

Hands On With The Latest Prostate Cancer Research

7 takeaways from community symposium highlighting recent advances in prevention, screening and treatment

Attendees of the eighth annual Institute for Prostate Cancer Research Symposium, shown here extracting DNA from strawberries, got hands on with science at the Fred Hutch campus.

Today, when you read this, an average of nearly 5,000 men in the U.S. will leave their doctor's office newly diagnosed with prostate cancer.

And today that same cancer will kill an average of 1,660 men.

Those sobering 2019 American Cancer Society statistics highlight the ongoing burden of prostate cancer in the U.S., said Dr. Pete Nelson as he kicked off Saturday's eighth annual symposium of the Institute for Prostate Cancer Research, a joint program of Fred Hutchinson Cancer Research Center and UW Medicine.

Deaths from prostate cancer are declining, and that should be celebrated. But one in nine American men will be diagnosed in their lifetime. The IPCR annual symposium is how Fred Hutch and UW Medicine helps patients and their

families keep on top of the latest developments in prostate cancer. Here are a few key takeaways.

'You really are what you eat'

Dr. Marian Neuhouser, a Fred Hutch nutritional epidemiologist, stressed the importance of a healthy diet in helping to lower the risk of cancer, including prostate cancer.

"You really are what you eat," she said. "When your nutrient input gets out of balance, cancer-related pathways in your

(Continued on page 2)

Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Piotr Czaykowski M.D.
Medical Oncologist

Thanks!

Next Meeting:

Wednesday, June 19, 2019

Speaker: Sue Ostapowich, RN, Psychiatric Nurse,
Mindfulness practitioner

Topic: "Stressed out about your prostate cancer diagnosis?
De-stress via the mindfulness approach"

Location: The First Unitarian Universalist Church of Winnipeg,
603 Wellington Crescent

Time: 7 – 9 pm.

(First hour for general discussion; second hour for expert guest speaker)

*Free Admission Everyone Welcome
Plenty of free parking ☆ Door prizes ☆*



The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

MPCSG – active since 1992.

Thought of The Day

"Courage is resistance to fear, mastery of fear – not absence of fear."

- Mark Twain

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body start to get active.”

Current research shows that no single food has all the nutrients we need. So a healthy diet is a varied one high in fruits, vegetables, whole grains and lean proteins, and low in added sugars, excess sodium and saturated fat.

Balance is key. Be skeptical of popular diets like Keto or paleo regimens that restrict entire food groups, she said. “If it sounds too good to be true, it probably is.”

Patients already diagnosed with cancer of course want to know: Will eating well help me? Neuhouser highlighted data suggesting that a high-quality diet can reduce cancer mortality. “Better diet will improve outcomes,” she said.

And plan on getting all those necessary nutrients through food — not supplements, added Dr. Jeannette Schenk, a researcher in Neuhouser’s lab. Supplements are not a substitute for a healthful and balanced diet, and in some cases can cause harm. More than half of adults in the U.S. use dietary supplements, spending more than \$30 billion each year. Those numbers are even higher among cancer patients.

The American Institute for Cancer Research’s recommendations are clear, she pointed out: Do not use supplements for cancer prevention.

If you do take supplements, talk to your doctor, she said. Some supplements can interact with certain medications. And examine the label to ensure you’re taking quality supplements. If you see the logos for Consumer Labs, U.S. Pharmacopeia, or NSF (National Sanitation Foundation), the supplements in the bottle adhere to certain manufacturing practices.

Know your genes (but not through a mail-order kit)

The seeds of prostate cancer might be written in some men’s genes, said Dr. Heather Cheng, a Fred Hutch and UW researcher. But so could the potential for better treatments and better risk awareness for their family members.

Cheng is co-director of the GENTleMEN

study, which offers free, clinical-level genetic testing to men with advanced prostate cancer to see if they’ve inherited alterations in genes linked to this disease.

Some mutations can have significant treatment implications, Cheng said. A small but important percentage of men with prostate cancer have mutations in key genes that are involved in repairing damage to DNA. These genes — including BRCA1 and BRCA2 — are often recognized as being important for breast and ovarian cancer risk. But they also affect the risk of prostate cancer for the men who carry them. And many of these mutations may make prostate cancers particularly vulnerable to certain therapies such as PARP inhibitors and platinum chemotherapy.

