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?            | 1. The patient's privacy is involved.  
    |                                                                            | 2. Further research may be carried out in the future by our team group.  
    |                                                                            | 3. The patient's case information of our hospital has no reference value to other researchers. |
| 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?                                                  | -                                                |