| Data Sharing Statement | | |
|------------------------|--|--|
| Article Info | http://dx.doi.org/10.21037/jss-20-608. | |
| 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? | The outcomes data will be shared. |
| 4 | Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | Statistical analysis plan, informed consent form, 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? | - |
| 7 | To whom will you share the data? | Orthopedics, neurosurgeons |
| 8 | For what type of analysis or purpose? | For analysis to evaluate the important factors of bone union after posterior lumbar interbody fusion using cortical bone trajectory technique. |
| 9 | How or where can the data/documents be obtained? | Email could be sent to the address below to obtain the shared data. yoshihide.y12@gmail.com |
| 10 | Any other restrictions? | - |