Risk Stratification in Adult Congenital Heart Disease

A blood biomarker-based approach

1. C-reactive protein is associated with the risk of death or heart failure in adult congenital heart disease and provides prognostic information beyond NT-proBNP. (this thesis)

2. Blood biomarkers are better prognosticators than novel echocardiographic strain measurements in adult patients with a systemic right ventricle. (this thesis)

3. In adults with pulmonary hypertension, combining multiple biomarkers is beneficial in detecting patients at higher risk of events, however risk stratification based on exclusively biomarkers is inadequate. (this thesis)

4. The follow-up frequency of adults with congenital heart disease should be based on a combination of prognosticators and physical assessment, rather than on the severity of the congenital heart defect itself. (this thesis)

5. Adult patients with pulmonary hypertension who have a normal GDF-15 level at the time of diagnosis have a very low 2-year risk of mortality or transplantation and can therefore be monitored less frequently at the outpatient clinic. (this thesis)

6. Machine learning algorithms trained on large datasets can be used to estimate prognosis and potentially guide therapy in adult congenital heart disease. (Diller, 2019 European Heart Journal)

7. Recognizing and managing modifiable cardiovascular risk factors, such as hypercholesterolemia, is of importance to reduce the morbidity and mortality in patients with adult congenital heart disease. (Fedchenko, 2020 European Heart Journal)

8. Blood biomarkers will make good doctors better and bad doctors worse.

9. Prediction is very difficult, especially if it's about the future. (Niels Bohr)

10. Humans were always far better at inventing tools than using them wisely. (Yuval Noah Harari)

11. Niets doen is ontzettend moeilijk. Je weet nooit wanneer je klaar bent. (Leslie Nielsen)

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