

Theorems

Belonging to the thesis

Towards effective assessment of quality of life of head and neck cancer in the clinical setting

1. Quality of life (QoL) is an integral part of the assessment of outcomes in head and neck cancer, and should be incorporated in to the management pathway of the patient. *(this thesis)*
2. The QoL of head and neck cancer patients varies over time. These variations may be associated with or related to several factors that may be patient, tumour or treatment related. *(this thesis)*
3. Psychosocial factors may have a significant role in determining long-term QoL of head and neck cancer patients. *(this thesis)*
4. QoL and psychosocial factors are likely to be important determinants of long-term survival of head and neck cancer patients. *(this thesis)*
5. The poor uptake of QoL measures in routine clinical practice is more likely to be due clinician-based impediments than patient-based concerns. *(this thesis)*
6. The epidemiology of head and neck cancer is changing in the developed world, with human papillomavirus-related tumours becoming much more prevalent and smoking-related tumours becoming less prevalent. *(A. Nasman)*
7. Human papillomavirus-related head and neck cancers are a distinct disease entity, with different natural history and response to treatment. This will necessitate a critical re-assessment of current treatment protocols to identify those that are most effective for these new distinct disease entities.
8. Thyroid cancer has shown a very rapid rise in incidence over the past decade. Although many attribute this to increased diagnostic ascertainment, this does not appear to explain the rise completely.
9. 'There is some wisdom in every head'. *(Arabic proverb)*
10. 'There is only one thing about which I am certain, and that is that there is very little about which one can be certain'. *(W. Somerset Maugham)*
11. 'The difference between a mountain and a molehill is your perspective'. *(Al Neuharth)*