

## PROPOSITIONS ACCOMPANYING THE THESIS

### Metabolism, Renal Insufficiency and Life Expectancy

1. In obese patients, abdominal fat compartments peculiarly contribute to inflammation increasing the CV risk (*this thesis*).
2. High adiponectin levels drive the association of plasma resistin with cardiovascular and all-cause mortality in patients with end-stage kidney failure (*this thesis*).
3. In dialysis patients the rs1974201 polymorphism in the ENPP1 gene, modifies the relationship between the left ventricular myocardial geometry and the pro-fibrotic protein TIMP-1 (*this thesis*).
4. The enzyme Gamma-glutamyl transferase is an independent risk factor for mortality in the elderly and this association is modified by circulating levels of oxidized low-density lipoproteins (*this thesis*).
5. A functional polymorphism in the IL6 gene points at a causal link between serum IL6 levels and adverse cardiovascular events in chronic kidney disease (*this thesis*).
6. Cardiovascular diseases is a leading cause of global mortality and the identification of the factors contributing to their onset is one of the major challenges of biomedical (<https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases>).
7. Lifestyle interventions are the cornerstone that effectively can reduce the risk of cardiovascular disease (*Circulation 2013; 128:2169-2176*).
8. Obesity, chronic kidney disease and aging are enhancers of adverse cardiovascular events but the risk factors explaining these associations remain still unknown (*Lancet 2013; 382: 339-352*).
9. Mendelian randomization: nature's randomized trial to determine causation from observational studies (*BMJ 2018; 362:K601*).
10. The dual role of obesity in kidney disease: risk or protective factor for cardiovascular disease (*Curr Opin Nephrol Hypertens 2016; 25:208-2016*).
11. There is a great difference between knowing and understanding: you can know a lot about something and not really understand it (*Charles Kettering*).