

## Supplementary Files

**Supplementary Table 1: Therapeutic Effective Rate Criteria and Secondary Outcomes**

First author, publication year	Therapeutic Effective Rate Criteria	Secondary outcomes reported
Han, 2010 [27]	<p>2002 guideline</p> <p><u>Cure</u>: 90% lesions disappear, all clinical symptoms disappear;</p> <p><u>Significant improvement</u>: 60%-89% lesions disappear, clinical symptoms significantly improved;</p> <p><u>Improvement</u>: 30-59% lesions disappear, clinical symptoms improved;</p> <p><u>No improvement</u>: &lt;30% lesions disappear, or clinical symptoms worsen.</p>	<p>AE:</p> <p>I: 4 cases of itchy sensation after acupuncture, 7 cases of ecchymosis, 5 cases of painful sensation;</p> <p>C: 47 cases of dry mouth, 10 cases of dry skin and desquamation.</p>
He, 2009 [28]	<p><u>Cure</u>: All lesions disappear;</p> <p><u>Significant improvement</u>: &gt;60% lesions disappear;</p> <p><u>Improvement</u>: &gt;30% lesions disappear;</p> <p><u>No improvement</u>: &lt;30% lesions disappear, or clinical symptoms worsen.</p>	NS
Li, 2002 [29]	<p>Samuelson grading system</p> <p>If grading &gt;3:</p> <ul style="list-style-type: none"> <li>- <u>Significant improvement</u>: grading decrease 3 levels;</li> <li>- <u>Better improvement</u>: grading decrease 2 levels;</li> <li>- <u>Improvement</u>: grading decrease 1 level;</li> <li>- <u>No improvement</u>: grading no change;</li> <li>- <u>Worsen</u>: if grading increase 1-2 levels.</li> </ul> <p>If grading &lt;3:</p> <ul style="list-style-type: none"> <li>- <u>Significant improvement</u>: lesion count decrease 90%;</li> <li>- <u>Better improvement</u>: lesion count decrease more than 70%;</li> <li>- <u>Improvement</u>: lesion count decrease more than 50%.</li> </ul>	NS
Liu, 2011 [30]	<p><u>Cure</u>: &gt;95% lesions disappear;</p> <p><u>Significant improvement</u>: &gt;60% lesions disappear;</p> <p><u>Improvement</u>: &gt;20% lesions disappear;</p> <p><u>No improvement</u>: &lt;20% lesions disappear.</p>	NS
Mo, 2005 [32]	<p>Standard of diagnosis and therapeutic effect of TCM diseases 中医病证诊断疗效标准</p> <p><u>Cure</u>: all lesions disappear, all clinical symptoms disappear;</p>	NS

First author, publication year	Therapeutic Effective Rate Criteria	Secondary outcomes reported
	<p><u>Significant improvement</u>: &gt;70% lesions disappear, clinical symptoms significantly improved;</p> <p><u>Improvement</u>: 30-70% lesions disappear, clinical symptoms improved;</p> <p><u>No improvement</u>: &lt;30% lesions disappear, or clinical symptoms worsen.</p>	
<b>Tang, 2011 [33]</b>	<p><u>Cure</u>: All lesions disappear;</p> <p><u>Significant improvement</u>: &gt;80% lesions disappear, new lesions &lt;5, improvement of oily face, slight itchy sensation;</p> <p><u>Improvement</u>: &gt;30% lesions disappear, new lesions &lt;10, slight improvement of oily face and itchy sensation;</p> <p><u>No improvement</u>: &lt;30% lesions disappear, or clinical symptoms worsen.</p>	AE: C: 6 cases of gastrointestinal discomfort.
<b>Wu, 2011 [34]</b>	<p>2002 guideline</p> <p><u>Cure</u>: all lesions disappear, no pigmentation left;</p> <p><u>Significant improvement</u>: most of the lesions disappear, 70%-100% decrease of the scores (based on lesion count and severity);</p> <p><u>Improvement</u>: part of the lesions disappear, 30-70% decrease of the scores;</p> <p><u>No improvement</u>: no improvement of the lesions, and &lt;30% of the scores decrease.</p>	<p>AE:</p> <p>I: 5 cases of erubescence, 2 cases of ecchymosis, 6 cases of painful sensation;</p> <p>C: 28 cases of dry mouth, 7 cases of dry skin and slightly desquamation.</p>
<b>Liu, 2015 [31]</b>	<p>2002 Guideline:</p> <p>Lesion score calculated as change from baseline.</p> <p><u>Cure</u>: ≥95%</p> <p><u>Most improved</u>: 70-94%</p> <p><u>Improved</u>: 50-69%</p> <p><u>Not improved</u>: &lt;50%.</p>	NS
<b>Zhang, 2014 [36]</b>	<p>1994 Guideline</p> <p><u>Cure</u>: lesions and symptoms disappear;</p> <p><u>Improved</u>: ≥30% lesions heal, symptoms improved;</p> <p><u>Not improved</u>: &lt;30% lesions heal, symptoms not improved.</p>	AE: I: 3 cases of acne pain.
<b>You, 2014 [35]</b>	<p>2002 Guideline:</p> <p>Lesion score calculated as change from baseline.</p> <p><u>Cure</u>: ≥95%</p> <p><u>Most improved</u>: 70-94%</p> <p><u>Improved</u>: 50-69%</p> <p><u>Not improved</u>: &lt;50%.</p>	Severity grading: GAGS

