| Date: | | | 10/3/2024 | | |
|--|---|--|--|--|--|
| Your Name: | | | Eleni Giannopoulou | | |
| Manuscript Title: | | | Role of aspirin in the primary prevention of cardiovascular disease in patients with hyperlipoproteinemia(a) | | |
| Ma | nuscript Number (if k | (nown): | NA | | |
| content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities | | ipt. "Rela of the ma e in doub os/activiti nsion, yo | e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript. | | |
| | em #1 below, report ne for disclosure is th | | · | ithout time limit. For all other items, the time | |
| | | Name al | l entities with whom you have this | Specifications/Comments (e.g., if payments were | |
| | | relation | ship or indicate none (add rows as needed) | made to you or to your institution) | |
| | | relation | ship or indicate none (add rows as needed) Time frame: Since the initial planning | , , , | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | r 1 | | , , , | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing | r 1 | Time frame: Since the initial planning | of the work | |
| 1 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | r 1 | Time frame: Since the initial planning | of the work Click the tab key to add additional rows. | |
| 2 | present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for | | Time frame: Since the initial planning | of the work Click the tab key to add additional rows. | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you | nents (e.g., if payments were our institution) |
|----|--|---|---|
| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Image: square of the property o | |
| 10 | 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 | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
| 13 | Other financial or non-financial interests | None | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | | | 10/3/2024 | | |
|---|---|--|--|---|--|
| Your Name: | | | Loukianos S. Rallidis | | |
| Ma | nuscript Title: | | Role of aspirin in the primary prevention of hyperlipoproteinemia(a) | cardiovascular disease in patients with | |
| Ma | nuscript Number (if k | nown): | N/A | | |
| con affe ind The epic | tent of your manuscriected by the content of icate a bias. If you are author's relationship | ipt. "Rela of the ma e in doub os/activiti nsion, yo | ated" means any relation with for-profit or no nuscript. Disclosure represents a commitmer it about whether to list a relationship/activity, res/interests should be defined broadly. For e u should declare all relationships with manufa | /interest, it is preferable that you do so. | |
| In item #1 below, report all suppo frame for disclosure is the past 36 | | | | ithout time limit. For all other items, the time | |
| | | | Il entities with whom you have this ship 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. | [⊠] N | one | Click the tab key to add additional rows. | |
| | | | Time frame: past 36 month: | s | |
| 2 | Grants or contracts from any entity (if not | [⊠] N | one | | |

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 None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Mone [Honoraria for lectures from Amgen, Sanofi-Aventis, Viatris, Novartis and Vianex, outside the submitted work]. | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

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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 None | |
| Plea 🖂 | Please place an "X" next to the following statement to indicate your agreement: | | |

| Date: | | 10/3/2024 | 10/3/2024 | | |
|---|--|--|---|--|--|
| Your Name: | | Donatos Tsamoulis | Donatos Tsamoulis | | |
| Maı | nuscript Title: | Role of aspirin in the primary prevention on hyperlipoproteinemia(a) | f cardiovascular disease in patients with | | |
| Mai | nuscript Number (if kr | nown): N/A | | | |
| con affe | tent of your manuscri cted by the content o | rency, we ask you to disclose all relationships/activit pt. "Related" means any relation with for-profit or r f the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activit | ot-for-profit third parties whose interests may be ent to transparency and does not necessarily | | |
| epic | demiology of hyperten | s/activities/interests should be defined broadly. For ision, you should declare all relationships with manustript. | | | |
| In item #1 below, report all suppo frame for disclosure is the past 36 | | all support for the work reported in this manuscript verset as a months. | without time limit. For all other items, the time | | |
| | | 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 | g of the work | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, | None None | Click the tab key to add additional rows. | | |
| | medical writing, article processing charges, etc.) No time limit for this item. | | | | |
| | | Time frame: past 36 mont | hs | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | | | |

Royalties or

licenses

⊠ None

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comm made to you or to you | nents (e.g., if payments were our institution) |
|----|--|---|---|
| 4 | Consulting fees | None None | |
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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 | |
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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 | |
| Plea [⊠] | Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form. | | |

| Date: | 10/3/2024 |
|--|---|
| Your Name: | Maria Gianniou |
| Manuscript Title: Role of aspirin in the primary prevention of cardiovascular disease in patients with hyperlipoproteinemia(a) | |
| Manuscript Number (if known): | N/A |
| content of your manuscript. "Rela affected by the content of the mai indicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned | rt for the work reported in this manuscript without time limit. For all other items, the time |
| | |

| | | 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 | Click the tab key to add additional rows. | |
| | | Time frame: past 36 month | ns | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | 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 | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | □ □ | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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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 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. | | | | |

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|---|---|------------------|--|---|--|--|--|
| Date: | | _10 | 10/3/2024 | | | | |
| Your Name: | | Со | Constantine E. Kosmas | | | | |
| Manuscript Title: | | L. | Role of aspirin in the primary prevention of cardiovascular disease in patients with hyperlipoproteinemia(a) | | | | |
| Manuscript Number (if known): | | nown): <u>N/</u> | N/A | | | | |
| cor affi ind The epi tha | 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. | | | | | | |
| | | | tities with whom you have this 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, | None | | Click the tab key to add additional rows. | | | |

of study materials, medical writing, article processing charges, etc.)
No time limit for this item.

Time frame: past 36 months

Royalties or licenses

None

None

| | | | omments (e.g., if payments were o your institution) |
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| 4 | Consulting fees | None None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | [⊠] None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | Image: square of the square o | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None | |

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| 11 | Stock or stock options | None | | |
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| 13 | Other financial or non-financial interests | None | | |
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