

**10 years of CARE guidelines in publishing case reports in  
paediatrics:**

# **Where do we stand?**

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# Why this research?

## Why now?

The case report is a research design where an unexpected or novel occurrence is described in a detailed report of findings, clinical course, and prognosis of an individual patient, which might be accompanied by a review of the literature of other reported cases

The EQUATOR (Enhancing the QUALity and Transparency Of health Research) Network is an international initiative that seeks to improve the reliability and value of published health research literature by promoting transparent and accurate reporting and wider use of robust reporting guidelines

CAsEReport (CARE) - Gagnier JJ, Kienle G, Altman DG, et al The CARE guidelines: consensus-based clinical case reporting guideline development Case Reports 2013

# Reporting guidelines



Enhancing the QUALity and  
Transparency Of health Research



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## Library for health research reporting

The Library contains a comprehensive searchable database of reporting guidelines and also links to other resources relevant to research reporting.



Search for reporting  
guidelines



Not sure which reporting  
guideline to use?



Reporting guidelines  
under development



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## Reporting guidelines for main study types

<a href="#">Randomised trials</a>	<a href="#">CONSORT</a>	<a href="#">Extensions</a>
<a href="#">Observational studies</a>	<a href="#">STROBE</a>	<a href="#">Extensions</a>
<a href="#">Systematic reviews</a>	<a href="#">PRISMA</a>	<a href="#">Extensions</a>
<a href="#">Study protocols</a>	<a href="#">SPIRIT</a>	<a href="#">PRISMA-P</a>
<a href="#">Diagnostic/prognostic studies</a>	<a href="#">STARD</a>	<a href="#">TRIPOD</a>
<a href="#">Case reports</a>	<a href="#">CARE</a>	<a href="#">Extensions</a>
<a href="#">Clinical practice guidelines</a>	<a href="#">AGREE</a>	<a href="#">RIGHT</a>
<a href="#">Qualitative research</a>	<a href="#">SRQR</a>	<a href="#">COREQ</a>
<a href="#">Animal pre-clinical studies</a>	<a href="#">ARRIVE</a>	
<a href="#">Quality improvement studies</a>	<a href="#">SQUIRE</a>	<a href="#">Extensions</a>
<a href="#">Economic evaluation</a>	<a href="#">CHEERS</a>	



The **CONSORT**  
website is  
temporarily  
unavailable

# Why? Who?

## Why case reports?

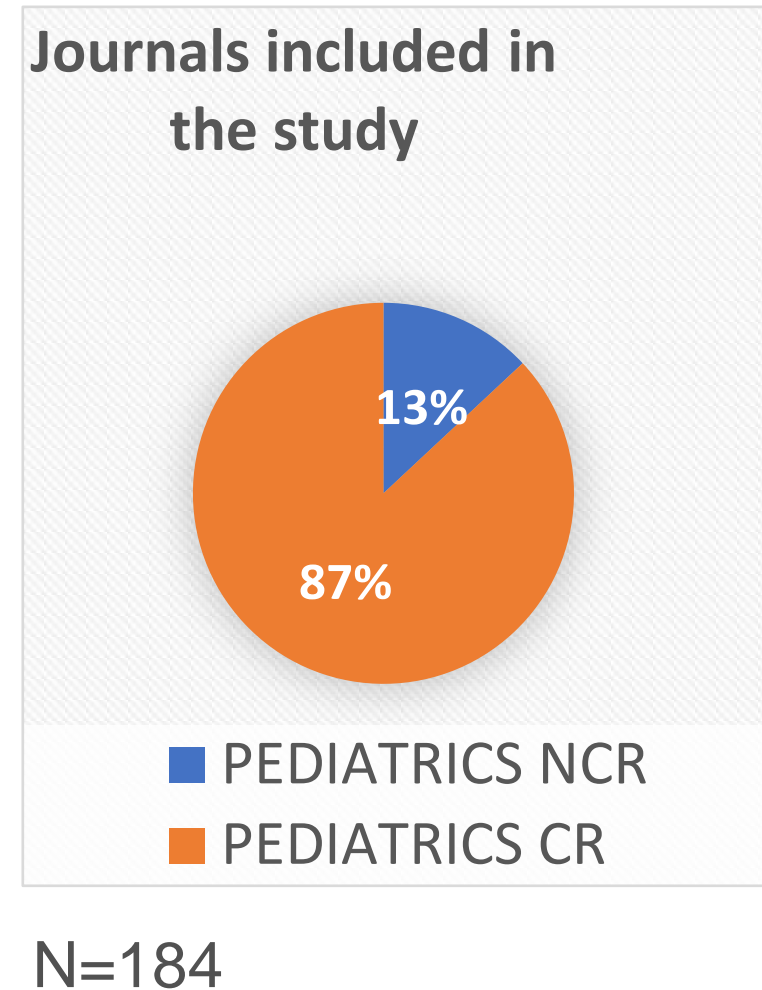
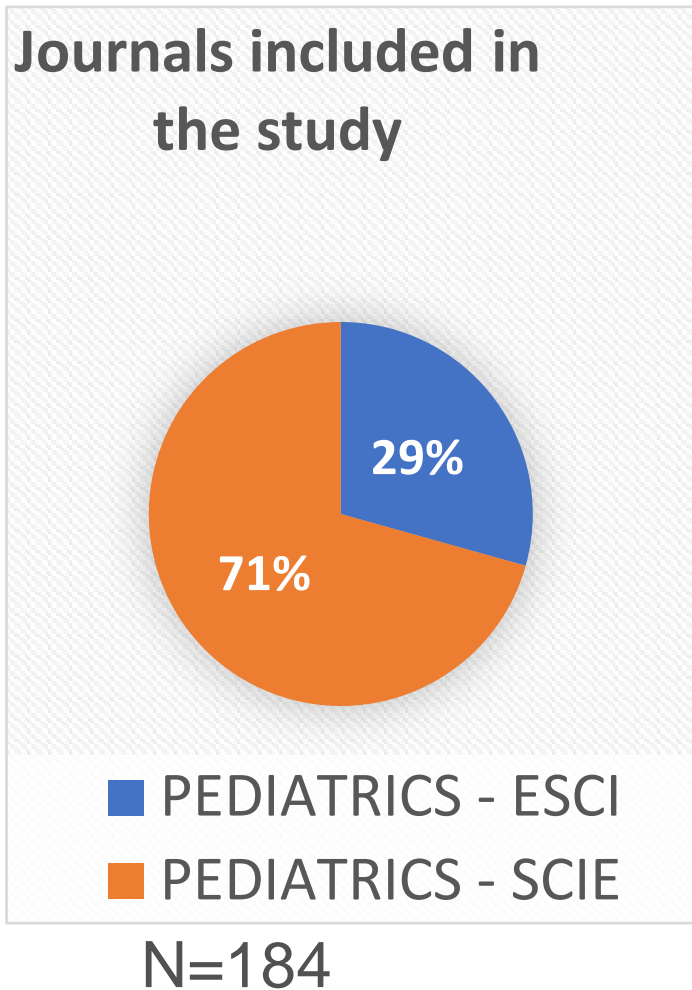
"Good case reporting demands a clear focus, to make explicit to the audience why a particular observation is important in the context of existing knowledge" (Vandenbroucke 2001)

