



CARE (CAse REport) Guidelines: A Recipe for More Transparent Case Reports

Editorial



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Case reports are the types of medical writing that are often described as the scientific documentation of a single clinical observation (1). The first examples of case reports probably date back to the BC era (2). Since then, case reports found themselves a permanent position in the medical literature for the purposes of informing about the findings of new diseases and modes of medical interventions, describing the adverse or beneficial outcomes of a procedure, and have also been used for teaching purposes (3). There are seminal examples of case reports in the medical literature that have antecedently addressed the beneficial or adverse effects of treatment protocols in specific clinical entities such as the relationship between phocomelia and thalidomide, or propranolol treatment for infantile hemangioma (4, 5). Despite, however, the numerous contributions of case reports to the medical literature, controversies have emerged among the

scientific community regarding their varying quality and level of evidence, especially in the last 20 years (6).

In medical publishing, utilizing guidelines for any type of study design provides a framework for authors, reviewers, journal editors, and readers when writing, reviewing, or appraising a scientific study and improves the completeness of published scientific reports (7). In the medical literature, various guidelines have been reported for different study types including observational studies [Strengthening the Reporting of Observational studies in Epidemiology, (STROBE)], randomized-controlled trials [Consolidated Standards of Reporting Trials, (CONSORT)], and systematic reviews and meta-analyses [Preferred Reporting Items for Systematic Reviews and Meta-Analyses, (PRISMA)] (8-10). To improve the transparency and completeness of published case reports, an international expert panel

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consisting of a group of clinicians, researchers, and journal editors developed consensus-based guidelines for clinical case reports named the CAse REport (CARE) Statement and Checklist during 2011–2012 (7). In 2013, the CARE Statement and Checklist was presented at the International Congress on Peer Review and Biomedical Publication and simultaneously published in seven journals. Since then, the CARE guidelines have been widely endorsed and translated into multiple languages. The CARE Statement and Checklist is also adopted by the EQUATOR (Enhancing the QUALity and Transparency of Health Research) Network, which is an umbrella organization composed of researchers, medical journal editors, developers of reporting guidelines, and other stakeholders who aim to improve the reliability and quality of health research publications (11). The CARE guidelines and related documents are available on the CARE website (www.care-statement.org) and the EQUATOR Network (www.equator-network.org). The checklist is composed of 13 items with multiple subitems descriptors which are assumed to be critical for reporting a case report with adequate details. The primary items of the checklist are title, keywords, abstract, introduction, patient information, clinical findings, timeline, diagnostic assessment, therapeutic interventions, follow-up and outcomes, discussion, patient perspective, and informed consent. In 2017, Riley et al. (12) reported an explanation and elaboration document for CARE guidelines that aimed to explain each item with illustrative published examples (the document is available at www.care-statement.org).

Although there were growing concerns among the scientific community against publishing case reports due to their low evidence levels and the citation potential, in my opinion, the CARE Statement and Checklist for case reports promise practical reporting standards to improve the scientific quality of case reports. Moreover, I believe that the wider adoption of the CARE guidelines may assist to accumulate high-quality data from case reports when systematically collected and combined into larger datasets. Therefore, we expect authors to use the CARE guidelines when submitting their case reports to the Turkish Archives of Otorhinolaryngology.

References

1. Carey JC. The importance of case reports in advancing scientific knowledge of rare diseases. *Adv Exp Med Biol* 2010; 686: 77-86. [Crossref]
2. Nissen T, Wynn R. The history of the case report: a selective review. *JRSM Open* 2014; 5: 2054270414523410. [Crossref]
3. Erdağ TK. Do case reports still have a place in Turkish Archives of Otorhinolaryngology? *Turk Arch Otorhinolaryngol* 2017; 55: 1-2. [Crossref]
4. Speirs AL. Thalidomide and congenital abnormalities. *Lancet* 1962; 1: 303-5. [Crossref]
5. Levy M. Propranolol for infantile hemangiomas. *Global Adv Health Med* 2012; 1: 14-6. [Crossref]
6. Bayram A. What has changed in the last decade in the Turkish Archives of Otorhinolaryngology? *Turk Arch Otorhinolaryngol* 2021; 59: 88-94. [Crossref]
7. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group*. The CARE Guidelines: consensus-based clinical case reporting guideline development. *Glob Adv Health Med* 2013; 2: 38-43. [Crossref]
8. von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP; STROBE Initiative. Strengthening the Reporting of Observational studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *BMJ* 2007; 335: 806-8. [Crossref]
9. Schulz KF, Altman DG, Moher D; CONSORT Group. CONSORT 2010 statement: updated guidelines for reporting parallel group randomized trials. *Ann Intern Med* 2010; 152: 726-32. [Crossref]
10. Moher D, Liberati A, Tetzlaff J, Altman DG; PRISMA Group. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med* 2009; 6: e1000097. [Crossref]
11. EQUATOR Network: what we do and how we are organised: University of Oxford: United Kingdom. Available from: www.equator-network.org. [Crossref]
12. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, Tugwell P, et al. CARE guidelines for case reports: explanation and elaboration document. *J Clin Epidemiol* 2017; 89: 218-35. [Crossref]