

IMPLEMENTATION PHASE OF THE DUTCH COLORECTAL CANCER SCREENING PROGRAMME

1. The Dutch colorectal cancer screening programme with their piloting, planning and real-time monitoring may serve as a best practice for many screening initiatives currently being organised worldwide (*this thesis*).
2. Screening for colorectal cancer has the potential to reduce health inequalities, because of higher cancer detection in more deprived participants, but this is currently offset by the lower participation rate in this group (*this thesis*).
3. Using a higher FIT cut-off (47 instead of 15 µg Hb/g faeces) has limited impact on the total yield of colorectal cancer and advanced adenoma because a substantial part of the then missed lesions is detected in subsequent screening rounds (*this thesis*).
4. Two-thirds of screen-detected colorectal cancers are detected in a favourable stage (I and II) which is encouraging that screening may decrease colorectal cancer-related morbidity and eventually mortality rates (*this thesis*).
5. Personalised screening based on previous faecal Hb concentration is an important next step to explore for further optimisation of the Dutch CRC screening programme (*this thesis*).
6. One possible explanation for the finding that observational studies may be less prone to heterogeneity in results than randomised controlled trials is that each observational study is more likely to include a broad representation of the population at risk (Concato et al, NEJM, 2000).
7. Coffee consumption seems generally safe within usual levels of intake, indicating largest risk reductions for various health outcomes at three to four cups a day, and more likely to benefit health than harm (Poole et al, BMJ, 2017).
8. Providing female health academics access to experienced, well-connected mentors with common interests who are committed to advancing their career, is an investment in optimising potential, promoting supportive work environments and increasing productivity and retention (Cross et al, PlosOne, 2019).
9. The use of multiple sources of big data has the promise of improving knowledge and providing more accurate data for clinicians and policy decision makers (Chambers et al, Am Soc Clin Oncol Educ Book, 2019).
10. Multitasking is counterproductive and all tasks taken together would actually take longer than they would if they were done individually (Crenshaw, The myth of multitasking: How “doing it all” gets nothing done, 2008).
11. Children are not a distraction from more important work. They are the most important work (C.S. Lewis).