

Stellingen

1. Almost all overdiagnosed cases of prostate cancer occur in men older than 60. (Dit proefschrift)
2. Risk-Stratified screening strategies are needed to improve the current balance of harms and benefits of prostate cancer screening. (Dit proefschrift)
3. Prostate cancer screening can be cost-effective, when it is limited to two or three screens between ages 55-59 years. (Dit proefschrift)
4. Active Surveillance for prostate cancer should be the default option for low-risk men older than 60. (Dit proefschrift)
5. Active Surveillance for low-risk men with prostate cancer is more cost-effective than immediate treatment. (Dit proefschrift)
6. The purpose of prostate cancer screening must be clarified as the identification of high-risk cancers, precisely when they are early stage and therefore curable. Adapted from Matt Cooperberg, Eur Urol 2016.
7. Although advances in pharmaceutical technology and research have yielded effective cancer therapies that reduce physical or treatment-related toxicity, patients have had to face worsening financial uncertainty both during and after treatment. Fitzner et al, Popul Health Manag, 2017.
8. One aspect of evidence based medicine's crisis (and yet, ironically, also a measure of its success) is the sheer volume of evidence available. In particular, the number of clinical guidelines is now both unmanageable and unfathomable. Adapted from Trisha Greenhalgh et al, BMJ 2014.
9. "People don't go around introducing you to their ex-wives." Andrew Gelman on why model improvement doesn't make it into papers.
10. A man should never be ashamed to own that he has been in the wrong, which is but saying in other words that he is wiser today than he was yesterday. Alexander Pope
11. Life isn't about finding yourself. Life is about creating yourself. George Bernard Shaw