THE MANITOBA PROSTATE CANCER SUPPORT GROUP NEWSLETTER

Prostate Cancer Canada Network Winnipeg

Vol. 261 1,160 copies printed/e-mailed **March 2013**

Four Common Misunderstandings About Prostate Cancer

Dec. 2012

Myth: A prostate-specific antigen (PSA) level of 4 ng/ml or less is normal and means that no prostate cancer is present.

Fact: There is no such thing as a "normal" PSA level. It's estimated that 15 to 20 percent of men with a total PSA level of 4 ng/ml or less actually have clinically significant prostate cancer. What a smart clinician will do is look at any changes in PSA velocity -- the rate of rise in PSA from year to year - and use this critical figure to inform the patient about possible next steps.

Myth: An elevated PSA level indicates that prostate cancer is present.

Fact: Not necessarily. PSA levels increase when excess prostate-specific antigen enters the bloodstream due to a prostate disorder. This could be a prostate infection from a urinary tract infection or prostatitis, or benign

(Continued on page 2)

GROUPS ARE MADE OF FOUR KINDS OF BONES

There are the wish bones who spend all their time wishing someone else would do the work.
There are the jaw-bones who do all the talking but very little else.
There are the knuckle-bones who knock everything that anyone tries to do.
There are the back bones who get under the load and do the work.

Please speak with a Board Member (contact numbers are on page 8) to volunteer and to lighten the load

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: March 21, 2013
Dr. Dhali Dhaliwal,
President & CEO – CancerCare Manitoba
"How Research can Improve Prostate Cancer Outcomes"
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.

Thought For The Day
"I am the author of my life. Unfortunately I'm writing in pen and I can't erase my mistakes."
~ Author Unknown

(Continued from page 1)
prostatic hyperplasia, an enlargement of the prostate that often occurs with age.

What the PSA test does better than any other assay we currently have is inform the doctor that some type of activity is occurring in the prostate. Before ordering a prostate biopsy to look for cancer, a savvy urologist will first rule out other prostate disorders and prescribe medication, if necessary, to treat a suspected medical issue.

Following a repeat PSA test several weeks later, if PSA remains elevated, or has risen further, a biopsy will then be performed to check for possible cancer.

Myth: The prostate biopsy exam will cause cancer to spread if present.

Fact: A prostate biopsy is ordered when a urologist suspects - based on a digital rectal examination, PSA and other tests - that prostate cancer may be present. There is no evidence that piercing the prostate with the biopsy needles during the procedure will cause prostate cancer to spread.

Myth: A prostate biopsy exam will lead to erectile dysfunction.

Fact: After the gland is punctured a dozen times during the course of a prostate biopsy, there will be some swelling and inflammation. However, this swelling has no impact on erections. There will often be blood in the urine and semen for several weeks following biopsy, but this, too, has no effect on the ability to attain and maintain an erection.

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Prostate Cancer Robotics: "Radiosurgery" Is Not Real Surgery

Prostate cancer expert, Dr. David Samadi, recommends robotic prostate surgery over non-surgical radiosurgery

NEW YORK, Jan. 22, 2013 /PRNewswire

Not all robots are created equal, particularly when it comes to prostate cancer, says world-renowned prostate cancer surgeon, Dr. David Samadi. Specializing in minimally invasive da Vinci robotic prostatectomy surgery, Dr. Samadi is not only Vice Chairman, Department of Urology at The Mount Sinai Medical Center; he is also Chief of Robotics and Minimally Invasive Surgery.

Robots are employed to treat prostate cancer in two distinct ways, according to Dr. Samadi. Robotic prostatectomy is robot-assisted surgery to remove the cancerous prostate, such as the Samadi Modified Advanced Robotic Technique – SMART Surgery. Radiosurgery, or radiation therapy for prostate cancer, uses a robot to deliver high doses of radiation to the prostate cancer tumor. According to Dr. Samadi, the differences between these treatments are significant.

Prostate cancer "radiosurgery" is not actually surgery. Radiosurgery technicians use 3D imaging and computerized adjustments to deliver precise, high-dose radiation to the prostate. There is no surgical component to "radiosurgery" and the cancerous prostate is not removed, it is simply targeted, based on secondary imaging and biopsy data, according to Dr. Samadi.

