| 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, Line 1-2                   | Title Page                  |
| Key Words                                  | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including “case report” | Page 1, Line 8-9                   | Title Page                  |
| Abstract (no references)                   | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature? | Page 2, Line 1-3                   | Abstract                     |
|                                            | 3b      | Main symptoms and/or important clinical findings                                             | Page 2, Line 3-14                  | Abstract                     |
|                                            | 3c      | The main diagnoses, therapeutic interventions, and outcomes                                 | Page 2, Line 14-23                 | Abstract                     |
|                                            | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                           | Page 2, Line 23-25                 | Abstract                     |
| Introduction                               | 4       | One or two paragraphs summarizing why this case is unique (may include references)          | Page 4, Line 9-12                  | Introduction, Paragraph 2   |
| Patient Information                        | 5a      | De-identified patient specific information                                                   | Page 5, Line 5-15                  | Case Presentation,           |
|                                            | 5b      | Primary concerns and symptoms of the patient                                                 | Page 6, Line 1-9                   | Case Presentation,           |
|                                            | 5c      | Medical, family, and psycho-social history including relevant genetic information            | Page 5, Line 5-15                  | Case Presentation,           |
|                                            | 5d      | Relevant past interventions with outcomes                                                    | Page 6, Line 10-22                 | Case Presentation,           |
| Clinical Findings                          | 6       | Describe significant physical examination (PE) and important clinical findings             | Page 6, Line 10-22                 | Case Presentation,           |
| Timeline                                   | 7       | Historical and current information from this episode of care organized as a timeline        | Page 14                            | Table 1                     |
| Diagnostic Assessment                      | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                      | Page 7, Line 3-10                  | Case Presentation,           |
|                                            | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                   | None                               | None                         |
|                                            | 8c      | Diagnosis (including other diagnoses considered)                                             | Page 5, Line 5-15                  | Case Presentation,           |
|                                            | 8d      | Prognosis (such as staging in oncology) where applicable                                   | Not Applicable                     | Not Applicable               |
| Therapeutic Intervention                   | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page 5, Line 5-15                  | Case Presentation,           |
|                                            | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)             | Page 5, Line 16-22                 | Case Presentation,           |
|                                            | 9c      | Changes in therapeutic intervention (with rationale)                                        | Not Applicable                     | Not Applicable               |
| Section | Description                                                                 | Page | Reference |
|---------|-----------------------------------------------------------------------------|------|-----------|
| Follow-up and Outcomes | 10a Clinician and patient-assessed outcomes (if available) | 7, Line 3-23; 8, Line 8 | Case Presentation, 10a |
| | 10b Important follow-up diagnostic and other test results | 7, Line 3-10 | Case Presentation, 10b |
| | 10c Intervention adherence and tolerability (How was this assessed?) | 7, Line 11-23; 7, Line 11-21 | Case Presentation, 10c |
| | 10d Adverse and unanticipated events | 7, Line 11-21 | Case Presentation, 10d |
| Discussion | 11a A scientific discussion of the strengths AND limitations associated with this case report | 8, Line 4-18 | Discussion, Paragraph 1 |
| | 11b Discussion of the relevant medical literature with references | 8, Line 4-18 | Discussion, Paragraph 1 |
| | 11c The scientific rationale for any conclusions (including assessment of possible causes) | 8, Line 19-23; 9, Line 15-22 | Discussion, Paragraph 2-3 |
| | 11d The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | 9, Line 15-22 | Discussion, Paragraph 4 |
| Patient Perspective | 12 The patient should share their perspective in one to two paragraphs on the treatment(s) they received | Not Applicable | Not Applicable |
| 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.