

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Characteristics and quality of clinical practice guidelines addressing acupuncture interventions: a systematic survey of 133 guidelines and 433 acupuncture recommendations
<b>AUTHORS</b>	Tang, Xiaorong; Shi, Xiaoshuang; Zhao, Hong; Lu, Liming; Chen, Ze; Feng, Yixuan; Liu, Lanping; Duan, Ruihua; Zhang, Pingping; Xu, Yuqin; Cui, Shuo; Gong, Fen; Fei, Jingwen; Xu, Neng-Gui; Jing, Xianghong; Guyatt, Gordon; Zhang, Yuqing

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Hughes, John Royal London Hospital for Integrated Medicine
<b>REVIEW RETURNED</b>	02-Dec-2021

<b>GENERAL COMMENTS</b>	<p>An important study which systematically summarises acupuncture-related Clinical Practice Guidelines and critically appraises their methodology quality. I would recommend the paper for inclusion in BMJ Open, subject to the correction of the following:</p> <ul style="list-style-type: none"> <li>-In the abstract, it should be 'Musculoskeletal and Connective tissue diseases' and not just connective tissue diseases.</li> <li>-I was surprised to see the authors included acupressure within its definition of acupuncture, though I don't feel this should restrict publication.</li> <li>-I feel the definition for 'conventional medicine' should be expanded to include non-pharmacological conventional treatments.</li> <li>-Under eligibility criteria the authors indicate that research using "transcutaneous electrical nerve" were also eligible. This should also therefore be added to their earlier definition of acupuncture.</li> <li>-In discussion, it should be 'with the remainder split more or less evenly between' (not evening)</li> </ul>
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<b>REVIEWER</b>	Kim, Kun Hyung School of Korean Medicine, Pusan National University, Department of Acupuncture and Moxibustion
<b>REVIEW RETURNED</b>	05-Dec-2021

<b>GENERAL COMMENTS</b>	<p>Reviewer comments to BMJ Open</p> <p>This is a literature review trying to illustrate characteristics of clinical practice guidelines that have addressed recommendations of acupuncture for or against various clinical purposes. Although the reviewers seems to have devoted substantial efforts to identify and summarize information of interest, several caveats related to data categorization, presentation and incomplete reporting need to be addressed.</p>
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	<p>#1. Acupuncture: Definition of acupuncture using “any stimulation of acupuncture points” may require additional definition of “acupuncture points”. It is a type of tautology. Please let me raise an example. Even non-insertion of acupuncture needles on the non-living human-shaped miniature is described as acupuncture (e.g., Tong Ren acupuncture) I suppose authors did not intend to include this type of acupuncture in this review; nevertheless, the ambiguity of definition may result in post-hoc decision on the eligibility of screened articles which should be avoided during the systematic review process. I am aware that authors did not use the term “systematic review” and but use “systematic survey”. However, I believe that transparent and systematic approach during the searching and screening process is the same overarching principle for either research intention.</p> <p>#2. Acupuncture recommendation (Methods): Please specify whether authors intended to define recommendation of acupuncture as those “for” treatment of prophylactic purposes. I wonder recommendation “against” or “unable to make recommendation” for the use of acupuncture is also classified as a form of acupuncture recommendation. Please describe the methods of classifying recommendation of acupuncture being consistent with table 3.</p> <p>#3. Search terms and formula are incompletely described. Please specify the search terms/formula exactly as used for at least one database (e.g., MEDLINE) into the manuscript or in a supplementary file to enable readers to understand the actual search methods for this review.</p> <p>#4. FIGURE 1. Flowchart: please check the number of articles is correctly presented. (8943 - 5821 = 973?) The flowchart should be concordant with the results-literature research description.</p> <p>#5. Recommendation: There can be a mixture of recommendation “for”, “against” and “being unable to make recommendation” of acupuncture within a guideline. For instance, acupuncture can be recommended to relieve pain but cannot be recommended for improving quality of life due to insufficient evidence in a particular hypothetical guideline. Acupuncture can also be recommended for a short-term pain relief, but cannot be recommended for intermediate or long-term pain relief. So, this is a unit-of-analysis issue. Did authors consider classification of recommendation in a guideline level or outcome level? Please specify and use appropriate denominators.</p> <p>#6. Results 3.4, Table 4; Different pattern of acupuncture description among type of CPGs might be attributable to different definition, search strategy and selection criteria with regard to acupuncture among individual guidelines. In discussion, this potential heterogeneity was rarely discussed. The implication of this issue is that the current heterogeneity might reveal factors associated with addressing acupuncture studies when developing CPGs given the same existing dataset. Please provide sufficient and appropriate interpretation on the authors’ findings.</p>
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## VERSION 1 – AUTHOR RESPONSE

### Replies to Reviewer #1:

1. An important study which systematically summarises acupuncture-related Clinical Practice Guidelines and critically appraises their methodology quality. I would recommend the paper for inclusion in BMJ Open, subject to the correction of the following:

Answer: The authors appreciate the reviewer's compliments.

2. In the abstract, it should be 'Musculoskeletal and Connective tissue diseases' and not just connective tissue diseases.

Answer: Agree, this has been revised in the abstract. In addition, we have checked and changed this phrase throughout the full article

3. I was surprised to see the authors included acupressure within its definition of acupuncture, though I don't feel this should restrict publication.

Answer: Thanks for your comments. In this study, acupuncture is used in a broad sense refers to interventions that use any stimulation on acupuncture points according to WHO's definition. We clarified and revised the acupuncture definition in this article. Please see details on page 4, Line 20 to 27.

4. I feel the definition for 'conventional medicine' should be expanded to include non-pharmacological conventional treatments.

Answer: Agree, this has been revised in the Method section. Conventional medicine is defined as pharmacological, and other non-pharmacological used in conventional medicine systems to treat, prevent disease, or restore, correct, or modify physiological function. Please see details on page 5, Line 14 to 16.

5. Under eligibility criteria the authors indicate that research using "transcutaneous electrical nerve" were also eligible. This should also therefore be added to their earlier definition of acupuncture.

Answer: Agree, this has been revised in the Method section. Please see details on page 4, Line 24.

6. In discussion, it should be 'with the remainder split more or less evenly between' (not evening)

Answer: Agree. We adjusted and ensured the length of the paragraph in the discussion section was distributed more evenly. Please see details on page 15 to 17.

### Replies to Reviewer #2:

1. This is a literature review trying to illustrate characteristics of clinical practice guidelines that have addressed recommendations of acupuncture for or against various clinical purposes. Although the reviewers seems to have devoted substantial efforts to identify and summarize information of interest, several caveats related to data categorization, presentation and incomplete reporting need to be addressed.

Answer: We highly appreciate the reviewer's carefulness, conscientiousness, and broad knowledge of relevant research fields. We thank the reviewer for the great suggestions.

2. Acupuncture: Definition of acupuncture using "any stimulation of acupuncture points" may require additional definition of "acupuncture points." It is a type of tautology. Please let me raise an example. Even non-insertion of acupuncture needles on the non-living human-shaped miniature is described as acupuncture (e.g., Tong Ren acupuncture) I suppose authors did not intend to include this type of acupuncture in this review; nevertheless, the ambiguity of definition may result in post-hoc decision on the eligibility of screened articles which should be avoided during the systematic review process. I am aware that authors did not use the term "systematic review" and but use "systematic survey".

However, I believe that transparent and systematic approach during the searching and screening process is the same overarching principle for either research intention.

Answer: Thanks for your comments. We strongly agree with the reviewers that a transparent and systematic approach is the overarching principle during the searching and screening process. In this study, acupuncture is used in a broad sense refers to interventions that use any stimulation on acupuncture points according to WHO's definition. We revised the definition of acupuncture in the method section to make the expression clearer. We also added acupuncture point definition based on the reviewers' comments. Please see details on page 4, Line 20 to 27.

3. Acupuncture recommendation (Methods): Please specify whether authors intended to define recommendation of acupuncture as those "for" treatment of prophylactic purposes. I wonder recommendation "against" or "unable to make recommendation" for the use of acupuncture is also classified as a form of acupuncture recommendation. Please describe the methods of classifying recommendation of acupuncture being consistent with table 3.

Answer: Thanks for your comments. We clarified the definition of Acupuncture recommendation in the Method section. We define acupuncture recommendations as recommendations (including for, against, or considered but did not make recommendations) in which authors considered acupuncture as a treatment or prophylactic (e.g., prevent nausea and vomiting after chemotherapy) option. Please see details on page 5, Line 8 to 11.

4. Search terms and formula are incompletely described. Please specify the search terms/formula exactly as used for at least one database (e.g., MEDLINE) into the manuscript or in a supplementary file to enable readers to understand the actual search methods for this review.

Answer: Thanks for your comments. This has been revised in the Methods section, and we have added full search strategies in Supplemental material 1.

5. FIGURE 1. Flowchart: please check the number of articles is correctly presented. (8943 - 5821 = 973?) The flowchart should be concordant with the results-literature research description.

Answer: Thanks for your comments. We have updated the FIGURE 1.Flowchart to ensure the data is concordant with the results.

6. Recommendation: There can be a mixture of recommendation "for", "against" and "being unable to make recommendation" of acupuncture within a guideline. For instance, acupuncture can be recommended to relieve pain but cannot be recommended for improving quality of life due to insufficient evidence in a particular hypothetical guideline. Acupuncture can also be recommended for a short-term pain relief, but cannot be recommended for intermediate or long-term pain relief. So, this is a unit-of-analysis issue. Did authors consider classification of recommendation in a guideline level or outcome level? Please specify and use appropriate denominators.

Answer: Thanks for your comments. As you pointed out, we conducted two separate analyses using guidelines and acupuncture recommendations as the unit of analysis. At the guideline level, we analyzed the basic information of included CPGs, such as the country where the guideline is conducted and the health intent. We also used AGREE II to evaluate the overall quality of the CPGs. At the acupuncture recommendation level, we specifically analyzed the direction, strength, certainty of the evidence, and specific intervention details (PICO) of the recommendations. Based on the reviewers' comments, we revised relevant sentences and marked the appropriate denominators in the table to make these two separate analyses more clear.

7. Results 3.4, Table 4; Different pattern of acupuncture description among type of CPGs might be attributable to different definition, search strategy and selection criteria with regard to acupuncture among individual guidelines. In discussion, this potential heterogeneity was rarely discussed. The implication of this issue is that the current heterogeneity might reveal factors associated with

addressing acupuncture studies when developing CPGs given the same existing dataset. Please provide sufficient and appropriate interpretation on the authors' findings.

Answer: Thanks for your comments. We strongly agree with the reviewers that different acupuncture definitions, search strategies, and selection criteria can bring huge heterogeneity at the guideline level. For each acupuncture recommendation, when they describe the specific intervention transparently, the impact of the heterogeneity is minimal. When the recommendation is less optimally presented, heterogeneity's impact is significant. Our manuscript added the poorly reported recommendations' impact on recommendations' usefulness.

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Hughes, John Royal London Hospital for Integrated Medicine
<b>REVIEW RETURNED</b>	15-Jan-2022
<b>GENERAL COMMENTS</b>	I feel the paper is acceptable for publication in BMJ Open.