1. The sustained virological response rates of interferon-based therapy for chronic HCV infection are lower among patients with thrombocytopenia as it reflects more severe liver disease. *(Based on this thesis)*

2. As interferon-based antiviral treatment regimens are associated with severe side-effects and a high chance of virological failure among patients with chronic HCV infection and advanced liver disease, the additional costs per sustained virological response with direct-acting antivirals in this population are limited. *(Based on this thesis)*

3. Patients with chronic HCV genotype 3 infection should receive immediate therapy. *(Based on this thesis)*

4. In countries with limited access to interferon-free regimens, close monitoring of patients with compensated cirrhosis will allow them to undergo antiviral therapy with pegylated interferon, especially now that 12 weeks of triple therapy is sufficient. *(Based on this thesis)*

5. In the upcoming years, hepatologists will face more patients with chronic HCV infection and advanced liver disease, who respond less well to direct-acting antivirals. *(Based on this thesis)*

6. Coffee is the bridge between gastroenterologists and hepatologists.

7. For many current scientific fields, claimed research findings may often be simply accurate measures of the prevailing bias. *(Ioannidis PlosOne 2005)*

8. The effectiveness of antiviral therapy for chronic HCV infection depends on its uptake rather than on its antiviral efficacy.

9. A healthcare system fails when a doctor is not allowed to treat an illness that is treatable. *(Based on Kevin Alan Lee, The Split Mind: Schizophrenia from an Insider's Point of View)*

10. “There are decades where nothing happens; and there are weeks where decades happen.” *(Vladimir Ilyich Lenin, 1918)*

11. “Alleen kan je niks, en met zijn allen kun je alles.” *(Johan Cruijff)*

Raoel Maan
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