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Stellingen behorende bij het proefschrift Paragangliomas Pictured

1. There is no need to adjust screening protocols for specific Dutch SDHD mutations, since these specific mutations do not differ in clinical phenotype. (this thesis)

2. SDHD mutations are not associated with higher mortality. (this thesis)

3. Urinary 5-hydroxyindoleacetic acid can not be used as a biomarker for head and neck paragangliomas. (this thesis)

4. The knowledge of carrying a gene mutation does not affect quality of life in presymptomatic SDH mutation carriers. (this thesis)

5. Local tumor control in jugulotympanic paragangliomas can be achieved with radiotherapy. (this thesis)

6. Pheochromocytomas and paragangliomas have emerged from their position as 'niche' neoplasms to a more prominent status in oncology. (Dahia. Nat Rev Cancer 2014;14:108-119)


8. Quality of life is what the individual says it is. (Joyce et al. Individual quality of life: Approaches to conceptualisation and assessment. Amsterdam:Harwood, 1999)


10. There is nothing to writing. All you do is sit down at a typewriter and bleed. (Ernest Hemingway, 1899-1961)