

## Data Sharing Statement

<b>Article Info</b>	<a href="https://dx.doi.org/10.21037/apm-21-2342">https://dx.doi.org/10.21037/apm-21-2342</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 characteristics and imaging manifestations of each enrolled patients.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Study protocol, statistical analysis plan and informed consent form will 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?	Surgeons from wound repair department and radiologists.
8	For what type of analysis or purpose?	To study the diagnostic value of CT and MRI sinography/fistulography in chronic wounds.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: Whq01c35@rjh.com.cn
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.