

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*)

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