

**Stellingen behorende bij het proefschrift**  
**A Toolbox for Personalized Medicine of Methotrexate Therapy in Arthritis**

1. Rheumatoid arthritis patients with a lower concentration of erythrocyte-folate at baseline have a higher chance of non-response after 3 months methotrexate therapy than patients with a higher baseline concentration of erythrocyte-folate. (this thesis)
2. Lower baseline erythrocyte-folate-polyglutamate concentrations result in less accumulation of erythrocyte-MTX-polyglutamates during MTX treatment and consequently less therapeutic response at 3 months in rheumatoid arthritis patients. (this thesis)
3. Rheumatoid arthritis patients with a total erythrocyte-methotrexate-polyglutamate concentration lower than 74 nmol/L packed erythrocytes and a disease activity score (DAS28) larger than 3.2 should be prescribed higher methotrexate dose than their current dose or methotrexate should be stopped and an alternative therapy started. (this thesis)
4. The lowering effect of MTX on glycosylated hemoglobin concentration in rheumatoid arthritis patients suggests that like in rats MTX also in humans causes an accumulation of 5-aminoimidazole-4-carboxamide ribonucleoside which results in increased glucose metabolism. (this thesis)
5. The laboratory parameters: *ABCB1* rs1045642 wildtype genotype, *ABCC3* rs4793665 wildtype genotype and erythrocyte-folate concentration lower than 750 nmol/L should be incorporated in prediction models for 3 months methotrexate non-response in rheumatoid arthritis patients. (this thesis)
6. The cystatine C assay is superior to the plasma creatinine assay for measuring renal function and calculating the Model for End-stage Liver Disease (MELD) score in pre orthotopic liver transplantation patients. (Vandréa De Souza et al. Hepatology, 2014)
7. Point-of-care creatinine testing in community pharmacies proved feasible and acceptable to elderly patients, general practitioners and pharmacists, but testing should only be performed by trained personnel and under supervision of a clinical chemistry laboratory. (Arjen Geerts et al. J Clin Phar Ther, 2013)
8. The Dutch preference policy, in which insurance companies determine the choice of certain medication, causes a reduction in the availability of medication and continuity of therapy. (SFK, PW, 2014)
9. The hospital standardized mortality ratio is not a suitable tool for measuring the quality of care in Dutch Hospitals. (Olaf Dekkers, NTVG, 2014)
10. The fact that, in a Stableford golf game, high handicappers receive more strokes for their handicap adjustment than low handicappers, gives high handicappers a psychological advantage which can be a deciding factor over 18 holes to win the game. (David Massel et al. CMAJ, 2002)
11. Contradictions do not exist. Whenever you think that you are facing a contradiction, check your premises. You will find that one of them is wrong. (Ayn Rand, Atlas Shrugged, 1957)