Robotic prostatectomy, in comparison, is also enhanced by 3D visualization and precision enabled by the robot, though to a much different end. During robotic prostatectomy, the cancerous prostate and seminal vesicles are removed in entirety.

"Radiosurgery lacks what I believe to be the most critical aspects of treating prostate cancer: precise diagnosis and definitive recovery," said Dr. Samadi. "With SMART surgery, I make real-time decisions based on informed firsthand visualization. During surgery, my eye is on the prostate and after surgery that prostate is in the lab. There is no substitute for that level of prostate cancer analysis."

Prostate cancer post-treatment considerations:

- Robotic prostatectomy surgery affords post-surgery tumor analysis to verify prostate cancer type and extent, radiosurgery does not
- PSA (prostate-specific antigen) level should drop to undetectable levels after robotic prostatectomy surgery; after radiation PSA level continues to fluctuate
- Radiosurgery alters prostate tissue in such a way that a prostate cancer recurrence is likely to be inoperable
- Most SMART surgery patients regain sexual potency in 12-24 months and urinary control in 2-3 months

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"Patients who lead with robotic prostatectomy over non-surgical radiosurgery are better positioned for complete prostate cancer removal and optimal recovery," says Dr. Samadi, who encourages patients to reserve radiation or radiosurgery for advanced prostate cancer or salvage treatments. The decision to have surgery should never be taken lightly and to those patients debating the merits of noninvasive verses minimally invasive prostate cancer treatment Dr. Samadi adds, "Prostate cancer is invasive. Robotic prostatectomy is a highly successful and minimally invasive way to remove the cancer and arrest further invasion."

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How To Make Time To Exercise

1/12/2013 By Sharon DeVellis

You made the commitment to be more active in 2013 – fantastic!

But making the commitment and actually doing it are two completely different things. It can be overwhelming trying to fit more into a schedule that's already jam-packed. Over the past two years as I've fit more and more exercise into my life I've learned a few tricks to make it manageable.

Add Your Workout To Your To-Do List

I've always kept a daily to-do list for work, errands, and chores; now I also include my exercise goals as well. Whether it's a bike ride with my kids or a complete workout at the gym, it goes into my notebook along with all the other items I have to do that day. Writing it down not only makes you more accountable, it also sends the message that this workout is just as important as everything else on your list. You are important.

Break It Up

When you're busy you don't always have 30-minutes or an hour to spare. Breaking up your day with short workouts not only makes it more manageable, studies show that multiple short periods of exercise (10 minutes of moderate exercise or

shorter high intensity intervals) are just as effective as one long period of exercise. So use free time to go for a brisk walk or even fit in exercise during commercial breaks while watching your favourite television show.

Make It Fun

Being active doesn't necessarily mean going to a gym to lift weights or jogging on a treadmill. Find a sport that you love, join a dance class, create a walking group, or choose an activity that your whole family can participate in like biking or hiking. The more you enjoy something, the more likely you will be to do it on a consistent basis.

It's Not All Or Nothing

You don't have to knock every workout out of the ball park. Whether it's because you're tired, stressed, or simply not feeling motivated, some days will be better than others. Even if you get active for only 15 minutes, that's 15 minutes more than if you stayed sitting. Every little bit of exercise is helping to create a healthier you.

Take It One Day At A Time

Each day will offer up its own unique set of circumstances–some days you will feel energetic and ready to go while others it feels like your get up and go simply got up and left. Don't fret over what happened yesterday, don't think about tomorrow, simply take each day as it comes and make the best of it.

In 2013 I'll be racing in my first Triathlon. Earlier this month I started a six day a week training program that will continue for the next six months. While the schedule seems incredibly daunting, I know I'll be able to do it because I'm going to fit it into my schedule and take it one day at a time.

Just like you.

Bio: Sharon DeVellis is the Senior Writer at YummyMummyClub.ca where she also writes a blog called The Inside Scoop. At 41, she took up short track speed skating, and chronicles her journey at SpeedSkatingMom.com.