The CARE guidelines for case reports help authors reduce risk of bias, increase transparency, and provide early signals of what works, for which patients, and under which circumstances

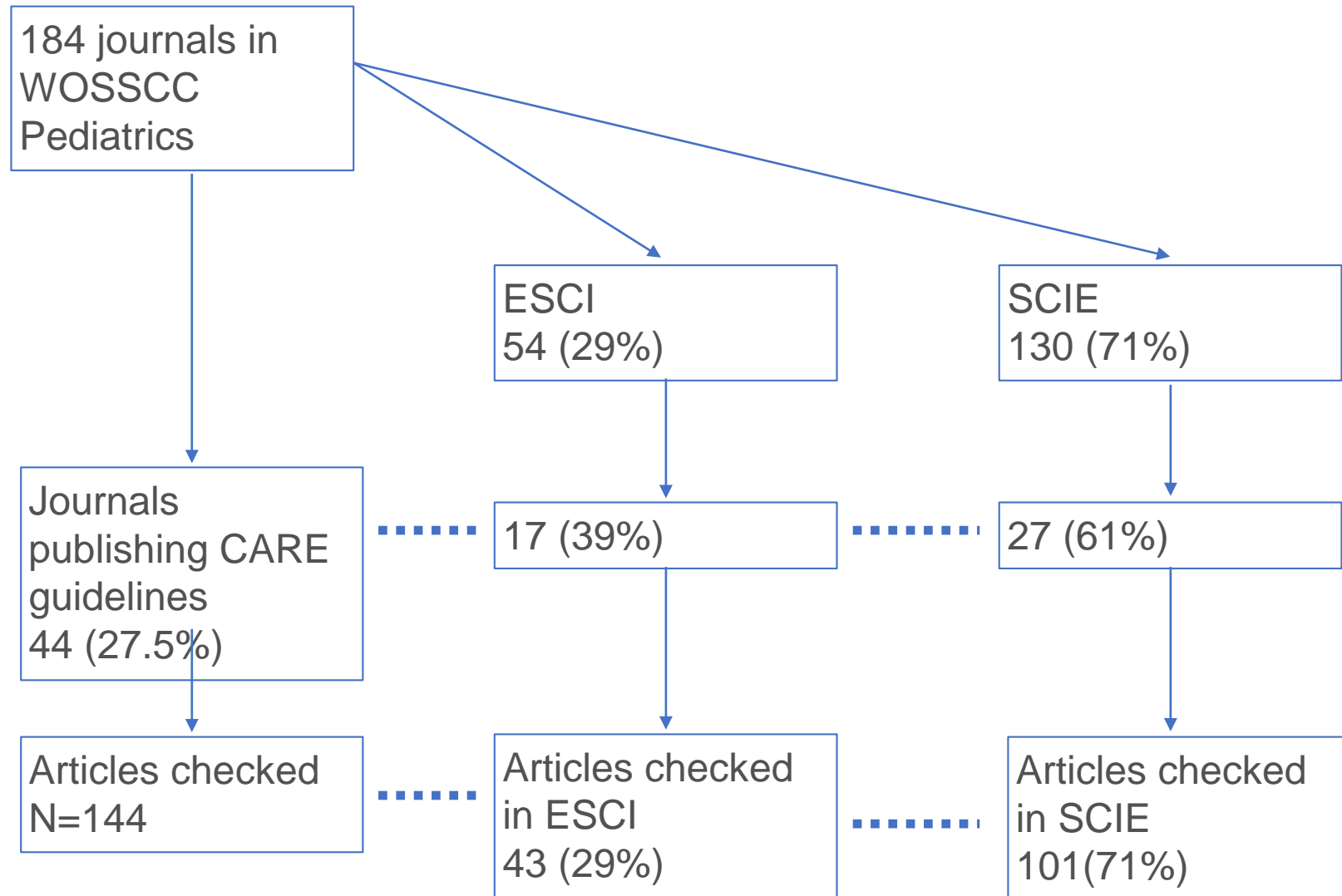
## Who benefits from quality case reporting (CARE guidelines)?

