CARE Checklist (2013) of information to include when writing a case report

| Topic                  | Item | Checklist Item Description                                                                 | Reported on Page |
|------------------------|------|-------------------------------------------------------------------------------------------|------------------|
| Title                  | 1    | The words "case report" should be in the title along with the area of focus.                | 1                |
| Key Words              | 2    | 2 to 5 key words that identify areas covered in this case report.                          | 2                |
| Abstract               | 3a   | Introduction—What is unique about this case? What does it add to the medical literature?  | 3                |
|                        | 3b   | The main symptoms of the patient and the important clinical findings                      | 3                |
|                        | 3c   | The main diagnoses, therapeutics interventions, and outcomes                              | 3                |
|                        | 3d   | Conclusion—What are the main “take-away” lessons from this case?                          | 5                |
| Introduction           | 4    | One or two paragraphs summarizing why this case is unique with references                 | 1                |
| Patient Information    | 5a   | De-identified demographic information and other patient specific information               | 2/3              |
|                        | 5b   | Main concerns and symptoms of the patient                                                 | 2/3              |
|                        | 5c   | Medical, family, and psychosocial history including relevant genetic information (also see timeline) | 2/3              |
|                        | 5d   | Relevant past interventions and their outcomes                                              | 2/3              |
| Clinical Findings      | 6    | Describe the relevant physical examination (PE) and other significant clinical findings.  | 2                |
| Timeline               | 7    | Important information from the patient's history organized as a timeline                   | 2/3              |
| Diagnostic Assessment  | 8a   | Diagnostic methods (such as PE, laboratory testing, imaging, surveys).                     | 2/3              |
|                        | 8b   | Diagnostic challenges (such as access, financial, or cultural).                            | 2/3              |
|                        | 8c   | Diagnostic reasoning including other diagnoses considered                                  | 2/3              |
|                        | 8d   | Prognostic characteristics (such as staging in oncology) where applicable                  | 2/3              |
| Therapeutic Intervention| 9a  | Types of intervention (such as pharmacologic, surgical, preventive, self-care)             | 2/3              |
|                        | 9b   | Administration of intervention (such as dosage, strength, duration)                        | 2/3              |
|                        | 9c   | Changes in intervention (with rationale)                                                   | 2/3              |
| Follow-up and Outcomes | 10a | Clinician and patient-assessed outcomes (when appropriate)                                 | 2/3              |
|                        | 10b | Important follow-up diagnostic and other test results                                       | 2                |
|                        | 10c | Intervention adherence and tolerability (How was this assessed?)                            | 2/3              |
|                        | 10d | Adverse and unanticipated events                                                           | 2/3              |
| Discussion             | 11a | Discussion of the strengths and limitations in your approach to this case                  | 4/5              |
|                        | 11b | Discussion of the relevant medical literature.                                             | 4/5              |
|                        | 11c | The rationale for conclusions (including assessment of possible causes)                    | 4/5              |
|                        | 11d | The primary “take-away” lessons of this case report                                         | 4/5              |
| Patient Perspective    | 12   | When appropriate the patient should share their perspective on the treatments they received | 5                |
| Informed Consent       | 13   | Did the patient give informed consent? Please provide if requested                          | Yes              |