

ICMJE Form for Disclosure of Potential Conflicts of Interest

INSTRUCTIONS

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.

1. Identifying information.

2. 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".

3. 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.

4. Intellectual Property.

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

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Raquel

2. Surname (Last Name)

Campuzano

3. Date

14-October-2021

4. Are you the corresponding author?

Yes No

Corresponding 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 Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
ORGANON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
DAIICHI SANKYO	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
NOVARTIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
NOVONORDISK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
ASTRAZENECA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
BOEHRINGER -LILLY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
AMGEN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SANOFI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
SERVIER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory
FERRER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advsiroy
MYLAN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisoru
MENARINI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	speaker, advisory

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Campuzano reports personal fees from MSD, personal fees from ORGANON, personal fees from DAIICHI SANKYO, personal fees from NOVARTIS, personal fees from NOVONORDISK, personal fees from ASTRAZENECA, personal fees from BOEHRINGER -LILLY, personal fees from AMGEN, personal fees from SANOFI, personal fees from SERVIER, personal fees from FERRER, personal fees from MYLAN, personal fees from MENARINI, outside the submitted work; .



ICMJE Form for Disclosure of Potential Conflicts of Interest

Evaluation and Feedback

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

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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.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

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Pending: The patent has been filed but not issued

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



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Pilar Escribano-Subias 05-January-2021

4. Are you the corresponding author? Yes No Corresponding Author's Name

5. Manuscript Title
Comentario a la GPC de la ESC sobre cardiopatías congénitas en el adulto

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3.

Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Janssen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Consulting and Speaker
Janssen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Through Institution
MSD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Consulting and Speaker
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Consulting and Speaker
Ferrer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Consulting and Speaker
Acceleron	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board, Consulting and Speaker



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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.

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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 <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work								
1	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <p style="text-align: right;">Click the tab key to add additional rows.</p>						
Time frame: past 36 months								
2	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Ferrer, Astrazeneca</td><td style="width: 50%;">Honoraria for lectures</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Ferrer, Astrazeneca	Honoraria for lectures						
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">BD, Boehringer Ingelheim, Novartis, Pfizer</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	BD, Boehringer Ingelheim, Novartis, Pfizer							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Ferrer</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Ferrer							
Ferrer											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

Please place an "X" next to the following statement to indicate your agreement:

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

REC: INTERVENTIONAL CARDIOLOGY

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

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

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

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

ICMJE DISCLOSURE FORM

Date:	9/7/2022
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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <small>Click the tab key to add additional rows.</small>						
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">President of the Spanish Heart Rhythm Society</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		President of the Spanish Heart Rhythm Society							
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Please place an "X" next to the following statement to indicate your agreement:															
<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.															

ICMJE DISCLOSURE FORM

Date:	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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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4	Consulting fees	<input checked="" type="checkbox"/> None							

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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



ICMJE DISCLOSURE FORM

Date:	10/26/2022
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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE 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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Daiichi Sankyo, Inc AstraZeneca Pfizer Abbott Boehringer Ingelheim Bristol-Myers Squibb Ferrer	Personal Personal Personal Personal Personal Personal Personal
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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X 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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Date: 8/26/2021

Your Name: BORAITA, ARACELI

Manuscript Title: Comentarios a las GPC ESC 2021

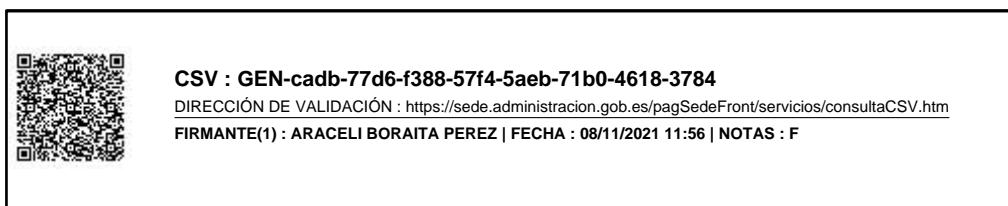
Manuscript Number (if known): [Click or tap here to enter text.](#)

