Data Sharing Statement

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Item	**Question**	**Authors' Response** （place - if not applicable）
1	Would you like to share data collected for your study to others?	We would enthusiastically welcome data-sharing collaboration with investigators working in this area.
2	If not, would you like to share the reason for your decision?	-
3	What data in particular will be shared?	The machine learning models developed and reported in this investigation. No patient identifier information can be shared.
4	Any other documents will be shared? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Gladly welcome the sharing of any documents that will assist potential collaborators. By law, all patient identifiers must be removed.
5	When will data availability begin?	Immediately.
6	When will data availability end?	Not in the foreseeable future.
7	To whom will you share the data?	Any potential collaborators.
8	For what type of analysis or purpose?	Further development of the machine learning capabilities in this clinical area.
9	How or where can the data/documents be obtained?	Internet transfer. Email: pasquem@wustl.edu.
10	Any other restrictions?	We do not anticipate any (other than patient-specific data de-identification).