

University of Groningen

Harmful Heritage

de Brouwer, Remco

DOI:

[10.33612/diss.1005002804](https://doi.org/10.33612/diss.1005002804)

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2024

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

de Brouwer, R. (2024). *Harmful Heritage: Diagnosis and management of hereditary cardiomyopathies*. [Thesis fully internal (DIV), University of Groningen]. University of Groningen.
<https://doi.org/10.33612/diss.1005002804>

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license. More information can be found on the University of Groningen website: <https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment>.

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Propositions

1. Earlier and more accurate diagnosis of ARVC in relatives of proband patients mostly hinges on clinical acumen, more than on genotyping. *This thesis*
2. The yield of cascade testing should be continuously investigated to ensure cost effectiveness and efficient use of clinicians' time. *This thesis*
3. Electrocardiographic voltage criteria should always have sex-specific predictive cut-off values. *This thesis*
4. Biological sex or a derivative thereof ideally should be a component of most cardiovascular risk stratification algorithms. *This thesis*
5. Training AI algorithms on expert-labeled data will result in more equitable access to health care. *This thesis*
6. Treating phospholamban cardiomyopathy with antifibrotic agents seems to exert little effect, because fibrosis is a late phenomenon in the pathophysiology that cannot be reversed. *This thesis*
7. What you don't know, you don't recognize. *Wellens*
8. Medicine is learned by the bedside and not in the lecture hall. *Osler (paraphrased)*

Stellingen

1. Een vroege en nauwkeurige diagnose van ARVC hangt meer van klinische kennis af dan van genotypering. *Dit proefschrift*
2. Voordat je een nieuwe vorm van *cascade testing* implementeert is het zaak eerst de mogelijke opbrengst hiervan te onderzoeken. *Dit proefschrift*
3. Absolute voltages gebruiken voor ECG-criteria gaat altijd beter uitvallen voor de man of voor de vrouw. *Dit proefschrift*
4. Biologisch geslacht, of afgeleiden daarvan, zouden een onderdeel van elke cardiovasculaire risicoscore moeten zijn. *Dit proefschrift*
5. Het trainen van AI-algoritmes door experts zorgt voor vrijere toegang tot specialistische medische kennis. *Dit proefschrift*
6. Fibrose gebeurt te laat in de keten van fosfolamban-cardiomyopathie om veel effect te verwachten van antifibrotische medicijnen. *Dit proefschrift*
7. Wat je niet kent, herken je niet. *Wellens*
8. Geneeskunde leer je aan bed en niet tijdens college. *Osler*