

Data Sharing Statement		
Article Info	<a href="https://dx.doi.org/10.21037/jtd-21-920">https://dx.doi.org/10.21037/jtd-21-920</a>	
Item	Question	Authors' Response (place “-” if not applicable)
1	Would you like to share data collected for your study to others?	Yes, upon request
2	If not, would you like to share the reason for your decision?	
3	What data in particular will be shared?	Patient's demographics (gender, age, height, weight, diagnosis, surgical procedures, ICU admission, clinical complications, surgical complications, reoperation, ICU and hospital length of stay, thoracic drain duration)
4	Any other documents will be share? Such as study protocol, statistical analysis plan, informed consent form, clinical study report, analytic code.	Protocol is presented at Supplemental Material
5	When will data availability begin?	Upon Request
6	When will data availability end?	Upon Request
7	To whom will you share the data?	Upon Request
8	For what type of analysis or purpose?	Double verification if needed.
9	How or where can the data/documents be obtained?	By medical chart review
10	Any other restrictions?	None