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Paragangliomas: Clinical Picture

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Stellingen

behorend bij het proefschrift

Paragangliomas: Clinical Picture

1. Studies that aim to assess phenotypes of germline mutations must include disease-affected as well as unaffected identified mutation carriers (*this thesis*).
2. Pancreatic neuroendocrine tumors fall within the succinate dehydrogenase-related tumor spectrum (*this thesis*).
3. ¹³¹I-MIBG therapy in malignant paraganglioma and pheochromocytoma can result in stable disease (as defined by tumor volume) in over 50% of patients (*this thesis*).
4. Bilateral carotid body tumor resection might be associated with impaired baroreflex function (*this thesis*).
5. Increased knowledge of the lifetime tumor risks is crucial to long-term surveillance and management (*Katrina A Andrews, Poster Abstract 50, The Lancet, February 25, 2016*).
6. Pheochromocytoma-paraganglioma syndrome can be diagnosed reliably by an immunohistochemical procedure. *SDHB*, *SDHC*, and *SDHD* germline mutation testing is indicated only in patients with *SDHB*-negative tumors (*van Nederveen FH et al., The Lancet Oncology, 2009*).
7. All patients with pheochromocytoma/paraganglioma should be referred for clinical genetic testing (*Fishbein L et al., Annals of Surgical Oncology, 2013*).
8. Pheochromocytoma should be considered in horses presenting with colic, tachycardia, and hemoperitoneum (*Luethy D et al., Journal of Veterinary Internal Medicine, 2014*).
9. Twijfel is een vorm van intelligentie (*prof. dr. P.J.J. van Buuren, 2015*).
10. When you talk, you are only repeating what you already know. But if you listen, you may learn something new (*Dalai Lama XIV*).
11. Er is geen dieper geheim dan tussen een ruiter en zijn paard (*Robert Smith Surtees, 1805-1864*).

Nienke Niemeijer
29 maart 2017