The Manitoba Prostate Cancer Support Group
NEWSLETTER
Prostate Cancer Canada Network Winnipeg

Vol. 252 June 2012

Edmonton Doctor Being Awarded National Grant For Prostate Cancer Research

Caley Ramsay, Global News : Tuesday, March 06, 2012

A University of Alberta cancer researcher is being awarded a 200,000 dollar National grant from the Canadian Cancer Society.

Dr. Kevin Kane is planning on using the grant to help develop his research into prostate cancer treatments. Prostate cancer is the most commonly diagnosed men's cancer and kills 11 Canadian men everyday.

Kane and his research team are focusing on the immune system's killer cells to attack cancer cells. He says this approach is more effective and beneficial than chemotherapy.

"(Chemotherapy) not only attacks cancers, and sometimes not so well, but it can also destroy healthy tissue. The nice thing about the immune system is you can target it to the cancers and they will ignore healthy tissue that surrounds the cancer." says Kane. Kane has developed a screening system that will dentify the genetic changes in the body that happen because of prostate cancer. This will determine which of those changes the patients killer cells can kill.

"What you need is to understand which of the changes the immune system can focus on. Because once you know that you can expand the number of immune cells that recognize the cancer and then potentially use those to fight the cancer."

Kane says each person's cancers are different so their genetic changes and immune responses will be different.

"But, the nice thing is we can take each patient's genes and screen them, such that you can actually maybe have a patient-tailored immunity." Kane says, adding, "So for example if we were to screen 100 patients and it turns out that 80 of them have immune responses against a particular gene alteration that may be shared by a number of cancer patients, then you can imagine that would be a cancer vaccine candidate."

Kane says the grant money will be used to fully implement the screening process and hope it will be in full use within the next ten years. <<

Medical Advisors

Paul Daeninck M.D.
Pain Management

Darryl Drachenberg
M.D. Urologist

Graham Glezerson
M.D. Urologist

Ross MacMahon
M.D. Urologist

John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

NEXT MEETING:

June 21, 2012

Jim Slater, CEO
Diagnostic Services of Manitoba

Location: Seven Oaks General Hospital Main Floor Auditorium- Leila & McPhillips

Time: 7:00 pm to 9:00 pm

SHARING IS CARING

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

Manitoba Prostate Cancer Support Board members **Darlene** Hay (far right), **Kirby Hay** (centre left), cancer survivor **Bob Weiss** and his wife **Linda Weiss**, provide literature at a recent Health Fair. This is just one of the many services that we provide to the community in an effort to bring prostate cancer awareness to the public.

Our April meeting with guest speaker Dr Darrel Drachenberg – Urologist was extremely well attended, 82 guests were present, it was a standing room only crowd.

As always Dr. Drachenberg gave an informative presentation providing us with details of the drugs that are on the horizon and creating excitement in the medical community. Treatment protocols are being enhanced with the availability of new drugs such as Zytiga (Abiraterone),

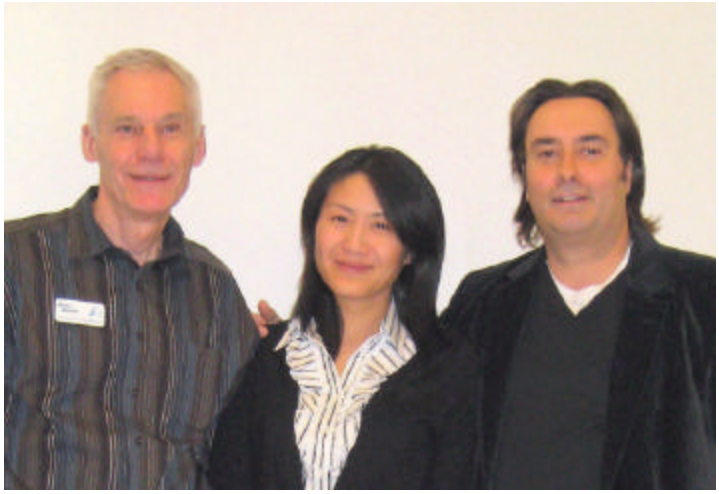
Liz Feschuk with her husband Pat's able assistance provided an excellent snack. The sandwiches, cheese, cold cuts and vegetables were enjoyed by all.

Bingo Fund Raiser

On Tuesday, February 28th some of our members gathered at the McPhillips Street Station Casino. We worked the evening shift at the bingo in order to qualify for funding from the Manitoba Community Services Council. Thank you to Ruth and DeVere Viola, Richard Selch, Len Bueckert, Tom Boomer, June and Brian Sprott for making this a priority in their schedules. We appreciate your commitment and assistance. In addition, the Board would like to thank for MCSC for giving us the opportunity to participate in this fund raising event.

MCSC
MANITOBA COMMUNITY SERVICES COUNCIL INC.

April 19, 2012
meeting at
Seven Oaks Hospital



Pictured above are **Brian Sprott**—PCCN Winnipeg Chair, **Dr. Katherine Chan**—Janssen; and **Dr. Darrel Drachenberg** — Urologist. The photo was taken at our April 19 meeting where Dr. Drachenberg gave a presentation on **new prostate cancer therapeutics**.

New Treatment For Prostate Cancer Gives 'Perfect Results' For Nine In Ten Men: Research

A new treatment for prostate cancer can rid the disease from nine in ten men without debilitating side effects, a study has found, leading to new hope for tens of thousands of men.

By Rebecca Smith, Medical Editor

April 16, 2012 (Chicago, Illinois) — Prostate cancer research will be the focus of a new dream team funded by Stand Up to Cancer, in collaboration with the Prostate Cancer Foundation. The research grant of $10 million will be dispensed over 3 years for a project directed at developing therapeutic interventions for patients with advanced prostate cancer, with a particular emphasis on metastatic disease.

The announcement was made here at the American Association for Cancer Research 103rd Annual Meeting. In addition, updates were presented on the ongoing research being conducted by other dream teams.

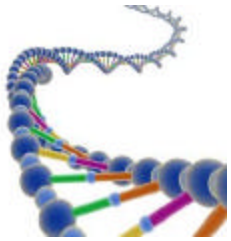
"In 2008, the first fund-raising broadcast came online, and the world knew that Stand Up to Cancer was here," said Arnold J. Levine, PhD, professor at the Cancer Institute of New Jersey in Princeton.

"We asked the academic community to identify important questions that need to be answered in cancer research and that would have an impact on the patient within a 3-year period of time," explained Dr. Levine, who is vice chair of the Stand Up to Cancer scientific advisory board. In addition, "we asked them...to identify 5 to 8 individual researchers and their research programs that would contribute to solving this problem."

There were no restrictions; the researchers could come from anywhere in the world. "It was a unique proposal and a unique way to do science," he said. "It immediately gave us a cooperative venture. Within each of the dream teams...they not only shared information, they shared experiments." "This is the model that has come to be successful for Stand Up to Cancer," he added.

Expanding Dream Teams

The committee reviewed 237 applications before deciding on the 5 original dream teams in May 2009, which were allocated a total of $73.6 million, as previously reported by *Medscape Medical News*.



Since then, 2 more teams have been added, the most recent of which is the prostate cancer dream team. "With 7 dream teams and 26 innovative research grants, we have 270 scientists carrying out research at 70 institutions," said Dr. Levine. "More than $125 million has been committed to this research over a very short period of time."

The Precision Therapy for Advanced Prostate Cancer dream team will be led by Arul M. Chinnaiyan, MD, PhD, professor of pathology and urology at the University of Michigan in Ann Arbor, and Charles L. Sawyers, MD, chair of the human oncology and pathogenesis program at the Memorial Sloan-Kettering Cancer Center in New York City, and a Howard Hughes Medical Institute investigator.

Focus on Metastatic Prostate Cancer

The researchers will focus on patients with metastatic prostate cancer who have undergone treatment with abiraterone (*Zytiga*), and on the participants in 4 clinical trials that are currently evaluating novel therapies in metastatic castration-resistant disease. They plan to implement a multi-institutional study that will systematically evaluate the prostate cancer genomes of these patients.

Their specific research goals are to establish a multi-institutional infrastructure that will incorporate 5 leading prostate cancer clinical sites and 2 sequencing and computational analysis sites that will coordinate sample and data acquisition and analysis; to systematically evaluate biopsies from 500 patients with metastatic disease, using next-generation sequencing technology, to identify biomarkers of response to treatment; to conduct parallel preclinical studies to identify resistance and response mechanisms to treatment using panels of xenografts; to initiate clinical trials using novel therapeutic combinations that target androgen receptor and/or phosphatase and tensin homolog (PTEN) pathways; and to identify the molecular determinants of response to PARP inhibitors and determinants of sensitivity and acquired resistance to abiraterone and the experimental agent MDV3100.

"The unique research model facilitated by Stand Up to Cancer will allow unparalleled collaborations in the field of prostate cancer therapy research," said Dr. Sawyers in a statement. "We hope that our project will move the world of precision medicine forward for the benefit of those who suffer with the disease and those who care for them. <<

Single Antibody Shrinks Variety of Human Tumors Transplanted Into Mice, Study Shows

ScienceDaily (Mar. 26, 2012)

Human tumors transplanted into laboratory mice disappeared or shrank when scientists treated the animals with a single antibody, according to a new study from the Stanford University School of Medicine. The antibody works by masking a protein flag on cancer cells that protects them from macrophages and other cells in the immune system. The scientists achieved the findings with human breast, ovarian, colon, bladder, brain, liver and prostate cancer samples.

It is the first antibody treatment shown to be broadly effective against a variety of human solid tumors, and the dramatic response - including some overt cures in the laboratory animals - has the investigators eager to begin phase-1 and -2 human clinical trials within the next two years.

"Blocking this 'don't-eat-me' signal inhibits the growth in mice of nearly every human cancer we tested, with minimal toxicity," said professor of pathology Irving Weissman, MD, who directs Stanford's Institute of Stem Cell Biology and Regenerative Medicine and the Ludwig Center for Cancer Stem Cell Research and Medicine at Stanford. "This shows conclusively that this protein, CD47, is a legitimate and promising target for human cancer therapy."

The antibody treatment also significantly inhibited the ability of the tumors to metastasize throughout the animals' bodies.

"This is exciting work and will surely trigger a worldwide wave of research designed to convert this strategy into useful therapies," said Robert Weinberg, PhD, a professor of biology at the Whitehead Institute for Biomedical Research in Massachusetts who was not involved in the research. "Mobilizing the immune system to attack solid tumors has been a longstanding goal of many cancer researchers for decades."

The research was published online March 26 in the *Proceedings of the National Academy of Sciences.* Weissman, who is the Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research at Stanford and a member of the Stanford Cancer Institute, is the senior author of the research. Postdoctoral scholars Stephen Willingham, PhD, and Jens-Peter Volkmer, MD, are the co-first authors of the study.

Previous work in Weissman's lab has shown that CD47 is normally expressed on the surfaces of circulating blood stem cells to protect them from immune cells called macrophages. Macrophages patrol the body looking for signs of trouble in the form of invaders or rogue cells, but they sometimes latch onto the wrong targets. CD47 prompts them to release cells they've grabbed by mistake.

Weissman and his colleagues also showed previously that some types of cancer cells -- particularly those of blood cancers such as leukemia and lymphoma -- have figured out a way to game the system and use this "don't-eat-me signal" to their advantage by expressing CD47 on their own surfaces. In 2010, they found that blocking CD47 with a specific antibody (plus adding another to further stimulate the macrophages' killing instinct) can cure some cases of human non-Hodgkin's lymphoma in mice. But it wasn't known until now how widespread or clinically important the phenomenon would be in human solid tumors.

