**CARE Checklist – 2016: Information for writing a case report**

**Giant androgen-producing adrenocortical carcinoma with atrial flutter: case report and literature review**

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**Topic Item Checklist item description Line/Page**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | **1** | The words “case report” should be in the title along with the area of focus |  |  |  | 5/1 |
| **Key Words** | **2** | Four to seven key words—include “case report” as one of the key words |  |  |  | 25-26/4 |
|  |  |  |  |  |  |  |
| **Abstract** | **3a**  **3b** | Background: What does this case report add to the medical literature? Case summary: chief complaint, diagnoses, interventions, and outcomes |  |  |  | 3-5/4  8-17/4 |
|  | **3c** | Conclusion: What is the main “take-away” lesson from this case? |  |  |  | 20-23/4 |
|  |  |  |  |  |  |  |
| **Introduction** | **4** | The current standard of care and contributions of this case—with references (1-2 paragraphs) |  |  |  | 11-19/5 |
|  |  |  |  |  |  |  |
| **Timeline** | **5** | Information from this case report organized into a timeline (table or figure) |  |  |  | 1/14 |
|  |  |  |  |  |  |  |
| **Patient Information** | **6a**  **6b** | De-identified demographic and other patient or client specific information Chief complaint—what prompted this visit? |  |  |  | 22/5  23-25/5 |
|  | **6c** | Relevant history including past interventions and outcomes |  |  |  | 27-30/5  2-8/6 |
|  |  |  |  |  |  |  |
| **Physical Exam** | **7** | Relevant physical examination findings |  |  |  | 10-20/6 |
|  |  |  |  |  |  |  |
| **Diagnostic Assessment** | **8a**  **8b**  **8c**  **8d** | Evaluations such as surveys, laboratory testing, imaging, etc.  Diagnostic reasoning including other diagnoses considered and challenges  Consider tables or figures linking assessment, diagnoses and interventions  Prognostic characteristics where applicable |  |  |  | 22-25/6;  1-17/7  7-24/9  26-28/10  Fig 2/7  Fig 3/9,  Fig 4/11  Fig 5/12  Table 1/8  -  \_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| **Interventions** | **9a** | Types such as life-style recommendations, treatments, medications, surgery |  |  |  | 9-23/10;  1-7/11  3-16/13  \_\_\_\_\_\_\_ |
|  | **9b** | Intervention administration such as dosage, frequency and duration |  |  |  | 9-23/10;  1-7/11  3-16/13 |
|  | **9c** | Note changes in intervention with explanation |  |  |  | - |
|  | **9d** | Other concurrent interventions |  |  |  | - |
|  |  |  |  |  |  |  |
| **Follow-up and Outcomes** | **10a**  **10b**  **10c** | Clinician assessment (and patient or client assessed outcomes when appropriate)  Important follow-up diagnostic evaluations  Assessment of intervention adherence and tolerability, including adverse events |  |  |  | 3-16/13  3-16/13  3-16/13 |
|  |  |  |  |  |  |  |
| **Discussion** | **11a** | Strengths and limitations in your approach to this case |  |  |  | 20-23/10;  \_\_\_\_\_\_\_ |
|  | **11b** | Specify how this case report informs practice or Clinical Practice Guidelines (CPG) |  |  |  | - |
|  | **11c** | How does this case report suggest a testable hypothesis? |  |  |  | - |
|  | **11d** | Conclusions and rationale |  |  |  | 2-20/21 |
|  |  |  |  |  |  |  |
| **Patient Perspective** | **12** | When appropriate include the assessment of the patient or client on this episode of care |  |  |  | - |
|  |  |  |  |  |  |  |
| **Informed Consent** | **13** | Informed consent from the person who is the subject of this case report is required by most journals |  |  |  | 19/5 |
|  |  |  |  |  |  |  |

**Additional Information 14** Acknowledgement section; Competing Interests; IRB approval when required 22-25/21

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