The Manitoba Prostate Cancer Support Group
NEWSLETTER

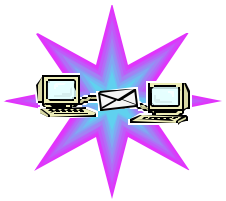
Vol. 218 – August 2009

The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.

Want to reach us by email ?



manpros@mts.net

Thought For Today

ALL WE WANT IS TO GROW OLD, AND WE ALL WANT TO DENY THAT WHEN WE HAVE ARRIVED THERE.

- *JIM LEDDY*

Recommended Reading

100 QUESTIONS & ANSWERS ABOUT PROSTATE CANCER
BY PAMELA ELLSWORTH, MD

THE BOOK ANSWERS QUESTIONS SUCH AS :

1) WHAT ARE THE RISK FACTORS FOR PROSTATE CANCER AND WHO IS AT RISK?

2) WHAT ARE THE SYMPTOMS OF PROSTATE CANCER?

3) WHAT IS PROSTATE CANCER SCREENING?

4) HOW DO I DECIDE WHICH TREATMENT IS BEST FOR ME?

Motorcycle Riders

The Goldwing Road Riders Association will again be riding to raise funds for our Support Group.

The 8th anniversary of this event will be held on August 22nd - starting at 9:30 a.m. at Headingly Co-op and proceeding into the Interlake region.

They welcome all riders.

Medical Advisors to The Manitoba Prostate Cancer Support Group

J. Butler M.D.
Radiation Oncologist

Paul Daeninck M.D.
Pain Management

Darryl Drachenberg M.D.
Urologist

Graham Glezerson M.D.
Urologist

Len Leboldus M.D.
Urologist
[Honorary]

Ross MacMahon M.D.
Urologist

John Milner M.D.
Urologist

Jeff Sisler M.D.
Family Practitioner

Gary Schroeder M.D.
Radiation Oncologist

Thanks!

Cancer Information Service

Call toll free:
1-888-939-3333 or
1-905-387-1153

When you call the toll free number of the Cancer Information Service, your questions will be answered by someone who understands how confus ing the subject of cancer can be. *All calls are kept confidential*

NEXT MEETING:

Thursday, August 20th, 2009 7 - 9 P.M.
Robin Chambers, Oncology Dietician -
" Common Myths About Diet and Cancer "

Location: AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips

Gene Test May Predict Prostate Cancer Study Shows Experimental Blood Test May Be More Accurate Than PSA Test

By Charlene Laino WebMD Health News
Reviewed by Louise Chang, MD

June 2, 2009 (Orlando, Fla.) -- A blood test that characterizes each prostate tumor by its unique genetic fingerprint may help pinpoint which men actually have prostate cancer, researchers say.

In a new study, the powerful genetic tool beat out standard PSA testing in discriminating between men who had cancer and those who did not, says Robert Ross, MD, of the Dana-Farber Cancer Institute in Boston.

PSA levels are a measure of a protein called prostate-specific antigen, which is produced by cells in the prostate. High PSA levels can signal cancer.

The new test, which looks at the activity of six genes involved in prostate cancer, was described at the annual meeting of the American Society of Clinical Oncology.

Men whose PSA levels signal a high chance of prostate cancer typically undergo a biopsy, but 60% of these biopsies turn out to be negative, Ross says.

"Each year in the U.S., over 1 million men undergo the anxiety and pain of prostate biopsies at a considerable psychological cost," he tells WebMD.

The hope is that a new genetic test can help men avoid the pain, discomfort, and anxiety of unnecessary biopsies, Ross says.

Six-Gene Test for Prostate Cancer

For the study, which employed a commercially available gene chip, the researchers started with a set of 392 genes that had been associated with cancer.

Using blood samples from 76 men with prostate cancer and 76 healthy men, the researchers homed in on six genes whose activity was significantly associated with prostate cancer. The technique was then validated on blood samples from 128 men with prostate cancer and 84 who didn't have the disease.