Patients  
Clinicians  
Researchers  
Educators  
Authors  
Medical Journals

# Methods



# Study protocol



1. Open access
2. 10% case reports in the last 10 years
3. If there were >100 CR then 10 CR were analyzed



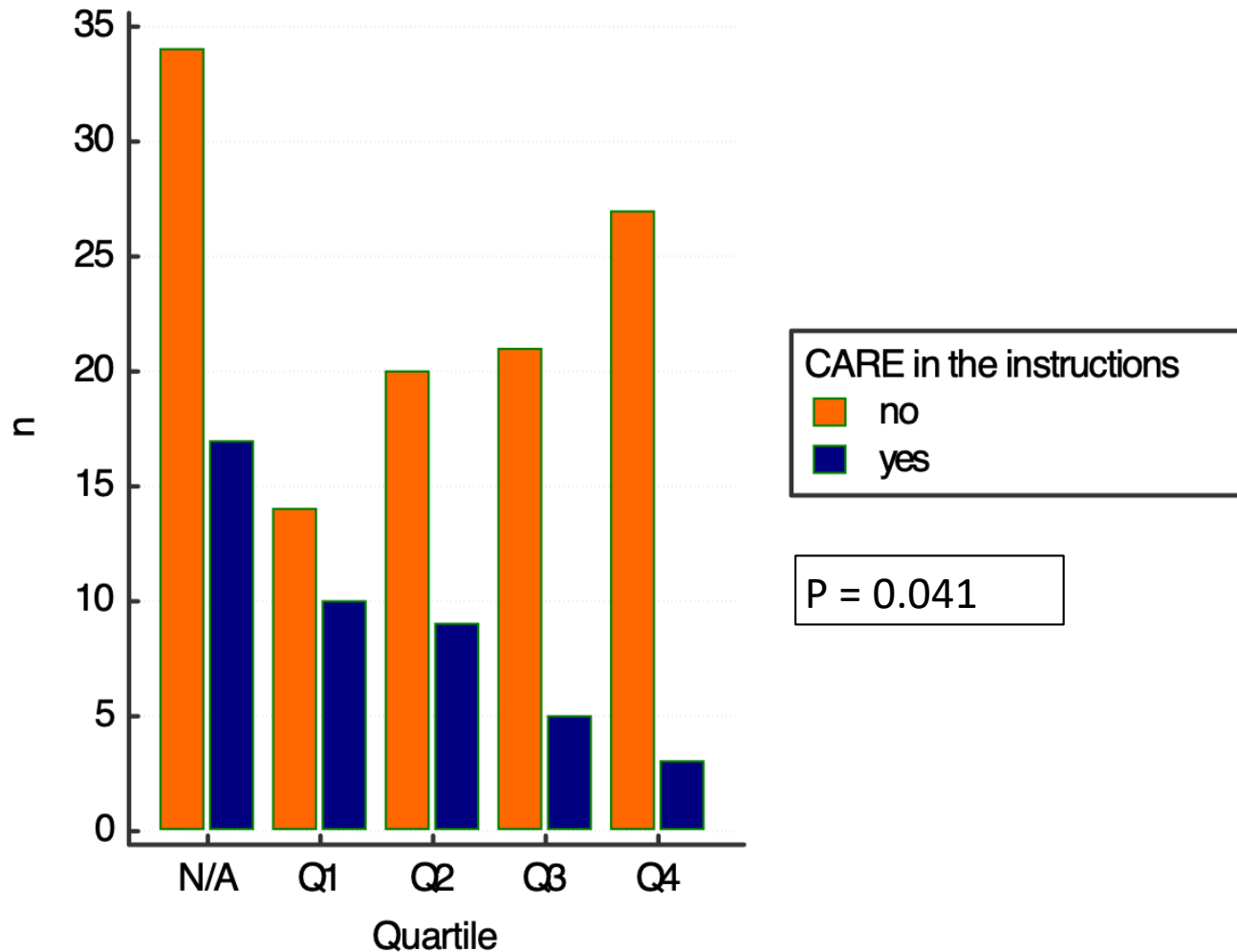
Topic	Item	Checklist item description	Reported on Line
Title	1	The diagnosis or intervention of primary focus followed by the words "case report" .....	_____
Key Words	2	2 to 5 key words that identify diagnoses or interventions in this case report, including "case report" ...	_____
Abstract (no references)	3a	Introduction: What is unique about this case and what does it add to the scientific literature? .....	_____
	3b	Main symptoms and/or important clinical findings .....	_____
	3c	The main diagnoses, therapeutic interventions, and outcomes .....	_____
	3d	Conclusion—What is the main "take-away" lesson(s) from this case? .....	_____
Introduction	4	One or two paragraphs summarizing why this case is unique ( <b>may include references</b> ) .....	_____
Patient Information	5a	De-identified patient specific information. ....	_____
	5b	Primary concerns and symptoms of the patient. ....	_____
	5c	Medical, family, and psycho-social history including relevant genetic information .....	_____
	5d	Relevant past interventions with outcomes .....	_____
Clinical Findings	6	Describe significant physical examination (PE) and important clinical findings. ....	_____
Timeline	7	Historical and current information from this episode of care organized as a timeline .....	_____
Diagnostic Assessment	8a	Diagnostic testing (such as PE, laboratory testing, imaging, surveys). ....	_____
	8b	Diagnostic challenges (such as access to testing, financial, or cultural) .....	_____
	8c	Diagnosis (including other diagnoses considered) .....	_____
	8d	Prognosis (such as staging in oncology) where applicable .....	_____
Therapeutic Intervention	9a	Types of therapeutic intervention (such as pharmacologic, surgical, preventive, self-care) .....	_____
	9b	Administration of therapeutic intervention (such as dosage, strength, duration) .....	_____
	9c	Changes in therapeutic intervention (with rationale) .....	_____
Follow-up and Outcomes	10a	Clinician and patient-assessed outcomes (if available) .....	_____
	10b	Important follow-up diagnostic and other test results .....	_____
	10c	Intervention adherence and tolerability (How was this assessed?) .....	_____
	10d	Adverse and unanticipated events .....	_____
Discussion	11a	A scientific discussion of the strengths AND limitations associated with this case report .....	_____
	11b	Discussion of the relevant medical literature <b>with references</b> . ....	_____
	11c	The scientific rationale for any conclusions (including assessment of possible causes) .....	_____
	11d	The primary "take-away" lessons of this case report (without references) in a one paragraph conclusion .....	_____
Patient Perspective	12	The patient should share their perspective in one to two paragraphs on the treatment(s) they received .....	_____
Informed Consent	13	Did the patient give informed consent? Please provide if requested .....	Yes <input type="checkbox"/> No <input type="checkbox"/>

