

## Supplementary Online Content

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**eTable.** Characteristics of Trials Included in the Analysis and Summary of Trial Quality Assessment

This supplementary material has been provided by the authors to give readers additional information about their work.

**eTable.** Characteristics of Trials Included in the Analysis and Summary of Trial Quality Assessment

Source*	Trial Design	Study Population	Intervention	Comparison	Pain Measure	Sample Size (A/C) <sup>a</sup> , Dropout (A/C) <sup>a</sup>	Pain Degree	Age, Year (A/C) <sup>a,b</sup>	Gender, No. of Male (A/C) <sup>a</sup>	Risk of Bias <sup>e</sup>	Primary Outcome Result
<b>Hershman 2018<sup>41</sup> (US)</b>	Sham-controlled 3-arm	AIIA	MA	SA; Waitlist control	BPI	226(110/59/57), 21(10/5/6)	BPI≥3	60.8(34.1-80.6)/ 57.0(40.6-77.5)/ 60.6(27.1-76.0)	0/0/0	All low <sup>f</sup>	Positive <sup>l</sup>
<b>Kim 2018<sup>48</sup> (Korea)</b>	Sham-controlled 2-arm	Advanced Cancer	MA	SA	NRS	30(15/15), 3(1/2)	All degree	54.0±9.1/ 58.2±11.4	5/6	All low	Positive
<b>Ruela 2018<sup>47</sup> (Brazil)</b>	Sham-controlled 2-arm	Cancer pain	AA	SAA	NRS	31(16/15), 8(5/3)	NRS≥4	58.27±10.09/ 52.08±7.99	2/3	Low; unclear; low; unclear; unclear; unclear	Positive
<b>Wang 2017<sup>49</sup> (China)</b>	Open-label 2-arm	Non-small cell lung cancer	EA + Oxycotin	Oxycontin	NRS	60(30/30), 0	All degree	64.8±9.4/ 62.1±14.7	16/13	Unclear; unclear; high; low; unclear; unclear	Positive
<b>Shen 2016<sup>50</sup> (China)</b>	Open-label 2-arm	Lung cancer	EA + Three-step analgesics	Three-step analgesics	NRS	100(50/50), 0	NRS≥4	54.93±14.45/ 58.09±12.11	28/31	Low, unclear, high, low, unclear, unclear	Positive
<b>Guo 2015<sup>52</sup> (China)</b>	Open-label 2-arm	Gastric cancer	EA+ Three-step analgesics	Three-step analgesics	NRS	64(32/32), 0	All degree	61.5±7.6/ 60.8±8.2	20/22	Low, unclear, high, low, unclear, high	Positive
<b>Wang 2015<sup>51</sup> (China)</b>	Open-label 2-arm	Bone metastatic cancer	AAP + Oxycodone	Oxycodone	NRS	60(30/30), 0	NRS≥4	62.87±10.96 <sup>c</sup>	23 <sup>c</sup>	Low, unclear, high, low, unclear, unclear	Positive
<b>Mao 2014<sup>53</sup> (US)</b>	Sham-controlled 3-arm	AIIA	EA	SEA; Waitlist control	BPI	67(22/22/23), 8(3/3/2)	NRS≥4	57.5±10.1/ 60.9±6.5/ 60.6±8.2	0/0/0	All low <sup>f</sup>	Positive <sup>l</sup>
<b>Bao 2013<sup>57</sup> (US)</b>	Sham-controlled 2-arm	AIIA	MA	SA	VAS	51(25/26), 4(2/2)	VAS≥2	61(44-82)/ 61(45-85)	0/0	All low	Negative
<b>Chen 2013<sup>56</sup> (China)</b>	Sham-controlled 2-arm	Pancreatic cancer	EA	SEA	NRS	60(30/30), 1(0/1)	NRS 3-6	60.1±8.5/ 59.1±9.1	19/20	Low, unclear, low, low, low, low	Positive

