

## ICMJE DISCLOSURE FORM

**Date:** 13/01/2026  
**Your Name:** Juan Pablo Campagna  
**Manuscript Title:** Identidad y corazón: el desafío cardiovascular en la transición de género  
**Manuscript Number (if known):** https://doi.org/10.7775/rac.es.v93.i6.2094

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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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>									
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Dr. Campagna Juan Pablo  
Médico- Mat. 8236-1-202  
Cardiólogo- Mat. 2567

## ICMJE DISCLOSURE FORM

**Date:** 13/01/2026

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**Your Name:** Mariela Karina Huertas

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**Manuscript Title:** **Identidad y corazón: el desafío cardiovascular en la transición de género**

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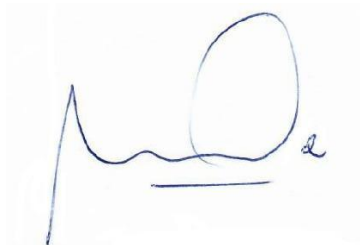
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Dra. MARIELA KARINA HUERTAS  
DNI 36979547 MPRN 8328

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**Date:** 13/01/2026

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**Your Name:** Gianfranco Bosque

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**Manuscript Title:** **Identidad y corazón: el desafío cardiovascular en la transición de género**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i6.20947>

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Bosque Gianfranco  
Dni: 38547888  
MAT: MPRN 8091

## ICMJE DISCLOSURE FORM

**Date:** 13/01/2026

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**Your Name:** Nicolás Menichini

---

**Manuscript Title:** **Identidad y corazón: el desafío cardiovascular en la transición de género**

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Dr. Menichini Nicolás Adolfo  
DNI 25453752 MPRN 5275

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**Date:** 13/01/2026

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**Your Name:** Juan Pablo Lestard

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**Manuscript Title:** **Identidad y corazón: el desafío cardiovascular en la transición de género**

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**Manuscript Number (if known):** <https://doi.org/10.7775/rac.es.v93.i6.2094>

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></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"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; 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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