Having one of these rare but important gene mutations may also tell a patient’s family members something about their own cancer risk, Cheng said. Siblings and children have a 50% chance of inheriting the same DNA-repair gene mutation, and there may be important lifesaving options to reduce risk and detect cancers early. That’s why men with a strong family history of cancer or certain types of especially aggressive prostate cancers should talk to their doctor and/or a genetic counselor about screening for these mutations, she said.

“A big take-home from today should be to know and share your family history of cancer,” Cheng said.

But when it comes to knowing your genes, please don’t rely on recreational DNA testing to inform medical decisions, she added. “It is a myth that these tests are adequate,” she said. “Recreational genetic testing should never replace medically appropriate clinical genetic testing.”

Tailored treatments for more patients

It’s the Holy Grail of oncology: delivering the right therapy to the right patient at the right time. University of Washington’s Dr. Bruce Montgomery, who co-directs the GENTleMEN study

with Cheng, updated attendees on the field’s progress toward that dream.

Precision medicine starts with sensitive tests that can identify what’s going on in a patient’s tumor, and then guide diagnosis and treatment. And the root of what’s going on in cancer is DNA damage.

Many genes are involved in preventing and repairing damaged DNA, and any one of them is a potential target to treat cancer, Montgomery said. Today, about a third of prostate cancer patients have certain genetic mutations that can be targeted with existing drugs. They include alterations in the BRCA1/2 and CDK12 genes, for example, and cancer cells that are genetically unstable. Drugs like PARP and checkpoint inhibitors have been

remarkably successful in treating prostate cancer patients who have those mutations, Montgomery said.

But those success stories don’t involve the vast majority of patients. “The ICPR is all about finding

something for the other 70%,” Montgomery said. He highlighted several trials underway nationwide that are exploring genetic signatures for “BRCAness” in prostate cancer that might be targeted. Other potential targets include pathways that are activated when a gene called PTEN is lost, and a marker called prostate-specific membrane antigen (PSMA), which can be precisely targeted with a radioactive compound called lutetium.

Montgomery stressed the importance of research and clinical trials in the fight against prostate cancer.

“We can only make progress through research,” Montgomery said. “Participation on any level is important for the men who have prostate cancer now and the men who will have prostate cancer in the future.”

‘Immunotherapy is revolutionizing treatment’

Dr. John Lee, who studies the molecular,

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cellular and genetic causes of advanced prostate cancer, discussed ongoing efforts to harness the immune system to better recognize and fight cancer. The three immunotherapy approaches that are furthest along in development for prostate cancer patients: an approved T cell-stimulating vaccine, checkpoint inhibitor drugs and cell therapy.

In 2010 the U.S. Food and Drug Administration approved a therapeutic vaccine called Provenge for treating men with advanced prostate cancer. The vaccine turns on T cells to fight cancer cells and has been shown to extend the life of patients. Meanwhile, drugs known as checkpoint inhibitors are helping the immune system defeat cancer in a subset of patients with metastatic prostate cancer.

A bit further from the clinic is adoptive cell therapy, where patients' immune cells are genetically reprogrammed to attack cancer cells. One version of this tactic is CAR T-cell therapy, where T cells are weaponized with an artificial molecule known as a chimeric antigen receptor, or CAR, that enables immune cells to recognize and kill cancer cells. Some patients with blood cancers have seen astonishing results, but the approach hasn't had the same success with solid tumors like prostate cancer.

Lee's research is building CARs that are specific to prostate cancer. It's early days, he cautioned, "but we're seeing that with CAR T cells, we can inhibit the growth of prostate cancer in mice. We want to build on these early results and enhance this technology to ultimately bring this to patients and make a huge impact on prostate cancer."

Imaging advances: Searching and destroying

New technologies for imaging prostate cancer will help doctors detect tumors more effectively and hopefully improve treatment outcomes, said Dr. Evan Yu, a medical oncologist who treats patients with prostate cancer at Seattle Cancer Care Alliance, Fred Hutch's clinical-care partner.

