

Supplementary Table S2. CARE Checklist

Pediatric Eosinophil-Predominant Collagenous Gastritis: From Conventional Therapy to Dupilumab. A Case Report

Supplementary material prepared from the final revised manuscript. Page and line references refer to the revised PDF with visible line numbering.

CARE case-report checklist mapped to the revised manuscript.

Item	Topic	CARE checklist item	Reported?	Location in revised manuscript
1	Title	The words “case report” should be in the title along with the area of focus.	Yes	Page 1, lines 1–3
2	Key Words	2 to 5 key words that identify areas covered in this case report.	Yes	Page 1, line 42
3a	Abstract — Introduction	What is unique about this case and what does it add to the scientific literature?	Yes	Page 1, lines 16–19, 35–40
3b	Abstract — Main symptoms/findings	Main symptoms and/or important clinical findings.	Yes	Page 1, lines 20–23
3c	Abstract — Diagnoses/interventions/outcomes	Main diagnoses, therapeutic interventions, and outcomes.	Yes	Page 1, lines 23–34
3d	Abstract — Conclusion	Main take-away lesson(s) from this case.	Yes	Page 1, lines 34–40
4	Introduction	Brief background summary of the case with reference to the relevant medical literature.	Yes	Pages 2–3, lines 44–100
5a	Patient Information — De-identified information	De-identified demographic and other patient-specific information.	Yes	Page 3, lines 104–117
5b	Patient Information — Main concerns/symptoms	Main concerns and symptoms of the patient.	Yes	Page 3, lines 104–111; lines 135–140
5c	Patient Information — Medical/family/psychosocial history	Relevant medical, family, and psychosocial history, including relevant past interventions and outcomes.	Yes	Page 3, lines 107–134; page 8, lines 290–299
6	Clinical Findings	Relevant physical examination and other significant clinical findings.	Yes	Page 3, lines 124–128, 138–140; page 4, lines 172–174
7	Timeline	Historical and current information from this episode of care organized as a timeline.	Yes	Supplementary Table S1; chronology also in pages 3–6, lines 104–250
8a	Diagnostic Assessment — Methods	Diagnostic methods (e.g., physical examination, laboratory testing, imaging, questionnaires).	Yes	Pages 3–5, lines 118–182, 207–236
8b	Diagnostic Assessment — Challenges	Diagnostic challenges (e.g., access, financial or cultural factors).	Yes	No specific access/financial/cultural diagnostic barrier is described; diagnostic uncertainty and repeated negative evaluations are reported on pages 3–4, lines 118–168.
8c	Diagnostic Assessment — Diagnosis/differential	Diagnosis (including differential diagnoses considered).	Yes	Pages 3–4, lines 129–168; page 11, lines 408–427
8d	Diagnostic Assessment — Prognostic characteristics	Prognostic characteristics when applicable.	Yes	Residual histologic abnormalities and uncertainty about long-term histologic remission are discussed on page 11, lines 439–447.
9a	Therapeutic Intervention — Types	Types of intervention (pharmacologic, surgical, preventive, self-care).	Yes	Pages 3–5, lines 124–245
9b	Therapeutic Intervention — Administration	Administration of interventions (dose, strength, duration).	Yes	Page 3, lines 129–134; page 4, lines 160–162, 183–188; page 5, lines 197–202; page 11, lines 428–434
9c	Therapeutic Intervention — Changes	Changes in intervention with rationale.	Yes	Pages 4–5, lines 189–206; page 9, lines 332–341
10a	Follow-up and Outcomes — Clinician/patient outcomes	Clinician- and patient-assessed outcomes when appropriate.	Yes	Pages 4–5, lines 169–247; Patient Perspective page 8, lines 290–299
10b	Follow-up and Outcomes — Follow-up tests	Important follow-up diagnostic and other test results.	Yes	Pages 4–5, lines 169–247; Figures 1–3, pages 6–8

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10c	Follow-up and Outcomes — Adherence/tolerability	Intervention adherence and tolerability.	Yes	Page 5, lines 235–247
10d	Follow-up and Outcomes — Adverse/unanticipated events	Adverse and unanticipated events.	Yes	Pages 5–6, lines 246–250; page 11, lines 435–438
11a	Discussion — Strengths/limitations	Strengths and limitations of the approach to this case.	Yes	Pages 9–12, especially page 10 lines 358–380 and page 11 lines 439–463
11b	Discussion — Relevant literature	Discussion of the relevant medical literature.	Yes	Pages 9–11, lines 301–438
11c	Discussion — Rationale for conclusions	Scientific rationale for conclusions, including possible causes.	Yes	Pages 9–11, lines 346–438
11d	Discussion — Take-away lessons	Primary take-away lessons from this case report.	Yes	Pages 11–12, lines 449–463
12	Patient Perspective	The patient should share their perspective or experience whenever possible.	Yes	Page 8, lines 290–299
13	Informed Consent	Was informed consent obtained?	Yes	Page 12, lines 482–484