

Stellingen behorend bij het proefschrift:

"Improving Clinical Diagnosis of Melanocytic Skin Lesions by Raman Spectroscopy"

1. The clinical diagnosis of melanocytic lesions is a gray zone; Raman spectroscopy increases the contrast.
2. Now, also pigmented tissues yield Raman spectra of high quality.
3. Improvement of early diagnosis of melanoma requires objective techniques, like Raman spectroscopy.
4. Raman spectroscopy will decrease the workload of pathologists and dermatologists.
5. The observation that melanoma has an increased lipid concentration may hold a clue to the pathogenesis of melanoma.
6. Raman spectroscopy provides another indication that dysplastic nevi can develop into melanoma.
7. Growing a thick skin helps to prevent melanoma.
8. Most cases of familial melanoma are not due to germline melanoma genes, but to shared sun exposure experiences among family members with susceptible skin types. (E. Soura, *et al.*, 2016)
9. The aim of *interdisciplinary* work should be to make the work *transdisciplinary*.
10. From 785 nm to 976 nm is a small step for man, but a giant leap for Raman.
11. Sometimes the solution lies in another dimension.