

Stopping Pancreatic Cancer Before It Starts

University of Colorado expert Hatim Sabaawy presented on pancreatic cancer prevention at the Rocky Mountain Pancreatic Cancer Symposium.

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What's the best way to treat [pancreatic cancer](#)? Stop it from developing in the first place.

That's the thrust of a presentation delivered by [University of Colorado Anschutz Cancer Center](#) leader [Hatim Sabaawy](#), MD, PhD, at this week's [Rocky Mountain Pancreatic Cancer Symposium](#) hosted by the cancer center at CU Anschutz.

"Unlike many other cancers, pancreatic cancer is usually found relatively late, when it is already metastatic or invading surrounding sites," says Sabaawy, associate director of translational research at the cancer center. "We can make a big impact by finding it early. It's all about early detection."

Mapping the microenvironment

In his presentation, Sabaawy outlined methods for detecting pancreatic cancer early, starting with gaining a better understanding of the microenvironment of pancreatic cysts that often develop into cancer.

"One thing that makes the CU Anschutz Cancer Center unique is that we have a cyst clinic," Sabaawy says. "This is a clinic that identifies cysts that are high risk for turning into pancreatic cancer. We want to understand, at the single cell level, what makes these cysts change from a benign, slowly growing cyst that takes years to grow to a dense cancerous tissue that grows very fast and invades other tissues."

Eventually, Sabaawy and others at the cancer center hope to begin using an existing cancer drug to prevent precancerous cysts from turning into full-blown pancreatic cancer.

"There is recent research showing that using a drug that targets a genetic mutation called KRAS can prevent a cyst from progressing to a tumor," Sabaawy says. "We already use this drug to treat invasive pancreatic cancer."

Sabaawy and his team are working with [Wells Messermith](#), MD, the cancer center's associate director of clinical services, to identify high-risk patients and plan to open a pilot trial to treat them early with a KRAS inhibitor before they develop invasive cancer.

Finding those at risk

Another key component in detecting pancreatic cancer early, Sabaawy says, is doing a better job of identifying an at-risk population that would benefit from blood screening or imaging to look for pancreatic cysts.

"Currently, many pancreatic cysts are incidental findings on an MRI or CT scan," he says. "Maybe a patient is having GI problems, they get an endoscopy, and cysts are identified incidentally. But there are risk factors such as having pancreatitis or having the BRCA gene mutation in your family."

Using a data collection and analysis tool called Snowflake, Sabaawy and a team at UCHealth are analyzing patient data to identify at-risk individuals.

"It's an AI approach for collecting different types of data from patients in the hospital, and we're using it to identify high-risk patients — patients who develop pancreatitis or have other risk factors," he says. "Once they're identified as high risk, they can be followed up with molecular testing and imaging."

Moving the needle

Sabaawy hopes that a wider embrace of early detection can start to turn the tide for pancreatic cancer, which currently has a five-year survival rate of just 13.7%, compared to a 91.9% survival rate for breast cancer.

"The main issue with pancreatic cancer is that it's detected late, which means more than one in every two patients is already stage IV," he says. "Cancers that are detected early, like breast cancer, if they are stage I or II, can be more easily treated or cured. Many of them are treated surgically, and we can get rid of the cancer. But the pancreas is anatomically challenging, it's hard to find the cancer, and it's hard to do surgery on. With early detection, we'll be able to improve treatment outcome and survival in pancreatic cancer."

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