Photo Credit: Peter Olsen

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Novel Drug Reduced Tumors, Bone Pain In Advanced Prostate Cancer

Smith DC. J Clin Oncol. 2012;doi:10.1200/JCO.2012.45.0494. · February 13, 2013

The novel drug cabozantinib reduced soft tissue lesions, improved PFS and decreased bone pain in patients with castration-resistant prostate cancer, according to results from a phase 2 study.

Cabozantinib (Cometriq, Exelixis) is an oral tyrosine kinase inhibitor designed to target MET and VEGF receptor 2, pathways that are associated with the spread of prostate cancer. Bone is considered a major site for advanced disease in men with prostate cancer. Bone metastases make the clinical management of patients with castration-resistant prostate cancer a major challenge, according to background information in the study.

David C. Smith, MD, assistant professor of internal medicine and urology at the University of Michigan Medical School, and colleagues evaluated the clinical activity of cabozantinib in patients with advanced castration-resistant prostate cancer.

The trial included 171 men with castration-resistant prostate cancer in the United States, Belgium, Israel and Taiwan from October 2009 to February 2011.

The study started as a randomized trial. All patients received 100 mg cabozantinib for 12 weeks. After 12 weeks, researchers randomly assigned patients to receive cabozantinib or placebo.

Objective response rate at 12 weeks and PFS after random assignment served as the primary endpoints.

Randomization stopped early due to the dramatic effects observed on bone scans.

"Discontinuing randomization is not common," Smith saidin a press release. "Stabilization of disease in advanced prostate cancer is rarely due to the natural history of the disease and is in this case due to drug effect."

Seventy-two percent of patients had a regression in soft tissue lesions. Sixty-eight percent of patients showed improvement on bone scan, including complete resolution in 12%, according to study results.

"The effects of cabozantinib on bone scans are unprecedented in the treatment of prostate cancer," Smith said.

Nine patients (5%) reached a confirmed partial response at 12 weeks and 127 patients (75%) achieved stable disease.

Before the suspension of randomization, researchers randomly assigned 31 patients with castration-resistant prostate cancer to cabozantinib (n=14) or placebo (n=17).

Patients who remained on the study drug experienced significantly longer PFS than those who received placebo (23.9 weeks vs. 5.9 weeks; P<.001).

On retrospective review, bone pain improved by 67% of evaluable patients with a 56% decrease in narcotic use. The most common grade 3 adverse events among those assigned to the study drug were fatigue (16%), hypertension (12%) and hand-foot syndrome (8%).

"This study demonstrates that cabozantinib has substantial antitumor activity in patients with advanced castration-resistant prostate cancer with manageable toxicity consistent with other tyrosine kinase inhibitors targeting multiple pathways," Smith and colleagues concluded.

Disclosure: The researchers report advisory board/consulting roles and employment relationships with, lecture fees from and stock ownership in Bayer Pharmaceuticals/Algeta, Exelixis, Genentech, GlaxoSmithKline, Johnson & Johnson, Pfizer and other pharmaceutical companies.

PERSPECTIVE Jorge A. Garcia · Exploring alternative targets to the androgen receptor (AR) signaling pathway in castration-resistant prostate cancer (CRPC) remains crucial to further improve the outcome of this cohort of patients. Despite the significant growth in the treatment pipeline for CRPC, we continue to fall short of achieving complete and durable responses. Some of the recent FDA-approved therapies don't come without side effects, and the price tag is quite significant. Perhaps what is more concerning is the lack of understanding about patient selection, appropriate timing of treatment and correct sequence of therapy, as all patients over time will go on to develop some form of resistance to these novel compounds.

The cabozantinib (Cometriq, Exelixis) data published by Smith and colleagues is quite significant. First, this is the first "non-hormonal" agent in CRPC with clinical activity. Second, the type of responses observed in some of the patients in the study are not commonly seen in routine clinical practice. The chosen study design was not only appropriate, but the clinical endpoints utilized reflect the changes in practice with the understanding that prostate-specific antigen — in the setting of CRPC — should not be used to make major treatment decisions, as its decline does not appear to be a solid surrogate for outcome (at least with biologic agents).

