ICMJE DISCLOSURE FORM

Date: Friday April 14th 2023
Your Name: Adnan El Adou Mekdachi
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System.
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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

No conflicts of interest.

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: April 13th, 2023.
Your Name: Jamie Strain
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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	__x__None	
6	Payment for expert testimony	__x__None	
7	Support for attending meetings and/or travel	__x__None	
8	Patents planned, issued or pending	_x___None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__x__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__x__None	
11	Stock or stock options	__x__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__x__None	
13	Other financial or non-financial interests	__x__None	

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

No Conflicts.

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: April 17th, 2023.
Your Name: Stuart Nicholls
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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	__X__None	
6	Payment for expert testimony	_X___None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee, or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___X_None	
13	Other financial or non-financial interests	_X___None	

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No Conflicts.

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ICMJE DISCLOSURE FORM

Date: Friday, April 14th, 2023
Your Name: Jharna Rathod
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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

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	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:

No conflicts of interest.

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: April 17th, 2023.
Your Name: Mohsen Alayche
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee, or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	_X___None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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

No conflicts of interest to declare.

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

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ICMJE DISCLOSURE FORM

Date: April 17, 2023
Your Name: Virginia Maria Ferreira Resende
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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	__X__None	
6	Payment for expert testimony	___X_None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	__X__None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___X_None	
13	Other financial or non-financial interests	__X__None	

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No conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: April 17, 2023
Your Name: William Klement
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
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:

None.

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: April 14, 2023
Your Name: Nathalie Japkowicz
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	DARPA, American University	Grants for projects not related to this paper
3	Royalties or licenses	Cambridge University Press	Royalties from book on machine learning evaluation

4	Consulting fees	__X__None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	DARPA, American University, Ben Gurion University, IRDTA, AGH	Support for attending meetings, or for giving lectures or invited talks
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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

Dr. Japkowicz reports grants for projects not related to this paper, royalties from book on machine learning evaluation from Cambridge University Press, as well as support for attending meetings, or for giving lectures or invited talks from DARPA, American University, Ben Gurion University, IRDTA, and AGH.

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: April 17th, 2023.
Your Name: Sebastien Gilbert
Manuscript Title: Developing an Artificial Intelligence-Based Clinical Decision-Support System for Chest Tube Management: User Evaluations & Patient Perspectives of the Chest Tube Learning Synthesis and Evaluation Assistant (CheLSEA) System
Manuscript number (if known): CCTS-22-11(CCTS-2021-TSA-07)

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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.**	The Ottawa Hospital Academic Medical Organization (TOHAMO) Innovation Grant	Funding for project related tasks.
		The Ministry of Health and Long-term Care of Ontario	Funding for project.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	TOHAMO, University of Ottawa	Grants for projects not related to this paper.
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	__X__None	
6	Payment for expert testimony	__X__None	
7	Support for attending meetings and/or travel	__X__None	
8	Patents planned, issued or pending	__X__None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_X___None	
10	Leadership or fiduciary role in other board, society, committee, or advocacy group, paid or unpaid	__X__None	
11	Stock or stock options	__X__None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__X__None	
13	Other financial or non-financial interests	__X__None	

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

Dr. Gilbert reports funding for project related tasks from the Ottawa Hospital Academic Medical Organization (TOHAMO) Innovation Grant, funding for the project from the Ministry of Health and Long-term Care of Ontario, and grants for projects not related to this paper.

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