

**Improving clinical outcomes after contemporaneous  
myocardial revascularisation strategies:**

Coronary Artery Bypass Grafting versus Percutaneous Coronary Intervention

1. “Coronary bypass surgery remains the golden standard for patients with three-vessel and complex coronary artery disease.” – *this thesis* – D.J.F.M. Thuijs
2. “Using multiple arterial grafts during coronary artery bypass surgery provides a long-term survival benefit in selected patients with coronary artery disease, compared to using only a single arterial graft.” – *this thesis* – D.J.F.M. Thuijs
3. “Extensive residual coronary artery disease after myocardial revascularization diminishes long-term survival and should therefore be avoided at all time.” – *this thesis* – D.J.F.M. Thuijs
4. “The SYNTAX Score II 2020 should be used during heart team meetings in order to determine the optimal revascularization strategy for individual patients with complex coronary artery disease” – *this thesis* – D.J.F.M. Thuijs
5. “Interpretation of meta-analyses of PCI versus CABG in patients with LMCAD is challenging due to major differences in study design and reported outcomes.” – *this thesis* – D.J.F.M. Thuijs
6. “The radial artery is preferred over the saphenous vein as a conduit for coronary bypass surgery.” – M. Gaudino, NEJM, 2018, May, DOI: 10.1056/NEJMoa1716026 – *Radial-Artery or Saphenous-Vein Grafts in Coronary-Artery Bypass Surgery*
7. “A fair and accurate comparison between PCI and CABG cannot be appreciated unless medical therapies are equalized with both approaches.” – AC. Pinho-Gomes, JACC, 2018, February, DOI: 10.1016/j.jacc.2017.11.068 – *Compliance With Guideline-Directed Medical Therapy in Contemporary Coronary Revascularization Trials*
8. “Discrepancies in the rates of periprocedural MI after PCI and CABG exist, depending on the definition of myocardial infarction.” – M. Ruel, Circulation 2018, December, DOI:

10.1161/CIRCULATIONAHA.118.035970 – *Myocardial Revascularization Trials Beyond the Printed Word*

9. “In survival analyses, the area under de curve is more important than the proportion of mortality by the end of follow-up.” – D. Kim, JAMA Cardiol, 2017, November, DOI: 10.1001/jamacardio.2017.2922
10. “Meta-analysis should only be performed with individual patient data.” – D. Moher, The Lancet 2016, April; DOI: 10.1016/S0140-6736(15)00307-4 - *Increasing value and reducing waste in biomedical research: who's listening?*
11. “Adventure is curiosity” – L.M.D. de Jong & D.J.F.M. Thuijs, 2016