



Universiteit
Leiden

The Netherlands

On the pathology of focal segmental glomerulosclerosis

Lest, N.A. van de

Citation

Lest, N. A. van de. (2023, January 19). *On the pathology of focal segmental glomerulosclerosis*. Retrieved from <https://hdl.handle.net/1887/3512229>

Version: Publisher's Version

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/3512229>

Note: To cite this publication please use the final published version (if applicable).

Stellingen behorende bij het proefschrift

On the Pathology of Focal Segmental Glomerulosclerosis

1. No cell is an island – disrupted communication between podocytes and glomerular endothelial cells via endothelin-1 is an important mechanism in FSGS pathophysiology. (*This Thesis*)
2. C4d-deposition in nonsclerotic glomeruli and C4d-deposition preceding the development of FSGS, argues against the hypothesis that nonspecific entrapment in sclerotic lesions is the sole cause underlying glomerular complement deposition in patients with FSGS. (*This thesis*)
3. Collapsing FSGS might be the predominant histological variant in patients with more extensive microvascular injury. (*This thesis*)
4. We know profoundly little about the mechanism of action of our cornerstone treatment in MCD and FSGS, but evidence from translational research in patients, investigating certain pathophysiological mechanisms that have been identified in experimental studies, will help guide new therapeutic strategies. (*This thesis*)
5. TMEM63c and PTGR2 are potential pro-survival factors in human podocytes. (*This thesis and Eisenreich et al., life sciences, 2020*)
6. The only accurate aspect of the name FSGS is that the lesion at least affects the glomerulus.
7. Considering the mounting preclinical data and the outcomes of recent clinical trials investigating the effects of ET_AR blockers, antagonizing (glomerular) ET_AR appears to be a promising therapeutic avenue for decreasing proteinuria and tissue damage in FSGS. (*Adapted from Lassén et al. Kidney Int Rep, 2021*)
8. In future clinical and pathophysiological studies, FSGS should be considered an advanced stage of MCD. (*Adapted from Maas et al. Nat Rev Neph, 2016*)
9. Complement/IgM may be an amplifying mechanism in many forms of glomerular disease, including FSGS, after a wide range of triggering insults, including immunologic and non-immunologic injury of the kidney. (*Adapted from Panzer et al. Kidney Int, 2015*)
10. There is only one way to see things, until someone shows us how to look at them with different eyes. (*Pablo Picasso*)
Accepted truths in clinical practice can change when put into a different perspective.
11. Chance favors only the prepared mind. (*Louis Pasteur, Lecture University of Lille, 1854*)
No serendipity without knowledge and skill.
12. The primary aim of obtaining your PhD is not to provide the world with novel findings, but to learn the right way to do this.