

Stellingen behorende bij het proefschrift:

ETANERCEPT IN JUVENILE IDIOPATHIC ARTHRITIS: RESULTS FROM THE DUTCH NATIONAL ABC REGISTER

1. Etanercept is effective and safe for the treatment of refractory JIA patients of all subtypes. *(dit proefschrift)*
2. The once weekly dose of 0.8 mg/kg etanercept is as effective as the twice weekly dose of 0.4 mg/kg and should be considered first choice to lower the burden for JIA patients. *(dit proefschrift)*
3. Health-related quality of life assessment in patients is a crucial part of measurement of the effectiveness of a treatment. *(dit proefschrift)*
4. If a JIA patient has met the remission criteria on medication for more than 1.5 years the physician should consider discontinuation of etanercept. *(dit proefschrift)*
5. It is advisable to continue etanercept therapy up to at least six months in JIA patients with a partial response at three months. *(dit proefschrift)*
6. Paediatric rheumatologists have a responsibility to independently evaluate the safety in children of drugs approved for use in adults with arthritis. *(Thomas Lehman, Lancet 2008)*
7. Registry studies are important because they reflect usual care in the clinical setting and can provide safety and effectiveness information on real-world use of the drugs being evaluated. *(Edward Giannini et al., Arthritis & Rheumatism 2009)*
8. Personalized treatment of JIA patients will lead to better application of current treatments and to improved outcomes.
9. After all, the ultimate goal of all research is not objectivity, but truth. *(Helene Deutsch)*
10. Schrijven is schrappen. *(Godfried Bomans)*
11. Assumption is the mother of all screw-ups. *(Paul Duwall)*

Femke H.M. Prince
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