| Data Sharing Statement |   |  |
|------------------------|---|--|
| Article<br>Info        | http://dx.doi.org/10.21037/abs-20-55  |  |
| Item                   | Question  | Authors' Response (place "-" if not applicable)                            |
| 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?   | IRB restrictions on the sharing of patient data with outside institutions. |
| 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?   | -  |