

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!

Thought of The Day

"If you wish to succeed in life, make perseverance your bosom friend, experience your wise counselor, caution your elder brother, and hope your guardian genius."

Joseph Addison

Public meetings cancelled until further notice

Covid-19 Update_May 2021

First the good news.....vaccine availability is rapidly increasing bringing with it the promise that our progress toward herd immunity will greatly speed up. Since vaccines protect against the new variants the threat posed by such variants will be eliminated.

The bad news is that a third wave of covid is upon us. It appears that in the race between vaccination and infection of the public that infection is in the lead. Thus until this current wave passes, the lockdown continues. In the meantime our activities shall stay "on hold" for a while longer.

So..... stay safe, get vaccinated, and remind your friends and neighbours to also get vaccinated. It is said by wise persons that the night is darkest just before the dawn. Take heart from the present darkness that it portends the coming dawn.

The Board

COVID-19 Vaccines – Information for People with Prostate Cancer

Are COVID-19 vaccines safe for men with prostate cancer?

Three of the coronavirus vaccines that have been approved for use include the Pfizer/BioNTech vaccine, the Oxford-AstraZeneca vaccine, and the Moderna vaccine. Clinical studies involving tens of thousands of people have shown that all three vaccines are safe for the overwhelming majority of people.

A small number of people with a history of serious allergies have had a severe reaction, called

'anaphylaxis', immediately after receiving the Pfizer/BioNTech or the Moderna COVID-19 vaccines.

Anaphylaxis can be a rare side effect of any vaccine, and all health professionals who give vaccines have been trained to treat it. However, because of this risk, these vaccines may not be suitable for people with a history of anaphylaxis caused by a food or medicine allergy.

If you've had a severe allergic reaction in the past, it's very important to discuss this with your GP before having a COVID-19 vaccine.

Does the Oxford-AstraZeneca vaccine cause blood clots?

Recent research suggests a possible link between the Oxford AstraZeneca COVID-19 vaccine and extremely rare blood clots. But these blood clots can happen naturally, so more research is needed before we know whether the AstraZeneca COVID-19 vaccine causes them.

If you've already had your first dose of the Oxford AstraZeneca COVID-19 vaccine, and didn't

(Continued on page 2)



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.

(Continued from page 1)

experience these rare blood clots, scientists believe it's safe for you to have your second dose.

If you haven't had your first dose and you're at higher risk of blood clots (because of a health condition or medication), as a precaution your doctor may recommend the Pfizer/BioNTech vaccine or the Moderna vaccine instead. Anyone who experienced these rare blood clots after their first dose will be offered a different vaccine for their second dose.

As with any vaccine or treatment, speak to your doctor, pharmacist or nurse if you get any unusual side effects after having a COVID-19 vaccine.



Most people who receive two doses of any of the COVID-19 vaccines approved for use in the UK will be protected against severe illness from coronavirus. But you may not be protected until at least seven days after your second injection. And we don't yet know how long the vaccines work for.

But it's important to remember that this was just one study, involving a small number of people. We need more research before we can know for certain how well the vaccine works in people with cancer. *Even if the vaccine doesn't give full protection in some people, it may likely still be better than not having it at all.*

Speak to your doctor before having the COVID-19 vaccine and remind them that you're having chemotherapy. They can help you decide whether to have the vaccine. If you do have the vaccine, your doctor will probably arrange for you to have each dose at a particular point in your chemotherapy treatment cycle. Your immune system is likely to be strongest immediately

before you start a new treatment cycle.

Are the COVID-19 vaccines safe for men having chemotherapy?

The Pfizer/BioNTech vaccine and the Moderna vaccine do not contain a live virus, so you can't catch COVID-19 from these vaccines and they are safe for men having treatment for prostate cancer, including chemotherapy.

The Oxford-AstraZeneca vaccine is made by changing a virus that causes the common cold in chimpanzees, but that is harmless in humans. The virus has been changed so that it can't multiply inside people. This means it can't cause illness and is safe for people having treatments that weaken the immune system, such as chemotherapy.

However, you should still talk to your medical team about whether to have the vaccine if you're having chemotherapy.

Will the vaccine stop me getting coronavirus?

As with any vaccine, there is still a small risk of catching the virus afterwards – but the symptoms should be less severe.

Will it work if I'm having chemotherapy?

We don't yet know how well the vaccines work in people with a weak immune system, including men having chemotherapy to treat prostate cancer. This is because the vaccines have only been tested in a small number of people having chemotherapy or other medicines that weaken the immune system.

