	ICMJE DISCLOSURE FO	JKIVI
Date:	9/25/2023	
Your Name:	Raquel Campuzano Ruiz	
Manuscript Title:	Comentarios a las guías ESC 2023 ( endocarditis)	Miocardiopatías, diabetes, IC, SCA,
Manuscript Number (if kn	own): Click or tap here to enter text	
content of your manuscrip affected by the content of indicate a bias. If you are The author's relationships epidemiology of hyperten that medication is not me	ncy, we ask you to disclose all relationships/activitic. "Related" means any relation with for-profit or not the manuscript. Disclosure represents a commitmen doubt about whether to list a relationship/activitiactivities/interests should be defined broadly. For ion, you should declare all relationships with manutioned in the manuscript.	not-for-profit third parties whose interests may be ent to transparency and does not necessarily y/interest, it is preferable that you do so.  example, if your manuscript pertains to the ifacturers of antihypertensive medication, even if
	ame all entities with whom you have this	Specifications/Comments (e.g., if payments we
	elationship or indicate none (add rows as needed)	The state of the s
1	Time frame: Since the initial planning	g of the work
1 All support for the present	⊠ None	
manuscript (e.g.,		
funding, provision		
of study materials,     medical writing,		Click the lab key to add additional (tows
article processing		
charges, etc.)  No time limit for		
this item.		
	Time frame: past 36 mont	ths
2 Grants or	⊠ None	
contracts from		
any entity (if not indicated in item	<u> </u>	
#1 above).		
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	
		Novonordisk	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk Boehringer Ingelheim Astra Zeneca, Daichi-Sankyo Novartis ,Lilly, Esteve, Servier, Amgen, Sanofi	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	Novo Nordisk Menarini  Novartis	
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	

		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	
Ple	·	ct to the following statement to indicate your agreement you	

### 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: 16/12/2022

Centro de trabajo: H U Marqués de Valdecilla, Santander, Cantabria, España

Centro docente: U de Cantabria, H U Marqués de Valdecilla

Tipo de relación	No	Remuneración	Remuneración	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		Ø	·	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		×		Boston sci, Abbott, Philips,	
presentaciones educacionales de				BMS, Terumo, Daichii	
la industria				Sankyo	<u></u>
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?

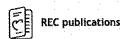
⋈ No, no tengo	relación,	interés,	condición	o circunstanc	a que	constituya	un	conflicto	de	interés
potencial.										

☐ Sí, existen las siguientes relaciones, condiciones o circunstancias:

Haga clic aquí para escribir texto.







Date:	9/8/2023
Your Name:	David Vivas
Manuscript Title:	Comments on the 2023 ESC guidelines
Manuscript Number (if known):	Click or tap here to enter text.

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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
	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	Clair the rap buy to and add then all owns.
		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  I
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None Land to the second
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

, 		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	
Ple:		t to the following statement to indicate your agreement to the following statement to indicate your agreement to the work answered every question and have not altered the work and the state of the sta	

Date:	10/20/2023
Your Name:	David Calvo Cuervo
Manuscript Title:	Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis)
Manuscript Number (if known):	NA .

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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
	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	Chel: 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  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,	None     Non
	presentations, speakers bureaus, manuscript writing or educational events	
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
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or uppaid	None  President Spanish Heart Rhythm Association

\*\*\* \*\*\* \*

		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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

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

Date:	10/5/2023
Your Name:	Rut Andrea Riba
Manuscript Title:	Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)
Manuscript Number (if known):	Click or tap here to enter text.

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
	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 month	Clak the tabley to ablactificact rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	x None	
3	Royalties or licenses	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)
4	Consulting fees	χ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ferrer Novartis	Honoraria for lecture Honoraria for lecture
6	Payment for expert testimony	X None	
7	Support for attending meetings and/or travel	None   BD	
8	Patents planned, issued or pending	X None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Ferrer, Amgen	
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	x None	
Plea	•	t to the following statement to indicate your agreemer answered every question and have not altered the wor	

## CARDIOLOGIA

OFFICIAL PUBLICATION OF THE SPANISH SOCIETY OF CARDIOLOGY <u>www.revespcardiol.org</u>

Name: JUAN Surnamé: SANCHIS

Date: December 16th, 2022

Workplace institution: HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

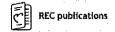
Teaching institution: UNIVERSIDAD DE VALENCIA

