ICMJE DISCLOSURE FORM

Date: 04/08//2026

Your Name: Pablo Schygiel

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos***

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21014

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13	Other financial or non-financial interests	☒ **None**	

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Ilio Schygiel

1N1204207 46

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Date: 04/08//2026

Your Name: Jorge Trongé

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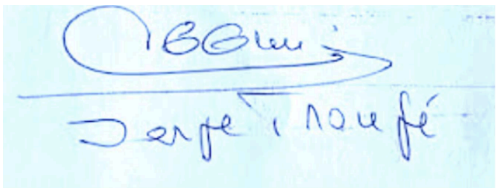

ICMJE DISCLOSURE FORM

Date: 04/08//2026

Your Name: María Laura Flor

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos***

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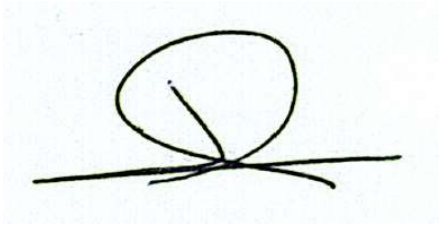

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Date: 04/08//2026

Your Name: Federico Achilli

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos***

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Date: 04/08//2026

Your Name: Andrés Ahaud Guerrero

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos***

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Your Name: Fernando Sokn

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Date: 04/08//2026

Your Name: María Soledad Palacio

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María
Soledad
Palacio

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Date: 04/08//2026

Your Name: Ricardo Iglesias

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Ricardo Iglesias
Médico Cardiólogo
MN 58310

ICMJE DISCLOSURE FORM

Date: 04/08//2026

Your Name: Mayra Villalba Núñez

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos***

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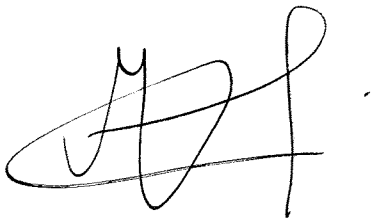
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None	
6	Payment for expert testimony	☒ None	
7	Support for attending meetings and/or travel	☒ None	
8	Patents planned, issued or pending	☒ None	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None	
jumpjump10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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: 04/08//2026

Your Name: Patricia Blanco

Manuscript Title: **Brechas en la evidencia cardiovascular en adultos mayores de 80 años. Parte 2. Resultados de la roundtable: fibrilación auricular y síndromes coronarios agudos ***

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21014

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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,	Baliarda	Grant educacional otorgado por Baliarda a consejo de cardiogeriatría de SAC para auspiciar la realización de este roundtable sobre Los fondos no fueron pagados directamente a mí . Baliarda no tuvo participación en el diseño, la recolección ni el análisis de datos, la interpretación de los resultados, la preparación del manuscrito ni la decisión de

	etc.) **No time limit for this item.**	enviarlo para publicación. 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).	**None**
3	Royalties or licenses	**None**
4	Consulting fees	**None**
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	**None**

6	Payment for expert testimony	**None** | | | | |---|---| | | | | | | | | |
7	Support for attending meetings and/or travel	| | | |---|---| | Laboratorio ELEA Y GADOR | Apoyo para la inscripción, el viaje y el alojamiento con el fin de asistir al Congreso Europeo de Cardiología (ESC). No hubo pago directo hacia mí , ni honorarios, empleo , consultoría , contrato ni otra relación formal con el laboratorio . El laboratorio no participó en el trabajo presentado en este manuscrito ni en la decisión de publicarlo. | | | | | | |
8	Patents planned, issued or pending	**None** | | | | |---|---| | | | | | | | | |
	Participation on a Data Safety Monitoring Board or Advisory Board	**None** | | | | |---|---| | | | | | | | | |
jum	Leadership or fiduciary role in other	**None**

	board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	**None**
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	**None**
13	Other financial or non-financial interests	**None**

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.