

## **Stellingen / Propositions**

### **Bioresorbable polymer coated metallic stents and fully bioresorbable scaffolds: Benefits and limitations in different coronary lesion subsets - Clinical and intravascular imaging results -**

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1. When OCT is used by experienced operators in a wide range of patients, adverse events are low and easily treatable without permanent patient harm. (this thesis)
2. To achieve full stent strut apposition in large left main coronary arteries, overexpansion of standard coronary artery stents requires adequate sized balloons at high pressure as simultaneous kissing balloons fail to achieve this. (this thesis)
3. While bioresorbable vascular scaffold implantation in STEMI is associated with good acute procedural outcomes, clinical midterm follow-up data have highlighted cautionary findings. (this thesis)
4. With adequate lesion preparation and postdilation, bioresorbable vascular scaffolds can effectively be used in complex CTOs with good acute angiographic and clinical outcomes. (this thesis)
5. The radiolucent polymeric fully bioresorbable vascular scaffold (BRS) allows effective follow-up of routine coronary interventions using coronary computed tomography (CT) angiography. (this thesis)
6. OCT has an important role in procedural planning.
7. Light is faster than sound.
8. The best is yet to be for bioresorbable vascular scaffolds.
9. A provisional stenting strategy (one stent technique) with meticulous lesion preparation and proximal optimization could be considered as the technique of choice for the majority of bifurcation cases.
10. The use of intracoronary imaging is recommended in left main intervention.
11. Fail early, fail often and always fail forward. (Will Smith)