ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Yanina M. M. Castaño

Manuscript Title: **Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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.**	☒ None	
		None	
			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	
		None	
3	Royalties or licenses	☒ None	
		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)
4	Consulting fees	☒ None	
		None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ None	
		Laboratorio Eurofarma	
		Laboratorio Boehringer Ingelheim	
		Laboratorio Astra Zeneca	
6	Payment for expert testimony	☒ None	
		None	
7	Support for attending meetings and/or travel	☒ None	
		Laboratorio Elea	Laboratorio Novo Nordisk
		Medtronic	Laboratorio Adium
8	Patents planned, issued or pending	☒ None	
		None	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ None	
		None	
jumpju mp10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ None	
		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	
		None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ None	
13	Other financial or non-financial interests	☒ None	
		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.

04/08/26

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Martín A. Maraschio

Manuscript Title: **Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia**

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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			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	☒ 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
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.

Dr. MARTIN A. MARASCHIO
ESP. JERARQUIZADO EN
CLINICA MÉDICA
C/A DIABETOLOGIA
M.P. 81635

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Fabiana P. Vázquez

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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		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	**None**	
		Adium, Boehringer-Ingelheim, Elea, Glaxo, Nolter, NovoNordisk, Novartis, Sanofi.	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	**None**	
		Adium, Boehringer-Ingelheim, Elea, Glaxo, Nolter, NovoNordisk, Novartis, Sanofi	
6	Payment for expert testimony	**None**	
		Adium, Boehringer-Ingelheim, Elea.	
7	Support for attending meetings and/or travel	**None**	
		Adium, Elea, Gador, Sanofi,	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	**None**	
		Adium, Boehringer-Ingelheim, Elea, Glaxo, Nolter, Sanofi	
jumpjump10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	**None**	
		Sociedad Argentina de Diabetes	
		Sociedad Argentina de Nutrición	

		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.

Fabiana Vázquez
Médica esp. Nutrición.
Diabetes
MN 86573 MP 444167

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Diego Sebastian Novielli

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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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	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **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)
p10	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**	

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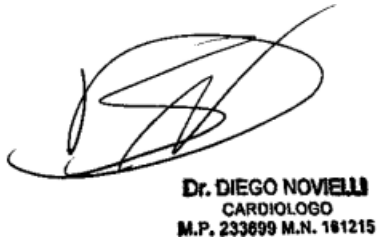

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Gustavo M.M. Lavenia

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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		NONE	NONE
			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**	
		NONE	NONE
3	Royalties or licenses	☒ **None**	
		NONE	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)
4	Consulting fees	NOVO NORDISK	NONE
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	NOVO NORDISK	NONE
		BOEHRINGER INGELHEIM	NONE
		BAYER	NONE
6	Payment for expert testimony	☒ **None**	
		NONE	NONE
7	Support for attending meetings and/or travel	BOEHRINGER INGELHEIM	
		BALIARDA	
8	Patents planned, issued or pending	☒ **None**	
		NONE	NONE
	Participation on a Data Safety Monitoring Board or Advisory Board	NOVO NORDISK	NONE
jumpjump10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
		NONE	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**	
		NONE	NONE
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
		NONE	NONE
13	Other financial or non-financial interests	☒ **None**	
		NONE	NONE

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

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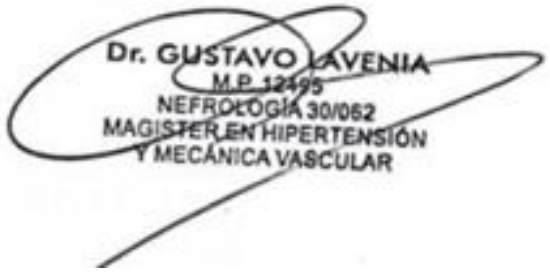

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Ezequiel H. Forte

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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			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**	

		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	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **YES**	
		Honoaria for lectures: Novo Nordisk, Boheringer, Adium, Elea, Casasco	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **YES**	
		Elea, Adium, Casasco, NovoNordisk	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **YES**	
		Secretary of Interamerican Society of Cardiology	

		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)
p10	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.

