

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Ashiq Abdul Khader

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Aina Pons

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Abigail Palmares

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Sarah Ann Booth

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__X__ None	
3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 14 April 2023

Your Name: Alexander Smith

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Society of Cardiothoracic Surgery & AstraZeneca	Recipient of the 2021 Society for Cardiothoracic Surgery and AstraZeneca Thoracic Oncology Fellowship
3	Royalties or licenses	__X__None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

Recipient of the [2021] Society for Cardiothoracic Surgery and AstraZeneca Thoracic Oncology Fellowship

Please place an “X” next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Chiara Proli

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 18 March 2023

Your Name: Paulo De Sousa

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Vitae Professionals Boehringer Ingelheim Ltd	Speaking & Lecture Fees Speaking & Lecture Fees
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Takeda Oncology Lilly	Conference fees and travel Conference fees and travel
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

Paulo De Sousa reports a relationship with:
Takeda Oncology and Lilly that includes: conference fees and travel fees, Vitae Professionals and Boehringer Ingelheim Ltd that includes: speaking and lecture fees

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 27 May 2023

Your Name: Eric Lim

Manuscript Title: Outcomes of chest drain management using only air leak (without fluid) criteria for removal after general thoracic surgery – a drainology study

Manuscript number (if known): JTD-22-1810

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZeneca Pharmaceuticals LP	Funding Grants
		Boehringer Ingelheim Ltd	Funding Grants
		Medela Inc	Funding Grants
		Lilly	Funding Grants
3	Royalties or licenses	None	

4	Consulting fees	Johnson & Johnson Services Inc	Consulting/Advisory
		Ethicon Inc	Consulting/Advisory
		Covidien	Consulting/Advisory
		Medtronic Inc	Consulting/Advisory
		Guardant Health Inc	Consulting/Advisory
		BeiGene	Consulting/Advisory
		Roche	Consulting/Advisory
		BMS Institute of Technology Management	Consulting/Advisory
		AstraZeneca Pharmaceuticals LP	Consulting/Advisory
		Boehringer Ingelheim Ltd	Consulting/Advisory
	Medela Inc	Consulting/Advisory	
	Lilly	Consulting/Advisory	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	#P52435GB	Issued to Licensee
		#P57988GB	Issued to Licensee
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	My Cancer Companion Healthcare	Founder
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	VIOLET NIHR HTA (13/03/03)	Chief Investigator
		MARS 2 NIHR HTA (15/188/31)	Chief Investigator
		RAMON NIHR HTA (131306)	Chief Investigator

Please summarize the above conflict of interest in the following box:

Eric Lim reports a relationship with:

Johnson & Johnson Services Inc that includes: consulting or advisory, Ethicon Inc that includes: consulting or advisory, Covidien that includes: consulting or advisor, Medtronic Inc that includes: consulting or advisory, Guardant Health Inc that includes: consulting or advisory, BeiGene that includes: consulting or advisory, Roche that includes: consulting or advisory, BMS Institute of Technology and Management that includes: consulting or advisory, AstraZeneca Pharmaceuticals LP that includes: consulting or advisory and funding grants, Boehringer Ingelheim Ltd that includes: consulting or advisory and funding grants, Medela Inc that includes: consulting or advisory and funding grants, Lilly that includes: consulting or advisory and funding grants.

Has patent #P52435GB and patent #P57988GB issued to Licensee.

Chief Investigator of the following trials: VIOLET NIHR HTA (13/04/03), MARS 2 NIHR HTA (15/188/31), RAMON NIHR HTA (131306).

Dr. Lim is the founder of My Cancer Companion Healthcare.

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.