| Data Sharing Statement | | |
|------------------------|--|---|
| Article Info | http://dx.doi.org/10.21037/atm-20-6181 | |
| 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 and the PVTT types of the participants. |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan and informed consent form. |
| 5 | When will data availability begin? | Two years after publication. |
| 6 | When will data availability end? | Five years after publication. |
| 7 | To whom will you share the data? | The investigators. |
| 8 | For what type of analysis or purpose? | To study the survival of patients with HCC and PVTT. |
| 9 | How or where can the data/documents be obtained? | Email request. |
| 10 | Any other restrictions? | - |