Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 338 1,300 copies printed/e-mailed **February 2020**

New Scientific Breakthrough Could Lead to 'One-Size-Fits-All' Cancer Treatment

TORONTO - A newly discovered type of T-cell receptor (TCR) appears to be able to distinguish between cancerous and healthy cells, potentially leading to a "one-size-fits-all" cancer therapy, researchers say.

A study outlining the breakthrough, which could revolutionize how cancer is treated, was published Monday in the journal Nature Immunology.

T-cell therapy has exploded onto the cancer treatment scene in recent years through the increasingly popular CAR-T treatments. In CAR-T, T-cells are removed from a patient's blood, modified to recognize cancer cells, and returned to the body to kill the cancer.

Researchers say the newly detected TCR could improve this process because it is able to recognize MR1, a molecule that is universally present in both cancerous and benign cells, but somehow only kill the malignant versions of it.

CAR-T, by contrast, scans for specific parts of proteins that can vary wildly from person to person, meaning each treatment must be specifically targeted to each patient – and scientists have yet to find effective CAR-T treatments for many common cancers, including solid tumours.

"We hope this new TCR may provide us with a different route to target and destroy a wide range of cancers in all individuals," lead author Andrew

(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:

Mark your calendar! Wednesday, February 19, 2020

A Vision for a Manitoba Urologic Health Centre

This is a special occasion where **Dr. Jeff Saranchuk**, Medical Director of the Prostate Centre at Cancercare Manitoba, along with spokespersons from the Health Science Centre Foundation will present the vision and plans for the proposed new facility to deliver urologic health services to Manitobans.

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* ☆

SHARING IS CARING

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

"Challenge and adversity are meant to help you know who you are. Storms hit your weakness, but unlock your true strength."

— Roy T. Bennett, The Light in the Heart

(Continued from page 1)
Sewell said in a press release.

The work was led by Sewell's team from Cardiff University in the U.K. but also involved American, Australian and Danish researchers.

They say lab tests have shown that therapy involving the new TCR can destroy cells associated with cancer of the lung, skin, blood, colon, breast, bone, prostate, ovaries, kidney and cervix, while bypassing healthy cells that contain the same MR1 molecule.

These tests were conducted on mice with human cancers and human immune systems – the same scenario that led to the widespread acceptance of CAR-T therapy.

There are still questions to be answered, including exactly how these TCRs are able to distinguish between cancerous cells and benign ones. Still, Sewell described it as "an exciting new frontier" for cancer treatment and said it might only be a few years before human patients can be treated in this way.

"It raises the prospect of a 'one-size-fits-all' cancer treatment; a single type of T-cell that could be capable of destroying many different types of cancers across the population," he said.

"Previously nobody believed this could be possible."

Ryan Flanagan CTVNews.ca Writer

Tuesday, January 21, 2020

https://www.ctvnews.ca/health/new-scientific-breakthrough-could-lead-to-one-size-fits-all-cancer-treatment-1.4776716

• • •

A Patient's Dilemma: Which prostate cancer treatment to pick?

Editor's note: Far from the days when "doctor knows best" was the ruling sentiment in medical suites, today patients have more of a voice in decisions about their care. The physician has more medical knowledge, but the patient's own preferences matter enormously in true patient-centered care. "A Patient's Dilemma" is a new occasional series that tells the stories of how people deal with the choices they face. As with our popular "Medical Mystery" feature (which also is continuing), we start by explaining the situation and then revealing the resolution.

When my patient Mr. G learned that he had prostate cancer, he felt more stressed out than he ever had in his life.

Then it got worse. He learned that he was supposed to participate in choosing his treatment. How, he wondered, was he, as a nonphysician, supposed to manage that? Up again went his stress level.

His story began when, as Mr. G's primary-care physician, I requested a PSA (prostate-specific antigen) blood test which, combined with rectal examination, is our best available screening tool for prostate cancer. I explained that the PSA test is imperfect and sometimes can be elevated for reasons other than prostate cancer, such as prostate enlargement or inflammation (a "false positive"), and biopsy may be needed to distinguish between them. That was exactly the case for Mr. G.

When the urologic surgeon discussed his diagnosis, he presented Mr. G with two options for treatment: surgery or radiation therapy. He was told that the long-term prognosis was similar for either option. "If you were my father," the surgeon said, "I would recommend surgery, hands down."

