Data Sharing Statement		
Article Info	https://dx.doi.org/10.21037/apm-22-410	
Item	Question	Authors' Response (place "-" if not applicable)
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?	Procedural profile and follow-up data 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.	Study protocol, statistical analysis plan 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?	No restrictions
7	To whom will you share the data?	Medical university students and any clinicians who are interested in this area.
8	For what type of analysis or purpose?	For purpose to evaluate the effect and safety of catheter ablation in HD patients with AF
9	How or where can the data/documents be obtained?	Contact correspondence author: Xin Zhao, 272357680@qq.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