Stellingen
behorend bij het proefschrift

Comprehensive Analysis of Pulmonary Large Cell Neuroendocrine Carcinoma

New insights to guide diagnosis and treatment

1. The result of five days of revisions on LCNEC with three pathologists in one room can be summarized in three words: Size Does Matter. – This thesis –

2. Staining for ≥3 neuroendocrine markers in the diagnostic work-up of an undifferentiated NSCLC, diagnosed on a biopsy specimen, should be standard of care. – This thesis –

3. Treatment of LCNEC requires evidence based medicine; therefore platinum-gemcitabine/paclitaxel (NSCLC type) chemotherapy should be favoured. – This thesis –

4. Genomic signatures of LCNEC identified by mutational analysis and protein expression of RB1 can assist in chemotherapy decision. – This thesis –

5. Patients should be informed about the risks associated with genomic testing. (Swanton et al., NEJM 2016)

6. Maximizing tissue yield from every sampling procedure, in the safest possible way, is a priority in lung cancer. (Kerr et al., future medicine, 2013)

7. If the result confirms the hypothesis, you’ve made a discovery. If the result is contrary to the hypothesis, you’ve made a discovery. – Fermi –

8. Uniform nomenclature in the diagnosis of neuroendocrine tumors is essential, as otherwise, differences in interpretation between clinicians and pathologists will occur.

9. Het gelukkigst leeft men, als men nooit nadenkt. – Sophocles –

10. Je gaat het pas zien als je het door hebt. – Cruijff –

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