"We found that the six-gene test correctly classified 86% of men with the disease," Ross says. In contrast, PSA testing was correct only 70% of the time.

When the gene test and PSA were used in combination, researched achieved the best results of all.

The results are a "significant improvement" over PSA alone, Ross says.

The next step will be to see if the gene test correctly predicts biopsy results in a 1,000-patient study.

Howard Sandler, MD, a prostate cancer specialist at Cedars-Sinai Medical Center in Los Angeles, tells WebMD that PSA testing "is incredibly valuable" for prostate cancer screening.

The gene screen "could be another test that helps to improve early prostate cancer detection," he says.

"But the problem with all these tests is their inability to answer the question we really want to know: Do you have potentially lethal cancer or do you have cancer that will never kill you?" Sandler says.

Sandler is referring to the fact that many prostate tumors grow so slowly that some men are likely to die from other causes long before the tumor itself becomes deadly.

Ross says the test may be able to distinguish between slow and faster growing cancers, but that further testing is needed before that claim can be made.

The study was supported in part by Source MDx, which developed the new test.

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MOVING?

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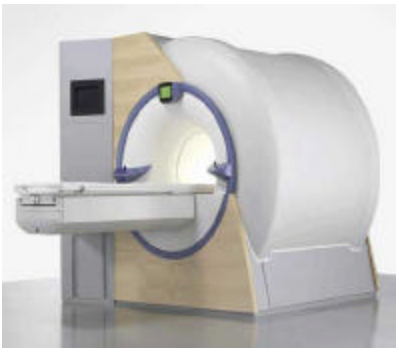
From Prostate Imaging to Prostate Cancer Imaging

Colin Gittens June 01 2009

DENVER—Magnetic resonance imaging (MRI) is customarily used for prostate imaging. However, by modifying a chemotherapy drug with a radioactive component, scientists should be able to image prostate cancer specifically while simultaneously providing therapy for the disease.



John P. Michael Sedelaar, PhD, MD, a postdoctoral research fellow at Johns Hopkins University, presented these findings at the American Association for Cancer Research 100th Annual Meeting 2009, noting that "By adding a radioactive imaging probe in these compounds, we can combine therapeutics with diagnostic imaging."

The study, conducted in mice, employed the drug thapsigargin, a nonspecific, highly cytotoxic agent. The researchers added a tyrosine ring to this agent for the coupling of imaging probes. Once in the body, this prodrug is made active by proteins—either prostate-specific membrane antigen (PSMA) or prostate-specific antigen (PSA)—which are more prominently present in prostate cancer, and even more prevalent in highgrade prostate cancer and metastasis.

"This inactivated compound has an amino acid tail specifically chosen so that it can only be 'clipped' by PSA or PSMA," Dr Sedelaar explained in an interview with Oncology Nursing News. "When this tail is clipped off, the chemical compound is released and activated and can be taken up into the cell and be therapeutically active."

"It's like a smart bomb, to use a military analogy," he continued. "By retooling chemotherapy agents, we may be able to get more accurate treatment monitoring and follow-up."

Unlike other targeted therapies, this treatment is based upon the general principles of prostate cancer, not the individual patient's genetic makeup. "These smart bombs we're developing are not `tailor-made,'" noted Dr Sedelaar; rather, they are based on "the fact that prostate cancers have elevated amounts of PSA and PSMA."

The need for targeted approaches to prostate cancer is essential, according to Dr Sedelaar. "An increasing number of patients have minimal prostate cancer, and opt for either very focused treatment or the watchful waiting approach," he noted. "In this environment, the need for an accurate imaging tool is paramount."

In terms of the study results, single photon emission computed tomography imaging of the tumor-bearing mice showed uptake by tumors together with uptake by thyroid, liver, and spleen. The PSMA imaging drug was also detectable in the kidneys and bladder. No toxicity was noted; and even more importantly, there was a measurable reduction in prostate cancer cells.

