## 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?                                  | Therapeutic data such as blood gas analysis 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. | Statistical analysis plan, informed consent form, and clinical videos will also be shared if requested. |
| 5    | When will data availability begin?                                       | From the publication date.                    |
| 6    | When will data availability end?                                         | Two years within the publication date, since the technique may be updated over time. |
| 7    | To whom will you share the data?                                        | All medical doctors and researchers who are interested in stopping hiccups. |
| 8    | For what type of analysis or purpose?                                   | For analysis to evaluate the efficacy of our team’s method to stop hiccups. |
| 9    | How or where can the data/documents be obtained?                        | Emails could be sent to the address below to obtain the shared data: fukuoka.obuchi@gmail.com |
| 10   | Any other restrictions?                                                 | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |