## Data Sharing Statement

| 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?                                  | The clinical data involved in this paper. Data relating to patient privacy is not included. |
| 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?                                       | From the publication date.                       |
| 6    | When will data availability end?                                        | It depends.                                      |
| 7    | To whom will you share the data?                                        | Relevant scholars.                               |
| 8    | For what type of analysis or purpose?                                   | Non-commercial use                               |
| 9    | How or where can the data/documents be obtained?                        | Request by E-mail to corresponding author.       |
| 10   | Any other restrictions?                                                 | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |

**Article Info**

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