

## Data Sharing Statement

<b>Article Info</b>	<a href="https://dx.doi.org/10.21037/apm-22-797">https://dx.doi.org/10.21037/apm-22-797</a>	
<b>Item</b>	<b>Question</b>	<b>Authors' Response (place "-" if not applicable)</b>
1	Would you like to share data collected for your study to others?	No.
2	If not, would you like to share the reason for your decision?	Data sharing was not agreed with the hospital's IRB.
3	What data in particular 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?	-
6	When will data availability end?	-
7	To whom will you share the data?	-
8	For what type of analysis or purpose?	-
9	How or where can the data/documents be obtained?	-
10	Any other restrictions?	-