| Data Sharing Statement |   |  |
|------------------------|---|--|
| Article<br>Info        | http://dx.doi.org/10.21037/atm-20-3064  |  |
| Item                   | Question  | Authors' Response<br>(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<br>the reason for your decision?  | -  |
| 3                      | What data in particular will be shared?   | Result related to the hemostatic effect and side-<br>effect of TXA in TKA.   |
| 4                      | Any other documents will be<br>share? Such as study protocol,<br>statistical analysis plan,<br>informed consent form,<br>clinical study report, analytic<br>code. | Statistical analysis method, informed consent<br>form, and clinical study report will also be shared<br>if requested.  |
| 5                      | When will data availability begin?  | From the publication date.   |
| 6                      | When will data availability end?  | One year within the publication date, since new results may be updated over time.                                      |
| 7                      | To whom will you share the data?  | Orthopaedic surgeons or physicians interested in<br>hemostatic effect and administration routine of<br>TXA.            |
| 8                      | For what type of analysis or purpose?   | For analysis to evaluate the effect and safety of TXA in orthopaedic surgeries.  |
| 9                      | How or where can the data/documents be obtained?  | Emails could be sent to the address below to obtain the shared data: wujun2310@126.com                                 |
| 10                     | Any other restrictions?   | We may balance the potential benefits and risks<br>for each request and then provide the data that<br>could be shared. |