

POPULATION-LEVEL EVALUATION OF RECTAL CANCER CARE IN THE NETHERLANDS

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1. Since the introduction of the colorectal cancer screening program, rectal cancer is more frequently diagnosed at an early stage, subsequently more patients can be treated with a local resection. (this thesis)
2. There is a significant variation in resection rates for both rectal and colon cancer among hospitals, this is important to consider when comparing hospital outcomes. (this thesis)
3. Nodal under- and overstaging in rectal cancer based on MRI is common, the clinical consequence however is unclear. (this thesis)
4. It is safe to start a robotic surgery program for rectal cancer in the hands of experienced laparoscopic colorectal surgeons. (this thesis)
5. Surgical outcomes after robotic rectal resection are similar compared to laparoscopic rectal resection. (this thesis)
6. Although practice variation among hospitals is not inherently problematic, the aim should be to offer patients similar treatment options regardless of hospital of diagnosis.
7. Robotic surgery offers numerous advantages to the operating surgeon, some of which prove challenging to quantify such as enhanced ergonomics, augmented control and diminished cognitive workload.
8. “When there is no place for the scalpel, words are the surgeon’s only tool.” – Paul Kalanithi
9. C’est en forgeant qu’on devient forgeron.
10. “Twenty years from now, you will be more disappointed by the things you didn’t do than by the ones you did.” - Mark Twain
11. No worries mate, she’ll be right.