# Data Sharing Statement

| 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?                                  | Radiation dose data of all patients in this study and the corresponding CT scanning protocols. |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Research protocol and plan, and informed consent form 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.          |
| 7    | To whom will you share the data?                                        | Radiographers and radiologists who are interested in studies of radiation doses and DRLs. |
| 8    | For what type of analysis or purpose?                                   | For research about radiation doses of CT scan.  |
| 9    | How or where can the data/documents be obtained?                         | Emails could be sent to the address below to obtain the shared data: HX_lizhenlin@126.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. |