Table S1 Reporting quality of RCTs based on CONSORT

Section/topic	Item No	Checklist item	Guo 2010	Guo 2011	Luo 2008	Pan 2015	Wang 2015	Xia 2014	Xu 2009	Zhang 2014
Title and abstract										
	1a	Identification as a randomized trial in the title	N	N	N	N	N	N	N	N
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	Y	Y	Y	N	Y	Y	N	Y
Introduction										
Background and objectives	2a	Scientific background and explanation of rationale	Y	Y	Y	N	Y	Y	N	Y
	2b	Specific objectives or hypotheses	N	N	N	N	N	Y	N	N
Methods										
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	N	N	N	N	N	N	N	N
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	N	N	N	N	N	N	N	N
Participants	4a	Eligibility criteria for participants	Y	Y	Y	Y	Y	Y	Y	N
	4b	Settings and locations where the data were collected	Y	Y	Y	Y	Y	Y	Y	Y
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	Y	Y	Y	Y	Y	Y	Y	Y
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	Y	Y	Y	Y	Y	Y	Y	Y
	6b	Any changes to trial outcomes after the trial commenced, with reasons	N	N	N	N	N	N	N	N
Sample size	7a	How sample size was determined	N	N	N	N	N	N	N	N
	7b	When applicable, explanation of any interim analyses and stopping guidelines.	N	N	N	N	N	N	N	N
Randomization										
Sequence generation	8a	Method used to generate the random allocation sequence	N	N	Y	N	N	Y	N	Y
	8b	Type of randomization; details of any restriction (such as blocking and block size)	N	N	Y	N	N	Y	N	Y
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	N	N	N	N	N	N	N	N
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	N	N	N	N	N	N	N	N
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	N	N	N	N	N	N	N	N
	11b	If relevant, description of the similarity of interventions	N	N	N	N	N	N	N	N
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	Y	Y	Y	Y	Y	Y	Y	Y
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	N	N	N	N	N	N	N	N
Results										
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	N	N	N	N	N	N	N	N
	13b	For each group, losses and exclusions after randomization, together with reasons	N	N	N	N	N	N	N	N
Recruitment	14a	Dates defining the periods of recruitment and follow-up	N	N	N	N	N	N	N	N
	14b	Why the trial ended or was stopped	N	N	N	N	N	N	N	N
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Y	Y	Y	Y	Y	Y	Y	Y
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	Y	Y	Y	Y	Y	Y	Y	Y
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% CI)	N	N	N	N	N	N	N	N
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	N	N	N	N	N	N	N	N
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	N	N	N	N	N	N	N	N
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	N	N	N	N	N	N	N	N
Discussion										
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	N	N	N	N	N	N	N	N
Generalizability	21	Generalizability (external validity, applicability) of the trial findings	N	N	N	N	N	N	N	N
Interpretation	22	Interpretation consistent with results, balancing benefits, and harms, and considering other relevant evidence	N	N	N	N	N	N	N	N
Other information										
Registration	23	Registration number and name of trial registry	N	N	N	N	N	N	N	N
Protocol	24	Where the full trial protocol can be accessed, if available	N	N	N	N	N	N	N	N
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	N	N	N	N	N	N	N	N

CONSORT, consolidated standards of reporting trials; RCTs, randomized controlled trials; Y, adequately reported; N, not adequately reported

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Table S2 Reporting quality of RCTs based on STRICOM

Item	Detail	Guo 2010	Guo 2011	Luo 2008	Pan 2015	Wang 2015	Xia 2014	Xu 2009	Zhang 2014
Moxibustion rationale	1a) Type of moxibustion (direct moxibustion, indirect moxibustion, heat-sensitive moxibustion, moxa burner moxibustion, natural moxibustion)	Y	Y	Y	Y	Y	Y	Y	Y
	1b) Reasoning for treatment provided, based on historical context, literature sources, and/or consensus methods, with references where appropriate	Y	Y	Y	Y	Y	Y	Y	Y
	1c) Extent to which treatment was varied	N	N	N	N	N	N	N	N
Details of moxibustion	2a) Materials used for moxibustion (moxa floss, moxa cone, moxa stick, herbal patches, and their sizes and manufacturers)	N	N	Y	N	Y	Y	N	N
	2b) Names of acupoints (or location if no standard name) for moxibustion (uni/bilateral)	Y	Y	Y	Y	Y	Y	Y	Y
	2c) Number of moxibustion units and/or moxibustion time per point (mean and range where relevant)	Y	Y	Y	Y	Y	Y	Y	Y
	2d) Procedure and technique for moxibustion (direct/indirect, warming/sparrow-pecking technique, warming needle, moxa box, heat-sensitive moxibustion)	Y	Y	Y	N	Y	Y	Y	N
	2e) Responses sought (warm feeling, skin reddening, burning pain, heat-sensitization phenomenon)	Y	Y	Y	N	Y	Y	Y	N
	2f) Patient posture and treatment environment	N	N	N	N	N	N	N	N
Treatment regimen	3) Number, frequency, and duration of treatment sessions	Y	Y	Y	Y	Y	Y	Y	Y
Other components of treatment	4a) Details of other interventions administered to the moxibustion group (acupuncture, cupping, herbs, exercises, lifestyle advice)	N	N	Y	Y	N	Y	Y	Y
	4b) Setting and context of treatment protocol, and information and explanation to patients	N	N	N	N	N	N	N	N
Treatment provider background	5) Description of treatment provider (qualification or professional affiliation, years in moxibustion practice and other relevant experience for professional, or any special training in advance for layman)	N	N	N	N	N	N	N	N
Control or comparator interventions	6a) Rationale for the control or comparator in the context of the research question, with sources that justify this choice	N	N	N	N	N	N	N	N
	6b) Precise description of the control or comparator. If another form of moxibustion or moxibustion-like control is used, provide details as for Items 1–3 above.	N	N	Y	Y	N	Y	Y	Y
Precaution measures	7) Precise description of the precaution measures, if any	N	N	N	N	N	N	N	N

STRICTOM, standards for reporting interventions in clinical trials of moxibustion; RCTs, randomized controlled trials; Y, adequately reported; N, not adequately reported.

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