1. Increased intestinal permeability may contribute to symptom generation in diarrhoea predominant IBS patients, but not in the other subtype IBS patients.

2. Neither patient characteristics nor intestinal or systemic biomarkers are able to predict the presence of visceral hypersensitivity in IBS patients.

3. The efficacy of therapies in IBS patients relies on retrospective symptom scores, however these are prone to biases, such as recall and ecological bias.

4. IBS is a functional gastrointestinal disorder, with subtle organic changes in several domains. Biomarkers that reflect various pathophysiological mechanisms can be combined to a highly specific and sensitive non-invasive biomarker panel for IBS.

5. Functional gastrointestinal disorders are part of a spectrum of disorders in various organ systems with common aetiological factors, such as altered response to stress, altered modulation of pain, and dysfunctional coping strategies.

6. The off-label use of proton pump inhibitors is a widespread phenomenon in medical practice, but the use of these drugs is among others associated with elevated risk for primary Clostridium difficile infection, and recurrence of this infection after a primary episode. (JAMA intern med, 2015)

7. Constipation prophylaxes by means of laxatives is recommended by most analgesia guidelines for all patients receiving opioids, while scientific evidence for the efficacy of this regimen is lacking. (Cochrane Database, 2015)

8. Early recognition of psychological comorbidity in IBS patients may lead to significant economic benefit for the health care system.

9. What is not written down does not exist, it existed once and died. (Meša Selimović, 1966)

10. Truth in science can be defined as the working hypothesis best suited to open the way to the next better one. (Konrad Lorenz, 1973)

11. Do not go where the path may lead, go instead where there is no path and leave a trail. (Ralph Waldo Emerson, 1860)