Chinese herbal medicine (CHM) formulas are the major components of traditional Chinese medicine (TCM) interventions. The general reporting quality of randomized controlled trials (RCTs) of CHM formulas is disappointing, although CONSORT (Consolidated Standards of Reporting Trials) Statement extensions for herbal medicinal interventions and acupuncture interventions are available. A group of TCM clinical experts, methodologists, epidemiologists, and editors has developed this CONSORT Extension for CHM Formulas (CONSORT-CHM Formulas 2017) through a comprehensive process, including publication of the draft version, solicitation of comments, revision, and finalization.

The CONSORT 2010 Statement was extended by introducing the idea of TCM Pattern and the features of CHM formulas. One new checklist subitem, keywords, was added to facilitate indexing and data searching. Seven of the 25 CONSORT checklist items, namely title and abstract, background and objectives, participants, interventions, outcomes, generalizability, and interpretation, are now elaborated, and the explanation of harms specific to CHM formulas is revised. Illustrative examples and explanations are also provided. The group hopes that CONSORT-CHM Formulas 2017 can improve the reporting quality of RCTs of CHM formulas.

Methods for the Development of CONSORT-CHM Formulas 2017

The development of CONSORT-CHM Formulas (formerly known as CONSORT for TCM) has been a comprehensive process. The first draft of CONSORT-CHM Formulas, including a 22-item checklist and a flow diagram, was published in Chinese (16) and English (17) in 2007 for open solicitation of comments. Afterward, the draft was disseminated in workshops and academic conferences by executive members of the working group to attract further discussion. Articles on the significance of the CHM formula extension (18), study design rationale (19), CHM formula composition (20), outcome measures (21), adverse effects (22), and further development (23) were published in Chinese or English.

On the basis of the comments and suggestions received, as well as the 2010 version of CONSORT Statement (24), executive members of the working group discussed and revised this extension in Chengdu, China, in late 2012. A consensus meeting, including executive members of working groups, 12 TCM clinical trial experts from China, and 2 herbal medicine experts from Korea, was held in Beijing in June 2013. After the meeting, a further revision was made by executive members and circulated to the working group members. The executive working group finalized the recommendation at the end of 2016.

Highlights of CONSORT-CHM Formulas 2017

CONSORT-CHM Formulas 2017 includes the key concepts of Pattern and the features of CHM formulas. With regard to the checklist, compared with CONSORT 2010, CONSORT-CHM Formulas includes 1 new sub-
item, keywords (item 1c). It elaborates on 7 of 25 CONSORT checklist items, namely title and abstract (items 1a and 1b), background and objectives (items 2a and 2b), participants (item 4a), interventions (item 5), outcomes (item 6a), generalizability (item 21), and interpretation (item 22), and it revises the explanation of harms specific to CHM formulas (item 19). The items from the Template for Intervention Description and Replication (TiDieR) are also combined in this extension (25).

The checklist is presented in the Table; elaborations of CHM formulas are italicized. Explanations of corresponding items are given below, and available published examples of good reporting are provided in Appendix 2 (available at Annals.org). There is no modification for the CONSORT flow diagram.

### Extension of CONSORT 2010 to CONSORT-CHM Formulas

#### Title, Abstract, and Keywords

**Item 1a**

Standard CONSORT item: Identification as a randomized trial in the title

CHM Formulas extension: Statement of whether the trial targets a TCM Pattern, a Western medicine–defined disease, or a Western medicine–defined disease with a specific TCM Pattern, if applicable

**Box 1. Fundamental principles of traditional Chinese medicine theory.**

Traditional Chinese medicine (TCM) is a unique and systematic medical system deeply influenced by ancient Chinese philosophy. It believes that the human body is an organic whole, which is closely tied with the universe. Therefore, the activities of nature can affect the human body directly or indirectly. Distinctive theories of Qi, Yin-Yang, and the Five Elements commonly used to understand and explain natural phenomena are fundamental to TCM theory (10).

