

Propositions pertaining to the PhD-thesis

1. Mechanical and biological prostheses in the tricuspid valve position have comparable reintervention rates, mainly due to the high incidence of mechanical valve reoperation for valve thrombosis (this thesis)
2. Significant male-female differences exist in patient presentation and hospital mortality risk factors in contemporary tricuspid valve surgery in the Netherlands (this thesis).
3. Using current selection criteria concomitant tricuspid valve surgery during left ventricular assist device implantation is *not* associated with improved patient outcomes (this thesis).
4. Both tricuspid valve disease etiology and patient outcomes after tricuspid valve replacement have changed considerably over time (this thesis).
5. Transcatheter tricuspid valve treatment is a promising development to supplement the current landscape for tricuspid valve surgery (this thesis).
6. Standardized outcome measures are essential for obtaining valid pooled results and multicenter communication of clinical research.
7. In the setting of rare heart valve diseases multicenter collaboration is the key to realizing interpretable results and international networks dedicated to heart valve disease provide important platforms to do so.
8. Inappropriate use of statistical tools can severely hamper interpretation of the results and may lead to spurious conclusions. Specifically, the use of novel statistical tools, beyond time-to-event analysis, is necessary to model repeated measurements of biomarkers such as valve (dys)function over time.
9. Neglecting to pass on your skills and knowledge obtained during your PhD trajectory to others is a waste of collective property.
10. If someone does not understand your analyses, you did not explain them clearly.

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11. Blind belief in authority is the greatest enemy of truth – *Albert Einstein*