

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

Citation for published version (APA):

van der Kroft, G. (2023). *Identifying cachexia and sarcopenia associated risk in gastrointestinal and hepato-pancreato-biliary surgery*. [Doctoral Thesis, Maastricht University]. Maastricht University. <https://doi.org/10.26481/dis.20230406gk>

Document status and date:

Published: 01/01/2023

DOI:

[10.26481/dis.20230406gk](https://doi.org/10.26481/dis.20230406gk)

Document Version:

Publisher's PDF, also known as Version of record

Please check the document version of this publication:

- A submitted manuscript is the version of the article upon submission and before peer-review. There can be important differences between the submitted version and the official published version of record. People interested in the research are advised to contact the author for the final version of the publication, or visit the DOI to the publisher's website.
- The final author version and the galley proof are versions of the publication after peer review.
- The final published version features the final layout of the paper including the volume, issue and page numbers.

[Link to publication](#)

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal.

If the publication is distributed under the terms of Article 25fa of the Dutch Copyright Act, indicated by the "Taverne" license above, please follow below link for the End User Agreement:

www.umlib.nl/taverne-license

Take down policy

If you believe that this document breaches copyright please contact us at:

repository@maastrichtuniversity.nl

providing details and we will investigate your claim.

Download date: 04 May. 2024

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.