Advanced colorectal cancer: Exploring treatment boundaries
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1. A patient’s general condition at diagnosis of peritoneal carcinomatosis (PC) from colorectal cancer (CRC) might be equally important for treatment outcome as the mere fact that chemotherapy is administered. (dit proefschrift)

2. Systemic chemotherapy does not render unresectable PC from CRC resectable. (dit proefschrift)

3. Adding bevacizumab to neo-adjuvant chemotherapy for metastatic CRC comes with an acceptable prize in bevacizumab-related non-surgical or surgical complications. (dit proefschrift)

4. In a well-selected group of patients with PC from CRC complete cytoreductive surgery and HIPEC with Oxaliplatin can result in overall survival rates comparable to those reported after curative resection of colorectal liver metastases. (dit proefschrift)

5. Based on the comparison of morbidity and mortality, as well as survival data in patients with PC from CRC after complete cytoreduction + HIPEC with Oxaliplatin versus Mitomycin C one cannot make a strong plea for either intraperitoneal agent. (dit proefschrift)

6. A randomized controlled trial to prove the benefit of HIPEC as an adjuvant treatment strategy to prevent the development of PC after T4a colon cancer might be an impossible task. (dit proefschrift)

7. “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” (Dr.Maya Angelou, American poet)


9. “He who knows best knows how little he knows.” (Thomas Jefferson)

10. “Het komt allemaal goed...”
    “Ja..., maar...”
    “Nee, luister nou! Het komt écht allemaal goed...”
    (ongeveer 1000 keer herhaald gesprek... Oneindig bedankt, Houke!)

Amsterdam / Leuven, 28 mei 2013
Daphne Hompes