## Data Sharing Statement

| **Data collected for your study** | **Question**                                                                 | **Authors’ Response**                                                                 |
|---------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| **Will the data collected for your study be made available to others?** | Yes.                                                                        | Clinical characteristics, perioperative results and oncology effects.                 |
| **If not, would you like to share the reason for your decision?**  | -                                                                            |                                                                                       |
| **What data in particular will be shared?**  |                                                                             |                                                                                       |
| **Any additional information about data?**  | None.                                                                       |                                                                                       |
| **How or where can the data be obtained?**  | Email the first author or the corresponding author.                          |                                                                                       |
| **When will data availability begin?**  | After the publication of this study.                                        |                                                                                       |
| **When will data availability end?**  | One year after the publication of this study.                               |                                                                                       |

| **Supporting documents**                                                                                     |                                                                                       |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| **Will any supporting documents be available?**                                                           | Yes.                                                                                 |                                                                                       |
| **Which supporting documents?**                                                                          | Research programmes.                                                                 |                                                                                       |
| **Any additional information about supporting documents?**                                                | None                                                                                 |                                                                                       |
| **How or where can supporting documents be obtained?**                                                     | Email the first author or the corresponding author.                                  |                                                                                       |
| **When will supporting documents availability begin?**                                                    | After the publication of this study.                                                 |                                                                                       |
| **When will supporting documents availability end?**                                                      | One year after the publication of this study.                                        |                                                                                       |

| **Restrictions**                                                                                              |                                                                                       |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| **To whom will data be available?**                                                                         | Medical Researcher                                                                    |                                                                                       |
| **For what type of analysis or purpose?**                                                                   | Meta-analysis or systematic review                                                    |                                                                                       |
| **By what mechanism?**                                                                                       | Email the first author or the corresponding author.                                  |                                                                                       |
| **Any other restrictions?**                                                                                  | None.                                                                                |                                                                                       |

| **Additional information**                                                                                   | Data is available upon request.                                                      |                                                                                       |