

Data Sharing Statement

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| Article Info | https://dx.doi.org/10.21037/gs-21-729 | |
| 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 intraoperative and postoperative data of patients between the two groups will be shared in particular. |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | The study protocol, statistical analysis plan, informed consent form, clinical study report will be shared if necessary. |
| 5 | When will data availability begin? | From the publication date. |
| 6 | When will data availability end? | Two years within the publication date. |
| 7 | To whom will you share the data? | Researchers who are interested in the field of lactational breast abscess. |
| 8 | For what type of analysis or purpose? | For the analysis of efficacy and safety of minimally invasive rotary resection in the treatment of lactational breast abscess. |
| 9 | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: nongqian06362969@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 |