

Data Sharing Statement

Article Info	http://dx.doi.org/10.21037/atm-20-4040	
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 survival data in particular will be shared, which conclude the DFS and local regional recurrence in LPLN area.
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Statistical analysis plan and clinical study report will also be shared if requested.
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?	Radiation oncologists and colorectal surgeons who are interested in studies
8	For what type of analysis or purpose?	For analysis to evaluate the effective and safety of SIB-IMRT on rectal cancer with clinical positive LPLN
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: 438458163@qq.com
10	Any other restrictions?	We may balance the potential benefits and risks for each request and then provide the data that could be shared.