

Propositions:

5 related to the thesis:

1. A potential new application of the SYNTAX score is discriminating the performance of novel versus first generation stents in high risk lesions in future clinical trials, particularly those with all-comers design, and daily clinical practice. (this thesis)
2. SXscore may be an appropriate tool to stratify risk in all patients undergoing PCI and long-term follow-up. (this thesis)
3. New generation devices all perform equally well in simple lesions, however, differences between them can be discerned in complex patient populations and complex lesions. (this thesis)
4. This first assessment of the performance of ACEF score as a risk model to predict cardiac death and myocardial infarction in an all-comers population of patients undergoing percutaneous coronary intervention with drug eluting stents appears adequate. One may consider using anatomically based score such as SYNTAX score to assess risk of repeat revascularization more accurately. Combination of these two scores may be needed in particularly challenging and high risk patient populations such as patients with multivessel disease to improve the accuracy of risk prediction. (this thesis)
5. While the event rate for patients treated with BMS and CABG reach an asymptotic value at 1 year, events continue to accumulate for patients treated with SES in ARTS-II. After two years this increase in events is partly explained by an increase in myocardial infarction rates. This "catch-up" phenomenon is much more apparent in the diabetic population compared to non-diabetic patients. (this thesis)

5 non-related to the thesis but scientifically defensible:

6. Vascular restoration therapy with bioresorbable scaffolding devices eluting inhibitors of m-TOR will result in 1. plaque reduction, 2. increase in lumen without expansive remodelling and 3. recreate a novel vascular architecture with restored normal vasomotion and endothelial function able to respond to physiological stimuli such as shear stress.
"Induction" therapy with the everolimus eluting scaffold in combination with "maintenance" therapy with statins can modify the natural history of atherosclerosis and induce disease "remission", in the parlance of oncology. (P.W. Serruys, ARC EU grant proposal)
7. This new technology (bioabsorbable scaffold eluting mTOR inhibitor) heralded as the **4th revolution** in interventional cardiology, offers the possibility of transient scaffolding of the vessel to prevent acute closure and recoil. The scaffold will remain in place and will elute an anti-proliferative drug that will counteract constrictive remodeling and excessive neointimal hyperplasia. However, ultimately after a period of 2 years the stent struts are reabsorbed, proteoglycan is deposited and by 3-4 years there is complete integration of the device into the vessel wall with infiltration by functional smooth muscle cells. 100% of struts are tissue-covered and 100% are apposed, as shown by Optical coherence tomography in the pilot ABSORB cohort A. (P.W. Serruys et al., FP7 EU grant)
8. We don't follow the guidelines we write the guidelines. (P.W. Serruys)
9. If you are going through hell, keep on going. (Winston Churchill)
10. **Sometimes the invisible books, born out of generosity towards other people, are as important as those that fill our libraries. (P. Coehlo)**

One that is not scientifically defensible:

11. Just close your eyes and the wire will go. Better lucky than good. (J.J. Wykrzykowska)