A recent study suggests the Pfizer/BioNTech vaccine may not give people with cancer *as much* protection against coronavirus as it does in healthy people. This includes people with cancer who aren't having chemotherapy.

Should I have the COVID-19 vaccine?

This is a personal decision, and only you can decide whether to have the vaccine. But it is the best way to protect yourself against severe COVID-19 illness.

There is a lot of information on the internet about vaccines and it's hard to know which information to trust. You should be able to find the most up-to-date information about COVID-19 vaccines on the Health Canada website.

It may help to talk to your family or friends if you're not sure what to do. Your doctor or nurse can also talk to you about the vaccine and help you decide what's right for you.

Source: <https://prostatecanceruk.org/prostate-information/coronavirus-covid-19-and-prostate-cancer/covid-19-vaccine>

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SBRT Safe In Patients With Prostate Cancer And Multiple Metastases

Stereotactic body radiotherapy (SBRT) is a safe treatment for patients with prostate cancer and multiple metastases, according to findings from the National Cancer Institute (NCI)-funded phase 1 NRG-BR001 trial published in *JAMA Oncology*.^{1,2}

The NRG-BR001 trial, which also included patients with breast and lung cancer who had multiple metastases, showed that there were no dose-limiting toxicities (DLTs) with SBRT across all 3 tumor types. Patients in the trial had oligometastatic disease with 3 to 4 metastases or 2 metastases close together (≤ 5 cm).

“Prior to this trial, little to no evidence was available to support that SBRT is a safe and tolerable treatment option for patients who have multiple metastases. Researchers have hypothesized that SBRT could improve survival outcomes for this patient population; however, it was imperative we determine the safety of this procedure, appropriate dose and scheduling, and how to coordinate across multiple centers the quality assurance of the procedures prior to testing its efficacy,” lead study author Steven J. Chmura, MD, PhD, of the Department of Radiation and Cellular Oncology at the University of Chicago Comprehensive Cancer Center, stated in a press release.

“To ensure safety, this trial used an extensive radiation QA process to test the accuracy of treating moving tumors and was the first NRG trial to require the use of 3D image guidance during treatment for soft tissue tumors,” added

Chmura.

Between August 4, 2014, and March 20, 2018, the study enrolled 42 patients, 35 of whom were eventually evaluable for DLTs. Of these 35 patients, 13 (37.1%) had prostate cancer, 12 (34.3%) had breast cancer, and 10 (28.6%) had NSCLC. The mean age was 63.1 years, 57.1% were men, and 85.7% were White.



The median number of metastases treated for each patient was 3. Patients had metastases to 7 locations in the body: bone/osseous, spinal/paraspinal, peripheral lung, central lung, abdominal-pelvic, mediastinal/cervical lymph node, and liver.

No protocol-defined DLTs were observed. There were 8 cases of grade 3 adverse events (AEs) likely related to study treatment. These occurred in 7 patients between around 125 and 556 days after starting SBRT. “Late grade 3 AEs demonstrate the need for extended follow-up in long-surviving patients with oligometastatic disease,” the authors wrote in their conclusion.

Multiple ongoing phase 2/3 NCI-supported randomized trials, including NRG-BR002 and NRG-LU002, are further examining SBRT in patients with cancer and multiple metastases.

“These are important data from the multicenter study, confirming that complicated stereotactic body radiotherapy to multiple sites is safe and feasible.

We eagerly await the results of ongoing, larger randomized trials to demonstrate how effective this is when compared to drug therapy alone for metastatic cancer,” Mitchell Machtay, MD, associate dean for Clinical Cancer Research at the Penn State College of Medicine and the interim Group Chair for NRG Oncology, stated in the press release.

Reference

1. NRG Oncology Study Shows Safety of Using Stereotactic Body Radiotherapy to Treat Multiple Metastases. Published online April 27, 2021. Accessed April 27, 2021. <https://bit.ly/3nCiuaat>.
2. Chmura S, Winter KA, Robinson C, et al. Evaluation of safety of stereotactic body radiotherapy for the treatment of patients with multiple metastases: findings from the NRG-BR001 phase 1 trial [published online ahead of print April 22, 2021]. *JAMA Oncol*. doi: 10.1001/jamaoncol.2021.0687

April 27, 2021 Jason M. Broderick

Source: <https://www.urologytimes.com/view/sbirt-safe-in-patients-with-prostate-cancer-and-multiple-metastases>

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Radiation Treatment for Prostate Cancer

It's estimated that 1 in 8 men will be diagnosed with prostate cancer in their lifetime. Prostate cancer is the second most common cause of cancer death for men in the United States only behind lung cancer.

