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Individualized prognosis in childhood immune thrombocytopenia

Schmidt, D.E.

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Stellingen behorend bij het proefschrift getiteld
Individualized Prognosis in Childhood Immune Thrombocytopenia

1. Transient and prolonged forms of childhood ITP differ already at diagnosis, and these differences may explain and determine prognosis and treatment responses. (this thesis)
2. Patients who show a favorable response to treatment with intravenous immunoglobulins (IVIg) have similar biological characteristics at diagnosis as patients who show spontaneous recovery. (this thesis)
3. Biological findings from small and uncontrolled studies may not replicate in larger materials. (This thesis) Regardless, the ideas will linger around.
4. Clinical and molecular features can be integrated to improve predictions of prognosis. (this thesis)
5. The diagnosis of childhood ITP may be ascertained by anti-platelet antibody testing. (this thesis)
6. A blind spot in the current diagnostic evaluation of ITP is the consideration of hereditary thrombocytopenias. Early genetic testing may prevent unnecessary ITP-specific treatments.
7. The mechanisms that lead otherwise healthy individuals to produce platelet-specific antibodies is unclear. (Douglas Cines, 2018; personal communications)
8. The prediction of brief duration at the time of diagnosis might spare affected children and parents some of the anxiety and burden associated with diagnosis, initial therapy and follow-up. (extended from Pernille Wendtland Edslev, 2007 BJH)
9. Is it justified to spend several thousand Euro on the drug and hospital bed to treat a mild and self-limiting disease? (extended from George Buchanan, 1987 Eur J Pediatr)
10. Parental anxiety about bleeding, especially about intracranial bleeding, leads the physician.
11. Bibliometric measures of scientific success should be replaced by an assessment of data quality, contributions in team efforts, reproducibility, and replication. (2RR action group)
12. The experience of the physician is humbling and unique. Every patient you see is a lesson in much more than the malady from which he suffers (William Osler, *Aequanimitas "The Student Life"* 1914:425).