

Image features for the future in stage IV non-small cell lung cancer

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Propositions accompanying the dissertation

Image features for the future in stage IV non-small cell lung cancer

Evelyn de Jong

1. The large variability in image acquisition and reconstruction parameters of ^{18}F -FDG-PET scans between institutes makes image feature studies unreliable – *this thesis*
2. Collaboration between clinicians and imaging experts in image protocol decisions lead to a more uniform clinical interpretation – *this thesis*
3. Radiomic feature values are influenced by CT scanner, slice thickness and bin width, however this does not influence the prognostic value of the features – *this thesis*
4. Quantitative radiomic features can describe qualitative semantic features in non-small cell lung cancer patients – *this thesis*
5. Image features implemented in prognostic models help in selecting patients by which side effects are reduced and prognosis and quality of life improve – *valorisation of this thesis*
6. Standardization of image acquisition using appropriate phantoms is the first step from a technical performance standpoint. The next step is to assess whether the imaging metrics have clinical value – *Shukla-Dave et al. 2018*
7. The segmentation variability should be taken into account when setting the reference standards for clinical decisions based on volumetric measurements and when evaluating segmentation algorithms – *Joskowicz et al. 2018*
8. Quantitative imaging research is complex, and key principles should be followed to realize its full potential – *Morin et al. 2018*
9. You need to be content with small steps. That's all life is. Small steps that you take every day so when you look back down the road it all adds up and you know you covered some distance – *Katie Kacvinsky*
10. If you believe it will work out, you'll see opportunities. If you believe it won't, you will see obstacles – *Wayne Dyer*