## 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?                                   | All requested data.                              |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | As requested.                                   |
| 5    | When will data availability begin?                                        | As requested.                                   |
| 6    | When will data availability end?                                          | From the publication date.                      |
| 7    | To whom will you share the data?                                         | To anyone which requested it.                    |
| 8    | For what type of analysis or purpose?                                    | In order to validate the data or to its implementation in clinical practice. |
| 9    | How or where can the data/documents be obtained?                         | Emails could be sent to corresponding author: constanzago2016@gmail.com |
| 10   | Any other restrictions?                                                  | -                                               |