

Propositions

1. Current well known early environmental and genetic risk factors for eczema are not differentially associated with childhood eczema phenotypes. (This thesis)
2. There is no relationship between nasal carriage of *S. aureus* and eczema in childhood. (This thesis)
3. The diversity, relative abundance and functional pathways of stool microbiota were not consistently associated with eczema in school-aged children. (This thesis)
4. Children with early onset and persistent eczema have the highest risk of developing asthma and allergic conditions in later childhood. (This thesis)
5. Most children with eczema do not have more emotional and behavioural problems than children without eczema. (This thesis)
6. A stratified medicine approach for eczema might be more suitable due to the observed variability in prognosis and risk factor profiles for children with eczema. (Paternoster et al., JACI 2018)
7. More understanding of the unique genetic, clinical and molecular features of eczema across a broad range of ethnic eczema subtypes is needed as we care for an increasingly multinational patient population. (Kaufman et al., Experimental Dermatology 2018)
8. It is safe to own a cat. Cat exposure in infancy is not associated with an increased risk of childhood eczema. (Pelucchi et al., JACI2013)
9. Negative and null findings are valuable components of the scientific literature. (Nat Hum Behav 2019)
10. The advances in statistical tools has also enabled the possibility to infer causality from observational studies, rather than only from randomized controlled trials. (Pearl, Statistics Surveys 2009)
11. In this world, with rise there is decline, with birth there is death, with coming together there is separation. Everything by nature is temporary. What we possess today may not always be ours. However, what we lose today may be ours again tomorrow. (Jun Hong Lu, Words of Wisdom)