

Multimodality treatment of colorectal peritoneal metastases

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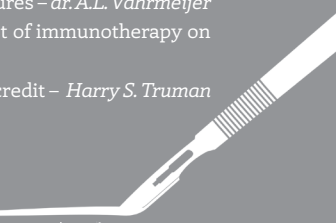
STELLINGEN

behorende bij het proefschrift

Multimodality treatment of colorectal peritoneal metastases

TOWARDS EVIDENCE-BASED PRACTICE

Koen P.B. Rovers

1. Hospital of diagnosis with isolated colorectal peritoneal metastases is associated with the probability of undergoing curative intent treatment and survival – *this thesis*
 2. Relevant between-country and between-hospital differences in integration of cytoreductive surgery and HIPEC for colorectal peritoneal metastases could influence accessibility to curative intent treatment and patient outcomes – *this thesis*
 3. Though widely and increasingly used, little is known about the value of perioperative systemic therapy for resectable colorectal peritoneal metastases and about the potential of oxaliplatin-based PIPAC for unresectable colorectal peritoneal metastases – *this thesis*
 4. After upfront resection of isolated synchronous colorectal peritoneal metastases, adjuvant systemic chemotherapy seems associated with better survival relative to surveillance – *this thesis*
 5. In patients with resectable colorectal peritoneal metastases, perioperative systemic therapy seems feasible, safe, tolerable, and able to induce relevant tumor response – *this thesis*
 6. In patients with unresectable colorectal peritoneal metastases, oxaliplatin-based PIPAC is feasible and seems biologically active, but leads to relevant systemic oxaliplatin exposure, (sometimes severe) toxicity, and transient but relevant worsening of patient-reported outcomes – *this thesis*
 7. In patients with isolated colorectal peritoneal metastases, cell-free tumor DNA in peritoneal fluid appears to be a more useful potential biomarker than cell-free tumor DNA in plasma – *this thesis*
 8. It's what the surgeon doesn't see that kills the patient – *dr. P.H. Sugarbaker*
 9. Image-guidance cancer surgery has the potential to improve patient outcomes by increasing the completeness of surgery and decreasing damage to normal structures – *dr. A.L. Vahrmeijer*
 10. Modern surgical oncologists should understand the potential impact of immunotherapy on surgical complications and postoperative care – *prof. A. Mirnezami*
 11. It's amazing what you can accomplish if you do not care who gets the credit – *Harry S. Truman*
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