

Data Sharing Statement		
Article Info	http://dx.doi.org/10.21037/tgh-20-314	
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?	Patient information regarding tumor location, ablation zone, proximity to heart and other characteristics obtained for this study (while maintaining HIPAA)
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	-
5	When will data availability begin?	Following acceptance of manuscript to journal
6	When will data availability end?	No specific end date
7	To whom will you share the data?	To the readers
8	For what type of analysis or purpose?	For transparency
9	How or where can the data/documents be obtained?	Data can be obtained by emailing sreeja.sanampudi@gmail.com for additional information
10	Any other restrictions?	-