| Data Sharing Statement |  |  |
|------------------------|--|--|
| Article<br>Info        | http://dx.doi.org/10.21037/atm-20-2502A  |  |
| 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 survival 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. | Study protocol, statistical analysis plan, informed consent form.  |
| 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 survival date may be updated over time.                    |
| 7                      | To whom will you share the data?   | Transplant surgeons, physicians and clinical scientists who are interested in our study.                                 |
| 8                      | For what type of analysis or purpose?  | For analysis to evaluate patients' outcome.  |
| 9                      | How or where can the data/documents be obtained?   | Emails could be sent to the address below to obtain the shared data:  tyzhu dr@163.com or rong.ruiming@zs-hospital.sh.cn |
| 10                     | Any other restrictions?  | We may balance the potential benefits and risks for each request and then provide the data that could be shared.         |