| 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? | Data cannot be shared without the hospital's permission. |
| 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? | - |