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. However these data are extracted from our hospital electronic data base and any sharing practice should get the hospital consent.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	Clinical data without patients' identity and with permission from the hospital.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Yes.
5	When will data availability begin?	After the publication.
6	When will data availability end?	2 years after the publication.
7	To whom will you share the data?	People with permission from the hospital.
8	For what type of analysis or purpose?	Academic purpose.
9	How or where can the data/documents be obtained?	By email.
10	Any other restrictions?	No.