

## ICMJE DISCLOSURE FORM

**Date:** 01/10/2023

**Your Name:** Leandro Barbagelata

**Manuscript Title:** Impacto de la optimización del tratamiento hipolipemiante en el riesgo cardiovascular residual.

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20666

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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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.

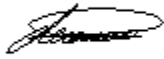
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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.



Leandro Barbagelata

## ICMJE DISCLOSURE FORM

**Date:** 15/10/2023  
**Your Name:** Daniel Siniawski  
**Manuscript Title:** Impacto de la optimización del tratamiento hipolipemiante en el riesgo cardiovascular residual.  
**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i5.20666

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None 	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None 	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None 	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None 	
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Please place an "X" next to the following statement to indicate your agreement:

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Dr Daniel Alberto Siniawski MN 49527 DNI 11005641

## ICMJE DISCLOSURE FORM

**Date:** 01/10/2023

**Your Name:** Walter Masson

**Manuscript Title:** **Impacto de la optimización del tratamiento hipolipemiante en el riesgo cardiovascular residual.**

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20666

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" data-bbox="397 1461 1531 1562"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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Walter Masson

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**Date:** 01/10/2023

**Your Name:** Santiago Lynch

**Manuscript Title:** Impacto de la optimización del tratamiento hipolipemiante en el riesgo cardiovascular residual.

**Manuscript Number (if known):** http://dx.doi.org/10.7775/rac.es.v91.i4.20666

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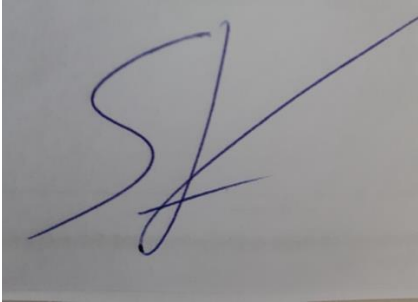
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Dr. Santiago Lynch  
 MN 104349  
 DNI 24560571

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Date: 01/10/2023  
 Your Name: Gerardo Masson  
 Manuscript Title: Impacto de la optimización del tratamiento hipolipemiante en el riesgo cardiovascular residual.  
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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.



MASSIMO GERARDO  
 ONI 31032707

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Melina Huerin

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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>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>	Time frame: Since the initial planning of the work <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td><td style="width: 10%; text-align: right;">None <input checked="" type="checkbox"/></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>		None <input checked="" type="checkbox"/>				
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MELINA HUERIN  
 MEDICA CARDIOLOGA  
 M.N. 74244 - M.P. 443280



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