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Although limited by its sample size, the incorporation of bone markers provided some hint as to the true mechanism of action of the agent. The differences between the RECIST-define response and some of the impressive changes in bone scan findings observed in this study are difficult to understand, although they do point toward the bone microenvironment and the potential role of c-MET in the vicious cycle between prostate cancer-osteoblast-osteoclast activities within the bone microenvironment. Similarly, understanding PFS in the context of a randomized discontinuation phase 2 study is challenging. Clearly therapy with this c-Met inhibitor appears to be better than placebo; however, the true impact of this agent in OS remains unknown.

A disconnect between PFS and OS could be identified in the phase 3 trial of abiraterone acetate (Zytiga, Janssen Biotech) in the pre-chemotherapy setting. Although the initial analysis suggested that OS was likely to be improved with abiraterone therapy, at the end, only PFS was significant. This suggests that although we have active treatments, the timing of their use might not be that relevant as long as our patients get exposed to it. Although the phase 3 development program of cabozantinib with COMET-1 and COMET-2 might help us define its true activity in CRPC, it will not address other important questions, such the true mechanism of action (no biologic samples obtained), timing and appropriate sequence of treatment.

The cabozantinib trial demonstrates that we can attack prostate cancer in a non-AR/testosterone dependent manner. Clearly, trials evaluating the combination of agents capable of targeting AR and non-AR dependent pathways and the inclusion of blood and tissue correlates should take priority in the next years to come.

Jorge A. Garcia, MD, FACP
Department of Solid Tumor Oncology
Taussig Cancer Institute
Cleveland Clinic
· Disclosures: Garcia reports no relevant financial disclosures.

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FDA OKs Zytiga for Metastatic Prostate Ca

By Cole Petrochko, Staff Writer, MedPage Today
Published: December 10, 2012

WASHINGTON - The FDA has expanded the indication of abiraterone acetate (Zytiga) to include treatment of late-stage metastatic castration-resistant prostate cancer prior to chemotherapy.

The updated approval was announced the same day that results from a safety and efficacy trial were published in the New England Journal of Medicine.

Abiraterone decreases a protein involved in testosterone production, P450 17A1, that helps curb cancer cell growth.

The drug was initially approved in 2011 for the treatment of late-stage prostate cancer in patients whose cancer had progressed after treatment with docetaxel.

Approval for the new indication was carried out as part of the agency's priority review program, the FDA said in a statement.

The phase III trial included 1,088 men with late-stage, castration-resistant prostate cancer who had not received previous chemotherapy. Patients were treated with prednisone and abiraterone or prednisone and placebo. The trial endpoints were overall survival (OS) and radiographic progression-free survival.

The median radiographic progression-free survival was 16.5 months with the abiraterone-prednisone combination and 8.3 months with prednisone-placebo (hazard ratio for abiraterone-prednisone versus prednisone-placebo 0.53, 95% CI 0.45 to 0.62, P<0.001), wrote Charles Ryan, MD, of the University of California San Francisco, and colleagues.

Over a median follow-up of 22.2 months, OS was improved with abiraterone-prednisone although the median was not reached with the combination. The median OS was 27.2 months for prednisone-placebo (HR 0.75, 95% CI 0.61 to 0.93, P=0.01).

"Abiraterone improved radiographic progression-free survival, showed a trend toward improved overall survival, and significantly delayed clinical decline and initiation of chemotherapy in patients with metastatic castration-resistant prostate cancer," the authors wrote.

Grade 3 or 4 adverse events were more common with abiraterone-prednisone and included fatigue, joint swelling or discomfort, fluid retention-related swelling, hot flush, diarrhea, vomiting, cough, high blood pressure, shortness of breath, urinary tract infection, and bruising.

Common laboratory abnormalities included low red blood cell count; high levels of alkaline phosphatase; high levels of fatty acid, sugar, and liver enzymes in the blood; and low levels of lymphocytes, phosphorous, and potassium in the blood.

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Memorial University Researchers Kenneth Kao And John Toms Have Received A Grant To Extend Their Prostate Cancer Research For Two More Years. (CBC)

CBC News
Posted: Jan 18, 2013 5:42 PM NT
Last Updated: Jan 18, 2013 7:12 PM NT

Researchers at Memorial University in St. John's say they've made a discovery that could help physicians and patients know what kind of treatment to expect after prostate cancer has been diagnosed.

