Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 341 1,300 copies printed/e-mailed **May 2020**

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Thanks!

Thought of The Day

"Crisis is a window of opportunity that is not obvious to many people and does not last for a long time. We should learn to take advantage of it and come of out as victors rather than victims."

- Dr. Lucas D. Shallua

May Meeting:

CANCELLED

* Due to Covid-19 crisis all public meetings of MPCSG are suspended until further notice.

Getting our newsletter schedule back on track

Due to the disruption flowing from the Covid-19 crisis we've adjusted the schedule for issuing a printed version of our newsletter. Thus we decided to make May an e-version only. June will be issued in both a printed and e-version to ensure that any developments regarding resumption of our activities are communicated to all our members.

That way if good fortune smiles on us and restrictions are relaxed in the next few months we can convey that information as soon as possible to all recipients of our newsletter, irregardless of which way they receive it.

In the meantime, thank you for your patience and STAY SAFE!

Thank you.

The Board

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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.

Can Vitamin And Mineral Supplements Protect Against Prostate Cancer?

Q. Can specific types of supplements help reduce my risk of developing prostate cancer?

A. Most studies of vitamin and mineral supplements have had disappointing results. In fact, some even appear to increase prostate cancer risk. Here's a rundown on where everything stands.

Multivitamins. One standard multivitamin daily neither increases nor decreases the chance of getting prostate cancer.

Folic acid and vitamin B12. Some studies have shown an association of high blood levels of these two vitamins with higher cancer risk. But that is not proof that the supplements themselves cause prostate cancer.

Calcium. A high total calcium intake — through supplements and diet — may raise the risk of developing prostate cancer, and perhaps even the more aggressive type.

Zinc. One study found that men who took more than 100 milligrams of supplemental zinc per day for several years were more likely to be diagnosed with prostate cancer compared with men who did not take the supplement. Again, however, this does not prove cause and effect.

Vitamin E. Unless specifically prescribed by your doctor, high doses of vitamin E (400 international units, or IU, daily) should be avoided. This recommendation is based on a controlled trial that looked at whether supplements of vitamin E, selenium, or both could reduce the risk of prostate cancer. The results found that men who took vitamin E actually had a higher rate of prostate cancer and especially aggressive cancer.

Selenium. In the vitamin E and selenium trial, selenium supplement use was associated with a slight increase in cancer risk, but this was not statistically significant.

Lycopene. A large observational study found that men who eat more lycopene-rich foods, like tomatoes and tomato-based products, had lower rates of prostate cancer and prostate cancer deaths. However, other studies did not confirm these findings, and studies of lycopene supplements have not shown any benefit.

Vitamin D. Low vitamin D blood levels have been linked with various cancers, including prostate cancer, so it makes sense for men to aim for at least the recommended 800 IU daily.

What does all of this ultimately mean? At present, there's no firm evidence to support any vitamin or mineral supplements to prevent prostate cancer. However, it would be best if you still focused on getting these same nutrients through a healthy diet. Men who eat high amounts of fruits and vegetables and minimal red meat and high-fat dairy products may have a lower prostate cancer risk. Also, maintaining a healthy weight and regular exercise appears to decrease the risk of developing more aggressive and potentially deadly types of prostate cancer.

— by Howard LeWine, M.D.
Editor in Chief, Harvard Men's Health Watch

May, 2020

Source: https://www.health.harvard.edu/mens-health/can-vitamin-and-mineral-supplements-protect-against-prostate-cancer

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Why Prostate Cancer Spreads

Prostate cancer starts when cells in the prostate gland grow out of control. Those cells can spread to other parts of the body and affect healthy tissue.

This can happen for several reasons.

Early Treatment Failure
When prostate cancer is discovered early, treatment usually works. Most men are able to live cancer-free for many years.

But sometimes, treatment doesn't work and prostate cancer can slowly grow. This can happen after surgery (called a radical prostatectomy) or radiation therapy.

Sometimes called a chemical recurrence, it's when the cancer survives inside the prostate or reappears and spreads to other tissues and organs. The cancer is usually microscopic and grows very slowly.

You and your doctor will work together to keep an eye on the cancer as it grows. You may come up with a new treatment plan.

Active Surveillance
Because prostate cancer cells usually grow very slowly, some men might not need treatment right away.

Your doctor might suggest something called active surveillance. That means

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instead of having surgery or radiation right away, you and your doctor will track your cancer for a while to see if it gets more serious. You'll have regular tests, like PSA levels, and possibly biopsies and MRI. And if your cancer gets more aggressive, you and your doctor will figure out the next steps.

