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Multiple malignancies amongst cancer survivors in the Netherlands since 1989 - implications for surveillance

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MULTIPLE MALIGNANCIES AMONGST CANCER SURVIVORS IN THE NETHERLANDS SINCE 1989

IMPLICATIONS FOR SURVEILLANCE

1. Multiple malignancies (MMs) are to a large extent a burden of the elderly: more than half of patients with MMs are over 70 years of age at second cancer diagnosis, whereas ~ 40% of patients with only one cancer are diagnosed after age of 70 years. (*this thesis*)
2. Around 10% of cancer survivors will have developed a second cancer within 20 years after their initial cancer diagnosis, which translates into an average of two-fold increased relative risk and more than 100 per 10 000 person years of excess risk compared to individuals without a history of cancer. (*this thesis*)
3. When interpreting excess risk for second cancers among patients with cancer, cancers detected just after the diagnosis of the primary index cancer (synchronous cancers) need to be distinguished from those found later in follow-up time (metachronous cancers) especially when they are localized and/or slowly growing. (*this thesis*)
4. Surface-adjusted standardized incidence ratios (SIRs) of metachronous second cancers in the same organ better reflect the true risk comparison with the first cancer risk than the SIRs without adjustment as such. (*this thesis*)
5. The occurrence of a second cancer does not substantially accelerate overall death rates among older patients and if the second cancer is non-localised as compared to younger patients and those with early stage disease. (*this thesis*)
6. Generally, cancer-specific death rates underestimate the mortality associated with a diagnosis of cancer especially at young ages. (*B.W. Brown et al., J Natl Cancer Inst. 1993;85:979-87*)
7. Premature certainties as to whether adjuvant tamoxifen therapy should be stopped after 5 years could lead to many unnecessary deaths. (*R. Peto, J Natl Cancer Inst. 1996 18;88(24):1791-3*)
8. Continuing education of journal editors would improve the quality of published research faster than any other intervention. (*HT Sørensen, KJ Rothman BMJ. 2010 17;340:c703, a commentary on 'Ten steps towards improving prognostic research'*)
9. Doctors' characteristic faith in their own judgment, refined through long experience, makes it exceptionally difficult to subject them to a shared discipline. (*A.B. Hill, Principles of Medical Statistics (1937)*)
10. The first lesson of economics is scarcity: 'There is never enough of anything to satisfy all those who want it. The first lesson of politics is to disregard the first lesson of economics'. (T. Sowell (1930))
11. 夫君子之行：静以修身，俭以养德。非淡泊无以明志，非宁静无以致远。（诸葛亮，《戒子篇》）
(*A genuine vision is derived from simplicity and a real success is conceived in serenity. Zhuge Liang, <jie zi pian>, Period of Three Kingdoms (181-234)*)