# 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? | Lung function Survival data | |
| 4    | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | **YES** | |
| 5    | When will data availability begin? | As soon as the article is published | |
| 6    | When will data availability end? | 10 years after publication | |
| 7    | To whom will you share the data? | Any serious researcher(s) | |
| 8    | For what type of analysis or purpose? | Scientific ones | |
| 9    | How or where can the data/documents be obtained? | Through the main author | |
| 10   | Any other restrictions? | Patient’s identity will not be given | |