Qi, also translated as “vital energy,” is the basic substance that constitutes the universe. This basic understanding gives rise to the key medical concept in TCM. Yin and Yang are 2 relative opposite manifestations of Qi, namely Yang-Qi and Yin-Qi, and they are opposite and restraint, mutual dependent and support, equilibrium and waning, and mutual transformable. The theory of Yin and Yang forms the TCM theoretical structure. The theory of the Five Elements holds that the universe comprises Wood, Fire, Earth, Metal, and Water, and the phenomena of universe come from the movements of and changes in the Five Elements. The interpromoting and interrestraining of the Five Elements are complementary. Promotion and restraint among the Five Elements bear each other, and only in this way can relative harmony and coordination of the internal organs be maintained. These fundamental ideas are especially important for understanding the structure of the body, physiology, and pathology and for guiding clinical diagnosis and treatment in TCM (10).

**Item 1b**

Standard CONSORT item: Structured summary of trial design, methods, results, and conclusions (for specific guidance, see CONSORT for abstracts [26, 27])

CHM Formulas extension: Illustration of the name and form of the formula used, and the TCM Pattern applied, if applicable

**Box 2. Therapeutic principles of traditional Chinese medicine.**

Therapeutic principles are the strategies, based on differentiation of Pattern, to determine appropriate treatment and select appropriate medicinal substances to form a formula. The identification of therapeutic principles is highly dependent on the accuracy of Pattern differentiation.

**Item 1c**

New CONSORT item for CHM Formulas extension: Determination of appropriate keywords, including “Chinese herbal medicine formula” and “randomized controlled trial.”

Every scientific paper should have a self-explanatory title, a comprehensive abstract, and appropriate keywords (tags readers use to retrieve relevant literature from bibliographic databases). Identifying RCTs of CHM formulas is particularly challenging (3). In general, authors give only the name of the CHM formula and the target disease in the keywords. Different from conventional medicine, the name of a CHM formula can be an English translation, Chinese Pinyin, or an acronym. Reader may have difficulties in determining whether the name of the intervention is a Chinese herbal formula. When authors use the general term “Chinese herbal medicine,” they can be referring to a Chinese medicinal component, single herb, or compound formula. This vagueness, inconsistency, and incompleteness impede access to and dissemination of information from clinical trials of CHM formulas and discourage secondary studies. To ensure that a CHM...
study is appropriately indexed and easily identified, a new CONSORT subitem keywords (item 1c) is recommended. Apart from the name of the intervention, “Chinese herbal medicine formula” and “randomized controlled trial” are recommended keywords.

Background and Objectives

Item 2a

Standard CONSORT item: Scientific background and explanation of rationale

CHM Formulas extension: Statement with biomedical science approaches and/or TCM approaches

Item 2b

Standard CONSORT item: Specific objectives or hypotheses

CHM Formulas extension: Statement of whether the formula targets a Western medicine–defined disease, a TCM Pattern, or a Western medicine–defined disease with a specific TCM Pattern

The background and underlying rationale of the study design are important to provide in the introduction of a scientific paper. For any study of CHM formulas, whether the rationale is based on biomedical science findings, TCM theory, or both should be elucidated. This section should preferably include a reference to a pilot study or literature review. Moreover, any evidence of the benefits and harms of the CHM formula studied and its active ingredients should also be reported.

The objectives or hypotheses are the questions that the trial is designed to answer. Whether the CHM formula targets a Western medicine–defined disease, a Pattern, or a Western medicine–defined disease with a specific Pattern should be clarified. Readers can then easily understand which conditions are targeted in the trial, and the results will be more easily applied in clinical practice.

Participants

Item 4a

Standard CONSORT item: Eligibility criteria for participants

CHM Formulas extension: Statement of whether participants with a specific TCM Pattern were recruited, in terms of 1) diagnostic criteria and 2) inclusion and exclusion criteria. All criteria used should be universally recognized, or reference given to where detailed explanation can be found.