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

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





rec@revespcardiol.org

9/25/2023

Your Name:		Pilar Mazón Ramos	Pilar Mazón Ramos		
Manuscript Title:		Comentarios a las guías ESC 2023 (N endocarditis)	Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)		
Mar	nuscript Number (if kno	own): Click or tap here to enter text.			
content of your manuscript. "Rela affected by the content of the ma		t. "Related" means any relation with for-profit or no the manuscript. Disclosure represents a commitmer	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" 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 tabout whether to list a relationship/activity/interest, it is preferable that you do so.		
		activities/interests should be defined broadly. For e sion, you should declare all relationships with manufa tioned in the manuscript.			
In item #1 below, report all suppo frame for disclosure is the past 36		I support for the work reported in this manuscript wi past 36 months.	ithout time limit. For all other items, the time		
		lame all entities with whom you have this elationship 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,		Click the tab Lev to Join additional rows		
medical writing, article processing charges, etc.) No time limit for this item.					
		Time frame: past 36 months	s		
2	Grants or contracts from any entity (if not indicated in item	⊠ None			

3

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licenses

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Date:

		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	□ None	
	lectures, presentations,	Astra-Zeneca	
	speakers	Servier Esteve	
	bureaus, manuscript writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	□ None	
		Pfizer Novartis	
		NOVALUS	
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on	□ None	
	a Data Safety Monitoring		
	Board or Advisory Board	localinger ingenerati	
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 None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
<b>13</b>	Other financial or non-financial interests	☑ None	
Plea		t to the following statement to indicate your agreements	

Date:	8/22/2021
Your Name:	Mª Antonia Martínez Momblan
Manuscript Title:	Comentarios a las guías ESC 2023
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	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 tabekey to add additional rowe.
		Time frame: past 36 month	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 □	
6	Payment for expert testimony	None	
7.4	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	

Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) made to you or to your institution) 11 Stock or stock None options 12 Receipt of  $\times$ None equipment, materials, drugs, medical writing, gifts or other services Other financial or  $\boxtimes$ None non-financial interests Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Ma

Firmado Antonia Antonia Martínez

Martínez 16:25:49 +02'00' digitalmente por Ma

# REVISTA ESPAÑOLA DE CARDIOLOGIA

OFFICIAL PUBLICATION OF THE SPANISH SOCIETY OF CARDIOLOGY <u>www.revespcardiol.org</u>

Name: PABLO Surname: AVANZAS

Date: December 16th, 2022

Workplace institution: Hospital Universitario Central de Asturias, Spain

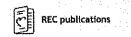
Teaching institution: Universidad de Oviedo, Asturias, Spain

Type of relationhips	No	Money paid to you	Money to your institution	Entity	Comments
Board membership		$\boxtimes$		Revista Española de Cardiología. Sociedad Española de Cardiología	Click and complete
Consultancy		×		MEDTRONIC ·	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				Click and complete	Click and complete
Payment for manuscript preparation				Click and complete	Click and complete
Patents (planned, pending or issued)				Click and complete	Click and complete
Royalties	×			Click and complete	Click and complete
Payment for development of educational presentations including service on speakers' bureaus				Click and complete	Click and complete
Stock/stock options	$\boxtimes$			Click and complete	Click and complete
Travel/accommodations expenses covered or reimbursed				Click and complete	Click and complete
Payments for attendance at conferences	$\boxtimes$			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?

☑ No other relati	onships/conditions/circumstances that present a potential conflict of interest
☐ Yes, the follow	ing relationships/conditions/circumstances are present (explain below):
Click and complet	e





rec@revespcardiol.org

			ICMJE DISCLOSURE FO	RM		
Date: Your Name: Manuscript Title:			10/25/2023			
			Victoria Delgado			
			Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)			
Mai	nuscript Number (if kn	iown):	Click or tap here to enter text.			
content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub." The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		ot. "Relation of the main doub of the main doub of the state of the st	ort for the work reported in this manuscript without time limit. For all other items, the time			
	transan ing mga katalan na katalan kat		ll entities with whom you have this ship 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.	⊠ N	ione	Click the rabiley to add additional rows.		
			Time frame: past 36 month	ns		
2	Grants or contracts from any entity (if not indicated in item	Edwar	ds Lifesciences, Bayer, Abbott Vascular, GE Healthcare, Bioventrix, Medtronic,	Paid to the department of Cardiology of the LUMC		

3

#1 above).