But Mr. G keeps up with the news and was aware that for older men such as himself, slow-growing prostate cancers may never become life-threatening. So he asked about a third option.

"What if I do nothing?" he asked.

"Well, then you're just leaving things to chance. Chance doesn't have your back," the surgeon replied.

Mr. G then went to what he believed was his most trusted consultants: the internet. A highly educated scientist and savvy researcher, he spent hours studying the medical literature on treatment options for prostate cancer and the common side effects.

But even that wasn't enough to make his choice clear.

Resolution

(Continued on page 3)

(Continued from page 2)

When we met for his recent office visit, Mr. G looked exhausted as he told me he was still unsure about treatment. "Watchful waiting," monitoring the tumor to see whether it was turning aggressive, is a choice many men are making and certainly is not the same as doing nothing. But Mr. G wasn't comfortable with that option.

I complimented him on the thoroughness of his research and asked which aspect of the treatment and potential side effects he was struggling with most. For him, the worst treatment side effect he could imagine would be incontinence. He knew this could be a risk no matter which option he chose, but minimizing that risk was his priority.

I suggested that he speak with his surgeon about this.

"If you were my father" was kind and well-intentioned but wasn't getting to Mr. G's main concern. I also suggested he share the results of his own research, assuring him that many physicians, myself included, want to know what our patients are learning.

The following week, he returned to see the specialist and shared his worries about incontinence, along with his internet research conclusions.

After a thorough discussion of risks and benefits, Mr. G and his urologist decided that external beam radiation would best meet his needs, based on the characteristics of his tumor and treatment side effect profiles. Initially, the urologist shared a preference influenced by his own experience and review of medical studies, and in many cases, this may suffice. For Mr. G, a shared decision best aligned to his personal priorities.

"What matters most to you" is a question that helps build trust and can light up a pathway to the best choice for the individual patient. When shared decision-making is performed well, shared is the operative word. As physicians, we need to seek information as astutely as we disclose it.

Jeffrey Millstein is a primary-care physician and medical director for patient experience-regional practices at Penn Medicine.

Jeffrey Millstein, For the Inquirer

January 24, 2020

Source: https://www.inquirer.com/health/expert-opinions/prostate-cancer-patient-centered-decision-making-20200124.html

• • •

Prostate Cancer Treatment

Treatment for prostate cancer will depend on how aggressive it is and whether it has spread. The NHS lists the four stages of prostate cancer as:

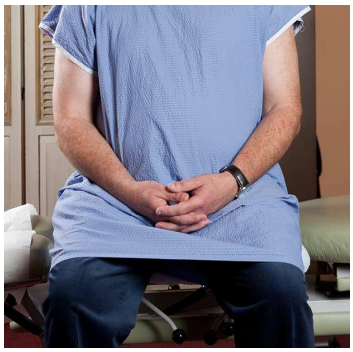
:: Stage 1 - where the cancer is very small and completely within the prostate gland.

:: Stage 2 - where the cancer is within the prostate gland, but is larger.

:: Stage 3 - the cancer has spread from the prostate and may have grown into the tubes that carry semen.

:: Stage 4 – the cancer has spread into the lymph nodes or another part of the body, including the bladder, rectum or bones.

If the cancer is considered 'low-risk' (meaning it is not growing or spreading), men are usually put under active surveillance, where doctors test them regularly to gather extra information and see whether the disease is changing.



If the cancer is confined to the prostate, men might opt to have a radical prostatectomy where the prostate gland is removed completely. It's worth noting that after surgery, men might experience erectile dysfunction and bladder problems.

Radiotherapy is another option for prostate cancer which is confined to the prostate or that has spread. It involves using radiation to kill cancerous cells. In people with terminal cancer, it can help to slow the progression of the cancer spreading. Temporary side effects can include diarrhoea, loss of pubic hair, tiredness and cystitis. More permanent side effects may include erectile dysfunction and bladder problems.

By Natasha Hinde 16/01/2020

Source: https://www.huffingtonpost.co.uk/entry/prostate-cancer-symptoms-treatment_uk_5a7425c6e4b0905433b2eba4

• • •

8 Mental Tips for Coping with Cancer Treatment

Applying the Athletic Mindset to the Battle Against Cancer

I have three close friends currently going through chemotherapy. The brutality of chemotherapy—and all cancer treatments—makes any athletic event I've ever done look like a walk in the park. I am blown away by the mental toughness, grit, resilience and determination that my friends are exhibiting as they go through various cancer treatments involving: surgery, chemotherapy, radiation and the myriad of treatments and chemical warfare used to battle this horrific disease. Cancer sucks much more than I ever realized before it touched my life so closely in the past few months. I have a new appreciation for how widespread and devastating it is.

