

Stellingen behorend bij het proefschrift:

"Improving Clinical Diagnosis of Melanocytic Skin Lesions by Raman Spectroscopy"

- 1.** The clinical diagnosis of melanocytic lesions is a gray zone; Raman spectroscopy increases the contrast.
- 2.** Now, also pigmented tissues yield Raman spectra of high quality.
- 3.** Improvement of early diagnosis of melanoma requires objective techniques, like Raman spectroscopy.
- 4.** Raman spectroscopy will decrease the workload of pathologists and dermatologists.
- 5.** The observation that melanoma has an increased lipid concentration may hold a clue to the pathogenesis of melanoma.
- 6.** Raman spectroscopy provides another indication that dysplastic nevi can develop into melanoma.
- 7.** Growing a thick skin helps to prevent melanoma.
- 8.** Most cases of familial melanoma are not due to germline melanoma genes, but to shared sun exposure experiences among family members with susceptible skin types. (E. Soura, *et al.*, 2016)
- 9.** The aim of *interdisciplinary* work should be to make the work *transdisciplinary*.
- 10.** From 785 nm to 976 nm is a small step for man, but a giant leap for Raman.
- 11.** Sometimes the solution lies in another dimension.