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## Carotid imaging in cardiovascular risk assessment

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## Stellingen behorende bij het proefschrift

### **Carotid Imaging in Cardiovascular Risk Assessment**

- 1) It is feasible to incorporate carotid ultrasound measurements in routine clinical practice (this thesis)
- 2) Physicians can reliably detect carotid plaque but cannot accurately estimate intima media thickness in an outpatient clinical setting (this thesis)
- 3) Subclinical carotid atherosclerosis is highly prevalent in asymptomatic patients, even those with low estimated cardiovascular risk scores (this thesis)
- 4) Carotid MRI consistently yields higher wall thickness values than ultrasound intima-media thickness, possibly due to inclusion of the lamina adventitia (this thesis)
- 5) Carotid ultrasound is the most direct and non-invasive method to diagnose atherosclerosis - *Pignoli P, Tremoli E, Poli A, Oreste P, Paoletti R. s.l. : Circulation, 1986, Vols. 74(6):1399-406*
- 6) Abnormal carotid ultrasound findings are the result of all traditional and non-traditional cardiovascular risk factors - *Santos IS, Alencar AP, Rundek T, Goulart AC, Barreto SM, Pereira AC, Benseñor IM, Lotufo PA.: Arteriosclerosis, Thrombosis, and Vascular Biology. 2015;35:2054-2059*
- 7) Carotid arterial abnormalities are associated with higher cardiovascular and cerebrovascular morbidity and mortality – multiple references summarized in tabel 1 of chapter 1
- 8) Carotid MRI is a promising imaging modality for determining subclinical atherosclerosis but currently lacks the supportive epidemiological evidence to warrant its use in clinical practice - *Makris GC, Teng Z, Patterson AJ, Lin JM, Young V, Graves MJ, Gillard JH. s.l. : Br J Radiol., 2015, Vol. 88(1052).*
- 9) What can be asserted without evidence can be dismissed without evidence and exceptional claims demand exceptional evidence – Christopher Hitchens
- 10) Women are less funny than men due to evolutionary causes – Christopher Hitchens

Arghya Ray

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