## Data Sharing Statement

| **Article Info** | http://dx.doi.org/10.21037/tau-20-1265 |
|------------------|----------------------------------------|

| **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? | This retrospective study was approved by our institutional Human Research Ethics Committee. This approval required strict patient confidentiality, and did not include data sharing. |
| 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. | - |
| 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? | - |