

Stellingen behorend bij het proefschrift

# CHOLANGIOMCARCINOMA

## Predicting survival and complications after surgery

1. Posthepatectomy liver failure can be classified as primary and secondary, with separate etiology and risk factors. *(this thesis)*
2. Resection of cholangiocarcinoma offers the best chance of long-term survival, but improved survival may not justify resection in patients with a high surgical risk. *(this thesis)*
3. Every patient with a suspicion of perihilar or intrahepatic cholangiocarcinoma should be discussed in multidisciplinary meetings at a high-volume center. *(this thesis)*
4. Morbidity and mortality after resection of perihilar cholangiocarcinoma is substantial and continue to have their effect long after discharge. *(this thesis)*
5. Future studies should focus on improving the success rate of palliative biliary drainage for patients with perihilar cholangiocarcinoma. *(this thesis)*
6. When oncologists and patients are confronted with multiple decision options, their choice is influenced by several factors extending beyond rational or analytical decision making models. *(Glatzer, Oncology, 2020)*
7. Biology is King; selection of cases is Queen, and the technical details of surgical procedures are the Princes and Princesses of the realm who frequently try to overthrow the powerful forces of the King or Queen, usually to no long-term avail, although with some temporary apparent victories. *(Blake Cady)*
8. Health and disease are the same thing – vital action intended to preserve, maintain, and protect the body. There is no more reason for treating disease than there is for treating health. *(Herbert M. Shelton, 1895-1985)*
9. The good physician treats the disease; the great physician treats the patient who has the disease. *(William Osler, 1849-1919)*
10. Be like a duck. Calm on the surface but always paddling underneath. *(Benjamin Franklin)*
11. I don't need easy. I just need possible. *(Bethany Hamilton)*

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