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? | We can share the basic data and operation method. |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | **Yes.** |
| 5    | When will data availability begin? | After the article has been accepted. |
| 6    | When will data availability end? | One year after the article been published. |
| 7    | To whom will you share the data? | Urologist surgeon. |
| 8    | For what type of analysis or purpose? | The can use our data for meta analysis. |
| 9    | How or where can the data/documents be obtained? | They can obtain the data through my e-mail. |
| 10   | Any other restrictions? | **No.** |

**Article Info**

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