

Effects of Prostate Cancer Screening and Treatment

1. The PLCO trial results published to date should not be interpreted as evidence against a benefit of PSA screening. (*This Thesis*)
2. Screening reduces the risk of dying from prostate cancer in the future, at the cost of a substantial increased risk of being diagnosed with prostate cancer in the short term. (*This Thesis*)
3. Over the lifetime of 1,000 men using screening between the ages of 55–69 years there is a benefit of 56 quality adjusted life-years. (*This Thesis*)
4. By not screening men who are not willing to accept the side-effects from treatment we might reduce the negative impact of screening. (*This Thesis*)
5. Men aged 55-59 years with moderate-risk prostate cancer are the best candidates for immediate curative treatment. (*This Thesis*)
6. The greater the harm through overdiagnosis and overtreatment from screening, the more people there are who believe they owe their health, or even their life, to the programme. (*The popularity paradox from Raffle and Gray, Screening, 2009*)
7. Decisions have to be made and if they are not made actively, they will be made by default. (*Milton Weinstein*)
8. Medical science has made such tremendous progress that there is hardly a healthy human left. (*Aldous Huxley*)
9. Any sensible statistical model is built using two kinds of resources: data and logical reasoning. (*Daniel Peña Sánchez de Rivera, Trabajos de Estadística, 1988*)
10. Fli no por subi sin su rabu. *Cooperation is the natural law of progress.*
11. Both optimists and pessimists contribute to our society. The optimist invents the airplane and the pessimist the parachute. (*Gil Stern*)