

## Data Sharing Statement

<b>Article Info</b>	available at: <a href="http://dx.doi.org/10.21037/jgo-20-205">http://dx.doi.org/10.21037/jgo-20-205</a>	
<b>Item</b>	<b>Question</b>	<b>Authors' Response (place "-" if not applicable)</b>
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?	Our study includes HIPAA protected patient health information (PHI). We will only be willing to share patient-related data with other academic departments on a cases-by-case basis in conjunction with individualized IRB-approved data sharing agreements.
3	What data in particular will be shared?	No data will be shared without individual approved
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	We are willing to share our study protocol and statistical analysis plan.
5	When will data availability begin?	-
6	When will data availability end?	-
7	To whom will you share the data?	-
8	For what type of analysis or purpose?	-
9	How or where can the data/documents be obtained?	-
10	Any other restrictions?	-