1) The occurrence of autoantibodies is more frequent in patients receiving (PEG-) IFN compared to untreated melanoma patients, but does not predict treatment response. (this thesis)

2) The evaluation of sequential determinations of biomarkers in clinical studies is complex since guarantee-time bias can influence study results significantly and should always be taken into account. (this thesis)

3) Serial measurements of S100B in stage III melanoma is a stronger prognostic indicator than the number of positive lymph nodes. (this thesis)

4) ELISA has become a standard method for analyzing cytokines in serum, however, high positive test results should be interpreted with caution. (this thesis)

5) There is no convincing evidence for association between polymorphisms in the CD28, CTLA4 and ICOS genes and the risk or prognosis of melanoma. (this thesis)

6) A good surgical oncologist should know when not to operate on cancer.

7) Female gender is an independent positive prognostic factor in melanoma survival, since females neutralize oxidative stress better than males. (Joosse)

8) Since almost all articles on cancer prognostic markers report statistically significant results, validation studies should be a standard part of such studies to reduce the avalanche of publications in this field. (Kyzas)

9) Invriezen (vitrificatie) van eicellen voor later gebruik, is baas over eigen buik en planning.

10) Systems awareness and systems design are important for health professionals, however it are the ethical dimensions of individuals that are essential to a system’s success. Ultimately, the secret of quality is love. (Avedis Donabedian)

11) Zonder vreugde verdient het leven de naam van leven niet. (Lof der Zotheid, Erasmus)

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