| 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?                                  | Baseline characteristics, clinical outcomes.    |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | YES.                                            |
| 5    | When will data availability begin?                                       | Jan, 2021.                                      |
| 6    | When will data availability end?                                         | Jan, 2022.                                      |
| 7    | To whom will you share the data?                                         | Physicians.                                     |
| 8    | For what type of analysis or purpose?                                    | Analysis.                                       |
| 9    | How or where can the data/documents be obtained?                        | Personal email.                                 |
| 10   | Any other restrictions?                                                 | NO.                                             |