



| Topic                       | Item | Checklist item description                                                                                       | Reported on Line                                                    |
|-----------------------------|------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Title                       | 1    | The diagnosis or intervention of primary focus followed by the words "case report" . . . . .                     | <input checked="" type="checkbox"/>                                 |
| Key Words                   | 2    | 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" . . .     | <input checked="" type="checkbox"/>                                 |
| Abstract<br>(no references) | 3a   | Introduction: What is unique about this case and what does it add to the scientific literature? . . . . .        | <input checked="" type="checkbox"/>                                 |
|                             | 3b   | Main symptoms and/or important clinical findings . . . . .                                                       | <input checked="" type="checkbox"/>                                 |
|                             | 3c   | The main diagnoses, therapeutic interventions, and outcomes . . . . .                                            | <input checked="" type="checkbox"/>                                 |
|                             | 3d   | Conclusion—What is the main "take-away" lesson(s) from this case? . . . . .                                      | <input checked="" type="checkbox"/>                                 |
| Introduction                | 4    | One or two paragraphs summarizing why this case is unique ( <b>may include references</b> ) . . . . .            | <input checked="" type="checkbox"/>                                 |
| Patient Information         | 5a   | De-identified patient specific information. . . . .                                                              | <input checked="" type="checkbox"/>                                 |
|                             | 5b   | Primary concerns and symptoms of the patient. . . . .                                                            | <input checked="" type="checkbox"/>                                 |
|                             | 5c   | Medical, family, and psycho-social history including relevant genetic information . . . . .                      |                                                                     |
|                             | 5d   | Relevant past interventions with outcomes . . . . .                                                              |                                                                     |
| Clinical Findings           | 6    | Describe significant physical examination (PE) and important clinical findings. . . . .                          | <input checked="" type="checkbox"/>                                 |
| Timeline                    | 7    | Historical and current information from this episode of care organized as a timeline . . . . .                   | <input checked="" type="checkbox"/>                                 |
| Diagnostic<br>Assessment    | 8a   | Diagnostic testing (such as PE, laboratory testing, imaging, surveys). . . . .                                   | <input checked="" type="checkbox"/>                                 |
|                             | 8b   | Diagnostic challenges (such as access to testing, financial, or cultural) . . . . .                              |                                                                     |
|                             | 8c   | Diagnosis (including other diagnoses considered) . . . . .                                                       | <input checked="" type="checkbox"/>                                 |
|                             | 8d   | Prognosis (such as staging in oncology) where applicable . . . . .                                               | <input checked="" type="checkbox"/>                                 |
| Therapeutic<br>Intervention | 9a   | Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) . . . . .             | <input checked="" type="checkbox"/>                                 |
|                             | 9b   | Administration of therapeutic intervention (such as dosage, strength, duration) . . . . .                        | <input checked="" type="checkbox"/>                                 |
|                             | 9c   | Changes in therapeutic intervention (with rationale) . . . . .                                                   |                                                                     |
| Follow-up and<br>Outcomes   | 10a  | Clinician and patient-assessed outcomes (if available) . . . . .                                                 |                                                                     |
|                             | 10b  | Important follow-up diagnostic and other test results . . . . .                                                  | <input checked="" type="checkbox"/>                                 |
|                             | 10c  | Intervention adherence and tolerability (How was this assessed?) . . . . .                                       | <input checked="" type="checkbox"/>                                 |
|                             | 10d  | Adverse and unanticipated events . . . . .                                                                       |                                                                     |
| Discussion                  | 11a  | A scientific discussion of the strengths AND limitations associated with this case report . . . . .              | <input checked="" type="checkbox"/>                                 |
|                             | 11b  | Discussion of the relevant medical literature <b>with references</b> . . . . .                                   | <input checked="" type="checkbox"/>                                 |
|                             | 11c  | The scientific rationale for any conclusions (including assessment of possible causes) . . . . .                 | <input checked="" type="checkbox"/>                                 |
|                             | 11d  | The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion . . . . . | <input checked="" type="checkbox"/>                                 |
| Patient Perspective         | 12   | The patient should share their perspective in one to two paragraphs on the treatment(s) they received . . . . .  |                                                                     |
| Informed Consent            | 13   | Did the patient give informed consent? Please provide if requested . . . . .                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |