Appendix 1: Methodology

1 Literature searching for hotspot information

Literature hotspot information reflects hotspots in clinical studies or opinion on a specific clinical issue of investigators. By utilizing method of text mining, literature information items relevant with CPG which majorly included CM patterns differentiation, treatment based on pattern differentiation and CM prevention and healthcare three fields were identified. Items identified needed to be interpreted and modified by qualified expert with professional background. Items after screening would be one of data sources. Specific operational approach of text mining could consult specialized research articles.

2 Literature searching for existing CPG and clinical evidence

A literature searching strategy was established. Literatures from domestic and overseas of treatment of stomach pain with CM were searched systemically by combining electronic and manual retrieval. Six CPGs relevant with stomach pain were acquired. AGREEII was utilized to evaluate the quality of methodology of CPGs and two CPGs were confirmed to have superior quality. Evidence from these two CPGs was split and served as evidential basis. See appendix 2 for CPGs involved.

3 Hong Kong local experts consensus

Delphi survey was used to collect consensus from local experts in key issues of CPG. Questionnaire was developed on the foundation of literature hotspot information and evidence. After going through 2-3 rounds, consensus from local experts on items were collected. Consensus items would be one of data sources.

4 Synthesizing of Data

Synthesize the data generated from literature hotspot, existing evidence and expert consensus and list all potential content items, remove items with low grading.

5 Review and consultation process

Consensus development conference was held to comprehensively review potential content items and determine final guidelines’ content items.

6 Drafting Guidelines

CPG development panel developed a standardized reporting guideline for CM CPG and drafted CPG based on it.
7 Dissemination
The full content of guidelines will be linked on the website of *Hospital Authority in Hong Kong* and *Hong Kong Registered Chinese Medicine Practitioners Association*. In the meantime, the promotion and dissemination will be conducted in Hong Kong Chinese Medicine Practitioners.

8 Execution
It was the first time that a CM CPG was developed in Hong Kong. This guideline development was just a start and attempt. More experience still needs to be summarized further in the future. We welcome your valuable advice for issues during utilizing.

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9 Updating
Steering committee will entrust relevant personnel to review the guideline and ask for collecting, systemizing and analysing information of latest research. Emerging evidence or consensus will be reviewed by steering committee to consider whether to revise the guideline. In general, under the following circumstances, guideline needs to be revised or updated: ① Generation of new intervention methods; ② Generation of new evidence which demonstrates current intervention methods are optimal, favorable or harmful; ③ Generation of new important or meaningful conclusions; ④ Generation of new medical resources. If you have any new recommendations to guideline revision, we will welcome your contact.

**Appendix 2 CPG development panel**

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Xudong Tang  Xiyuan Hospital, China Academy of Chinese Medical Sciences
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**Appendix 3 Information of CPGs involved**

Development of guideline was based on sufficient retrieval of stomach pain CM CPGs.
Internationally accepted guidelines methodology evaluation tool, AGREEII, was utilized to evaluate the quality of methodology and CM CPGs with high quality were involved. Evidence from CPGs was split and served as evidential basis.

Six CPGs relevant with stomach pain were acquired and two of them were confirmed to have superior quality by AGREEII, as follows:


Appendix 4 Levels of Evidence and Classes of Recommendations

Level of evidence

Utilize the evidence grading systems for CM established by Prof. Liu Jianping from China:

Class Ⅰa: Data derived from at least two different types of these four research methods: randomized controlled clinical trial, cohort study, case controlled study or case series study, and consistent across the different studies;

Class Ⅰb: Data derived from a single randomized controlled clinical trial with sufficient power;

Class Ⅱa: Data derived from randomized controlled clinical trials and cohort studies;

Class Ⅱb: Data derived from case controlled study;

Class Ⅲa: Data derived from historical controlled case series studies;

Class Ⅲb: Data derived from self-controlled case series studies;

Class Ⅳ: Data derived from widely-used clinical case reports and the historical records of therapy for long time;

Class Ⅴ: Data derived from experts’ opinion and clinical trials without systemic researches; Data derived from case reports and the historical records of therapy without wide and long-term usage in clinical.

Grading of recommendations

Utilize and revise appropriately the recommendation level systems established by American National Guideline Clearinghouse.

Level A: It should contain at least one randomized controlled clinical trial which was high-quality and provided specific suggestion consistently in a part of the literature (Evidence from Ⅰa and Ⅰb);

Level B: It needed to contain theme-related well-achieved clinical trials but was absent of randomized controlled clinical trials (Evidence from Ⅱa, Ⅱb and Ⅲ);
Level C: It needed to contain reports, opinion, and/or clinical experience from experts committee, but was absent of high-quality clinical trials (Evidence from IV and V).