

Propositions

1. The different phenotypes of PCOS, defined by the available diagnostic criteria, all share a similar underlying genetic architecture (*This thesis*)
2. The cardiovascular risk profile of middle aged women with PCOS is only moderately unfavourable compared to healthy women of the same age (*This thesis*)
3. Women with postmenopausal high androgen levels are not at increased risk to develop cardiovascular disease (*This thesis*)
4. The cardiometabolic profile is much more driven by overweight or obesity than by the presence of PCOS itself (*This thesis*)
5. Although PCOS is associated with cardiometabolic disturbances from a young age onwards, this does not translate into an increased risk for cardiovascular disease later in life (*This thesis*)
6. Re-using routinely collected data for research allows studies to be conducted on a larger scale, against lower costs and within a shorter time frame than traditional studies. Such studies can have very large cohort sizes and long follow-up times, thus enabling reliable estimation of rare outcome incident rates and long-term effects of interventions (*Martin-Sanchez, Yearbook of medical informatics, 2017*)
7. Many physicians would prefer passing a small kidney stone to presenting a paper (*Journal of the American medical association 174: 292, 1960*)
8. Women in cardiovascular trials have been underrepresented, resulting in therapeutic strategies that have been mostly extrapolated from studies on men (*Saeed et al, Methodist DeBakey cardiovascular journal, 2017*)
9. Like dreams, statistics are a form of wish fulfilment (*Beaudrillard, Cool memories II, 1987*)
10. Women suffering from infertility experience the symptoms of a posttraumatic stress disorder (*Roozitalab et al., Journal of reproduction & infertility, 2021*)
11. U vraagt, wij draaien (*Ida Coremans, Radiotherapeut-Oncoloog, LUMC*)