

Stellingen behorende bij het proefschrift:

Antiviral Therapy for Chronic HCV Infection

- Tolerability and Outcome -

1. The sustained virological response rates of interferon-based therapy for chronic HCV infection are lower among patients with thrombocytopenia as it reflects more severe liver disease.
(Based on this thesis)
2. As interferon-based antiviral treatment regimens are associated with severe side-effects and a high chance of virological failure among patients with chronic HCV infection and advanced liver disease, the additional costs per sustained virological response with direct-acting antivirals in this population are limited.
(Based on this thesis)
3. Patients with chronic HCV genotype 3 infection should receive immediate therapy.
(Based on this thesis)
4. In countries with limited access to interferon-free regimens, close monitoring of patients with compensated cirrhosis will allow them to undergo antiviral therapy with pegylated interferon, especially now that 12 weeks of triple therapy is sufficient.
(Based on this thesis)
5. In the upcoming years, hepatologists will face more patients with chronic HCV infection and advanced liver disease, who respond less well to direct-acting antivirals.
(Based on this thesis)
6. Coffee is the bridge between gastroenterologists and hepatologists.
7. For many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias.
(Ioannidis PlosOne 2005)
8. The effectiveness of antiviral therapy for chronic HCV infection depends on its uptake rather than on its antiviral efficacy.
9. A health care system fails when a doctor is not allowed to treat an illness that is treatable.
(Based on Kevin Alan Lee, The Split Mind: Schizophrenia from an Insider's Point of View)
10. "There are decades where nothing happens; and there are weeks where decades happen."
(Vladimir Ilyich Lenin, 1918)
11. "Alleen kan je niks, en met zijn allen kun je alles."
(Johan Cruijff)