"Today, the field is moving beyond just

finding cancer," Yu said. "We're finding new targets for new drugs. We're imaging with agents and bringing something to the cancer cell that can attack it."

He highlighted several next-generation uses of PET imaging. PET, or positron emission tomography, uses radioactive dyes that are injected into the patient's vein and then taken up into certain tissues, like prostate cancer cells, and then revealed on scans.

The FDA has approved the use of novel radiotracers like fluciclovine that can detect prostate cancer at very low levels. That sensitivity can better guide treatment, Yu said.

And these more sensitive PET techniques can power the new field of "theranostics," which combines imaging and targeted treatment.

"We already have fluciclovine PET imaging, but there are other new imaging and treatment modalities that we will soon bring here to our patients in the Northwest," Yu said.

The state of surveillance

It's one of the most important questions in prostate cancer research:

How can we tell which seemingly low-risk cancers will become aggressive, and which will remain inactive?

For men in this group, the preferred form of management is active surveillance, said Dr. Daniel Lin of Fred Hutch. Doctors use regular biopsies to check the progress of prostate tumors. If a doctor finds that the cancer is progressing into a more dangerous form, the patient can start treatment. If the tumor is stable (or if there's no evidence of disease), then he stays on surveillance.

Taking an active surveillance approach protects men from treatment side effects if there's no cause to treat the cancer — but not every biopsy reveals useful information, and each one carries risks, including bleeding and infection.

After 10 years of active surveillance, about half of patients will undergo treatment like surgery or radiation. The other half will continue to undergo regular biopsies. Lin highlighted ongoing

efforts to identify which men will have their cancers progress — and which can avoid biopsies.

One key tool in that effort: an online biopsy risk calculator for more-personalized medicine in patients undergoing active surveillance. The calculator, which Lin created with other researchers, is designed "to help facilitate shared patient-doctor decisions" about follow-up biopsies based on the likelihood that a given biopsy will yield signs of disease progression, he said.

Ethnic disparities in prostate cancer

African American men have consistently been diagnosed with prostate cancer at higher rates than white men, and the latest stats continue the trend, noted Dr. Yaw Nyame, a fellow in urologic oncology at Fred Hutch and UW.

What's more troubling is mortality: Black patients are twice as likely to die from prostate cancer as white patients.

Conditions in the places where people live and work — the social determinants of health — drive many of those differences in outcomes, Nyame said. He highlighted research underway at Fred Hutch dedicated into overcoming those disparities.

He added that biology might also play a role; genetic differences exist in tumors from patients of different races and ethnicities, he said.

Still, "we're in the infancy of understanding that biology," Nyame said. "How people access care might be more important."

By Jake Siegel / Fred Hutch News Service
May 14, 2019

Jake Siegel, a staff writer at Fred Hutchinson Cancer Research Center, has covered health topics at UW Medicine and technology at Microsoft. He has an M.A. from the Missouri School of Journalism. Reach him at jsiegel@fredhutch.org.

Source: <https://www.fredhutch.org/en/news/center-news/2019/05/prostate-cancer-research-news.html>

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Prostate Cancer Hormone Therapy May Increase Risk of Dementia, Researchers Say

Almost every medical treatment carries the risk of side effects.

But as people age and the risk of developing different health conditions rises, they and their doctors increasingly have to make tough decisions about trade-offs.

Surgery for, say, a hip replacement may carry an increased risk of a potentially dangerous blood clot. Chemotherapy may increase the chances of infection or anemia.

New research presented earlier this month now suggests there might be another tough decision to add to the list.

Researchers say they've found that undergoing a type of treatment for prostate cancer called hormone therapy may be linked to an increased risk of developing dementia.

But cancer experts warn that the likely small risk shouldn't outweigh the potential life-saving benefits of the treatment.

The research is preliminary and it only found an association — meaning it isn't clear whether the treatment actually causes the memory-loss condition.

Simply being older could be a factor since prostate cancer starts on average around age 65, which is also the age after which dementia symptoms become more common.

But the research does underline the possible difficult choices some older people increasingly face as they enter their mid-60s, as well as a somewhat contentious medical debate.

In some situations, doctors will recommend hormone therapy for people with prostate cancer.

