| Data Sharing Statement |   |  |
|------------------------|---|--|
| Article<br>Info        | https://dx.doi.org/10.21037/atm-22-3110   |  |
| 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 the reason for your decision?   | -  |
| 3                      | What data in particular will be shared?   | All data from our study can be shared.   |
| 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, informed consent form, and clinical study report will also be shared if requested.    |
| 5                      | When will data availability begin?  | From the publication date.   |
| 6                      | When will data availability end?  | Two years within the publication date, since the technique or data may be updated over time.                     |
| 7                      | To whom will you share the data?  | Dentists interested in maxillary sinus volume changes.   |
| 8                      | For what type of analysis or purpose?   | It was used to analyze the changes of maxillary sinus volume.  |
| 9                      | How or where can the data/documents be obtained?  | Emails could be sent to the address below to obtain the shared data: <u>252546539@qq.com</u> .                   |
| 10                     | Any other restrictions?   | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |