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Stem cell therapy for inflammatory bowel disease

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STELLINGEN

1. HSCT and MSC are potential new treatment modalities for IBD (*this thesis*).
2. Autologous MSCs can be safely administered intravenous to Crohn's disease patients (*this thesis*).
3. MSCs from Crohn's disease patients are similar to MSCs of healthy volunteers (*this thesis*).
4. Modification of MSCs by e.g. proinflammatory cytokines, will enhance their therapeutic effect (*this thesis*).
5. The failure of some MSC-based protocols for immune modulation in animal models and in human clinical trials may be explained by either lack of a proper licensing by inflammatory microenvironment or wrong timing in MSC administration (Krampera M. *Leukemia*. 2011 Sep;25(9):1408-14).
6. A mouse with colitis is not the same as a small patient with IBD.
7. All individuals should be offered the possibility to store their stem cells to have them available for unforeseen future therapeutic options.
8. As IBD emerges in developing nations, there is a need to reconcile the most appropriate treatment for these patient populations from the perspectives of both disease presentation and cost. (Rogler G. *Gut*. 2011 Oct 13 [Epub ahead of print])
9. Too much paperwork and regulation hampers medical innovation.
10. The delivery of good medical care is to do as much nothing as possible (Shem S. *The House of God*, 1978)
11. Printing of thesis' in the current era of internet availability of data is outdated, since all papers will be available online.
12. First things first.