

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								
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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>						
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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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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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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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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.

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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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	
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.](#)

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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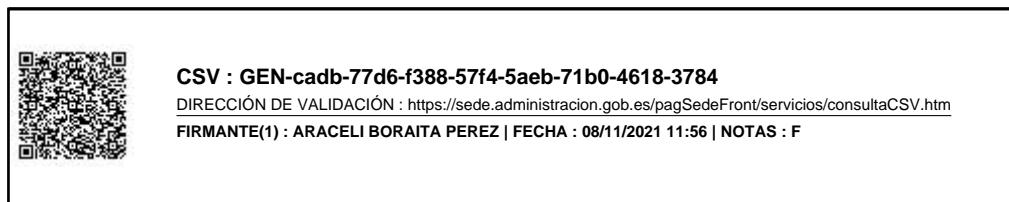


CSV : GEN-cadb-77d6-f388-57f4-5aeb-71b0-4618-3784

DIRECCIÓN DE VALIDACIÓN : <https://sede.administracion.gob.es/pagSedeFront/servicios/consultaCSV.htm>

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

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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 	
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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.

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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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>							
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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.

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:	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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ICMJE DISCLOSURE FORM

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

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

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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>Council of the European Society of Cardiology</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		Council of the European Society of Cardiology							
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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>							
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REVISTA ESPAÑOLA DE CARDIOLOGIA

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

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

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.

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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"><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								
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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				
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Vifor																	
Servier																	
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Pfizer																	
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Novartis																	
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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								
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ICMJE DISCLOSURE FORM

Date:	11/23/2022
Your Name:	Pilar Mazon Ramos
Manuscript Title:	Comentarios Guías Práctica Clínica ESC 2022
Manuscript Number (if known):	Click or tap here to enter text.

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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<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:	9/9/2022
Your Name:	Nuria Vallejo Camazon
Manuscript Title:	Comentario a la Guía ESC 2022 sobre Cardio-Oncología"
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:	9/11/2022
Your Name:	Cristina Mitroi
Manuscript Title:	Comentario a la Guía ESC 2022 sobre Cardio-Oncología
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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<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.															

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Date:	9/9/2022
Your Name:	Concepción Fdez Redondo
Manuscript Title:	Comments to the ESC 2022 guide on 2022 ESC Guidelines on cardio-oncology
Manuscript Number (if known):	Click or tap here to enter text.

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A handwritten signature in blue ink, appearing to read "Michael R. Apolin, M.D." The signature is written in a cursive style with a horizontal line underneath.

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Date:	9/14/2022
Your Name:	ANA MARTÍN GARCÍA
Manuscript Title:	Comentario a la Guía ESC 2022 sobre Cardio-Oncología
Manuscript Number (if known):	Click or tap here to enter text.

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Date:	9/12/2022
Your Name:	EDUARDO ZATARAIN NICOLÁS
Manuscript Title:	COMMENTS TO CARDIO-ONCOLOGY ESC GUIDELINES 2022
Manuscript Number (if known):	Click or tap here to enter text.

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