1. The decision on resectability of colorectal liver metastases should be based solely on functional residual liver after resection, if necessary using novel multimodality treatment strategies – *this thesis*

2. Patients with synchronous liver metastases from a primary rectal carcinoma should be treated by the liver-first approach – *this thesis*

3. Repeat curative intent liver resection for colorectal cancer metastases is safe and provides long-term survival rates similar to those of first surgery – *this thesis*

4. Following curative intent surgery for colorectal liver metastases, patients’ QOL rapidly returns to baseline, moreover even if patients develop recurrent disease, QOL remains high for those who can be treated by repeat curative intent surgery – *Wiering et al, Br J Surg. 2011 Apr;98(4):565-71*

5. Liver surgery for neuroendocrine liver metastases should be incorporated in a multimodality approach – *this thesis*

6. As the value of hepatic surgery for non-colorectal/non-neuroendocrine liver metastases is based on patient and tumor related characteristics, a decision on surgical treatment should be tailor-made for each patient presenting with this disease – *this thesis*

7. Medical research has made such progress, that there are practically no healthy people anymore – *Aldous Huxley (1894-1963)*

8. After a mild biliary pancreatitis, an early cholecystectomy (either during initial hospital admission or within 2 weeks of discharge) reduces the risk of recurrent biliary events – *Bakker et al, Br J Surg. 2011 Oct;98(10):1446-54*

9. The wards are the greatest of all research laboratories – *Sir Henry Wade (1877-1955)*

10. Gum chewing should be added to the standard treatment of patients with ileus after elective colonic surgery, as it shortens time to first flatus and to first passage of feces – *Vásquez et al, J Gastrointest Surg. 2009 Apr;13(4):649-56*

11. The only person you are destined to become, is the person you decide to be – *Ralph Waldo Emerson (1803-1882)*

**Mechteld C. de Jong**