

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Is Traditional Chinese Medicine Recommended in Western Medicine Clinical Practice Guidelines in China? A systematic analysis
<b>AUTHORS</b>	Ren, Jun; Li, Xun; Jin, Sun; Han, Mei; Yang, Guo-Yan; Li, Yuan; Robinson, Nicola; Lewith, George; Liu, Jian-Ping

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Jutta Huebner J.W. Goethe University Frankfurt Germany
<b>REVIEW RETURNED</b>	16-Sep-2014

<b>GENERAL COMMENTS</b>	<p>Ren and colleagues have done an interesting work. In fact the result of a low level of evidence of TCM recommendations in national practice guidelines is important also for other countries. Yet, I suggest that the authors revise part of their discussion and conclusion.</p> <p>The decisive question is: is there more or better evidence for TCM than reported by the guidelines? If this is not the case, this should be stated and discussed more clearly (f.ex. the sentence: "Similarly, our study found (page 13, line 18ff) is equivocal.)</p> <p>The interesting question is what is the reason for including low-level TCM recommendations in these guidelines? Is there a traditional and political desire to include TCM in guidelines even in case of low LoE?</p> <p>As the authors correctly point to a similar situation in guidelines from Western countries, they may compare this the the Chinese situation: What are possible reasons for the inclusion of TCM in Western guidelines from Western countries?</p> <p>Some minor clarifications should be made: As BMJ Open is read in different countries, the authors should make ist very clear, that they did their study on Chinese Western guidelines. Simply writing Western guidelines may evoke the idea of TCM in guidelines from Western countries.</p> <p>Why did the authors exclude guidelines from multiple agencies? In the discussion the authors recommend that cooperation should be strengthened (page 14 line 6ff). In case of missing evidence this will not get higher by simple cooperation - evidence does not depend on the training of the physician in Western medicine or TCM but may be judged correctly by independent scientists.</p>
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<b>REVIEWER</b>	Jon Wardle University of Technology Sydney, Australia
<b>REVIEW RETURNED</b>	24-Jan-2015

<p><b>GENERAL COMMENTS</b></p>	<p>An article of importance to those with closely related interests. Though it is perhaps a bit longer than it needs to be.</p> <p>Thank you for the opportunity to review this paper. This is a (generally) well-written paper describing a well-conducted research project exploring the interface between conventional clinical guidelines and TCM. Although only a descriptive paper, it will nonetheless be a paper of consequence and importance to policy-makers and primary care decision-makers around TCM issues in China as well as internationally, as it describes the integrative nature (or how they are integrated) of these two paradigms as it is done at the high policy level and clinical guidance level in the country where this issue is most pronounced. It also offers a unique insight into how WHO Traditional Medicine Strategy guidelines are being implemented (the authors need to reference this document more though).</p> <p>Generally the paper is well-written in that it describes all aspects it needs to, but in many cases I do not believe the authors go into enough descriptive or contextual detail for the reader who is not familiar with CAM, TCM or its interface with primary care and policy. There are numerous typographical errors which I think would be addressed with a thorough round of proof-reading. In some sections the style of writing is quite 'clunky', and I think a proof-read will improve this too. There are several specific areas I believe require attention, and I have outlined these below.</p> <p><b>INTRODUCTION:</b></p> <p>1) For the international reader it may be good to relay the practical impact of CPGs in China. How influential are they? How do they compare to the way other countries provide guidelines (e.g. NICE, AHRQ, IOM, NHMRC etc).</p> <p>2) The introduction requires better contextualising and description of WHY this research is important. As someone familiar with the field, the importance is obvious to me. To BMJ's general readership, it may not be so obvious and therefore the authors should make this more overt.</p> <p>3) On p4 l52 the reference to the website returns a 404 error. At any rate, a more academic reference would be more appropriate.</p> <p>4) Similarly, the statement on inappropriate herbal prescribing by Western doctors requires a suitable reference if it is to be made (on p5 l4).</p> <p><b>METHODS:</b></p> <p>1) The level at which TCM was included could be described (i.e. did it need to be a formalised inclusion, or just passing reference etc).</p> <p><b>RESULTS:</b></p> <p>1) Table 2 seems out-of-kilter to me. The frequencies are not hierarchical.</p> <p><b>DISCUSSION:</b></p> <p>1) There are many, many statements being made without references here (inc the methodological issues of TCM research, EB</p>
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	<p>approaches being less recognised in China etc). I'm not doubting the accuracy of the statements, but they do require references if they are to be made.</p> <p>2) I am glad that the authors mentioned that the lack of quality assessment or strength of evidence etc as a limitation (p 12   52), but I feel as though they should also highlight the positive aspect of this foundational research - on which this further research can be built.</p> <p>3) On p 12 the discussion around clinical guidelines seems to conflate evidence, efficacy and practice as one issue and are often inconsistent (i.e. the authors say both that guidelines may include TCM without evidence, but are also not including TCM with evidence; they say practice should be guided by evidence, but then say that guidelines aren't appropriately reflecting the practice of integration of TCM). I think this entire section of the discussion needs to be rewritten for clarity, as the authors appear to be trying to make many points, but they are currently too 'mashed' to make sense of.</p> <p>4) On p 14 the suggestions should be rewritten in a more narrative style and link back to arguments in the discussion.</p> <p>5) There are some confusing and odd turns of phrase (e.g. should "We conclude that western medicine CPGs including TCM account for 1.7 of the total guidelines" be better described as "TCM is included in approximately 1/7 of guidelines". I think a good proof-read will assist with readability.</p> <p>6) The final sentence is quite odd - I think it should be linked to the need for more TCM research as a priority to inform guidelines properly. I also think some better utilisation data would be good to show the current research/practice gap in TCM to highlight why the research is actually needed (i.e. they are being used, they are slowly being incorporated into guidelines, but are still well behind non-TCM therapies in terms of research).</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