This plan is usually for men who don't have symptoms and whose cancer is expected to grow slowly. It's also an option when surgery or radiation could be harmful.

Watchful Waiting
Another potential plan is watchful waiting. Like active surveillance, this avoids surgery and radiation, and you and your doctor watch the progress of your cancer. But with watchful waiting, you don't have regular testing.

Most often, this is the best option for people who don't want or can't have other cancer treatments, or those who have another serious medical condition. The risk with this approach is that the cancer might grow and spread between checkups. If it does, this could limit which treatment you could take and if your cancer can be cured.

Treatment Issues
When you're diagnosed with cancer, as with any medical issue, it's important that you follow your treatment plan. That can mean scheduling regular checkups or, if radiation therapy is part of your treatment, being sure to go to all scheduled radiation visits.

If you miss some of them, you may have a greater chance that your cancer will spread.

In one study, for example, men who missed two or more sessions during their treatment had a greater chance that their cancer would come back. That was even though they eventually finished their course of radiation.

Late Diagnosis
Experts disagree on whether all men should get tested for prostate cancer and at what age screenings and the discussions about them should take place. Exams such as a prostate-specific antigen (PSA) test can help find cancer early. But there are questions about if the benefits of screening tests always outweigh the risks.

Some groups suggest that men at a normal risk for prostate cancer should have prostate screening tests when they turn 50. Some men might want to get tests earlier if they have risk factors that make them more likely to get prostate cancer.

The U.S. Preventive Services Task Force says that testing may be right for some men ages 55 to 69. They recommend that men talk to their doctor to discuss the potential risks and benefits of being tested.

The American Cancer Society recommends starting screenings at age 50, possibly earlier for men at a high risk. But first, men should discuss the pros and cons of the PSA test with their doctor to decide if it's right for them.

The American Urological Association says men ages 55 to 69 should talk to their doctor about the benefits and risks of a PSA test. The group also says:

- PSA screening in men under age 40 is not recommended.
- Routine screening in men between ages 40 and 54 at average risk is not recommended.
- To reduce the harms of screening, a routine screening interval of 2 years or more may be preferred over annual screening in men who have decided on screening after a discussion with their doctor. As compared to annual screening, it is expected that screening intervals of 2 years preserve the majority of the benefits and reduce over-diagnosis and false positives.
- Routine PSA screening is not recommended for most men over 70 or any man with less than a 10- to 15-year life expectancy.
- There are some men ages 70 and older who are in excellent health who may benefit from prostate cancer screening.

Early prostate cancer usually has no symptoms. You may go to see the doctor when you have trouble urinating or pain in your hips and back. That's when prostate cancer may be discovered.

After that, your doctor may find out that your cancer has already spread beyond your prostate. If that's possible, you may be asked to take a test like a:

- Bone scan
- MRI
- Ultrasound
- CT scan
- PET scan

Knowing if your cancer has spread will help your doctor work with you to choose your best treatment.

WebMD Medical Reference Reviewed by Nazia Q Bandukwala, DO on March 25, 2020

Source: https://www.webmd.com/prostate-cancer/prostate-cancer-spreads

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The Anti Prostate Cancer Diet

This easy, seven-day meal plan can help you to combat prostate disease

MONDAY

BREAKFAST: Wholewheat fortified cereal (e.g. All Bran Plus or Bran Flakes) with soya milk. Top with scooped flesh from half a small cantaloupe melon.

How it helps: Wholegrains and soya contain hormone-modulating substances that could help cut prostate cancer risk. Orange-fleshed fruit and vegetables such as cantaloupe melon contain beta carotene, a dietary antioxidant that is also protective.

LUNCH: Half a carton of fresh vegetable soup (red pepper, sweet potato, pumpkin or carrot), whole grain bread roll. Orange.

How it helps: Vegetable consumption is linked to reduced prostate cancer risk. Brightly coloured sources generally contain more of the valuable antioxidants, vital to fight disease in the prostate.

DINNER: Spaghetti bolognaise made with very lean mince and oodles of tomato puree. Serve with whole wheat spaghetti and broccoli or cabbage. Dessert: Sorbet.

HOW IT HELPS: Bolognaise sauce is another source of processed tomatoes rich in protective lycopene which keeps the prostate 'clean' of germs. Very lean beef contains only a little saturated fat, so it is fine if eaten occasionally.

TUESDAY

BREAKFAST: Muesli sprinkled with handful of ground-up linseeds. Skimmed organic milk or soya milk. Glass of freshly squeezed orange juice.

HOW IT HELPS: Linseeds are a rich source of essential fatty acids and lignans, both thought to protect prostate health.