However, the majority of prostate cancers tend to grow relatively slowly, and they have a good outlook if treated early.

Radiation therapy is one treatment your doctor may recommend for prostate cancer. It may be used either by itself or in combination with other treatment options, such as hormone therapy, active surveillance, and prostatectomy (surgery).

What is radiation treatment for prostate cancer?

More than half of people undergoing cancer treatment get radiation therapy.

The treatment uses concentrated waves of intense energy to destroy cancer cells. The radiation may be in the form of X-rays, gamma rays, electron beams, or protons. These high-energy waves break down the DNA inside cancer cells and prevent them from replicating.

Radiation therapy can also damage healthy cells, but treatment seeks to minimize damage to healthy tissue. Normal cells can often recover from damage once treatment stops.

When is radiation therapy used for prostate cancer?

According to the American Cancer Society, radiation therapy may be used to treat prostate cancer:

- as the first treatment for low-grade cancer contained to the prostate gland
- as the first treatment in combination with hormone therapy for cancer that's growing outside the prostate and into nearby tissue

- after surgery if the surgery doesn't completely get rid of the cancer or if the cancer grows back
- to keep advanced cancer under control and to help prevent symptoms

What are the types of radiation therapy used for prostate cancer?

Two types of radiation therapy are used to treat prostate cancer. These are external beam radiation therapy and brachytherapy.

External beam radiation therapy

During external beam radiation therapy, a machine aims beams of concentrated radiation at cancer cells in the prostate. It may be used to treat cancer in the early stages or to help relieve symptoms if cancer spreads to bone. The procedure is generally painless.

According to the American Cancer Society, people typically undergo radiation therapy 5 days per week for at least several weeks.

External beam radiation therapy can be broken into several subcategories:

- Intensity-modulated radiation therapy. A machine connected to a computer adjusts your position as the machine delivers radiation. The intensity and angle of the beams of radiation can be adjusted.
- Three-dimensional conformal radiation therapy. A computer maps cancer cells before radiation beams are aimed at your prostate from several directions.
- Stereotactic body radiation therapy. Large doses of radiation are administered in a short period. Treatment is usually given over a few days.
- Proton beam radiation therapy. Concentrated beams of protons are used to target cancer. In theory, proton beam radiation can deliver

more radiation while doing less damage to healthy tissues.

Brachytherapy (internal radiation therapy)

Brachytherapy uses small radioactive pellets about the size of rice grains to kill prostate cancer cells. It's generally only used for people with early stage prostate cancer.

Your doctor will position the pellets in your prostate with help from imaging techniques such as an ultrasound, computerized tomography (CT) scan, or magnetic resonance imaging (MRI).

Brachytherapy may be combined with external radiation if your cancer is at a high risk of growing outside your prostate.

There are two types of internal radiation therapy used to treat prostate cancer:

- Permanent brachytherapy. Radioactive material is inserted into your skin between your scrotum and anus using a needle. The pellets give off radiation for weeks to months.
- Temporary brachytherapy. A large dose of radioactive material is left in your prostate for about 5 to 15 minutes before being removed.

What are the side effects of radiation therapy for prostate cancer?

External beam radiation therapy and brachytherapy both have the potential to cause side effects. Generally, most side effects go away within 2 months of finishing treatment.

External beam therapy

Potential side effects of external beam therapy include:

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Radiation proctitis

Radiation can irritate the lining of your rectum. This can lead to diarrhea, blood in your stool, or rectal leakage. In the majority of cases, these symptoms go away after treatment, but in rare cases, they may be permanent.

Radiation cystitis

Bladder irritation caused by radiation is called radiation cystitis. Symptoms can potentially include:

- frequent need to urinate
- burning during urination
- blood in your urine
- dribbling or leaking after urinating
- narrowing of urethra

Symptoms generally improve shortly after treatment, although they can sometimes be permanent. Developing leaking or dribbling when urinating more commonly occurs after prostate surgery than radiation therapy.

Erection problems

After receiving radiation therapy for an extended period, you may develop erectile dysfunction. Your chance of developing erectile dysfunction increases the longer you're on radiation.

Fatigue

Radiation therapy commonly causes fatigue that remains for weeks or months after treatment is finished. Most people begin to feel tired within weeks of starting radiation therapy.

Lymph node damage

Lymph nodes help circulate fluid around your body and contain immune cells. Radiation therapy can damage lymph nodes around your prostate and may lead to swelling or pain.

Brachytherapy

Internal beam therapy can cause similar symptoms as external beam radiation therapy such as radiation proctitis, trouble urinating, and erection problems.

