

#### Instituctions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.



### Identifying information.



### The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".



### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.



## Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.



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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Campuzano



1. Given Name (First Name) Raquel	2. Surname (Last Nam Campuzano	ne)	3. Date 14-October-2021	
Are you the corresponding author?	Yes Vo	Correspondi	ng Author's Name	
5. Manuscript Title Comentarios a las GPC ESC 2021				
6. Manuscript Identifying Number (if you	know it)			
Section 2. The Work Under	Consideration for Pu	ublication		
id you or your institution <b>at any time</b> red ny aspect of the submitted work (including			,	
atistical analysis, etc.)? re there any relevant conflicts of inte	erest? Yes 🚺	No		
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**AMGEN** 

speaker, advisory



Name of Entity	Grant? Personal Fees?	Non-Financial	Other	Comments
5ANOFI				speaker, advisory
SERVIER				speaker, advisory
FERRER				speaker, advsiroy
MYLAN				speaker, advisoru
MENARINI				speaker, advisory
Section 4. Intellectual Proper  Do you have any patents, whether plans  Section 5.	ned, pending or issue		nt to the	work? ☐ Yes 🕡 No
relationships not				
Are there other relationships or activitie potentially influencing, what you wrote		•	influence	d, or that give the appearance of
Yes, the following relationships/cond	ditions/circumstance	es are present (exp	olain belo	w):
✓ No other relationships/conditions/ci	rcumstances that pr	esent a potential (	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to				sary, update their disclosure statements. elationships.
Section 6. Disclosure Stateme				
Based on the above disclosures, this formula below.	m will automatically	generate a disclo	sure state	ement, which will appear in the box
Dr. Campuzano reports personal fees fr personal fees from NOVARTIS, personal BOEHRINGER -LILLY, personal fees from FERRER, personal fees from MYLAN, per	fees from NOVONOI AMGEN, personal fe	RDISK, personal fe es from SANOFI, <sub>I</sub>	es from A personal	ASTRAZENECA, personal fees from fees from SERVIER, personal fees from



## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

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Licensed: The patent has been licensed to an entity, whether

earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

paten

Escribano-Subias

1



Pilar	e)	Escriban	ne (Last Name o-Subias			3. Date 05-January-2021
4. Are you the correspond	ling author?	Yes	<b>✓</b> No	Correspond	ling Autho	or's Name
5. Manuscript Title Comentario a la GPC de	e la ESC sobre ca	ardiopatías	congénitas e	n el adulto		
6. Manuscript Identifying	Number (if you k	now it)				
Section 2.	Work Under C					
	ed work (including	g but not lim		data monitoring	-	ent, commercial, private foundation, etc udy design, manuscript preparation,
Section 3. Relev	vant financial	activities	outside th	e submitted :	work.	
of compensation) with clicking the "Add +" box	entities as descr x. You should re	ribed in the port relatio	instructions. Inships that v	Use one line fo vere <b>present d</b>	or each ei	cial relationships (regardless of amo ntity; add as many lines as you need e 36 months prior to publication.
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Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work?
Section 5. Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Escribano-Subias reports personal fees from Janssen, grants from Janssen, personal fees from MSD, personal fees from GlaxoSmithKline, personal fees from Ferrer, personal fees from Acceleron, outside the submitted work; .

## **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Dat	e:	10/27/2022				
You	r Name:	Rut Andrea Riba				
Mai	nuscript Title:	of Cardiology/European the diagnosis and treatment of				
Maı	nuscript Number (if k	vn): _Click or tap here to enter text.				
con affe	tent of your manuscri	cy, we ask you to disclose all relationships/activities/inte "Related" means any relation with for-profit or not-for-part we manuscript. Disclosure represents a commitment to transport whether to list a relationship/activity/interest, it is property.	orofit third parties whose interests may be ansparency and does not necessarily indicate			
epic	demiology of hyperter	ctivities/interests should be defined broadly. For examp on, you should declare all relationships with manufacture oned 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.					
		me all entities with whom you have this Sp	ecifications/Comments (e.g., if payments were			
			de to you or to your institution)			
			de to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning of the	de to you or to your institution)			
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2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of the None  Click to	e work			