When asked whether this approach might be transferable to other cancers and other drugs, Dr Sedelaar would say only that "there could be possibilities to retool the compounds for other chemotherapeutic agents, but we haven't reached that stage yet."

Dr Sedelaar told Oncology Nursing News that a small multicenter trial of these PSMA therapies will start this year, but in terms of the imaging compounds, "We're still in the animal experiments. The compounds are not yet as specific as we want them to be." He could provide no details about future human trials.

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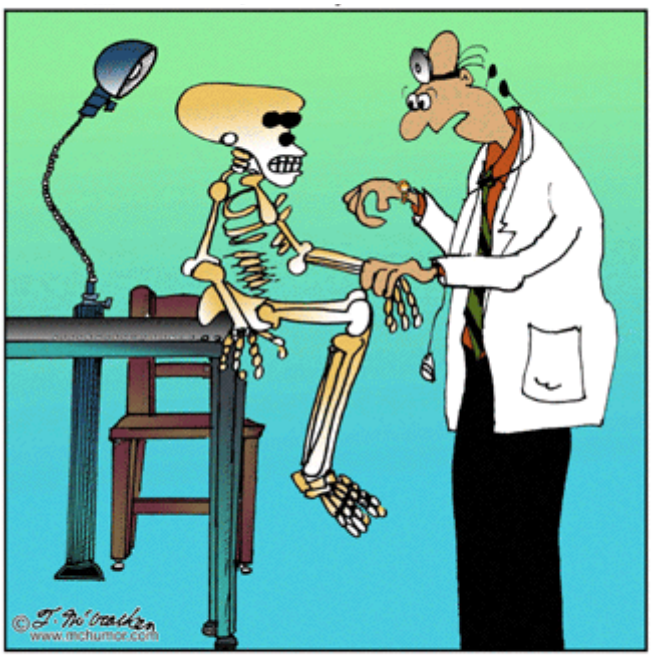

"I wish you'd come to me sooner."

Prostate Cancer: From Inoperable to Cancer Free

Robert Nellis, May 2009 Source: Mayo Clinic

Learning you have prostate cancer is bad enough, but then to be told that your condition is inoperable can be devastating. That's where Rodger Nelson found himself. He and his wife Carol were wintering in California. Doctors there made the diagnosis, but it wasn't until he decided to return home to Minnesota for treatment that he was told an experimental therapy was his best option.

"I arrived Tuesday and was told my surgery was scheduled for Friday," says Nelson. "But when the final test came back late on Thursday, I was told the surgery was cancelled." MRIs had shown the tumor had grown beyond the prostate and was encroaching on the stomach. That's when urologist and surgeon Michael Blute, M.D., referred his patient to urologist and immunologist Eugene Kwon, M.D., who was conducting a clinical trial on prostate cancer.

Dr. Kwon had been working on the foundations of this study for over ten years, when he did the initial laboratory and modeling studies when he was on staff at the National Institutes of Health. He was a practicing surgeon at Loyola Medical Center recruited to Mayo Clinic by Dr. Blute and then developed collaborations with him and others.

"The goal of the study was to see if we could modestly improve upon current treatments for advanced prostate cancer," Dr. Kwon explains. "The candidates for this study were people who didn't have a lot of other options. However we were startled to see responses that far exceeded any of our expectations."

Though many men experience prostate cancer when older, the cancer usually doesn't progress quickly enough to be life threatening. However, a significant subset are aggressive forms of prostate cancer. These are aggressive, virulent and deadly, advancing so quickly, that diagnosis often comes too late for any effective therapy. They are the second largest killer of men with cancer. Currently all treatments for the aggressive forms are palliative, not curative.

Study coordinator Diane Mann, R.N., M.S.N., says that hearing a diagnosis of advanced prostate cancer can be disheartening. "Many of these patients are told by their urologist to get their personal business in order because they likely have only months to live. Learning about our clinical trial offers them some hope."