- 0-13 points (topics)
- If one item of topic was not met, point was not assigned

# Results

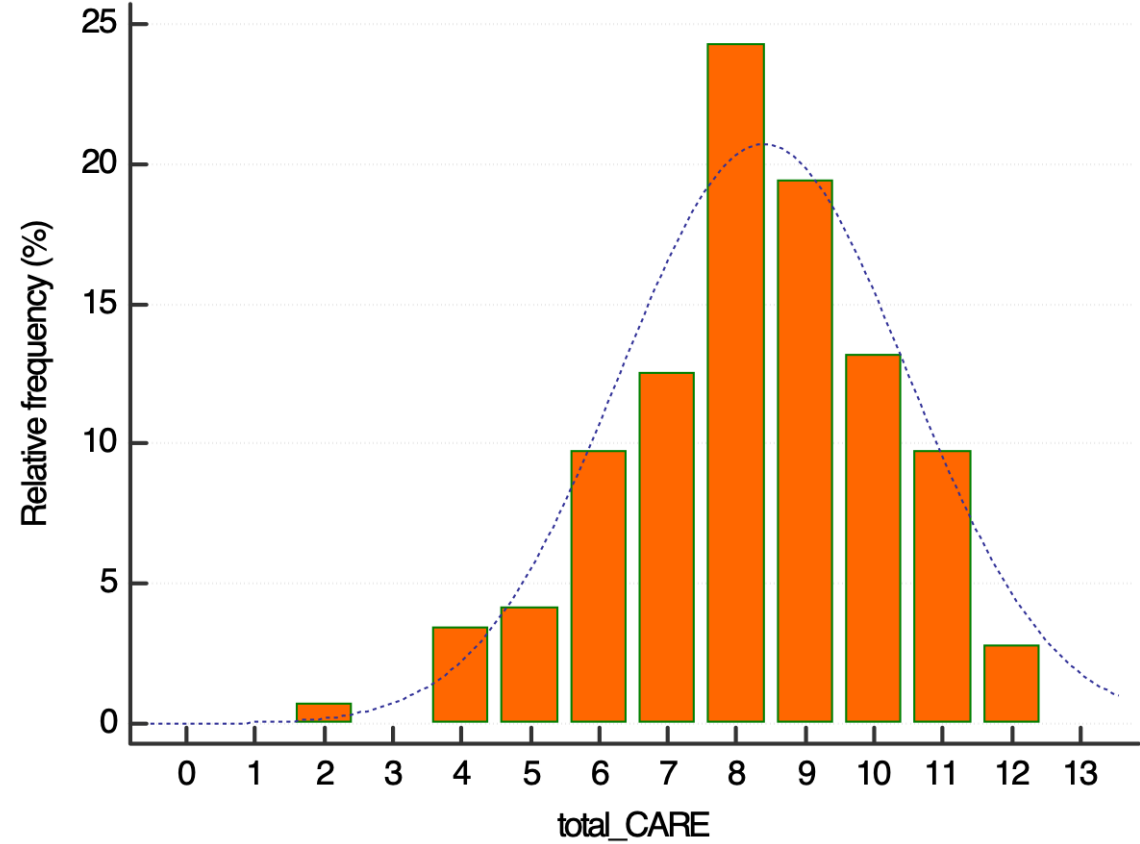


# CARE guidelines in the instructions for authors



- Out of 160 → 44 (27.5%) have CARE in the instructions for authors
- Higher the quartile more CARE guidelines included in the instructions (P=0.041)

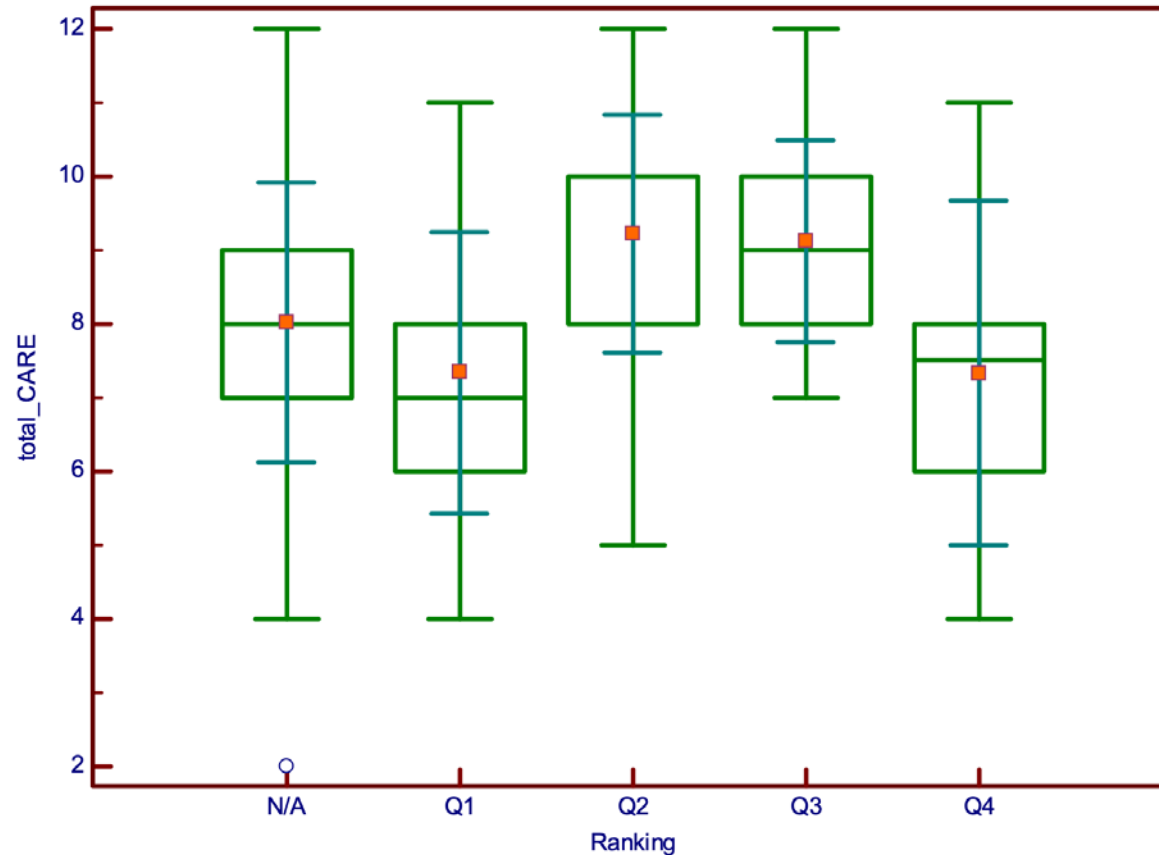
# Distribution of CARE points in 144 analyzed case reports



• M (SD): 8.2 (1.9)