In the current study, Willingham and Volkmer collected surgical samples of a variety of human tumors, including ovarian, breast, colon, bladder, brain, liver and prostate. To do so, they enlisted the help of clinical experts from across the School of Medicine, including those specializing in oncology, urology, obstetrics and gynecology, radiation oncology, neurosurgery, hematology, pathology, otolaryngology and hepatology.

They showed that nearly every human cancer cell they examined expressed CD47 -- usually at higher levels (on average, about three times more) than did non-cancerous cells. Furthermore, people whose cancer cells express a lot of CD47 tend to have shorter life spans than people with similar cancers that express less CD47. This suggests that an analysis of the levels of CD47 expression in some types of tumors could be a valuable prognostic tool for patients and their doctors.

Willingham and Volkmer then implanted the different human tumor cells into matching locations in the bodies of mice - breast cancer tumors into the mammary fat pads, and ovarian cancer tumors into the abdomen, for example. Once the tumors were well-established (after two weeks or more), they treated the animals with the anti-CD47 antibody.

The researchers saw that most of the established tumors begin to shrink and even, in some cases, disappear within weeks of treatment with the antibody. In one case, antibody treatment cured five mice injected with the same human breast cancer cells. When the tumor was gone, the treatment was discontinued; the mice were monitored for four months with no signs of recurrence.

"These results indicate that anti-CD47

(Continued on page 5)

(Continued from page 4)
antibodies can dramatically inhibit the growth of human solid tumors by blocking the ability of CD47 to transmit the 'don't-eat-me' signal to macrophages," concluded the authors.

"If the tumor was highly aggressive," said Weissman, "the antibody also blocked metastasis. It's becoming very clear that, in order for a cancer to survive in the body, it has to find some way to evade the cells of the innate immune system." The innate immune system is the body's first line of defense against pathogens like bacteria and viruses. Unlike the adaptive immunity conferred by antibodies and T cells that recognize and battle specific molecules, cells of the innate immune system, like macrophages, respond non-specifically to a variety of threats.

The researchers' approach didn't work in every animal, though. A set of mice with breast cancer cells from a one human patient experienced no benefit from antibody treatment. "There's certainly more to learn," said Weissman. "We need to learn more about the relationship between macrophages and tumor cells, and how to draw more macrophages to the tumors." He suggested that reducing the size of a tumor with surgery or radiotherapy before antibody treatment could make the treatment more effective. Another option, he added, would be to use a second antibody in addition to CD47 that would further stimulate the ability of the macrophages or other immune cells to kill the cancer cells.

While treatment modifications may be beneficial, the findings about the effect of the single antibody are promising in their own right and set the stage for advancing the research. "We believe these results show that we should move forward quickly but cautiously into human clinical trials for many types of solid tumors," Weissman said. <<

Salvage Radical Prostatectomy Following Primary High Intensity Focused Ultrasound For Treatment Of Prostate Cancer - Abstract

Monday, 21 February 2011

Department of Surgical Oncology, Princess Margaret Hospital, University Health Network, University of Toronto, Toronto, Canada. Department of Surgery, University of Melbourne, Urology Unit, Austin Hospital, Melbourne, Australia.

High intensity focused ultrasound for the treatment of primary prostate cancer is increasing in a subset of men seeking definitive treatment with reduced morbidity. We review outcomes in men undergoing salvage radical prostatectomy after failed whole gland high intensity focused ultrasound.

Prospective data were collected for men presenting with an increasing prostate specific antigen and biopsy proven prostate cancer after high intensity focused ultrasound from 2007 to 2010 who underwent salvage open radical prostatectomy with a 22-month median followup, including prostate specific antigen, prostate volume, pathology results, continence and erectile function.

