

## STELLINGEN/PROPOSITIONS

behorende bij het proefschrift

# POPULATION-BASED REGISTRY AND RESPONSE MONITORING IN CHRONIC MYELOID LEUKEMIA

Inge G.P. Geelen

1. Apart from prospective, randomized clinical trials, clinicians need to take observational, population based registry studies into account for optimized chronic myeloid leukemia (CML) management. (*this thesis*)
2. The quality of response monitoring and patient outcome in CML might benefit from centralization of care in hospitals and expert centers, treating at least two new CML patients each year. (*this thesis*)
3. Monitoring response to tyrosine kinase inhibitor (TKI) therapy in chronic phase CML patients can reliably be performed by molecular monitoring, thereby allowing to omit routine cytogenetic response monitoring. (*this thesis*)
4. The EUTOS long term survival (ELTS)-risk score should be used for identification of patients who benefit most from upfront treatment with a second generation TKI. (*this thesis*)
5. Addition of pegylated interferon-alpha (IFN) to nilotinib therapy in patients, who fail to achieve a deep molecular response to imatinib, should not be recommended because of IFN-related toxicities and efficacy of nilotinib alone. (*this thesis*)
6. Identification of CML patients in deep molecular remission who meet strict criteria required for TKI discontinuation and referral of these patients to physicians with known experience with TKI discontinuation should become a routine part of clinical practice in CML (*Hughes et al., Blood, 2016;128(1):17-23*)
7. Improved identification of advanced phase CML may be performed by adhering to the European Leukemia Net (ELN) definition instead of the World Health Organization (WHO) definition, which less clearly discriminates overall survival from CML patients with chronic phase CML. (*Geelen et al., Eur J Haematol 2017;99:381-382*)
8. Therapy adherence is a critical success factor for CML treatment as 'Drugs don't work in patients who don't take them' (*C. Everett Koop, 1985*)
9. Scientific journals should abandon Kaplan-Meier methodology in the analysis of end points with competing risks. (*Schumacher et al., J Clin Epidemiol, 2016;80:135-136*)
10. 'Tis much better to do a little with certainty & leave the rest for others that come after than to explain all things by conjecture without making sure of any thing' (*Isaac Newton, unpublished notes for the Preface of Opticks, 1704*)
11. A true 'homo universalis' does not only visit the conference, but also joins the 'fun run'.