



| 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 . . . . .  | <input checked="" type="checkbox"/>                                 |
| <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"/> |