

## Data Sharing Statement

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|---------------------|---|--|
| <b>Article Info</b> | http://dx.doi.org/10.21037/apm-21-665   |  |
| <b>Item</b>         | <b>Question</b>   | <b>Authors' Response<br/>(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?   | Clinical 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, informed consent form, and clinical study report will also be shared if requested.  |
| 5                   | When will data availability begin?  | From the publication date.   |
| 6                   | When will data availability end?  | One year within the publication date.  |
| 7                   | To whom will you share the data?  | Spine surgeons who are interested in the study.  |
| 8                   | For what type of analysis or purpose?   | For analysis to evaluate the safety of balloon kyphoplasty combined with posterior pedicle screw fixation for the treatment of osteoporotic thoracolumbar burst fractures. |
| 9                   | How or where can the data/documents be obtained?  | Emails could be sent to the address below to obtain the shared data:<br>laozei2115530@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.   |