Pattern plays an important role in determining therapeutic principles. How the Pattern is diagnosed and what criteria are used for including and excluding participants should be comprehensively described if the Pattern concept is involved in the participant selection. Citing nationally or internationally recognized Pattern diagnosis criteria in the study is crucial. Starting from the 1980s, various diagnostic criteria for Pattern of specific diseases have been published, such as the Reference Criteria of Deficiency Syndrome Diagnosis (30), the Diagnosis Criteria of Blood Stasis (31), and the Criteria of Diagnosis and Therapeutic Effect of Diseases and Syndromes in TCM (32). If standardized diagnostic criteria of Pattern are not available, authors should clearly explain how the criteria for their studies were developed and applied in the trial. Such information is necessary for readers to interpret and reproduce the study.
<table>
<thead>
<tr>
<th>Section/Topic</th>
<th>Item Number</th>
<th>Standard CONSORT Checklist Item</th>
<th>Extension for CHM Formulas</th>
<th>Reported on Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title, abstract, and keywords</strong></td>
<td>1a</td>
<td>Identification as a randomized trial in the title</td>
<td>Statement of whether the trial targets a TCM Pattern, a Western medicine-defined disease, or a Western medicine-defined disease with a specific TCM Pattern, if applicable</td>
<td></td>
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<tr>
<td></td>
<td>1b</td>
<td>Structured summary of trial design, methods, results, and conclusions (for specific guidance, see CONSORT for abstracts [26, 27])</td>
<td>Illustration of the name and form of the formula used, and the TCM Pattern applied, if applicable</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1c</td>
<td></td>
<td>Determination of appropriate keywords, including “Chinese herbal medicine formula” and “randomized controlled trial”</td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>2a</td>
<td>Scientific background and explanation of rationale</td>
<td>Statement with biomedical science approaches and/or TCM approaches</td>
<td></td>
</tr>
<tr>
<td>Background and objectives</td>
<td>2b</td>
<td>Specific objectives or hypotheses</td>
<td>Statement of whether the formula targets a Western medicine-defined disease, a TCM Pattern, or a Western medicine-defined disease with a specific TCM Pattern</td>
<td></td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>3a</td>
<td>Description of trial design (such as parallel, factorial), including allocation ratio</td>
<td>Statement of whether participants with a specific TCM Pattern were recruited, in terms of 1) diagnostic criteria and 2) inclusion and exclusion criteria. All criteria used should be universally recognized, or reference given to where detailed explanation can be found.</td>
<td></td>
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<tr>
<td></td>
<td>3b</td>
<td>Important changes to methods after trial commencement (such as eligibility criteria), with reasons</td>
<td></td>
<td></td>
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<tr>
<td><strong>Participants</strong></td>
<td>4a</td>
<td>Eligibility criteria for participants</td>
<td>Statement of whether participants with a specific TCM Pattern were recruited, in terms of 1) diagnostic criteria and 2) inclusion and exclusion criteria. All criteria used should be universally recognized, or reference given to where detailed explanation can be found.</td>
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<td></td>
<td>4b</td>
<td>Settings and locations where the data were collected</td>
<td></td>
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<tr>
<td><strong>Interventions</strong></td>
<td>5</td>
<td>The interventions for each group with sufficient details to allow replication, including how and when they were actually administered</td>
<td>Description(s) for different types of formulas should include the following: 5a. For fixed CHM formulas 1. Name, source, and dosage form (e.g., decoctions, granules, powders) 2. Name, source, processing method, and dosage of each medical substance. Names of substances should be presented in at least 2 languages: Chinese (Pinyin), Latin, or English. Names of the parts of the substances used should be specified. 3. Authentication method of each ingredient and how, when, where, and by whom it was conducted; statement of whether any voucher specimen was retained, and if so, where they were kept and whether they are accessible 4. Principles, rationale, and interpretation of forming the formula 5. Reference(s) as to the efficacy of the formula, if any 6. Pharmacologic study results of the formula, if any 7. Production method of the formula, if any 8. Quality control of each ingredient and of the product of the formula, if any. This would include any quantitative and/or qualitative testing method(s); when, where, how, and by whom these tests were conducted; whether the original data and samples were kept, and, if so, whether they are accessible. 9. Safety assessment of the formula, including tests for heavy metals and toxic elements, pesticide residues, microbial limit, and acute/chronic toxicity, if any. If yes, it should be stated when, where, how, and by whom these tests were conducted; if the original data and samples were kept; and, if so, whether they are accessible.</td>
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</tr>
<tr>
<td>Section/Topic</td>
<td>Item Number</td>
<td>Standard CONSORT Checklist Item</td>
<td>Extension for CHM Formulas</td>
<td>Reported on Page Number</td>
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<tr>
<td>10. Dosage of the formula, and how the dosage was determined</td>
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<tr>
<td>11. Administration route (e.g., oral, external)</td>
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<tr>
<td>5b. For individualized CHM formulas</td>
<td></td>
<td>1. See recommendations 5a 1–11</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. Additional information: how, when, and by whom the formula was modified</td>
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<tr>
<td>5c. For patent proprietary CHM formulas</td>
<td></td>
<td>1. Reference to publicly available materials, such as pharmacopeia, for the details about the composition, dosage, efficacy, safety, and quality control of the formula</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. Illustration of the details of the formula, namely 1) the proprietary product name (i.e., brand name), 2) name of manufacturer, 3) lot number, 4) production date and expiry date, 5) name and percentage of added materials, and 6) whether any additional quality control measures were conducted</td>
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<td></td>
<td>3. Statement of whether the patent proprietary formula used in the trial is for a condition that is identical to the publicly available reference</td>
<td></td>
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</tr>
<tr>
<td>5d. Control groups</td>
<td></td>
<td>Placebo control 1. Name and amount of each ingredient 2. Description of the similarity of placebo with the intervention (e.g., color, smell, taste, appearance, packaging) 3. Quality control and safety assessment, if any 4. Administration route, regimen, and dosage 5. Production information: where, when, how, and by whom the placebo was produced</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Active control 1. If a CHM formula was used, see recommendations 5a–5c 2. If a chemical drug was used, see item 5 of the CONSORT Statement (24)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes</td>
<td>6a</td>
<td>Completely defined, prespecified primary and secondary outcome measures, including how and when they were assessed</td>
<td>Illustration of outcome measures with Pattern in detail</td>
<td></td>
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<tr>
<td></td>
<td>6b</td>
<td>Any changes to trial outcomes after the trial commenced, with reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample size</td>
<td>7a</td>
<td>How sample size was determined When applicable, explanation of any interim analyses and stopping guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randomization Sequence generation</td>
<td>8a</td>
<td>Method used to generate the random allocation sequence</td>
<td></td>
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<tr>
<td></td>
<td>8b</td>
<td>Type of randomization, details of any restriction (such as blocking and block size)</td>
<td></td>
<td></td>
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<tr>
<td>Allocation concealment mechanism</td>
<td>9</td>
<td>Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned</td>
<td></td>
<td></td>
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<tr>
<td>Implementation</td>
<td>10</td>
<td>Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions</td>
<td></td>
<td></td>
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<tr>
<td>Blinding</td>
<td>11a</td>
<td>If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>11b</td>
<td>If relevant, description of the similarity of interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistical methods</td>
<td>12a</td>
<td>Statistical methods used to compare groups for primary and secondary outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12b</td>
<td>Methods for additional analyses, such as subgroup analyses and adjusted analyses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on following page
**Table 1—Continued**