"We heard Dr. Kwon's presentation," says Nelson, "my family, my wife and my children. And we decided to join his study." Nelson was injected with an experimental drug called MDX-010. One dose, administered by IV, takes about 3 hours, including observation. Nelson describes it as painless. He was also placed on hormones to reduce his testosterone levels. Then he went home to Alexandria, Minn.

In Vera Cruz, Mexico, Fructuoso Solano-Revuelta, owner of a wholesale food supply company, found himself in a similar situation — with a cancerous tumor the size of a golf ball that had grown from the prostate into the bladder. In March 2008, he phoned Mayo Clinic's office in Mexico City. "When I heard I had prostate cancer I took the first airplane to the best clinic in the world." His feelings stemmed from Mayo's previous treatment of his father and the fact that his physician brother had trained in orthopedics at Mayo.

Tricking the Immune System

Before receiving the MDX-010, both men underwent a hormone therapy called androgen ablation. It's a combination of a pill that blocks testosterone and an injection tells the brain to order the testicles to stop producing it. This removal of testosterone from the system usually shrinks the tumor to some degree.

When Dr. Kwon was a surgeon at Loyola Medical Center in Chicago, he observed that during androgen ablation prostate tissues are swamped with immune cells — T cells — due to cell injury or death, as they are dependent on testosterone (Mercader et al, Proc Natl Acad Sci USA 2001, 98:14565-70). At the same time, a second observation was made by Dr. Kwon's collaborator, J.P. Allison, M.D. (then at UC Berkeley, now at Sloan Kettering Cancer Center). He found the first off-switch for T cells. It's called the CTLA-4 (cytotoxiclymphocyte-4) receptor (Leach et al, Science. 1996, 271:1734-6).

Cancer has a propensity for turning off T cells. Dr. Allison hypothesized that if you block the off-switch, T cells will stay turned on and create a prolonged immune response. Dr. Kwon, then at NIH, demonstrated that CTLA-4 blockage could be used to treat aggressive forms of prostate cancer in mice (Proc Natl Acad Sci USA, 1997, 94:8099-103). There was one limitation to that concept — the worry that by simply leaving all the T cells on there may not be enough response aimed at the tumor. Dr. Kwon called Dr. Allison and designed the trial together. The idea: use androgen ablation or hormone therapy to ignite an immune approach — a pilot light — and then, after a short interval of hormone therapy, introduce an anti-CTLA-4 antibody that acts like gasoline to this pilot light and overwhelms the cancer cells. MDX-010 (now called Ipilimumab) is the clinical antibody being tested in the Mayo trial.

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Patients Influencing Research

Several weeks went by. Rodger Nelson noted that his PSA scores were dropping about 50 points a month. At the end of four weeks Fructuoso Solano-Revuelta saw his go from a high of 74.4 to 1.2. "Within the next month it was undetectable. The MRI in June showed the tumor was quite a bit smaller," he explained. "Then in September the radiologist who performed the MRI was quite surprised. He asked if I had undergone radiation therapy. I said no."

On Nelson's MRI the shadows representing the tumor extending from the prostate and into the abdominal area had disappeared. His PSA was also undetectable. The discussion with Nelson and his wife, Carol, returned to the issue of surgery. The physicians wanted to wait.

"I never thought surgery should be totally off the table in my husband's case," says Carol Nelson, a retired registered nurse. "I always thought the answer was more than just this therapy. It wasn't easy to tell a Mayo physician that, but they really listen to patients here." Dr. Kwon and Dr. Blute left the room to talk and returned to suggest they vote on the idea of surgery.

"There were four people in that room and I was the only one who didn't vote for surgery," says Rodger Nelson. "I quickly came around."

In this way, according to Dr. Kwon, a patient and his family influenced the direction of Mayo research. "We left the room to consult with each other," says Dr. Kwon, "because history had taught us that surgical treatment of advanced forms of cancer like this were disappointing and oftentimes unadvisable. It was Carol Nelson who pressed us to entertain a surgical approach. Dr. Blute and I realized we were in uncharted waters. This was something new."