		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	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None  Ferrer, Astrazeneca	Honoraria for lectures
6	Payment for expert testimony	X   None	
7	Support for attending meetings and/or travel	□ None  BD, Boehringer Ingelheim, Novartis, Pfizer	
8	Patents planned, issued or pending	X   None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None   Ferrer	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x 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	x None				
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X   None				
13	Other financial or non-financial interests	None				
Plea	Please place an "X" next to the following statement to indicate your agreement:  X   Certify that I have answered every question and have not altered the wording of any of the questions on this form.					

## REVISTA ESPAÑOLA DE CARDIOLOGÍA

# REC: INTERVENTIONALCARDIOLOGY

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Nombre: José M. Apellidos: De la Torre Hernández

Fecha: 26/11/2021

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	Entidad	Comentarios
			a tu institución		
Pertenencia a algún comité				REC, JACC Interventions,	No remuneradas
editorial				Eurointervention,	
				Cardiovascular	
				Revascularization Medicine	
Consultoría		$\boxtimes$		Medtronic, Abbott, Boston	
				sci, Biotronik, Philips	
Empleo					
Testimonio de experto				Medtronic, Abbott, Boston	
				sci,Bristol, Philips	
Regalos					
Becas/becas pendientes			$\boxtimes$	Biotronik	
Honorarios					
Pagos por preparación de					
artículos					
Patentes (planificadas,					
pendientes o emitidas)					
Regalías					
Pagos por desarrollo o		$\boxtimes$		Boston sci, Abbott, Philips,	
presentaciones educacionales de				BMS, Terumo, Daichii	
la industria				Sankyo	
Acciones					
Pagos o reembolsos por					
viajes/alojamientos					
Pagos por asistencias a congresos					
Otros					

¿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.







Ntra. Sra. de Guadalupe 5 28028 Madrid, España Tel.: +34 917 242 370 Fax: +34 917 242 371 rec@intervcardiol.org

Date:	9/7/2022
Your Name:	David Calvo Cuervo
Manuscript Title:	Comments to the Guidelines of ventricular arrhythmias and sudden cardiac death- ESC
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.

		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.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns .
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or 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 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	President of the Spanish Heart Rhythm Society	

		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	None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	⊠ None			
Plea	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.				

Date:	26/10/2021
Your Name:	Juan José Gómez Doblas
Manuscript Title:	Comentarios a las GPC ESC 2021
Manuscript Number (if known):	Click or tap here to enter text.

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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.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	
4	Consulting fees	None	

1 8/26/2021 ICMJE Disclosure Form

		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)
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	

		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)
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	-	t to the following statement to indicate your agreeme answered every question and have not altered the wo	



Date:	10/26/2022
Your Name:	José Luis Ferreiro Gutiérrez
Manuscript Title:	Comentarios a las GPC ESC 2022
Manuscript Number (if known):	Click or tap here to enter text.

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6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	□ None  Daiichi Sankyo, Inc  AstraZeneca  Pfizer  Abbott  Boehringer Ingelheim  Bristol-Myers Squibb  Ferrer  Rovi  None	Personal Personal Personal Personal Personal Personal Personal Personal
7	Support for attending meetings and/or travel	□ None  Palex medical	Personal
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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     Non	
Plea 🖂	-	t to the following statement to indicate your agreement to answered every question and have not altered the wo	

Date: 02/09/2022
Your Name: DAVID VIVAS
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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			
,	lectures, presentations,	Daiichi Sankyo, Inc		Personal
	speakers bureaus,	AstraZeneca		Personal
	manuscript writing or educational events	Pfizer		Personal
		Abbott		Personal
		Boehringer Ingelhein		Personal
		Bristol-Myers Squibb		Personal
		Ferrer		Personal
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
	meetings and/or traver			
8	Patents planned, issued or pending	None		
9	Participation on a Data	None		
)	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Descipt of aguinment	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	Notic		

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.

