# Data Sharing Statement

| 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?            | Ethics organization did not permit the data sharing for this study. |
| 3    | What data in particular will be shared?                                  | -                                               |
| 4    | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan and informed consent form will be shared if requested. |
| 5    | When will data availability begin?                                       | -                                               |
| 6    | When will data availability end?                                         | -                                               |
| 7    | To whom will you share the data?                                        | Pulmonologist and thoracic surgeons who are interested in studies of lobectomy. |
| 8    | For what type of analysis or purpose?                                    | For analysis to evaluate the safety of VATS lobectomy. |
| 9    | How or where can the data/documents be obtained?                         | Emails could be sent to the address below to obtain the shared documents: myoko@kitasato-u.ac.jp |
| 10   | Any other restrictions?                                                  | We may balance the potential benefits and risks for each request and then provide the documents that could be shared. |