The decisive question is: is there more or better evidence for TCM than reported by the guidelines? If this is not the case, this should be stated and discussed more clearly (f.ex. the sentence: "Similarly, our study found (page 13, line 18ff) is equivocal.)

Response : Thank you for your advice! The evidence for TCM is increasing both in China and western countries. Our article did not involve the issue of whether all the potential TCM evidence was included and quoted in the guidelines. This was beyond the scope of this particular project. However as an observation, often high quality evidence from western studies was not apparently included in the Chinese guidance and we have revised the sequence of the section, and also added information of current TCM clinical studies. (see changes in paragraph 4, line 1-3 and parag 5 under the discussion section) . A review of the evidence cited in CPGs and the comparison with evidence on TCM will be the next part of our study.

The interesting question is what is the reason for including low-level TCM recommendations in these guidelines? Is there a traditional and political desire to include TCM in guidelines even in case of low LoE?

Response : We have added the explanation for the low quality of TCM evidence cited in Chinese Western medicine guidelines (see changes in parag 5 under the discussion section) . This intends

to provide a general picture of the TCM therapies in the Chinese Western medical CPGs so as to inform current practice of widely use of TCM therapies.

As the authors correctly point to a similar situation in guidelines from Western countries, they may compare this the Chinese situation: What are possible reasons for the inclusion of TCM in Western guidelines from Western countries?

Response : Thank you for your advice! We could just raise this as an interesting area for further study.

Some minor clarifications should be made: As BMJ Open is read in different countries, the authors should make it very clear, that they did their study on Chinese Western guidelines. Simply writing Western guidelines may evoke the idea of TCM in guidelines from Western countries.

Response : Thank you for your valuable suggestion! We have revised the expression of Chinese Western medicine Clinical practice guidelines in the full article.

Why did the authors exclude guidelines from multiple agencies?

Response : Thank you for pointing this out! We have corrected our phrasing which hopefully answers this question (see changes in parag 1 under the methods , Inclusion and exclusion criteria section)

In the discussion the authors recommend that cooperation should be strengthened (page 14 line 6ff). In case of missing evidence this will not get higher by simple cooperation - evidence does not depend on the training of the physician in Western medicine or TCM but may be judged correctly by independent scientists.

