



| 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 .....                      | <input checked="" type="checkbox"/>                                 |
|                             | 5d   | Relevant past interventions with outcomes .....                                                              | <input checked="" type="checkbox"/>                                 |
| 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 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) .....                              | <input checked="" type="checkbox"/>                                 |
|                             | 8c   | Diagnosis (including other diagnoses considered) .....                                                       | <input checked="" type="checkbox"/>                                 |
|                             | 8d   | Prognosis (such as staging in oncology) where applicable .....                                               | <input checked="" type="checkbox"/>                                 |
| Therapeutic 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) .....                                                   | <input checked="" type="checkbox"/>                                 |
| Follow-up and Outcomes      | 10a  | Clinician and patient-assessed outcomes (if available) .....                                                 | <input checked="" type="checkbox"/>                                 |
|                             | 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 .....                                                                       | <input checked="" type="checkbox"/>                                 |
| 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 .....  | <input checked="" type="checkbox"/>                                 |
| Informed Consent            | 13   | Did the patient give informed consent? Please provide if requested .....                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |