

Propositions pertaining to the PhD-thesis

Changing Roots: Remodelling after the Ross Operation

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1. The Ross operation effectively treats aortic valve disease in neonates and infants, at the cost of introducing pulmonary valve disease (*this thesis*).
2. Special attention to coronary button reimplantation at the Ross operation in neonates may prevent coronary flow-related early mortality (*this thesis*).
3. A valve-sparing reoperation after the Ross operation in patients with isolated autograft valve regurgitation is associated with high rates of early reintervention (*this thesis*).
4. Remodelling of a pulmonary autograft after the Ross operation does not produce the histological and biomechanical characteristics of the native aortic root (*this thesis*).
5. Biomechanical remodelling after the Ross operation results in decreased wall stiffness despite increased collagen deposition in explanted autografts (*this thesis*).
6. The Ross operation being called a “procedure” unfairly suggests it to be a long and demanding operation.
7. Clinical practice guidelines in valvular heart disease are largely eminence-based, not evidence-based.
8. Introduction of novel treatment options for aortic valve stenosis, such as transcatheter aortic valve implantation, has dangerously drawn attention away from studying the mechanisms underlying this disease.
9. Statistical software is a powerful tool that should only be used by a scientist who is trained to correctly interpret and explain the statistical tests he or she performs.
10. To bridge the gap between bench and bedside, clinical exposure should be a mandatory part of a PhD curriculum in the medical field.
11. Some of the world’s greatest feats were accomplished by people not smart enough to know they were impossible. (*Doug Larson*).