

Propositions accompanying this thesis

Heart Failure Epidemic: Disease burden, novel biomarkers, and risk prediction

1. Traditional modifiable risk factors exerted declining contributions to population burden of cardiovascular diseases over the past three decades. (This thesis)
2. Two of each five cardiovascular events over the past decade could have been prevented through optimal management of traditional modifiable risk factors. (This thesis)
3. Female reproductive factors are associated with new-onset heart failure. (This thesis)
4. High levels of plasma amyloid- β_{40} are associated with worse cardiac function and high risk of heart failure. (This thesis)
5. NT-proBNP and hs-cTnT have added value for risk prediction of various cardiovascular outcomes. (This thesis)
6. Recognizing the determinants of sex- and social-environment-imposed differences in cardiovascular health could ultimately improve our understanding of disease and avoid the risk of stereotyping.
7. A large number of people at small risk may give rise to more disease cases than a small number of people at high risk. (*Geoffrey Rose*)
8. Risk prediction tools will become more accurate by moving away from population-based cohort studies toward contemporary and real-world populations from electronic health records that reflect current trends in racial diversity, risk factor prevalence, preventive medication use, and disease incidence. (*Kunal N. Karmali & Donald M. Lloyd-Jones*)
9. Determining if epidemiology is “successful” could be evaluated by its effect on improving the health of the public. (*Bryan Lau*)
10. What is right is not always popular and what is popular is not always right. (*Albert Einstein*)
11. Fight for the things that you care about, but do it in a way that will lead others to join you. (*Ruth Bader Ginsburg*)