| Data Sharing Statement |   |  |
|------------------------|---|--|
| Article<br>Info        | http://dx.doi.org/10.21037/apm-20-553   |  |
| Item                   | Question  | Authors' Response<br>(place "-" if not applicable)                         |
| 1                      | Would you like to share data collected for your study to others?  | No   |
| 2                      | If not, would you like to share<br>the reason for your decision?  | We did not receive permission from participants to do so                   |
| 3                      | What data in particular will be shared?   | -  |
| 4                      | Any other documents will be<br>share? Such as study protocol,<br>statistical analysis plan,<br>informed consent form,<br>clinical study report, analytic<br>code. | We will share the study protocol and informed<br>consent form upon request |
| 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/<br>documents be obtained?  | Please email janet.ellis@sunnybrook.ca                                     |
| 10                     | Any other restrictions?   | -  |