

Data Sharing Statement

Article Info	https://dx.doi.org/10.21037/tcr-21-2764	
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?	Patients characteristics suffering from herpes zoster
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 and IRB form will also 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?	Medical oncologists and dermatologist who are interested in this study
8	For what type of analysis or purpose?	For analysis to clarify the frequency of herpes zoster in lung cancer patients treated with immune checkpoint inhibitors
9	How or where can the data/documents be obtained?	E-mails could be sent to the address below to obtain the shared data: ntakigaw@gmail.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.