Date:	8/26/2021
Your Name:	BORAITA, ARACELI
Manuscript Title:	Comentarios a las GPC ESC 2021
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.

			ons/Comments (e.g., if payments were ou or to your institution)
		Time frame: Since the initial planning of the work	
2	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.  Grants or contracts from	None  Click the tab ke  Time frame: past 36 months  None	ey to add additional rows.
any entity (if n indicated in ite #1 above).	indicated in item		
3	Royalties or licenses	None	

1 8/26/2021 ICMJE Disclosure Form



FIRMANTE(1): ARACELI BORAITA PEREZ | FECHA: 08/11/2021 11:56 | NOTAS: F

		relationshi	ip or indicate none (add rows as needed)	made to you or to your institution)
5	Consulting fees  Payment or honoraria for	⊠ No		
	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	⊠ Non	ie	
7	Support for attending meetings and/or travel	⊠ Non	ne	
8	Patents planned, issued or pending	⊠ Non	le .	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ Non	ne	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ Non	le	

2 8/26/2021 ICMJE Disclosure Form



FIRMANTE(1): ARACELI BORAITA PEREZ | FECHA: 08/11/2021 11:56 | NOTAS: F

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.

8/26/2021 ICMJE Disclosure Form



FIRMANTE(1): ARACELI BORAITA PEREZ | FECHA: 08/11/2021 11:56 | NOTAS: F

Date:	10/26/2022
Your Name:	Gemma Berga Congost
Manuscript Title:	Comentarios a las GPC ESC 2022
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.

		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.	None None □	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     ■	
3	Royalties or 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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	10/28/2021
Your Name:	Laura Dos Subirà
Manuscript Title:	Comentarios a las GPC ESC 2021
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.

		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.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:	10/25/2022
Your Name:	Pablo Avanzas
Manuscript Title:	Comentarios a las GPC ESC 2022
Manuscript Number (if known):	Not known yet

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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Specifications/Comments (e.g., if payments 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.	None  Time frame: past 36 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     Non	

		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)	e
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 None	
8	Patents planned, issued or pending	None	_ _ _
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea ⊠	Please place an "X" next to the following statement to indicate your agreement:  \[ \text{\$\te			

10/25/2022

Victoria Delgado

Date:

Your Name:

Manuscript Title:			Comentarios a las GPC ESC 2022.			
Manuscript Number (if known):		(nown):	Not known yet			
contaffer indicate The epidethat	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.					
			entities with whom you have this hip 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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	⊠ No	one	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ionis, G	ne s Lifesciences, Bayer, Abbott Vascular, E Healthcare, Bioventrix, Medtronic, Scientific	Paid to the department of Cardiology of the LUMC		
3	Royalties or licenses	⊠ No	one			

		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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Abbott Vascular, Edwards Lifesciences, Medtronic, MSD, Novartis and GE Healthcare	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  Council of the European Society of Cardiology	

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

# CARDIOLO GIA

OFFICIAL PUBLICATION OF THE SPANISH SOCIETY OF CARDIOLOGY <a href="https://www.revespcardiol.org">www.revespcardiol.org</a>

Name: JUAN Surname: SANCHIS

**Date:** 5.JUNE.2021

Workplace institution: HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

**Teaching institution: UNIVERSIDAD DE VALENCIA** 

Type of relationhips	No	Money	Money to your	Entity	Comments
		paid to	institution		
		you			
Board membership	$\boxtimes$			Click and complete	Click and complete
Consultancy	$\boxtimes$			Click and complete	Click and complete
Employment	$\boxtimes$			Click and complete	Click and complete
Expert testimony	$\boxtimes$			Click and complete	Click and complete
Gifts	$\boxtimes$			Click and complete	Click and complete
Grants/Grants pending	$\boxtimes$			Click and complete	Click and complete
Honoraria	$\boxtimes$			Click and complete	Click and complete
Payment for manuscript preparation	$\boxtimes$			Click and complete	Click and complete
Patents (planned, pending or issued)	$\boxtimes$			Click and complete	Click and complete
Royalties	$\boxtimes$			Click and complete	Click and complete
Payment for development of educational		$\boxtimes$		ABBOTT VASCULAR	Click and complete
presentations including service on speakers'				PROSMEDICA	
bureaus					
Stock/stock options	$\boxtimes$			Click and complete	Click and complete
Travel/accommodations expenses covered	$\boxtimes$			Click and complete	Click and complete
or reimbursed	<u></u>				
Payments for attendance at conferences	$\boxtimes$		$\boxtimes$	Click and complete	Click and complete
Other	$\boxtimes$			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?

