Susan Pack's Melanoma Story Involves a Rare Subtype of the Skin Cancer

Those of us with metastatic melanoma can look forward not only to an increased quality of life but also to a prolonged life, she says.

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The unassuming pink spot on 64-year-old Susan Pack's cheek was something she initially overlooked during the chaotic first weeks of the Covid-19 pandemic in 2020. However, when she noticed the roughly half-inch spot was evolving and growing, she decided it was time to have it evaluated.

A History of Sun Exposure and Non-Melanoma Skin Cancers

Susan visited a plastic surgeon to evaluate the spot, but he suggested she instead see a dermatologist due to its irregular borders. The dermatologist's office was a familiar place for Susan, as she grew up spending summers on the beaches of Long Island, where her fair skin was unprotected from harmful UV rays and sunburns were encouraged by her family.

Over the years, she was diagnosed with multiple basal and squamous cell carcinomas, treated accordingly by dermatologists along with the recommended semi-annual skin checks. This time, however, Susan's concerns would reveal something more serious.

The dermatology PA on duty evaluated the spot and agreed to perform a biopsy, reassuring Susan that it was likely nothing to worry about. But a few days later, she called Susan back with devastating news; the spot on her face was melanoma.

"I was shocked," Susan said. She learned that not only was the spot melanoma, but it was amelanotic – a rare subtype of cutaneous (skin) melanoma that lacks pigment and is often harder to diagnose, leading to worse prognoses.

Treating an Early Stage Melanoma

For treatment to remove her melanoma, Susan was referred to a surgeon who performed a wide local excision. Pathology results following surgery unfortunately showed that not all the melanoma was removed, and she would need to undergo another surgery to remove all cancerous tissue. Additionally, Susan underwent a gene expression profile analysis, which confirmed her melanoma stage as 1A - consistent with a lower chance of recurrence and/or metastasis.

“I found that very reassuring, yet still I was very self-conscious of the initial scar that extended from my mid nasal area down to my upper lip,” recalled Susan. “Fortunately, in time it faded... But the threat of another melanoma was always on my mind.”

In the years following, Susan remained diligent in practicing sun safety and visiting her dermatologist for regular skin checks.

The Reality of a Melanoma Recurrence

Four years later, while spending the summer in California with her grandchildren, Susan began experiencing symptoms she believed to be related to diverticulitis flare ups. After several weeks of failed interventions, she returned home to Arizona for further evaluation. While undergoing a CT scan for her abdomen, the radiologist noticed something in Susan’s lung – a 9mm nodule.

“As a recently retired nurse, I knew this was a significant finding,” explained Susan. She immediately requested an appointment with Mayo Clinic, making sure to provide her melanoma history.

Within a few days, Mayo Clinic called Susan, requesting she submit pertinent medical records. From there, things moved quickly, and she soon had a consultation with a pulmonologist who performed a robotic-assisted bronchoscopy to take a biopsy of the nodule. Two days later, pathology results confirmed Susan’s worst fear since first being diagnosed; her melanoma returned.

“I felt numb, frightened and totally uncertain of what the future would hold for me,” said Susan.

The Promise of Continued Melanoma Research and Improved Patient Outcomes

A subsequent PET scan, brain MRI, liver scan, and a last-minute opening with a melanoma oncologist confirmed the metastasis was confined to Susan’s lung – and had been detected early.

After reviewing treatment options with her oncologist, Susan began Pembrolizumab infusions. Her treatment plan included three initial cycles of immunotherapy followed by the potential for surgery, then resuming immunotherapy. She had her first infusion the day before Thanksgiving.

“I truly feel it was a ‘thanks-giving’ this year in the sense that a series of serendipitous events led to uncovering an issue that was ultimately detected early,” Susan said.

Today, Susan continues to undergo treatment and is grateful for the expert care she is receiving and the promise of research in the field.

Susan shared, “Now, those of us with metastatic melanoma can look forward not only to an increased quality of life, but prolonging that life to the point that hopefully many of us will go on to achieve no evidence of disease.”

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