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

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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 ^{89}Zr-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*