Propositions belonging to this thesis

1) Besides quantity of T cells, it is the quality of T-cell immunity that determines survival of patients with breast cancer (Chapter 3, this thesis).

2) Exclusion or lack of CD8 T cells in triple negative breast cancer associate with the activity of oncogenic TGFβ and WNT pathways, respectively (Chapter 4, this thesis).

3) Spatial immunophenotypes are prognostic and when captured by a gene classifier, predict response to anti-PD1 in triple negative breast cancer (Chapter 4, this thesis).

4) Stringent screening of large numbers of healthy and malignant tissues with multiple techniques enables the identification of a novel tumor-selective target for adoptive T cell therapy to treat triple negative breast cancer (Chapter 6, this thesis).

5) Combinatorial use of in silico and laboratory tools to select epitopes, T cell receptors and tumor sensitization strategies, facilitates the development of safe and potent adoptive T cell therapies (Chapters 5 and 7, this thesis).

6) Clinical decision-making regarding combination immune therapies needs to take into account immunophenotyping of tumors.

7) Although the complexity of tumor:immune cell interactions initially increases with scientific progress, it ultimately simplifies once primary events are recognized and separated from secondary ones.

8) The purpose of scientific publications is to share novel findings, not to prevent it.

9) Funding should depend on science and not vice versa.

10) To solve a complex problem, one requires focus as well as diversion.

11) A global pandemic is bad for the economy, but great for wrapping up a PhD thesis.