

Propositions

1. Using a patient specific reference value for high-sensitivity troponins is more appropriate than using a population based one, particularly in high-risk patients. (this thesis)
2. The within-patient variability in LDL-C in statin-treated high-risk patients can lead to clinically important discrepancies in subsequent LDL-C measurement and thus cause over- or under-treatment. (this thesis)
3. Regular echocardiographic monitoring of systolic or diastolic LV function is not useful in otherwise stable heart failure patients. (this thesis)
4. The process of an acute coronary syndrome cannot be captured in a (realistic) high-frequency blood sampling scheme. (this thesis)
5. Deterioration of heart failure can be captured by serial measurement of blood biomarkers not obviously related to cardiac function. (this thesis)
6. The introduction of high-sensitivity cardiac troponin T does not lead to an increased number of coronary angiographies, improves the rule-out process and thereby reduces the need for stress testing and time to discharge. (Twerenbold 2016 EHJ)
7. It would be good to replace the currently used Journal Impact Factor with the median citations of the articles and reviews in the journal; this would remove the effects of statement or guideline papers, clinical trials, or papers with statistical information. (Ophthof 2019 Circ Res)
8. Analytical approaches of complex data varies widely even among data analysts and can lead to significant variation in the results. (Botvinik-Nezer 2020 Nature)
9. Well written code ensures reproducibility, reduces error, and provides auditable documentation of the analyses underpinning research results. (Assel 2018 Ann Intern Med)
10. Het krijgen van kinderen vertoont opvallende overeenkomsten met het schrijven van de limitaties: beiden voegen overduidelijk waarde toe en beiden zijn een vorm van vrijwillige zelfkastijding.
11. Maak er wat van, maak er wat van; Als je ontevreden bent; Nou doe daar dan wat an (Bert & Ernie)