

## Data Sharing Statement

<b>Article Info</b>	<a href="https://dx.doi.org/10.21037/jeccm-21-117">https://dx.doi.org/10.21037/jeccm-21-117</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?	No
2	If not, would you like to share the reason for your decision?	Data used was gathered from Electronic Medical Records of Freeman Health System and contains patient identifiers and information. An IRB was required to obtain such data and is not available to be shared with anyone not on the IRB or to be made public.
3	What data in particular 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.	-
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/documents be obtained?	-
10	Any other restrictions?	-