### Data Sharing Statement

| Item | Question | Authors’ Response (place “-” if not applicable) |
|------|----------|-------------------------------------------------|
| 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? | The data of the present study is being used in another ongoing study, which have not been completed. |
| 3    | What data in particular will be shared? | No |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | The study protocol can be shared. |
| 5    | When will data availability begin? | December/01/2020 |
| 6    | When will data availability end? | December/01/2021 |
| 7    | To whom will you share the data? | Cardiothoracic surgeon interested in our study protocol. |
| 8    | For what type of analysis or purpose? | Hiatal Hernia research |
| 9    | How or where can the data/documents be obtained? | Please contact: ramiabazid@yahoo.com |
| 10   | Any other restrictions? | - |