## Data Sharing Statement

### Article Info

[http://dx.doi.org/10.21037/atm-20-3064](http://dx.doi.org/10.21037/atm-20-3064)

| 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? | Result related to the hemostatic effect and side-effect of TXA in TKA. |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis method, informed consent form, and clinical study report will also be shared if requested. |
| 5    | When will data availability begin? | From the publication date. |
| 6    | When will data availability end? | One year within the publication date, since new results may be updated over time. |
| 7    | To whom will you share the data? | Orthopaedic surgeons or physicians interested in hemostatic effect and administration routine of TXA. |
| 8    | For what type of analysis or purpose? | For analysis to evaluate the effect and safety of TXA in orthopaedic surgeries. |
| 9    | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: wujun2310@126.com |
| 10   | Any other restrictions? | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |