

Stellingen

Behorende bij het proefschrift

Improving the performance and efficiency of the colorectal cancer screening programme in the Netherlands

1. In case of sufficient colonoscopy capacity, FIT screening should not be stratified by sex. *(dit proefschrift)*
2. A proportion of adenomas does not bleed and is therefore systematically missed by repeated FIT screening. *(dit proefschrift)*
3. With the participation rates as observed in a dedicated screening trial, CTC is more cost-effective than colonoscopy screening for colorectal cancer. *(dit proefschrift)*
4. Colorectal cancer screening has the potential to reduce health inequalities in colorectal cancer mortality. *(dit proefschrift)*
5. A detailed (more complex) risk stratification for designation of surveillance intervals is feasible in clinical practice. *(dit proefschrift)*
6. Health technology assessment works on the premise that it synthesizes findings from pragmatically designed clinical trials and other data sources to inform health policy. *(IJzerman, PharmacoEconomics 2017)*
7. Given both the critical role of person to person transmission in the spread of outbreaks and the importance of behavioural compliance in the success of multiple infection control interventions, it is vitally important that human behaviour is accurately represented within infectious disease models. *(Weston et al., BMC Public Health, 2018)*
8. In the Pacific Island of Tonga, the most obese country in the world, obesity is a contributing factor in 24% of premature deaths. *(Matoto et al.; Public Health Action., 2014)*
9. Disease prevention is a far more comprehensive and compelling solution to improve population health and control costs than treatment. *(L. Xingzhu, World Health Organization, 2003)*
10. The benefits of living in an intentional retirement community seem considerable. *(Rogers, Australas J Ageing, 2014)*
11. When you reduce life to black and white, you never see rainbows. *(Rachel Houston)*

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