

# Stellingen

behorend bij het proefschrift van E.M.B. van Heijningen

'Surveillance van adenoompatiënten – op weg naar efficiëntere richtlijnen'

1. De in (inter-)nationale kwaliteitsrichtlijnen gehanteerde drempelwaarde voor de kans op perforaties na coloscopie kan stringenter en moet onderscheid maken naar procedure- en patiëntkenmerken. (dit proefschrift)
2. Onafhankelijke adenoom-gerelateerde voorspellers voor toekomstige detectie van advanced neoplasie moeten gezamenlijk meegenomen worden bij de risicostratificatie van adenoompatiënten voor surveillance. (dit proefschrift)
3. Gepersonaliseerde surveillance gebaseerd op adenoomkenmerken verbetert de efficiëntie van surveillance. (dit proefschrift)
4. Verbeterde kwaliteit van de coloscopie rechtvaardigt langere surveillance intervallen. (dit proefschrift)
5. Meer complexiteit in surveillance richtlijnen leidt niet noodzakelijkerwijs tot minder goede naleving. (dit proefschrift)
6. The "framing" of benefit (or risk) in relative versus absolute terms may have a major influence on patient preference. (Malenka DJ, et al., J Gen Intern Med, 1993)
7. Fecal energy loss could accurately be predicted by using a factor 4.87 for the combined energetic value of protein and carbohydrates, if fecal dry weight and fecal fat content are known. (Strack van Schijndel RJ<sup>†</sup>, et al., Clin Nutr, 2006)
8. Synoptic reporting, as compared to narrative reporting, represents a significant advance toward ensuring higher quality medical treatment. (Urquhart R, et al., Oncology Exchange, 2009)
9. Big data stelt hoge eisen aan databeheer, -verwerking, -(her)gebruik en -analyse. Onderzoekers hebben daarbij in toenemende mate behoefte aan ondersteuning door dataspecialisten en juridische en ethische expertise. (KNAW, 2018. Big data in wetenschappelijk onderzoek met gegevens over personen, Amsterdam, KNAW)
10. Music significantly reduces discomfort and should be routinely offered to patients undergoing colonoscopy. (Costa A, et al., Dig Liver Dis 2010)
11. Trust your gut feeling!

Else-Mariëtte van Heijningen  
Rotterdam, 19-12-2018

# Propositions

belonging to the thesis of E.M.B. van Heijningen

'Surveillance of adenoma patients – towards more efficient guidelines'

1. The (inter-)national quality thresholds for perforation rates should be more stringent and stratified by procedure and patient characteristics. (this thesis)
2. Independent adenoma-related predictors for recurrence of advanced colorectal neoplasia should be considered jointly for optimized risk stratification. (this thesis)
3. Personalizing surveillance based on adenoma characteristics will increase surveillance efficiency. (this thesis)
4. Increasing colonoscopy quality may justify longer surveillance intervals. (this thesis)
5. More complexity in surveillance guidelines does not necessarily lead to lower compliance. (this thesis)
6. The "framing" of benefit (or risk) in relative versus absolute terms may have a major influence on patient preference. (Malenka DJ, et al., J Gen Intern Med, 1993)
7. Fecal energy loss could accurately be predicted by using a factor 4.87 for the combined energetic value of protein and carbohydrates, if fecal dry weight and fecal fat content are known. (Strack van Schijndel RJ<sup>†</sup>, et al., Clin Nutr, 2006)
8. Synoptic reporting, as compared to narrative reporting, represents a significant advance toward ensuring higher quality medical treatment. (Urquhart R, et al., Oncology Exchange, 2009)
9. Big data make high demands on data management, processing, (re)use and analysis. Researchers therefore have an increasing need for support from data specialists and legal and ethical expertise. (KNAW, 2018. Big data in wetenschappelijk onderzoek met gegevens over personen, Amsterdam, KNAW)
10. Music significantly reduces discomfort and should be routinely offered to patients undergoing colonoscopy. (Costa A, et al., Dig Liver Dis 2010)
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