

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: IVÁN GUEVARA

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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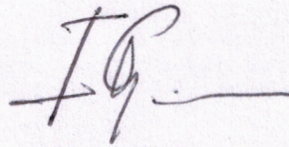
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.



Dr. Iván Guevara

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: JUAN R. MIERES

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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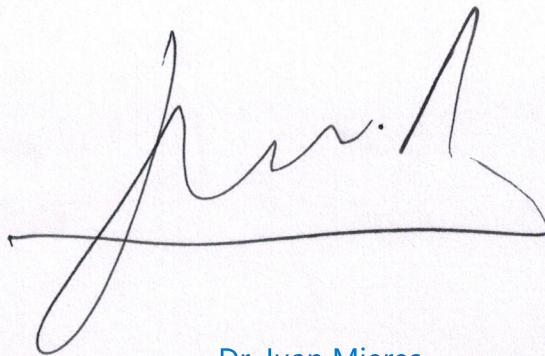
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Dr. Juan Mieres

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: CAMILA GALLARDO

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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Dra Camila Gallardo

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Date: 27/01/2026

Your Name: Matías Rodríguez Granillo

Manuscript Title: Registro piloto multicéntrico de disección coronaria espontánea en Argentina

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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 	

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.



Dr Matías Rodríguez Granillo

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: CAMILA CORREA SADOUET

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i6.20942

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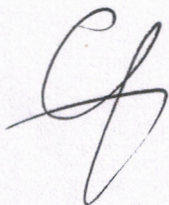
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 268 1518 405"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 541 1518 651"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 869 1518 978"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 1115 1518 1224"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="386 1360 1518 1470"> <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" data-bbox="386 1606 1518 1715"> <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" data-bbox="386 1852 1518 1961"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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Dra Camila Correa Sadouet

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: SANDRA PATRICIA SWIESZKOWSKI

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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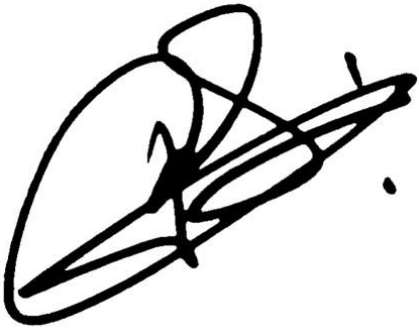
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ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: ÁLVARO F. VARGAS PELÁEZ

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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

 VARGAS P. ALVARADO

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: GASTÓN PROCOPIO

Manuscript Title: Registro piloto multicéntrico de disección coronaria espontánea en Argentina

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i6.20942

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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 268 1520 407"> <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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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 1113 1520 1218"> <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 checked="" type="checkbox"/> None <table border="1" data-bbox="383 1356 1520 1461"> <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" data-bbox="383 1600 1520 1705"> <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" data-bbox="383 1843 1520 1948"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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Fabricio Gastón Procopio
MEDICO
COORD. DE UNIDAD CORONARIA
H.U.F.F. M.N. 113070

ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: GERMÁN CAFARO

Manuscript Title: Registro piloto multicéntrico de disección coronaria espontánea en Argentina

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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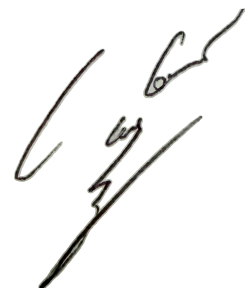
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ICMJE DISCLOSURE FORM

Date: 27/01/2026

Your Name: EDWIN A. RODRÍGUEZ ARIAS

Manuscript Title: **Registro piloto multicéntrico de disección coronaria espontánea en Argentina**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i6.20942>

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Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table> <p style="font-size: small; margin-top: 5px;">Click the tab key to add additional rows.</p>						
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%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="height: 15px;"> </td><td style="width: 20px;"> </td></tr> <tr><td style="height: 15px;"> </td><td> </td></tr> <tr><td style="height: 15px;"> </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%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></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 	
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 	

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.

Eduin Rodriguez