| Item | Question                                                                 | Authors’ Response                                                                 |
|------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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                                                                              |