| Data Sharing Statement | | |
|------------------------|---|--|
| Article Info | https://dx.doi.org/10.21037/tlcr-21-449 | |
| 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? | Because the authors do not have the original data, all data were collected retrospectively from the daily clinical practice and medical records. |
| 3 | What data in particular will be shared? | N/A |
| 4 | Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code. | N/A This is a retrospective study which does not have these relevant documents. |
| 5 | When will data availability begin? | N/A |
| 6 | When will data availability end? | N/A |
| 7 | To whom will you share the data? | N/A |
| 8 | For what type of analysis or purpose? | N/A |
| 9 | How or where can the data/documents be obtained? | N/A |
| 10 | Any other restrictions? | N/A |