| Data Sharing Statement |  |  |
|------------------------|--|--|
| Article<br>Info        | https://dx.doi.org/10.21037/apm-22-1040  |  |
| 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<br>the reason for your decision?   | -  |
| 3                      | What data in particular will be shared?  | Data in the manuscript.  |
| 4                      | Any other documents will be<br>shared? Such as study<br>protocol, statistical analysis<br>plan, informed consent form,<br>clinical study report, analytic<br>code. | Statistical analysis plan, informed consent form,<br>and clinical study report will also be shared if<br>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 anesthesia technique may be updated over time.                        |
| 7                      | To whom will you share the data?   | Anesthesiologists who are interested in studies of<br>anesthesia protocol for lung tumor ablation<br>surgery           |
| 8                      | For what type of analysis or purpose?  | surgery.For analysis to evaluate the anesthesia protocol in<br>lung tumor ablation patients.                           |
| 9                      | How or where can the data/documents be obtained?   | Emails could be sent to the address below to obtain the shared data: <u>18713877647@163.com</u> .                      |
| 10                     | Any other restrictions?  | We may balance the potential benefits and risks<br>for each request and then provide the data that<br>could be shared. |