Sample size	144
Lowest value	2.0000
Highest value	12.0000
Arithmetic mean	8,2361
95% CI for the mean	7,9190 to 8,5532
Median	8,0000
95% CI for the median	8,0000 to 9,0000
Variance	3,7061
Standard deviation	1,9251
Relative standard deviation	0,2337 (23,37%)
Standard error of the mean	0,1604
Coefficient of Skewness	-0,3889 (P=0,0555)
Coefficient of Kurtosis	0,1142 (P=0,6527)
D'Agostino- Pearson test for Normal distribution	accept Normality (P=0,1444)

# CARE points according to the ranking



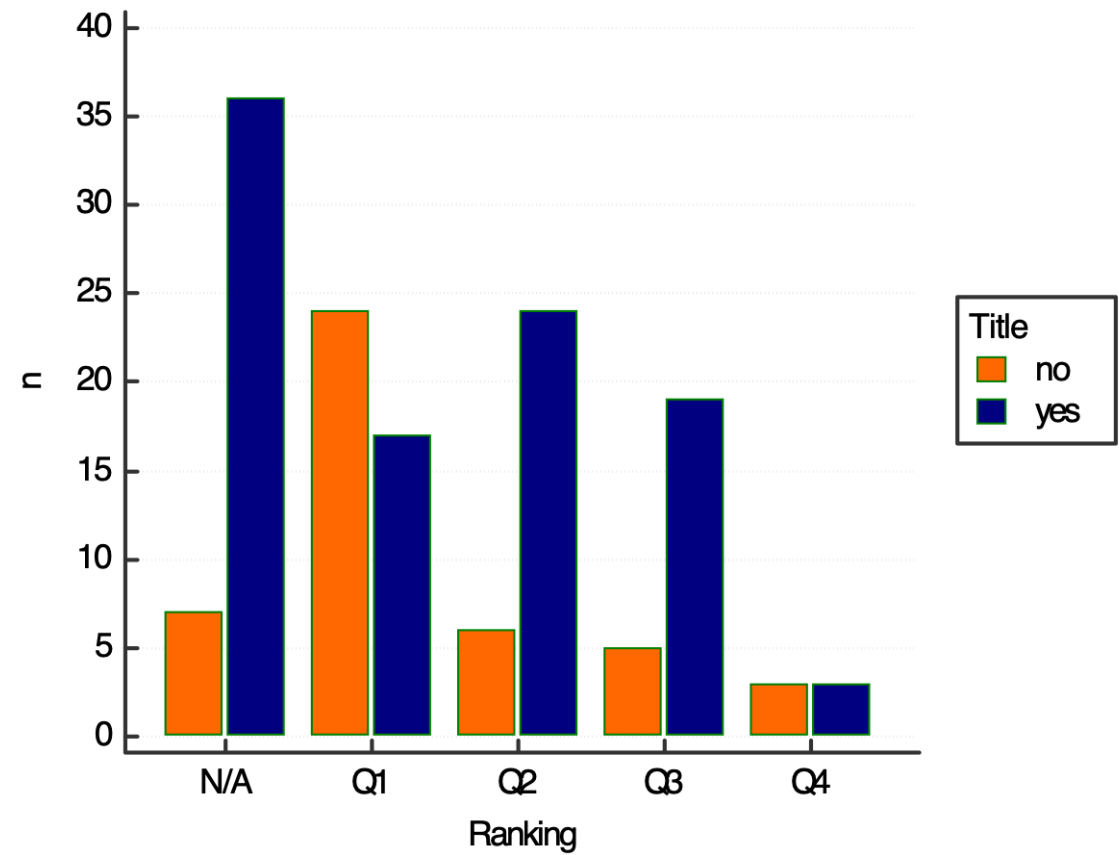
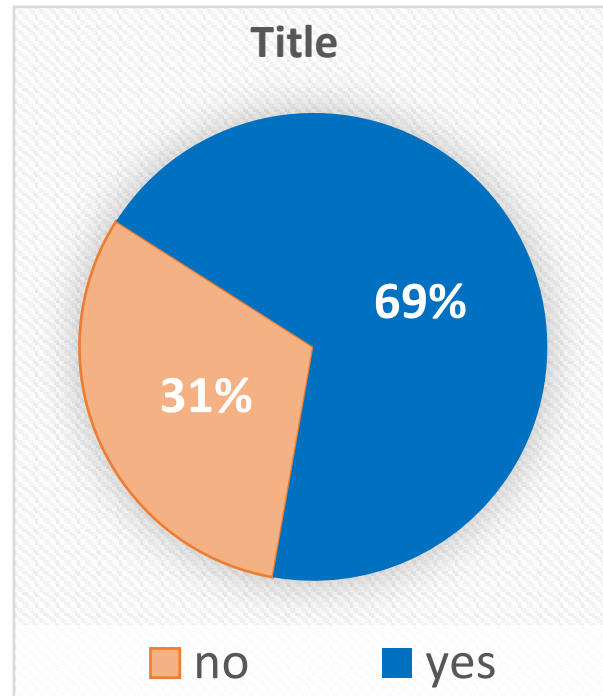
F-ratio	6,962
Significance level	P < 0,001

