

PROPOSITIONS

accompanying this thesis

1. Treatment and/or inclusion into clinical trials should not be solely based on the soft tissue sarcoma subtype, but also on the genomic landscape of these tumors. *This thesis*
2. Liposarcoma is not a single entity. *This thesis*
3. Radiomics could serve as a non-invasive, quick and low-cost alternative/addition to a biopsy in lipomatous tumors. *This thesis*
4. Active surveillance should be considered a reasonable option for selected patients with non-retroperitoneal well-differentiated liposarcoma. *This thesis*
5. Centralization is not only a result of high-volume hospitals recruiting soft tissue sarcoma patients, but mostly relies on the alertness and willingness of physicians in low-volume and medium-volume hospitals to inform and refer their patients. *This thesis*
6. Whole genome sequencing analyses of metastatic cancer can provide novel and relevant insights and are instrumental in addressing some of the key challenges of precision medicine in cancer. *Peter Priestly et al., Nature, 2019 Nov;575(7781):210-216*
7. Cancer is a biological problem – not a statistical problem. *Edward E.B. Weiss, Advertising Age, 1960 May 30*
8. One day, we imagine that cancer biology and treatment – at present a patchwork quilt of cell biology, genetics, histopathology, biochemistry, immunology, and pharmacology – will become a science with a conceptual structure and logical coherence that rivals with that of chemistry or physics. *Douglas Hanahan & Robert A. Weinberg, The Hallmarks of Cancer, Cell, 2000 Jan;100(1):57-70*
9. Research cannot be self-correcting when information is missing. *Nature, 2017 Nov;551(7681):414*
10. Surgery is the only potentially curative therapy for localized soft tissue sarcoma. *Alessandro Gronchi et al. Cancer, 2014 Sep;120(17):2638-2648*
11. Work hard to get good, then work harder to get better. *Roger Federer*