

# Stellingen behorend bij het proefschrift

## MELANOMA

### Prognostic and predictive factors in interferon immunotherapy

- 1) The occurrence of autoantibodies is more frequent in patients receiving (PEG-) IFN compared to untreated melanoma patients, but does not predict treatment response. (this thesis)
- 2) The evaluation of sequential determinations of biomarkers in clinical studies is complex since guarantee-time bias can influence study results significantly and should always be taken into account. (this thesis)
- 3) Serial measurements of S100B in stage III melanoma is a stronger prognostic indicator than the number of positive lymph nodes. (this thesis)
- 4) ELISA has become a standard method for analyzing cytokines in serum, however, high positive test results should be interpreted with caution. (this thesis)
- 5) There is no convincing evidence for association between polymorphisms in the CD28, CTLA4 and ICOS genes and the risk or prognosis of melanoma. (this thesis)
- 6) A good surgical oncologist should know when not to operate on cancer.
- 7) Female gender is an independent positive prognostic factor in melanoma survival, since females neutralize oxidative stress better than males. (Joose)
- 8) Since almost all articles on cancer prognostic markers report statistically significant results, validation studies should be a standard part of such studies to reduce the avalanche of publications in this field. (Kyzas)
- 9) Invriezen (vitrificatie) van eicellen voor later gebruik, is baas over eigen buik en planning.
- 10) Systems awareness and systems design are important for health professionals, however it are the ethical dimensions of individuals that are essential to a system's success. Ultimately, the secret of quality is love. (Avedis Donabedian)
- 11) Zonder vreugde verdient het leven de naam van leven niet. (Lof der Zotheid, Erasmus)