnoses considered) | Page 6, Lines 144-147 | Case Presentation #2, |
| | 8d | Prognosis (such as staging in oncology) where applicable | Page 6, Line 138 (cancer | Case Presentation #2, |
| Therapeutic Intervention | 9a | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page 6, Lines 146-149 | Case Presentation #2, |
| | 9b | Administration of therapeutic intervention (such as dosage, strength, duration) | Page 6, Lines 148 | Case Presentation #2, |
| | 9c | Changes in therapeutic intervention (with rationale) | Page 6, lines 146-157 | Case Presentation #2, |

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|---|---|---|---|---|
| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available) | Pages 6, Lines 149-160 | Case Presentation #2, |
| | 10b | Important follow-up diagnostic and other test results | Page 6, Lines 152-160 | Case Presentation #2, |
| | 10c | Intervention adherence and tolerability (How was this assessed?) | Page 6, Lines 152-160 | Case Presentation #2, |
| | 10d | Adverse and unanticipated events | Page 6, Lines 142-151 | Case Presentation #2, |
| Discussion | 11a | A scientific discussion of the strengths AND limitations associated with this case report | Page 10, Lines 243-252 | Discussion, Paragraph 7 |
| | 11b | Discussion of the relevant medical literature **with references** | Pages 7-10, Lines 167-252 | Discussion, Paragraphs |
| | 11c | The scientific rationale for any conclusions (including assessment of possible causes) | Pages 7-10, Lines 167-242 | Discussion, Paragraphs |
| | 11d | The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion | Page 10-11, Lines 253-265 | Discussion, Paragraph 8 |
| Patient Perspective | 12 | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | N/A; please see attached | N/A; please see attached |
| 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.