<table>
<thead>
<tr>
<th>Section/Topic</th>
<th>Item Number</th>
<th>Standard CONSORT Checklist Item</th>
<th>Extension for CHM Formulas</th>
<th>Reported on Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Results</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant flow</td>
<td>13a</td>
<td>For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analyzed for the primary outcome</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a diagram is strongly</td>
<td>13b</td>
<td>For each group, losses and exclusions after randomization, together with reasons</td>
<td></td>
<td></td>
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<tr>
<td>recommended)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>14a</td>
<td>Dates defining the periods of recruitment and follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14b</td>
<td>Why the trial ended or was stopped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baseline data</td>
<td>15</td>
<td>A table showing baseline demographic and clinical characteristics for each group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbers analyzed</td>
<td>16</td>
<td>For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes and estimation</td>
<td>17a</td>
<td>For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>17b</td>
<td>For binary outcomes, presentation of both absolute and relative effect sizes is recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancillary analyses</td>
<td>18</td>
<td>Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing prespecified from exploratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Harms</td>
<td>19</td>
<td>All important harms or unintended effects in each group (for specific guidance, see CONSORT for harms [28])</td>
<td><em>(There is no extension for this item)</em></td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td>20</td>
<td>Trial limitations; addressing sources of potential bias; imprecision; and, if relevant, multiplicity of analyses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalizability</td>
<td>21</td>
<td>Generalizability (external validity, applicability) of the trial findings</td>
<td>Discussion of how the formula works on different TCM Patterns or diseases</td>
<td></td>
</tr>
<tr>
<td>Interpretation</td>
<td>22</td>
<td>Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence</td>
<td>Interpretation with TCM theory</td>
<td></td>
</tr>
<tr>
<td>Other information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registration</td>
<td>23</td>
<td>Registration number and name of trial registry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protocol</td>
<td>24</td>
<td>Where the full trial protocol can be accessed, if available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>25</td>
<td>Sources of funding and other support (such as supply of drugs), role of funders</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHM = Chinese herbal medicine; CONSORT = Consolidated Standards of Reporting Trials; TCM = traditional Chinese medicine.
* The original CONSORT items are provided; elaborations for CHM formulas are in italicized text. We strongly recommend reading this checklist in conjunction with the CONSORT 2010 Explanation and Elaboration (29) for important clarifications on all original items of CONSORT Statement.

