

# Identifying cachexia and sarcopenia associated risk in gastrointestinal and hepato-pancreato-biliary surgery

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## **Propositions**

**1**

Nutritional risk screening tools are vital for the identification of patients with increased postoperative risk. Therefore, all patients undergoing elective surgery, particularly oncological surgery, should receive adequate nutritional screening as early as possible to facilitate nutritional intervention. (this thesis)

**2**

Analysis of the psoas muscle or other sentinel muscles is not sufficient for quantification of total body muscle mass. (this thesis)

**3**

The model for end stage liver disease (MELD) should include an objective parameter reflecting patients' physical and nutritional status. (this thesis)

**4**

Body composition imaging analysis should be a part of the clinical routine, for instance in oncological decision making. Fully autonomous image segmentation software is essential for efficient integration by eliminating the need for manual image segmentation. (this thesis)

**5**

The fact that radiomics features are abstract and unrelatable hampers clinical implementation of radiomics analysis. (this thesis)

**6**

Physician wellness is an important quality indicator which is missing in our current health care system. (Lancet 2009)

**7**

Pancreaticoduodenectomy in low volume centers is associated with increased mortality. Therefore, pancreaticoduodenectomy should only be performed in high volume centers. (Annals of Surgery 2019)

**8**

Robotic distal pancreatectomy is associated with improved spleen preservation compared to laparoscopic distal pancreatectomy and should therefore be the preferred method in spleen preserving distal pancreatectomy. (BJS 2021)

**9**

Try not to compare yourself to others, but rather compare yourself to who you were yesterday.