Royalties or licenses

**Boston Scientific** 

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  Abbott Vascular, Edwards Lifesciences, Medtronic, MSD, Novartis and GE Healthcare	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Council of the European Society of Cardiology	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
13	Other financial or non-financial interests	None	
Plea		et to the following statement to indicate your agreement to indicate your agreement to the work and have not altered the wo	

Date:	10/20/2023
Your Name:	José Luis Ferreiro
Manuscript Title:	Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis).
Manuscript Number (if known):	Click or tap here to enter text.

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2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: past 36 month	
3	Royalties or licenses	None     I	

		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	
		AstraZeneca, Boston Scientific, Pfizer, Ferrer, Boehringer Ingelheim, Bristol-Myers Squibb, Biotronik	
5	Payment or honoraria for	□ None	
	lectures, presentations, speakers	Daiichi Sankyo, Inc., AstraZeneca, Pfizer, Abbott, Ferrer, Rovi, Boehringer Ingelheim, Bristol-Myers Squibb, and Terumo	
	bureaus, manuscript		
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	☑ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	■ None	

- N - N N N N N N N		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	
Ple	•	et to the following statement to indicate your agreement your a	

Date:	10/23/2023
Your Name:	Araceli Boraita
Manuscript Title:	Comentarios a las guías ESC 2023
Manuscript Number (if known):	Click or tap here to enter text.
In the interest of transparency, w	e ask you to disclose all relationships/activities/interests listed below that are related to the

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Time frame: past 36 month	าร
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 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

		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 Plea	Other financial or non-financial interests	None  It to the following statement to indicate your agreement	ent:
Plea		et to the following statement to indicate your agreement agreement to indicate your agreement yo	

Date:		11/16/2023		
Your Name:		DOMINGO PASCUAL FIGAL		
Manuscript Title:		Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)		
Mar	nuscript Number (if k	nown):		
affe indicate that	tent of your manuscricted by the content ocate a bias. If you are author's relationship lemiology of hyperters medication is not me	rency, we ask you to disclose all relationships/activities/interests listed below that are related to the pt. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be f the manuscript. Disclosure represents a commitment to transparency and does not necessarily in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.  s/activities/interests should be defined broadly. For example, if your manuscript pertains to the asion, you should declare all relationships with manufacturers of antihypertensive medication, even if entioned in the manuscript.  all support for the work reported in this manuscript without time limit. For all other items, the time e past 36 months.		
	[17] M. A. Martin, M. M. M. M. A. M. Martin, Phys. Lett. B 50, 120 (1997).	Name all entities with whom you have this Specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) 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.	None  Click the tab key to add additional news		
		Time frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	ASTRA ZENECA ROCHE		
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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)	
4	Consulting fees	ing fees None		
		NOVARTIS, ASTRA ZENECA, PFIZER		
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	NOVARTIS, ASTRA ZENECA, PFIZER, ROCHE, VIFOR, ROVI, BOERINGER		
6	Payment for expert testimony	None None		
7	Support for attending meetings and/or travel	None ASTRA ZENECA, PFIZER		
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		

		Name all entitles 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		t to the following statement to indicate your agreeme answered every question and have not altered the wo	

10/13/2023

Laura Dos Subira

Manuscript Title:		-	Comentarios a las guías ESC 2023 (Miocardiopatías, diabetes, IC, SCA, endocarditis)	
Manuscript Number (if known):			Click or tap here to enter text	
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11 % 1 - 11 % 1 - 11 % 1			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 cows
			Time frame: past 36 montl	ns
2	Grants or contracts from any entity (if not indicated in item #1 above).	N	one	
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Your Name:

		Name all entities with whom you have this specifications/Comments (e.g., if payments were relationship or indicate none (add rows as needed) 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
6	Payment for expert testimony	None 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
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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)
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 ase place an "X" nex	None  At to the following statement to indicate your agreement	ent:

Date:			22- 10-2023		
Your Name: Manuscript Title:			Juan Jose Gomez Doblas  Comentarios a las guías ESC 2023 (Miocardiopatías, Diabetes, IC, SCA, Endocarditis).		
In the interest of transparency, w content of your manuscript. "Relaffected by the content of the maindicate a bias. If you are in doub			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be unuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.  ies/interests should be defined broadly. For example, if your manuscript pertains to the bu should declare all relationships with manufacturers of antihypertensive medication, even if		
In ite		: all suppo	ort for the work reported in this manuscript w	rithout time limit. For all other items, the time	
		10.00	ll entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
	· · · · · · · · · · · · · · · · · · ·		Time frame: Since the initial planning	of the work	
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			Time frame: past 36 month	ns	
2	Grants or contracts from any entity (if not indicated in item #1 above).	N	lone		
3	Royalties or licenses		lone		

