

Propositions accompanying the dissertation:

**Live kidney donation:
Long-term health-related outcome**

1. The absolute risks for donors following live kidney donation are very low and should therefore not discourage potential donors. (this thesis)
2. After an initial decline, the renal function remains stable over a decade after live kidney donation. (this thesis)
3. The eGFR after live kidney donation is longitudinally affected by ageing and gender, which is similar for the general population. (this thesis)
4. Extended criteria donors do not have a progressive decline in renal function. (this thesis)
5. Live kidney donors do not have an additional risk after donation compared to non-donors. (this thesis)
6. Evaluation of candidates to serve as living kidney donors relies on screening for individual risk factors for end-stage renal disease. (N Engl J Med 2016; 374:411-421)
7. Live kidney donors with an eGFR <60 ml/min/1.73m² and no other signs of kidney disease, should not be classified as having chronic kidney disease. (Clin J Am Soc Nephrol. 2013;8(8):1406-1413)
8. The type of study should not be taken as a guide to a study's validity. (J Gen Intern Med. 2014 Jul; 29(7): 1060–1064)
9. The application of minimally invasive procedure to more complex surgeries will require new technology and techniques. (JAMA. 2001;285(5):568-572)
10. As with many interventions intended to prevent ill health, the effectiveness of parachutes has not been subjected to rigorous evaluation by using randomised controlled trials. BMJ. 2003 Dec 20; 327(7429): 1459–1461
11. Statistics: The only science that enables different experts using the same figures to draw different conclusions. (Evan Esar)

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