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Universiteit Leiden



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Stellingen behorende bij het proefschrift:

HEALTH AND IMAGING OUTCOMES IN AXIAL SPONDYLOARTHRITIS

1. Disease activity assessment in axial spondyloarthritis can be improved by using composite measures. (*this thesis*)
2. The cut-off selection procedure for a continuous measure should be an informed decision that takes into account the clinical context of the disease and the relative consequences of false-negative and false-positive test results compared to an external anchor. (*this thesis*)
3. In axial spondyloarthritis, the presence of HLA-B27 (a genetic factor) and smoking (an environmental factor) influence the clinical and imaging phenotype of the patient. (*this thesis*)
4. Health outcomes in axial spondyloarthritis can adequately be explained using a stratified model that is consistent with a conceptual framework that consists of a “continuum of outcome measures”. (*this thesis*)
5. In axial spondyloarthritis vertebral corner inflammation and fat deposition on magnetic resonance imaging are both associated with new bone formation visible on plain radiographs of the spine. (*this thesis*)
6. Vertebral corner fat deposition preceded by vertebral corner inflammation has a stronger association with progression of structural damage of the spine (new bone formation) than fat deposition or inflammation alone. (*this thesis*)
7. “Outcome” is a general term beyond intuitive grasp. (...) Outcome cannot be quantitated as a single number. The concept of outcome as consisting of several separate dimensions provides a partial escape from this dilemma. (*Fries JF. Arthritis Rheum 1983;26:697-704*)
8. When you can measure what you are speaking about, and express it in numbers, you know something about it; but when you cannot measure it, when you cannot express it in numbers, your knowledge is of a meagre and unsatisfactory kind. (*William Thomson, Lord Kelvin, Lecture on “Electrical Units of Measurement”, 1883*)
9. The aim of medicine is to prevent disease and prolong life; the ideal of medicine is to eliminate the need of a physician. (*William Mayo, 1861-1928*)
10. Tell me and I forget. Teach me and I remember. Involve me and I learn. (*Benjamin Franklin, 1706-1790*)
11. We do not remember days, we remember moments. (*Cesare Pavese, 1908-1950*)
12. It is beyond doubt, and consonant with my own experience, that people from different ethnicities, religions and languages all share the same basic human values such as tolerance, solidarity and mutual respect.

Pedro Machado

18th of October 2016