

Data Sharing Statement		
Article Info	http://dx.doi.org/10.21037/fomm-2020-mr-05	
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?	All relevant data related with our study
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	informed consent form 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?	To any head and neck surgeon interest in the technique rdescribed in this paper
8	For what type of analysis or purpose?	To evaluate the apñplication of tip scapular flap in head and neck reconstruction
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: paolocariati1@gmail.com
10	Any other restrictions?	-