

Stellingen behorende bij het proefschrift getiteld

OPTIMIZING COLORECTAL CANCER SCREENING: NEW STRATEGIES AND INSIGHTS

1. Fecal immunochemical tests are superior to guaiac fecal occult blood tests in detecting colorectal cancer in average-risk individuals. (*This thesis*)
2. The variety of cut-off concentrations and strategies used for fecal immunochemical test screening, illustrates that a one-size-FITs-all approach does not exist. (*This thesis*)
3. Although the detection rates of advanced neoplasia by fecal immunochemical testing differ substantially among age groups, age partitioned cut-off concentrations are not recommended. (*This thesis*)
4. Fecal hemoglobin concentration below the cut-off is an independent predictor of incident advanced neoplasia. (*This thesis*)
5. Repeated two-sample fecal immunochemical test screening does not increase the yield of advanced neoplasia compared to one-sample screening. (*This thesis*)
6. In today's world "just Google it" is considered to be the answer to everything, but for health related questions or translations this should be treated with caution. (*This thesis, and Patil et al. BMJ 2014*)
7. A positive screening result does not increase participants' level of anxiety or depression, nor decrease participants' level of health-related quality of life. (*Kirkøen et al. British Journal of Cancer 2016*)
8. Nederlandse huisartsen moeten meer weet hebben van de testeigenschappen van fecaal occult bloedtesten en zich bewust zijn van de juiste indicatiestelling. (*Klein-Puite et al. Huisarts Wet 2015*)
9. Het beoordelingsproces van nieuwe geneesmiddelen zoals momenteel geaccepteerd door registratie autoriteiten staat in scherp contrast met de huidige standaarden voor systematische reviews en meta-analyses. (*Geneesmiddelenbulletin 2016; 50: 65*)
10. To make yourself feel happier, you should help others. (*Borgonovi et al. Soc Sci Med. 2008*)
11. "Pas als je de moed toont je eigen weg te gaan, toont de weg zich aan jou". (*Paulo Coelho*)