

ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Raquel Campuzano Ruiz

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

Manuscript Number (if known): Click or tap here to enter text

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 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									
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Time frame: past 36 months									
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>Novonordisk</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Novonordisk								
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Novo Nordisk</td><td></td></tr> <tr><td>Boehringer Ingelheim</td><td></td></tr> <tr><td>Astra Zeneca, Daichi-Sankyo</td><td></td></tr> <tr><td>Novartis ,Lilly, Esteve, Servier, Amgen, Sanofi</td><td></td></tr> </table>	Novo Nordisk		Boehringer Ingelheim		Astra Zeneca, Daichi-Sankyo		Novartis ,Lilly, Esteve, Servier, Amgen, Sanofi		
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"> <tr><td>Novo Nordisk Menarini</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td>Novartis</td><td></td></tr> </table>	Novo Nordisk Menarini				Novartis				
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8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%; height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td><td style="height: 15px;"></td></tr> </table>							

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.

Nombre: José M. **Apellidos:** De la Torre Hernández**Fecha:** 16/12/2022**Centro de trabajo:** H U Marqués de Valdecilla, Santander, Cantabria, España**Centro docente:** U de Cantabria, H U Marqués de Valdecilla

Tipo de relación	No	Remuneración	Remuneración a tu institución	Entidad	Comentarios
Pertenencia a algún comité editorial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REC, JACC Interventions, Eurointervention, Cardiovascular Revascularization Medicine	No remuneradas
Consultoría	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medtronic, Abbott, Boston sci, Biotronik, Philips	
Empleo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Testimonio de experto	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medtronic, Abbott, Boston sci, Bristol, Philips	
Regalos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Becas/becas pendientes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Biotronik	
Honorarios	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pagos por preparación de artículos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patentes (planificadas, pendientes o emitidas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Regalías	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pagos por desarrollo o presentaciones educativas de la industria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boston sci, Abbott, Philips, BMS, Terumo, Daichii Sankyo	
Acciones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pagos o reembolsos por viajes/alojamientos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Pagos por asistencias a congresos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Otros	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

¿Hay otras relaciones o actividades susceptibles de ser consideradas como influencia o posible influencia, o que pudieran ser potencialmente influyentes?

No, no tengo relación, interés, condición o circunstancia que constituya un conflicto de interés potencial.

Sí, existen las siguientes relaciones, condiciones o circunstancias:
Haga clic aquí para escribir texto.

ICMJE DISCLOSURE FORM

Date: 9/8/2023

Your Name: David Vivas

Manuscript Title: Comments on the 2023 ESC guidelines

Manuscript Number (if known): [Click or tap here to enter text]

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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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	

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 389 1449 488"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 593 1449 692"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 792 1449 891"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					

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: 10/20/2023

Your Name: David Calvo Cuervo

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis)

Manuscript Number (if known): NA

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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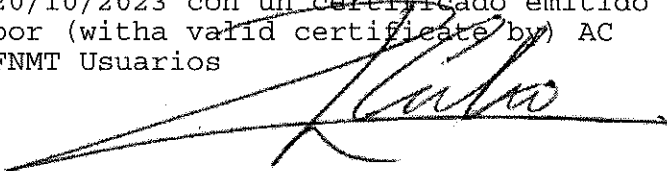
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None 	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None 	
9	Participation 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 type="checkbox"/> None President Spanish Heart Rhythm Association 	

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Firmado por (signed by) CALVO CUERVO
 DAVID - ***9963** el día (on the day)
 20/10/2023 con un certificado emitido
 por (with a valid certificate by) AC
 FNMT Usuarios



ICMJE DISCLOSURE FORM

Date: 10/5/2023

Your Name: Rut Andrea Riba

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

Manuscript Number (if known): Click or tap here to enter text.

