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?	Original masked patient data.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	No.
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?	Scientific researchers of similar interests.
8	For what type of analysis or purpose?	Scientific researches of similar interests.
9	How or where can the data/documents be obtained?	Request by email sent to the corresponding author.
10	Any other restrictions?	We may balance the potential benefits and risks for each request. Redistribution of the data is not allowed.