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Advancing patient-centered care in the management of large rectal adenomas and T1 colorectal cancer

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1. CEA-targeted fluorescence-guided endoscopy is a promising technique to improve optical diagnosis of T1 colorectal cancer (this thesis)
2. Smartwatch-based at-home monitoring provides an accurate, objective, and patient-tolerable method to quantify physical recovery after local rectal resections (this thesis)
3. Post-procedural pain is an important, potentially modifiable determinant of delayed physical recovery following ESD and TAMIS (this thesis)
4. ESD can safely serve as diagnostic resection for lesions suspected of T1 colorectal cancer (Yamashita et al. J. Gastroenterol. 2019, this thesis)
5. The optimal approach to the management of T1 CRC remains complex and is evolving (Ngamruengphong et al. Gastroenterology. 2025)
6. Optimizing information provision for T1 colorectal cancer patients necessitates greater attention to post-resection recovery and follow-up strategies (this thesis)
7. Decision-making after local resection in T1 colorectal cancer is likely influenced by patients' educational level, shaping decisional involvement and management choices (this thesis)
8. Exploring patients' experiences with current clinical practice is a straightforward yet insightful way to identify opportunities for improvement (this thesis)
9. Patient-centered educational tools, including decision-support videos, should also be considered essential in the management of T1 colorectal cancer (Hommes et al. BMJ Open. 2021, this thesis)
10. Patient-centered care requires acknowledging that preferences for decisional involvement are not uniform (Say et al. Patient Educ Couns. 2006, van Til et al. Patient. 2024, this thesis)
11. Observation is the first step towards understanding; *Life is a garden if you open your eyes* (adapted from *Flowerchild* by Kacey Musgraves)