LUNCH: Vegetable pizza (eat it with a side salad of leafy greens). Banana.

HOW IT HELPS: Pizzas (piled with vegetables not pepperoni) are a great way to get more of the processed tomato products that cut prostate cancer risk by up to 30 pc.

DINNER: Vegetable lasagne served with whole grain bread and a side salad of leafy greens. Dessert: Pecan pie.

HOW IT HELPS: More protective vegetables. Nuts in pecan pie are full of zinc and fatty acids. Occasional pastry puddings are fine as long as there is only one layer of pastry to cut down on saturated fat.

WEDNESDAY

BREAKFAST: Grill rashers of very lean bacon, poach a free-range egg, and serve with grilled mushrooms and tomatoes and lots of tomato ketchup.

HOW IT HELPS: If you stick to lean bacon and shun fatty sausages it's possible to have a cooked breakfast that isn't too high in harmful saturated fat. Adding ketchup supplies the carotenoid lycopene - linked in a few studies to reduced incidence of prostate cancer.

LUNCH: Pot of ready-made kidney bean and chick pea salad. Wholefood flapjack containing no more than 10g fat. Two clementines.

HOW IT HELPS: Beans supply yet more of the hormone-regulating plant compounds that could reduce prostate cancer. Flapjack is full of oats which provide zinc and iron.

DINNER: Tomato soup, tinned or fresh. Grilled oily fish

(choose from salmon, trout, herrings or mackerel) with boiled or baked potatoes, peas and sweetcorn. Dessert: Any fresh fruit.

HOW IT HELPS: Tomato soup is packed with lycopene which reduces risk of prostate cancer. Oily fish is a rich source of the omega-3 fats. Eating fish in place of sausages and meat pies helps cut saturates which can increase prostate cancer risk.

THURSDAY

BREAKFAST: Whole grain toast with thin spreading of butter and honey or marmalade. Half a large can of ruby grapefruit segments.

HOW IT HELPS: Supplies more healthy whole grains and antioxidants believed to cut cancer risk overall (red grapefruit is another source of lycopene).

LUNCH: Baked potato with vegetable chilli topping. Apple.

HOW IT HELPS: Packs in more protective vegetables, plus extra fibre.

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DINNER: Curry ready meal? opt for one vegetable dish and and one chicken or prawn dish and serve with rice or naan bread and half a can of chickpea dahl. Choose dishes with drier, preferably tomato-based sauces rather than those containing cream. Dessert: Fresh or tinned pineapple.

HOW IT HELPS: Ready meals and curries aren't out of bounds if you make the right choices. Vegetable and tomato-based curries are another opportunity to eat more valuable antioxidants.

FRIDAY

BREAKFAST: Porridge with banana and seeds. Make porridge using 1oz (25g) of oats, half a pint of water and quarter of a pint of soya milk. Chop one banana into the made up orridge and sprinkle over a handful of ground sunflower and pumpkin seeds.

HOW IT HELPS: Pumpkin seeds are a rich source of essential fatty acids and zinc, both crucial prostate nutrients. Sunflower seeds supply vitamin E ? another protective antioxidant. Porridge is also full of zinc.

LUNCH: Baked beans on whole grain toast. Serve with half a chopped avocado. Small bunch of red grapes.

HOW IT HELPS: The tomato sauce in baked beans supplies more lycopene, plus vitamin E and healthy fats from the avocado.

DINNER: Grilled white fish with oven chips. Top fish with lots of tomato salsa and serve with spinach and another vegetable. Dessert: Frozen yoghurt.

HOW IT HELPS: Oven chips are a healthy low-fat alternative to the chip shop or deep-fried variety and combined with ingredients such as spinach, tomato salsa and white fish make a healthy low-fat (and therefore cancer-protective) meal.

SATURDAY

BREAKFAST: Corn flakes with skimmed or soya milk. Sprinkle with a tablespoon of wheatgerm and a handful of sultanas.

HOW IT HELPS: Sprinkling wheatgerm on cereal is another way to boost intake of protective vitamin E.

LUNCH: Carrot and hummus sandwich. Small bag of unsalted nuts. Mango.

HOW IT HELPS: Hummus (made from chick peas) contains more of the plant hormones that may help block the cancer-promoting action of testosterone.

DINNER: Lamb and tofu kebabs. Alternate pieces of cubed lamb, marinated tofu and red pepper on to kebabs sticks. Grill until cooked through and serve with couscous and red onions sauteed in a little olive oil. Dessert: Miniature 95pc fat-free Christmas pudding.

