

## Data Sharing Statement

<b>Article Info</b>	<a href="http://dx.doi.org/10.21037/atm-20-6077">http://dx.doi.org/10.21037/atm-20-6077</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?	Yes
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	All data.
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, informed consent form, 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?	One year from the publication date.
7	To whom will you share the data?	Doctors who are interested in the procedure of SIRV.
8	For what type of analysis or purpose?	For analysis to evaluate the effects of SIRV.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to Obtain the shared data: Heliqing0707@163.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.