

## Stellingen / Propositions

Behorende bij dit proefschrift

### **The contribution of OCT to interventional cardiology: From methodological considerations to clinical application**

1. The adequate use of OCT requires knowledge about the pathophysiology of atherosclerosis and stent healing, and the understanding of the principles of OCT imaging and various artefacts that interfere with the correct diagnosis. (*this thesis*)
2. Three-vessel imaging with OCT and IVUS-VH is safe and feasible in ST-elevation myocardial infarction. (*this thesis*)
3. OCT-detected major evaginations are a specific morphological footprint of early-generation sirolimus-eluting stents. They correlate with uncoverage, malapposition and thrombus at follow-up, and are associated with positive vessel remodeling. (*this thesis*)
4. OCT-detected edge dissections which are angiographically silent in the majority of cases have no clinical impact at one year. (*this thesis*)
5. OCT-detected incompletely apposed struts are rare immediately after implantation of ABSORB bioresorbable vascular scaffolds, and generally heal up to six months follow-up. (*this thesis*)
6. The healing process following implantation of the ABSORB bioresorbable vascular scaffold is by OCT characterised by the formation of a signal-rich homogeneous neointimal coverage, resembling a thick fibrous cap. (*this thesis*)
7. The more I learn, the more I learn how little I know. (*Socrates*)
8. Every battle is won before it is fought. (*Sun Tzu*)
9. Coming together is a beginning, staying together is progress, and working together is success. (*Henry Ford*)
10. Imagination is more important than knowledge. For knowledge is limited to all we now know and understand, while imagination embraces the entire world and all there ever will be to know and understand. (*Albert Einstein*)
11. The greatest moments in life are not concerned with selfish achievements, but rather with the things we do for people we love and esteem. (*Walt Disney*)