

## Data Sharing Statement

<b>Article Info</b>	<a href="https://dx.doi.org/10.21037/apm-22-950">https://dx.doi.org/10.21037/apm-22-950</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?	Yes
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	The data of odontogenic conditions and relevant maxillary sinus membrane abnormalities of the study samples 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.	Statistical analysis plan will also be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	Two years within the publication date.
7	To whom will you share the data?	Researchers and dentists who are interested in this study.
8	For what type of analysis or purpose?	For analysis to evaluate the relationship between odontogenic conditions and relevant maxillary sinus membrane abnormalities.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: sddxbeary@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.