Prognostic and predictive biomarkers in oesophagogastric cancer

Propositions

Belonging to the thesis entitled

Prognostic and predictive biomarkers in oesophagogastric cancer

1. The frequency of tumour based molecular alterations including *KRAS* mutation, *KRAS* amplification, Epstein-Barr virus and microsatellite instability is low in oesophagogastric cancer (this thesis)
2. Treatment de-escalation strategies should be considered for gastric cancer patients with a very high number of tumour infiltrating lymphocytes as these patients have no survival benefit from adjuvant chemotherapy (this thesis).
3. Heterogeneity of the tumour stroma content between biopsy pieces predicts benefit from cytotoxic chemotherapy in oesophageal cancer patients from the Oe02 trial and may represent a clinically useful biomarker for patient treatment stratification (this thesis).
4. Successful translation of biomarkers to the clinic requires completion of biomarker development roadmaps agreed by the scientific community including prospective analysis of retrospectively collected material from phase III clinical trials (this thesis).
5. Clinical application of predictive biomarkers has the potential to reduce healthcare costs and at the same time improve survival and quality of life for oesophagogastric cancer patients, as only those who benefit from chemotherapy would be treated (valorisation, this thesis).
6. Unbiased science requires publication of negative results as well as positive results to prevent wasted efforts and facilitate progress in the field.
7. Complex scientific problems are best solved by collaboration with experts from a variety of cross-disciplinary areas with different expertise.
8. "It's far more important to know what person the disease has than what disease the person has" – **Hippocrates**
9. If you never try, you'll never know

Lindsay C. Hewitt, 28 November 2019