oxtimes No other relationships/conditions/circumstances that present a potential conflict of interes
$\square$ Yes, the following relationships/conditions/circumstances are present (explain below):
Click and complete





Date:	2/11/2022
Your Name:	Domingo Pascual-Figal
Manuscript Title:	Comentarios a las GPC ESC 2022
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.

		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	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 None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca Novartis	To the institution To the institution
		Roche	To the institution
3	Royalties or licenses	None 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	Novartis Vifor Servier Bayer Pfizer Astra Zeneca	
,	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Pfizer Servier Rovi Astra Zeneca Boeringer Ingelheim Vifor	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novartis Amgen Astra Zeneca Rovi	
8	Patents planned, issued or pending	None 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 None	

			e all entities with whom you have this ionship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		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.				

Date:	11/23/2022
Your Name:	Pilar Mazon Ramos
Manuscript Title:	Comentarios Guías Práctica Clínica ESC 2022
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.

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.

			e all entities with whom you have this ionship or indicate none (add rows as led)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	of the work  Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	X	None	
3	Royalties or licenses	x	None	

1 12/13/2021 ICMJE Disclosure Form

		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	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Boehringer-Ingelheim	presentations
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	□ None  Daichii-Sankyo  Pfizer BMS	Congress Congress
8	Patents planned, issued or pending	x None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None  Bayer	Advisory Board
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x None	

			e all entities with whom you have this onship or indicate none (add rows as ed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		None	
Plea X	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.			

3 12/13/2021 ICMJE Disclosure Form

Date:		10/27/2022			
Your Name:		Rut Andrea Riba			
Manuscript Title:			Comments to the European Society of Cardiology/European Respiratory Society Guidelines for the diagnosis and treatment of pulmonary hypertension		
Maı	nuscript Number (if k	vn): _Click or tap here to enter text.			
con affe	tent of your manuscri	cy, we ask you to disclose all relationships/activities/inte "Related" means any relation with for-profit or not-for-part we manuscript. Disclosure represents a commitment to transport whether to list a relationship/activity/interest, it is property.	orofit third parties whose interests may be ansparency and does not necessarily indicate		
epic	demiology of hyperter	ctivities/interests should be defined broadly. For examp on, you should declare all relationships with manufacture oned in the manuscript.			
	em #1 below, report ne for disclosure is th	support for the work reported in this manuscript without ast 36 months.	time limit. For all other items, the time		
		me all entities with whom you have this Sp	ecifications/Comments (e.g., if payments were		
			de to you or to your institution)		
			de to you or to your institution)		
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning of the	de to you or to your institution)		
1	present manuscript (e.g., funding, provision	Time frame: Since the initial planning of the	e work		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of the	e work		
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of the None  Click to	e work		

		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	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None  Ferrer, Astrazeneca	Honoraria for lectures
6	Payment for expert testimony	X   None	
7	Support for attending meetings and/or travel	□ None  BD, Boehringer Ingelheim, Novartis, Pfizer	
8	Patents planned, issued or pending	X   None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None   Ferrer	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x 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	X   None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X   None	
13	Other financial or non-financial interests  None  None		
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

## REVISTA ESPAÑOLA DE CARDIOLOGÍA

# REC: INTERVENTIONALCARDIOLOGY

PUBLICACIÓN OFICIAL DE LA SOCIEDAD ESPAÑOLA DE CARDIOLOGÍA www.recintervcardiol.org

