## 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? | The data used to support the findings of this study have not been available because the data involved with patients’ privacy and sharing of data will harm patients' interest. In addition, our affiliation is unwilling to share the data. |
| 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. | - |
| 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? | - |