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


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


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