Reviewer's report

Title: Consensus-Based Clinical Case Report Guideline Development (CARE) guidelines

Version: 2 Date: 21 August 2013

Reviewer: Peter Wayne

Which of the following best describes what type of case report this is?: None

Has the case been reported coherently?: Yes

Is the case report authentic?: Yes

Is the case report ethical?: Yes

Is there any missing information that you think must be added before publication?: No

Is this case worth reporting?: Yes

Is the case report persuasive?: Yes

Does the case report have explanatory value?: Yes

Does the case report have diagnostic value?: Yes

Will the case report make a difference to clinical practice?: Yes

Is the anonymity of the patient protected?: No

Comments to authors:

This manuscript introduces a consensus-based series of guidelines for communicating and publishing case reports. The background and discussion highlight a growing appreciation for the potential role of case reports in medical care, clinical research, and informatics, and provide a clear rationale for the need for new guidelines for publishing case reports as well as how the proposed guidelines improve upon existing ones. The manuscript is clear, concise and very well written, and the conclusions and plans for broader dissemination of this instrument are highly appropriate based on survey results.

Clarifying a few minor issues may make help readers.

First, some details of the Delphi approach used are not clear. The results state
that “overall, consensus was easily reached”, but no data or details of the specific methods used to arrive at consensus are provided to support this statement. Were drafts of items in the survey endorsed with quantitative scores in iterative Delphi rounds/discussions or was consensus determined in a purely qualitative way—and if so how? For example, some Delphi based studies employ quantitative data that show how both average ratings for endorsements of items improve in successive rounds, while variability amongst raters decreases. Also related to Delphi, typically in early rounds, surveys are administered anonymously. Were the results of the initial phone screening phase structured and blinded, such that early contributions/responses from those interviewed were not biased/influenced by peers? This should be disclosed to readers.

Second, the final paragraph of the results related to IRB raised some minor concerns. It indirectly implies that IRBs should mainly be contacted only after attempts to reach patients have been unsuccessful. It may be that for some cases and for some IRB’s, it is best to obtain permission from IRBs first or in parallel with obtaining patient consent.

Third, the discussion includes plans for widespread dissemination of these guidelines, but also states that guidelines are still being pilot tested. In what order will these activities be completed (i.e., wait for potential revisions following testing before widespread dissemination of guidelines?).

One final minor editorial suggestion. In the abstract, CARE acronym needs to be defined.

**Quality of written English: Acceptable**