Radioactive pellets used during brachytherapy can give off radiation for up to months. The amount of radiation is mostly contained to your prostate, but your doctor may recommend that you stay away from pregnant people or small children.

The pellets may also be picked up by detection systems at some airports, so you may want to bring a doctor's note with you when you're traveling.

Pellets can move, and in rare cases, they can move through your bloodstream and end up in other parts of your body such as your lungs or heart. Generally, this movement is harmless ^{Trusted Source}.

Talk with your doctor about side effects and what to expect

Your doctor can help you determine whether radiation therapy is right for you.

In addition, an oncologist — a doctor specializing in cancer treatment — can help you learn how to minimize your chance of developing side effects.

They can also refer you to local support groups where you can get in touch with other people who have undergone or are undergoing the same treatment.

Online support groups for prostate cancer

Us TOO. This organization has more than 200 support groups in the United States and abroad.

Prostate Cancer Research Institute. This website allows you to search for support groups by state.

Cancer Care. This site offers 15-week online support groups for people diagnosed with prostate cancer. Co-sponsored by the National Alliance of State Prostate Cancer Coalitions.

Male Care. This organization offers online support groups for people with prostate cancer and their partners or caregivers.

Imerman Angels. This support

community offers one-on-one support with a mentor.

Takeaway

Prostate cancer is the second leading cause of cancer death in men. Radiation therapy is one potential treatment option that uses concentrated waves of energy to break down the DNA of cancer cells.

Radiation therapy can be used by itself or together with other treatments such as hormone therapy.

Your doctor can help you determine whether radiation therapy is right for you. You may find it helpful to join a support group to connect with other people who have undergone the same treatment.

Last medically reviewed on April 22, 2021

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Source: www.healthline.com/health/prostate-cancer/radiation-for-prostate-cancer#overview

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AHA Statement Flags CV Risk of Hormonal Cancer Therapies

Hormonal therapies for the treatment of hormone-dependent breast and prostate cancer could raise the risk for myocardial infarction (MI) and stroke, and patients need to be closely monitored to allow early detection and treatment of cardiovascular disease (CVD), the American Heart Association (AHA) says in a new scientific statement.

"The statement provides data on the risks of each type of hormonal therapy so clinicians can use it as a guide to help manage cardiovascular risks during cancer treatment," Tochi Okwuosa, DO, chair of the writing group, said in a news release.

"A team-based approach to patient care that includes the oncology team, cardiologist, primary care clinician, dietician, endocrinologist, and other healthcare professionals as appropriate is needed to work with each patient to manage and reduce the increased risk of heart disease and strokes associated with hormonal therapy in breast and prostate cancer treatment," said Okwuosa, director of cardio-oncology services, Rush University Medical Center, Chicago.



The scientific statement was published online April 26 in *Circulation: Genomic and Precision Medicine*.

Hormone-dependent cancers, such as prostate and breast cancer, are the most common noncutaneous cancers in the United States and around the world. As hormonal therapies have markedly improved survival in these patients, CVD has emerged as a leading cause illness and death.

The increased CVD burden might be explained by the increasing average age of cancer survivors, leading to higher rates of age-related CV risk factors and coronary artery disease.

The writing group reviewed existing evidence from observational studies and randomized controlled trials on the cardiovascular impact of anticancer hormonal therapies.

Among the key findings:

- In patients with breast cancer, tamoxifen has been shown to increase the risk for venous thromboembolic events, but to have somewhat protective to neutral effects on CVD risk burden and CVD events. Conversely, aromatase inhibitors have been shown to increase the risk for CVD risk factors and events, including MI and stroke.
- Androgen-deprivation therapy for prostate cancer appears to increase the risk for CV events, although gonadotrophin-releasing hormone (GnRH) antagonists are associated with a lower risk for CV events than GnRH agonists. The oral antiandrogens appear to be associated with increased CVD risk as well, particularly when used for complete androgen blockade as combination GnRH/anti-androgen therapy.
- The duration of hormonal therapies has a significant impact on CVD risk; the longer patients receive hormonal therapy, the greater the risk. More research is needed to better define the risks associated with duration of treatment.
- The data are mixed on the impact of pre-existing CV risk factors and CVD on CV events associated with hormonal therapy. Although the presence of baseline CV risk factors and CVD can increase CV events associated with aromatase inhibitors, it is not clear that tamoxifen does.

- Studies suggest that patients with prostate cancer and baseline CVD and CV risk factors have increased rates of CV events when treated with androgen-deprivation therapy.
- Although the prolonged use of some hormonal therapies worsens CV risk factors and metabolic syndrome, the effects of the duration of therapy on CV events are less clear.

