| Data Sharing Statement |
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**Article information**

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| Section | Question | Authors’ Response (place “–” if not applicable) |
|---------|----------|--------------------------------------------------|
| Data collected for your study | Will the data collected for your study be made available to others? | I’m sorry that we can’t share our data to others. |
| | If not, would you like to share the reason for your decision? | I’m sorry. We didn’t get the permission from our hospital to share data. |
| | What data in particular will be shared? | – |
| | Any additional information about data? | – |
| | How or where can the data be obtained? | – |
| | When will data availability begin? | – |
| | When will data availability end? | – |
| Supporting documents | Will any supporting documents be available? | This study was a retrospective report. We provided the eligibility criteria, exclusion criteria and patient flow diagram in the manuscript. Sorry, I can’t provide more supporting documents. |
| | Which supporting documents? | – |
| | Any additional information about supporting documents? | – |
| | How or where can supporting documents be obtained? | – |
| | When will supporting documents availability begin? | – |
| | When will supporting documents availability end? | – |
| Restrictions | To whom will data be available? | – |
| | For what type of analysis or purpose? | – |
| | By what mechanism? | – |
| | Any other restrictions? | – |
| Additional information | - |