Data Sharing Statement

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|--------------|-----------------------------------------|
| **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 share? 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?                 | - |