

De-escalating management of primary and locally recurrent breast cancer

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STELLINGEN

behorende bij het proefschrift

De-escalating management of primary and locally recurrent breast cancer

Ingrid Poodt, 1 november 2019

1. The trend towards less extensive axillary surgery reflects the confidence of physicians in the concept that not every positive axillary lymph node will develop into clinical detectable axillary disease. *(this thesis)*
2. The implementation process following the presentation of evidence-based studies and guidelines varies between different types of hospitals in the Netherlands. *(this thesis)*
3. Since most elderly breast cancer patients died from non-breast cancer related causes, elderly patients might be a group of patients for whom the assumed benefits of surgical treatment of the axilla do not outweigh the burden. *(this thesis)*
4. The low risk of developing ipsilateral axillary recurrences after negative repeat sentinel lymph node biopsy in patients with an ipsilateral recurrent breast cancer, confirms its accuracy. *(this thesis)*
5. The standard performance of a repeat sentinel lymph node biopsy in patients with ipsilateral recurrent breast cancer is debatable; multidisciplinary discussion could guide decisions on the use of repeat sentinel lymph node biopsy. *(this thesis)*
6. Both doctors and patients are very accepting of adding more therapy, however they are much more skeptical of studies showing that doing less is safe. *(Monica Morrow)*
7. We've come to a point where, because of all the improvements, we can consider eliminating surgery for invasive breast cancer in a select group of patients. *(Henry Kuerer)*
8. Wanneer je iemand zo vaak bij haar bijnaam noemt dat het vreemd is als die persoon ineens bij haar echte naam wordt genoemd. *(#darum)*
9. After all, education is a grab for a better future, no matter how impossible the prospect may seem at the time. *(Terry Hayes)*
10. Soms is het noodzakelijk om de knuppel in het hoenderhok te gooien. *(Oma van de schapjes)*