Hormones like testosterone can fuel the growth and spread of prostate cancer. So hormone therapy, also called androgen deprivation therapy (ADT), slows the body's production of testosterone and other "male hormones."

That, in turn, can slow the cancer's spread and sometimes shrink the tumors it has caused.

Hormone therapy research

The new research gathered data from more than 100,000 mostly white men. Those who received the hormone therapy were 22 percent more likely to develop dementia than men who hadn't had that treatment.

They were 29 percent more likely to develop Alzheimer's, the most common cause of dementia.

Those chances also increased if they were on hormone therapy for seven months or longer, the researchers found.

The research was presented earlier this month at the American Urological Association's annual meeting in Chicago. It hasn't been published in a peer-reviewed journal yet.

Experts noted that previous studies have sometimes found an association between cognitive decline and hormone therapy while other studies have not found a link.

"You can find abstracts on both sides of the ledger," Dr. Mack Roach, an oncologist who specializes in prostate cancer at the University of California San Francisco, told Healthline.

A study published last year, for instance, found no association between dementia and hormone therapy for prostate cancer.

Another study last year found the therapy wasn't associated with self-reported changes in cognitive ability.

But other research has found an association, including a 2016 study that said the therapy may be tied to a slightly increased frequency of dementia.

"I think that these sort of studies are dangerous," Roach said. "I think the study itself is more dangerous than the [hormone therapy]."

That's because Roach thinks reading about findings like this could dissuade people from getting treatment that has a high likelihood of saving or extending their lives.

"In all the studies, if the risk is there, it's very small — and a fraction of the possible benefits of hormone therapy," Roach said.

Roach said he wouldn't want to give hormone therapy to someone who doesn't need it, but if they do need it, studies like this wouldn't dissuade him.

Reaction to the studies

Dr. Stuart Holden, a urology oncologist at the University of California Los Angeles and medical director of the Prostate Cancer Foundation, said this information about recent studies does belong in the conversation when recommending hormone therapy to a patient.

"I think it should be mentioned," Holden told Healthline. "It should be in the conversation, but it has to be placed in the proper context."

That context, for him, would be that the hormone therapy comes with "a risk of cognitive impairment and

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possibly a small increased risk of dementia.”

The new study doesn't "provide strong enough evidence, on its own, to change medical practice," Heather Snyder, senior director of medical and scientific operations at the Alzheimer's Association, told Healthline.

Her organization "strongly believes that all discussions about the potential benefits and risks of any treatment — including hormone therapy — should be had with a doctor. The decision should be made based on the patient's unique health needs and circumstances.”

Age is the strongest risk factor for Alzheimer's, Snyder said, although she noted that research is finding other factors "increase susceptibility or trigger the onset of dementia symptoms.”

The Prostate Cancer Foundation, which published a new guide for people with prostate cancer last week, helped fund the new research.

That was in part because there "always have been observations" of cognitive decline in some patients who get hormone therapy, said Holden, who has worked with the organization since its founding.

"It's been a relatively minor occurrence, but one that is worth studying," he said.

Holden said he's always told patients that there may be some changes in their personality or mental state. That's perhaps not surprising for a treatment that tries to remove a man's "male" hormones.

Most men gain 15 to 20 pounds and lose muscle mass, he said, and it's understandable the treatment could affect their brains as well.

Holden called the new research "a bit of a wake-up call" about a possible correlation to dementia. But he added that it's not a study "that should create wholesale panic.”

"I can't imagine any patient refusing to go on the medication due to the risk of cognitive impairment," he said. "The

more likely reason is that it can cause fairly significant sexual side effects, and that's of much greater interest to most patients — and pretty much 100 percent [of patients who have those side effects].”

The bottom line

New research concludes that hormone therapy used to treat prostate cancer might create a slight increase in the risk of dementia.

However, other studies have found no connection and some experts believe the new study could lead some patients avoiding a life-saving treatment for the wrong reason.

Others believe it underlines a correlation that's worth investigating further and mentioning, with some caveats, to patients.

