# 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?            | We would like to share.                       |
| 3    | What data in particular will be shared?                                  | The raw data.                                 |
| 4    | Any other documents will be shared? Such as study protocol, statistical  | N/A                                            |
|      | analysis plan, informed consent form, clinical study report, analytic   |                                               |
|      | code.                                                                    |                                               |
| 5    | When will data availability begin?                                       | Whenever.                                     |
| 6    | When will data availability end?                                         | No limitation.                                |
| 7    | To whom will you share the data?                                        | Ever.                                         |
| 8    | For what type of analysis or purpose?                                   | No limitation.                                |
| 9    | How or where can the data/documents be obtained?                        | It can be obtained from the corresponding     |
|      |                                                                          | author for just cause.                        |
| 10   | Any other restrictions?                                                 | No.                                           |