### 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?                                 | Patients’ hospitalization and treatment record 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. | Statistical analysis plan and informed consent form will be shared. |
| 5    | When will data availability begin?                                      | Since the manuscript is accepted and published.   |
| 6    | When will data availability end?                                        | The data availability will end one year after the publishment. |
| 7    | To whom will you share the data?                                       | Reviewers and readers.                           |
| 8    | For what type of analysis or purpose?                                  | Further study.                                   |
| 9    | How or where can the data/documents be obtained?                       | From the corresponding authors via email upon request. |
| 10   | Any other restrictions?                                                | No.                                              |