**Interventions**

**Item 5**

Standard CONSORT item: The interventions for each group with sufficient details to allow replication, including how and when they were actually administered.

CHM Formulas extension: Description(s) for different types of formulas should include the following:

5a. For fixed CHM formulas
   1. Name, source, and dosage form (e.g., decoctions, granules, powders)
   2. Name, source, processing method, and dosage of each medical substance. Names of substances should be presented in at least 2 languages: Chinese (Pinyin), Latin, or English. Names of the parts of the substances used should be specified.
   3. Authentication method of each ingredient and how, when, where, and by whom it was conducted; statement of whether any voucher specimen was retained, and if so, where they were kept and whether they are accessible.
   4. Principles, rationale, and interpretation of forming the formula.
5. Reference(s) as to the efficacy of the formula, if any
6. Pharmacologic study results of the formula, if any
7. Production method of the formula, if any
8. Quality control of each ingredient and of the product of the formula, if any. This would include any quantitative and/or qualitative testing method(s); when, where, how, and by whom these tests were conducted; whether the original data and samples were kept; and, if so, whether they are accessible.
9. Safety assessment of the formula, including tests for heavy metals and toxic elements, pesticide residues, microbial limit, and acute/chronic toxicity, if any. If yes, it should be stated when, where, how, and by whom these tests were conducted; if the original data and samples were kept; and, if so, whether they are accessible.
10. Dosage of the formula, and how the dosage was determined
11. Administration route (e.g., oral, external)

5b. For individualized CHM formulas
1. See recommendations 5a 1–11
2. Additional information: how, when, and by whom the formula was modified

5c. For patent proprietary CHM formulas
1. Reference to publicly available materials, such as pharmacopeia, for the details about the composition, dosage, efficacy, safety, and quality control of the formula
2. Illustration of the details of the formula, namely
   1) the proprietary product name (i.e., brand name), 2) name of manufacturer, 3) lot number, 4) production date and expiry date, 5) name and percentage of added materials, and 6) whether any additional quality control measures were conducted
3. Statement of whether the patent proprietary formula used in the trial is for a condition that is identical to the publicly available reference

5d. Control groups
Placebo control
1. Name and amount of each ingredient
2. Description of the similarity of placebo with the intervention (e.g., color, smell, taste, appearance, packaging)
3. Quality control and safety assessment, if any
4. Administration route, regimen, and dosage
5. Production information: where, when, how, and by whom the placebo was produced
Active control
1. If a CHM formula was used, see recommendations 5a–5c
2. If a chemical drug was used, see item 5 of the CONSORT Statement (24)

Chinese herbal interventions are always in the form of formulas with multiple medical substances. The reproducibility of a CHM formula highly depends on whether the substances and related authentication, modification, processing, and production are reported in enough detail. Otherwise, the whole study cannot be replicated by other researchers (33). Therefore, item 5 (interventions) is revised to include the reporting recommendations for common types of CHM formulas (fixed, individualized, and patent proprietary) and their controls (placebo and active). Also, the TIDieR checklist items were embedded (25). Readers can follow the reporting items for each type of CHM formulas one by one.

In addition, quality control methods used for the substances and preparation of the formula should be reported and should detail any references used, such as pharmacopoeias from different countries and regions. The Chinese pharmacopoeia is an official monograph citing the preparation details and quality control of 2165 crude Chinese medicinal substances, patent proprietary drugs, extracts, and others (34). The Japanese pharmacopoeia records the methods of preparations and quality control of 148 formulations (mainly herbal extracts) (35). These are important references that authors can cite in reporting the details of CHM formulas used in RCTs.

The choice of control group affects the conclusions that can be drawn from the study, such as whether the outcomes are caused by the treatment effects, the natural progression of the disease, observer or patient expectations, or any other potential influences (36). Among these, placebo design of CHM formulas has been the topic of lively discussion for years. Designing a placebo similar to the formula product with identical color, smell, taste, and texture yet without active properties is not only a science but also an art (36). Transparently reporting the name and amount of each ingredient; processing method; quality control and safety assessment; administration route, regimen, and dosage; and success of masking (if applicable) are essential for readers to assess the validity of study results and to be able to duplicate the study protocol.