Source*	Trial design	Study Population	Intervention	Comparison	Pain Measure	Sample Size (I/C) <sup>a</sup> , Dropout (I/C) <sup>a</sup>	Pain Degree	Age, Year (I/C) <sup>a,b</sup>	Gender, No. of Male (I/C) <sup>a</sup>	Risk of Bias <sup>e</sup>	Primary Outcome Result
<b>Oh 2013<sup>55</sup> (Australia)</b>	Sham-controlled 2-arm	AIIA	EA	SEA	BPI	32(16/16), 3(2/1)	BPI≥3	<45: 12/2 ≥45: 14/1 <sup>d</sup>	0/0	All low	Negative
<b>Zhu 2013<sup>54</sup> (China)</b>	Open-label 2-arm	Malignant neuropathic	AAP + Oxycontin	Oxycontin	VAS	46(23/23), 0	NRS≥4	55.6±10.2/ 56.2±9.7	13/12	Low, unclear, high, low, unclear, unclear	Positive
<b>Jiang 2011<sup>58</sup> (China)</b>	Open-label 2-arm	Miscellaneous cancer	MA + AAP+ Three-step analgesics	Three-step analgesics	BPI	60(30/30), 0	All degree	20-45: 4/3 46-60: 17/16 61-75: 9/11 <sup>d</sup>	16/17	Low, unclear, high, low, unclear, low	Positive
<b>Crew 2010<sup>60</sup> (US)</b>	Sham-controlled 2-arm	AIIA	MA	SA	BPI	43(23/20), 5(3/2)	BPI≥3	58(44-77)/ 57(37-77)	0/0	All low	Positive
<b>Pfister 2010<sup>59</sup> (US)</b>	Open-label 2-arm	Cancer pain after neck dissection	MA + Usual care	Usual care	NRS	70(34/36), 12(6/6)	NRS≥4	61(54,68)/ 57(50,63)	15/23	Low, low, high, low, low, low	Positive
<b>Crew 2007<sup>61</sup> (US)</b>	Open-label cross-over	AIIA	MA + Usual care	Usual care	BPI	21, 2	BPI≥3	59(46-73) <sup>c</sup>	0/0	Unclear, unclear, high, low, low, unclear	Positive
<b>Alimi 2003<sup>62</sup> (France)</b>	Sham-controlled 3-arm	Miscellaneous cancer	AA	SAA; Auricular seeds	VAS	90(29/30/31), 11(1/7/3)	VAS≥3	57(38-84)/ 56(42-72)/ 57 (37-80)	9/3/7	Low, low, low, unclear, low, unclear <sup>f</sup>	Positive <sup>l</sup>

Abbreviations: AA, Auricular acupuncture; AIIA, Aromatase inhibitor-induced arthralgia; AAP, Auricular acupressure; BPI, Brief Pain Inventory; EA: Electroacupuncture; MA, Manual acupuncture; NRS, Numeral Rating Scale; SA, Sham manual acupuncture; SAA, Sham auricular acupuncture; SEA, Sham electro-acupuncture.; VAS, Visual Analogue Scale.

<sup>a</sup> A/C, data of acupuncture group/ data of control group(s);

<sup>b</sup> Data presented as mean (SD) or median (range);

<sup>c</sup> not reported separately for different groups;

<sup>d</sup> Data presented as the range of age: number;

<sup>e</sup> Risk of bias tool domains: random sequence generation; allocation concealment; blinding of participants and outcome assessors; incomplete outcome data addressed; selective outcome reporting; other potential threats respectively;

<sup>f</sup> In the 3-arm studies, the risk of bias for blinding was considered low for the comparison of experimental intervention and valid sham intervention; high risk of bias for the comparison of experimental intervention and waitlist control or invalid sham control;

<sup>l</sup> Primary results of comparisons (experimental intervention vs. sham control(s) and experimental intervention vs. waitlist control) were both positive.

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**Hershman 2018:** Funding was provided by the National Institutes of Health (NIH) National Center for Complementary and Integrative Health and the Office of Research on Women's Health R01AT006376; NIH/NCI/DCP (Division of Cancer Prevention) grant UG1CA189974 and legacy grant U10CA37429. The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review or approval of the manuscript; and decision to submit the manuscript for publication.

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