

## Data Sharing Statement

<b>Article Info</b>	http://dx.doi.org/10.21037/gs-20-573.	
<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, I would like to.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	-
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?	-
7	To whom will you share the data?	Breast surgeons who are interested in selective elimination of axillary surgery.
8	For what type of analysis or purpose?	For analysis to explore selective elimination of axillary surgery.
9	How or where can the data/documents be obtained?	Emails could be sent to the address below to obtain the shared data: shizhiqiang1024@163.com.
10	Any other restrictions?	-