We emphasize that the information about quality, safety, and efficacy of CHM formulas should be reported in detail. A complete description helps readers to easily understand the results of a trial. Any novel application of a fixed or patent proprietary CHM formula for conditions different from those traditionally treated, should be well-illustrated by providing the underlying rationale and supporting evidence. Further, we understand that some items in the checklist, especially quality control methods, are not easily achieved at the current stage. By making the reporting recommendation more practical, we allow a compromise proposal with “if any,” but it does not mean that these items are not crucial. From the beginning of trial preparation, efforts should be made to produce the highest-quality study in every aspect, including the preparation of CHM interventions. Following these guidelines will make the trial transparent, secure the safety of participants, and thereby increase the scientific value of the trial results.
CONSORT-CHM Formulas 2017

Outcomes

Item 6a

Standard CONSORT item: Completely defined, pre-specified primary and secondary outcome measures, including how and when they were assessed

CHM Formulas extension: Illustration of outcome measures with Pattern in detail

Valid and reliable outcome measures are prerequisites to justify any conclusion regarding the efficacy and safety of an intervention. Commonly used indices for outcome measures in an RCT of a CHM formula can be categorized into Western medicine-specific outcomes and TCM-specific outcomes (21). The former is often measured using objective biomedical indices, such as blood tests, blood pressure measurements, and radiographs. The latter is more likely to include symptoms and signs assessed by TCM diagnostic methods. Outcome measures and symptoms and signs, as well as Pattern, can be measured in terms of occurrence (for example, presence or absence of an individual symptom or sign), by a rating scale (for example, 7-point ordinal scale) (37) or a validated Pattern assessment questionnaire (38). In addition, how and by whom the outcomes with Pattern are assessed should be reported. All methods used to enhance the quality of measurement should be reported. Supporting references, underlying rationales, and details of assessment procedures must be clearly described.

Harms

Item 19

Standard CONSORT item: All important harms or unintended effects in each group (for specific guidance, see CONSORT for harms [28])

CHM Formulas extension: (There is no extension for this item)

It is widely and mistakenly assumed that Chinese medicinal substances originating from natural sources are harmless. Therefore, harms are less emphasized in RCTs of CHM formulas (16). In general, adverse effects derive from unpredictable adverse events, improper use, contamination, misidentification, and drug-herb interactions (23). For CONSORT-CHM Formulas, any harms or suspected harms of a formula should be reported and explained in terms of TCM theory, biomedical science, or both. Second, outcome measures specific to safety assessment should be addressed. Third, the rationale for selection and the specific assessment methods should be defined with supporting references. Fourth, the details of all adverse events (such as time of occurrence, frequency, severity, or number of patients who withdraw or reduce their doses) should be reported. If no adverse events are reported, the author should state so (“no adverse events were reported”). Finally, in the event of any adverse effects, interpretation about the potential underlying cause is recommended.

Generalizability

Item 21

Standard CONSORT item: Generalizability (external validity, applicability) of the trial findings

CHM Formulas extension: Discussion of how the formula works on different TCM Patterns or diseases

Each CHM formula is determined on the basis of Pattern differentiation. The same method of treatment can be applied to patients with different diseases but with the same Pattern. On the other hand, different CHM formulas can be applied to patients with the same disease but with different Patterns. Therefore, the applicability of trial findings to different Patterns of the same disease or the same Pattern manifested as different diseases can further be discussed.

Interpretation

Item 22

Standard CONSORT item: Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

CHM Formulas extension: Interpretation with TCM theory

Pattern is the core of TCM theory and the effectiveness of a formula depends on the accuracy of Pattern differentiation. Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence in terms of Pattern is crucial. Most important, because the formula is designed on the basis of the Pattern, its application should follow the Pattern differentiation.

DISCUSSION

Several CONSORT extensions have been developed, covering aspects of design, data, and intervention (www.consort-statement.org/extensions). CONSORT-CHM Formulas is developed to expand CONSORT by applying the principles of transparency, consistency, and full disclosure in the use of CHM formulas in RCTs.

