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Bleeding in hemato-oncology patients: beyond the platelet paradigm

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Bleeding in hemato-oncology patients

Beyond the platelet paradigm

1. The currently recommended use of the prophylactic platelet transfusions in hemato-oncology patients with transient thrombocytopenia during intensive treatment should be reconsidered for outpatients with persistent deep thrombocytopenia. *(This thesis)*
2. Most predictors of bleeding, like platelet counts, vary over time. Including these time-dependent variations instead of only the value preceding the bleeding, can enhance the predictive merit of such factors. *(This thesis)*
3. The presence of cardiovascular risk factors, especially hypertension, is a strong predictor of intracranial hemorrhage in hemato-oncological patients. *(This thesis)*
4. A combination of patient characteristics that can be observed before treatment and have been associated with bleeding in the past are poor predictors of bleeding among hematological patients; i.e. these characteristics cannot accurately divide patients into high or low bleeding risk groups. *(This thesis)*
5. Strategies to prevent bleeding in hemato-oncology patients should be tailored to each individual patient using not only information on platelet counts, but also on clinical risk factors and biomarkers. *(This thesis)*
6. A transfusion should never be ordered, unless it is worth the risk. *(Karl Landsteiner, 1868-1943)* Although the risk of an adverse event following a platelet transfusion is low, one should always weigh the potential harms to the expected benefits.
7. The clinical relevance of bleedings is likely interpreted differently by doctors and patients; ideally both perspectives should contribute to define which bleedings we aim to prevent. *(Personal)*
8. Research is like blood: the right flow depends on many different components that need to interact in balance. *(Personal)*
9. Gewoon zijn alleen de dingen waarover wij besloten hebben niet meer na te denken. *(Cornelis Verhoeven, 1967)* Transfusions are seen as standard supportive care for thrombocytopenic hemato-oncology patients, but even if a treatment is routine, it is of importance to keep reflecting on the necessity and potential alternatives.
10. ...want tussen droom en daad staan wetten in de weg, en praktische bezwaren... *(Willem Elschot, 1910)* When planning a clinical study there may be high ambitions, but not all can be realized due to logistics and regulations. While important for research integrity, it does mean that the perspective of what can be achieved during a PhD may need to be altered.
11. The 'Mozart Effect' may scientifically not be proven *(Pietschnig, Intelligence 2009)*, yet its probable placebo effect did contribute to finishing this thesis.
12. Accept that there will always be uncertainty, and be thoughtful, open, and modest. *(Wasserstein, Am Stat 2019)* Every research has its limitations, which is important to acknowledge and to learn from.