## ICMJE DISCLOSURE FORM

Date: <u>December 20<sup>th</sup>, 2023</u> Your Name: <u>Kazuto Sugai</u>

Manuscript Title: Thoracic Drainage Management Strategies in Postoperative Lung Surgery: a narrative review

Manuscript number (if known): SHC-23-41\_

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 <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	ONone	
4	Consulting fees	None	
5	Payment or honoraria for	○ None	

	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or educational events			
6	Payment for expert	O None		
	testimony			
7	Support for attending meetings and/or travel	None		
	Detects along of topical an			
8	Patents planned, issued or pending	None		
9	Participation on a Data	None		
	Safety Monitoring Board or Advisory Board			
10	Leadership or fiduciary role	○ None		
10	in other board, society,	ONone		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	<u>O</u> None		
12	Receipt of equipment,	None		
	materials, drugs, medical writing, gifts or other			
	services			
13	Other financial or non-	O None		
	financial interests			
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:	
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:December 20th_2023			
Your Name:Tomohiro Yazawa			
Manuscript Title: Thoracic Drainage Management Strategies in Postoperative Lung Surgery: a narrative review			
Manuscript number (if known): SHC-23-41			

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.

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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.	None			
		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	_√ None			

	lectures, presentations, speakers bureaus, manuscript writing or educational events		
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	
Ple	rase summarize the above c	onflict of interest in the fo	llowing box:

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.