

Stellingen behorende bij het proefschrift

Pediatric Inflammatory Bowel Disease: from diagnosis to transition

1. The quality of the diagnostic workup of pediatric IBD patients has increased after the publication of European consensus-based guidelines (the Porto criteria). (*dit proefschrift*)
2. Atypical disease phenotypes in children and adolescents, such as macroscopic rectal sparing and upper gastrointestinal tract involvement, should not preclude a diagnosis of ulcerative colitis. (*dit proefschrift*)
3. The Paris classification is a useful tool to capture the variety of phenotypic characteristics of pediatric IBD patients. (*dit proefschrift*)
4. Treatment adherence, disease location, and nutritional status seem to influence treatment outcome of a six-week course of exclusive enteral nutrition in newly diagnosed pediatric Crohn's disease patients. (*dit proefschrift*)
5. Infliximab treatment is effective in refractory pediatric Crohn's disease, but the therapeutic effect decreases over time. (*dit proefschrift*)
6. There are opportunities to substantially improve outcomes in pediatric IBD by using therapeutic interventions that are already available. (*Pediatrics, 2012*)
7. All patients with IBD should have access to pre-conception counseling to advise and optimize management before conception. (*European evidence-based consensus on reproduction in IBD, J Crohns Colitis, 2010*)
8. Understanding immunity requires more than immunology. (*Nature Immunology, 2010*)
9. Taller people live better lives. (*Econ Hum Biol, 2009*)
10. De belangrijkste voorwaarde voor geluk is dat je wilt zijn wat je bent. (*Desiderius Erasmus*)
11. Promoveren is een uitdaging waarvoor je doorzettingsvermogen en heel veel geduld nodig hebt.

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