

Propositions pertaining to the PhD-thesis

## **PROGNOSIS AND TREATMENT DECISION MAKING IN EARLY STAGE NON-SMALL CELL LUNG CANCER**

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1. Comparing lung cancer patients treated surgically to lung cancer patients treated with stereotactic radiotherapy is as comparing apples with oranges as no two cases are alike in all respects (*this thesis*).
2. In addition to the Tumor, Node, Metastasis classification, the consideration of patient age and Charlson Comorbidity Index score may improve prognostication of non-small cell lung cancer patients and assist in selecting an appropriate treatment strategy (*this thesis*).
3. The propensity score matching offers a way to achieve more balanced groups by matching the treatment groups; however this method will result in two selected subgroup of patients and does not provide a generalizable conclusion (*this thesis*).
4. Systematically clearing all the ipsilateral mediastinal lymph nodes at the time of surgery of lung cancer does not improve long term survival (*this thesis*).
5. Quality of life is an essential component in the treatment of non-small cell lung cancer given the high level of comorbidity in many patients and the limited overall survival (*this thesis*).
6. Given the value-sensitive nature of the decision between surgery and stereotactic radiotherapy, it is important that doctors and patients engage into shared decision making (*this thesis*).
7. More consultation time is needed to properly engage the patient with limited health literacy in treatment decision making.
8. Adenocarcinoma has become the most prevalent type of non-small cell lung cancer and it is not linked to smoking, yet, the stigma attached to lung cancer persists which can have a serious effect on people's lives.
9. There is a need for validated surgical-specific questionnaires to measure the quality of life before and after the treatment of lung cancer.
10. 'Emptiness, which is conceptually liable to be mistaken for sheer nothingness, is in fact the reservoir of infinite possibilities' (*D.T. Suzuki*).
11. Promoting 'Excellence' in the medical education curriculum may be asking too much.