Propositions

1. Intensive follow-up after resection of colorectal cancer does not improve survival. *(This thesis)*

2. Out-of-hospital, patient-led surveillance should be pursued to optimize quality of life of colorectal cancer patients, spare hospital recourses, and reduce health costs. *(This thesis)*

3. Preoperative CEA values cannot be used to individualize follow-up schedules for colorectal cancer patients. *(This thesis)*

4. Administration of systemic chemotherapy in patients with resectable colorectal liver metastasis should be based on (extrahepatic) recurrence risk. *(This thesis)*

5. Desmoplastic growth is a predictor of good long-term outcome in patients with colorectal liver metastases, but only when all tumours within one patients completely display this histopathological feature. *(This thesis)*

6. Although local therapies seem to have given us a bigger hammer, we still have much to learn about how and when to strike the nails in patients with oligometastatic cancer. *(Adapted from Mark Twain)*

7. It is impossible to palliate asymptomatic patients. *(Blake Cady)*

8. Given the burgeoning complexity of information available to clinicians, there is simply no realistic alternative to incorporating multiple variables into a single prediction model. *(Adapted from Andrew Vickers)*

9. Significance testing has led to far more misunderstanding and misinterpretation than clarity in interpreting study results. *(Ken Rothman)*

10. Everything should be made as simple as possible, but not simpler. *(Albert Einstein)*

11. Beter laat dan nooit.