The checklist of CONSORT-CHM Formulas was completed through extensive consultations with and solicitation of comments from epidemiologists, journal editors, clinical research methodologists, and TCM clinicians for over a decade. Concerns about the checklist were raised from others in the field. In December 2016, searches of the China Academic Journals Full-text Database and PubMed with “CONSORT for TCM” or “Consolidated Standards of Reporting Trials for Traditional Chinese Medicine” yielded 141 articles related to the
draft version of CONSORT-CHM Formulas. Of these, 24 systematic reviews had used the checklist to appraise the quality of included studies, and 70 articles had cited or supported adherence to the draft when reporting RCTs of CHM formulas.

We understand that all requirements set in the extension may not be easy to meet at this stage. We emphasize that all items are critically related to the quality of RCTs with CHM formulas. Trial quality relies on design, implementation, and reporting. Therefore, researchers are expected to do their best, starting from the study design, preparation, and implementation, not only the final reporting stage.

The value of a recommendation ultimately depends on its use. The CONSORT Statement has achieved great success in encouraging implementation of research-based recommendations, ensuring changes in practice and improving the general quality of RCTs. For better dissemination of CONSORT-CHM Formulas, specific strategies are indispensable. We hope to introduce the extension to all TCM practitioners, researchers, peer reviewers, and journal editors through medical programs, workshops, and conferences. At the same time, the working group welcomes and collects comments and feedback from those in research or clinical practice in order to revise CONSORT-CHM Formulas and keep it relevant. Further, journals can play an important role if they endorse the use of CONSORT-CHM Formulas. Journals wanting to do so can use the following language in their instructions to authors: “[journal name] requires a completed CONSORT-CHM Formulas checklist as a condition of submission when reporting the results of clinical trial of CHM formula(s). Templates can be found at the CONSORT Web site (www.consort-statement.org/consort-statement/). You should ensure that your article, at a minimum, reports content addressed by each item of the checklist.” Funding agencies can require the final report of a clinical trial to follow the recommendations of CONSORT-CHM Formulas. Finally, special grants or awards can be created for high-quality RCTs of CHM formulas adhering to the extension as well.

CONSORT-CHM Formulas 2017 expands the original CONSORT 2010 by applying its principles to the design, execution, and reporting of RCTs of CHM formulas. We hope that these recommendations will promote better reporting and influence design methods of RCTs testing CHM formulas. CONSORT-CHM Formulas 2017 will be periodically reappraised and further modified to ensure that it always serves investigators doing clinical research of CHM formulas.

From Hong Kong Chinese Medicine Clinical Study Centre, School of Chinese Medicine, Hong Kong Baptist University, Hong Kong Special Administrative Region, People’s Republic of China; Chinese Cochrane Centre and Chinese Evidence-Based Medicine Centre, Sichuan University, Sichuan, People’s Republic of China; Key Laboratory of Chinese Internal Medicine of Ministry of Education and Beijing, Dongzhimen Hospital, Beijing University of Chinese Medicine, Beijing, People’s Republic of China; Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, Centre for Statistics in Medicine, University of Oxford, Oxford, United Kingdom; and Ottawa Hospital Research Institute, University of Ottawa, Ottawa, Ontario, Canada.

Acknowledgment: The authors thank all those who contributed to the development of CONSORT-CHM Formulas, both in its draft and final forms (Appendix 1). They also thank Mr. Liang Dai for analyzing the citation and endorsements of the draft version of CONSORT-CHM Formulas and collecting publications that demonstrated good reporting, Dr. Martha Dahlen for her critical English editing, and Dr. Liz Chee for her back translation from Chinese to English.

Financial Support: The development of CONSORT-CHM Formulas 2017 was funded in part from the Hong Kong Hospital Authority, HKSAR (HA/09-10/01).

Disclosures: Authors have disclosed no conflicts of interest. Forms can be viewed at www.acponline.org/authors/icmje/ConflictOfInterestForms.do?msNum=M16-2977.

Requests for Single Reprints: Zhao-xiang Bian, MD, PhD, Chair Professor, Director, Hong Kong Chinese Medicine Clinical Study Centre, School of Chinese Medicine, Hong Kong Baptist University, 3/F, Jockey Club School of Chinese Medicine Building, 7 Baptist University Road, Kowloon Tong, Hong Kong SAR, China; e-mail, bxxiang@hkbu.edu.hk.

Current author addresses and author contributions are available at Annals.org.

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