| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | José A Barrabés   |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| 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.

|   |   | e all entities with whom you have this<br>onship 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   |
|   | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | ☑         None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | ☑         None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠       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<br>options   | ⊠       None         □       □         □       □         □       □         □       □  |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | <ul> <li>□</li> <li>□</li></ul> |   |
| 13  | Other financial or<br>non-financial<br>interests  | None  |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |   |   |

| Date:                         | 10/13/2024  |
|-------------------------------|---|
| Your Name:                    | Olga Duran-Bobin  |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| 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.

|   |   | e all entities with whom you have this<br>onship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
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|   |   | Time frame: Since the initial planning   | of the work   |
|   | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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)   |
|----|---|---|---|
| 4  | Consulting fees   | None  |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None  |   |
| 6  | Payment for<br>expert testimony   | ⊠       None  |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None       Boston Scientific       MicroPort  | Inscription and support to travel to the EHRA<br>congress<br>Inscription and support to travel to the spanish<br>society of cardiology congress |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠       None         □       □         □       □         □       □         □       □  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | <ul> <li>□</li> <li>□</li></ul> |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠       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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None         □       □         □       □         □       □                           |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | Concepción Alonso Martín  |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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|   | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br>No time limit for<br>this item. | None   | Click the tab key to add additional rows.   |
|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
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| 4  | Consulting fees   | ☑         None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | ☑         None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠         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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None         □       □         □       □         □       □                           |   |
| 13  | Other financial or<br>non-financial<br>interests  | None   |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |  |   |

| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | Javier García Seara   |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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|---|---|--------|---|---|
|   |   |        | Time frame: Since the initial planning  | of the work   |
| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br><b>No time limit for<br/>this item.</b> | [⊠] Nc | ne  | Click the tab key to add additional rows.   |
|   |   |        | Time frame: past 36 month   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | ⊠ Nc   | one   |   |
| 3 | Royalties or<br>licenses  |        | ne  |   |

|    |   | 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   | ☑         None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | ☑         None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠       None         □       □         □       □         □       □                           |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠         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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | □ None   |   |
| 13  | Other financial or<br>non-financial<br>interests  | □ None   |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |  |   |

| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | Javier Jimenez-Candil   |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
| 3 | Royalties or<br>licenses  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | None Medtronic   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None     Daiichi Sankyo  |   |
| 6  | Payment for<br>expert testimony   | None       Medtronic   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | None       Abbott, Medtronic, Daiichi Sankyo   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ☑         None           □         □           □         □                                   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠       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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None         □       □         □       □         □       □                           |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | Rafael Peinado Peinado  |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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|   |   | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | None   |   |
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| 4  | Consulting fees   | ☑         None   |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | ☑         None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | ⊠         None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠       None         □       □         □       □         □       □                           |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠         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<br>options   | ⊠       None         □       □         □       □         □       □         □       □         |   |
| 12   | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | ⊠       None         □       □         □       □         □       □                           |   |
| 13   | Other financial or<br>non-financial<br>interests  | None   |   |
| Plea | Please place an "X" next to the following statement to indicate your agreement:                 |  |   |

| Date:                         | 10/12/2024  |  |
|-------------------------------|---|--|
| Your Name:                    | José Miguel Rivera Caravaca   |  |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |  |
| Manuscript Number (if known): | Click or tap here to enter text.  |  |

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|   |   |                | with whom you have this<br>dicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|----------------|---|---|
|   |   | Ti             | me frame: Since the initial planning                        | of the work   |
| 1 | All support for the<br>present<br>manuscript (e.g.,<br>funding, provision<br>of study materials,<br>medical writing,<br>article processing<br>charges, etc.)<br><b>No time limit for<br/>this item.</b> | [⊠] None       |   | Click the tab key to add additional rows.   |
|   |   |                | Time frame: past 36 month                                   | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  | ⊠         None |   |   |
| 3 | Royalties or<br>licenses  | ⊠ 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) |
|----|---|--|---|
| 4  | Consulting fees   | IDORSIA Pharmaceuticals LTD  | Consultant  |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | [⊠] None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | [⊠] None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | [⊠] None<br>[  |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | [⊠] None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | [⊠] 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<br>options   | [⊠] None   |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | [⊠] None   |   |
| 13  | Other financial or<br>non-financial<br>interests  | [⊠] None   |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |  |   |

| Date:                         | 10/12/2024  |
|-------------------------------|---|
| Your Name:                    | Beatriz Jáuregui  |
| Manuscript Title:             | Comments on the 2024 ESC Guidelines for the Management of Atrial Fibrillation |
| Manuscript Number (if known): | Click or tap here to enter text.  |

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|   |   | Time frame: Since the initial planning of the work |  |   |
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|   |   |  | Time frame: past 36 month  | S   |
| 2 | Grants or<br>contracts from<br>any entity (if not<br>indicated in item<br>#1 above).  |  | None   |   |
| 3 | Royalties or<br>licenses  |  | 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) |
|----|---|--|---|
| 4  | Consulting fees   | ☑     None       □     □       □     □       □     □       □     □                           |   |
| 5  | Payment or<br>honoraria for<br>lectures,<br>presentations,<br>speakers<br>bureaus,<br>manuscript<br>writing or<br>educational<br>events | None   |   |
| 6  | Payment for<br>expert testimony   | ⊠         None   |   |
| 7  | Support for<br>attending<br>meetings and/or<br>travel   | □ None   |   |
| 8  | Patents planned,<br>issued or<br>pending  | ⊠         None   |   |
| 9  | Participation on<br>a Data Safety<br>Monitoring<br>Board or<br>Advisory Board   | ⊠         None   |   |
| 10 | Leadership or<br>fiduciary role in<br>other board,<br>society,<br>committee or<br>advocacy group,<br>paid or unpaid                     | ⊠       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<br>options   | ⊠       None         □       □         □       □         □       □         □       □  |   |
| 12  | Receipt of<br>equipment,<br>materials, drugs,<br>medical writing,<br>gifts or other<br>services | <ul> <li>□</li> <li>□</li></ul> |   |
| 13  | Other financial or<br>non-financial<br>interests  | None  |   |
| Please place an "X" next to the following statement to indicate your agreement: |   |   |   |