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Towards personalized medicine in pediatric inflammatory bowel disease

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Stellingen

Behorende bij het proefschrift

1. Normalization of stool calprotectin is a surrogate marker for treatment success in patients with inflammatory bowel disease.
2. Normalization of stool calprotectin during conventional induction treatment, including steroids or exclusive enteral nutrition, in newly-onset Crohn's disease predicts a favourable disease course in the first year.
3. In paediatric patients with Crohn's disease who are thiopurine intolerant, methotrexate should be used before stepping up to anti-TNF therapy.
4. Fecal calprotectin can time-dependently be degraded after sampling. A delayed analysis therefore carries the risk of false reassurance and significant treatment delay.
5. The use of calprotectin for reliable inflammatory bowel disease monitoring requires either stabilization of its sample concentration or immediate, on-site analysis.
6. To minimize wrongful interpretation of calprotectin changes over time it is essential to use the home test and companion ELISA of one and the same manufacturer.
7. The paediatric and the adult-onset form of primary sclerosing cholangitis are more similar than different in their progressive disease course.
8. Family-based whole-exome sequencing is an effective diagnostic strategy for the identification of causal variants in individuals with early-onset primary sclerosing cholangitis.
9. Novel approaches are frequently mislabeled as *personalized medicine*, and should rather be regarded as *stratified medicine*.
10. Ik heb het nog nooit gedaan, dus ik denk dat ik het wel kan – Pippi Langkous
11. Life is like riding a bicycle. To keep your balance, you must keep moving – Albert Einstein
12. Nothing compares to the simple pleasure of riding a bike – John F Kennedy

Groningen, 9 oktober 2019
Sjoukje-Marije Haisma