

## Data Sharing Statement

<b>Article Info</b>	<a href="http://dx.doi.org/10.21037/apm-21-907">http://dx.doi.org/10.21037/apm-21-907</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?	Original data.
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 and outcome data.
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?	Doctors who are in the treatment of acute ischemic stroke.
8	For what type of analysis or purpose?	For analysis to evaluate the effects of upper gastrointestinal bleeding on acute ischemic stroke.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: 317195209@qq.com.
10	Any other restrictions?	-