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## **Non-invasive sampling methods of inflammatory biomarkers in asthma and allergic rhinitis**

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STELLINGEN BEHORENDE BIJ HET PROEFSCHRIFT:

NON-INVASIVE SAMPLING METHODS OF INFLAMMATORY BIOMARKERS  
IN ASTHMA AND ALLERGIC RHINITIS

- 1 So far, tachykinin receptor antagonists have not shown any efficacy in (clinical models of) asthma (*this thesis*)
- 2 Measurement of exhaled NO should be performed after maximal bronchodilatation to obtain consistent results (*this thesis*).
- 3 Gene expression profiles can be obtained from RNA isolated from sputum cell pellets of asthmatic patients (*this thesis*).
- 4 Nasal lavage and nasal brush are more suitable for the evaluation of short-term changes following allergen-induced upper airway inflammation than for long-term monitoring of allergic rhinitis (*this thesis*).
- 5 Cleaved SLPI reflects mast cell chymase activity *in vivo* and hence, may serve as a biomarker of allergic airway inflammation in both the upper and lower airways (*this thesis*).
- 6 Multiple biomarkers are needed to fully assess the heterogeneous characteristics of asthma or allergic rhinitis (*Leung T, Thorax 2005;60(10): 822-6*)
- 7 Hypertonic-saline induced sputum proves that amongst the currently available non-invasive sampling methods 'what comes hardest, is often most valuable'.
- 8 Nasal NO will probably not develop into a similarly useful biomarker of upper airway inflammation as exhaled NO for lower airway inflammation
- 9 A clinically relevant pharmacokinetic interaction between MK-0873 (a selective PDE-4 inhibitor) and oral theophylline is negligible (*Boot JD. Pulm Pharmacol Ther. 2008;21(3):573-7*)
- 10 A healthy volunteer in a clinical trial is someone you haven't studied carefully enough
- 11 Considering we cannot prove God doesn't exist, it's a safer wager to assume he does exist (*adapted from Blaise Pascal (1623-1662)*)
- 12 Biofuels maintain the inefficiency of the current transport system instead of improving it
- 13 In the end, mortality is the best biomarker