

STELLINGEN

Tailoring Treatment Strategies for Colorectal Liver Metastases

1. Initiation of randomized controlled trials in the Netherlands is unnecessarily cumbersome and expensive. *(This thesis)*
2. The histopathological growth patterns of colorectal liver metastases should be used in daily clinical management, as it shows to have significant prognostic and predictive power. *(This thesis)*
3. An 11-gene signature at mRNA level has potential prognostic power in terms of disease free survival after resection of colorectal liver metastases. *(This thesis)*
4. Surgery for colorectal liver metastases remains the gold standard, with potentially expanding indications in the setting of multi-organ metastases, and therefore all patients with stage IV colorectal cancer should be evaluated in multidisciplinary expert teams. *(This thesis)*
5. Follow-up after surgery for colorectal cancer: we have no clue as to what we are doing. *(This thesis)*
6. There is an emerging and important role for artificial intelligence in cancer research.
7. Biology is King; selection of cases is Queen, and the technical details of surgical procedures are princes and princesses.
(B. Cady)
8. Down to their innate molecular core, cancer cells are hyperactive, survival-endowed, scrappy, fecund, inventive copies of ourselves.
(S. Mukherjee)
9. De Algemene Chirurgie wordt door veel chirurgen als fundament gezien voor de technische vaardigheden, de chirurgische attitude en dat wat ons in de basis bindt. Het moet daarom omarmd worden.
(Vrij naar "De toekomst van Algemene Chirurgie binnen de Heelkunde")
10. ... only my hand (and not a CAT scan) can say that it hurts at this spot, and not at that spot. Only my hand can say that.
(A. Verghese)
11. As to diseases, make a habit of two things – to help, or at least, to do no harm.
(Hippocrates)