

## Propositions belonging to this thesis

1. Bioresorbable vascular scaffolds show a better conformability than metallic stents. *This thesis*
2. The rate of early, late and very late scaffold thrombosis is higher in patients treated with a bioresorbable vascular scaffold than in patients treated with a second-generation metallic stent. *This thesis*
3. Underexpansion is a frequently occurring phenomenon with bioresorbable vascular scaffolds and it is associated with target vessel failure. *This thesis*
4. Coronary computed tomography angiography in combination with computed tomography perfusion identifies clinically unnoticed bioresorbable scaffolds failures and predicts good outcome when failure is absent at 18 months of follow-up. *This thesis*
5. Mid-term outcomes of bioresorbable vascular scaffolds versus second-generation drug-eluting stents are in favour of drug-eluting stents. *This thesis*
6. Patients with severe left main stem disease, with low to intermediate anatomic complexity, can be treated with both percutaneous coronary intervention and coronary artery bypass grafting. *D. Giacopp, JAMA Cardiol 2017*
7. Patients included in randomized controlled trials are not representative of patients treated in daily clinical practice. *S. de Boer, EHJ 2006*
8. Less than 50% of young patients presenting with myocardial infarction would not have met guideline-based criteria for statin therapy prior to their myocardial infarction. *A. Singh, J Am Coll Cardiol 2017*
9. Fractional flow reserve guided complete revascularization is associated with lower event rates compared to culprit-only intervention in the treatment of patients with ST-elevation myocardial infarction. *P. Smits, NEJM 2017*
10. Physical exercise is good for you but not in polluted air, as there is an increased risk of ST-elevation myocardial infarction. *J. Argach, Int J Cardiol 2016*
11. Nothing kills productivity more than a broken coffee machine. *Unknown*