Dr Ezequiel Forte
DNI 24114463

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Alicia Elbert

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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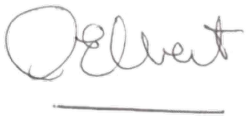
		none	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
		Miembro del Board de Speakers de AstraZeneca, Boehringer Ingelheim, Novo Nordisk, Sanofi , Servier, Raffo , Baliarda.	
		Investigadora en Estudio de Novonordisk , Abbie, Bayer, Biosidus, Glaxo, Boehringer Ingelheim, Astra Zeneca, Merck.	

		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)
3	Royalties or licenses	☒ **None**	
4	Consulting fees	☒ **None**	
		none	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
		none	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
		none	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **None**	
		Asesora grupo Cómite Nefrología de la Sociedad de diabetes y de la de Metabolismo y Diabetes de	

		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)
p10	advocacy group, paid or unpaid	la Sociedad de Nefrologia -Directora Curso de Obesidad y Diabetes de la Sociedad de Nefrología	
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
		none	
13	Other financial or non-financial interests	☒ **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. X



04-08-2026

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Guillermo De'Marziani

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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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**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **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)
p10	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**	

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ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: María J. Conforti

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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3	Royalties or licenses	☒ **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)
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	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **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)
p10	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**	

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Conforti Maria Jimena

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Cecilia Araya

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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		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			
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3	Royalties or licenses	☒ **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)
4	Consulting fees	☒ **None**	
		Bagó	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		Novo Nordisk, Astra Zeneca, Boehringer Ingelhein, Bayer , Nolter(Adium), Bagó.	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
		Novo Nordisk, Boehringer Ingelhein, Casasco, Baliarda, Elea, Siegfried, Bagó	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
jumpjum	Leadership or fiduciary role in other board, society, committee or	☒ **None**	
		Sociedad Argentina de Diabetes	

		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)
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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**	

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Dra Cecilia Araya

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: Carina Adjiman

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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	
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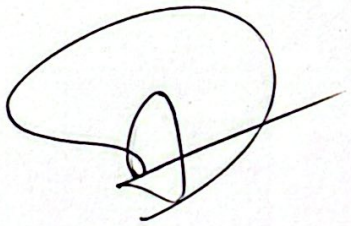

ICMJE DISCLOSURE FORM

Date: 03/08//2026

Your Name: María F. Aranguren

Manuscript Title:

Brecha terapéutica en pacientes de muy alto riesgo con enfermedad cardiorrenal: análisis de la implementación de terapias basadas en la evidencia

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v94.i4.21027

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4	Consulting fees	☒ **None**	
		Abbott, Novo Nordisk, Boehringer Ingelheim, AstraZeneca, Sanofi, Lilly, Raffo, Adium, Elea, Bagó, Bernabó, Servier	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
		Abbott, Novo Nordisk, Boehringer Ingelheim, AstraZeneca, Sanofi, Lilly, Raffo, Adium, Elea, Bagó, Bernabó, Servier	
6	Payment for expert testimony	☒ **None**	
		Abbott, Novo Nordisk, Boehringer Ingelheim, AstraZeneca, Sanofi, Lilly, Raffo, Adium, Elea, Bagó, Bernabó, Servier	
7	Support for attending meetings and/or travel	☒ **None**	
		, Novo Nordisk, Boehringer Ingelheim, Sanofi, , Bagó, Servier	
8	Patents planned, issued or pending	☒ **None**	
	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
		Abbott, Novo Nordisk, Boehringer Ingelheim, AstraZeneca, Sanofi, Lilly, Raffo, Adium, Elea, Bagó, Bernabó, Servier	

		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)
jumpjump10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
		Sociedad Argentina de Diabetes	
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**	

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