Nombre: José M. Apellidos: De la Torre Hernández

Fecha: 26/11/2021

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	Entidad	Comentarios
			a tu institución		
Pertenencia a algún comité				REC, JACC Interventions,	No remuneradas
editorial				Eurointervention,	
				Cardiovascular	
				Revascularization Medicine	
Consultoría		$\boxtimes$		Medtronic, Abbott, Boston	
				sci, Biotronik, Philips	
Empleo					
Testimonio de experto				Medtronic, Abbott, Boston	
				sci,Bristol, Philips	
Regalos					
Becas/becas pendientes			$\boxtimes$	Biotronik	
Honorarios					
Pagos por preparación de					
artículos					
Patentes (planificadas,					
pendientes o emitidas)					
Regalías					
Pagos por desarrollo o		$\boxtimes$		Boston sci, Abbott, Philips,	
presentaciones educacionales de				BMS, Terumo, Daichii	
la industria				Sankyo	
Acciones					
Pagos o reembolsos por					
viajes/alojamientos					
Pagos por asistencias a congresos					
Otros					

¿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.







Ntra. Sra. de Guadalupe 5 28028 Madrid, España Tel.: +34 917 242 370 Fax: +34 917 242 371 rec@intervcardiol.org

Date:	9/7/2022
Your Name:	David Calvo Cuervo
Manuscript Title:	Comments to the Guidelines of ventricular arrhythmias and sudden cardiac death- ESC
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.

		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 plannin	g 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	Click the tab key to add additional rows.
		Time frame: past 36 mont	ths
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None 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 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	President of the Spanish Heart Rhythm Society	

		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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None None	
Plea	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.		

Date:	26/10/2021
Your Name:	Juan José Gómez Doblas
Manuscript Title:	Comentarios a las GPC ESC 2021
Manuscript Number (if known):	Click or tap here to enter text.

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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 o	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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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)
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	

		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)	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None		
13	Other financial or non-financial interests	None		
Plea	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.			



Date:	10/26/2022
Your Name:	José Luis Ferreiro Gutiérrez
Manuscript Title:	Comentarios a las GPC ESC 2022
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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 month	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	None     ■	
3	Royalties or 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 None	
6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony	□ None  Daiichi Sankyo, Inc  AstraZeneca  Pfizer  Abbott  Boehringer Ingelheim  Bristol-Myers Squibb  Ferrer  Rovi  None	Personal Personal Personal Personal Personal Personal Personal Personal
7	Support for attending meetings and/or travel	□ None  Palex medical	Personal
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca Boehringer Ingelheim Pfizer Bristol-Myers Squibb Ferrer	Personal Personal Personal Personal Personal
10	Leadership or fiduciary role in other board, society, committee or advocacy group, 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 options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None     Non	
Plea 🖂	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.		

Date: 02/09/2022
Your Name: DAVID VIVAS
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		
,	lectures, presentations,	Daiichi Sankyo, Inc	Personal
	speakers bureaus,	AstraZeneca	Personal
	manuscript writing or educational events	Pfizer	Personal
		Abbott	Personal
		Boehringer Ingelhein	Personal
		Bristol-Myers Squibb	Personal
		Ferrer	Personal
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
8	Patents planned, issued or pending	None	
9	Participation on a Data	None	
)	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descipt of aguinment	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
13	services Other financial or non-	None	
13	financial interests	Notic	

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.

Date:	8/26/2021
Your Name:	BORAITA, ARACELI
Manuscript Title:	Comentarios a las GPC ESC 2021
Manuscript Number (if known):	Click or tap here to enter text.

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			ons/Comments (e.g., if payments were ou or to your institution)
		Time frame: Since the initial planning of the work	
present manuscript (e funding, prov of study mate medical writin article proces charges, etc.) No time limit this item.	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.  Grants or contracts from	None  Click the tab ke  Time frame: past 36 months  None	ey to add additional rows.
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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FIRMANTE(1): ARACELI BORAITA PEREZ | FECHA: 08/11/2021 11:56 | NOTAS: F

		relationshi	ip or indicate none (add rows as needed)	made to you or to your institution)
5	Consulting fees  Payment or honoraria for	⊠ No		
	lectures, presentations, speakers bureaus, manuscript writing or educational events			
6	Payment for expert testimony	⊠ Non	ie	
7	Support for attending meetings and/or travel	⊠ Non	ne	
8	Patents planned, issued or pending	⊠ Non	le .	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ Non	ne	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ Non	le	

2 8/26/2021 ICMJE Disclosure Form



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		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	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.

