

Ovarian cancer cachexia

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Ovarian cancer cachexia, a focus on body composition

1. Sarcopenia in ovarian cancer patients is associated with worse overall survival and surgical complications (dit proefschrift)
2. The psoas muscle should not be used as a substitute for total skeletal muscle area when performing body composition measurements (dit proefschrift)
3. Uniform criteria for defining cancer induced cachexia and sarcopenia should be established based on longitudinal clinical and radiological data (dit proefschrift)
4. Sarcopenic ovarian cancer patients undergoing neo-adjuvant chemotherapy experience more adverse events than non-sarcopenic patients (dit proefschrift)
5. Standardized methods for the quantification of body composition should be established (dit proefschrift)
6. Factors present in ovarian cancer ascites negatively affect protein balance in skeletal muscle cells *in vitro*, closely reflecting sarcopenia- and cachexia-related characteristics of the patient providing the ascites (dit proefschrift)
7. “Success is not final, failure is not fatal: it is the courage to continue that counts” (Winston Churchill)
8. “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has” (William Osler)
9. Fat free mass is poorly associated with body surface area (Carla Prado)