# Data Sharing Statement

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| **Item** | **Question** | **Authors’ Response**<br>(place “-” if not applicable) |
|----------|-------------|--------------------------------------------------|
| 1        | Would you like to share data collected for your study to others? | No, we are unable to. |
| 2        | If not, would you like to share the reason for your decision? | Our institutional IRB was not approved for multi-institutional data sharing. |
| 3        | What data in particular 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. | - |
| 5        | When will data availability begin? | - |
| 6        | When will data availability end? | - |
| 7        | To whom will you share the data? | - |
| 8        | For what type of analysis or purpose? | - |
| 9        | How or where can the data/documents be obtained? | - |
| 10       | Any other restrictions? | - |