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## **An integrated view on assuring quality for multimodal therapy in oncologic care**

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Stellingen behorende bij het proefschrift

**An integrated view on assuring quality for multimodal therapy  
in oncologic care**

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1. With a growing number of treatment modalities becoming available for many tumour types, auditing the non-surgical component of multimodality therapy becomes increasingly important [this thesis].
2. Adverse outcomes can transcend disciplines and should preferably be discussed in multidisciplinary team meetings [this thesis].
3. In BRAF-mutated metastatic melanoma patients with multiple risk factors, vemurafenib has a low probability of benefitting the patient and may instead be physically and mentally harmful with wasted costs to the health system [this thesis].
4. The costs of multi-purpose quality registries like the DMTR are a fraction of the total costs of the new drugs [this thesis].
5. The majority of the patient-centred outcomes of the breast and colorectal standard set can be collected with patient-reported outcome measures [this thesis].
6. Although patient-reported outcome data have proved to be highly wanted for assuring quality in cancer care, more research is needed on the feasibility and added value of collecting this data in daily practice.
7. The Dutch Medical Treatment Contracts Act (WGBO) is based on equality between the two parties involved, doctor and patient.
8. To be able to assure quality in oncologic care, we must be willing to try many different things.
9. Quality improvement in healthcare also requires looking back to move forward.
10. He who only knows medicine, doesn't know medicine at all [Van Engelen, Medisch Contact, 2018]  
*There is a greater need to ensure that healthcare professionals are not merely qualified in the science base of medicine, but also have the knowledge and skills to assess healthcare performance, reflect and improve care continuously.*
11. Promoveren is een marathon, geen sprint.