Carol and Rodger Nelson

"Were it not for Carol Nelson's tenacious nature we would not have gone off study. You have to handle the voices of the researchers, the surgeons and the patients and their families. We remained flexible. This was a significant collaboration." By ultimately opting for surgery, Rodger Nelson left the clinical trial, opening the way for discovery. Within a few days Solano-Revuelta's check up revealed similar findings.

"I realized something unusual had happened when Dr. Kwon saw the results. He ran off to find Dr. Blute — and then the two of them came running down the hall. They were surprised and happy and they were saying 'Incredible' and 'This is a fantastic result!' I heard Dr. Kwon say, 'This is like the first pilot breaking the sound barrier.'" Like Nelson, surgery was also scheduled for Solano-Revuelta.

With Nelson, Dr. Blute spent more time in the OR than planned. "I was cutting away scar tissue, while trying to find cancer cells. The pathologist was checking samples as we proceeded and sent word back asking if we had the right patient. He had a hard time finding any cancer. I had never seen anything like this before. The pathologists were floored." The same story played out for Solano-Revuelta. In that case there were two phone calls from pathology, one asking if he was operating on the correct patient.

Michael Blute, M.D., describes what he found in surgery following the treatment.

Both investigators are quick to point out that the outcomes in these two patients need to be validated in further studies. Plans are already underway for extended trials at Mayo Clinic to determine the dosage to optimize this therapy and explain how this combined treatment actually works.

"It's important for us to understand the mechanism of favorable response in these patients," says Dr. Blute. "This could have significant implications for other forms of cancer, including hormone-sensitive forms, such as breast and ovarian cancer.

Dr. Kwon agrees, praising highly collaborative interactions as essential for important discoveries. He credits Dr. Blute for his knowledge and his grasp of how study findings and experience in the OR can be synergistic in moving scientific approaches to useful clinical treatments. He also does not underplay the significance even though publication of the findings will await more data.

"This is one of the holy grails of prostate cancer. This is what we've been seeking for years. Now we've got to build on this."

Both patients return regularly to Mayo Clinic for follow up. Both are free of cancer, feel fine and have returned to their businesses.

"You know, I am 71," says Solano-Revuelta, "but I have the spirit of a 25-year-old."

Carol and Rodger Nelson will celebrate their 43rd wedding anniversary in November.

• • •

Selenium Intake May Worsen Prostate Cancer In Some, Study Reports

BOSTON–Higher selenium levels in the blood may worsen prostate cancer in some men who already have the disease, according to a study by researchers at Dana-Farber Cancer Institute the University of California, San Francisco.

A higher risk of more-aggressive prostate cancer was seen in men with a certain genetic variant found in about 75 percent of the prostate cancer patients in the study. In those subjects, having a high level of selenium in the blood was associated with a two-fold greater risk of poorer outcomes than men with the lowest amounts of selenium. By contrast, the 25 percent of men with a different variant of the same gene and who had high selenium levels were at 40 percent lower risk of aggressive disease. The variants are slightly different forms of a gene that instructs cells to make manganese superoxide dismutase (SOD2), an enzyme that protects the body against harmful oxygen compounds.

The research findings suggest that "if you already have prostate cancer, it may be a bad thing to take selenium," says Philip Kantoff, MD, director of Dana-Farber's Lank Center for Genitourinary Oncology and senior author of the study that is published by the Journal of Clinical Oncology on its website now and later will be in a print journal. The lead author is June Chan, ScD, of the University of California, San Francisco.

The unexpected results are the first to raise concern about this potentially harmful consequence of taking supplemental selenium. Kantoff says, "These findings are interesting particularly in light of the recent negative results from the SELECT prevention study, which asked if selenium could protect against prostate cancer."