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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 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

		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  It to the following statement to indicate your agreement	ent:

Date:	11/16/2023
Your Name:	Julio Núñez
Manuscript Title:	Comments to the 2023 update of the 2021 European Society of Cardiology Heart Failure Guidelines
Manuscript Number (if known):	REC-D-23-00584

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2	Grants or contracts from any entity (if not indicated in item #1 above).	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)
4	Consulting fees	□ None	
		Novartis and NovoNordisk	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Alleviant, AstraZeneca, Bayer, Boehringher Ingelheim, Novartis, NovoNordisk, Pfizer, Roche, and Rovi	
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	

		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:			

Date:			11/16/2023		
Your Name:			Juan F Delgado		
Manuscript Title:			Comments to the 2023 update of the 2021 European Society of Cardiology Heart Failure Guidelines		
Man	uscript Number (if I	known):	REC-D-23-00584		
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•	<del>-</del> /	•	<del>-</del>	acturers of antihypertensive medication, even if	
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			l entities with whom you have this ship 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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	çına RCIII.		Time frame: past 36 month	IS.	
2	Grants or contracts from any entity (if not indicated in item #1 above).	AstraZ	one eneca España Pharma	5	
3	Royalties or licenses	⊠ N	one		

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4	Consulting fees	□ None	
		Astra Zeneca	
5	Payment or honoraria for	□ None	· ·
	lectures, presentations, speakers bureaus, manuscript writing or educational events	Astra Zeneca Novartis Astellas	Rovi
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Astra Zeneca Rovi Impulse Dynamic	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None	
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Date:	11/16/2023
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4	Consulting fees	None	
5	Payment or	None	
	honoraria for lectures,	/ifor	
	presentations, speakers		
	bureaus, manuscript	·	
	writing or educational events		
6	Payment for expert testimony	None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety	None	
	Monitoring Board or		
40	Advisory Board	71 1	
10	Leadership or fiduciary role in	None	
	other board, society,		
	committee or advocacy group, paid or unpaid		

		1	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	t to the	None  Following statement to indicate your agreements and indicate your agreements are agreements and indicate your agreements and i	ent:
Plea	Please place an "X" next to the following statement to indicate your agreement:			

Date:			10/27/2022		
Your Name:			Esther Calero Molina		
Manuscript Title:			Documento de COI de guías sobre Hiper	tensión pulmonar 2022	
Mar	nuscript Number (if kr	nown):	Click or tap here to enter text.		
In the interest of transparency, we content of your manuscript. "Rel affected by the content of the maindicate a bias. If you are in doub."  The author's relationships/activit epidemiology of hypertension, you that medication is not mentioned.		pt. "Re f the m in dou s/activi nsion, ye entioned	anuscript. Disclosure represents a commitment of about whether to list a relationship/activity/interests should be defined broadly. For expushould declare all relationships with manufaction the manuscript.	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so. ample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
			all entities with whom you have this nship 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	
<b>1</b>	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	of the work  Click the tab key to add additional rows	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		None	Click the tab key to add additional rows	

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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 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	

		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:	11/16/2023
Your Name:	Marta Cobo Marcos
Manuscript Title:	Comments to the 2023 update of the 2021 European Society of Cardiology Heart Failure Guidelines
Manuscript Number (if known):	REC-D-23-00584

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		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)
		Time frame: Since the initial planning	of the work
<b>t-ui</b>	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	( lick the tabley to add additional row).
		Time frame: past 36 month	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 .	
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	

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			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:			

12/13/2021

Date:	11/16/2023	
Your Name:	Click or tap here to enter text.	
Manuscript Title:	Comments to the 2023 update of the 2021 European Society of Cardiology Heart Failure Guidelines	
Manuscript Number (if known):	REC-D-23-00584	

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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.	Lectured and/or boards for Abbott, AstraZeneca, Bayer, Boehringer Ingelheim, Novartis, Roche Diagnostics, Vifor	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	
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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)
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 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	t to th	e following statement to indicate your agreeme	ent:	
	I certify that I have answered every question and have not altered the wording of any of the questions on this form.				