Stellingen

behorende bij het proefschrift

Barrett's esophagus

Personalizing surveillance strategies to optimize healthcare resource utilization

1. Barrett's surveillance in its current design and execution is an unnecessary burden for both healthcare resources and patients. (this thesis)
2. Additional expenses of non-adherence to guideline recommendations for Barrett's esophagus were estimated to be 0.05% of the annual budget for healthcare in the Netherlands. (this thesis)
3. The role of sex hormones should be evaluated and incorporated in risk-stratification for the development of neoplasia in Barrett's esophagus. (this thesis)
4. Surveillance can be forgone safely in almost two-third of Barrett's patients using individualized risk predictions including longitudinal evolutions of histopathology and immunohistochemistry. (this thesis)
5. The yield of neoplasia in Barrett's epithelium by adequate inspection (by an expert) is higher than random biopsies according to the Seattle protocol. (this thesis)
6. The large number of patients, who need to undergo endoscopic surveillance to detect one cancer, raises questions about the value of surveillance endoscopy in patients with short segment or ultra-short segment Barrett's esophagus. (Pohl, 2016)
7. The balance of androgens to estrogens may be important in the development of esophageal adenocarcinoma. (Petrick, 2018)
8. In a randomized controlled trial radiofrequent ablation of low-grade dysplasia significantly reduced the risk of malignant progression, however, in the surveillance group only one patient needed esophagectomy and no unresectable cancer was demonstrated. (Pouw, 2022)
9. Kennis is niet accumulatief, maar ontwikkelt zich via revolutionaire breuken. (Kuhn, 1962)
10. A working environment complying with individual circadian preferences might ensure an adequate sleep quantity/quality for the evening-type population, promoting their mental health. (Salfi, 2022)
11. You must do the thing you think you cannot do. (Eleanor Roosevelt, 1960)