

# Radiological and radio-therapeutic nuances in skull base tumors

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# Thesis Propositions

1. Patience with commitment, communication with respect, and verifiability with acknowledgment are major life skills normally acquired throughout the journey of a PhD candidate, which should reflect positively on all other aspects of life. If not, the learning progress is questionable (*A life lesson, Mohammed Alahmari*).
2. With respect to the reduction in radiation-induced effects, it seems hard to prove the superiority of charged particles over photon-based radiation therapy in the presence of high prescribed doses (*This thesis*).
3. Anatomical distortion post-surgery is the main prognostic factor for treatment failure in skull base chordoma. It increases the interval of adjuvant radiation therapy, relocates tumor cells from one site to another, and delays the diagnosis in the case of recurrence (*This thesis*).
4. To treat large vestibular schwannomas, a partial resection followed by 12–13 Gy doses of Gamma Knife is an effective strategy to preserve facial nerve function and control residual VS with minimal surgical and radio-surgical morbidities (*This thesis*).
5. Magnetic resonance imaging (MRI) has the ability to track facial nerve fibers separately from the vestibulocochlear ones. In fact, it is the only machine that can currently do so (*This thesis*).
6. There is no safe amount of radiation. Even small amounts do harm (*Linus Pauling*).
7. Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less (*Marie Curie*).
8. Science is the search for truth - it is not a game in which one tries to beat his opponent, to do harm to others (*Linus Pauling*).
9. Assessment is today's means of modifying tomorrow's instruction (*Carol Ann Tomlinson*).