

Data Sharing Statement

| | | |
|---------------------|---|--|
| Article Info | https://dx.doi.org/10.21037/atm-21-4230 | |
| 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? | All the data in particular 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 and experiments plan will 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 over time. |
| 7 | To whom will you share the data? | All readers. |
| 8 | For what type of analysis or purpose? | For purpose to study how to protect the glaucomatous optic nerve |
| 9 | How or where can the data/documents be obtained? | Emails could be sent to the address below to obtain the shared data: gemmyleon@163.com |
| 10 | Any other restrictions? | We may balance the potential benefits and risks for each request and then provide the data that could be shared. |