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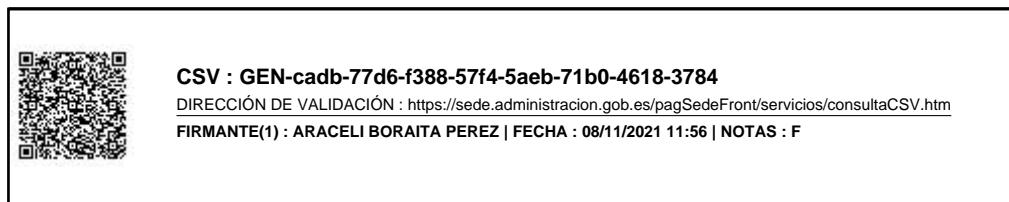
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FIRMANTE(1) : ARACELI BORAITA PEREZ | FECHA : 08/11/2021 11:56 | NOTAS : F

ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE 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: past 36 months									
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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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Your Name:	Victoria Delgado
Manuscript Title:	Comentarios a las GPC ESC 2022.
Manuscript Number (if known):	Not known yet

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

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

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

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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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Date:	11/23/2022
Your Name:	Pilar Mazon Ramos
Manuscript Title:	Comentarios Guías Práctica Clínica ESC 2022
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bayer</td><td>Advisory Board</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Bayer	Advisory Board						
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11	Stock or stock options	<input checked="" type="checkbox"/> None	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
Please place an "X" next to the following statement to indicate your agreement:									
<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

REC: INTERVENTIONAL CARDIOLOGY

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

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

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

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

ICMJE DISCLOSURE FORM

Date:	9/7/2022
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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <small>Click the tab key to add additional rows.</small>						
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">President of the Spanish Heart Rhythm Society</td><td style="width: 50%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		President of the Spanish Heart Rhythm Society							
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<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.															

ICMJE DISCLOSURE FORM

Date:	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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

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Time frame: Since the initial planning of the work									
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4	Consulting fees	<input checked="" type="checkbox"/> None							

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Please place an "X" next to the following statement to indicate your agreement:

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



ICMJE DISCLOSURE FORM

Date:	10/26/2022
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.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please place an "X" next to the following statement to indicate your agreement: <input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

ICMJE DISCLOSURE FORM

Date: 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 current manuscript only.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_____ 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	<input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Daiichi Sankyo, Inc AstraZeneca Pfizer Abbott Boehringer Ingelheim Bristol-Myers Squibb Ferrer	Personal Personal Personal Personal Personal Personal Personal
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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.

ICMJE DISCLOSURE FORM

Date: 8/26/2021

Your Name: BORAITA, ARACELI

Manuscript Title: Comentarios a las GPC ESC 2021

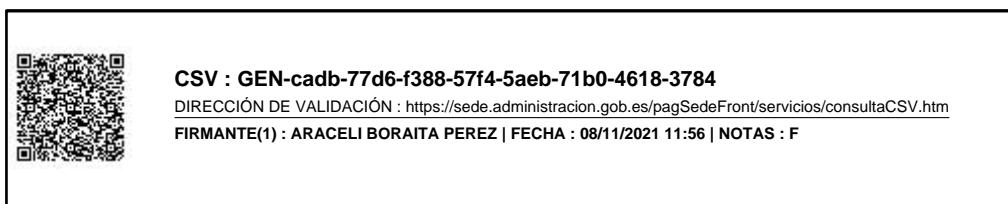
Manuscript Number (if known): [Click or tap here to enter text.](#)