The new study reveals the strong interaction between selenium and SOD2 to influence the biology of prostate cancer, a finding that these investigators had shown in a previous study. The authors say the current research demonstrated that variations in the make up of the SOD2 gene dramatically alter the effects of selenium on the risk of aggressive prostate cancer.

Selenium is a mineral found widely in rocks and dirt. Small amounts of selenium are essential for health: 40 to 70 micrograms is the recommended daily intake. In recent years, supplemental selenium has been sold and promoted as a means of preventing prostate cancer, largely based on observational studies that found higher risk of prostate cancer incidence and mortality in areas of the country that are naturally low in selenium.

However, research aimed at confirming the benefits of selenium supplementation have been mixed. Recently, the SELECT study, which involved 35,000 men, was halted early when, after more than five years, it showed that the supplements didn't affect the incidence of prostate cancer.

Previous studies had found that the risk of developing prostate cancer was modified by a strong interaction between SOD2 and selenium. The new research was designed to look at the effect of this interaction on men already diagnosed with prostate cancer.

Scientists examined banked blood samples, DNA, and medical records of 489 male Dana-Farber patients diagnosed between 1994 and 2001 with localized or locally advanced prostate cancer. Their mean age was 62, and their mean PSA (prostate-specific antigen) measurement was 6.0 ng/mL. About half the men were assessed as having a good disease risk, one-third had an intermediate risk, and the remaining one-sixth were at poor risk. The researchers measured the level of selenium in the blood and, using the stored DNA, they determined the SOD2 genotype -- the specific form of the SOD2 gene carried by each patient.

Simply having a high level of selenium was associated with a slightly elevated risk of aggressive prostate cancer. But the risk was much more strongly affected by the interaction of selenium levels and whether the patient had a certain variant of the SOD2 gene. Men with the highest selenium levels and the "AA" form of the SOD2 gene were 40 percent less likely to have been diagnosed with aggressive prostate cancer than the men with same gene form but low levels of selenium.

But for men carrying the "V" form of the gene, selenium had the opposite effect. In these men, those with the highest levels of selenium in their blood were about twice as likely to have an aggressive type of prostate cancer as their counterparts with low selenium levels, says Kantoff, who is also a professor of medicine at Harvard Medical School.

The study couldn't determine whether any of the men had been taking selenium supplements or not. But the researchers noted that men in the large SELECT prevention trial had a much higher average selenium level than those in the current study.

"Among the 25 percent of men with the AA genotype, having greater selenium levels may protect against aggressive disease," the authors concluded. "However, for the 75 percent of men who carry a V allele, higher selenium levels might increase the likelihood of having worse characteristics."

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Therefore, they add, it is important to know which type of SOD2 gene a man has when considering the risks and potential benefits of taking selenium supplements. Additionally, the authors say the effects of the interaction between the SOD2 genotype and selenium may help explain apparently conflicting results of previous studies.

The results may seem counterintuitive to the public, who have been told for years that antioxidants can help people live longer, healthier lives with a lowered risk of cancer. However, Kantoff says, "There is some precedent to this – research has suggested that antioxidants could be protective if you don't have cancer, but once you do, then antioxidants may be a bad thing."

Diet May Reduce Risk Of Prostate Cancer

ScienceDaily (June 4, 2009) — A new review published in the Journal of Human Nutrition and Dietetics assessed whether certain modifications in diet have a beneficial effect on the prevention of prostate cancer. Results suggest that a diet low in fat and red meat and high in fruits and vegetables is beneficial in preventing and treating prostate cancer.

Robert W.-L. Ma and K. Chapman conducted an evidence-based review of dietary recommendations in the prevention of prostate cancer as well as in the management of patients with prostate cancer.

The researchers found that a diet low in fat, high in vegetables and fruit, and avoiding high energy intake, excessive meat, and excessive dairy products and calcium intake may be helpful in preventing prostate cancer, and for patients diagnosed with prostate cancer.

