# 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?                                   | Raw data of MR imaging.                          |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | No.                                              |
| 5    | When will data availability begin?                                        | The day article is published officially.          |
| 6    | When will data availability end?                                          | December 31, 2020.                               |
| 7    | To whom will you share the data?                                          | Radiologist only.                                |
| 8    | For what type of analysis or purpose?                                     | Medical diagnosis.                               |
| 9    | How or where can the data/documents be obtained?                          | E-mail the corresponding author.                 |
| 10   | Any other restrictions?                                                   | -                                                |