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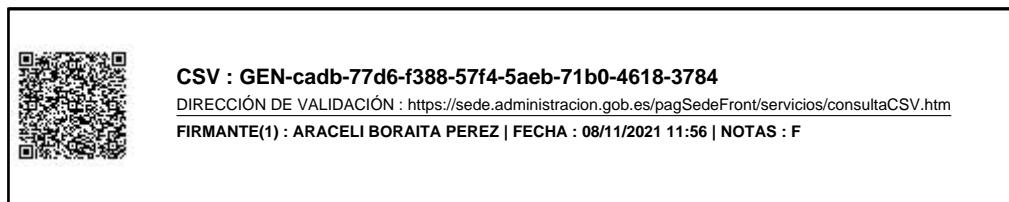
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11	Stock or stock options	<input checked="" type="checkbox"/> None 	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None 	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None 	
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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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Manuscript Title:	Comentarios a las GPC ESC 2022
Manuscript Number (if known):	Not known yet

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Your Name:	Victoria Delgado
Manuscript Title:	Comentarios a las GPC ESC 2022.
Manuscript Number (if known):	Not known yet

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Workplace institution: HOSPITAL CLÍNICO UNIVERSITARIO DE VALENCIA

Teaching institution: UNIVERSIDAD DE VALENCIA

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

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

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

ICMJE DISCLOSURE FORM

Date:	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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td>Click the tab key to add additional rows.</td></tr></table>						Click the tab key to add additional rows.	
	Click the tab key to add additional rows.								
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1"><tr><td>Astra Zeneca</td><td>To the institution</td></tr><tr><td>Novartis</td><td>To the institution</td></tr><tr><td>Roche</td><td>To the institution</td></tr></table>	Astra Zeneca	To the institution	Novartis	To the institution	Roche	To the institution	
Astra Zeneca	To the institution								
Novartis	To the institution								
Roche	To the institution								
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)														
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Novartis</td><td></td></tr> <tr><td>Vifor</td><td></td></tr> <tr><td>Servier</td><td></td></tr> <tr><td>Bayer</td><td></td></tr> <tr><td>Pfizer</td><td></td></tr> <tr><td>Astra Zeneca</td><td></td></tr> </table>	Novartis		Vifor		Servier		Bayer		Pfizer		Astra Zeneca				
Novartis																	
Vifor																	
Servier																	
Bayer																	
Pfizer																	
Astra Zeneca																	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Novartis</td><td></td></tr> <tr><td>Pfizer</td><td></td></tr> <tr><td>Servier</td><td></td></tr> <tr><td>Rovi</td><td></td></tr> <tr><td>Astra Zeneca</td><td></td></tr> <tr><td>Boehringer Ingelheim</td><td></td></tr> <tr><td>Vifor</td><td></td></tr> </table>	Novartis		Pfizer		Servier		Rovi		Astra Zeneca		Boehringer Ingelheim		Vifor		
Novartis																	
Pfizer																	
Servier																	
Rovi																	
Astra Zeneca																	
Boehringer Ingelheim																	
Vifor																	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Novartis</td><td></td></tr> <tr><td>Amgen</td><td></td></tr> <tr><td>Astra Zeneca</td><td></td></tr> <tr><td>Rovi</td><td></td></tr> </table>	Novartis		Amgen		Astra Zeneca		Rovi								
Novartis																	
Amgen																	
Astra Zeneca																	
Rovi																	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
Please place an "X" next to the following statement to indicate your agreement: <input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