Specifically, consumption of tomatoes, cauliflower, broccoli, green tea, and vitamins including Vitamin E and selenium seemed to propose a decreased risk of prostate cancer. Consumption of highly processed or charcoaled meats, dairy products, and fats seemed to be correlated with prostate cancer.

“Although not conclusive, results suggest that general dietary modification has a beneficial effect on the prevention of prostate cancer,” the authors conclude. “In patients with prostate cancer, dietary therapy allows patients to be an active participant in their treatment.”

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Molecules May Mark A Man’s Prostate Tumor Life-Threatening

By ED EDELSON May 11, 2009 HealthDay

Three molecules associated with prostate cancer might provide the long-sought markers that could discern which tumors are life-threatening and need aggressive treatment, a new study indicates.

The currently hot debate about the value of screening for early detection of prostate cancer hinges on the fact that the cancer is usually so slow-growing that there is no lifesaving benefit from treatment such as surgery, which can cause impotence and incontinence. Recent studies in the United States and Europe found at best limited benefit from routine prostate cancer screening, and new guidelines from the American Urological Association say that many men do not need annual screening tests.

As yet, there are no established markers to distinguish which prostate cancers grow fast enough to require such treatment. The new study, published in the May 5 issue of the “Annals of Internal Medicine,’’ identifies three such markers.

“We’re not trying to say these are the only markers,” said study author Dr. John Concato, a professor of medicine at Yale University and director of the clinical epidemiological research for the Veterans Affairs Connecticut Healthcare System. “This is a proof of principle.”

Measuring levels of the markers might someday help guide treatment of men with prostate cancer, he said. “If the markers are positive, that might be an indication that more aggressive therapy is indicated,” Concato said.

However, that claim was challenged in an accompanying editorial by a cancer specialist.

The findings stemmed from an examination of tissue samples from 1,172 men diagnosed with prostate cancer at VA centers in New England. Researchers looked at a number of possible biomarkers and identified three associated with a higher risk of death from the cancer: bcl-2, a molecule that helps regulate cell death; p53, a protein produced by a tumor-suppressor gene; and microvessel density, the excessive production of blood vessels needed for growth of a cancer.

Levels of all three markers were significantly higher in the men who died of prostate cancer in the subsequent 11 to 16 years, the study found.

Concato said the study is just a first step toward use of the biomarkers to guide prostate cancer treatment.

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2009 MEETINGS:

Jan. 15.....Dr. Paul Daeninck, Pain Management specialist -
" Supportive Care for The Prostate Cancer Patient and his Family "

Feb. 19.....MPSGC member stories -
" Let's Share Some of our Stories (Good & Bad) "

Mar. 19.....Dr. John Milner, Urologist -
" Prostate Cancer : What Does "Cure" Mean for This Disease? "

April 16.....Dr. H. R.Wightman, Pathologist -
" Explaining the Role of The Pathologist "

May 21.....Dr. Janice Dodd, PhD, Physiology -
" What's New in Prostate Cancer Research "

June 18.....Tom Roche, Social Work -
" So You've been referred to a Soc ial Worker: Now What? "

July 16.....Jason Bachewich, Naturopath -
" New Science & Nutritional Breakthroughs in Prostate Cancer Support "

Aug. 20.....Robin Chambers, Oncology Dietician -
" Common Myths About Diet and Cancer "

Sept. 17.....Dr. Jeff Sisler, Family Physician -
" Prostate Cancer : Post Treatment Concerns "

Oct. 15.....Kim Hodgins, Physiotherapist -
" Incontinence and The Pelvic Floor Muscle "

Nov. 19.....Greg Harochaw, Pharmacist -
" Treating Erectile Dysfunction after Prostate Cancer Treatment "

Dec. 17.....Party Time: Don Swidinsky - guitarist.: Celtic Group
" Beggars Brawl " - Miriam, Darrell, Mike & D'Arcy

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Tom Boomer, Executive Member	663-1351
Joseph Courchaine, Treasurer	257-2602
Laurette Courchaine, Executive Member	257-2602
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