

# Immunosuppressive and antiproteolytic therapy in vascular diseases

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Propositions (Stellingen)

**Immunosuppressive and anti-proteolytic therapies in vascular diseases**

**Lili Bai**

1. The subtle shift in T-cell immune responses toward a Th2 profile and the potent anti-atherogenic activity of a low dose FK506 regimen render it a promising candidate for long-term treatment of a chronic inflammatory disease such as atherosclerosis.  
-this dissertation
2. Although NFAT family members are critical activators of the immune response, leukocyte deficiency of NFATC2 deteriorates rather than ameliorates progression of atherosclerosis.  
- this dissertation and Crabtree et al (*Cell*. Apr 2002;109 Suppl:S67-79)
3. Although catK has strong elastinolytic and collagenolytic activity, cathepsin K deficiency does not reduce aneurysm size, severity and elastic lamina degradation in a murine model.  
- this dissertation
4. Cathepsin K deficiency blunts the augmented hyperplastic response to flow cessation in hyperlipidemic apoE<sup>-/-</sup>, while having no effect on vascular remodelling in wild type mice.  
-this dissertation
5. Scientific insights are biased, as statistically significant data are more likely to be published than relevant but statistically non-significant data.
6. Although Western and Chinese medicine are based on different concepts, in practice the reductionistic view on disease in Western society and the Chinese holistic approach, harmonize like yin and yang.
7. The word 'unexpectedly' is not a reason for disappointment, but rather a challenge and a reason for a new set of experiments to test a new theory.  
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8. The length of a PhD journey can not only be measured by time but also by physical distance which in some cases can exceed that of the Equator by more than 5 times.