



University of Groningen

Health technology assessment of imaging technologies for breast cancer screening and follow-up

Koleva-Kolarova, Rositsa Georgieva

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version

Publisher's PDF, also known as Version of record

Publication date:

2017

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Koleva-Kolarova, R. G. (2017). Health technology assessment of imaging technologies for breast cancer screening and follow-up. [Groningen]: University of Groningen.

Copyright

Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

Take-down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): <http://www.rug.nl/research/portal>. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Propositions

Belonging to the thesis:

“Health technology assessment of imaging technologies for breast cancer screening and follow-up”

1. Current simulation models for breast cancer screening bear high risk of bias in their outcomes mainly attributable to the use of data selection and disease modelling methodology, and the lack of external validation. – *This thesis*
2. Starting regular breast cancer screening at the age of 46 or 48 years has favourable benefit-harm and cost-effectiveness balance, and could achieve additional mortality reduction from the disease. – *This thesis*
3. Applying FES-PET/CT and FDG-PET/CT as upfront one-stop shop diagnostics for symptomatic distant relapse after primary breast cancer decreased the number of performed imaging tests and the number of false positive results, but increased costs. – *This thesis*
4. FES-PET/CT was a more beneficial strategy than FDG-PET/CT and the standard work-up in terms of avoided invasive biopsies and decreased false-negative results when diagnosing symptomatic distant relapse after primary breast cancer. – *This thesis*
5. Non-hormonal targeted therapies demonstrated better efficacy as compared to other treatments in receptor-positive metastatic breast cancer, and albeit small, the gain in months of median progression-free and overall survival was significant. – *This thesis*
6. The application of PET/CT with FES and ⁸⁹Zr-trastuzumab in first-line treatment selection for metastatic breast cancer patients has the potential to be a cost-effective intervention. – *This thesis*
7. Essentially, all models are wrong, but some are useful. – *George Edward Pelham Box*
8. Think before you pink! – *Breast Cancer Action project, 2002*
9. Mammogramming your breasts is more important than instagramming them. – *A popular social media trending quote, unknown author*
10. Cancer is a word, not a sentence. – *John Diamon*