## Data Sharing Statement

**Article Info**

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| Item | Question | Authors’ Response (place “-“ if not applicable) |
|------|----------|-----------------------------------------------|
| 1    | Would you like to share data collected for your study to others? | YES |
| 2    | If not, would you like to share the reason for your decision? | - |
| 3    | What data in particular will be shared? | Data on mortality rates will be shared. |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan, informed consent form, and clinical study report will also be shared if requested. |
| 5    | When will data availability begin? | From the publication date. |
| 6    | When will data availability end? | Two years within the publication date, since the technique or survival date may be updated overtime. |
| 7    | To whom will you share the data? | Surgeons who are interested in the clinical study of DNM. |
| 8    | For what type of analysis or purpose? | To analyze and evaluate the treatment methods and therapeutic effects of patients with DNM |
| 9    | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: gxin23@163.com |
| 10   | Any other restrictions? | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |
