

Optimizing EUS-guided Tissue Sampling novel devices and techniques

1. For EUS-guided tissue sampling of solid gastrointestinal lesions, the 20G FNB ProCore needle is a better choice than a conventional 25G FNA needle. (this thesis)
2. The diagnostic superiority of the 20G FNB ProCore needle was reproducible amongst academic and non-academic pathologists, endorsing its use in general practice. (this thesis)
3. The collection of tissue cores should be favored over cytology, as it is positively correlated with diagnostic accuracy. (this thesis)
4. EUS-needle size is not a good predictor of diagnostic success, it is the overall design that counts. (this thesis)
5. As long as FNA is still used, liquid based cytology (LBC) should replace the traditional smear-preparation in centers without ROSE at their disposal. (this thesis)
6. The purview of the gastroenterologist will expand to treat conditions that have traditionally been out of the reach of our endoscopes. (Zaidel, Becker's GI & Endoscopy, 2015)
7. It is likely that as EUS-technology evolves, the indication for FNB will expand and endosonographers will need to be ready with the best possible tools available. (Baron Expert Review of Medical Devices, 2018)
8. There will always be an argument for more research and for better data, but waiting for more data is often an implicit decision not to act or to act on the basis of past practice rather than the best available evidence. (Frienden, NEJM, 2017)
9. It's not the question if the experts are any good. The real question is how predictable their world is. (Daniel Kahneman, Thinking fast and slow, 2014)
10. All disease begins in the gut. (Hippocrates)
11. Analyseren en combineren is de bron van alle vernieuwing. (Jaap van den Ende)