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REVISTA ESPAÑOLA DE CARDIOLOGÍA

OFFICIAL PUBLICATION OF THE SPANISH SOCIETY OF CARDIOLOGY
www.revespcardiol.org

Name: JUAN **Surname:** SANCHIS

Date: December 16th, 2022

Workplace institution: HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

Teaching institution: UNIVERSIDAD DE VALENCIA

Type of relationships	No	Money paid to you	Money to your institution	Entity	Comments
Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Grants/Grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payment for development of educational presentations including service on speakers' bureaus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABBOTT VASCULAR BOSTON SCIENTIFIC. BIOTRONIK	Click and complete
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payments for attendance at conferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Click and complete	Click and complete
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete

Are there other relationships or activities that you could perceive to have influenced, or that give the appearance of potentially influencing?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):
 Click and complete

ICMJE DISCLOSURE FORM

Date: 9/25/2023

Your Name: Pilar Mazón Ramos

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 10px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)						
4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 394 911 517"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="379 600 911 696"> <tr><td>Astra-Zeneca</td><td> </td></tr> <tr><td>Servier</td><td> </td></tr> <tr><td>Esteve</td><td> </td></tr> </table>	Astra-Zeneca		Servier		Esteve		
Astra-Zeneca									
Servier									
Esteve									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 920 911 1016"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1" data-bbox="379 1122 911 1218"> <tr><td>Pfizer</td><td> </td></tr> <tr><td>Novartis</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Pfizer		Novartis				
Pfizer									
Novartis									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1323 911 1420"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" data-bbox="379 1525 911 1621"> <tr><td>Boehringer-Ingelheim</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Boehringer-Ingelheim						
Boehringer-Ingelheim									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" data-bbox="379 1704 911 1800"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

		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)
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 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: 8/22/2021

Your Name: M^a Antonia Martínez Momblan

Manuscript Title: Comentarios a las guías ESC 2023

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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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.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</div>				
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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	

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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 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.

Ma
**Antonia
Martínez**

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digitalmente por Ma
Antonia Martínez
Fecha: 2023.10.22
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REVISTA ESPAÑOLA DE CARDIOLOGÍA

OFFICIAL PUBLICATION OF THE SPANISH SOCIETY OF CARDIOLOGY
www.revespcardiol.org

Name: PABLO Surname: AVANZAS

Date: December 16th, 2022

Workplace institution: Hospital Universitario Central de Asturias, Spain

Teaching institution: Universidad de Oviedo, Asturias, Spain

Type of relationships	No	Money paid to you	Money to your institution	Entity	Comments
Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Revista Española de Cardiología. Sociedad Española de Cardiología	Click and complete
Consultancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDTRONIC	Click and complete
Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Gifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Grants/Grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Honoraria	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payment for development of educational presentations including service on speakers' bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Travel/accommodations expenses covered or reimbursed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Payments for attendance at conferences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click and complete	Click and complete

Are there other relationships or activities that you could perceive to have influenced, or that give the appearance of potentially influencing?

- No other relationships/conditions/circumstances that present a potential conflict of interest
 Yes, the following relationships/conditions/circumstances are present (explain below):
 Click and complete

ICMJE DISCLOSURE FORM

Date: 10/25/2023

Your Name: Victoria Delgado

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

Manuscript Number (if known): Click or tap here to enter text.

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: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Edwards Lifesciences, Bayer, Abbott Vascular, Ionis, GE Healthcare, Bioventrix, Medtronic, Boston Scientific</td> <td style="width: 40%;">Paid to the department of Cardiology of the LUMC</td> </tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </table>	Edwards Lifesciences, Bayer, Abbott Vascular, Ionis, GE Healthcare, Bioventrix, Medtronic, Boston Scientific	Paid to the department of Cardiology of the LUMC				
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>						

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Abbott Vascular, Edwards Lifesciences, Medtronic, MSD, Novartis and GE Healthcare	
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 type="checkbox"/> None	
		Council of the European Society of Cardiology	

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 360 1474 465"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 573 1474 678"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 786 1474 891"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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: 10/20/2023

Your Name: José Luis Ferreiro

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis).

Manuscript Number (if known): Click or tap here to enter text.