## Scheffé test for all pairwise comparisons

Factor	n	Mean	SD	Different (P<0,05) from factor nr
(1) N/A	43	8,0233	1,8960	
(2) Q1	41	7,3415	1,9054	(3)(4)
(3) Q2	30	9,2333	1,6121	(2)
(4) Q3	24	9,1250	1,3613	(2)
(5) Q4	6	7,3333	2,3381	

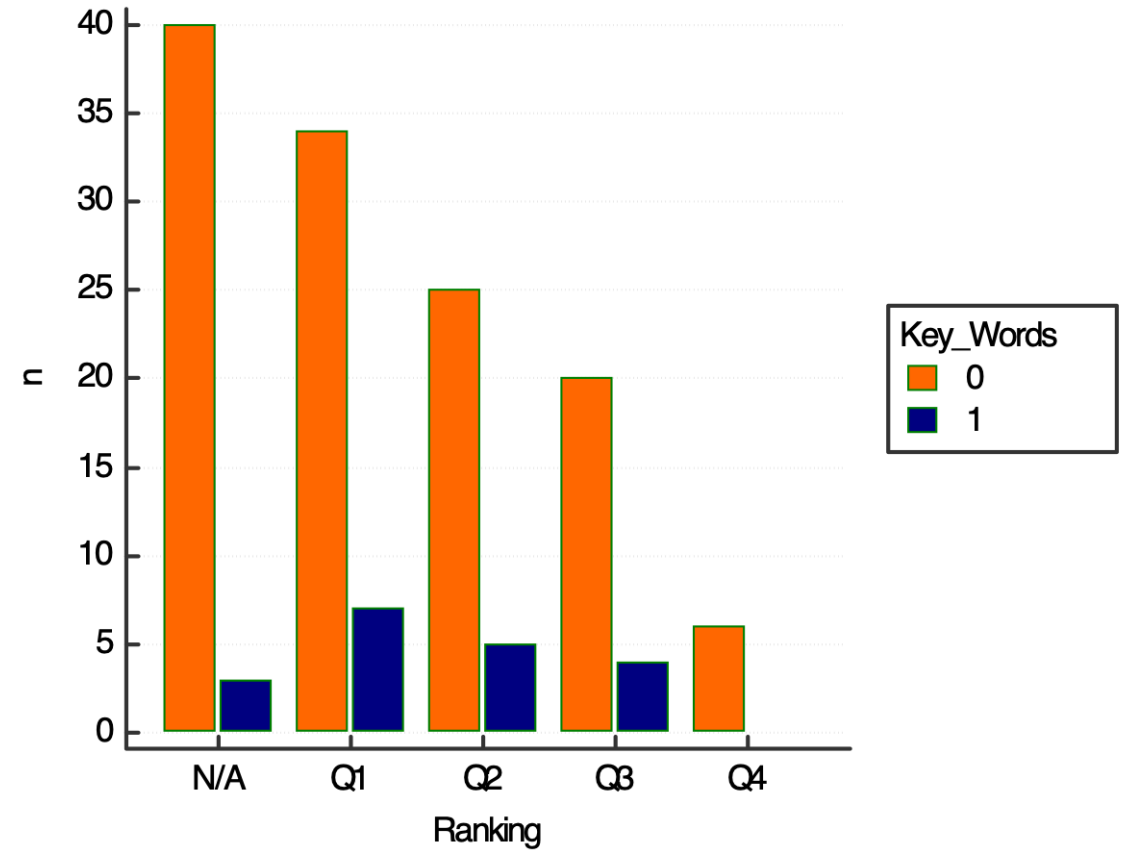
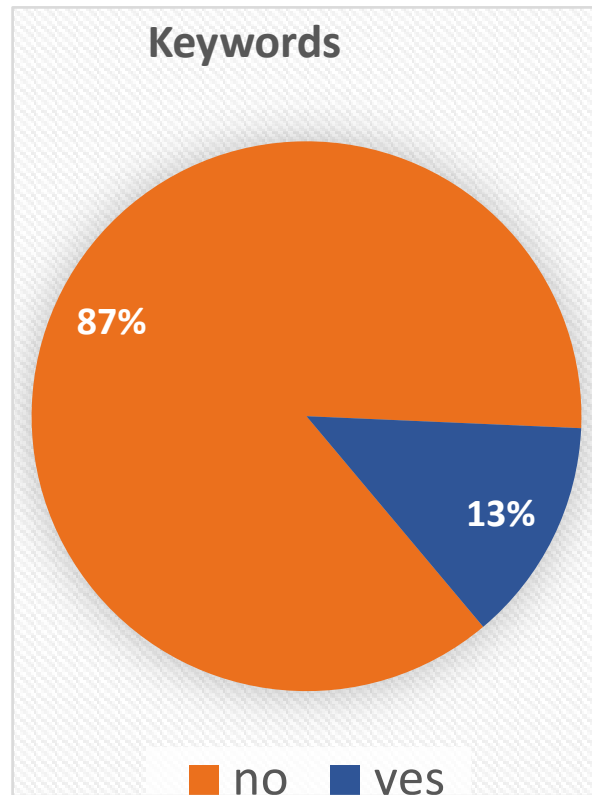
# Title

