

Stellingen

behorende bij het proefschrift

Biological and Clinical Parameters to Improve Outcome in Oesophageal Cancer

1. Tumor immunohistochemistry revealed that MET should not be used for targeted therapy in patients with oesophageal cancer. *this thesis*
2. A complete pathological response after neoadjuvant chemoradiotherapy plus surgery can be partially predicted by using only patient characteristics. *this thesis*
3. It is safe to apply chemoradiotherapy according to CROSS followed by surgery for treating patients with locoregional oesophageal cancer. *this thesis*
4. Given the pleiotropic function of microRNA -126, its exact role in oesophageal cancer is difficult to evaluate. *this thesis*
5. Clearance of paclitaxel cannot be used as a parameter for response to treatment in patients with oesophageal cancer. *this thesis*
6. Quality of research, PhD programs and everything that comes with it should be monitored and examined just like the surgical training programs. *Modified from Frank van der Duyn Schouten, Rector VU Amsterdam*
7. Neoadjuvant chemoradiotherapy according to CROSS is now considered standard of care for patients with locoregional oesophageal cancer. *Dr. Pieter van Hagen and Dr. Joel Shapiro, CROSS studies, published in the NEJM and Lancet Oncology, and Dr. Derek Power, NEJM Correspondance*
8. The sword of Damocles hanged above my head. *Marcus Tullius Cicero, 106-43 before Christ*
9. Future developments in paediatric surgery include tissue engineering, anti-angiogenic agents, scarless healing, in utero gene replacement, and treatments with growth factors. *Paul Losty, BMJ 1999*
10. Experientia docet. *Latin phrase*
11. The brain and the light became one, and it's done!