Table 1. CONSORT checklist for Korean RCTs of acupuncture

Section/Topic	Item	Checklist	N(%)[a]
Title and abstract	1a	Identification as a randomised trial in the title	30/103 (29.1%)
	1b	Structured summary of trial design, methods, results, and conclusions	101/103 (98.1%)
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	98/103 (95.1%)
	2b	Specific objectives or hypotheses	84/103 (81.6%)
Methods			
Trial design	3a1	Description of trial design (such as parallel, factorial)	6/103 (5.8%)
	3a2	including allocation ratio	7/103 (6.8%)
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	1/103 (1.0%)
Participants	4a	Eligibility criteria for participants	71/103 (68.9%)
	4b	Settings and locations where the data were collected	92/103 (89.3%)
Outcomes	6a1	Completely defined pre-specified primary and secondary outcome measures,	16/103 (15.5%)
	6a2	Including how and when they were assessed	78/103 (75.7%)
	6b	Any changes to trial outcomes after the trial commenced, with reasons	1/103 (1.0%)
Sample size	7a	How sample size was determined	5/102 (4.9%)
	7b	When applicable, explanation of any interim analyses and stopping guidelines	1/103 (1.0%)
Random sequence generation	8a	Method used to generate the random allocation sequence	56/103 (54.4%)
	8b	Type of randomization; details of any restriction (such as blocking and block size)	13/103 (12.6%)
Allocation concealment	9	Mechanism used to implement the random allocation sequence	6/103 (5.8%)
Randomization implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	12/103 (11.7%)
Blinding	11a1	If done, who was blinded after assignment to interventions and how	42/103 (40.8%)
	11a2	Outcome assessor blinding	21/103 (20.4%)
	11b	If relevant, description of the similarity of interventions	50/101 (49.5%)
Statistical analysis	12a	Statistical methods used to compare groups for primary and secondary outcomes	93/103 (90.3%)
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	5/25 (20%)
Results			
Participant flow	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	26/103 (25.2%)
	13b1	For each group, losses and exclusions after randomization	30/102 (29.4%)
	13b2	Reason of losses and exclusions after randomization	28/101 (27.7%)
Recruitment	14a1	Dates defining the periods of recruitment and follow-up	90/103 (87.4%)
	14b	Why the trial ended or was stopped	2/103 (1.9%)
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	97/103 (94.2%)
Numbers analyzed	16a	For each group, number of participants (denominator) included in each analysis	20/103 (19.4%)
	16b	whether the analysis was by original assigned groups (PP or ITT)	12/103 (11.7%)
Outcomes and estimation	17a1	For each primary and secondary outcome, results for each group,	93/103 (90.3%)
	17a2	and the estimated effect size and its precision (such as 95% confidence interval)	1/103 (1.0%)
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	1/7 (14.3%)
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	2/19 (10.5%)
Harms	19	All important harms or unintended effects in each group	25/103 (24.3%)
Discussion			
Limitations	20	Trial limitations	78/103 (75.7%)
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	4/103 (3.9%)
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	68/103 (66.0%)
Other information			
Registration	23	Registration number and name of trial registry	3/103 (2.9%)
Protocol	24	Where the full trial protocol can be accessed, if available	1/103 (1.0%)
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	38/103 (36.9%)
	etc1	Whether IRB approved?	38/103 (36.9%)
	etc2	Whether written informed consent obtained?	43/103 (41.8%)

[a]Values are presented as number of reported RCTs divided by total number of eligible RCTs that is assessable to the each item and percentage.