

Data Sharing Statement

Article Info	http://dx.doi.org/10.21037/atm-20-5719.	
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 original data for both patients and controls
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Study protocol, statistical analysis plan, informed consent form will be shared if requested.
5	When will data availability begin?	From the publication date.
6	When will data availability end?	One years within the publication date, since the technique may be updated over time.
7	To whom will you share the data?	Neurosurgeon or functional Neurosurgeon who are interested in studies of diffusion MR.
8	For what type of analysis or purpose?	Observational study for DSI in lateralizing MTLE
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: wangyh9011@163.com or ggzhao@vip.sina.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.