HOW IT HELPS: Tofu is another great source of plant hormones that could reduce prostate cancer risk. Christmas pudding is full of essential fatty acids and anti-oxidating dried fruits.

SUNDAY

BREAKFAST: Boiled free-range egg with wholemeal 'soldiers'. Breakfast smoothie made by blending 1 peeled ripe banana with 1*2 pint skimmed or semi-skimmed milk, 1 tsp honey and 1 tbsp wheatgerm.

HOW IT HELPS: Supplies more valuable whole grains and antioxidants. Eggs are often thought to be high in saturated fat, but they actually contain only 1.5g each ? or 5 pc of the maximum daily amount recommended for a man.

LUNCH: Chicken or tuna sandwich with lots of salad and no mayonnaise. Pack of reduced fat crisps. Two kiwi fruit.

HOW IT HELPS: Sticking to sandwich fillings such as chicken and tuna helps keep saturated fat low. The occasional bag of plain crisps (rich in polyunsaturates, not saturates) doesn't do any harm.

DINNER: Mediterranean vegetable steamfry. Chop a selection of vegetables such as carrots, broccoli, cauliflower and mange tout, and saute in a dab of olive oil for 5 minutes. Then add 1 level tablespoon of fresh mixed herbs, 2oz (50g) black olives and some pasta sauce to taste. Put the lid back on the pan and steam for 5 minutes. Dessert: Blackberry and apple crumble with skimmed organic milk custard.

HOW IT HELPS: Another great source of the brightly coloured fruits and vegetables that contain minerals, lycopene and beta-carotene which improves immunity.

Source: https://www.dailymail.co.uk/health/article-3017/The-anti-prostate-cancer-diet.html

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Multidisciplinary (MultiD) Care: Taking the Bias Out of Prostate Cancer Treatment

- No, it's not a vitamin, it's a new model of care planning

An MRI crossection of the prostate
Over the past decade, there has been significant growth in the percentage of men with low- and very-low risk prostate cancer (PCa) opting for active surveillance (AS).

Ten years ago, when I was diagnosed with very-low-risk prostate cancer and chose AS, the vast majority of men like me, 84%-90%, chose radical prostatectomy or radiation therapy. This meant that men were more comfortable with accepting the risks of incontinence, impotence, and other side effects from "definitive" treatments. I was not, and chose AS after getting a second opinion.

Since then, other American men increasingly have been opting for AS over aggressive treatment -- somewhere around 40%-60% of low-risk candidates. This is a sea change in care for patients, though well below the approximately 80% who choose AS in Sweden.

But some new research suggests that Swedish levels are attainable in the U.S.

The secret ingredient? It's overcoming treatment bias using multidisciplinary (MultiD) care. In these scenarios, typically in major cancer centers, patients get opinions from experts in multiple specialties rather than just seeing a series of urologists.

Centers offering multi-disciplinary care aim for a one-stop-shop involving a urologist and a radiation oncologist, and sometimes a medical oncologist, who has no skin in the game and can act as an umpire. The doctors from different specialties attempt to reach a consensus in a single patient visit. The patient's family doctor also can help the patient find a comfortable path.

Researchers at MD Anderson Cancer Center in Houston reported in the journal Cancer in February that their MultiD clinic had dramatically increased the proportion of men choosing AS.

Radiation oncologist Deborah Kuban, MD, one of the co-authors and vice president for clinical operations with the MD Anderson Cancer Network, said, "In our clinic, in 2004, about 10% of these men chose active surveillance. In 2016, the last year of our study, 80% of these patients chose active surveillance."

The study is the largest to date involving a MultiD clinic. A total of 4,451 men with prostate cancer presented to the clinic from 2004 to 2016.
The Anderson clinic model includes a urologist and a radiation oncologist.

Similar results were found in a study in the Journal of Clinical Oncology in September 2012 of the MultiD clinic at Massachusetts General Hospital in Boston. In a four-year study, the first of its kind, researchers compared the choice of active surveillance or definitive treatment in 701 men who had gone to a MultiD clinic versus seeing a single practitioner.

Mass General radiation oncologist Jason Efstathiou, MD, PhD, said the proportion of men opting for AS was 43% in those presenting in a MultiD clinic versus 22% who presented to an individual urologist or radiation oncologist. In the intervening years, the proportion of men opting for AS had grown to 70%-80%, comparable to the Anderson findings, he said.

The results in men attending MultiD clinics are impressive.

Why does that happen? It involves a number of factors, including the elimination of bias on the doctors' part and patients having their confidence in accepting AS increased with opinions from doctors in competing specialties.

Kuban and Efstathiou agreed that, by having doctors from competing disciplines review the cases at the same time, the natural prejudice in favor of a physician's own tools falls by the wayside.

