

Data Sharing Statement

Article Info	http://dx.doi.org/10.21037/atm-21-392	
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 fluorescence intensity of lymph nodes dissection and the pathological results. The region of lymph nodes.
4	Any other documents will be shared? 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?	
7	To whom will you share the data?	Medical oncologists and HNSCC surgeons in NIR imaging
8	For what type of analysis or purpose?	For analysis to evaluate the feasibility of intravenous/peritumoral injection of ICG in guiding lymph node dissection in patient with HNSCC
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: Wangyuxin0212@126.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.