## 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 original data for both patients and controls |
| **4** | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Study protocol, statistical analysis plan, informed consent form will be shared if requested. |
| **5** | When will data availability begin? | From the publication date. |
| **6** | When will data availability end? | One years within the publication date, since the technique may be updated over time. |
| **7** | To whom will you share the data? | Neurosurgeon or functional Neurosurgeon who are interested in studies of diffusion MR. |
| **8** | For what type of analysis or purpose? | Observational study for DSI in lateralizing MTLE |
| **9** | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: wangyh9011@163.com or ggzhao@vip.sina.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. |