## Data Sharing Statement

| Item  | Question                                                                 | Authors’ Response (place “-” if not applicable) |
|-------|--------------------------------------------------------------------------|-------------------------------------------------|
| 1     | Would you like to share data collected for your study to others?         | No.                                             |
| 2     | If not, would you like to share the reason for your decision?            | -                                               |
| 3     | What data in particular 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. | -                                               |
| 5     | When will data availability begin?                                       | -                                               |
| 6     | When will data availability end?                                         | -                                               |
| 7     | To whom will you share the data?                                        | -                                               |
| 8     | For what type of analysis or purpose?                                   | -                                               |
| 9     | How or where can the data/documents be obtained?                         | -                                               |
| 10    | Any other restrictions?                                                 | -                                               |