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Fibrous dysplasia

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Stellingen

behorende bij het proefschrift

Fibrous Dysplasia

Bas Majoor, 25 april 2018

1. The wide range of possible *GNAS*-induced extraskeletal manifestations, compel us to look at fibrous dysplasia as a systemic disease, the care of which requires a multidisciplinary approach. (This thesis)
2. Women with fibrous dysplasia have an increased risk of developing breast cancer, particularly in the presence of thoracic FD lesions. (This thesis)
3. Adequate patient selection and an individually-tailored approach are advocated in the surgical management of fibrous dysplasia. (This thesis)
4. Stabilizing interventions in fibrous dysplasia have superior outcomes when bridging the whole length of the lesion. (This thesis)
5. Treatment with bisphosphonates and denosumab hold promising results in the management of selected FD patient groups. (This thesis)
6. Quality of life and daily functional activities may be significantly impaired in patients with fibrous dysplasia, also in those with monostotic disease. (This thesis)
7. The McCune-Albright syndrome is a potential *in vivo* model of the role of G_s signalling pathways in biological systems and human disease. (Weinstein, NEJM, 1991)
8. Currently available medical and surgical therapies for fibrous dysplasia are not satisfactory. (M.T. Collins, Primer on the metabolic bone diseases, 2012)
9. Should cure of FD become feasible in the future, it will be, by default, through innovative approaches. (Riminucci, JBMR, 2006)
10. Fibreuze dysplasie is een slopende ziekte. (Sam)
11. Every time I see an adult on a bicycle, I no longer despair for the future of the human race. (H.G. Wells, 1866–1946)
12. You should never, never doubt something that no one is sure of. (Roald Dahl's *Willy Wonka, Charlie and the Chocolate Factory*, 1964)
13. Kleine operaties bestaan niet, enkel kleine operateurs. (Anoniem)
14. De statistische toetsingstheorie gaat ook buiten wetenschappelijk onderzoek op. Tenzij ontegenzeggelijk is bewezen dat iets onmogelijk is, is alles mogelijk.