| 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 3-4 | Title/Paragraph 1 |
| Key Words | 2 | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 2/Line 14-15 | Key words/Paragraph 1 |
| Abstract (no references) | 3a | Introduction: What is unique about this case and what does it add to the scientific literature? | Page 2/Line 3-4 | Abstract/Paragraph 1 |
| | 3b | Main symptoms and/or important clinical findings | Page 1/Line 27-30 | Abstract/Paragraph 1 |
| | 3c | The main diagnoses, therapeutic interventions, and outcomes | Page 2/Line 6-9 | Abstract/Paragraph 1 |
| | 3d | Conclusion—What is the main “take-away” lesson(s) from this case? | Page 2/Line 8-11 | Abstract/Paragraph 1 |
| Introduction | 4 | One or two paragraphs summarizing why this case is unique (may include references) | Page 3/Line 5-7 | 2 |
| Patient Information | 5a | De-identified patient specific information | Page 3/Line 11-14 | 2 |
| | 5b | Primary concerns and symptoms of the patient | Page 3/Line 11-4 | 2 |
| | 5c | Medical, family, and psycho-social history including relevant genetic information | Page 3/Line 15-17 | 2 |
| | 5d | Relevant past interventions with outcomes | Page 3/Line 11-17 | 2 |
| Clinical Findings | 6 | Describe significant physical examination (PE) and important clinical findings | Page 3/Line 24-28 | 2 |
| Timeline | 7 | Historical and current information from this episode of care organized as a timeline | Page 4/Line 1-3 | 2-3 |
| Diagnostic Assessment | 8a | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). | Page 4/Line 5-13 | 2-4 |
| | 8b | Diagnostic challenges (such as access to testing, financial, or cultural) | Page 4/Line 9-12 | 2-4 |
| | 8c | Diagnosis (including other diagnoses considered) | Page 4/Line 22-23 | 2-4 |
| | 8d | Prognosis (such as staging in oncology) where applicable | Page 4/Line 28-30 | 2-4 |
| Therapeutic Intervention | 9a | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) | Page 4/Line 26-27 | 2-4 |
| | 9b | Administration of therapeutic intervention (such as dosage, strength, duration) | Page 4/Line 26-27 | 2-4 |
| | 9c | Changes in therapeutic intervention (with rationale) | Page 4/Line 26-27 | 2-4 |
## Follow-up and Outcomes

|   |                                                                                     | Page     |
|---|-------------------------------------------------------------------------------------|----------|
| 10a | Clinician and patient-assessed outcomes (if available)                             | 4/line 27-30 |
| 10b | Important follow-up diagnostic and other test results                               | 4/line 27-30 |
| 10c | Intervention adherence and tolerability (How was this assessed?)                    | 4/line 27 |
| 10d | Adverse and unanticipated events                                                   | 4/line 27-30 |

## Discussion

|   |                                                                                     | Page     |
|---|-------------------------------------------------------------------------------------|----------|
| 11a | A scientific discussion of the strengths AND limitations associated with this case report | 5/line 1-7, 17-19 |
| 11b | Discussion of the relevant medical literature **with references**                    | 5/line 24-26 |
| 11c | The scientific rationale for any conclusions (including assessment of possible causes) | 5/line 1-7 |
| 11d | The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | 7/line 1-8 |

## Patient Perspective

|   |                                                                                     | Page     |
|---|-------------------------------------------------------------------------------------|----------|
| 12 | The patient should share their perspective in one to two paragraphs on the treatment(s) they received | 4/line 22-26 |

## Informed Consent

|   |                                                                                     | Page     |
|---|-------------------------------------------------------------------------------------|----------|
| 13 | Did the patient give informed consent? Please provide if requested                  |          |
|   | Yes □                                                                               |          |
|   | No □                                                                                |          |