

## **Improving Risk Assessment in Acquired Heart Disease: Biomarkers and Beyond**

1. Patients with cardiac resynchronization therapy with defibrillator reaching a left ventricular ejection fraction of  $\geq 35\%$ , could be assigned to cardiac resynchronization therapy without defibrillator when device change is needed. *(this thesis)*
2. Atrial fibrillation is an important risk factor associated with poor outcome in cardiac resynchronization therapy patients. *(this thesis)*
3. Long-term mortality after PCI can be adequately predicted using simple clinical and angiographic baseline variables. *(this thesis)*
4. Individual patterns of change of biomarkers, as well as combinations of multiple biomarkers, improve discrimination between chronic heart failure patients with and without future adverse clinical outcome. *(this thesis)*
5. Natriuretic peptide guided therapy is associated with a significant reduction in all-cause mortality compared to usual care in patients with heart failure with reduced ejection fraction. *Brunner-La Rocca - Eur J Heart Fail. 2015 Dec;17(12):1252-61*
6. Temporal patterns of circulating microRNA's contain important prognostic information in heart failure patients. *(this thesis)*
7. Targeting of microRNA function by mimics or inhibitors for the modulation of human diseases, including cardiovascular diseases carries potential to become approved treatment in the coming years. *Li - Nat Rev Drug Discov. 2014 Aug;13(8):622-38*

8. A simplistic way to think of biomarkers is as indicators of disease trait, disease state or disease rate. *Vasan - Circulation. 2006 May 16;113(19):2335-62*
9. Predicting outcomes is not synonymous with explaining their cause. *Moons – BMJ. 2009 Feb;338:b375*
10. It is more important to know what sort of person has a disease than to know what sort of disease a person has. *Hippocrates*
11. A p-value of less than 0.05 is not a substitute for common sense. *Pocock - N Engl J Med. 2016 Sep 8;375(10):971-9*
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