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**EVOLIUCINĖ MEDICINA:
ŽMOGAUS RAIDOS PERSPEKTYVOS IR SVEIKATA
BESIKEIČIANČIOJE APLINKOJE**

**EVOLUTIONARY MEDICINE:
PERSPECTIVES ON HUMAN DEVELOPMENT AND HEALTH
CONSEQUENCES IN A CHANGING ENVIRONMENT**

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Vilniaus universiteto Medicinos ir sveikatos mokslų
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FINANCIAL IMPACT OF WATCH AND WAIT STRATEGY AFTER TOTAL NEOADJUVANT THERAPY IN RECTAL CANCER: A COST SAVINGS ANALYSIS BASED ON REAL-WORLD INSTITUTIONAL DATA

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Background and Aim: Growing evidence supports non-operative management of rectal cancer, yet its economic consequences in real-world healthcare settings have not been evaluated. Watch and wait (W&W) — active surveillance following complete clinical response (cCR) — avoids total mesorectal excision (TME) and associated surgical morbidity, but whether this translates into meaningful cost savings remains unclear.

Materials and Methods: A cost savings model was developed from the Lithuanian National Health Insurance Fund perspective with a five-year time horizon. Costs were derived from institutional data at the National Cancer Centre (NCC) of Lithuania: diagnostic-related group tariffs from 91 consecutive rectal resections (2025), including surgical, stoma care, and surveillance costs, alongside prospectively collected enrolment data from the ongoing STarT trial (85 patients, January 2025 to May 2026, NCT06758830). Clinical probability estimates were drawn from the OPRA randomised trial (cCR rate ~50%; local regrowth ~25%) and published stoma morbidity data.

Results: The modelled TME pathway cost €18,156 per patient, compared with €7,044 for W&W, yielding a saving of €11,113 per patient who avoided surgery. W&W surveillance accounted for only 39% of the TME pathway cost. At the NCC level, approximately 80 TNT candidates are treated annually (61 enrolled in the STarT trial and approximately 20 additional patients receiving TNT outside the trial), yielding an estimated annual saving of €356,000. National adoption across all Lithuanian centres would yield approximately €1,516,000 per year.

Conclusions: W&W following TNT in rectal cancer offers substantial and quan-

tifiable cost savings. These findings, grounded in real-world Lithuanian cost data and inclusive of stoma care expenses, support broader implementation of organ-preserving strategies within national oncology practice.

Keywords: cost analysis, non-operative management, rectal cancer, total neoadjuvant therapy, watch and wait