Propositions attached to the thesis

EARLY COST-EFFECTIVENESS OF MEDICAL TESTS IN RHEUMATOID ARTHRITIS AND ISCHEMIC STROKE

Leander R. Buisman, June 30, 2016.

1. A well-designed early-CEA methodology helps to develop (cost-)effective medical tests efficiently. (*this thesis*)

2. If important practice variation or deviation from the clinical guidelines exists, the test strategy that is actually provided in hospitals should be compared with the new test strategy. (*this thesis*)

3. Analysis of recent data shows that the hospital costs of ischemic stroke have substantially declined in the past 10 years. (*this thesis*)

4. New tests to diagnose rheumatoid arthritis in inflammatory arthritis patients are cost-effective when they are used as an add-on for intermediate-risk patients, have a high specificity, and cost no more than €200–€300. (*this thesis*)

5. The value of a confirmatory imaging test strategy to select appropriate treatment for patients with a recent TIA or minor ischemic stroke is limited when compared to the guideline-based test strategy. (*this thesis*)

6. Precision medicine – in some cases, people call it personalized medicine – gives us one of the greatest opportunities for new medical breakthroughs that we have ever seen. (*Barack Obama*)

7. Medical science has made such tremendous progress that there is hardly a healthy human left. (*Aldous Huxley*)

8. The science of today is the technology of tomorrow. (*Edward Teller*)

9. Involvement of the different stakeholders in early cost-effectiveness analyses of medical tests and discussion of the results leads to improved decisions.

10. If we knew what it was we were doing, it would not be called research. (*Albert Einstein*)

11. Every mountain top is within reach if you just keep climbing. (*Barry Finlay*)