Multi-modality diagnostic assessment in interventional cardiology

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Stellingen

behorend bij het proefschrift

Multi-modality diagnostic assessment in interventional cardiology

1. Fractional flow reserve measurements can be routinely performed during a heart catheterization procedure to guide clinical decision making on-site. *(this thesis)*
2. The index of microvascular resistance is a readily available tool of microvascular resistance measurements in the cathlab and implies the possibility of simultaneous FFR assessment. *(this thesis)*
3. Optical coherence tomography accurately visualizes coronary tissue composition, enabling qualitative and quantitative assessment of calcifications, lipid pools, intracoronary white and red thrombus, thin- and thick-cap fibro-atheroma. *(this thesis)*
4. Chronic total occlusion recanalization procedures may benefit from intravascular ultrasound guidance to facilitate reverse controlled antegrade and retrograde tracking techniques with ultrasound-guided relative wire-lumen-dissection spaces detection. *(this thesis)*
5. An integrated anatomic-physiologic approach seems to be the best option for the individual patient in order to maximize procedural and clinical outcome. *(this thesis)*
6. Treatment decisions being made in the catheterization laboratory must be robust and essential measurements readily available online, with minimal operator interference. *(Wijns et al. Circulation 2016;134:918-22).*
7. Mechanical treatment by percutaneous coronary intervention or coronary artery bypass grafting becomes increasingly likely to augment maximal flow when applied to stenoses with more severely reduced FFR. *(Wijns et al. JACC Cardiovasc Intv 2013;6:226-7).*
8. There is a growing awareness of the poor accuracy of coronary angiography for identifying lesions responsible for myocardial ischemia and the inaccuracy of noninvasive stress testing in patients with multivessel coronary artery disease. *(De Bruyne et al. N Engl J Med 2014; 371:1208-17)*
9. The functional significance of coronary stenosis can be evaluated in patients at rest by quantitative analysis of coronary dimensions and transstenotic pressure gradient measurements. *(Wijns et al. Circulation 1985;71:273-9)*
10. Advanced imaging modalities provide unique and complementary information on pathophysiology and anatomy. Optimal use will require consideration of this complementary nature, facilitated by fusion or hybrid techniques. *(Bax et al. Heart 2007;93:16-22)*
11. We are what we repeatedly do. Excellence, then, is not an act, but a habit. Aristotle, 384-322 BC. *(Quantitative assessment guarantees precision and – as such – excellence in patient care as repeatable measure).*
12. The only good is knowledge and the only evil is ignorance. Socrates, 470-399 BC. *(Knowledge derived by the integrated assessment of the epicardial vessel anatomy and physiology outranks mere diagnostic coronary angiography in terms of procedural and patient outcome).*