

STELLINGEN

Behorende bij het proefschrift

Transcatheter Aortic Valve Implantation: From Experiment to Clinical Practice and Beyond

1. Patient selection for TAVI should be based on the clinical judgment of a Heart Team and not be reduced to simple algorithms or flow charts. (this thesis)
2. The results from the CoreValve Expanded Evaluation Registry demonstrated a high procedural success rate and an 8% 30-day mortality rate in a large cohort of high surgical risk patients. (this thesis)
3. New-onset left bundle branch block is the most common conduction abnormality following CoreValve implantation; it develops in 40% of patients, it is associated with the depth of implantation, and at 6-month follow-up persists in the majority of patients.
4. After propensity score matching, high surgical risk patients undergoing transcatheter aortic valve and surgical aortic valve replacement have similar 30-day mortality outcomes. (this thesis)
5. The goals of VARC were to combine the expertise of surgeons, interventionalists, medical cardiologists, clinical trialists, and other relevant specialists to arrive at a consensus for (i) selecting appropriate clinical endpoints reflecting device, procedure and patient-related effectiveness and safety, and (ii) standardizing definitions for single and composite clinical endpoints. (this thesis)
6. When defined literally, the annulus is no more than a little ring. (Robert Anderson, MD)
7. The magic behind every outstanding performance is always found in the smallest of details. (Gary Ryan Blair)
8. A device is safe when the risk of not using it, is greater than the risk of using it. (Dwight Harken, MD)
9. Now this is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning. (Sir Winston Churchill)
10. We may have all come in different ships but we're in the same boat now. (Martin Luther King, Jr.)
11. If you debate with me, you will always win; but historically you will lose! (Patrick W. Serruys)