

STELLINGEN BEHOREND TOT HET PROEFSCHRIFT

DETERMINANTS OF GONADAL FUNCTION AFTER CHILDHOOD CANCER

1. Anti-Müllerian hormone levels are low in girls at time of cancer diagnosis, suggesting that the disease and / or the consequent impaired health status affect ovarian function (*this thesis*).
2. The diagnosis of non-Hodgkin lymphoma should be considered in case of ovarian tumours with negative tumour markers in order to avoid unnecessary surgery (*this thesis*).
3. Genetic polymorphisms related to menopausal age in the general population are associated with ovarian reserve in female childhood cancer survivors (*this thesis*).
4. Obesity is associated with impaired gonadal function in both male and female survivors of childhood cancer (*this thesis*).
5. Recovery of gonadal function occurs even long after discontinuation of anticancer treatment (*this thesis*).
6. Childhood cancer survivors and their parents should be informed about long-term fertility disorders prior to treatment, and this counselling must be repeated during adolescence and adulthood (*C. Hohmann et al, J Psychosoc Oncol 2011*).
7. Kinderen en jongeren hebben, net als volwassenen, recht op verzekerde geestelijke gezondheidszorg (*n.a.v. Wetsvoorstel 'Jeugdwet', per januari 2015*).
8. Nature is more complicated than we like it to be (*T. Berns, 1st Research Retraite 2013, SKION-Prinses Máxima Centrum*).
9. Als wetenschap en vakantie zo goed samen gaan, waarom gaan we dan niet altijd op reis? (*n.a.v. A.S. Wilson et al, PNAS, 2013*).
10. Openheid is een teder goed; soms kun je beter zwijgen (*C.M. de Koning*).
11. Alles blijft, alles gaat voorbij; alles blijft voorbijgaan (*'Alles blijft voorbijgaan', J.A. Deelder*).

Wendy van Dorp, 16 april 2014