# Data Sharing Statement

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| 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? | Anonymized patient clinical details. |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | No |
| 5    | When will data availability begin? | N/A |
| 6    | When will data availability end? | N/A |
| 7    | To whom will you share the data? | Researchers who incorporate this research data into systematic reviews. |
| 8    | For what type of analysis or purpose? | To advance the study of perioperative respiratory impedance. |
| 9    | How or where can the data/documents be obtained? | All data generated or analyzed during this study are included in this published article and its supplementary information files. |
| 10   | Any other restrictions? | No. |