1. Three rounds of FIT screening identifies more subjects with cancer than screening by means of sigmoidoscopy or colonoscopy, given the low uptake of these more invasive screening methods. *(dit proefschrift)*

2. Repeated FIT screening is associated with a decline in detection rate and positive predictive value by decreasing the prevalence of advanced neoplasia. *(dit proefschrift)*

3. Repeated 2-sample FIT screening does not identify more patients with cancer than repeated 1-sample FIT screening. Therefore, 1-sample FIT remains the preferred screening strategy. *(dit proefschrift)*

4. It is not necessary to stratify FIT screening by gender, as stratified screening does not have benefits in terms of cost-effectiveness over uniform FIT screening. *(dit proefschrift)*

5. Differences in quality of life scores between screenees with a negative and positive FIT are small and not clinically relevant. A positive FIT therefore seems to have limited effect on the quality of life of participants. *(dit proefschrift)*


7. “Het bevolkingsonderzoek darmkanker kan bij volledige uitrol op termijn jaarlijks 2,400 sterfgevallen voorkomen. *(RIVM, Uitvoeringskader Bevolkingsonderzoek Darmkanker, versie 2.0)*


9. “Patients with colorectal cancer identified on screening colonoscopy not only have lower-stage disease on presentation, but also have better outcomes independent of their staging.” *(Amri et al., JAMA Surgery 013;148:747-754)*


11. “If opportunity doesn't knock, build a door.” *(Milton Berle)*

Atija Kapidzic  
Rotterdam, 6 februari 2015