

## ICMJE DISCLOSURE FORM

**Date:** 28/10/2025

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**Your Name:** JUAN PABLO COSTABEL

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**Manuscript Title:** **Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i5.20933>

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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.

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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>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1" data-bbox="383 543 1520 648"> <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="383 869 1520 974"> <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="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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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Dr COSTABEL, Juan Pablo  
 Firma y aclaración  
 M.N.119403

## ICMJE DISCLOSURE FORM

**Date:** 28/10/2025

**Your Name:** LUCÍA HELGUERA

**Manuscript Title:** Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i5.20933

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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.



Helguera Lucía  
MN: 166.705

## ICMJE DISCLOSURE FORM

**Date:** 28/10/2025

**Your Name:** EZEQUIEL LERECH

**Manuscript Title:** Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital

**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i5.20933

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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 1654 1516 1755"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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Ezequiel Lerech



## ICMJE DISCLOSURE FORM

**Date:** 28/10/2025

**Your Name:** GUSTAVO GIUNTA

**Manuscript Title:** Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital

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 GUSTAVO ARIEL GIUNTA  
 MEDICO CARDIOLOGO  
 M.N. 99330 M.P. 57474  
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GUSTAVO ARIEL GIUNTA  
 MEDICO CARDIOLOGO  
 M.N. 99330 M.P. 57474



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 GUSTAVO ARIEL GIUNTA  
 MEDICO CARDIOLOGO  
 M.N. 99830 M.P. 57474

29 / OCT / 2023

## ICMJE DISCLOSURE FORM

Date: 28/10/2025

Your Name: PABLO STUTZBACH

Manuscript Title: Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital

Manuscript Number (if known): https://doi.org/10.7775/rac.es.v93.i5.20933

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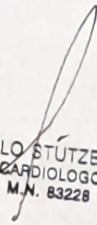
	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)				
<b>Time frame: Since the initial planning of the work</b>						
<b>1</b>	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				
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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> </table>				
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<b>4</b>	Consulting fees	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></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"/> <b>None</b> <table border="1" data-bbox="459 472 1353 584"> <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"/> <b>None</b> <table border="1" data-bbox="459 734 1353 846"> <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"/> <b>None</b> <table border="1" data-bbox="459 925 1353 1037"> <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"/> <b>None</b> <table border="1" data-bbox="459 1115 1353 1227"> <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"/> <b>None</b> <table border="1" data-bbox="459 1305 1353 1417"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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11	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="459 1686 1353 1798"> <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" data-bbox="464 450 1362 539"> <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" data-bbox="464 651 1362 730"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

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.

  
 PABLO STUTZBACH  
 CARDIOLOGO  
 M.N. 83228

### ICMJE DISCLOSURE FORM

Date: 28/10/2025  
 Your Name: CELESTE CARRERO  
 Manuscript Title: **Reticencia al uso de estatinas en prevención secundaria: preocupantes resultados en la era de la desinformación digital**  
 Manuscript Number (if known): <https://doi.org/10.7775/rac.es.v93.i5.20933>

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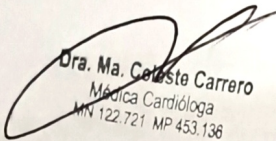
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 Dra. Ma. Celeste Carrero  
 Médica Cardióloga  
 MN 122,721 MP 453,136