# 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?                                   | The survival 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. | Statistical analysis plan, informed consent form, and clinical study report 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 or survival data may be updated over time. |
| 7    | To whom will you share the data?                                        | ENT doctors who are interested in this study.    |
| 8    | For what type of analysis or purpose?                                    | For analysis to evaluate.                       |
| 9    | How or where can the data/documents be obtained?                         | By email of Prof. Huang (huangzhigang1963@163.com). |
| 10   | Any other restrictions?                                                  | None.                                           |