## Data Sharing Statement

| Item | Question | Authors’ Response (place “-” if not applicable) |
|------|----------|-------------------------------------------------|
| 1    | Would you like to share data collected for your study to others? | NO. |
| 2    | If not, would you like to share the reason for your decision? | The amount of patient data we have collected is not yet sufficient, and we will collect further data from more patients to continue our study, so we have decided to withhold our raw data for now. |
| 3    | What data in particular will be shared? | - |
| 4    | Any other documents will be shared? 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? | - |