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Title: Gastric cancer : staging, treatment, and surgical quality assurance

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Stellingen behorend bij het proefschrift

GASTRIC CANCER

STAGING, TREATMENT, AND SURGICAL QUALITY ASSURANCE

1. The increased complexity of the 7th edition TNM classification for gastric cancer is not accompanied by improved predictive accuracy. (this thesis)
2. Gastrectomy in the Netherlands should be centralized towards hospitals performing at least 20 resections per year. (this thesis)
3. Compared to several other European countries, outcomes after esophagectomy in the Netherlands are average, but outcomes after gastrectomy are poor. (this thesis)
4. Surgical volume is not the only factor determining outcomes after esophageal and gastric cancer surgery. (this thesis)
5. Surgical treatment of esophageal and gastric cancer should be performed in centers qualified for both kinds of operations.
6. Before 'quality of care' is measured, the concept 'quality of care' should be defined.
7. Clinical auditing leads to improvements in the quality of care.
8. Increasing the number of patients in a study will eventually make every difference significant.
9. Medicine is a science of uncertainty and an art of probability. (William Osler)
10. If you threw a brick out the window and it went up - you do not need a randomized trial. (Murray Brennan)
11. It's not the consumers' job to know what they want. (Steve Jobs)
12. Toeval is logisch. (Johan Cruijff)