

EUR Research Information Portal

Biomarkers to Improve Prognostication in Heart Failure

Publication status and date:

Published: 09/07/2020

Document Version

Other version

Citation for the published version (APA):

Vark, L. (2020). *Biomarkers to Improve Prognostication in Heart Failure*. [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. 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.

Biomarkers to Improve Prognostication in Heart Failure

door L.C. van Vark

1. Repeated measurements of ST2 offer incremental prognostic value to that conferred by other known risk factors and repeated measurements of NT-proBNP in patients following admission for acute heart failure. (this thesis)
2. Multiple biomarker measurements are helpful to identify patients with increasing biomarker levels who are at increased risk of death at a certain point in time. (this thesis)
3. In acute heart failure patients, repeated galectin-3 measurements confer additional and independent prognostic information to that offered by baseline as well as repeated NT-proBNP measurements. (this thesis)
4. It is very likely that worse NYHA classification in patients with depression compared to patients without depression is not only caused by worse cardiac function. (this thesis)
5. Renin-angiotensin system inhibitors are associated with a significant reduction in all-cause mortality in populations with a high prevalence of hypertension when compared with contemporary antihypertensive therapy. (this thesis)
6. Millions of patients with hypertension and heart failure worldwide have benefited from ACE inhibitors and ARBs, which are among the most useful drugs in the pharmacopeia. Braunwald - JACC 2015 March 17; 65(10):1029-1041
7. Despite theoretical uncertainties regarding whether pharmacologic regulation of ACE2 may influence the infectivity of SARS-CoV-2, there is unclear potential for harm related to the withdrawal of renin-angiotensin system inhibitors in patients in otherwise stable condition. Vadaganathan - N Engl J Med. 2020 March 30, online ahead of print.
8. Medicine is a science of uncertainty and an art of probability. Osler
9. Mainstream cardiology has become, de facto, geriatric cardiology, but it still lacks a systematic approach that incorporates age-related complexities into clinical decision-making. Forman - JACC 2011 May 3; 57(18):1801-1810
10. There are known knowns. There are things we know we know. We also know there are known unknowns. That is to say, we know there are some things we do not know. But there are also unknown unknowns, the ones we don't know we don't know. Rumsfeld 2002
11. An original idea. That can't be too hard. The library must be full of them. Stephen Fry 1991