"Patients have actually told us that they feel comfortable because they have more than one doctor telling them what their best choice is, explaining it to them, giving them the reasons behind it, setting up a program for them to do it," said Kuban. "Doctors in MultiD clinics try to be objective and not serve their personal agendas."

She noted that doctors at academic medical centers don't have an incentive to push their personal approach for treatment because they're salaried. "I don't get paid for each patient I see. So if I put a patient on active surveillance, and I don't radiate them and don't generate that radiation income, it doesn't matter to me. I'm going to get my paycheck at the end of the day."

Efstathiou said bias by urologists and radiation oncologists toward recommending their own tools is well-documented. To a carpenter with a hammer in hand, everything looks like a nail.

Doctors may deny favoring their own bank accounts over patient well-being. But Efstathiou noted that research years ago showed that when urologists owned radiation clinics, their patients disproportionately tended to undergo more expensive courses of radiation therapy.

Kuban said this is natural: "We have a bias toward what we do. We know it best. We know how it works, and some people tend to think that what they do works best. I don't tend to think that. I

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think that radiation is a good option for some patients, not a good option for others, and there are other options. And so, a lot has to be known about the patient, their cancer, their particular circumstances."

She contended that having all specialties represented in MultiD clinics eliminates bias: "This approach keeps doctors honest and objective."

So if MultiD serves patients' interests, why isn't it more commonly used?

One of the key reasons relates to the logistics of having the patient meet at one time with all specialists, if possible, or squeezing appointments on the same day under one roof.

Efstathiou said it's nearly impossible outside the academic setting to schedule all specialists to be in the same room at the same time. But for the patient, it accomplishes in an hour what otherwise might take three hours with sequential visits.

He added: "And whenever you're in the room with your colleagues, I think there's a greater potential to reach a consensus. And I also think it rids itself further of any potential bias that an individual provider might have when they're alone with a patient versus in front of their colleagues."

Efstathiou said medical centers potentially could market their MultiD clinics as a point of distinction. He noted that Mass General offers MultiD clinics for all cancers.

For that matter, MD Anderson is spreading the gospel of AS to affiliated clinics throughout the country, for quality assurance and oversight, said Kuban. She said Banner Health, the system based in Phoenix; Scripps Health, based in San Diego; and Cooper University Hospital in Camden, New Jersey -- all Anderson network members -- have or will have MultiD clinics.

"We are committed to the idea," Kuban said.

MultiD sounds like a vitamin that will spare many patients from the side effects of overtreatment of low-risk prostate cancer. MultiD doesn't work under the models used by most clinics, but it's worth a try. It gives patients with low-risk disease the confidence and peace-of-mind they need to take a leap of faith to follow AS and learn to live with their cancer.

by Howard Wolinsky,
Contributing Writer, MedPage Today

March 12, 2020

Source: https://www.medpagetoday.com/special-reports/apatientsjourney/85388

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Genetic Testing for Prostate Cancer

Thanks to research funded by the Prostate Cancer Foundation, we now know that some prostate cancers are caused by genetic mutations. In 12%-20% of families, certain cancer-causing genes are passed down from mothers and fathers to sons and daughters. These are referred to as germline genetic mutations.

A genetic mutation is a change in part of the normal DNA that makes up a gene. Most mutations are hereditary, meaning that they are passed down from one family member to another. Mutations can also be caused after birth by various lifestyle and environmental factors, such as smoking or the UV rays from the sun.

Genetic mutations can be passed down from father to son, father to daughter, mother to son, or mother to daughter. Since we now know that some of the same genes that cause prostate cancer also cause other forms of cancer (such as breast, colon, stomach, etc.) – and vice versa – it can be important to be screened early if you have a history of cancer in your family, even if it's not prostate cancer. Screening, referred to as germline genetic testing, is easy and can be done with a simple saliva test or blood test.

All men with metastatic prostate cancer are now encouraged to speak to their physician about whether they may need germline genetic testing.

For more information on the genetics of risk, download the Patient Guide

Someday soon, genetic screening will be the first step that any doctor takes in diagnosing and treating many different types of disease. As medicine continues to transition to this new system of precision medicine, be prepared to be your own patient advocate: know your family history, and don't be shy about asking your doctor if genetic counseling or screening is right for you.

Source: https://www.pcf.org/patient-resources/family-cancer-risk/genetic-testing-prostate-cancer/

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

Publications Agreement
40037332

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FUTURE MEETINGS 2020

Watch this space for speakers for future meetings which will resume once the Covid-19 crisis passes

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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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