## 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 except patient privacy.                  |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Yes.                                             |
| 5    | When will data availability begin?                                       | After the article was published.                  |
| 6    | When will data availability end?                                         | This data can always be shared.                   |
| 7    | To whom will you share the data?                                         | I would like to share this data with all the doctors and nurses. |
| 8    | For what type of analysis or purpose?                                   | The data from this study can be used by others for continuing studies and clinical applications, but it must be stated that the data from this study were used. |
| 9    | How or where can the data/documents be obtained?                         | The corresponding author can be reached by E-mail. The email is as follows: meniu@suda.edu.cn. |
| 10   | Any other restrictions?                                                  | No.                                              |