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Evaluation of renal end points in nephrology trials

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STELLINGEN

Behorende bij het proefschrift

Evaluation of renal end points in nephrology trials

1. Renal function loss progresses linearly over time in the majority of patients. *This thesis*
2. Dichotomous clinical trial end points are preferred in the setting of proportional treatment effects. *This thesis*
3. Reaching a predefined level of serum creatinine (or eGFR) should always be included as a component of a clinical end point in nephrology trials. *This thesis*
4. Clinical trial end points based on lesser declines in eGFR than a doubling in serum creatinine should be used with caution due to hemodynamic drug effects. *This thesis*
5. The optimal end point in clinical trials of chronic kidney disease progression should consist of an objective component reflecting change in filtering capacity eGFR, and the clinically relevant end point renal replacement therapy. *This thesis*
6. “It is not the heart, it is the brain”. Treatment of stress and depression must receive more attention to reduce cardiovascular and kidney disease.
7. It is high time African countries set up an agency to harmonize medicine regulations in order to facilitate participation of African countries in multinational clinical trials.
8. Of all of the forms of inequality, injustice in health is the most shocking and inhumane. *Dr. Martin Luther King, Jr*
9. Although our intellect always longs for clarity and certainty, our nature often finds uncertainty fascinating. *Carl von Clausewitz*
10. Absence of evidence is not evidence of absence. *Carl Sagan*

Misghina T. Weldegiorgis
8 November 2017