| 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”            | Page1/Line1-2                       | Title/Paragraph 1            |
| Key Words                     | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report"  | Page2/Line25-26                     | Key words/Paragraph 1        |
| Abstract (no references)      | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature? | Page2/Line22-23                     | Abstract/Paragraph 1         |
|                              | 3b      | Main symptoms and/or important clinical findings                                             | Page1/Line16-18                     | Abstract/Paragraph 1         |
|                              | 3c      | The main diagnoses, therapeutic interventions, and outcomes                                 | Page1/Line18-20                     | Abstract/Paragraph 1         |
|                              | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                           | Page1/Line20-21                     | Abstract/Paragraph 1         |
| Introduction                  | 4       | One or two paragraphs summarizing why this case is unique (may include references)           | Page3-4/Line45-55                   | Introduction/Paragraph 3-4   |
| Patient Information           | 5a      | De-identified patient specific information                                                    | Page4/Line62-64                     | CP/Paragraph 1               |
|                              | 5b      | Primary concerns and symptoms of the patient                                                | Page4/Line63-64                     | CP/Paragraph 1               |
|                              | 5c      | Medical, family, and psycho-social history including relevant genetic information             | Page4/Line62-63                     | CP/Paragraph 1               |
|                              | 5d      | Relevant past interventions with outcomes                                                    | Page5/Line79-80                     | CP/Paragraph 3               |
| Clinical Findings             | 6       | Describe significant physical examination (PE) and important clinical findings               | Page4-5/Line66-76                   | CP/Paragraph 2               |
| Timeline                      | 7       | Historical and current information from this episode of care organized as a timeline          | Page17-18/Line274-279               | Table/Paragraph 1-2          |
| Diagnostic Assessment         | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                       | Page4-5/Line66-76                   | CP/Paragraph 2               |
|                              | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                    | Page9-10/Line168-172                | Discussion /Paragraph 2      |
|                              | 8c      | Diagnosis (including other diagnoses considered)                                             | Page5/Line75-76                     | CP/Paragraph 2               |
|                              | 8d      | Prognosis (such as staging in oncology) where applicable                                     | Page8-9/Line151-155                 | CP/Paragraph 13-14           |
| Therapeutic Intervention      | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)   | Page5/Line79-80                     | CP/Paragraph 3               |
|                              | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)              | Page5-8/Line82-148                  | CP/Paragraph 4-12            |
|                              | 9c      | Changes in therapeutic intervention (with rationale)                                        | Page17-18/Line272-273               | Table/Paragraph 1-2          |
| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available) | Page8-Line151-153 | CP/Paragraph 13 |
|------------------------|-----|-----------------------------------------------------|-------------------|-----------------|
| 10b | Important follow-up diagnostic and other test results | None | |
| 10c | Intervention adherence and tolerability (How was this assessed?) | Page8-Line137-141 | CP/Paragraph 11 |
| 10d | Adverse and unanticipated events | None | |

| Discussion | 11a | A scientific discussion of the strengths AND limitations associated with this case report | Page9-Line162-166 | Discussion/Paragraph 1 |
|------------|-----|---------------------------------------------------------------------------------|--------------------|------------------------|
| 11b | Discussion of the relevant medical literature with references | Page9-10-Line168-172,177-189 | Discussion/Paragraph 1-2,4 |
| 11c | The scientific rationale for any conclusions (including assessment of possible causes) | Page10-Line177-189 | Discussion/Paragraph 4 |
| 11d | The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion | Page10-11-Line192-198 | Conclusions/Paragraph 1 |

| Patient Perspective | 12 | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | None | |
|---------------------|----|--------------------------------------------------------------------------------------------------|-------|----------------|

| 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.