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

| 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/Line1                      | Title/Paragraph1             |
| **Key Words**                | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 2/Line3                      | Key Words/Paragraph1         |
| 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 1/Line19-23                  | Abstract/Paragraph1          |
|                              | 3b      | Case Description: describe the patient's demographic details, main symptoms, history, important clinical findings, the main diagnosis, interventions, outcomes and follow-ups. | Page 1/Line24-32                  | Abstract/Paragraph2          |
|                              | 3c      | Conclusion: summarize the main take-away lesson, clinical impact and potential implications. | Page 1/Line33-34                  | Abstract/Paragraph3          |
| **Introduction**             | 4       | One or two paragraphs summarizing why this case is unique *(may include references)*          | Page 2/Line20-27                  | 3                            |
| **Patient Information**      | 5a      | De-identified patient specific information                                                  | Page 2/Line31                     | 5                            |
|                              | 5b      | Primary concerns and symptoms of the patient                                                | Page 2/Line31-32                  | 5                            |
|                              | 5c      | Medical, family, and psycho-social history including relevant genetic information            | Page 2/Line33                     | 5                            |
|                              | 5d      | Relevant past interventions with outcomes                                                   | Page 2/Line32-33                  | 5                            |
| **Clinical Findings**        | 6       | Describe significant physical examination (PE) and important clinical findings               | Page 3/Line4-15                   | 6                            |
| **Timeline**                 | 7       | Historical and current information from this episode of care organized as a timeline          | Page 4/Line12-15                  | 7                            |
| **Diagnostic Assessment**    | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                       | Page 4/Line1-9                    | 8                            |
|                              | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                    | Page 4/Line1-2                    | 8                            |
|                              | 8c      | Diagnosis (including other diagnoses considered)                                             | Page 3/Line30                     | 8                            |
|                              | 8d      | Prognosis (such as staging in oncology) where applicable                                    | Page 3/Line27                     | 8                            |
| **Therapeutic Intervention** | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page 4/Line12-15                  | 9                            |
|                              | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)              | Page 4/Line12-15                  | 9                            |
|                              | 9c      | Changes in therapeutic intervention (with rationale)                                        | Page 4/Line18-26                  | 9                            |

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| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (if available) | Page 4/Li ne18-23 | Follow up/Paragraph1 |
|------------------------|-----|------------------------------------------------------|-------------------|---------------------|
| 10b                    |     | Important follow-up diagnostic and other test results | Page 4/Li ne18-23 | Follow up/Paragraph1 |
| 10c                    |     | Intervention adherence and tolerability (How was this assessed?) | Page 4/Li ne18-23 | Follow up/Paragraph1 |
| 10d                    |     | Adverse and unanticipated events                      | Page 4/Li ne23-26 | Follow up/Paragraph1 |

| Discussion             | 11a | A scientific discussion of the strengths AND limitations associated with this case report | Page 5/Li ne1-9 | Discussion/Paragraph1 |
|------------------------|-----|--------------------------------------------------------------------------------------------|-------------------|---------------------|
| 11b                    |     | Discussion of the relevant medical literature **with references**                            | Page 6/Li ne1-26 | Discussion/Paragraph7 |
| 11c                    |     | The scientific rationale for any conclusions (including assessment of possible causes)       | Page 6/Li ne25    | Discussion/Paragraph7 |
| 11d                    |     | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | Page 6/Li ne26-32 | Discussion/Paragraph8 |

| Patient Perspective    | 12  | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | NA                | NA |

| Informed Consent       | 13  | Did the patient give informed consent? Please provide if requested | Yes ✔ No ☐        | |