Data for 15 men were available, including median age 64 years (IQR 55-69), Gleason score before high intensity focused ultrasound of 6 (8), Gleason score 7 (7), median cores positive 39% (IQR 17%-63%) and median prostate specific antigen 7 ng/ml (IQR 5-8). Whole gland high intensity focused ultrasound achieved median nadir prostate specific antigen 1.1 ng/ml (IQR 0.5-3.1). Biopsy after high intensity focused ultrasound demonstrated Gleason score 6 (in 3 patients), 7 (9) and 8/9 (3), and 42% (IQR 25%-50%) cores positive and a median time from high intensity focused ultrasound to radical prostatectomy of 22 months (IQR 7-26). Perioperative morbidity was limited to 1 transfusion in a patient with a rectal injury. Pathologically extensive periprostatic fibrosis was found with persistent prostate cancer, as pT3 disease (in 9 of 14), Gleason scores 6 (2), 7 (9) and 8 of 9 (4), with focally positive margins in 3 of 11 (pT3a).

Postoperative prostate specific antigen was unrecordable in 14 of 15 patients with further treatment in 2. Postoperative continence (more than 12 months of followup) yielded no pad use in 6 of 10 men with universally poor erectile function.

Radical prostatectomy as salvage is feasible for men in whom high intensity focused ultrasound failed, but with a higher morbidity than for primary surgery. Pathology results are alarming given the number of cases with extraprostatic extension yet early followup data suggest acceptable oncologic control. These results should be factored in when counseling men who wish to undergo primary high intensity focused ultrasound.

Written by:
Lawrentschuk N, Finelli A, Van der Kwast TH, Ryan P, Bolton DM, Fleshner NE, Trachtenberg J, Klotz L, Robinette M, Woo H. <<

Thought for the Day

By all means, marry.

If you get a good wife, you'll become happy; if you get a bad one, you'll become a philosopher.

- Socrates

Sequencing of Therapies in Advanced Prostate Cancer

By Robert Dreicer, MD, MS, FACP[1]
January 17, 2012
[1]Department of Solid Tumor Oncology, Cleveland Clinic, Cleveland, Ohio

After several decades with only modest changes in the therapeutic paradigm, rapid progress in understanding the biology of advanced prostate cancer has been translated into more accurate terminology, such as "castration-resistant" (as opposed to "hormone-refractory" or "androgen-independent") prostate cancer, as well as clinically meaningful therapeutic developments.

As noted by Drs. Crawford and Flaig, developments over the past several years include the regulatory approval of sipuleucel-T (Provenge); cabazitaxel (Jevtana); denosumab (Xgeva); and, most recently, the androgen biosynthesis inhibitor, abiraterone (Zytiga). In addition there is compelling evidence in the public domain to suggest that the second-generation androgen receptor antagonist MDV3100 and radium-223 chloride (Alpharadin) may soon join the ranks of FDA-approved agents for metastatic castration-resistant prostate cancer.

Myriad questions and opportunities follow from these developments. Among the most compelling questions are how we can optimally combine/sequence/ integrate these novel agents into the current treatment paradigm, whether we can we actually afford them, and whether overall survival will remain the gold standard for regulatory approval of new agents.

The compelling impact on survival that we have seen derived from novel therapies targeting the androgen receptor (abiraterone/MDV3100), along with their favorable safety profile, sets the stage for these agents to be moved into the pre-chemotherapy or "second-line hormonal therapy" setting should the results of both ongoing and completed clinical trials be supportive. Investigation of the potential utility of combining these two compounds is underway, and other smaller studies may provide some guidance regarding optimal sequencing. Among the most pressing clinical questions that practitioners are already facing is the issue of if, or when, to discontinue abiraterone in the face of disease progression, which includes diverse potential clinical settings such as prostate-specific antigen (PSA) progression, clinical/symptomatic progression, or overt radiographic progression. Although there is some suggestion from early investigational experiences that patients with PSA progression only may continue to derive clinical benefit from being maintained on therapy, it remains an undefined clinical area. This issue will have economic ramifications across the disease spectrum, and in the pre-docetaxel setting the need for long-term steroid administration will enter into the clinical decision-making process.

