Propositions accompanying the thesis

CLINICAL AND GENETIC DETERMINANT OF THE IMPACT OF CHILDHOOD CANCER ON REPRODUCTIVE HEALTH

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- 1. The evaluation of ovarian function in young girls is of little value within the first year after end of cancer therapy (*this thesis*).
- 2. The decline in anti-Müllerian hormone levels in long-term survivors of childhood cancer is not accelerated as compared to the normal decline in the general population (*this thesis*).
- 3. Female childhood cancer survivors who carry a common *BRSK1* gene variant have a substantially increased risk of reduced ovarian function after treatment with high doses of alkylating chemotherapy (*this thesis*).
- 4. Anti-Müllerian hormone levels reflect ovarian function but not necessarily ovarian reserve in childhood cancer survivors *(this thesis)*.
- 5. Cancer survivors who were diagnosed with cancer before turning forty are at increased risk of premature delivery and low birth weight, but their children are not at increased risk of having congenital anomalies (this thesis).
- 6. Real life data rarely walks the regression line.
- 7. The European Union's policies have had a dramatic impact on the European and global economy, politics and culture, changing it for the better.
- 8. As a result of online behavior, emerging biometric devices and wide availability of DNA testing, non-conscious but highly intelligent algorithms may soon know us better than we know ourselves (based on Yuval Noah Harari, Homo Deus).
- 9. Curiosity is a fundamental part of our nature and is more beneficial for society and science than ambition or excellence but remains an underestimated trait.
- 10. Most published research findings are false (*John Ioannidis*); it is only after contextualization that research findings can be interpreted let alone be adopted by news media.
- 11. Reason is the natural organ of truth; but imagination is the organ of meaning. Imagination, producing new metaphors or revivifying old, is not the cause of truth but its condition (*C.S. Lewis*).