| Data Sharing Statement |  |   |
|------------------------|--|---|
| Article<br>Info        | ttps://dx.doi.org/10.21037/hbsn-22-411   |   |
| Item                   | Question   | Authors' Response (place "-" if not applicable) |
| 1                      | Would you like to share data collected for your study to others?   | -   |
| 2                      | If not, would you like to share the reason for your decision?  | -   |
| 3                      | What data in particular will be shared?  | -   |
| 4                      | Any other documents will be share? 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?  | -   |