John Toms, a radiation oncologist, and Kenneth Kao, an oncology professor, have found that a protein called pygopus is abundant in aggressive prostate cancers and scarce in healthy prostates.

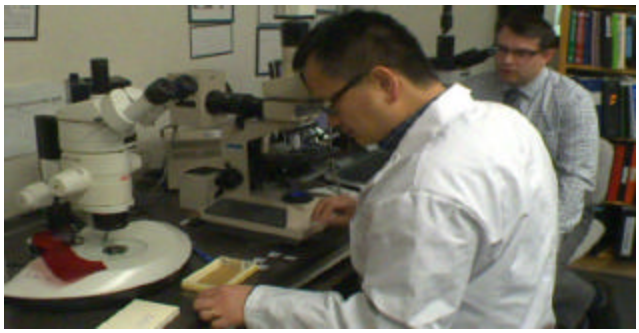
Toms and Kao believe the protein's presence may help doctors determine if a cancer is going to grow quickly or not.

"It will allow us to more effectively triage patients," said Toms. "To either less aggressive or more aggressive treatment, and to be more effective at improving clinical outcomes."

Cancer difficult to treat

About 500 men in Newfoundland and Labrador will be diagnosed with prostate cancer this year. Prostate cancer is difficult to treat, because it's challenging for doctors to determine how quickly prostate tumours will grow.

"We do potentially overtreat some patients and some patients we don't treat aggressively enough," said Toms. "We do still see failures."



Kao said understanding the role of the pygopus protein could possibly lead to a treatment in the future.

"Not only is it found at higher levels in tumour cells but when we remove it from the prostate tumour cells, the tumours stop growing," said Kao.

Research is at early stage

Kao cautioned, that it is too early to tell whether this research will result in a treatment.

The research team has received more than $250,000 from Memorial, the provincial government, and the Canadian Institute for Health Research to pursue their research for two more years.

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Protein May Be Biomarker For Prostate Cancer Metastasis

Oncology NurseAdvisor

Delicia Honen Yard January 18, 2013

Elevated levels of the cell cycle regulator cyclin D1b may be a novel biomarker of lethal metastatic disease in men with prostate cancer, a new study indicates.

As a highly oncogenic variant of the cell cycle regulator cyclin D1 (cyclin D1a), cyclin D1b is known to harbor divergent and highly oncogenic functions in cancer. Although this protein is induced during disease progression in many types of cancer, the mechanisms underlying its function remain poorly understood, explained Karen E. Knudsen, PhD, and colleagues in The Journal of Clinical Investigation (2013;123 [1]:493–508). Knudsen is the Hilary Koprowski Chair of the Departments of Cancer Biology, Urology, and Radiation Oncology at Thomas Jefferson University in Philadelphia, Pennsylvania, and Deputy Director for Basic Science at Jefferson's Kimmel Cancer Center.

Knudsen's investigative team found that cyclin D1b, but not cyclin D1a, regulates a large gene network. The network was shown to cooperate with androgen receptor (AR) signaling to drive metastatic progression in multiple models of prostate cancer.

The researchers also discovered that cyclin D1b expression can directly promote AR-dependent expression of the pro-metastatic gene SNA12 (Slug). This action dramatically increased metastatic events to soft tissues in animal models, affirmed Knudsen in a statement issued by Thomas Jefferson University.

“Our data describe how cross-talk between the cell cycle and AR can rewire the AR signaling axis to enhance the expression of genes [that] elicit metastasis in both early and castration-resistant prostate cancer models,” noted Knudsen in the statement. “Identification of AR-driven pathways [that] mediate metastatic progression represents a significant leap forward in our attempts to effectively manage prostate cancer progression.”

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Brachytherapy for Prostate Cancer Offers Better Survival than EBRT

RENAL & UROLOGY NEWS
February 14, 2013

ORLANDO, Fla.—Brachytherapy offers superior five-year overall and cancer-specific survival compared with external beam radiotherapy (EBRT) in the treatment of localized prostate cancer

(PCa) with high recurrence risk features, researchers reported at the annual Genitourinary Cancers Symposium

The investigators noted that their findings are contrary to current treatment guidelines for treating localized PCa.

