

Stellingen behorende bij het proefschrift:

## **Personalizing Factor Replacement Therapy in Hemophilia**

1. Pharmacokinetic-guided dosing does not reduce factor VIII concentrate consumption in hemophilia A patients in the perioperative period  
– this thesis
2. Pharmacokinetic-guided dosing of factor VIII concentrate should be applied around surgeries in hemophilia A patients because pre-specified factor VIII levels are achieved more often – this thesis
3. Surgeries with a medium risk in hemophilia A patients are associated with higher postoperative VWF levels than those with a low surgical risk  
– this thesis
4. Factor VIII concentrate dosing in overweight and obese hemophilia A patients should be based on ideal body weight – this thesis
5. Online available pharmacokinetic tools are not transparent and advise different factor VIII concentrate doses – this thesis
6. A reliable and reproducible diagnostic assay that measures overall hemostatic potential does not exist (based on Tripodi et al., Clinical Chemistry, 2019)
7. Morbidity and mortality of Covid-19 patients are associated with hemostatic imbalance (based on Levi et al., Lancet Haematology, 2020)
8. An *in vitro* microfluidic bleeding model is crucial to investigate known and unknown modifiers of hemostasis (Sakurai, Nature Communications, 2018)
9. Institutions should identify and promote high potential women more actively, if not, the ratio of male/female full professors will only reach 1 in 2058 (Rapport Ministerie van OCW Wetenschapsvisie 2025; 2014)
10. Dogs have therapeutic potential for better health, more physical activity, and positive mental well-being (based on Westgarth et al., Scientific Reports, 2019)
11. All the statistics in the world cannot measure the power of a smile (based on Christopher William Napier Hart)

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