Written by Matt Berger May 14, 2019

Source: <https://www.healthline.com/health-news/hormone-therapy-used-for-prostate-cancer-may-increase-dementia-risk>

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“You Can Help Spread The Word About Prostate Cancer”

Prostate cancer is one of the most common cancers in men. Discovered early, it can be successfully treated in the majority of cases. Such early discovery is dependent on men being aware of the facts about this disease and getting checked. *Early discovery saves lives.*

To help raise awareness and encourage “getting checked” the Manitoba Prostate Cancer Support Group is happy to provide speakers to make presentations to interested groups in the community. There is no charge for this service and

the size of the group doesn't matter. If you are involved with a group that would like to learn more about prostate cancer, and perhaps save some lives in the process, please contact Pat Feschuk (tel: 204-654-3898; email: lizpat@shaw.ca).

*Remember that if a man has prostate cancer the sooner he learns about it the better. Not knowing about it simply allows it to grow and spread. **So do something about it** help spread the word.*

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Treat Prostate Cancer? Clues Lie in Chromosomes

To treat, or not to treat: That remains one of the tough conundrums for men with prostate cancer and their doctors, because some tumors may be aggressive, while others may take decades to cause harm.

Now, new research suggests that tracking specific changes in the number of chromosomes inside prostate cancer cells might help solve the riddle.

Besides giving new insights into how prostate tumors form and spread, the chromosomal data might someday "be employed clinically to inform risk stratification and treatment" decisions for patients, according to a team led by Angelika Amon, of the Massachusetts Institute of Technology.

The research focuses on a genetic state known as aneuploidy -- an abnormal number of chromosomes in cells.

Aneuploidy is a known hallmark of cancer, but it's unclear how it influences cancer progression, or whether tracking chromosome gains or losses might help guide treatment.

Treatment guidance for prostate cancer is sorely needed, said Dr. Manish Vira. He helps direct urologic research at Northwell Health's Arthur Smith Institute for Urology, in Lake Success, N.Y.

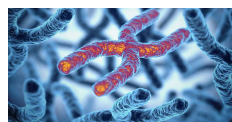
That's because use of the prostate-specific antigen (PSA) blood test has fallen out of favor somewhat as a means of gauging whether a man needs surgery or other treatment, Vira said. In many

cases, the tumor might turn out to be "indolent" -- so slow-growing that it's better to leave it in place and simply "watch and wait."

So, "the holy grail in prostate cancer remains to be finding a test, given at the time of diagnosis, that can identify the subset of patients that are at highest risk of dying of prostate cancer," explained Vira, who wasn't involved in the new study.

In this study, Amon's group was seeking just such a test.

The investigators used prostate tumor samples from 333 men to develop a method to estimate a "signature" pattern of chromosomal gains and losses within cells.



They then applied this method to 404 prostate cancer patients who were followed for a median of 15 years.

Compared to those who had no predicted aneuploidy, the 23% of patients whose tumors had five or more predicted chromosome arm alterations at the time of diagnosis were 5.3 times more likely to die of prostate cancer during follow-up, the findings showed.

Even among high-risk patients, the degree of tumor aneuploidy predicted future deadly prostate cancer, according to the study published May 13 in the Proceedings of the National Academy of Sciences.

The findings suggest that aneuploidy

does play a key role in aggressive prostate cancer, Amon's team said, and that the extent of aneuploidy could be used to determine the level of risk from the cancer and to help make treatment decisions.

Vira agreed the tool has potential, and "could be used on prostate biopsy samples to further stratify patients at the time of diagnosis."

Dr. Nicholas Karanikolas directs urologic oncology at Staten Island University Hospital in New York City. Reading over the new findings, he agreed that oncologists need "a broader understanding of the genetic makeup of the cancer itself" to help guide treatment.

Any test that might tell men they have a fivefold higher odds of dying from a prostate cancer "would provide further guidance as to those patients who would benefit from adjuvant treatments and/or inclusion in clinical trials," Karanikolas said.

