

*Stellingen behorende bij het proefschrift:*

**Myths and facts in mastocytosis.**

1. Patients with systemic mastocytosis with skin lesions have a different clinical phenotype than those without skin lesions.  
This thesis.
2. Patients with mastocytosis have similarly unfavourable perceptions of their health-related quality of life to patients with cancer.  
This thesis.
3. The risk of perioperative anaphylaxis in mastocytosis is low.  
This thesis.
4. Non-steroidal anti-inflammatory drugs are safe for most patients with mastocytosis.  
This thesis.
5. JAK-STAT inhibitors can effectively inhibit mast cell activation *in vitro*.  
This thesis.
6. Mast cells can be directly activated by stress via corticotrophin releasing factor.  
Theoharis et al. Trends in Pharmacological Science 2004;25:563-568
7. By using a sensitive realtime quantitative PCR for D816V mutated DNA in peripheral blood, many patients with suspected mastocytosis could be spared from a bone marrow biopsy.  
Kristensen et al. Allergy 2017;72:1737-1743
8. Avapritinib more effectively and specifically induces apoptosis of neoplastic myeloid progenitor cells than midostaurin.  
Lubke et al. Leukemia 2019;33:1195-1205
9. More than 70% of researchers have tried and failed to reproduce another scientist's experiment.  
Baker, M. Nature 2016;533:453-454.
10. On average, patients can talk for only 11 seconds before their physician interrupts them.  
Ospina et al. Journal of General Internal Medicine 2019;34:36-40
11. When you order a test that is not indicated, the result will be abnormal.  
William Ossler.