

‘Rethinking Tuberculosis Host Responses and Treatment Outcome Evaluation’

1. The *Mycobacterium tuberculosis* strain H37Rv should no longer be used as single test strain in preclinical TB drug development as it is no longer representative for strains that currently cause TB in patients. *This thesis*
2. Adjunct host-directed therapy is a viable option to improve treatment outcome of current anti-TB regimens *This thesis*
3. Mathematical modeling increases the value of observational data obtained in preclinical TB models. *This thesis*
4. Bactericidal activity is an unreliable predictor for treatment outcome in preclinical mouse TB models. *This thesis*
5. Virulence of *M. tuberculosis* Beijing genotype strains is not associated with increased type 1 interferon activity in the lungs in the mouse TB model. *This thesis*
6. Efforts to eliminate TB must address social inequality in order to be effective. *(Suk et al. Emerg Infect Dis. 2009)*
7. It is profoundly disturbing that the means of combatting TB – a disease that causes death roughly every 16 seconds – are a 100-year old diagnostic test, a vaccine developed 80 years ago and a drug regimen that has remained essentially unchanged for the past 40 years *(Gagneux et al. Lancet Infect Dis. 2007)*
8. Surgical treatment of pulmonary tuberculosis should be implemented more readily for refractory disease. *(Bertolaccini et al. J Thorac Dis. 2013)*
9. The ‘Ph’ should return in ‘PhD’; many doctoral curricula aim to produce narrowly focused researchers rather than critical thinkers. *(Bosch. Nature. 2018)*
10. It is difficult to reduce healthcare costs if physicians remain ignorant of the costs of their prescribed treatment. *(Allan et al. PLoS Med. 2007)*
11. The ‘Zwarte Piet’ tradition in its current form can inspire racism and should be changed. *(VN-mensenrechtencommissie. 2013, Kinderombudsman 2016)*