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: past 36 months						
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				

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4	Consulting fees	<input type="checkbox"/> None AstraZeneca, Boston Scientific, Pfizer, Ferrer, Boehringer Ingelheim, Bristol-Myers Squibb, Biotronik	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Daiichi Sankyo, Inc., AstraZeneca, Pfizer, Abbott, Ferrer, Rovi, Boehringer Ingelheim, Bristol-Myers Squibb, and Terumo	
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	

		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)
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 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: 10/23/2023

Your Name: Araceli Boraita

Manuscript Title: Comentarios a las guías ESC 2023

Manuscript Number (if known): Click or tap here to enter text.

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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13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 784 1474 889"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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: 11/16/2023

Your Name: DOMINGO PASCUAL FIGAL

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

Manuscript Number (if known): _____

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <tr><td style="height: 20px;"> </td><td style="width: 20%;"></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> <tr><td style="height: 20px;"> </td><td></td></tr> </table>							

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>NOVARTIS, ASTRA ZENECA, PFIZER</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NOVARTIS, ASTRA ZENECA, PFIZER						
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>NOVARTIS, ASTRA ZENECA, PFIZER, ROCHE, VIFOR, ROVI, BOEINGER</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NOVARTIS, ASTRA ZENECA, PFIZER, ROCHE, VIFOR, ROVI, BOEINGER						
NOVARTIS, ASTRA ZENECA, PFIZER, ROCHE, VIFOR, ROVI, BOEINGER									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>ASTRA ZENECA, PFIZER</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ASTRA ZENECA, PFIZER						
ASTRA ZENECA, PFIZER									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

		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)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 349 1473 450"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 562 1473 663"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" data-bbox="368 775 1473 875"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>							

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: 10/13/2023

Your Name: Laura Dos Subira

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)

Manuscript Number (if known): Click or tap here to enter text.

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 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.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> </table> <p style="font-size: small; text-align: right;">Click the tab key to add additional rows</p>						
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="width: 50px;"> </td></tr> </table>						

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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	
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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 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: 22-10-2023

Your Name: Juan Jose Gomez Doblas

Manuscript Title: Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis).

Manuscript Number (if known): Click or tap here to enter text.

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: past 36 months								
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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	

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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 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: 10/13/2023

Your Name: ESTHER GONZÁLEZ LÓPEZ

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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 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.

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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;">Pfizer</td><td style="width: 50%;">Research grant</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Pfizer	Research grant					
Pfizer	Research grant								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Pfizer	
		Akcea	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Pfizer	
		Alnylam	
		Eidos	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Pfizer	
		Alnylam	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Novo Nordisk	Advisory Board
		Proclara	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/15/2023

Your Name: Carmen Muñoz Esparza

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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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: 14/10/2023

Your Name: Jose Maria Larrañaga Moreira

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Sanofi Genzyme	Honoraria for lectures
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Pfizer, Bayer	Attending to meetings support
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	

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11	Stock or stock options	<input type="checkbox"/> None	
		Anylam, Ionis	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 10/13/2023

Your Name: Laura Dos Subira

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 10/14/2023

Your Name: Francisco José Bermúdez Jiménez

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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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.

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	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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table> <p style="font-size: small; text-align: right; margin-top: 5px;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						
3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Pfizer	Both have supported me to attend meetings, including travel dispenses
		Bristol Myers Squibbs	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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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: 10/13/2023

Your Name: Eduardo Villacorta Argüelles

Manuscript Title: Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

Manuscript Number (if known): Click or tap here to enter text.

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		Pfizer inc	
		Amicus	
		Takeda	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Alnylam	
		Amicus	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Participation on Advisory Board Bristol myers squibb	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 10/15/2023

Your Name: Javier Limeres Freire

Manuscript Title: Comentarios a la guía ESC 2023 sobre miocardiopatías/Comments on the 2023 ESC guidelines for the management of cardiomyopathies.

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		Pfizer, Sanofi, Amicus, Takeda, BMS, AstraZeneca	speaker
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Bayer, Pfizer, AstraZeneca, BMS, Sanofi, Novartis	Support for conferences
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Sanofi and BMS	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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