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FIRMANTE(1): ARACELI BORAITA PEREZ | FECHA: 08/11/2021 11:56 | NOTAS: F

Date:	10/26/2022
Your Name:	Gemma Berga Congost
Manuscript Title:	Comentarios a las GPC ESC 2022
Manuscript Number (if known):	Click or tap here to enter text.

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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 o	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	Click the tab key to add additional rows.
		Time frame: past 36 months	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or 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 None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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

			e all entities with whom you have this onship 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		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None	
13	Other financial or non-financial interests		None	
Plea	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.			

Date:	10/28/2021
Your Name:	Laura Dos Subirà
Manuscript Title:	Comentarios a las GPC ESC 2021
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 present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or 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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		e all entities with whom you have this ionship 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	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	•	e following statement to indicate your agreeme	

Date:	10/25/2022
Your Name:	Pablo Avanzas
Manuscript Title:	Comentarios a las GPC ESC 2022
Manuscript Number (if known):	Not known yet

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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 month	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None     Non	

		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)	e
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 None	
8	Patents planned, issued or pending	None	_ _ _
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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.				

10/25/2022

Victoria Delgado

Date:

Your Name:

Manuscript Title:			Comentarios a las GPC ESC 2022.			
Manuscript Number (if known):			Not known yet			
In the interest of transparency, w content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activiti epidemiology of hypertension, yo that medication is not mentioned.			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manufain the manuscript.	/interest, it is preferable that you do so.		
			entities with whom you have this hip 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.	⊠ No	one	Click the tab key to add additional rows.		
			Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Ionis, G	ne s Lifesciences, Bayer, Abbott Vascular, E Healthcare, Bioventrix, Medtronic, Scientific	Paid to the department of Cardiology of the LUMC		
3	Royalties or licenses	⊠ No	one			

		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 honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None  Abbott Vascular, Edwards Lifesciences, Medtronic, MSD, Novartis and GE Healthcare	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
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  Council of the European Society of Cardiology	

			e all entities with whom you have this onship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea ⊠	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.				

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Name: JUAN Surname: SANCHIS

**Date:** 5.JUNE.2021

Workplace institution: HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

**Teaching institution: UNIVERSIDAD DE VALENCIA** 

Type of relationhips		Money	Money to your	Entity	Comments
		paid to	institution		
		you			
Board membership	$\boxtimes$			Click and complete	Click and complete
Consultancy	$\boxtimes$			Click and complete	Click and complete
Employment	$\boxtimes$			Click and complete	Click and complete
Expert testimony	$\boxtimes$			Click and complete	Click and complete
Gifts	$\boxtimes$			Click and complete	Click and complete
Grants/Grants pending	$\boxtimes$			Click and complete	Click and complete
Honoraria	$\boxtimes$			Click and complete	Click and complete
Payment for manuscript preparation	$\boxtimes$			Click and complete	Click and complete
Patents (planned, pending or issued)	$\boxtimes$			Click and complete	Click and complete
Royalties	$\boxtimes$			Click and complete	Click and complete
Payment for development of educational		$\boxtimes$		ABBOTT VASCULAR	Click and complete
presentations including service on speakers'				PROSMEDICA	
bureaus					
Stock/stock options	$\boxtimes$			Click and complete	Click and complete
Travel/accommodations expenses covered	$\boxtimes$			Click and complete	Click and complete
or reimbursed	<u></u>				
Payments for attendance at conferences	$\boxtimes$		$\boxtimes$	Click and complete	Click and complete
Other	$\boxtimes$			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?

oxtimes No other relationships/conditions/circumstances that present a potential conflict of interes
$\square$ Yes, the following relationships/conditions/circumstances are present (explain below):
Click and complete





Date:	2/11/2022
Your Name:	Domingo Pascual-Figal
Manuscript Title:	Comentarios a las GPC ESC 2022
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.

