

Towards de-escalation of axillary management after neoadjuvant chemotherapy in breast cancer

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**Towards de-escalation of axillary management
after neoadjuvant chemotherapy in breast cancer**

Janine Simons, 18 december 2019

1. The combination of sentinel lymph node biopsy with the MARI-procedure should be the preferred staging method when omission of axillary lymph node dissection is considered. (This thesis)
2. A pathologic complete response of the breast may guide omission of axillary surgery in selected clinically node negative breast cancer patients. (This thesis)
3. The decision on how to manage the axilla after chemotherapy in node positive breast cancer is mainly institution- and sometimes even specialist-dependent. (This thesis)
4. In node positive breast cancer, sentinel lymph node biopsy is only sufficiently accurate when ≥ 3 sentinel nodes are removed and is therefore not feasible in clinical practice. (This thesis)
5. Conducting studies where subtype-specific breast cancers are treated with specific regimens are more likely to show improvements and help us understand which patients will benefit from additional therapies. (Dr KK Hunt)
6. The biggest challenge in immunotherapy now is figuring out why an immune drug works in some patients and not in others, or in some tumors and not in others; to do that we need to go back to basic science. (Dr JP Allison)
7. Niet alleen de behandeling van borstkanker verdient personalisatie, ook de follow-up.
8. Al heb ik er zelf geen voordeel aan, ik wil deelnemen voor toekomstige patiënten, zodat voor hen de zorg mogelijk beter is. (studie-patiënte)
9. Het is zoals het is. (JvdL)
10. When I had all the answers, the questions changed. (Paulo Coelho)
11. Vita brevis, ars longa. (Hippocrates)