Propositions
to uphold the thesis
Response Assessments in Cancer Clinical Trials

1. Measuring tumor lesions in two or three dimensions does not provide better accuracy in the assessment of tumor response than measuring one dimension only (this thesis)
2. Partial response and progression criteria are based on arbitrary cut off and should be used carefully to guide decisions to continue or stop treatment (this thesis)
3. Response rates in phase III trials are usually lower than in phase II trials investigating the same treatment (this thesis)
4. Clinical response is a good indicator of anti-cancer activity but is rarely a true surrogate of global efficacy of cancer treatments (this thesis)
5. Measurement of bone lesions selected as target lesions is possible within pre-defined conditions (this thesis)
6. RECIST are the criteria of choice to asses anti-cancer activity of treatment for most tumor types (this thesis)
7. The value of confirmation of response with a second examination some time after the first indication of response is limited
8. Alternative methods of screening new anticancer agents are needed for Gastro Intestinal Stromal Tumors
9. Progression is a better endpoint than response to determine the anti-tumor activity of new anti-cancer agents which do not behave as cytotoxic drugs
10. In most instances progression is a more suitable endpoint than survival to determine the efficacy of new anti-cancer agents but should be used with precautions!
11. A specialist is one who knows more and more about less and less, ultimately knowing everything... about nothing!

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