| Data Sharing Statement |   |   |
|------------------------|---|---|
| Article<br>Info        | https://dx.doi.org/10.21037/atm-21-6698   |   |
| 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?   | WES results of filtered SNPs will be shared if request.   |
| 4                      | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | The primers of the candidate genes will be shared if request.                                     |
| 5                      | When will data availability begin?  | From the publication  |
| 6                      | When will data availability end?  | Not specified   |
| 7                      | To whom will you share the data?  | Clinicians and scientists who are interested in this particular topic                             |
| 8                      | For what type of analysis or purpose?   | Clinical and basic science research focusing on diseases related to Hereditary spastic paraplegia |
| 9                      | How or where can the data/documents be obtained?  | Request to be sent to ts902@hotmail.com   |
| 10                     | Any other restrictions?   | We may balance the potential risks and benefits based on each individual request                  |