

Stellingen behorend bij het proefschrift:

Personalized Pain Therapy

Is the answer in the genes?

1. Genetic variants in *OPRM1* and *COMT*, sex and age affect thermal pain thresholds in the pediatric population. (this thesis)
2. The consequence of pharmacogenetic variants in *UGT2B7* and *OCT1* on opioid PK is already visible in (pre)mature newborns. (this thesis)
3. Combined *OPRM1* and *COMT* genotype predicts the need for morphine rescue in newborns on mechanical ventilation. (this thesis)
4. Pediatric carriers of the *OPRM1* 118G allele experience more severe withdrawal compared to the wild type group. (this thesis)
5. Heterogeneous cancer cohorts, represented by a major variability in type of cancer and duration pain treatment, complicate the assessment of genetics on pain treatment. (this thesis)
6. “Non-genetic factors age, BMI, anxiety, type of surgery, presence chronic pain and preoperative pain at surgical incision explained only 16% of the variability in postoperative oxycodone consumption in breast cancer patients undergoing breast resection or mastectomy.” (Kaunisto *et al.* 2013 Anesthesiology)
7. “PGx markers – not for replacing judgement clinician but for providing facts.” (L. Jameson, D. Longo. 2015. N Engl J Med.)
8. “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.” (Sir William Osler, 1892)
9. Pain is not in the eye of the beholder. (discussion with colleague, Dr. C. K.A. Fleming)
10. “If you can learn how to use your mind, anything is possible.” (Wim Hof. *Becoming the Iceman*)
11. “What good is the warmth of summer, without the cold of winter to give it sweetness.” (John Steinbeck, *Travels with Charley: In Search of America*)

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