

## Data Sharing Statement

<b>Article Info</b>	<a href="http://dx.doi.org/10.21037/atm-22-414">http://dx.doi.org/10.21037/atm-22-414</a>	
<b>Item</b>	<b>Question</b>	<b>Authors' Response</b> ( 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 baseline data and adverse event-related data of these patients.
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	No.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date, since the follow-up may be updated over time.
7	To whom will you share the data?	Medical physicians who are interested in our study.
8	For what type of analysis or purpose?	For analysis in risk factors.
9*	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: 1371766691@qq.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.