

## PRISMA Moxibustion 2020 checklist

### Item 1. Title

1. Identify the report as a systematic review, meta-analysis, or both.

Extensions: 1a. Statement of the specific type of moxibustion treatment, such as direct moxibustion or heat-sensitive moxibustion. 1b. Statement of whether the review targets the 1) Western medicine–defined disease(s), or 2) Western medicine–defined disease(s) with specific CM Pattern(s), or 3) CM Pattern(s), if applicable.

### Item 2. Abstract. Structured summary

2. Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.

Extension: None.

### Item 3. Rationale

3. Describe the rationale for the review in the context of what is already known.

Extension: Describe the rationale for what is already known about moxibustion utilized for the target disease and/or CM Pattern (if any). If applicable, relevant theory of CM should be included.

### Item 4. Objectives

4. Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).

Extension: None.

### Item 5. Protocol and registration

5. Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.

Extension: None.

### Item 6. Eligibility criteria

6. Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.

Extensions: 6a. Describe the diagnostic criteria of the target condition in Western medicine, and/or CM Pattern (if any). All criteria utilized should be universally recognized, or reference(s) where detailed explanation can be found should be given.

6b. Specify the types of moxibustion to be included, such as moxa burner moxibustion, natural moxibustion, or heat-sensitive moxibustion.

6c. State whether CM-related outcome(s) were included, such as the change of degree and scope of symptoms and signs related to CM Pattern, or validated Pattern survey, if applicable.

### **Item 7. Information sources**

7. Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.

Extension: None.

### **Item 8. Search**

8. Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.

Extension: None.

### **Item 9. Study selection**

9. State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).

Extension: None.

### **Item 10. Data collection process**

10. Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.

Extension: None.

### **Item 11. Data items**

11. List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.

Extensions: 11a. List and define the data of CM Pattern(s) in detail, considering the inclusion and exclusion criteria, if applicable.

11b. List and define the data of moxibustion interventions and controls (e.g. sham moxibustion), give details referring to STRICTOM and TIDieR.

11c. List and define the data of CM Pattern outcome(s), considering the methods and timepoints, if applicable.

### **Item 12. Risk of bias in individual studies**

12. Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.

Extension: None.

### **Item 13. Summary measures**

13. State the principal summary measures (e.g., risk ratio, difference in means).

Extension: None.

**Item 14. Synthesis of results**

14. Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I<sup>2</sup>) for each meta-analysis.

Extension: None.

**Item 15. Risk of bias across studies**

15. Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).

Extension: None.

**Item 16. Additional analyses**

16. Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.

Extension: Describe methods of subgroup analyses in terms of different types of included moxibustion interventions and/or included CM Pattern participants (if applicable), if done, indicating which were pre-specified.

**Item 17. Study selection**

17. Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.

Extension: None.

**Item 18. Study characteristics**

18. For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.

Extensions: 18a. Present characteristics for the data of participants which include CM Pattern(s), considering 1) diagnostic criteria; 2) baseline data, if applicable.

18b. Present characteristics for the data of moxibustion intervention(s) and controls (e.g. sham moxibustion) for each study referring to STRICTOM and TIDieR.

18c. Present characteristics for the data of outcomes which include CM Pattern(s), considering 1) name and measuring methods; 2) measuring timepoints and length of follow-up, if applicable.

**Item 19. Risk of bias within studies**

19. Present data on risk of bias of each study and, if available, any outcome-level assessment (see Item 12).

Extension: None.

**Item 20. Results of individual studies**

20. For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group and (b) effect estimates and confidence intervals, ideally with a forest plot.

Extension: None.

**Item 21. Synthesis of results**

21. Present results of each meta-analysis done, including confidence intervals and measures of consistency.

Extension: None.

**Item 22. Risk of bias across studies**

22. Present results of any assessment of risk of bias across studies (see Item 15).

Extension: None.

**Item 23. Additional analysis**

23. Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).

Extension: Give results of subgroup analyses based on the different types of moxibustion interventions and participants with CM Patterns (if any), if done.

**Item 24. Summary of evidence**

24. Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., health care providers, users, and policy makers).

Extension: None.

**Item 25. Limitations**

25. Discuss limitations at study and outcome level (e.g., risk of bias), and at review level (e.g., incomplete retrieval of identified research, reporting bias).

Extension: None.

**Item 26. Conclusions**

26. Provide a general interpretation of the results in the context of other evidence, and implications for future research.

Extension: None.

**Item 27. Funding**

27. Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.

Extension: None.