

University of Groningen

## Treatment outcomes in ANCA-associated vasculitis

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# Stellingen

Behorende bij het proefschrift

## Treatment outcomes in ANCA-associated vasculitis

### Determinants of efficacy and toxicity

1. Pharmacogenetics may eventually improve treatment outcomes, but in most cases we are still several big steps away from clinical application (*chapter 2*)
2. If azathioprine dose is adjusted based on frequent blood count measurements, heterozygous carriers of one TPMT variant do not have an increased risk of bone marrow toxicity during azathioprine maintenance therapy for vasculitis (*chapter 3*)
3. Genetic variation in glucocorticoid sensitivity affects clinically relevant inflammatory and metabolic outcomes in ANCA-associated vasculitis (*chapter 4*)
4. Geographic differences in manifestations and outcomes of ANCA-associated vasculitis can partly, though not fully, be explained by differences in ANCA specificity (*chapter 5*)
5. Azathioprine hypersensitivity should be considered as a possible cause in every patient developing signs of systemic inflammation within a month after starting the drug (*chapter 6*)
6. Improving muscle strength and exercise capacity will likely lead to a better physical and mental quality of life in ANCA-associated vasculitis (*chapter 7*)
7. Statistics cannot substitute for the human being before you; statistics embody averages, not individuals (*Jerome Groupman, How Doctors Think*)
8. The delivery of medical care is to do as much nothing as possible (*Samuel Shem, Law XIII of the House of God*)
9. All the journeys of this great adventure - it didn't always feel that way - I wouldn't trade them, because I made them the best I could, and that's enough to say (*Rush, Headlong Flight*)
10. Overthinking, overanalyzing separates the body from the mind; withering my intuition, leaving opportunities behind (*Tool, Lateralus*)

Arno Hessels  
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