| 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 data, pathological studies, as well as PD-L1 expression levels. |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Yes. We should share study protocol, statistical analysis protocol, informed consent, clinical study reports, etc. |
| 5    | When will data availability begin?                                       | After the article is accepted.                    |
| 6    | When will data availability end?                                         | We will continue to be provided.                  |
| 7    | To whom will you share the data?                                        | Doctors or related researchers.                   |
| 8    | For what type of analysis or purpose?                                   | Treatment plan selection or scientific research. |
| 9    | How or where can the data/documents be obtained?                        | You can send a private message to contact: 646014852@qq.com |
| 10   | Any other restrictions?                                                 | No.                                              |