

**Review Comments:**

Comment 1: First, the title is not accurate, which should be case report manuscripts initially submitted to AME medical journals and the research design should be a cross-sectional study, a retrospective study is not accurate.

Reply 1: Thank you for the valuable suggestion. We have revised the title to make it more accurate.

Changes in the text:

-Page 1, lines 1-3: Adherence of unpublished case reports to the Case Report (CARE) guidelines: a retrospective cross-sectional analysis of 139 case report manuscripts initially submitted to AME medical journals.

Comment 2: Second, the abstract needs some revisions. The background only indicated the knowledge gaps but did not indicate the significance of focusing on the reporting quality of initial version of case report manuscripts. The methods need to describe the background and training of the raters and how the quality scores were generated and analyzed. The results should report the overall quality scores of the whole sample of manuscript. The conclusion needs to have more detailed comment for the clinical implications of the findings, “Tailored educational strategies” is not adequate.

Reply 2: Thank you for the suggestion. We have made the changes as suggested. Of note, for “The results should report the overall quality scores of the whole sample of manuscript.”, we have reported the overall quality scores in the original draft. We have reorganized the order to highlight the information as per your concern.

Changes in the text:

- Page 2, lines 48-49: This study could provide more specific proposals for more transparent reporting of case reports by answering this research gap.

- Page 2, lines 54-57: Two reviewers independently assessed the reporting quality of the included case reports according to the CARE guidelines. All reviewers had at least 1 year of experience in reviewing case reports as journal editors. Data are presented as percentages of 30 subitems of the CARE guidelines.

- Page 2, lines 63-67: Case report drafts were well reported in items of patient-informed consent, the rationale for conclusions, discussion of relevant literature, disease diagnosis, and major concerns and symptoms. However, reporting was poor for other items: patient perspective (98.6% unsatisfactory), timeline (66.2% unsatisfactory), and strengths and limitations of the study (64.0% unsatisfactory), for instance.

-Page 2, lines 74-77: Author education needs to be strengthened in items 11a, 2 and 3a of the CARE guidelines. Whereas the education of CARE items 12,7 and 10d requires emphasis in authors, reviewers and editors.

Comment 3: Third, in the introduction the authors need to briefly analyze the reasons

for non-adherence of the CARE guideline and briefly describe the manuscript submission process of AME journals such as the provision of the CARE form. Given this prerequisite for submission of case reports, why the authors still cannot follow the CARE guideline.

Reply 3: Thank you for your valuable input. We have made the changes as suggested.

Changes in the text:

- Page 3, lines 119-126: The reasons behind this may be multifaceted. For authors, they may encounter the lack of scientific writing skills and the unsatisfactory communication between colleagues [24], a shortage of opportunities for professional development, limited financial resources for medical writing coursework, and a lack of encouragement to publish in mainstream journals [25-27]. For reviewers and editors, it may also be that they are not always as diligent as they should be due to their heavy workload. It is also possible that the responsibilities of editors, authors, and reviewers in this area are not clearly shared or agreed upon.

Comment 4: Fourth, in the methodology of the main text, please consider the situation of “not applicable” in the CARE items and the assessment results should not be “reported”, please clarify whether correctly reported.

Reply 4: Thank you for your valuable input. We have redefined the “1” as below. We are sorry we forgot to point out our full definition of adherence.

Changes in the text:

- Page 8, lines 161: or not applicable.