1. Allogeneic hematopoietic stem cell transplantation rather than chemotherapy is preferred as post-remission treatment in patients with intermediate or poor risk AML as from the age of 40 years. (this thesis)

2. AML patients with or without minimal residual disease benefit similarly from the graft-versus-leukemia effect of allogeneic hematopoietic stem cell transplantation. (this thesis)

3. The mutant to wild-type ratio of FLT3-ITD clearly identifies AML patients with a high risk of relapse, and that allelic ratio needs to be taken into account for post-remission treatment decision making. (this thesis)

4. The preferred donor for patients with poor risk AML proceeding to allogeneic hematopoietic stem cell transplantation is a matched related or matched unrelated donor, whereas stem cells from an haplo-identical family donor or cord blood grafts may be alternative stem cell sources. (this thesis)

5. Reassessment of composite risk scores for non-relapse mortality should be performed on a regular basis, because supportive care methods and patient populations are continuously changing. (this thesis)

6. Hepatitis E virus infection or reactivation should be included in the differential diagnosis of liver enzyme abnormalities in allogeneic HSCT recipients. (this thesis)


9. The purpose of a doctor or any human in general should not be to simply delay the death of the patient, but to increase the person’s quality of life. (Patch Adams)

10. The good physician treats the disease: the great physician treats the patient who has the disease. (William Osler)

11. Het is het verstandigste om zoveel mogelijk te luisteren, want dat is goed voor je algemene ontwikkeling, als je er tien procent van leert, dan ben je de anderen al een eind voor. (Johan Cruijff)

Jurjen Versluis

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