1. The role of first- and second-generation somatostatin receptor ligands in the medical treatment of acromegaly is mainly (and only) providing tumour control due to the limited metabolic efficacy – This thesis

2. First-generation somatostatin receptor ligand monotherapy as first-line treatment should play a limited role in the medical treatment of younger acromegaly patients with large tumours and/or those with high pre-treatment levels of GH – This thesis

3. The potential advantages of pasireotide LAR treatment on biochemical control, tumour size control and quality of life should be weighed against the potential disadvantages of short- and long-term complications of diabetes – This thesis

4. T2-weighted MRI signal might anticipate in GH-secreting tumours response to first-generation somatostatin receptor ligands as well as to pasireotide LAR treatment – This thesis

5. Eucaloric ketogenic diet seems to be an effective adjuvant treatment in patients before initiating pegvisomant treatment – This thesis

6. A ketogenic diet is not a “do-it-yourself diet”, in particular in patients with acromegaly – Jennifer Abbasi, JAMA 2018

7. A ketogenic diet is not for the undisciplined, but - in addition to its beneficial effects on the doctor’s readouts - it may provide a means for acromegaly patients to feel in control – Personal experience

8. Scientific inquiry should be expected to do the same as what Lucian Freud requires from a painting, “that it astonishes, disturbs, seduces and convinces.” – Lucian Freud

9. “One is not born, but rather becomes, a woman”. – Simone de Beauvoir, The Second Sex

10. ESE Young Endocrinologists & Scientists (EYES) has an important role to play in achieving an even playing field amongst early career endocrinologists – Wiebke Arlt, ESE News

11. “Meanings is not important,” said the big friendly giant. “I cannot be right all the time. Quite often I am left instead of right.” – Roald Dahl, The big friendly giant