

University of Groningen

Risk-reducing surgery

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Statements accompanying the thesis entitled

Risk-reducing surgery

Uptake & menopausal consequences

1. The affective and cognitive understanding of cancer risk influences the decision for risk-reducing surgery. (Chapter 3)
2. Stopping ovarian cancer screening led to more women choosing risk-reducing salpingo-oophorectomy within the recommended age range. (Chapter 4)
3. Menopausal symptoms after premenopausal risk-reducing salpingo-oophorectomy are often persistent and severe. (Chapter 5)
4. Psychological interventions can be a safe and effective treatment for reducing both hot flushes in all women experiencing symptoms associated with menopause, including breast cancer survivors. (Chapter 6)
5. Mindfulness improves menopause-specific quality of life for up to at least one year in women going through surgical menopause. (Chapter 7)
6. The lack of sexual outcomes in studies aimed at alleviating menopausal symptoms could indicate the presence of a taboo. (Chapter 8)
7. Anyone who thinks the human connection in medicine does not impact the course of a disease should spend an afternoon at the nearest psychiatric clinic.
8. “You can’t stop the waves, but you can learn to surf.” - Jon Kabat-Zinn
9. “Playing is the highest form of research” – Neville V. Scarfe