



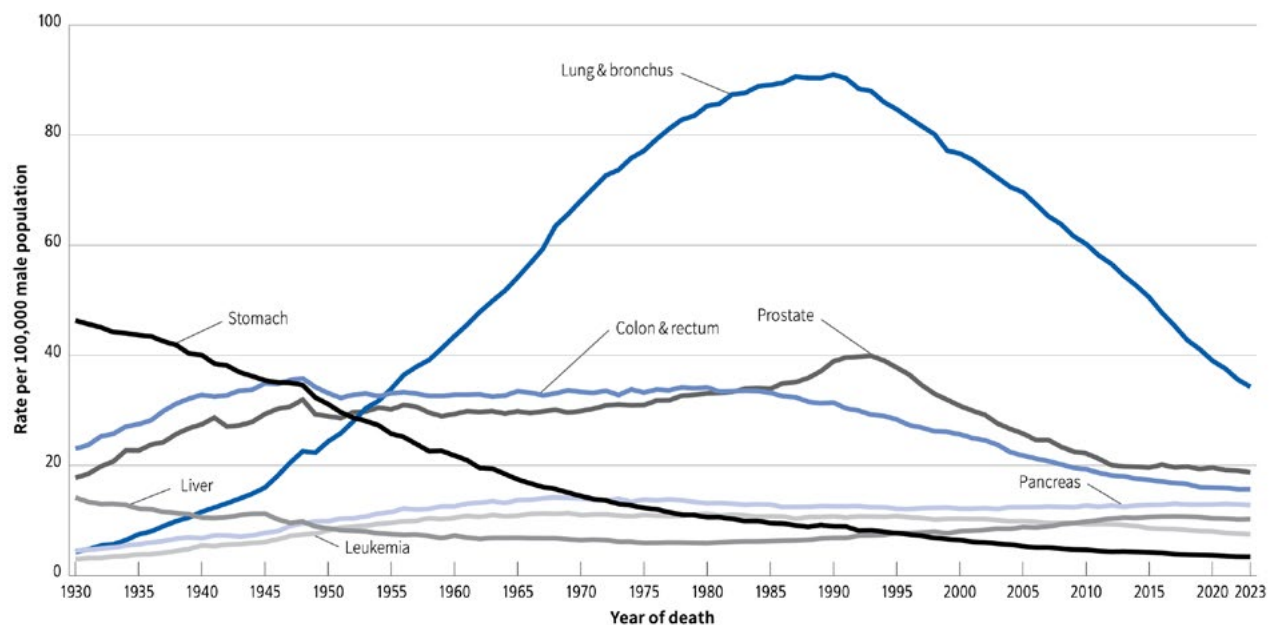
5 Reasons Pancreatic Cysts Demand More Than Passive Surveillance

And how a leading health system is working to detect pancreatic cancer earlier and close follow-up gaps

Pancreatic cancers have one of the worst prognoses in oncology.

Earlier screenings and interventions have helped increase survival rates for many cancers. However, pancreatic cancer continues to remain among the deadliest. Of the **more than 67,000 people** estimated to be diagnosed with pancreatic cancer in the U.S. this year, **more than 52,000 are likely to die from the disease.**

Trends in Age-adjusted Cancer Death Rates* by Site, Males, US, 1930–2023



Rates are age adjusted to the 2000 US standard population. Due to historical improvements in classification, lung & bronchus includes pleura, trachea, mediastinum, and other respiratory organs; colon & rectum includes small intestine; and liver includes intrahepatic bile duct, gallbladder, and other biliary sites.

Data source: US Mortality Volumes 1930 to 1959, US Mortality Data 1960 to 2023, National Center for Health Statistics, Centers for Disease Control and Prevention.

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We believe there is an opportunity to bend that curve. Pancreatic cysts, particularly mucinous types, are the most common identifiable precursor lesions for pancreatic cancer. These lesions are often detectable, trackable, and in many cases, actionable.

In a recent webinar, **Dr. Russell Langan**, Director of Surgical Oncology at RWJBarnabas Health, highlighted how his hospital system has achieved real results by deploying Eon's AI-powered longitudinal patient management platform to turn incidental findings into early treatment opportunities and close gaps in care. He also shared his perspective on why health systems need to rethink their approach and take a proactive rather than passive surveillance approach to pancreatic cancer.