My friends Nikki, Logan and Tom are all so brave and incredibly resilient. Their strength and tenacity is awe-inspiring. My friends battling cancer and I have used athletic metaphors like "I'm bonking; I'm in the home stretch now; The wheels are coming off the bus; I'm at the turn-around point..." to describe the various stages of their cancer treatment, which is why I decided to compile these '8 tips'.

The Athlete's Way is all about parallels between sports and life, but I am well aware that applying athletic metaphors to tragic and atrocious human experiences can easily appear to trivialize them. Cancer has so much gravitas. The path of destruction it leaves goes beyond any trite 'self-help' advice I have to offer as an athlete. I do not mean to downplay the massiveness of a cancer battle by comparing it to sport. That is not my intention.

I hope that these 8 mental tips from athletes perspective might offer some amount of insight from my life experience that could potentially help you when facing any extreme physical, mental and spiritual challenge—like going through cancer treatment.

1. MIND OVER MATTER

Success in ultra-endurance sports is much more about your mind and spirit than it is about your body. As an ultra-runner, you triumph in a race when you are able to push your body well beyond its human limits and keep going to reach the finish line. Even when you are completely beaten down and hopeless you rally as much inner strength as you can muster to keep on going. I have learned many valuable lessons about the tenacity of the human spirit by pushing my body to the limit and relying on mental toughness, human unity, and spiritual connectedness-very similar to what I see my friends exhibiting now as they battle cancer. The human mind and spirit is ultimately more powerful than the human body.

2. STAY IN THE PRESENT TENSE

My friends dealing with chemotherapy are going through each stage of the cycle one-day-at-a-time, or more accurately moment-by-moment. I do the same as an endurance athlete. No matter how much physical suffering I experience in a race I have a mantra which is: "Right here, right now I am doing the best I can." I try to give 110% at every stage of a race. Sometimes 110% effort is technically a 'sub-par' level of performance because of the circumstances, but that is irrelevant. The effort stays the same. The only promise I ever make before a race is to try my very best. That's all I can do.

As an athlete, I never dwell on how far I have to go, or the hell that I've already been through during a race. I keep my consciousness in the present tense and it creates a zen-like state of calmness and confidence. I accept the current state of my body and the circumstances with pragmatic optimism--staying focused on the task at hand of putting one foot in front of the other and moving closer to the finish line. My friends with cancer are doing the same.

3. ANNIHILATE SELF- DOUBT: YOU WILL PREVAIL!

Sometimes believing that you will succeed requires a bit of self-delusion. Sometimes you have to have pig-headed conviction that you will triumph over adversity even when the odds are clearly not in your favor. As someone on the sidelines rooting for my friends, I try to offer as much love, positive energy and practical assistance as possible. I refuse—even for a millisecond—to allow my thoughts to drift to a place of thinking that any of my friends are going to lose the battle against cancer. They are not going to be defeated by this!!

It always helped me as an athlete to have people on my support crew who had complete faith in my ability to prevail--especially when I no longer believed in myself and had lost my will to go on. For example: About 18

(Continued on page 5)

(Continued from page 4)

hours into my 24-hour Treadmill run at the Kiehl's store I hit rock bottom. I was completely tapped out and slowed from a jog to a walk. I was convinced that I could not keep going and that the race was over for me. At that point, my boss Edgar Huber (who was also the president of Kiehl's) came over and stood directly in front of my treadmill. He looked me straight in the eyes and began to gently pound his fist on the control panel of the machine while declaring with matter-of-fact conviction: "You WILL do this, Chris. I KNOW you will." Edgar's unflagging determination was contagious. It flipped a switch in my mind and gave me the chutzpah to fulfill Edgar's prophecy. This kind of sheer force of will can move mountains and conquer just about anything. It's extremely helpful to have people on the sidelines rooting for you--especially when they maintain an unwavering level of faith and conviction that you will prevail no matter how bad things are.