Response : Thank you for your advice! Suggestions for future guidelines (parag 6 under the discussion section) We have added 3 suggestions according to the 3 potential reasons. (parag 5 under the discussion section)

Reviewer: 2

Thank you for the opportunity to review this paper. This is a (generally) well-written paper describing a well-conducted research project exploring the interface between conventional clinical guidelines and TCM. Although only a descriptive paper, it will nonetheless be a paper of consequence and importance to policy-makers and primary care decision-makers around TCM issues in China as well as internationally, as it describes the integrative nature (or how they are integrated) of these two paradigms as it is done at the high policy level and clinical guidance level in the country where this issue is most pronounced. It also offers a unique insight into how WHO Traditional Medicine Strategy guidelines are being implemented (the authors need to reference this document more though).

Response: Thanks for your suggestions! We have added the reference in discussion section (see reference 91)

Generally the paper is well-written in that it describes all aspects it needs to, but in many cases I do not believe the authors go into enough descriptive or contextual detail for the reader who is not familiar with CAM, TCM or its interface with primary care and policy. There are numerous typographical errors which I think would be addressed with a thorough round of proof-reading. In some sections the style of writing is quite 'clunky', and I think a proof-read will improve this too. There are several specific areas I believe require attention, and I have outlined these below.

Response: Thanks for your suggestions! We have added the information defining CAM and TCM in a Chinese context (see changes in parag 3 under the introduction section)

#### INTRODUCTION:

1) For the international reader it may be good to relay the practical impact of CPGs in China. How influential are they? How do they compare to the way other countries provide guidelines (e.g. NICE, AHRQ, IOM, NHMRC etc).

Response : Thanks for your suggestions! We have added information in Introduction according to your suggestions about the development of CPGs in Western countries, as well as the development of CPGs in China (parag 1, line 9-11, under the Introduction section )

2) The introduction requires better contextualising and description of WHY this research is important. As someone familiar with the field, the importance is obvious to me. To BMJ's general readership, it may not be so obvious and therefore the authors should make this more overt.

Response: Thanks for your suggestions! We have addressed the importance of CPGs and the concerns, in order to explain the importance of our study. We have added the information in the Introduction. (See changes in parag 4, line 9-12, under the introduction section)

3) On p4 l52 the reference to the website returns a 404 error. At any rate, a more academic reference would be more appropriate.

Response : Thanks for your comments! We don't know why this happened, and we have changed the link to a citation from newspaper. (See changes in parag 4, line 6 under the introduction section; reference 11)

4) Similarly, the statement on inappropriate herbal prescribing by Western doctors requires a suitable reference if it is to be made (on p5 l4).

Response : Thanks for your advice! We have added the references (See changes in paragraph 4, line 9, under the introduction section; reference 11)

#### METHODS:

1) The level at which TCM was included could be described (i.e. did it need to be a formalised inclusion, or just passing reference etc).

Response : Thanks for your suggestions! We have added the explanation of TCM contents in Data extraction (See changes in parag 1, line 1, under the Data extraction , Methods section)

#### RESULTS:

1) Table 2 seems out-of-kilter to me. The frequencies are not hierarchical.

Response : We have revised Table 1 and Table 2.

#### DISCUSSION:

1) There are many, many statements being made without references here (in the methodological issues of TCM research, EB approaches being less recognised in China etc). I'm not doubting the accuracy of the statements, but they do require references if they are to be made.

Response : Thanks for your advice! We have added and modified references in discussion (see references 89; 90; 91; 92; 93; 95).

2) I am glad that the authors mentioned that the lack of quality assessment or strength of evidence etc as a limitation (p 12 | 52), but I feel as though they should also highlight the positive aspect of this foundational research - on which this further research can be built.

Response : Thanks for your advice! We have added the importance of our study before the paragraph on Limitations (see changes in parag 2 under the discussion section)

3) On p 12 the discussion around clinical guidelines seems to conflate evidence, efficacy and practice as one issue and are often inconsistent (i.e. the authors say both that guidelines may include TCM without evidence, but are also not including TCM with evidence; they say practice should be guided by evidence, but then say that guidelines aren't appropriately reflecting the practice of integration of TCM). I think this entire section of the discussion needs to be rewritten for clarity, as the authors appear to be trying to make many points, but they are currently too 'mashed' to make sense of.

