# 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? | The AF onset and outcome of ablation 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. | We would like to share our experiment protocol, such as ELISA and statistical analysis method. |
| 5    | When will data availability begin? | The databased would be available after publication. |
| 6    | When will data availability end? | Two years within the publication date, because the follow-up study will be updated. |
| 7    | To whom will you share the data? | Researchers who focus on AF pathophysiology. |
| 8    | For what type of analysis or purpose? | We would like to provide our data for AF clinical investigation. |
| 9    | How or where can the data/documents be obtained? | Researchers who interest in out study could send e-mail to 1986lihailing@tongji.edu.cn. |
| 10   | Any other restrictions? | The source of the data must be indicated. |