Stellingen behorend bij het proefschrift
‘Growth, endocrine function and quality of life after haematopoietic stem cell transplantation’

1. Both incidence and severity of growth impairment after single fraction total-body irradiation with absorbed doses $\leq 8$ Gy and a high instantaneous dose rate of 25 cGy x min$^{-1}$ are comparable to that reported after fractionated or hyperfractionated total-body irradiation (this thesis).

2. ‘Small for gestational age of unknown origin with insufficient catch-up growth’ is a descriptive term for a subgroup of patients with idiopathic short stature, and should not be used as diagnostic entity.

3. Fractionation does not reduce the incidence of gonadal failure in children receiving total-body irradiation based conditioning for haematopoietic stem cell transplantation (this thesis).

4. Dubbelzinnigheid bestaat slechts bij de gratie van de toehoorders.

5. Variation in the reported incidence of growth hormone deficiency after total-body irradiation based conditioning for haematopoietic cell transplantation depends more on the diagnostic criteria for growth hormone deficiency than on the conditioning regimen used.

6. Radiation-free, busulphan-based conditioning for haematopoietic stem cell transplantation may be associated with growth hormone deficiency (this thesis).

7. “The only reason for time is so that everything doesn’t happen at once.” Albert Einstein (1879-1955).

8. Treatment with recombinant human growth hormone will increase growth of most children with radiation induced growth impairment, irrespective of growth hormone secretion status (this thesis).


10. Prediction of adult height is like weather forecasting: lowering expectations will increase patients’ satisfaction with reality.

11. Patterns of growth and body proportions after total-body irradiation should be analysed separately for both sexes (this thesis).