

STELLINGEN

Behorende bij het proefschrift

FIT for Colorectal Cancer Screening from standard to tailored strategies

1. The use of FIT over gFOBT as colorectal cancer screening test is supported by the lower incidence of interval cancers after a negative FIT than a negative gFOBT.
This thesis
2. Other features than detection of advanced neoplasia and participation rate, such as patient preferences and analyzer features, should be included in the decision making of using OC-Sensor or FOB-Gold for a FIT-based colorectal cancer screening program.
This thesis
3. Discordant FIT results between OC-Sensor and FOB-Gold are more likely to be attributed to nonhomogeneous distribution of hemoglobin through the feces rather than to test differences.
This thesis
4. Screening participants with a positive FIT result should be discouraged to obtain a second FIT, but strongly advised to undergo colonoscopy.
This thesis
5. When colonoscopy resources are limited, tailored screening based on age, gender, or FIT positivity cut-off can be considered.
This thesis
6. The recommendation to broadly adopt colorectal cancer screening under the age of 50 years is premature.
Bretthauer, Annals of Internal Medicine, 2018
7. When estimating the attributable fraction (the proportion of disease attributable to a given factor), one should recognize that not everyone who has a disease did so because of the risk factor.
Hilsden, Gastrointestinal Endoscopy, 2011
8. Eat your yoghurt.
Zheng, Gut, 2019
9. Greater transparency in drug pricing is needed to slow down the rise in healthcare costs.
Vogler, The Lancet Oncology, 2016
10. The predicted massive changes to the symbiotic state of the world's forests due to climate change are disturbing.
Steidinger, Nature, 2019
11. Some birds are not meant to be caged. Their feathers are too bright, their songs too sweet and wild.
Stephen King, The Shawshank Redemption