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**Preprocedural planning, procedural guidance and follow-up assessment in percutaneous coronary intervention using multimodality coronary imaging**

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**Propositions**  
**Stellingen bij het proefschrift**

**Preprocedural Planning, Procedural Guidance and Follow-up Assessment in Percutaneous Coronary Intervention Using Multimodality Coronary Imaging**

1. The new stent platforms require appropriate imaging techniques to evaluate their safety and efficacy in short- and long-term follow-up. **[This thesis]**
2. The difference in radio-opacity of polymer and metal does differentially influence the edge detection method of QCA for the assessment of polymeric BRS and metallic stents. **[This thesis]**
3. Post-procedural asymmetry of stent or scaffold is the independent determinant of device-oriented clinical events (DoCE) irrespective of the expansion index. **[This thesis]**
4. The biocompatibility-focused surface modification BMS is not sufficient to reduce the neointimal growth resulting from the overstretching dilatation of human coronary atherosclerotic narrowing. **[This thesis]**
5. The translucent backbone of the bioresorbable scaffold allows us to non-invasively evaluate the coronary lumen with coronary CTA. **[This thesis]**
6. If the future is unrealistic, it will remain the future. If the future is realistic, it will soon be the past. **[My promotor: Prof. Serruys]**
7. There is no eccentricity in mindfulness. **[My promotor: Prof. de Winter]**
8. In any moment of decision, the best thing you can do is the right thing. The next best thing is the wrong thing, and the worst thing you can do is nothing. **[Theodore Roosevelt]**
9. For a man to conquer himself is the first and noblest of all victories **[Plato]**
10. No one does when they begin. Ideas don't come out fully formed. They only become clear as you work on them. You just have to get started. **[Mark Zuckerberg]**