1. The low bone mineral density in pediatric patients with acute lymphoblastic leukemia, rather than the treatment-related decline of bone mineral density, determines the markedly increased fracture risk of 18% (this thesis).

2. A physical exercise program does not prevent reduction in bone mineral density in children with acute lymphoblastic leukemia, most likely due to unsatisfactory compliance (this thesis).

3. Six percent of pediatric patients with acute lymphoblastic leukemia developed symptomatic osteonecrosis during or shortly after antileukemic treatment (this thesis).

4. Older age and female sex are the main determinants for the risk of symptomatic osteonecrosis in childhood leukemia patients (this thesis).

5. Knowledge of the self-limiting course of osteonecrosis in an important proportion of children and adolescents with acute lymphoblastic leukemia, is important when considering the need for orthopedic surgery (this thesis).

6. Preventing treatment-related osteonecrosis in patients with acute lymphoblastic leukemia is feasible by discontinuous, instead of continuous, steroid scheduling (this thesis).

7. “Het begin der wijsbegeerte is verwondering” (Plato).

8. “There is no form of prose more difficult to understand and more tedious to read than the average scientific paper” (Frances Crick, The Lancet, December 1995).

9. “All statistical models are wrong, some are useful” (George Box, famous Bayesian statistician).

10. “When the going gets tough, the tough gets going” (English saying attributed to J.P. Kennedy. Number 1 hit of Billy Ocean, album “The Jewel of the Nile”).

11. Wie nooit fouten wil toegeven, hem worden ze aangerekend, maar wie ze erkend en vermijdt, hem worden ze vergeven. (Spreuken 28:13)