



Imagine a world
without cancer.



A MIRACLE PATIENT

Susan never thought she'd find herself at Johns Hopkins, but as she puts it, "Life has its own ideas."

In early 2021, amid the height of the COVID pandemic, Susan began experiencing strange symptoms—pain near her pancreas, erratic blood sugar, and deep fatigue. With her history of multiple sclerosis and severe asthma, the fluctuating glucose wasn't unusual, especially after steroid use, a treatment she took for her other conditions. This time, however, something felt different, more severe. Still, getting a doctor's appointment during COVID was no easy feat. Concerning lab results and dark brown urine led her husband to insist she go to urgent care.

It was a decision that may have saved Susan's life.

Within minutes of arriving, Susan was told to get to her local hospital's emergency room immediately. The hospital was overwhelmed with COVID cases, so she was rerouted to another emergency room a few miles away. A CT scan and X-rays showed that she had advanced pancreatic cancer. The oncologist there told her she likely had three months to live.

Susan took it with surprising calm. “Well, that’s not going to work,” she told the doctor. “My kids have moved in and out, so I need at least three months to clean out the house. I’ve got flowers. I’m a gardener. My husband won’t know what to do with them. Really, I need nine months.”

Her calmness and practicality in the face of this unimaginable news became her shield. At 67, Susan felt at peace with her life, grateful for her family.

“I was okay with it. I’ve lived a good life. I have a wonderful family. If it’s my time to go, it’s my time to go,” she thought.

Susan’s cancer, doctors told her, was wrapped around a vital artery, called the superior mesenteric artery (SMA), so surgery would be too dangerous, but chemotherapy could extend her life a few months.

“I was excited to have a few more months. I had things to do,” she says.

Susan was adamant that she wanted to stay close to home to receive whatever treatment could buy her some time.

“If I was dying, I wanted to be near my family. I did not want to spend what time I had left traveling to other hospitals,” says Susan

Her husband, on the other hand, did not accept the prognosis. He wanted a second opinion and dove into research. Working with their son, he began looking into clinical trials and institutions known for pancreatic surgery. Their research led them to the Tuesday clinic for pancreas cancer at the Johns Hopkins Kimmel Cancer Center and radiation oncologist Dr. Amol Narang.

From the first appointment, she was impressed. “Dr. Narang talked to us like a neighbor,” she recalled. “He believed a new therapy he was studying, called intraoperative radiation, could help her. Susan would be only the tenth patient to receive the innovative treatment.

Susan was still hesitant to leave her local care team, but she agreed with her husband that the Johns Hopkins Kimmel Cancer Center team had a better plan.

At the Kimmel Cancer Center, everything changed, she says. Dr. Narang’s team worked in seamless coordination with all of medical and supportive specialties. When Susan began losing weight rapidly and struggled to eat, clinical dietitian Mary Brown created a tailored nutrition plan that helped stabilize her.

“She saved me,” says Susan. “She listened—really listened—and figured out what I could tolerate.”

Susan received chemotherapy locally with an oncologist near her home in Virginia who stayed in close contact with Dr. Narang. When imaging showed that her tumor had shrunk, her Johns Hopkins team was prepared to try to remove the tumor surgically. It would be a challenging surgery because the tumor, though smaller, was still entwined with the SMA artery. The Kimmel Cancer Center is among just a few cancer centers in the world with experts who could take on such a challenging case. The pancreatic cancer surgical team has developed new surgical techniques and performs complex surgeries that other hospitals are not equipped to try.

Susan's surgery was scheduled for Valentine's Day.

"I took that as a sign," she says. "God was telling me He loves me. I knew I was going to make it."

Susan had faced death before. She was a post-Korean War orphan saved by an American soldier who brought her to an orphanage. Later, a missionary brought her to the U.S. Susan, the mother of four, had nearly died giving birth to one of her sons and was once told she'd go blind from MS. She had survived and overcome all of this.

Undeterred, Susan thought, "This was just one more thing."

The surgery was complex. Dr. Jin He painstakingly peeled the cancer away from the artery. A postdoctoral fellow observing the surgery later shared with Susan that when the artery began to bleed, Dr. He had it sewn up in seconds. Recognizing the weight of the moment, the fellow told Susan that everyone cheered when Dr. He successfully repaired the artery the cancer had invaded.

"I know if I had been at my home hospital, they might not have been able to save me," says Susan. "I know being under the care of Dr. He and Dr. Narang and their teams saved my life. I attribute my outcome to the incredible teams they both have."

To remove all of the cancer, the surgery involved removing part of her pancreas, stomach, and intestines, along with 26 lymph nodes. Dr. Narang performed interoperative radiation, a type of radiation therapy that delivers a high dose of cancer cell-killing radiation to the surgery site via a robotic device that carries small radioactive beads inserted through catheters. The delivery method is precise, protecting nearby tissue and organs from radiation damage, and is aimed at killing hiding cancer cells that could cause the cancer to come back.

Dr. Narang's previous research has focused on identifying exactly where and how pancreatic cancer cells tend to hide. He has previously demonstrated that nerve tracks coursing from the pancreas through a triangular-shaped region of fatty issue just above the pancreas often have microscopic cancer cells that may be left behind at the time of surgery. These cells can go on to cause the cancer to recur around the pancreas. It is this "triangle volume," which Dr. Narang calls the "Baltimore Triangle," that he has been targeting with intra-operative radiation on an initial clinical trial, of which Susan was a part. The clinical trial was designed to enroll 20 patients. At an average follow-up of 18 months following surgery, only one patient, or 5% of patients overall, among those 20 patients has had the cancer come back in the region around the pancreas.

“If this low rate holds steady at the 24-month mark—the key milestone used for recurrence around the pancreas in pancreatic cancer studies—it would be the lowest two-year locoregional recurrence rate ever reported in a prospective clinical trial to our knowledge,” says Dr. Narang.

Within days of the surgery, Susan was walking laps around the hospital unit.

“They came looking for me because I wasn’t in bed,” she laughed. “They found me booking it down the hall.”

Today, nearly three years later, Susan is cancer-free. She turns 70 in November.

“Dr. Narang is an amazing doctor and an even more amazing person,” says Susan. “He treated me like I mattered—his whole team did and continues to do so. They are proactive, looking at alternatives and choices. They weigh the options and explain the science clearly. Their awareness of how I think, what I feel, and my perspective on life makes me realize how profoundly fortunate I am to be in their care.”

She recently joined Dr. Narang for a national pancreatic cancer meeting.

“I was the miracle patient,” she says.



PHOTO OF SUSAN AND HER HUSBAND.