Anteneh Tesfaye, MD, a third-year internal medicine resident at McLaren Flint Medical Center in Flint, Mich., and colleagues analyzed data from 73,867 patients with localized PCa (T1-2 N0M0) who underwent radiation treatment. A total of 24,661 patients (33.4%) had brachytherapy and 49,206 (66.6%) had EBRT. The researchers stratified patients into three categories depending on their risk for recurrence: low risk (T1, T2a and PSA level below 10 ng/mL, and a Gleason score of 6 or less); intermediate risk (T2b or PSA of 10-20 ng/mL, or Gleason score of 7); and high risk (T2c or PSA above 20 ng/mL, or Gleason score of 8 or higher).

The five-year overall survival rates were 95% for the brachytherapy and 92% for the EBRT patients in the low-risk group, 94% and 88%, respectively, in the intermediate-risk group, and 87% and 82%, respectively, in the high-risk group. All of these differences between the treatment groups were statistically significant.

The five-year cancer-specific survival rates were 100% and 99% for the brachytherapy and EBRT groups, respectively, in the low-risk group, 99% and 98% in the intermediate-risk group, and 97% and 94% in the high-risk group. The difference in rates between the brachytherapy and EBRT groups were significant among patients had low and high risk of recurrence, but not for those at intermediate risk.

In multivariate analysis, EBRT was associated with a significant 47% increased mortality risk.

The researchers noted that their study did not look at adverse events associated with these radiotherapies.

The data for the study were obtained from the Surveillance Epidemiology & End Results (SEER) database.

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Doctors Health Press Reports on Study: Fiber Found to Help Control the Progression of Prostate Cancer

January 20, 2013

Doctors Health Press, a division of Lombardi Publishing Corporation and publisher of various natural health newsletters, books, and reports, including the popular online Doctors Health Press e-Bulletin, is reporting on a new study, published in Cancer Prevention Research online, finding that men who eat a high-fiber diet might have the potential to control the progression of prostate cancer.

As the Doctors Health Press e-Bulletin article (http://www.doctorshealthpress.com/cancer-articles/how-fiber-could-stop-prostate-cancer-from-growing) notes, in the West, prostate cancer tends to progress, while in Asian cultures, it does not. This tendency exists despite there being similar rates of this cancer in the populations. The answer is now believed to be dietary fiber.

As the article "How Fiber Could Stop Prostate Cancer from Growing" reports, researchers fed some mice "inositol hexaphosphate" (IP6), a major part of high-fiber diets, while other mice did not receive it. They then used MRI to see how prostate cancer progressed in the two groups.

Noting that the researchers called these "profound" results, the Doctors Health Press e-Bulletin article states that the tumor volumes were drastically reduced in the presence of a high-fiber diet. This is directly the result of IP6 working against the cancer. What happened was that IP6 kept prostate tumors from producing the new blood vessels necessary for the tumors to supply themselves with energy—no energy, no growth.

According to the article, Asian cultures tend to get more IP6 in their diet than Western cultures do. And this could be a big factor in why prostate cancer doesn't spread as much in those countries.

As the Doctors Health Press e-Bulletin article concludes, fiber is a critical part of a well-functioning digestive tract and is known to help shield the body from a wide range of minor to major health conditions.

(SOURCE: Berman-Booty, L., et al., "Suppression of Prostate Epithelial Proliferation and Intraprostatic Pro-Growth Signaling in Transgenic Mice by a New Energy Restriction-Mimetic Agent," Cancer Prev Res, published online December 28, 2012.)

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*A tax deductible receipt will be issued. Charity number: 88907 1882 RR001

Special Thanks

Drug manufacturer, Eli Lilly Canada, has recently made a generous donation to our Support Group. They produce Cialis, a drug used to treat erectile dysfunction. Lilly centres their funding on patient-focused community services and we are most appreciative that they have chosen to support our work. It is with much gratitude that we accept their kindness and direct their funds towards the production of our newsletter.

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

Help us lower our costs ~

Receive this newsletter by email. Please notify us and we'll make the changes ~ Thank-you.

SPEAKERS:

Apr. 18, 2013
Gayle Nichol, C.R.N.
at MB. Prostate Centre -
"Living with Androgen Deprivation"

May 16, 2013
TBA

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

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