## 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 3/ line 1-2                   | Title/ para 1                |
| Key Words                    | 2       | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" | Page 3/ line 20                    | Key words/ para 1            |
| Abstract (no references)     | 3a      | Introduction: What is unique about this case and what does it add to the scientific literature? | Page 3/ line 5-10                  | Abstract/ para 1             |
|                              | 3b      | Main symptoms and/or important clinical findings                                             | Page 3/ line 10-16                 | Abstract/ para 1             |
|                              | 3c      | The main diagnoses, therapeutic interventions, and outcomes                                  | Page 3/ line 10-16                 | Abstract/ para 1             |
|                              | 3d      | Conclusion—What is the main “take-away” lesson(s) from this case?                           | Page 3/ line 10-16                 | Abstract/ para 1             |
| Introduction                 | 4       | One or two paragraphs summarizing why this case is unique (may include references)          | Page 4/ line 1-12                  | Introduction/ para 1-2       |
| Patient Information          | 5a      | De-identified patient specific information                                                    | Page 4/ line 15-18                 | Case presentation/ para 1    |
|                              | 5b      | Primary concerns and symptoms of the patient                                                 | Page 4/ line 18-22                 | Case presentation/ para      |
|                              | 5c      | Medical, family, and psycho-social history including relevant genetic information            | N/A (no relevant)                  | N/A (no relevant)            |
|                              | 5d      | Relevant past interventions with outcomes                                                    | Page 4/ line 20-22                 | Case presentation/ para 1    |
| Clinical Findings            | 6       | Describe significant physical examination (PE) and important clinical findings              | Page 5/ line 15-15                 | Case presentation/ para 2    |
| Timeline                     | 7       | Historical and current information from this episode of care organized as a timeline         | Page 4/ line 18-22                 | Case presentation/ para      |
| Diagnostic Assessment        | 8a      | Diagnostic testing (such as PE, laboratory testing, imaging, surveys).                      | Page 5/ line 3-7,15-22             | Case presentation/ para      |
|                              | 8b      | Diagnostic challenges (such as access to testing, financial, or cultural)                   | N/A (no relevant)                  | N/A (no relevant)            |
|                              | 8c      | Diagnosis (including other diagnoses considered)                                            | page 5/ line 3-7                   | Case presentation/ para 1    |
|                              | 8d      | Prognosis (such as staging in oncology)/ where applicable                                    | Page 6/ line 16-17                 | Case presentation/ para 3    |
| Therapeutic Intervention     | 9a      | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care)  | Page 6/ line 8-16                  | Case presentation/ para 3    |
|                              | 9b      | Administration of therapeutic intervention (such as dosage, strength, duration)             | Page 6/ line 8-16                  | Case presentation/ para 3    |
|                              | 9c      | Changes in therapeutic intervention (with rationale)                                       | Page 6/ line 8-16                  | Case presentation/ para 3    |
| Section                  | Description                                                                 | Page | Section/Paragraph |
|-------------------------|-----------------------------------------------------------------------------|------|-------------------|
| Follow-up and Outcomes  | 10a Clinician and patient-assessed outcomes (if available)                  | 6/16-17 | Case presentation/para 3 |
|                         | 10b Important follow-up diagnostic and other test results                    | 6/16-17 | Case presentation/para 3 |
|                         | 10c Intervention adherence and tolerability (How was this assessed?)          | N/A (no relevant) | N/A (no relevant) |
|                         | 10d Adverse and unanticipated events                                         | N/A (no relevant) | N/A (no relevant) |
| Discussion              | 11a A scientific discussion of the strengths AND limitations associated with this case report | 7/19-22 | Discussion/para 2-3 |
|                         | 11b Discussion of the relevant medical literature with references           | 8/7-17 | Discussion/para 4-9 |
|                         | 11c The scientific rationale for any conclusions (including assessment of possible causes) | 8/1-6, 9-22 | Discussion/para 3-5 |
|                         | 11d The primary “take-away” lessons of this case report (without references) in a one paragraph conclusion | 11/13-20 | Conclusion/para 1 |
| Patient Perspective     | 12 The patient should share their perspective in one to two paragraphs on the treatment(s) they received | N/A (no relevant) | N/A (no relevant) |
| 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.