4. PERSONIFY ADVERSITY: CONQUER THE "BEAST"

As an athlete facing adversity out on a race course I developed a useful method of overcoming challenges by personifying the obstacle and talking/cursing at 'it' in the 3rd person. For example: If I am coming up a steep hill on my bike with gale force winds and rain pelting me—I will personify the wind, the rain and the hill itself and trash talk each of them--just like you would a nemesis or arch rival. I would say to the wind: " You think I'm not that strong? You're wrong. The harder you push against me the more alive I feel and the more determined I become to beat you. So, bring it on!"

My friends and I have given cancer nick-names like: "The Beast, L'il Bastard, Mother *ucker..." We bully the cancer by talking about it using these derogatory monikers. Trash talking cancer in the 3rd person may never be scientifically proven to make any difference, but giving it a nasty nickname helps to visualize it as a tangible enemy. When trash talking the 'beast' using as many expletives and curse words makes the trash talk more effective. Even if you don't like to utter swear words, try dropping the F-bomb silently as many times as possible when trash talking adversity inside your own silent inner-dialogue and see if it works for you. It definitely works for my friends and me.

5. EMBRACE THE LOVE AND GOOD WILL OF OTHERS

Love is the most powerful drug. Having a strong support network during any endurance event is key to pulling yourself through. The same is true when fighting cancer. My friend Logan's closest circle of high school friends got mohawks with colored streaks around Halloween to show solidarity for his second battle with neuroblastoma. Before the Senior Class photo recently the entire student body showed their love and support for Logan by spray painting their hair with various colors.

This video captures the breadth and strength of Logan's support network:

6. YOU CALL THIS PAIN? THIS IS RELATIVELY NOTHING

There is a certain 'theory of relativity' you gain when you have experienced an extreme level of all consuming physical pain that occupies every cell of your body and neuron of your mind. Once you've experienced a level of physical suffering you thought unimaginable it makes the aches and pains that used to 'hurt' seem completely insignificant.

I can only imagine what the pain of cancer treatment feels like. I've asked my friends to describe it, but cannot truly fathom what the chemical warfare of being poisoned by chemotherapy must feel like. The only thing I can relate it to is the degrees of pain that I experienced through ultrarunning when I pushed myself to the point that I almost died and landed up in the ICU for 5 days—Foolish, I know....but I did learn just how much it physically hurts when your body is on the brink of a near death experience.

One back-handed blessing that comes from going down into the '9th circle of hell' in terms of pain is that it creates a new perspective of how lucky we all are when we are not sick or in pain. You appreciate the little things in life that you once took for granted and realize how beautiful life is. I learned this as an athlete and my friend Nikki talks about it during the second week after a chemo treatment when her body bounces back and she returns to the land of the living.

7. LAUGHING AND CRYING IS THE SAME RELEASE

While competing in ultra-marathons I have gotten to the point where I literally had diarrhea running down my thighs, was dry heaving, peeing ketchup, with my feet covered in blisters...you name it. It's hard to have a sense of humor when you think you're going to die. Nonetheless, sometimes in these terrible, dire moments my support crew and I would spontaneously burst out laughing. It was a subconscious response when faced with two options: either we are going to laugh about this or we are going to cry about it. So, let's laugh.

Having a sense of humor isn't possible sometimes, obviously, but the moment there is an opportunity to have some levity and laughter--seize it! Laughter is the best antidote for any 'sufferfest'. Over the past few months, during my visits with my soul mate, Nikki, we have gone back and forth between sobbing one second and then having a laughing

(Continued on page 6)

(Continued from page 5)

attack moments later...Both emotional outlets are equally cathartic and a part of the process of getting through chemotherapy with your psyche and sense of humor still in tact.

8. HAPPINESS IS A DECISION

One of my friends who has gone through chemotherapy said that she understands now how much of a difference your attitude makes when dealing with cancer treatment. She realized during treatment that every day she had to make a DECISION to look on the bright side. Now that she has been through chemotherapy, she sees how easy it would be to fall into a 24/7 state of complete and utter despair and why some cancer patients stop doing their chemotherapy half way through when it becomes too much to bear.

As a runner, you realize that cynical and negative thoughts drain your energy—cause you to slow down and, if they persist, ultimately you quit. So, if you want to triumph and reach the finish line, or finish your workout, you learn to stay positive.

