

## Appendix 1.



# The CARE reporting checklist

For checking that clinical case report articles can be understood and used by everyone

## How to use this reporting checklist

This reporting checklist allows authors to demonstrate that their manuscripts adhere to the [CARE reporting guideline](#).

If you have not used a reporting guideline before, read about [how and why to use them](#) and check whether CARE is the [most applicable reporting guideline](#) for your work.

Reporting guidelines are most useful when used early in research. When writing a manuscript or application, consider using the [full guidance](#) where you'll find explanations and examples for each item.

After writing, demonstrate adherence by completing this checklist:

1. Specify where each item is described (see [Note 1](#)).
2. Cite this checklist (See [Note 2](#)).
3. Include your completed checklist as a supplement when submitting to a journal so that future readers can use it to find information.

	Item Description	Location (or reason for not reporting)
<b>Sections</b>		
<a href="#">1. Title</a>	The area of focus and “case report” should appear in the title.	Title: “Rapidly Growing Peripheral Giant Cell Granuloma: Case Report”
<a href="#">2. Keywords</a>	The key elements of this case in 2–5 words.	Abstract, Keywords section
<a href="#">3. Abstract</a>	<p>3a – Introduction: What does this case add?</p> <p>3b – Case presentation:</p> <ul style="list-style-type: none"> <li>• The main symptoms of the patient(s).</li> <li>• The main clinical findings.</li> <li>• The main diagnoses and interventions.</li> <li>• The main outcomes.</li> </ul> <p>3c – Conclusion: What are the main “take-away” lessons from this case?</p>	<p>3a: Abstract, paragraph 1</p> <p>3b:</p> <ul style="list-style-type: none"> <li>• Main symptoms: Abstract, paragraph 1</li> <li>• Clinical findings: Abstract, paragraph 1</li> <li>• Diagnosis and intervention: Abstract, paragraph 1</li> <li>• Outcomes: Abstract, paragraph 1</li> </ul> <p>3c: Abstract, final sentence</p>
<a href="#">4. Introduction</a>	Brief background summary of the case referencing the relevant medical literature.	Introduction, paragraphs 1–4
<a href="#">5a. Patient</a>	5a – Demographic information of the patient (age,	<ul style="list-style-type: none"> <li>• Demographic data: Case</li> </ul>

information	gender, ethnicity, occupation). 5b – Main symptoms of the patient (chief complaint). 5c – Medical, family, and psychosocial history— including lifestyle and genetic information whenever possible, details about relevant comorbidities, and past interv...	Report, Patient Information, paragraph 1 <ul style="list-style-type: none"> <li>• Main symptoms: Case Report, Patient Information, paragraph 1</li> <li>• Medical history: Case Report, Patient Information, paragraph 1</li> </ul>
6. Clinical findings	Describe the relevant physical examination (PE) findings.	Case Report, Clinical Findings, paragraphs 1–2
7. Timeline	Depict important date and times in this case (table or figure).	Case Report, Timeline, paragraph 1
8. Diagnostic assessment	8a – Diagnostic methods (e.g., physical examination, laboratory testing, imaging, questionnaires) 8b – Diagnostic challenges (e.g., financial, language, or cultural) 8c – Diagnostic reasoning including other diagnoses considered 8d – Prognostic characteristics (e.g., staging) where applicable.	8a – Diagnostic methods: Diagnostic Assessment, paragraph 1 8b – Diagnostic challenges: Diagnostic Assessment, paragraph 2 8c – Diagnostic reasoning: Diagnostic Assessment, paragraph 2; Table 1 8d – Prognostic characteristics: Not applicable (non-oncologic condition)
9. Therapeutic Intervention	9a – Types of intervention (e.g., pharmacologic, surgical, preventive, self-care) 9b – Administration (e.g., dosage, strength, duration) 9c – Changes in intervention (with rationale).	9a – Type of intervention: Therapeutic Intervention, paragraph 1 9b – Administration: Therapeutic Intervention, paragraph 1 9c – Changes in intervention: Not applicable
10. Follow up and outcomes	10a – Clinician and patient-assessed outcomes 10b – Important follow-up test results (positive and negative) 10c – Intervention adherence and tolerability (and how this was assessed) 10d – Adverse and unanticipated events.	10a – Clinical outcomes: Therapeutic Intervention, paragraph 1 10b – Follow-up tests: Therapeutic Intervention, paragraph 1 10c – Adherence and tolerability: Follow-up and Outcomes, paragraph 2 10d – Adverse events: Follow-up and Outcomes, paragraph 2
11. Discussion	Discussion (including conclusion): 11a – Strengths and limitations of the management of this case 11b – Relevant medical literature	11a – Strengths and limitations: Limitation: Discussion, final paragraph 11b – Relevant literature: Discussion, paragraphs 1–3 11c – Interpretation: Discussion, paragraphs 2–3

	11c – Rationale for conclusions (including assessment of cause and effect)  11d – Main “take-away” lessons of this case report.	11d – Main message: Conclusions section
12. Patient perspective	When appropriate patients should share their perspectives on the treatments they received.	Patient Perspective section
13. Informed consent	Did the patient give informed consent? Please provide if requested.	Informed Consent section

## 1 How to specify where content is

Tell the reader where they can find information. E.g.,

- Results; paragraph 2
- Methods, Participants; paragraphs 1 & 2.
- Table 3
- Supplement B, para. 4

If you have chosen not to describe an item, explain why. You can do this in the checklist, or as a note below it.

You can describe items in the article body, or in tables, figures, or supplementary materials, and should prioritize items you feel are most important to your intended audience. The order of items in your manuscript does not need to match the order of items in this checklist. You can decide how best to structure your work.

## 2 How to cite

Describe how you used CARE at the end of your Methods section, referencing the resources you used e.g.,

‘We used the CARE reporting guideline(1) to draft this manuscript, and the CARE reporting checklist(2) when editing, included in supplement A’

If you use a reporting checklist, remember to include it as a supplement when publishing so that readers can easily find information and see how you have interpreted the guidance.

1. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D, et al. The CARE guidelines: Consensus-based clinical case reporting guideline development. *Case Reports [Internet]*. 2013 Oct;2013:bcr2013201554. Available from: <https://casereports.bmj.com/content/2013/bcr-2013-201554>
2. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D, et al. The CARE reporting checklist. In: Harwood J, Albury C, Beyer J de, Schlüssel M, Collins G, editors. *The EQUATOR network reporting guideline platform [Internet]*. The UK EQUATOR Centre; 2025. Available from: <https://resources.equator-network.org/reporting-guidelines/care/care-checklist.docx>