

Propositions associated with this thesis

Towards a better future for children with SLE:

Connecting bench to bedside

1. LLDAS is an achievable treat-to-target goal in cSLE and can be reached with limited use of corticosteroids and early introduction of immunosuppressives. **(This thesis)**
2. When exploring therapeutic approaches to suppress IFN-I pathway activation in SLE, it is crucial to consider cytosolic pathways as potential targets. **(This thesis)**
3. Serum IFN α 2 is a good marker for monitoring of treatment responses and disease activity as it is susceptible to changes over time and associates with disease activity. **(This thesis)**
4. Using principal component analysis to identify indicator genes for gene groups is a useful method for translating existing transcriptomic data into a simple tool applicable in clinical practice. **(This thesis)**
5. Using biomarkers to select patients for clinical trials is an opportunity and should thus be embraced by the industry and inspire them to start and support biomarker development studies. **(This thesis)**
6. Future clinical trials should specifically investigate medication efficacy and safety in children and adolescents with SLE as they are at even higher risk of poor outcomes than adults. **(Ardoin et al; Nat Rev Rheumatol.; 2012 Aug; 8(8):444-5)**
7. IFN α impairs the completion of the autophagic flux in monocytes, leading to decreased digestion of lysosomal substrates and the accumulation of damaged autophagy substrates in the cytoplasm. **(Gkirtzimanaki et al; Cell Rep. 2018 Oct 23; 25(4): 921–933.e5)**
8. Increased levels of type I IFN is not always associated with a high type I IFN signature. **(Gomez-Banuelos et al.; MedRxiv; 2023 Aug; doi:10.1101/2023.08.28.23294734)**
9. Trained immunity evolves as a beneficial immune process that protects against infection, yet may envisage situations in which an increased inflammatory response to exogenous or endogenous stimuli will have harmful effects. **(Netea et al; Nat Rev Immunol.; 2020 Jun;20(6):375-388)**
10. Shifting from the current paradigms in patient care will require demonstration of the clinical utility of personalized treatment strategies compared with the standard of care. **(Fasano et al; Nat Rev Rheumatol.; 2023 Jun;19(6):331-342)**
11. Always consider your intellect to be lacking; otherwise too much faith in it surely leads to error. **(Emam Ali (A))**