I passed a community center on my jog yesterday with a sign posted in big square letters on a marquee that read: "Happiness isn't a Prize. It's a Decision." Even though I spent years with my eye on the prize of trophies, medals and blue ribbons-the most valuable life lesson I learned from those experiences was that I had the free-will to choose happiness over negativity in every situation.

Sometimes things are so bad in your life that you have to acknowledge them for what they are and not be a Pollyanna. I know it's impossible to happy and optimistic when the reality of the situation is really, really bad and that it is cliché to recommend having a 'positive attitude, seeing the glass as half full and looking on the bright side..." but these explanatory styles and points of view really can make a difference. And what other option do you have besides trying not to wallow in despair?

CONCLUSION

I am learning so much about true inner strength, grit and the power of the human spirit by witnessing my close friends battle cancer. Beating cancer makes ultra endurance athletics look like child's play. The sadness and pain surrounding cancer overwhelms us all at various points and we have meltdowns. The emotions go in waves. Some days the gravity of the situation seems so ominous that any 'self-help' advice (like I have provided here) seems trite, cloying and offensive. I get it. But at other times advice like this seems helpful, which is why I decided to post these mental tips. Please take my advice with a grain of salt, dismiss it if you want or expand on it and adapt it in a way that works for you.

Christopher Bergland Nov 10, 2011

Source: https://www.psychologytoday.com/ca/blog/the-athletes-way/201111/8-mental-tips-coping-cancer-treatment

• • •

Study Examines Prostate Cancer Treatment Decisions

A five-year follow-up study of more than 2,000 U.S. men who received prostate cancer treatment is creating a road map for future patients regarding long-term bowel, bladder and sexual function in order to clarify expectations and enable men to make informed choices about care.

The CEASAR (Comparative Effectiveness Analysis of Surgery and Radiation for Localized Prostate Cancer) study, coordinated by Vanderbilt University Medical Center, is a multi-site research study conducting long-term followup on men who were diagnosed with localized prostate cancer between 2011 and 2012.

The five-year results published in JAMA, with lead author Karen Hoffman, MD, MPH, from MD Anderson, provide evidence on outcomes with radiation, surgery or active surveillance in patients of all ages and ethnicities.

"We are providing information about the side effects of different treatments for prostate cancer that men and their providers can use to make treatment decisions," said senior author Daniel Barocas, MD, MPH, associate professor and vice chair of Urology at VUMC.

"However, we have only illuminated one facet of a complex decision. There is more to a treatment decision than just the side effects, the most obvious being the effectiveness of the treatment, and that is something we hope to be able to demonstrate as we are now funded to look at 10-year cancer outcomes."

Researchers studied 1,386 men who had favorable-risk prostate cancer and another 619 men with unfavorable-risk prostate cancer to evaluate the impact of their treatment decisions on urinary, sexual and bowel function over a five-year period.

The favorable-risk group chose either:

- Active surveillance, an observation strategy in which

(Continued on page 7)

(Continued from page 6)

treatment is only used if the cancer gets worse over time.

- Nerve-sparing prostatectomy, surgical removal of the prostate with attempt to protect nerves that run alongside the prostate in hopes of minimizing the impact of surgery on erectile function.
- External beam radiation therapy (EBRT), a common therapy that uses daily doses of radiation to destroy cancer cells.
- Low-dose-rate brachytherapy, a type of radiation therapy involving implantation of radioactive "seeds."

The unfavorable-risk disease group chose either:

- Prostatectomy, which is surgery to remove the prostate.
- External beam radiation therapy with androgen deprivation therapy (ADT), which is radiation in combination with an anti-hormone therapy used to reduce levels of androgen hormones to enhance the effectiveness of radiation.

Men undergoing surgery experienced an immediate, sharp decline in erectile function compared to other groups. However, on average, men treated with prostatectomy improve with time, while those undergoing radiation decline, so that sexual function differences between treatment groups attenuated by 5 years. While the difference in sexual function between surgery and radiation was still measurable in the unfavorable risk group, most men had such poor scores at five years that the difference between treatments may not be clinically significant.

"For sexual function, all of the treatment options, even surveillance, were associated with significant declines," Barocas said. "Indeed, the magnitude of decline over time within each treatment group was larger than the magnitude of difference between treatment groups at five years."

