

Stellingen

Behorend bij het proefschrift

'Modeling Outcome of Implantable Defibrillator Patients'

1. Implantable defibrillator therapy for the primary prevention of sudden death is cost-effective in the European healthcare setting. (This thesis)
2. The effectiveness of implantable defibrillators for the primary prevention of sudden death is equal in patients with ischemic heart disease compared with non-ischemic heart disease patients. (This thesis)
3. The Seattle Heart Failure Model predicts mortality in implantable defibrillator patients treated with cardiac resynchronization therapy. (This thesis)
4. Elevated C-reactive protein levels are predictive of appropriate ICD interventions. (This thesis)
5. Survivors of ventricular fibrillation have persistent cardiovascular risk factors at late follow-up. (This thesis)
6. Minimally invasive surgical ablation for atrial fibrillation is more effective than catheter ablation in selected patients. (FAST trial)
7. The advantage of totally subcutaneous implantable defibrillators becomes clear in the light of all recent lead-related problems.
8. Percutaneous closure of the left atrial appendage may provide an alternative strategy to coumadin therapy in selected patients with atrial fibrillation. (PROTECT-AF trial)
9. Transcatheter aortic valve implantation reduces mortality, symptoms, and hospitalization frequency in patients unsuitable for conventional surgery. (PARTNER trial)
10. Percutaneous edge-to-edge mitral valve repair improves symptoms and left ventricular reverse remodeling in patients with severe mitral regurgitation and high risk of surgical mortality. (EVEREST II trial)
11. Absence of evidence is not evidence of absence. (Carl Sagan)