

ICMJE DISCLOSURE FORM

Date: 21/10/2026

Your Name: Pedro Forcada

Manuscript Title: **FIBFAR: Fenotipo hemodinámico-inflamatorio asociado con aterosclerosis carotídea subclínica en pacientes con riesgo cardiometabólico**

Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v94.i5.21044>

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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Dr Pedro Jose Forcada
Medico Cardologo
MN 65979 MP 223825

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Date: 21/10/2026

Your Name: Paola Chong Velásquez

Manuscript Title: **FIBFAR: Fenotipo hemodinámico-inflamatorio asociado con aterosclerosis carotídea subclínica en pacientes con riesgo cardiometabólico**

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Your Name: Nicolás Mosteiro

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