

Data Sharing Statement

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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?	Patients did not allow to share their data (even anonymized) with other hospitals/physicians (Written informed consent)
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?	No