

Axillary strategies in breast cancer

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STELLINGEN

behorende bij het proefschrift

Axillary strategies in breast cancer: filling the gaps

1. The cN-status is officially based on the anatomical extent of regional metastatic disease. Nowadays, the number of suspicious lymph nodes is often used to define the cN-status, as is done when evaluating the ypN-status. This requires attention in the multidisciplinary meeting as well as in research. *(this thesis)*
2. If targeted axillary dissection is performed, it is preferable to place the definitive marker prior to neoadjuvant systemic therapy. *(this thesis)*
3. Treatment escalation may be indicated in case of ypN+, emphasizing the importance of axillary restaging after neoadjuvant systemic therapy. *(this thesis)*
4. Even though ypN-status strongly correlates with prognosis, cN-status should be kept in mind as well. *(this thesis)*
5. Results of the BOOG 2013-07 study emphasize the importance of considering overall health when making treatment decisions. *(impact paragraph of this thesis)*
6. The multidisciplinary approach enhances breast cancer treatment, and at the same time complicates it.
7. Despite their limitations, registry studies are valuable for optimising breast cancer treatment.
8. Not all practice variation is necessarily negative or unwanted.
9. Better is the enemy of good. *(Le mieux est l'ennemi du bien - Voltaire)*
10. I have had a lot of worries in my life, most of them never happened. *(Mark Twain)*
11. The most important things in life are not things. *(Anthony J. D'Angelo)*

*Sabine de Wild
Maastricht, 15 april 2024*