Data Sharing Statement		
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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 clinical, ultrasonographic, and immunohistochemical features.
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	None.
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?	Any clinician who are interested in the disease.
8	For what type of analysis or purpose?	Learn how to differentiate this disease.
9	How or where can the data/documents be obtained?	To send the request to the corresponding mail.
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared