Data Sharing Statement		
Article Info	http://dx.doi.org/10.21037/atm-20-6116	
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?	The survival data, related risk factors' 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.	Study protocol and Statistical analysis plan will also be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	
7	To whom will you share the data?	Operators of thermal ablation who are interested in studies of predicting prognosis or early recurrence of patients with HCC after thermal ablation
8	For what type of analysis or purpose?	For analysis to evaluate the validity of predicting model
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: zhouyan2626@163.com
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.