ICMJE DISCLOSURE FORM

Date:	9/5/2022
Your Name:	María Lázaro Salvador
Manuscript Title:	Comentario sobre Guias Hipertensión Pulmonar 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
Time frame: Since the initial planning of the work									
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> <small>Click the tab key to add additional rows.</small>						
Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td>Janssen</td><td>To me</td></tr> <tr><td>MSD</td><td>To me</td></tr> <tr><td>AOP Orphan</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> </table>	Janssen	To me	MSD	To me	AOP Orphan	To me			
Janssen	To me										
MSD	To me										
AOP Orphan	To me										
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Janssen</td><td>To me</td></tr> <tr><td>MSD</td><td>To me</td></tr> <tr><td>AOP Orphan</td><td>To me</td></tr> <tr><td> </td><td> </td></tr> </table>	Janssen	To me	MSD	To me	AOP Orphan	To me			
Janssen	To me										
MSD	To me										
AOP Orphan	To me										
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>Janssen</td><td> </td></tr> <tr><td>MSD</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Janssen		MSD						
Janssen											
MSD											
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>Janssen</td><td>Advisory board</td></tr> <tr><td>MSD</td><td>Advisory board</td></tr> <tr><td> </td><td> </td></tr> </table>	Janssen	Advisory board	MSD	Advisory board					
Janssen	Advisory board										
MSD	Advisory board										
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"><tr><td>Janssen</td><td>Medical writing</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Janssen	Medical writing					
Janssen	Medical writing								
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
Please place an "X" next to the following statement to indicate your agreement:									
<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

ICMJE DISCLOSURE FORM

Date:	9/14/2022
Your Name:	ANA GARCIA ALVAREZ
Manuscript Title:	Pulmonary hypertension guidelines – comments
Manuscript Number (if known):	Click or tap here to enter text

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
Time frame: Since the initial planning of the work				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td>Click the tab key to add additional rows.</td></tr></table>	Click the tab key to add additional rows.
Click the tab key to add additional rows.				
Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td>Click the tab key to add additional rows.</td></tr></table>	Click the tab key to add additional rows.
Click the tab key to add additional rows.				
3	Royalties or licenses	<input checked="" type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td>Click the tab key to add additional rows.</td></tr></table>	Click the tab key to add additional rows.
Click the tab key to add additional rows.				

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)								
4	Consulting fees	<input checked="" type="checkbox"/> None	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	<table border="1"> <tr><td>ASTRAZENECA, NOVARTIS</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	ASTRAZENECA, NOVARTIS							
ASTRAZENECA, NOVARTIS											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	<table border="1"> <tr><td>PFIZER, AMGEN, NOVARTIS, ANYLAM.</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	PFIZER, AMGEN, NOVARTIS, ANYLAM.							
PFIZER, AMGEN, NOVARTIS, ANYLAM.											
8	Patents planned, issued or pending	<input type="checkbox"/> None	<table border="1"> <tr><td>THE USE OF B3AR AGONISTS IN PULMONARY HYPERTENSION.</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	THE USE OF B3AR AGONISTS IN PULMONARY HYPERTENSION.							
THE USE OF B3AR AGONISTS IN PULMONARY HYPERTENSION.											
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	<table border="1"> <tr><td>BMS</td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	BMS							
BMS											
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>								

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>								
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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Please place an "X" next to the following statement to indicate your agreement:									
<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.									

ICMJE DISCLOSURE FORM

Date:	10/27/2022
Your Name:	Jose M Montero-Cabezas
Manuscript Title:	Comentarios a las guias europeas de hypertension pulmonar 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.

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Time frame: Since the initial planning of the work									
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;">Shockwave medical</td><td style="width: 50%;">Research Grant</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Shockwave medical	Research Grant				
Shockwave medical	Research Grant								
3	Royalties or licenses	<input type="checkbox"/> None	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						

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4	Consulting fees	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1"> <tr><td>Penumbra Inc</td><td>Abiomed</td></tr> <tr><td>Boston Scientific</td><td></td></tr> <tr><td></td><td></td></tr> </table>	Penumbra Inc	Abiomed	Boston Scientific				
Penumbra Inc	Abiomed								
Boston Scientific									
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
8	Patents planned, issued or pending	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>						
Please place an "X" next to the following statement to indicate your agreement:															
<input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.															

ICMJE DISCLOSURE FORM

Date:	9/12/2022
Your Name:	JOAQUÍN RUEDA SORIANO
Manuscript Title:	Comments on the 2022 ESC Guidelines for the diagnosis and treatment of pulmonary hypertension
Manuscript Number (if known):	Click or tap here to enter text.

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Manuscript Title:	Documento de COI de guías sobre Hipertensión pulmonar 2022
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