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Double trouble: exploring risk factors to better predict contralateral breast cancer

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Double Trouble

Exploring risk factors to better predict contralateral breast cancer

door Iris Kramer

1. The polygenic risk score is an independent factor associated with contralateral breast cancer risk, not biased by patient characteristics, characteristics of the primary tumor, or adjuvant treatment (this thesis).
2. Future studies should focus on finding a biological explanation of the higher risk reduction for contralateral breast cancer for taxane-containing chemotherapy vs. anthracycline-containing chemotherapy, and aromatase inhibitors vs. tamoxifen (this thesis).
3. When predicting contralateral breast cancer, women with ductal carcinoma in situ (DCIS) and women with invasive breast cancer should be treated as different groups; a separate risk prediction model for women with DCIS is desired (this thesis).
4. Graphical components are important to explain probabilities, but there is no single best method for communication of probabilities to patients (this thesis).
5. Part of the contralateral breast cancers are not true primary cancers, but they are actually metastases from the first primary tumor (Begg et al. Int J Cancer 2018).
6. Genetic testing improves prediction of (contralateral) breast cancer, but we should be aware of ethical issues that may arise. For example, test results may not only impact individuals, but also their families.
7. Knowing that your study contains bias is one thing, being able to correct it is another (naar Jon Elster, 2015, aangepast).
8. Although contralateral prophylactic mastectomy eliminates the risk of contralateral breast cancer, it should only be performed on women that are at *high risk* of developing contralateral breast cancer.
9. Predicting is difficult, especially if it is about the future (naar Niels Bohr, 1971, aangepast).
10. Als een mens zijn uiterste best heeft gedaan in wat voor situatie dan ook, en alles heeft gegeven wat in hem zat, dan kun je niet meer doen dan dat (Opa Rein van Engen, 1977).