

Data Sharing Statement

Article Info	https://dx.doi.org/10.21037/apm-22-973	
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 of demographic characteristics of patients 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.	-
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date, since the data of survey may be updated over time.
7	To whom will you share the data?	Medical doctors who are interested in this study.
8	For what type of analysis or purpose?	Retrospective or observational study.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: hzsghf@126.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.