



Universiteit  
Leiden  
The Netherlands

## **Optimising the treatment of patients with long bone metastases**

Willeumier, J.J.

### **Citation**

Willeumier, J. J. (2018, November 6). *Optimising the treatment of patients with long bone metastases*. Retrieved from <https://hdl.handle.net/1887/66719>

Version: Not Applicable (or Unknown)

License: [Licence agreement concerning inclusion of doctoral thesis in the Institutional Repository of the University of Leiden](#)

Downloaded from: <https://hdl.handle.net/1887/66719>

**Note:** To cite this publication please use the final published version (if applicable).

Cover Page



Universiteit Leiden



The handle <http://hdl.handle.net/1887/66719> holds various files of this Leiden University dissertation.

**Author:** Willeumier, J.J.

**Title:** Optimising the treatment of patients with long bone metastases

**Issue Date:** 2018-11-06

## **Optimising the treatment of patients with long bone metastases**

1. To make a clinically relevant estimation of the expected survival of a patient with a symptomatic long bone metastasis only three variables are required: primary tumour, Karnofsky Performance Score, and the presence of visceral and/or brain metastases. *(This thesis)*
2. Matching the patient to the correct treatment is the crux of the palliative treatment of symptomatic long bone metastases. *(This thesis)*
3. Treating a pathologic fracture is very different to treating a similar fracture with a traumatic origin; in some cases, patients should be referred to specialized oncology referral centres. *(This thesis)*
4. There is no evidence for the standard use of postoperative radiotherapy; a remarkable conclusion when postoperative radiotherapy is common practise in an era of evidence based medicine. *(This thesis)*
5. Intramedullary nails are weight-sharing as opposed to weight-bearing and should therefore not be used in proximal femoral pathologic fractures if expected survival is long. *(This thesis)*
6. If you as surgeon encounter a pathologic fracture: "Stop. Think. Act". *(This thesis)*
7. Cancer begins and ends with people. In the midst of scientific abstraction, it is sometimes possible to forget this one basic fact... Doctors treat diseases, but they also treat people, and this precondition of their professional existence sometimes pulls them into two directions at once. *(June Goodfield, 1975)*
8. When using an "app", physicians should demand the same level of scrutiny and apply the same healthy scepticism as they do for the literature they read, the implants they select and the medications they prescribe. *(J.A. Forsberg, 2015)*
9. Everything should be made as simple as possible. But not simpler. *(Albert Einstein, 1879 – 1955. The starting point of developing a prognostic model; also a useful perspective on life.)*
10. Don't ignore the small things; a kite flies because of its tail. *(Anonymous; Paying attention to details is worthwhile and can reveal surprising elements.)*
11. It never gets easier; you just get faster. *(Greg LeMond, 1961 - ; The road to perfection is endless; to remember on and off the bike.)*
12. Go as far as you can see; when you get there, you'll be able to see further. *(Thomas Carlyle, 1795 – 1881; Keep pushing your boundaries, step by step.)*