## 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?                                   | Visual Analog Scale Data, and IV fluid administration schedule |
| 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?                                        | From the publication date.                      |
| 6    | When will data availability end?                                          | Two years within the publication date, since the protocol may be updated over time. |
| 7    | To whom will you share the data?                                         | Medical oncologists dealing with patients with pain from Oral Mucositis due to CRT. |
| 8    | For what type of analysis or purpose?                                    | For analysis to evaluate the efficacy of IV Fluid administration on pain related to Oral Mucositis. |
| 9    | How or where can the data/documents be obtained?                          | Correspondence should be provided to the Department of Radiation Oncology at Roswell Park Comprehensive Cancer Center. |
| 10   | Any other restrictions?                                                  | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |