

## 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?	YES
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	Data on mortality rates will 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 survival date may be updated overtime.
7	To whom will you share the data?	Surgeons who are interested in the clinical study of DNM.
8	For what type of analysis or purpose?	To analyze and evaluate the treatment methods and therapeutic effects of patients with DNM
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: <a href="mailto:gxin23@163.com">gxin23@163.com</a>
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.