"Whether you get surgery or radiation there is a chance of reduced erectile function," he said. "While the time course is different for surgery and radiation, our study shows that only about half of men undergoing these treatments who had erections good enough for intercourse before treatment will still have an erection good enough for intercourse five years later. I have started using this sobering statistic in patient counseling about treatment choice."

In terms of urinary function, prostatectomy was associated with worse incontinence compared to other treatments through five years for both the favorable-risk and the unfavorable-risk groups. At five years, 10-16% of men who had surgery reported a moderate or big problem with leakage, compared to only 4-7% of men who had other treatments.

Men undergoing radiation reported worse urinary irritative and obstructive symptoms within the first six to 12 months, particularly those undergoing the low-dose rate brachytherapy. However, these urinary symptoms largely returned to baseline after one year.

In addition, study authors reported no clinically meaningful bowel function differences at the five-year mark, suggesting that contemporary radiation therapy is associated with less urinary and bowel toxicity than older forms of radiation.

"If you look at the side effect profile for external beam radiation, most of those men after a year have rebounded in terms of their urinary and bowel function, which is a novel finding of our study," Barocas said. "The brachytherapy patients have a more difficult time with the urinary and bowel symptoms in that first year."

For men with unfavorable risk disease, EBRT with ADT was associated with low hormonal function scores at six months and bowel function at one year, but these symptoms improved at later time points. The men who got EBRT with ADT also had better sexual function at five years and incontinence at each time point through five years than prostatectomy.

Study authors said, overall, the estimates of long-term bowel, bladder and sexual function after localized prostate cancer treatment may clarify expectations and enable men to make informed choices about care.

"This work provides critical and understandable information to patients and providers to help them make better decisions in localized prostate cancer," said David Penson, MD, MPH, MMHC, chair of the Department of Urology at VUMC.

"The really exciting part is that Dr. Barocas has received funding from the NCI to explore longer-term outcomes in this population and is already working on developing a web-based interface to get this information to his patients," he said.

Barocas said a separate publication in the Journal of Urology will help to translate the domain scores into more understandable results for patients to get a sense of their likelihood of leakage or erectile dysfunction, or bowel function problems.

The researchers have also developed a personalized prediction tool that tries to empower men by putting this information in their hands and allowing them to enter their own data and compute their chance of regaining function after treatment at http://www.ceasar-prostate.org.

VANDERBILT UNIVERSITY MEDICAL CENTER 27-JAN-2020

Source: https://www.eurekalert.org/pub_releases/2020-01/vumc-sep012720.php

• • •

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

Publications Agreement
40037332

MANITOBA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION

NAME:_____
ADDRESS:_____ POSTAL CODE_____
THIS GIFT IS IN MEMORY/HONOUR OF_____ PLEASE SEND NOTIFICATION TO:_____
NAME:_____
ADDRESS:_____ POSTAL CODE_____

***Make payment to**: Manitoba Prostate Cancer Support Group;*
Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7
**A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001*

***Credit Card** donations can be made by going to our website at: www.manpros.org and clicking on the donate tab. Canada Helps will issue a tax receipt. **Amount:** $25 $50 $75 $100 Other_____*

Email - manpros@mts.net ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL
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*

FUTURE MEETINGS 2020

18 Mar. *Dr. John Wilkins, Director, Manitoba Centre for Proteomics and Systems Biology.*
"Looking deep into cancer using a systems approach: what we're learning"

15 Apr. *Dr. Shelley Turner, Founder and Chief Medical Officer, EKOSIHealth*
"The role of medical cannabis as a complementary therapy for dealing with prostate cancer"

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

MPCSG BOARD

Al Petkau - Treasurer	(204) 261-5303
Betty O'Grodnik – Secretary	(204) 661-8549
Jos Borsa - Chair	(204) 219-7726
Liz Feschuk - Special Projects	(204) 654-3898
Ernie Schade – Meeting Convener	(204) 489-1648
Pat Feschuk – Special Events	(204) 654-3898
John O'Grodnik - Vice Chair	(204) 661-8549
Wally Jackson - Member-at-large	(204) 668-1222
Deloris Ankrom - Member-at-large	(204) 667-4156
Don Murray - Member-at-large	(204) 487-0822

Volunteers On Committees

Irek Iskat — membership

For general information please contact Jos Borsa at number listed above

This newsletter is a
Bottom Line Computer Services
publication
Bottom Line Computer Services is not responsible for content
www.misterpete.com