## 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 information of the pathogenic variants.      |
| 4    | Any other documents will be shared? Such as study protocol, statistical  | No.                                              |
|      | analysis plan, informed consent form, clinical study report, analytic    |                                                 |
|      | code.                                                                    |                                                 |
| 5    | When will data availability begin?                                       | The date of the article received.                |
| 6    | When will data availability end?                                         | 3 years after publication.                       |
| 7    | To whom will you share the data?                                        | Clinical researchers.                            |
| 8    | For what type of analysis or purpose?                                    | Clinical diagnosis or guidelines.                |
| 9    | How or where can the data/documents be obtained?                         | Email to **Correspondence author** Wei_lu77@163.com |
| 10   | Any other restrictions?                                                  | No.                                             |

**Article Info**

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