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## Tailored to fit: balancing over- and undertreatment in early-stage triple-negative breast cancer patients

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## **Tailored to Fit**

### Balancing Over- and Undertreatment in Early-Stage Triple-Negative Breast Cancer Patients

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1. The predictors included in the PREDICT model version 2 cannot sufficiently capture the heterogeneity of TNBC patients (this thesis).
2. Given that second primary tumors contribute significantly to worse overall survival, it is necessary to consider risk-reducing surgery for young, node-negative triple-negative breast cancer patients who carry a germline *BRCA1* mutation (this thesis).
3. Combining sTILs and *BRCA1* status can improve risk classification and guide tailored adjuvant treatment in early-stage triple-negative breast cancer (this thesis).
4. Although both germline *BRCA1* mutation and tumor *BRCA1* promoter methylation alter *BRCA1* gene transcription, they are associated with significantly different outcomes in young, node-negative TNBC patients (this thesis).
5. Clinical prediction models need both predictive and prognostic biomarkers, and they should be clearly distinguished.
6. The greatest challenge in de-escalating chemotherapy in early-stage TNBC patients is the scarcity of unbiased data on chemotherapy-untreated patients to determine their true mortality risk and quality of life without chemotherapy across different tumor characteristics.
7. (Prediction) models ideally require continued monitoring in local settings in order to maximize their benefit over time (van Calster et al., BMC Med, 2019).
8. Requests for contralateral prophylactic mastectomy (by women at low risk) create an uneasy balance for the surgeons between respecting patients' fears and wishes and the principle of *primum non nocere* (first, do no harm) (Schmidt et al. EJC, 2023)
9. Split sample approaches only work when not needed (Steyerberg, Harrell, et al. J Clin Epidemiol, 2017).
10. Sensitivity, specificity, and ROC curves are not useful for medical decision making (Frank Harrel)