

**Propositions associated with the thesis:**

***“Diagnosis and treatment of early esophageal carcinoma and second primary tumors in the upper aerodigestive tract”***

1. Both patients with esophageal squamous cell carcinoma and head and neck squamous cell carcinoma are at increased risk of developing second primary tumors in the upper aerodigestive tract. *(this thesis)*
2. Screening with esophagogastroduodenoscopy for synchronous esophageal second primary tumors should be considered in patients with head and neck squamous cell carcinoma. *(this thesis)*
3. Endoscopic (re)assessment by an experienced interventional endoscopist should be performed in patients with cT2N0M0 staged esophageal adenocarcinoma (EAC). *(this thesis)*
4. Narrow band imaging is a better detection method compared to Lugol chromoendoscopy, in detecting early esophageal cancer. *(this thesis)*
5. A personalized prediction model based on histological outcomes of pT1b EAC is a useful tool to predict the risk of developing metastasis. *(this thesis)*
6. Overdiagnosis and overtreatment are harms of screening that should be recognized. *(Paul Pinsky, Surgical Clinical of North America, 2015)*
7. We should not treat all patients the same. *(Akhilesh Pathipati, 2017)*
8. Multidisciplinary teams caring for patients with cancer should review their organization, processes, and the quality to their decisions regularly and seek to continuously improve their practice, to improve patient outcomes. *(Peter Selby et al., American Society of Clinical Oncology, 2019)*
9. Artificial intelligence-based diagnostic systems could be used to detect esophageal cancer more accurately. *(Yoshimasa Horie et al., Gastrointestinal Endoscopy, 2019)*

10. Nothing happens, until something moves. (*Albert Einstein*)

11. De morgenstond heeft goud in de mond.