



# BOOK OF COURAGE AND HOPE

Kidney Cancer  
Patient Stories  
From Around  
The World





The Cancer Association of South Africa (CANSA) enables research, educates the public and provides support to all people affected by cancer. As a leading role-player in cancer research, the scientific findings and knowledge gained from our research are used to realign our health programmes as well as strengthen our watchdog role to the greater benefit of the public. CANSA offers health awareness cancer screening and education campaigns,

**Cancer Association of South Africa (CANSA)**  
PO Box 1212,  
Bedfordview 2008,  
South Africa  
toll-free: 0800 226622  
[www.cansa.org.za](http://www.cansa.org.za)  
[info@cansa.org.za](mailto:info@cansa.org.za)

30 CANSA Care Centres that offer a wide range of care and support services to those affected by cancer, offer stoma and other clinical support and organisational management, medical equipment hire as well as a toll-free line to offer information and support.

We also supply patient care and support in the form of 11 CANSA Care Homes in the main metropolitan areas for out-of-town cancer patients plus one hospitiun based in

Polokwane, as well as CANSA-TLC lodging and support for parents and guardians of children undergoing cancer treatment.

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**Mark Walter is 66 years old and lives in Amanzimtoti, South Africa with his wife, Odette, the most important person in his journey. The Walters have 3 children and 5 grandchildren. When facing a diagnosis of cancer, Mark recommends that a strong faith, strong partner, and a strong family unit are needed, as well as a positive attitude. Please read Mark's story.....**

Mark's journey started on 9th February 2011; whilst undergoing a routine check-up his urologist felt a lump in his right kidney. A CT scan found a 5.2 cm dense mass in his right kidney, the density indicating malignancy. Mark was diagnosed with kidney cancer and was scheduled to have his kidney removed. His mind took control and all things faded into oblivion as to where else the cancer could be in his body.

He had his kidney removed, returned home, got stronger, and went back to work. He and his wife also started travelling more around South Africa, Mark being an avid wildlife photographer.

At his next two annual check-ups, Mark was given the 'all clear'. However, in January 2014 he had an abdominal scan and chest X-ray, which showed multiple lesions in the upper

lobes of his lungs, highly suggestive of pulmonary metastases. A further chest CT scan confirmed multiple metastases in the lungs and an enlarged lymph node.

Mark had been retired for less than a year, travelling for several months, feeling really well, relaxed, and with no sign of any problem whatsoever – the questions were 'What now?' and 'Were the doctors correct?'

Immediately Mark saw an oncologist, who assured him that, with medications available today the cancer is controllable; however, a biopsy was needed. The biopsy proved inconclusive. In February 2014 he had a thoracotomy, and kidney cancer was confirmed. This was a hectic operation with lots of pain. Mark's recovery was slow and painful, as a rib was broken during the operation.

Later that month he was put on sunitinib (Sutent); this was an anxious time as he waited for sunitinib to work. The sunitinib affected his thyroid function, but in June 2014 a CT scan showed a reduction in the number of metastases, suggesting improvement. However, a rib lesion was noted, which he was never informed about after the operation in February.

A CT scan in October 2014 showed only 1 nodule in left upper lobe, which had not changed from last 2 scans. Lymph node had also shrunk in size. This was cycle number 6 on sunitinib and everything was looking good; Mark was feeling very positive, so decided to have a break from sunitinib for 3 months to recover from the side effects.

In January 2015, a CT scan showed stable disease and further reduction in the size of the lymph node. There was no evidence of new metastases. This was great news overall, since Mark and his wife wanted to do more travelling.

Whilst travelling during February and March 2015, Mark felt a dull pain in his ribs, just under his left breast. This pain got very intense at times and on occasions he couldn't sleep. However, a CT scan showed stable disease and a further reduction in the lymph node. But Mark was still concerned about the pain in his ribs. His oncologist read the report, examined him, then looked at the scans. Immediately he called the radiologist, since there was a 50 mm lesion on Mark's spine, which was

causing the pain. Mark had been misdiagnosed by the radiologist. Within 2 days he saw the best neurosurgeon during his hospital rounds, and was immediately admitted. He needed urgent surgery as the tumour could cause paralysis if not attended to. Mark underwent a 5 hour operation where 90% of the tumour was removed and was told he would need radiotherapy to assist in killing the tumour. Two weeks after surgery Mark had 10 daily sessions of radiotherapy.

In May/June 2015, Mark commenced treatment with sorafenib (Nexavar) and his latest CT scan showed that the lesion on the spine was exactly the same size as when the radiotherapy was given, so the sorafenib is working.

Mark continues to take sorafenib; food supplements, a healthy diet, lots of water assisted by his special wife has contributed to managing this treatment far better.

Mark's sincere appreciation goes to his wife, Odette, who has stood by him every step of the way; he remembers so clearly her saying in the beginning 'We will handle this together'.

Finally it is very important to note that after all Mark has been through he has never asked 'Why me?' His strong faith in God has taken care of him.