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Gender differences in melanoma progression and survival

Publication status and date:

Published: 07/02/2014

Document Version

Other version

Citation for the published version (APA):

Joosse, A. (2014). *Gender differences in melanoma progression and survival*. [Doctoral Thesis, Erasmus University Rotterdam]. Erasmus Universiteit Rotterdam (EUR).

[Link to publication on the EUR Research Information Portal](#)

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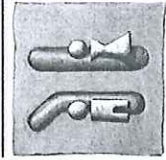
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Gender Differences in Melanoma Progression and Survival

Stellingen behorend bij het proefschrift

Geslachts-verschillen voor progressie en overleving van het melanoom

1. Females have an approximate 30% advantage in progression and survival of localized melanoma compared to males. *(this thesis)*
2. Females have an approximate 15-20% advantage in progression and survival of metastasized (stage III or IV) melanoma compared to males. *(this thesis)*
3. The magnitude of the female advantage becomes smaller as the disease progresses and the estimated survival decreases. *(this thesis)*
4. Breslow thickness and body site of the primary melanoma can explain 30% of the female advantage in cutaneous melanoma; the remainder is likely to be caused by a biological gender difference. *(this thesis)*
5. The female capacity to better neutralize oxidative stress compared to males is a possible explanation for their survival advantage in melanoma. *(this thesis)*
6. Sex denotes objective biological capacities of a physical organism; *gender* denotes more subjective features of sociocultural roles acquired in specific cultural and social milieus. These are (...) analogous to and as important as *genotype* and *phenotype*. [D.R. Wilson JAMA 2000;284:2997-8]
7. As new drugs in advanced melanoma (e.g. ipilimumab, vemurafenib, dabrafenib) so far have only shown a modest survival benefit at high costs and severe side effects, treating patients with these drugs should be confined to randomized trial settings, in order to improve (cost-) effectiveness.
8. Invoering van een landelijk Elektronisch Patiëntendossier, met in het bijzonder informatie over medicatiegebruik en medische voorgeschiedenis, zou een enorme verbetering van de kwaliteit en efficiëntie in de zorg betekenen.
9. Het voorkomen van overdiagnostiek en overbehandeling in de zorg vergt een even grote inspanning van patiënten en hun familie als van de zorgverlener.
10. Dilemmas in Oncology include: be optimistic vs. be honest, be aggressive vs. be careful (especially in the elderly), prolong survival vs. refer to the hospice, be close vs. keep your distance, hurry up vs. take your time, generate revenue vs. reduce costs and to err is human vs. be perfect. By understanding that these conflicts ("Oncodoxes") cannot be resolved, we can better practice the art of oncology. *Adapted from D.M. Mintzer, Journal of Clinical Oncology 2013;20:1393-4*
11. "The purpose of life is to spend it on something that outlives you; no man finds his ultimate end in himself, but only by sharing it with others".
Sidney Farber, as quoted in the British Journal of Haematology 2006;134:20-26: "A tribute to Sidney Farber – the father of modern chemotherapy"