1. Prediction of progression of patients with low grade dysplasia in Barrett’s esophagus can be improved by scoring the presence of loss of maturation, mucin depletion, nuclear enlargement and increase of mitosis, especially if combined with p53 immunohistochemistry. (This thesis)

2. Although Cyclin A is predictive for progression, it has no added value for histological diagnosis of low grade dysplasia compared to the panel consisting of P53 and SOX2. (This thesis)

3. Immunohistochemical detection based on cytokeratin expression of tumor budding diminishes the predictive value of this parameter for lymph node metastasis in patients with a pT1b esophageal adenocarcinoma and should not be used. (This thesis)

4. SOX2 is prognostic in patients with esophageal adenocarcinoma, especially in early stage disease. (This thesis)

5. Immunohistochemical detection of loss and overexpression of P53 correlates to the type of mutation of TP53, except for heterogeneous expression of P53. (This thesis)

6. New techniques in pathology, although promising at first, eventually will occupy an important but significantly smaller role than originally expected, (SQUMJ, February 2011)

7. There is increasing concern, that in modern research, false findings may be the majority or even the vast majority of published research claims. (PLoS Medicine Augustus 2005)

8. Conducting comprehensive genetic investigations in people who are well and asymptomatic are a perfect storm for overdiagnosis and overtreatment. (BJM December, 2017)

9. A mystic perversion prevails among those clinicians who believe that the pathologist, given only a piece of a patient’s tissue, has all of the other ingredients necessary to produce a statement of absolute truth at the end of his report. (New England Journal of Medicine, October 1981)

10. Trust is good, validation is better (Human Pathology, December 2018)

11. Promoveren is een marathon, geen sprint