



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