

MRI in rectal cancer : prediction of the risk factors for a local recurrence

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STELLINGEN

1. Relevante kennis van de MR anatomie van het rectum en mesorectum is essentieel voor radiologen, chirurgen en radiotherapeuten die betrokken zijn in de multidisciplinaire aanpak van rectumkanker.
- DIT PROEFSCHRIFT -
2. De primaire lymfklierstatus voorspelling in patiënten met rectumkanker met conventionele beeldvormende technieken blijft een probleem voor de radioloog.
- DIT PROEFSCHRIFT -
3. In een expert academisch ziekenhuis én in perifere ziekenhuizen kan USPIO MRI accuraat NO patiënten met een tumor beperkt tot de rectumwand selecteren.
- DIT PROEFSCHRIFT -
4. De geschatte en de gemeten regio zonder USPIO contrast opname in een lymfklier zijn praktische en accurate criteria voor het voorspellen van maligne lymfklieren in patiënten met rectumkanker.
- DIT PROEFSCHRIFT -
5. In patiënten, die zijn behandeld met neoadjuvant chemo- en radiotherapie, blijven USPIO criteria superieur ten opzichte van grootte-criteria voor het voorspellen van de lymfklierstatus, hoewel de laatste wel al accuraat genoeg zijn.
- DIT PROEFSCHRIFT -
6. Het belang van het achterhalen van de mate van agressiviteit van de rectumtumor is vanzelfsprekend als de meest optimale therapie moet worden geselecteerd.
- GEORGE E. BINKLEY -
Radiation in the treatment of rectal cancer. Ann Surg. 1929 Dec;90(6):1000-14
7. Zien is geloven, maar eerst moet men wel weten wat men ziet voordat men het kan geloven.
- ORVILLE N. MELAND -
The status of the roentgenologist. Cal West Med. 1928 Apr;28(4):508-9
8. Contrast geeft het leven kleur.
- ANONIEME RADIOLOOG -
9. De wetenschapper is niet een persoon die de juiste antwoorden geeft, het is diegene die de juiste vragen stelt.
- CLAUDE LÉVI-STRAUSS -
10. Het doel in het leven is niet jezelf vinden; het is jezelf creëren.
- GEORGE B. SHAW -
11. Ik heb geen vriend nodig die verandert wanneer ik verander en knikt wanneer ik knik; mijn schaduw doet dat veel beter.
- PLUTARCHUS -

PROPOSITIONS

1. Knowledge of relevant MR anatomy of the rectum and mesorectum is mandatory for radiologists, surgeons, and radiation oncologists involved in the multidisciplinary approach of rectal cancer.
- PRESENT THESIS -
2. Prediction of the primary nodal status in rectal cancer patients using conventional imaging techniques remains a problem for the radiologist.
- PRESENT THESIS -
3. USPIO MRI can accurately select patients with tumors limited to the rectal bowel wall and N0 patients in both referral and general setting.
- PRESENT THESIS -
4. Estimating and measuring the region with no USPIO contrast uptake within a lymph node are practical and accurate criteria for the prediction of malignant nodes in rectal cancer patients.
- PRESENT THESIS -
5. In patients treated with neoadjuvant chemoradiation, the USPIO MR criteria remain superior to size criteria for nodal staging, although the latter is already sufficiently accurate.
- PRESENT THESIS -
6. The importance of determining the degree of malignancy of a given rectal cancer is self-evident if the most appropriate treatment is to be adopted.
- GEORGE E. BINKLEY -
Radiation in the treatment of rectal cancer. Ann Surg. 1929 Dec;90(6):1000-14
7. Seeing is believing, but one must know what is seen before one can believe.
- ORVILLE N. MELAND -
The status of the roentgenologist. Cal West Med. 1928 Apr;28(4):508-9
8. Life without contrast is boring.
- ANONYMOUS RADIOLOGIST -
9. The scientist is not a person who gives the right answers; he's one who asks the right questions.
- CLAUDE LÉVI-STRAUSS -
10. Life isn't about finding yourself; it's about creating yourself.
- GEORGE B. SHAW -
11. I don't need a friend who changes when I change and who nods when I nod; my shadow does that much better.
- PLUTARCHUS -