

1. Predicting benefit for one treatment over another is more useful in the clinic than predicting response to a single treatment.(this thesis)
2. For the purpose of building classifiers for treatment benefit, RNAseq is not Superior to microarray measurements.
3. Personalised medicine for patients with Multiple Myeloma is not possible without advanced algorithms for treatment benefit assessment. (Chapter 2 and Chapter 3)
4. Common ways of interpreting classifiers after training, e.g. gene set enrichment or literature review, almost never lead to new biological insights. (Chapter 2 & Chapter 4)
5. The premise of a machine learning model that training and test data should include the same populations does not match the reality of clinical data. More complicated algorithms will not solve this problem ; instead, it should be addressed while gathering the data. (Chapter 4)
6. Unexplainable models, for which it is not clear why it classifies a certain patient as 'benefit' or 'no benefit', will not be adopted in the clinic. (Abdollahi and Nasraoui 2018)
7. When peer review of a submitted manuscript has been performed, authors, editors and reviewers should reach a consensus about which experiment are necessary to reach a publishable article before any revisions take place. This will make the publication process more efficient and fairer.
8. Public trust in the scientific process is important for following science-based policy and recommendations. In order to increase knowledge about the scientific process, every scientist should therefore dedicate at least one day a year to public outreach.
9. Researchers should be held responsible for facilitating the translation of their scientific findings to the clinic.
10. To increase participation in the democratic process voting should be mandatory. However, the ballot should always offer the option of casting a blank vote.
11. Working from home can decrease productivity, despite the fact that more free time is available.