# 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? | All data about complications in GI perforations in our series will be shared, not only data evidencing a significant correlation with outcome but also not significant data if needed for further studies. |
| 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 and consent form will be shared if requested. |
| 5    | When will data availability begin? | From the publication date |
| 6    | When will data availability end? | Two years within the publication date, since the evidence about outcome we evidenced may be updated by further studies |
| 7    | To whom will you share the data? | Any physician interested in our work, especially general and emergency surgeons or ICU doctors |
| 8    | For what type of analysis or purpose? | To improve our CT-Scan score for clinical outcomes in GI perforation or revised it with new evidences |
| 9    | How or where can the data/documents be obtained? | Emailing corresponding author: re.bini@libero.it |
| 10   | Any other restrictions? | We may balance the potential benefit and risks for each request and then provide the data that could be shared. |