## CARE checklist 1



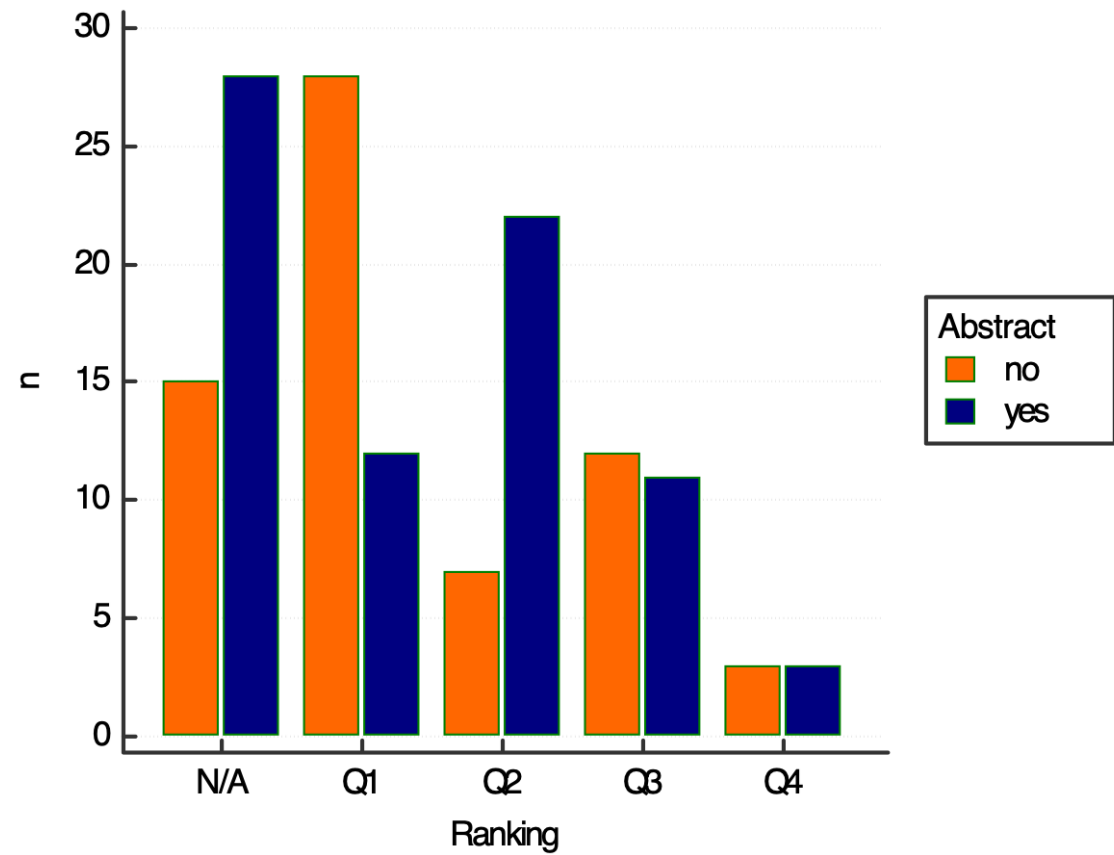
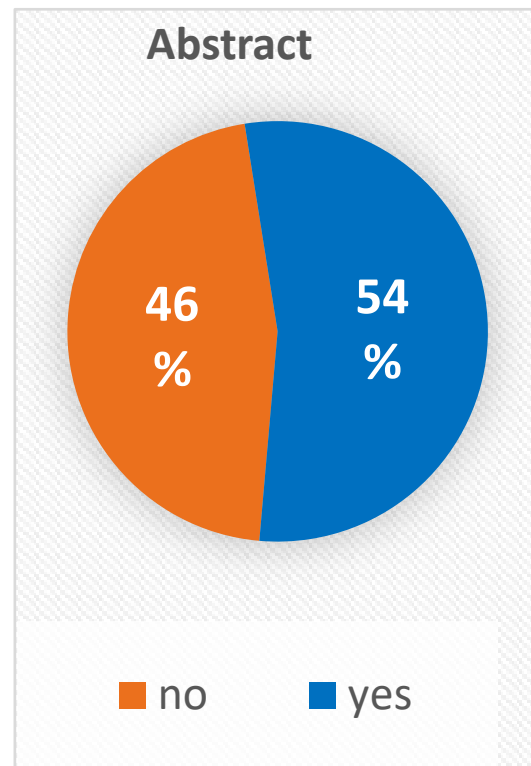
# Keywords

## CARE checklist 2



# Abstract

## CARE checklist 3



# Conclusion

1

importance to include CARE guidelines in instruction to authors

2

better adherence through editing process (CARE checklist)

3

acknowledge better results of journals ranked Q2, Q3 and ESCI, probably as an effort to better future ranking

THANK YOU



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