# Data Sharing Statement

| Item | Question                                                                 | Authors’ Response |
|------|---------------------------------------------------------------------------|-------------------|
| 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?             | This is a retrospective clinical study. The database is gathered from private patient information from Roswell Park Comprehensive Cancer Center; original data cannot be shared. |
| 3    | What 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. | No                |
| 5    | When will data availability begin?                                        | -                 |
| 6    | When will data availability end?                                          | -                 |
| 7    | To whom will you share the data?                                         | -                 |
| 8    | For what type of analysis or purpose?                                     | -                 |
| 9    | How or where can the data/documents be obtained?                          | -                 |
| 10   | Any other restrictions?                                                  | None              |