Should abiraterone move into the pre-chemotherapy setting, the optimal use and sequencing with sipuleucel-T administration will become another clinical dilemma, given concerns (appropriate or not) about the potential detrimental impact of low-dose steroids in combination with abiraterone to "dampen" the immune response[1]

Projecting out over the next 5 years, one could speculate that second-line hormonal therapy following disease progression on luteinizing hormone–releasing hormone (LHRH) agonists will consist of sequencing of androgen biosynthesis inhibitors with second-generation antiandrogens. Prospective data supporting an optimal sequence (or combination) of these agents is unlikely in that time frame, and therefore pragmatic issues such as drug cost and ease of administration (ie, requirement for steroids) will likely drive decision-making in many clinical settings.

The rapid, unprecedented development of novel agents in prostate cancer that prolong survival is a major accomplishment that will have a real impact on patient outcomes. To date, however, none of these compounds leads to permanent disease control, begging the question of the emerging challenge of drug development/regulatory approval in this disease setting in the near future.

Unlike other major epithelial neoplasms, the bone tropism of prostate cancer requires the use of a variety of composite endpoints to assess progression-free survival. This has challenged investigators and regulators alike, thus the current paradigm for new drug approval is tied primarily to a survival endpoint.[2]

Following the approval of docetaxel (Drug information on docetaxel) in 2004, new agents were frequently taken into the post-docetaxel space, given the clinical unmet need, in most instances with survival endpoints. As noted, recently both cabazitaxel and abiraterone have gained FDA regulatory approval for this clinical indication, and recent data suggest the potential for both MDV3100 and radium-223 chloride to do so in the near future. With multiple agents having an impact on a variety of targets, all with the potential for survival benefit, prior strategies of "going to the end of the line" to conduct phase III studies of an active new compound vs best supportive care or other agents without demonstrated survival benefit (ie, mitoxantrone(Drug information on mitoxantrone) or steroids) may be increasingly problematic. Of potentially greater consequence is the impact on drug approval in the "pre-docetaxel" space, given the current (and understandable) reluctance of the FDA to consider progression-free survival as a primary approval endpoint. The potential for new biomarkers such as circulating tumor cells to inform clinical decision-making or act as surrogate endpoints remains a goal, but this will require validation from recently completed phase III trials.

Financial Disclosure: *Dr. Dreicer has served as a consultant to Millennium, Janssen, sanofi-aventis, EMD Serono, and GTX.* <<

Ultrasound Used To Kill Prostate Cancer

Less invasive treatment currently being tested

By: Kevin Rollason

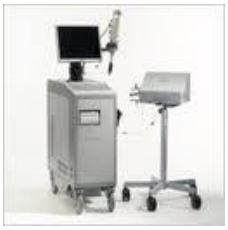
DIAGNOSED with prostate cancer, Martin Hiebert was facing surgery and a weeklong painful recovery in hospital. Instead, Hiebert, 62, went in for treatment at 7 a.m. and was on his way home by 3 p.m.

"There was no pain," he said recently about his experience almost a year ago.

"I had a catheter on for eight days and I had some discomfort because of that, but then I was back to normal," he said.

"It was amazing."

Instead of using a scalpel and radiation to attack the prostate cancer, Hiebert took part in a test treatment using high-intensity focused ultrasound with the Sonablate 500.



The device is being used locally at the Maples Surgical Centre by Dr. Darrell Drachenberg, a surgeon and urologist at the St. Boniface General Hospital.

Almost a year after undergoing treatment, Hiebert's prostate cancer hasn't returned.

Drachenberg said the treatment is minimally invasive and has been used for several years in Asia while countries in Europe have used it for about five years.

Fifteen patients in Manitoba have already undergone treatment in the testing phase during the last 18 months.

The doctor said a device is inserted into the patient through the rectum and the focused ultrasound heats the tissue, quickly allowing surgeons to destroy only the prostate and with it the cancer.

Drachenberg said the treatment isn't a miracle cure that will be used by everyone with prostate cancer, but it is another tool in the toolbox of cancer doctors.

"It will never overtake surgery or radiation," he said. "It's not the ultimate treatment for prostate cancer.

"If it is approved, probably about 20 to 40 per cent of patients will use it."

