**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? |  |  |  |  22/523-25/5 |
|  |  **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 challengesConsider tables or figures linking assessment, diagnoses and interventionsPrognostic characteristics where applicable  |   |   |   |  22-25/6; 1-17/7 7-24/9 26-28/10Fig 2/7Fig 3/9,Fig 4/11Fig 5/12Table 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 evaluationsAssessment of intervention adherence and tolerability, including adverse events  |  |  |   | 3-16/133-16/13 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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