		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	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 None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	Astra Zeneca Novartis	To the institution To the institution
	#1 dbove).	Roche	To the institution
3	Royalties or licenses	None 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	Novartis Vifor Servier Bayer Pfizer Astra Zeneca	
,	honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novartis Pfizer Servier Rovi Astra Zeneca Boeringer Ingelheim Vifor	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novartis Amgen Astra Zeneca Rovi	
8	Patents planned, issued or pending	None 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 None	

			e all entities with whom you have this ionship 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		None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None		
13	Other financial or non-financial interests		None		
Plea 🖂	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.				

Date:		10/27/2022				
Your Name:		Rut Andrea Riba				
Manuscript Title:			Comments to the European Society of Cardiology/European Respiratory Society Guidelines for the diagnosis and treatment of pulmonary hypertension			
Maı	nuscript Number (if k	vn): _Click or tap here to enter text.				
content of your manuscript. "Rela affected by the content of the ma		"Related" means any relation with for-profit or not-for-profit manuscript. Disclosure represents a commitment to tr	e ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily indicate whether to list a relationship/activity/interest, it is preferable that you do so.			
epic	demiology of hyperter	ctivities/interests should be defined broadly. For examp on, you should declare all relationships with manufacture oned in the manuscript.				
	em #1 below, report ne for disclosure is th	support for the work reported in this manuscript without ast 36 months.	time limit. For all other items, the time			
		me all entities with whom you have this Sp	ecifications/Comments (e.g., if payments were			
			de to you or to your institution)			
			de to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision of study materials,	Time frame: Since the initial planning of the	de to you or to your institution)			
1	present manuscript (e.g., funding, provision	Time frame: Since the initial planning of the	e work			
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of the	e work			
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Time frame: Since the initial planning of the None  Click to	e work			

		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	x None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None  Ferrer, Astrazeneca	Honoraria for lectures
6	Payment for expert testimony	X   None	
7	Support for attending meetings and/or travel	□ None  BD, Boehringer Ingelheim, Novartis, Pfizer	
8	Patents planned, issued or pending	X   None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None   Ferrer	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	x 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	x None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X   None		
13	Other financial or non-financial interests	None		
Plea	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.			

Date: 02/09/2022
Your Name:_ Felipe Bisbal
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
Manuscript number (if known):

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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.	_X None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Instituto Carlos III Boerhinger Ingelheim Boston Scientific	All of them refer to research grants to the institution (Institut Germans Trias I Pujol)
3	Royalties or licenses	_X None	

4	Consulting fees	None Abbott, Biosense Webster, Biotronik	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None Boston Scientific, Abbott, Biosense Webster, Biotronik, Medtronic	
6	Payment for expert testimony	_x None	
7	Support for attending	_x None	
	meetings and/or travel		
8	Patents planned, issued or pending	x_ None	
9	Participation on a Data Safety Monitoring Board or	_x None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	x_ None	
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	_x_ None	
12	Descript of annium and	Nama	
12	Receipt of equipment, materials, drugs, medical	x None	
	writing, gifts or other services		
13	Other financial or non-financial interests	x None	

form.

Date:08.09.2022	
Your Name:_ MARÍA ROSA FERNÁNDEZ OLMO	
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patier	ıts
undergoing non-cardiac surgery	
Manuscript number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  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,	X_ None	
	speakers bureaus,		
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Date:\_\_\_\_\_06/SEP/2022\_\_\_\_\_

in item #1 above).

