

De belangrijkste aanjager van overdiagnostiek is kankerscreening. Zie daarover:

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- Thomas ET, Del Mar C, Glasziou P, Wright G, Barratt A, Bell KJL. Prevalence of incidental breast cancer and precursor lesions in autopsy studies: A systematic review and meta-analysis. *BMC Cancer.* 2017;17(1):1-10. doi:10.1186/s12885-017-3808-1
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- Rogers WA. Analysing the ethics of breast cancer overdiagnosis: a pathogenic vulnerability. *Med Heal Care Philos.* 2019;22(1):129-140. doi:10.1007/s11019-018-9852-z

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- Matsumoto M, Wack S, Weinstock MA, et al. Five-year outcomes of a melanoma screening initiative in a large health care system. *JAMA Dermatology*. 2022;158(5):504-512. doi:10.1001/jamadermatol.2022.0253
- Kurtansky NR, Dusza SW, Halpern AC, et al. An epidemiologic analysis of melanoma overdiagnosis in the United States, 1975–2017. *J Invest Dermatol*. 2022;142(7):1804-1811.e6. doi:10.1016/j.jid.2021.12.003
- Welch HG, Mazer BL, Adamson AS. The rapid rise in cutaneous melanoma diagnoses. *N Engl J Med*. 2021;384(1):72-79. doi:10.1056/nejmsb2019760

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Een betere en meer gedifferentieerde tumorclassificatie:

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Lees ook de tekst van de oratie ‘Borstkanker: minder is meer’ van Jelle Wesseling, patholoog NKI/LUMC: <https://www.universiteitleiden.nl/binaries/content/assets/algemeen/oraties/oratie-wesseling-totaal.pdf>