<b>First author, publication year</b>	<b>Therapeutic Effective Rate Criteria</b>	<b>Secondary outcomes reported</b>
<b>McKee, 2004 [38]</b>	Not applicable	Photographic grading.
<b>Kim, 2012 [37]</b>	Not applicable	Skindex-29; photographic grading; Korean Acne Severity Scale.

Key: I: Intervention; C: Control; AE: adverse events; GAGS: Global Acne Grading System; NS: Not stated

**Supplementary Table 2: Assessment of Reporting of STRICTA items**

<u>Item</u>	<u>Detail</u>	<u>Han</u> <u>2010</u> <u>[27]</u>	<u>He</u> <u>2009</u> <u>[28]</u>	<u>Li</u> <u>2002</u> <u>[29]</u>	<u>Liu 2011</u> <u>[30]</u>	<u>Mo</u> <u>2005</u> <u>[32]</u>	<u>Tang</u> <u>2011</u> <u>[33]</u>	<u>Wu</u> <u>2011</u> <u>[34]</u>	<u>Liu</u> <u>2015</u> <u>[31]</u>	<u>Zhang</u> <u>2014</u> <u>[36]</u>	<u>You</u> <u>2014</u> <u>[36]</u>	<u>McKee</u> <u>2004 [38]</u>	<u>Kim</u> <u>2012</u> <u>[37]</u>
<b>1. Acupuncture rationale</b>	1a) Style of acupuncture (e.g. Traditional Chinese Medicine, Japanese, Korean, Western medical, Five Element, ear acupuncture, etc)	Y	Y	Y	Y	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	N	N	N	N	N	N	N	N	N	Y	Y
	1c) Extent to which treatment was varied	N	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y
<b>2. Details of needling</b>	2a) Number of needle insertions per subject per session (mean and range where relevant)	N	N	N	NA (auricular)	N	N	N	N	NA (plum blossom needle)	N	Y	Y
	2b) Names (or location if no standard name) of points used (uni/bilateral)	Y	Y	Y	NA	Y	Y	Y	Y	NA	Y	Y	Y
	2c) Depth of insertion, based on a specified unit of measurement, or on a particular tissue level	N	N	Y	NA	N	N	N	N	NA	N	Auricular	Y
	2d) Response sought (e.g. <i>de qi</i> or muscle twitch response)	N	N	N	NA	N	N	N	Y	NA	Y	Auricular	N



<u>Item</u>	<u>Detail</u>	<u>Han</u> <u>2010</u> <u>[27]</u>	<u>He</u> <u>2009</u> <u>[28]</u>	<u>Li</u> <u>2002</u> <u>[29]</u>	<u>Liu 2011</u> <u>[30]</u>	<u>Mo</u> <u>2005</u> <u>[32]</u>	<u>Tang</u> <u>2011</u> <u>[33]</u>	<u>Wu</u> <u>2011</u> <u>[34]</u>	<u>Liu</u> <u>2015</u> <u>[31]</u>	<u>Zhang</u> <u>2014</u> <u>[36]</u>	<u>You</u> <u>2014</u> <u>[36]</u>	<u>McKee</u> <u>2004 [38]</u>	<u>Kim</u> <u>2012</u> <u>[37]</u>
<b>6. Control or comparator interventions</b>	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	N	N	N	N
	6b) Precise description of the control or comparator. If sham acupuncture or any other type of acupuncture-like control is used, provide details as for Items 1 to 3 above.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Key: Y: Yes; N: No; NA: Not applicable