You	r Name:AINHOA ROBL	ES MEZCUA		
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients				
undergoing non-cardiac surgery				
Mar	nuscript number (if known):			
rela part	ted to the content of your miles whose interests may be	nanuscript. "Related" mea affected by the content o	relationships/activities/interests listed below that are ins any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a	
rela	tionship/activity/interest, it	is preferable that you do	so.	
	following questions apply to nuscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>	
to tl		nsion, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	
	em #1 below, report all sup time frame for disclosure is	·	d in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed)		
		Time frame: Since the initia	il planning of the work	
1	All support for the present	X None		
	manuscript (e.g., funding, provision of study materials,			
medical writing, article processing charges, etc.)				
	No time limit for this item.			
2	Country on south 1 C	Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated	X None		

3	Royalties or licenses	X None	
	7		
4	Consulting fees	X None	
5	Payment or honoraria for lectures, presentations,	X None	
	speakers bureaus,		
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	X None	
12	Descipt of actions	V None	
12	Receipt of equipment, materials, drugs, medical	X None	
	writing, gifts or other		
12	Services Other financial or non	V None	
13	Other financial or non- financial interests	X None	

X I certify that I have answered every question and have not altered the wording of any form.	y of the questions on this

Date:06/09/2022	
Your Name:Amalia Sillero Sillero	
Manuscript Title: Comments on the 20	022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery	
Manuscript number (if known):	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)
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 lectures, presentations,	None	
	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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date: 02/09/2022
Your Name:_ CLARA BONANAD
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patient
undergoing non-cardiac surgery
Manuscript number (if known):

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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,	Daiichi Sankyo, Inc		Personal
	speakers bureaus,	Pfizer		Personal
	manuscript writing or	Boehringer Ingelheim		Personal
	educational events	Bristol-Myers Squibb		Personal
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	None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	None		

I certify that I have answered every question and have not altered the wording of any of the questions on this form.	

Date: 02/09/2022
Your Name: DAVID VIVAS
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
Manuscript number (if known):

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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,	Daiichi Sankyo, Inc		Personal
	speakers bureaus,	AstraZeneca		Personal
	manuscript writing or educational events	Pfizer		Personal
				Personal
		Boehringer Ingelheim		Personal
		Bristol-Myers Squibb		Personal
		Ferrer		Personal
6	Payment for expert testimony	None		
7	Support for attending meetings and/or travel	None		
	meetings and/or travel			
8	Patents planned, issued or pending	None		
9	Participation on a Data	None		
S	Safety Monitoring Board or	None		
	Advisory Board			
10	Leadership or fiduciary role in other board, society,	None		
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Descipt of aguinment	None		
12	Receipt of equipment, materials, drugs, medical	None		
	writing, gifts or other			
13	services Other financial or non-	None		
13	financial interests	Notic		

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.

Date: 19 <sup>th</sup> September 2022
Your Name:Raquel Ferrandis Comes
Manuscript Title: Comments on the ESC 2022 Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
Manuscript number (if known):

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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	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time 6	26
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
	ree n i abovej.		
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	

Date:	5.	/9	/2022

Your Name: ROMAN FREIXA-PAMIAS

Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients

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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	

Date:08/09/2022	
Your Name:Guillermo Aldama López	
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and man undergoing non-cardiac surgery  Manuscript number (if known):	agement of patients

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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,	None	
	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	None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	None	

Date: 19/9/2022
Your Name: José F Rodríguez Palomares
Manuscript Title: Comments on the 2022 ESC Guidelines on cardiovascular assessment and management of patients
undergoing non-cardiac surgery
Manuscript number (if known):

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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.	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,	_X None	
	speakers bureaus,		
	manuscript writing or educational events		
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	X None	
	Advisory Board		
10	Leadership or fiduciary role in other board, society,	X None	
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	_X None	
12	Receipt of equipment, materials, drugs, medical	_X None	
	writing, gifts or other		
	services		
13	Other financial or non- financial interests	X None	

Date: 19 september 2022

Your Name: SERGIO RAPOSEIRAS-ROUBIN

Manuscript Title: Comments on the ESC 2022 Guidelines on cardiovascular assessment and management of patients

undergoing non-cardiac surgery

Manuscript number (if known)	• •

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None	

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Amgen, Daichii, Bayer, Boehringer, Pfyzer, AstraZeneca, Sanofi	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Amgen, Bayer, Daichii	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	AstraZeneca	
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	