**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? | Because these data may be further analyzed by other members of our team. |
| 3    | What data in particular will be shared?       | -                                               |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | No.                                             |
| 5    | When will data availability begin?            | -                                               |
| 6    | When will data availability end?              | -                                               |
| 7    | To whom will you share the data?             | -                                               |
| 8    | For what type of analysis or purpose?         | -                                               |
| 9    | How or where can the data/documents be obtained? | -                                               |
| 10   | Any other restrictions?                      | -                                               |