

# EUR Research Information Portal

## Insight into Carotid Atherosclerotic Plaque Development with CT Angiography

### Publication status and date:

Published: 19/01/2018

### Document Version

Other version

### Citation for the published version (APA):

Gils, M. (2018). *Insight into Carotid Atherosclerotic Plaque Development with CT Angiography*. [Doctoral Thesis, Erasmus University Rotterdam]. Erasmus Universiteit Rotterdam (EUR).

[Link to publication on the EUR Research Information Portal](#)

### Terms and Conditions of Use

Except as permitted by the applicable copyright law, you may not reproduce or make this material available to any third party without the prior written permission from the copyright holder(s). Copyright law allows the following uses of this material without prior permission:

- you may download, save and print a copy of this material for your personal use only;
- you may share the EUR portal link to this material.

In case the material is published with an open access license (e.g. a Creative Commons (CC) license), other uses may be allowed. Please check the terms and conditions of the specific license.

### Take-down policy

If you believe that this material infringes your copyright and/or any other intellectual property rights, you may request its removal by contacting us at the following email address: [openaccess.library@eur.nl](mailto:openaccess.library@eur.nl). Please provide us with all the relevant information, including the reasons why you believe any of your rights have been infringed. In case of a legitimate complaint, we will make the material inaccessible and/or remove it from the website.

## Stellingen

Behorende bij het proefschrift

### Insight into carotid atherosclerotic plaque development with CT angiography

1. Atherosclerotic carotid plaque ulceration on CT is associated with occurrence of non-lacunar stroke. (*this thesis*)
2. Amongst CTA-based carotid plaque imaging biomarkers, plaque ulceration is the most potential and clinically applicable imaging biomarker for risk stratification and therapeutic decision making in stroke patients. (*this thesis*)
3. Quantitative serial imaging of plaque and plaque characteristics is feasible with MDCTA. Its applicability in clinical practice however, will in the first place be impeded by its current measurement errors. (*this thesis*)
4. Atherosclerotic plaque evolution in stroke/TIA patients is a heterogeneous and slow process. (*this thesis*)
5. To better understand the pathophysiology of atherosclerosis, the natural evolution of the atherosclerotic plaque should be investigated in asymptomatic persons, as the secondary preventive medical therapy in symptomatic patients contribute to plaque stabilization. (*this thesis*)
6. A carotid web as an underlying cause of recurrent ischemic stroke is uncommon and is easily misdiagnosed as an (ulcerated) atheromatous plaque. (*Elmokadem et al. Intervent Neuroradiol 2016, 22(4):432-7*). You will only see it, if you get it.
7. Cardiovascular risk factor control interventions have significantly improved stroke outcomes. Besides individual-focused approaches, such as plaque-based risk prediction, healthcare system and population approaches to further improve cardiovascular health remain important prevention strategies. (*AHA, Circulation 2016, 133:447-454*)
8. The measures to prevent contrast-induced nephropathy (CIN) in high risk patients have created unnecessary health care costs and discomfort for many patients for years. (*Nijssen et al., Lancet 2017, 389(10076):1312-1322*)
9. Abandoning the standard use of positive oral contrast in abdominal CT examinations would reduce health care costs and patient discomfort without compromising diagnostic reliability. (*Buttigieg et al., Eur Radiol 2014, 24(11):2936-2944*)
10. Children benefit from having a working mom. (*McGinn et al, Harvard Business School Working Paper, 2015*)
11. If there is no struggle, there is no progress. (*Frederick Douglass*)

Marjon van Gils, januari 2018