

ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: José Antonio Magaña Serrano

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 480 1516 659"> <tr> <td>speaker, advisor and Researcher for Astrazeneca, Bayer México S.A., M8, Novartis, Roche, Servier, Silanes.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		speaker, advisor and Researcher for Astrazeneca, Bayer México S.A., M8, Novartis, Roche, Servier, Silanes.							
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Date: 8/4/2023

Your Name: José Angel Cigarroa López

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Your Name: Adolfo Chávez Mendoza

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 8/4/2023

Your Name: Juan Betuel Ivey-Miranda

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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Date: 8/4/2023

Your Name: Genaro Hiram Mendoza Zavala

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Luis Olmos Domínguez

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Sergio Armando Chávez Leal

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: José Ernesto Pombo Bartelt

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Eduardo Heberto Herrera-Garza

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Gerardo Mercado Leal

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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)						
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 258 1516 394"> <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 type="checkbox"/> None <table border="1" data-bbox="386 480 1516 764"> <tr> <td>speaker or advisor for AstraZeneca, Bayer, Boehringer Ingelheim, Eli-Lilly, Novartis, Servier.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		speaker or advisor for AstraZeneca, Bayer, Boehringer Ingelheim, Eli-Lilly, Novartis, Servier.							
speaker or advisor for AstraZeneca, Bayer, Boehringer Ingelheim, Eli-Lilly, Novartis, Servier.											
6	Payment for expert testimony	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 850 1516 953"> <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="386 1066 1516 1169"> <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="386 1283 1516 1386"> <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="386 1499 1516 1602"> <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="386 1690 1516 1793"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; margin-top: 5px;"> <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" style="width: 100%; margin-top: 5px;"> <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" style="width: 100%; margin-top: 5px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Rodolfo Parra Michel

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Luisa Fernanda Aguilera Mora

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None <table border="1" data-bbox="386 483 1516 764"> <tr> <td>has worked advising Bayer and other laboratories on issues regarding heart failure.</td> <td></td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		has worked advising Bayer and other laboratories on issues regarding heart failure.							
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" data-bbox="386 1281 1516 1381"> <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="386 1495 1516 1596"> <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="386 1688 1516 1789"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

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ICMJE DISCLOSURE FORM

Date: 8/4/2023

Your Name: Patricia Lenny Nuriulu Escobar

Manuscript Title: Vulnerable period in heart failure: a window of opportunity for the optimization of treatment

Manuscript Number (if known): [Click or tap here to enter text.](#)

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