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**Author:** Moes, Dirk Jan Alie Roelof  
**Title:** Optimizing immunosuppression with mTOR inhibitors in renal transplant recipients  
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Statements

1. Pharmacogenetic variation is not an important source of variation in everolimus exposure between patients. (This Thesis)

2. LC-MS/MS is the most optimal analytical method for monitoring everolimus blood concentrations. (This Thesis)

3. Non-infectious interstitial pneumonitis in renal transplant recipients is associated with high everolimus exposure. (This Thesis)

4. A previous acute rejection episode is the most important risk factor for subclinical rejection as diagnosed by a protocol biopsy 6 months after kidney transplantation. (This Thesis)

5. Pharmacometrics is essential for further optimization of immunosuppressive therapy in transplantation medicine.

6. Evidence that genotype-based dosing improves outcome is lacking. (Van Gelder et al. CPT (2014) 95,3,262-264)

7. Patients should be well educated on the potential side effect of mTOR inhibitors, and the decision for their use should be based on individual patient characteristics and risk factors. (Kaplan et al, Transplantation reviews (2014) 28,3 126-133)

8. Essentially, all models are wrong, but some are useful. (Box, G.E.P & Draper, N.R. Empirical Model-building and Response Surfaces (John Wiley & Sons, Inc. New York, 1986)

9. The pessimist sees difficulty in every opportunity. The optimist sees the opportunity in every difficulty. (Sir Winston Churchill: 1874 - 1965)

10. Limit academic appointments to a certain term and re-evaluate them afterwards. (F. Miedema, De geloofwaardigheid van wetenschap, NVTG 2013;157:C1649)

11. The pressure for positive results is increasing. “Research is becoming less pioneering and/or the objectivity with which results are produced and published is decreasing”. (D. Fanelli, Scientometrics (2012) 90:891–904)

12. Competition in research can be supportive to the field but can also lead to undesirable delay by limited sharing of research data.