Expanding eligibility and improving patient outcomes for pancreatic surgery

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1. Selection of patients for minimally-invasive pancreatic surgery should be based on the technical feasibility defined by the surgeon’s experience. *(This thesis)*

2. The minimally-invasive approach to pancreatectoduodenectomy needs to be improved and studied further before we can establish its true added value. *(This thesis)*

3. Preventing postoperative pancreatic fistula is paramount to improving patient outcomes after pancreatic surgery. *(This thesis)*

4. When implemented safely, robot-assisted and laparoscopic distal pancreatectomy lead to improved patient outcomes, such as reduced length of stay and fewer complications. *(This thesis)*

5. Distal pancreatectomy with celiac axis resection (DP-CAR) expands surgical eligibility for patients with locally-advanced pancreatic cancer. *(This thesis)*

6. DP-CAR only leads to acceptable survival and complication risk when performed on carefully selected patients at high-volume centers. *(This thesis)*

7. Biology is King; selection of cases is Queen, and the technical details of surgical procedures are princes and princesses of the realm who frequently try to overthrow the powerful forces of the King and Queen, usually to no long-term avail, although with some temporary apparent victories. *(Blake Cady, MD; 1997)*

8. The confidence people have in their beliefs is not a measure of the quality of evidence but of the coherence of the story the mind has managed to construct. *(Daniel Kahneman)*

9. In God we trust, all others must bring data. *(Supposedly: William E. Deming)*

10. The only true wisdom is in knowing you know nothing. *(Socrates)*

11. There is only one difference between a madman and me. The madman thinks he is sane. I know I am mad. *(Salvador Dalí)*

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