Propositions pertaining to the PhD-thesis

**Innovative Modeling of Outcome in Cardiac Surgery**

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1. There is no late patient survival difference in the first postoperative decade between the Ross procedure and mechanical aortic valve implantation with optimal anticoagulation self-management (*this thesis*).

2. The outcome of the Ross procedure is strongly depended on patient characteristics and center experience and expertise (*this thesis*).

3. Right-ventricular outflow-tract reconstruction with an allograft conduit can be performed with good patient survival, acceptable long-term allograft durability, and good perceived quality of life (*this thesis*).

4. The analysis of serial patient data such as (allograft) valve function is complex, and requires advanced longitudinal models for adequate statistical analysis (*this thesis*).

5. The application of novel statistical methods in assessment of outcome in cardiac surgery can increase the quality of analyses and the quality of scientific conclusions (*this thesis*).

6. There is no perfect heart valve substitute, but many of the valve related complications can be minimized through careful patient selection, shared decision making and careful medical management and follow-up.

7. For correct assessment and interpretation of the degree of mortality in a certain patient population, the mortality of this group needs to be compared with that of a reference group.

8. Accepting shared decision making as an integral part of healthcare is necessary for further improvement of quality of care and reduction of costs.

9. When interpreting statistical outcomes, knowledge of statistics counts but common sense matters.


11. There are no facts, only interpretations (*Nietzsche, Notebooks, Summer 1886 – Fall 1887*).