1. Pancreatic cysts are more prevalent than most realize

Pancreatic cysts are not rare findings. Of the more than 40 million MRIs performed each year in the U.S., up to 20 percent typically reveal a cyst. That means every health system encounters at-risk patients. Opportunities exist to improve the quality of care for patients at risk.

A Hidden Population in Every Health



Right now, there is a critical gap — more than half of all patients whose imaging reveals a pancreatic cyst receive no follow-up care. Many are never entered into a surveillance pathway. Others fall off due to inconsistent follow-up or communication gaps. Unfortunately, a percentage of these patients will return with pancreatic cancer.

This is a missed opportunity for early intervention.

2. Pancreatic cysts are a modifiable risk factor

Pancreatic cysts, especially mucinous types like IPMNs and MCNs, are known precursors to pancreatic cancer. While they cannot be prevented, early identification and appropriate follow-up can dramatically alter the disease trajectory and, therefore, outcomes.

Pancreatic cysts are modifiable clinical signals. Once they are uncovered, providers can address cysts with guideline-based surveillance and risk stratification to improve outcomes before disease progression. If patients are appropriately followed through guideline-driven pathways, we could significantly move the needle for certain patients with pancreatic cysts.

3. Legacy surveillance systems are prime for a modern upgrade

Unfortunately, many pancreatic cyst surveillance programs still rely on fragmented systems and outdated models. Common issues with these models include:

- Patients are expected to self-navigate follow-up
- Referrals are missed or delayed
- Central tracking or oversight is lacking
- Physician awareness and adherence to guidelines often vary
- Knowledge gaps persist and are propagated

Challenges in cyst surveillance:



The **current processes** are leaving patients at risk.



Widespread **knowledge gap** persists—many physicians still underestimate the risks of pancreatic cystic disease.



Most cyst surveillance programs **rely on referrals or self-navigation**, leading to disparities in access and outcomes.



Outdated models leave most pancreatic cyst patients vulnerable to malignancy.

“Surveillance programs that rely on patients to self-navigate incredibly complex healthcare systems are antiquated and lead to real disparities.”

Without centralized oversight and intelligent systems, many patients are left at risk, and those with the greatest clinical need often face the biggest barriers to care.

Eon's disease-specific AI-powered solution automatically identifies patients, contacts patients and physicians, longitudinally tracks patients, and provides intelligent, guideline-driven recommendations for care. The solution reduces administrative burden on care teams, and allows them to focus on care delivery to high-risk patients.

4. Missed follow-up means missed cancers

Many pancreatic cysts are incidentally discovered during imaging for unrelated conditions. These findings are documented, but without a formal, dynamic surveillance program in place, they are rarely tracked, leading to missed opportunities for intervention when the disease is still manageable.

As many as one-third of pancreatic cancers can be traced back to an earlier cyst finding. These are not hypothetical cases. They are patients who could have been diagnosed earlier and treated more effectively if their cyst had been monitored.

This is not just a clinical gap. It is a lost chance to save lives.

5. AI surveillance is already delivering measurable results

Using Eon's AI-powered platform, RWJBarnabas Health **transformed its pancreatic cyst program** from a manual process into a high-performance longitudinal surveillance model. The results speak for themselves.

What we've been able to achieve so far:



These metrics demonstrate what is possible when clinical intelligence, evidence-based guidelines, and automation are integrated into a single system. Surveillance becomes scalable. Outcomes improve. Patients receive the care they need on time.

From incidental finding to clinical action

Pancreatic cysts are more than incidental findings. They are one of the few opportunities clinicians have to intervene before pancreatic cancer advances and becomes treatment-resistant.

Health systems that modernize their surveillance approach can change the narrative. They can detect pancreatic cancer earlier, when a positive outcome is still within reach, reduce care disparities, and close gaps in follow-up.



Watch the full webinar

featuring Dr. Russell Langan to learn how RWJBarnabas Health built a scalable, high-impact program using Eon's AI-powered platform.

Watch Now



Access an in-depth resource

to explore how your organization can build a better cyst surveillance model that works at scale.

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