

The Price of Patience: Examining Patient Charges of a “Watch and Wait” Approach for Locally Advanced Rectal Cancer at a Safety Net Hospital

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One-Liner: Evaluating Costs: 'Watch and Wait' Approach Lowers Five-Year Patient Charges for Locally Advanced Rectal Cancer at Safety Net Hospital.

Background: For patients with locally advanced rectal cancer who have a complete clinical response following neoadjuvant therapy, there is growing interest in applying a non-operative management for eligible patients. However, the financial patient-centered implications of a “Watch and Wait” approach, which requires heightened surveillance as compared to that following traditional surgery, have not been thoroughly examined.

Objective: To create representative models of patient charges for non-operative management and conventional surgery to estimate and compare the care-based financial burden associated with each pathway.

Design: A retrospective cost analysis comparing patient charges following completion of total neoadjuvant therapy regimens between two groups: patients undergoing non-operative management with surveillance according to an international consensus schedule and those undergoing total mesorectal excision with subsequent adherence to national guidelines for post-surgical surveillance.

Settings: This study was conducted at an urban county medical center

Patients: Representative patients who achieved a complete clinical response following neoadjuvant therapy for locally advanced rectal cancer.

Interventions: Participants received standard surgical treatment or non-operative management for rectal cancer.

Main Outcome Measures: Total patient charges.

Results: Over five years, patients in the non-operative group were projected to incur 35% lower post-neoadjuvant therapy charges (\$116,251) compared to those who underwent surgery with postoperative surveillance (\$177,344). Surgical charges alone (\$118,980) surpassed the projected five-year total for nonoperative management. Annual projected surveillance charges were \$23,250 for non-operative management and \$11,673 following surgery.

Conclusion: At our institution, successful nonoperative approach in the setting of complete clinical response following total neoadjuvant chemotherapy for locally advanced rectal cancer was associated with significantly lower five-year patient charges compared to surgery with postoperative surveillance. These financial considerations are important in counseling patients, especially those facing financial hardship. This study sets the stage for more in-depth analytical models incorporating additional elements including quality of life, risk of complication and cancer regrowth/recurrence.

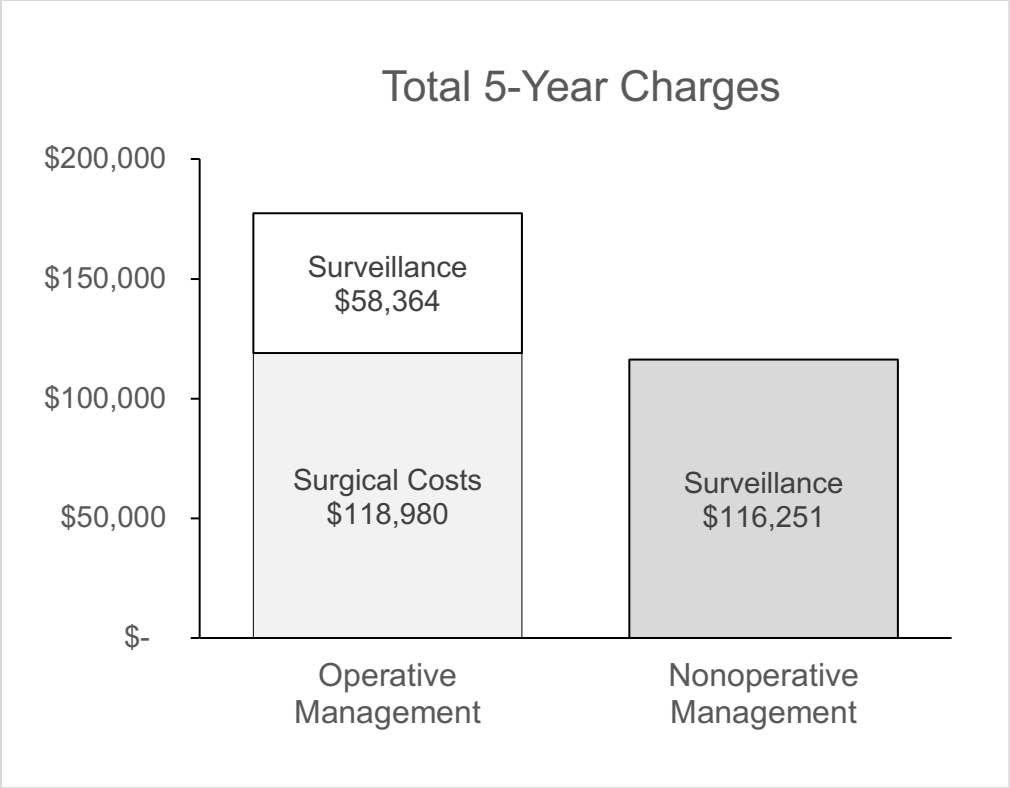


Figure 1: Comparison of total patient charges for operative versus nonoperative management