

Stellingen behorend bij het proefschrift:

Endothelial Dysfunction in Cardiovascular Disease

1. Peripheral arterial tonometry cannot detect clinically relevant coronary artery disease. *This thesis*
2. Microvascular endothelial dysfunction, rather than nitric oxide impairment alone, contributes to coronary artery disease development over time. *This thesis*
3. A normal endothelial function remains elusive after percutaneous coronary intervention, even with a bioresorbable vascular scaffold. *This thesis*
4. Urinary renin is a marker of discordant tissue renin-angiotensin-aldosterone system activity in patients at increased risk of cardiovascular disease. *This thesis*
5. Prorenin receptor blockade is unlikely to be a new therapeutic target to further suppress the renin-angiotensin-aldosterone system on top of existing blockers of this system. *This thesis*
6. The observation that cardiovascular disease is no longer the number one killer in the Netherlands in both men and women, is the result of 40 years of optimised percutaneous coronary interventions.
7. To further reduce the burden of coronary artery disease, it is better to invest in primary prevention than in the development of new cardiac devices.
8. In view of the continued rise in numbers of heart failure patients, it is mandatory that every hospital has a heart failure specialist.
9. The health care system needs reorganisation, not extra funds.
10. Quality is time- and cost-dependent.
11. Most effective therapies are based on luck.

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