Data Sharing Statement		
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Item	Question	Authors' Response (place "-" if not applicable)
1	Would you like to share data collected for your study to others?	No.
2	If not, would you like to share the reason for your decision?	My research institution and ethics institution require confidentiality of patient information. If researchers need our information, they can contact us by email. We will apply to the hospital to determine whether it can be shared.
3	What data in particular will be shared?	-
4	Any other documents will be shared? Such asstudy 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?	-