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Risk factors and outcome in clinical pancreas transplantation

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Citation

Kopp, W. H. (2019, September 19). *Risk factors and outcome in clinical pancreas transplantation*. Retrieved from <https://hdl.handle.net/1887/78451>

Version: Publisher's Version

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Issue Date: 2019-09-19

Stellingen behorend bij het proefschrift, getiteld:

“Risk factors and outcome in clinical pancreas transplantation”

1. Pancreas transplantation, which is the only lasting curative option for patients with complicated diabetes mellitus has excellent long-term results.
– *Dit proefschrift*
2. Although prediction models such as PDRI should be used with caution in clinical decision making, they are essential to compare outcome in different populations. – *Dit proefschrift*
3. Centralization of pancreas transplantation in high volume centers will lead to improved outcome and may lead to increased transplant numbers.
– *Dit proefschrift*
4. Donation after determination of circulatory death (DCD) pancreas transplantation from selected donors, results in similar outcome as DBD and is therefore a good option to increase the donor pool. – *Dit proefschrift*
5. Simultaneous pancreas and kidney transplantation is a life-saving procedure.
6. Islets of Langerhans transplantation should not compete with, but be complementary to vascularized pancreas transplantation in the spectrum of β -cell replacement.
7. Because all organs that are procured and transplanted by a transplant surgeon are located in the upper abdomen, a transplant surgeon is best trained as a general surgeon with gastro-intestinal differentiation.
8. Policies in multi-country collaborations such as Eurotransplant should be based on medical knowledge, not politics.
9. If you torture your data (or your patient) enough, you will always find something (to treat).
10. Over promoveren kun je altijd zeggen: “Seems that I was busy doing something close to nothing, but different than the day before”.
– *Prince - Raspberry Beret (1985)*.
11. Denk vaker: “Ja-maar wat als alles lukt?” – *Berthold Gunster (2011)*.