### 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?            | The data that doesn’t contain patients’ privacy will be shared. |
| 3    | What data in particular will be shared?                                  | Study protocol, statistical analysis plan, informed consent form will be shared. |
| 4    | Any other documents will be share? 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. |
| 5    | When will data availability begin?                                       | Data availability will begin from publishing.    |
| 6    | When will data availability end?                                         | Data availability will end till one year after publishing. |
| 7    | To whom will you share the data?                                        | The data will be shared with readers who conduct similar research and obtain the consent of data owner. |
| 8    | For what type of analysis or purpose?                                   | The sharing should be used to help reader to understand the article’s content and opinion. |
| 9    | How or where can the data/documents be obtained?                        | The data will be obtained by requesting to corresponding author. |
| 10   | Any other restrictions?                                                 | No                                              |