| Item | Question                                                                 | Authors’ Response                                                                 |
|------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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?            | Further data sharing was not allowed in the IRB consent or protocol.               |
| 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?                                                  |                                    |