Response : Thanks for your advice! We have re-arranged all the Discussion section.

4) On p 14 the suggestions should be rewritten in a more narrative style and link back to arguments in the discussion.

Response : Thanks for your advice! The 3 suggestions for future guidelines are based on the 3 potential problems.( parag 5 under the discussion section)

5) There are some confusing and odd turns of phrase (e.g. should "We conclude that western medicine CPGs including TCM account for 1.7 of the total guidelines" be better described as "TCM is included in approximately 1/7 of guidelines". I think a good proof-read will assist with readability.

Response : Thanks for your advice! We have revised our article.

6) The final sentence is quite odd - I think it should be linked to the need for more TCM research as a priority to inform guidelines properly. I also think some better utilisation data would be good to show the current research/practice gap in TCM to highlight why the research is actually needed (i.e. they are being used, they are slowly being incorporated into guidelines, but are still well behind non-TCM therapies in terms of research).

Response : Thanks for your advice! We have revised the conclusion (see changes conclusion section).

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Jutta Huebner Dr. Senckenberg Chronomedical Institute J. W. Goethe University Frankfurt/Main Germany
<b>REVIEW RETURNED</b>	07-Mar-2015

<b>GENERAL COMMENTS</b>	The revised manuscript is much better than the first draft. Yet, I think that some language editing is necessary (I am no native speaker, but e.g. in the abstract the last bullet point under limitations
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	<p>does not seem correct for me)</p> <p>Ren and colleagues have done an interesting and important work and the revised manuscript includes some improvements. In fact the result of a low level of evidence of TCM recommendations in national practice guidelines even in China is important also for other countries. The authors correctly recommend that in the future, clinical practice guidelines should focus on evidence and declare the grade of evidence of their recommendations with respect to TCM. The question still to answer is: does more or better evidence for TCM than reported by the guidelines exist as the authors suggest (p12, line 46ff)? As we could show (1,2), TCM is considered in many systematic reviews even of the Cochrane Collaboration, yet, the evidence found is low.</p> <p>1. Huebner J, Muenstedt K, Muecke R, Micke O. Is there level I evidence for complementary and alternative medicine (CAM) in oncology? An analysis of Cochrane Reviews; Trace Elements and Electrolytes 2013, 30/1: 29-34</p> <p>2. Huebner J, Muenstedt K, Muecke R, Micke O: The integration of methods from complementary and alternative medicine in reviews on supportive therapy in oncology and the resulting evidence; Trace Elements and Electrolytes 2013, 30/1: 24-28</p>
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### VERSION 2 – AUTHOR RESPONSE

The revised manuscript is much better than the first draft.

Yet, I think that some language editing is necessary (I am no native speaker, but e.g. in the abstract the last bullet point under limitations does not seem correct for me)

Response: Thank you for your advice! We have revised our article, and the changed parts are in red

The question still to answer is: does more or better evidence for TCM than reported by the guidelines exist as the authors suggest (p12, line 46ff)? As we could show (1,2), TCM is considered in many systematic reviews even of the Cochrane Collaboration, yet, the evidence found is low.

1. Huebner J, Muenstedt K, Muecke R, Micke O. Is there level I evidence for complementary and alternative medicine (CAM) in oncology? An analysis of Cochrane Reviews; Trace Elements and Electrolytes 2013, 30/1: 29-34

2. Huebner J, Muenstedt K, Muecke R, Micke O: The integration of methods from complementary and alternative medicine in reviews on supportive therapy in oncology and the resulting evidence; Trace Elements and Electrolytes 2013, 30/1: 24-28

Response : Thanks for your suggestions! We have added the content about evidence of TCM situation ,and added the reference (see reference 91,92) in discussion section(see changes in paragraph 5, line 9-13 under the discussion section ).