1. CT coronary angiography is able to detect and quantify atherosclerotic plaque; further improvement in CT resolution is necessary for precise assessment of small and distal coronary plaques (this thesis).

2. The use of dedicated plaque analysis software permits the reproducible assessment of atherosclerotic plaque by CT coronary angiography, which is paramount for the validity of longitudinal studies (this thesis).

3. CT coronary angiography can assess the progression of coronary atherosclerosis and may be used for noninvasive monitoring of pharmacological interventions in coronary artery disease (this thesis).

4. CT angiography can comprehensively assess the complex three-dimensional geometry of coronary artery bifurcations. The proximal segment of bifurcations is more likely to contain larger plaque burden and non-calcified plaques, especially when the branching angle is wide (this thesis).

5. Atherosclerotic plaque is widely present in all bifurcation segments, even in the absence of coronary lumen stenosis. A CTCA classification combining lumen and plaque parameters could be more informative than angiographic classification of bifurcation lesions (this thesis).

6. The calculation of the SYNTAX Score by CTCA in symptomatic patients appears feasible and reproducible (this thesis).

7. The absence of coronary calcification does not exclude obstructive coronary artery disease (Gottlieb et al., JACC Vol. 55, No. 7, 2010).


9. When you've exhausted all your possibilities, remember this... You haven't. (Thomas A. Edison)

10. The secret to getting ahead is getting started. The secret of getting started is breaking your complex, overwhelming tasks into small manageable tasks, and then starting on the first one. (Mark Twain)

11. Ἐν οἴδα ὅτι οὐδὲν οἴδα (I know one thing, that I know nothing). (Socrates)