Because the treatment, while approved by Health Canada for the study, is not covered by Manitoba Health, Hiebert had to shell out $22,000 for it.

Hiebert said it was money well spent.

"I feel better than I did a year ago," he said.

"I have energy. Everything has come together. It's amazing what this machine can do. It's an amazing discovery.

"I'll tell anyone who will listen to me." <<

Weighing Heavy on Prostate Cancer Return

Diet Prostate Cancer Canada

Diet is linked to prostate cancer. A low fat diet may help prevent prostate cancer.

- Prostate tumours in laboratory animals grow faster in animals on a high-fat diet than a low-fat diet
- Men who eat a low-fibre, high-fat diet have a higher rate of prostate cancer
- Foods rich in saturated fats have been associated with increased risk of prostate cancer, possibly because they are metabolized into testosterone
- The risk of prostate cancer in Asian men is five times higher in North America than in Asia: one possible reason is the high-fat North American diet

Research suggests that fat increases creation of the hormone testosterone, which may help prostate cancer cells grow.

The so-called "Western diet" that is high in red meat and animal fats and low in fibre, fruits and vegetables is linked to increased risk of obesity, heart disease and certain cancers. However, it is unknown whether it is the animal fats themselves that are the problem, or the way the red meat may be cooked. For example, charring meat on the grill can create strong cancer-causing chemicals. As well, another reason why the Western diet is bad could be the lack of fruits and vegetables.

Fish oils, on the other hand, may protect against prostate cancer. A 30+ year study which tracked more than 6,000 Swedish men found that eating fatty fish, such as salmon, sardines, herring and mackerel, could reduce the risk of prostate cancer by 30 per cent. Men in the study who ate no fish had a nearly three times greater risk of developing prostate cancer. Essential fatty acids, especially omega-3 fatty acids found in fatty fish like trout, anchovies, bluefish and white albacore tuna, have been proven to slow down the growth of prostate cancer cells. Omega-3 fatty acids can also be found in tofu, walnuts and canola oil. As well, leafy green vegetables as well as fruits/ vegetables bright in colour (tomatoes, blueberries, strawberries, etc) can contain omega-3 fatty acids, and they too can keep your prostate healthy.

For more information on the link between diet and prostate cancer, please refer to the books:

Eating Right for Life: Prostate Cancer Nutrition and You

Challenging Prostate Cancer: Nutrition, Exercise and You <<

Return undeliverable Canadian addresses to
Manitoba Prostate Cancer Support Group
315-971 Corydon Ave.,
Winnipeg R3M 3S7

Publications Agreement
40037332

The Manitoba Prostate Cancer Support Group has been providing services for 20 years:
Newsletter – Website - Monthly Meetings - Hospital visits - Presentations
Your **DONATIONS** make it all possible. **We Thank You.**

Donor's Name: _____
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Special Thanks

Janssen Pharmaceuticals has recently produced a new drug, Zytiga (Abiraterone), for prostate cancer patients. It is one of the new treatments available in a number of provinces. We wish to recognize the generous donation that Janssen has made to our Support Group and their desire to help us with our work in the community. Their kindness is much appreciated.

Email - manpros@mts.net Answering Machine - (204) 989-3433

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SPEAKERS

June 21, 2012
Jim Slater, CEO
Diagnostic Services of Manitoba

July 19, 2012
Members Forum – Enjoy a relaxing evening while 3 members describe their personal stories of PCa treatment. Snacks and beverages will be served.
- **Martin Hiebert** - HIFU (high intensity focused ultrasound). Treatment 2008.
- **Al Petkau** – Cryotherapy. Treatment 2011.
- **Garry Timm** – Self researched Alternate Treatment – on going.

August 16, 2012
Robin Chambers, RD
Oncology Dietitian
Cancer Care Manitoba
Topic: Healthy Eating after a Prostate Cancer Diagnosis

All meetings are held at
Seven Oaks General Hospital Auditorium
7-9 p.m.
Everyone welcome

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