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MRI for planning and characterization of uveal melanoma patients treated with proton beam therapy

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Stellingen

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MRI for planning and characterization of uveal melanoma patients treated with proton beam therapy

1. MRI scans acquired in prone position can be used to plan seated ocular proton beam therapy. (*this thesis*)
2. MRI-based tumour segmentation will in most patients provide a more accurate representation than a geometric model based on ultrasound. (*this thesis*)
3. Implementation of MRI into the proton beam therapy planning work-flow is an essential step to improve the visual outcome of uveal melanoma patients. (*this thesis*)
4. Pharmacokinetic modelling is most likely the future of metastatic risk prediction for uveal melanoma patients. (*this thesis in combination with Ferreira et al. Neuroradiology, 2022 ht t p s : // d o i . o r g / 10 . 1007/ s00234 -021 -02825 -5*)
5. All uveal melanoma patients with a prominence over 6 mm on ultrasound and more than one treatment option should be offered a pre-treatment MRI.
6. As parts of the intra-ocular tumour can be missed on non-contrast-enhanced MR-Images, MRI for ocular oncology should at least include contrast administration and preferably be performed at 3T. (*in reply to the conclusion of Via et al. j.radonc., 2022 ht t p s : // d o i . o r g / 10 . 1016/ j . r a d o n c . 2022 . 06 . 021*)
7. Communication between ophthalmologists and radiologist is essential to maximize the clinical benefit of MRI scans.
8. Multidisciplinary cooperation is essential to move the field of uveal melanoma research forward.
9. All hospitals and all departments of an academic hospital should employ at least one technical physician.