

So that's why I think acupuncture has a good contribution to comparative effectiveness research. And what we have done in this systematic review—we included only trials on low back pain which had active treatment control. And we ended up with ten trials, nearly 5,000 patients, and we got the idea that most studies already reflected comparative effectiveness research. So these figures, they look very complicated. This is a PRISMA score, which has ten domains and we don't have to go into these domains. But you only have to get an idea here if the lines are very close to the middle, this would mean that these trials are more on the efficacy side. If the lines are more outside it would mean that these trials are more on the effectiveness side.

So I've divided here the ten trials into two groups—these are the groups which included besides active control, also sham control. These are the trials which had only an active treatment control. And you can easily see that here for the eligibility criteria when I have a sham control it moves more to the middle, more to efficacy side. Same with the acupuncture practitioner expertise and the flexibility of the acupuncture.

That's also totally plausible because doing sham acupuncture is complicated. You have to train the practitioners, you get into much, much more experimental setting, which means you end up with a trial where you have results which are less generalizable to usual care. I don't say that's bad or good, one or the other, I only say we have to be aware that just having a sham control arm changes something in your study setting.

So you have already heard about effectiveness guidance documents and their value because the problem is doing comparative effectiveness research is much more difficult than we think. I have done several trials in this field and I still feel I learn something new every day. And that's why we, in these comparative effectiveness documents, we really try to give advice, we really sit together with different stakeholders and try to find a way how to balance internal and external validity here. And the important part is here's the stakeholder involvement which also means bringing patients to the table.

And this is effectiveness guidance documents, the content and we hope we have just finalized it, we hope we get published soon. And it makes really very detailed recommendations on several issues including the outcomes, the statistical analysis, how to include health economics and how to publish these trials. And now the next step for our group is now we are working on Chinese medicine as a complex intervention and hope to provide some advice how to do CER on this field.