The writing group says there are currently no definitive guidelines for the monitoring and management of hormonal therapy-related CVD risks.

They encourage clinicians to be alert for worsening CV problems in those with pre-existing heart disease or risk factors, and to recognize that even patients without pre-existing CV problems are at higher risk because of their exposure to hormonal therapies.

"For patients who have two or more cardiovascular risk factors, it is likely that referral to a cardiologist would be appropriate prior to beginning hormone treatment. For patients already receiving hormonal therapies, a discussion with the oncology team can help to determine if a cardiology referral is recommended," Okwuosa said in the news release.

This scientific statement was prepared by the volunteer writing group on behalf of the AHA Cardio-Oncology Subcommittee of the Council on Clinical Cardiology and the Council on Genomic and Precision Medicine; the Council on Arteriosclerosis, Thrombosis and Vascular Biology; and the Council on Cardiovascular Radiology and Intervention.

The research had no commercial funding. Okwuosa has disclosed no relevant financial relationships. *Circ Genom Precis Med*. Published online April 26, 2021.

Megan Brooks April 26, 2021

Source: www.medscape.com/viewarticle/949979



White Button Mushrooms May Slow Progression of Prostate Cancer

WHITE button mushrooms are reported to slow down the progression of prostate cancer - a disease that kills 32 men every year in the UK. The latest research was presented virtually at the Endocrine Society's annual meeting.

Early indicators of prostate cancer include urinary issues, such as needing to urinate more frequently, often during the night. As with any cancer, if the tumour hasn't spread, the more likely treatment will be successful. Lead researcher Xiaoqiang Wang presented the breakthrough discovery that mushrooms could help quell the abnormal reproduction of cancerous cells. Wang explained: "Androgens, a type of male sex hormone, promote the growth of prostate cancer cells by binding to and activating the androgen receptor, a protein that is expressed in prostate cells.

"White button mushrooms appear to suppress the activity of the androgen receptor."

The investigation was prompted by an earlier study where Dr Shiuan Chen, who conducted a "phase one" clinical trial of white button mushroom powder in patients with recurrent prostate cancer.

The men in Chen's trial had reduced levels of prostate-specific antigen (PSA) in their blood after consuming mushroom powder, with minimal side effects.

Heightened blood levels of PSA may indicate the presence of existing prostate tumours.

Mushrooms might stall the progression of prostate cancer, according to research

However, there is caution surrounding PSA testing, because it can be "unreliable", said the NHS.

PSA testing can produce "a false-positive result", which is when high PSA levels suggest prostate cancer when there isn't a really a tumour.

"Furthermore, up to 15 percent of men with prostate cancer have normal PSA levels," said the NHS.

The national health body added: "The PSA test can find aggressive prostate cancer that needs treatment.



"But it can also find slow-growing cancer that may never cause symptoms or shorten life."

Regardless, Wang wanted to investigate the link between mushrooms and prostate cancer further.

For his experiment, his research team studied the effects of mushroom extract on mice implanted with human prostate tumours.

The researchers discovered that white mushroom extract suppressed androgen receptor activity in prostate cancer cells.

Mushrooms are rich in B vitamins

They also found that mice treated with white mushroom extract – for only six days – had a prostate tumour growth that was "significantly suppressed". In addition, levels of PSA in the blood had also decreased.

Wang commented on the findings: "We found that white button mushrooms

contain chemicals that can block the activity of the androgen receptor in mouse models, indicating this fungus can reduce PSA levels."

He added: "While more research is needed, it's possible that white button mushrooms could one day contribute to the prevention and treatment of prostate cancer."

The animal model will be more reliable once the research is implemented in human clinical trials.

Having a healthy diet is key to live longer

The warning signs of prostate cancer The NHS outlined the early warning signs of prostate cancer, which include:

- Needing to pee more frequently, often during the night
 - Needing to rush to the toilet
 - Difficulty in starting to pee (hesitancy)
 - Straining or taking a long time while peeing
 - Weak flow
 - Feeling that your bladder has not emptied fully
 - Blood in urine or blood in semen
- "These symptoms do not always mean you have prostate cancer," added the NHS.

It could be a sign of prostate enlargement (which isn't cancerous), but it's always best to discuss these symptoms with your GP.

By CHANEL GEORGINA

Thu, Apr 22, 2021

Source: www.express.co.uk/life-style/health/1426634/white-button-mushrooms-slow-progression-prostate-cancer

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FUTURE MEETINGS 2021

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Watch this space
 for information
 on the latest status.

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