MONDAY, May 13, 2019 WebMD

By Robert Preidt
HealthDay Reporter
News from HealthDay

SOURCES: Manish A. Vira, M.D., vice chair for urologic research, Northwell Health's Arthur Smith Institute for Urology, Lake Success, N.Y.; Nicholas T. Karanikolas, M.D., director of urologic oncology, Staten Island University Hospital, New York City; Proceedings of the National Academy of Sciences, news release, May 13, 2019

<https://www.webmd.com/prostate-cancer/news/20190513/treat-prostate-cancer-clues-lie-in-chromosomes>

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Sir Michael Parkinson Shares a Lesser-Known Side Effect of Prostate Cancer Treatment

Sir Michael Parkinson has opened up about suffering from a weak bladder, a lesser-known side effect of his treatment for prostate cancer.

The 84-year-old was first given the all clear following treatment for the cancer, but has been left surprised by some of the side effects he's since suffered following an operation and radiotherapy back in 2013.

"When I look back at what happened, my treatment and aftercare was fabulous but the one thing that did bother me was I felt I was left to find out about what the consequences might be by myself," he told Mirror.

Many patients suffer erectile dysfunction as well as urinary problems as removal of the gland can damage nerves and muscles close to the prostate.

"I didn't need chemotherapy, which was wonderful, but I had radiotherapy. It leaves you with problems because it's so near the bowels and bladder," Sir Parkinson continued.

"It never occurred to me that might be the case and they never prepared me for what did happen – and that for me was the worst part of it. I was not really told how uncomfortable the after-effects can be – the problems you have with the bowel or the bladder."

Though he acknowledges that the after effects he's been left with aren't life-threatening, it does have an impact day to day.

"It is a nuisance rather than an illness," he explains of now having a weak bladder.

"It didn't change my life fundamentally, but it turns it around a

bit as there are certain things you can do, certain things you can't. So it's a reorganisation."

Now the TV interviewer wonders if there should be an awareness campaign informing others of the potential post-treatment side effects.

Why does prostate cancer treatment lead to bladder problems?

"Many men experience urinary problems as a side effect of their treatment," explains Laura James, Head of Clinical Services, Prostate Cancer UK.



"This is because prostate cancer treatment can damage the nerves and muscles that control when a man urinates."

James recommends that a man asks his doctor about possible side effects before starting treatments.

"The side effects will depend on the elected treatment, and whether there were urinary problems before starting treatment," she explains.

Radiotherapy, like Sir Parkinson had, is an example of a type of treatment which treats the whole prostate.

"It aims to target all the cancer cells, including any that have spread to the area just outside the prostate. It can

lead to side effects such as irritating the lining of the bladder and the urethra, which can cause a man to urinate more often or feel a sudden urge to urinate."

Managing side effects

Though side effects can affect day-to-day life, James says there are treatments for them, as well as things men can do themselves to manage them.

"If you're having problems with a side effect, you might have a meeting with your GP or nurse to work out what support you need," she adds.

Depending on the type of side effects being faced, ways to manage them can include lifestyle changes, pelvic floor muscle exercises, bladder retraining, medicines or surgery.

Prostate Cancer UK's new campaign 'Men, we are with you', launched last week in a bid to highlight the charity's belief that all men are worth saving from prostate cancer.

More than 11,500 men die from prostate cancer in the UK each year, which makes it a bigger killer than breast cancer.

With one man dying from prostate cancer every 45 minutes, the campaign aims to make people think about the men in their life, what they love about them and what they would miss if they lost them to prostate cancer.

Marie Claire Dorking
Yahoo Style UK21 May 2019

Source: <https://uk.style.yahoo.com/sir-michael-parkinson-on-having-a-weak-bladder-post-prostate-cancer-treatment-113636187.html>

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FUTURE MEETINGS 2019

17 Jul. Panel discussion with **patients** who have chosen different treatment modalities. Comparison of their experiences.

21 Aug. Speaker: **Dr. Shantanu Banerji, MD, FRCPC** **Topic:** "Genomics: what it is and the promise it offers for better prostate cancer treatment"

18 Sep. Our highlight event of the year, examining future therapies that are on the horizon. *Watch for details.*

 All meetings (except September) will be held at :
 The First Unitarian Universalist Church of Winnipeg, 603
 Wellington Crescent

All meetings are 7 – 9 pm.
 (First hour for general discussion;
 second hour for expert guest speaker)

Everyone Welcome Plenty of free parking

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