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Thanks!

Thought of The Day

“When you cannot move a mountain, it is only because you were meant to climb it.”

- Matshona Dhliwayo

Public meetings cancelled until further notice

Covid-19 Update October 2021

The drama and frustration goes on. The fourth wave of covid is rippling through our society, so we wait. Hopefully after this latest surge of infections the predominance of immune persons, due to vaccination as well as natural infection, will be such that there will be no fifth wave. Let us cross our fingers that that will indeed be the case. As always we continue to be guided by the advice from the public health professionals and will resume activities only once it is safe to do so. In the meantime stay safe, and respectfully encourage anyone not yet vaccinated to get the jab.

The Board.

Prostate Cancer: Expert Addresses Some Common Misconceptions

The PSA test measures levels of prostate-specific antigen in the prostate, not cancer, said Dr Anish Kumar Gupta

Prostate cancer is one of the most asymptomatic cancers in oncology

“Prostate cancer remains one of the least talked about cancers in the general public, at least in India. Hence there remains a great deal of confusion surrounding this disease,” said Dr Anish Kumar Gupta, andrologist, urologist, urological surgeon and sexologist who consults on Practo.

He added that most men, when asked about the disease will either have “notions of their own, unsubstantiated by medical information, or change the topic or just joke about it.”

“Most men who have ever heard about a Prostate Specific Antigen (PSA) will say that the PSA is the benchmark for Cancer Prostate diagnosis for them and their physicians,” he said as he went on to address some misconceptions about the disease.

1. Prostate cancer is an old man’s disease. **Wrong!**

65 per cent of cases are diagnosed in men who are 65 or older, while 35 per cent men are diagnosed at an early age.

Age Wise incidence:

< 40 Years: 1 in

10,000 men

40 – 50 Years: 1 in 40 to 60 men.

60 – 69 Years: 1 in 15 men.

There are many risk factors to consider – race, family history, physical health, lifestyle and even geographic location.

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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.

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2. No symptoms means no prostate cancer. **Wrong!**

“Prostate cancer is one of the most asymptomatic cancers in oncology, meaning not all men experience symptoms. Many times, symptoms can be mistaken or attributed to something else,” said Dr Gupta.

Signs of prostate cancer are often first detected by a doctor during a routine check-up. Common symptoms include a need to urinate frequently, difficulty starting or stopping urination, weak or interrupted flow of urination, painful or burning urination, difficulty having an erection, painful ejaculation, blood in the urine or semen, or frequent pain and stiffness in the lower back, hips or upper thighs. If you experience any of these symptoms, be sure to tell your doctor.

3. Prostate cancer is a slow growing cancer; I don't need to worry about. **Sometimes, yes. Sometimes, no.**

“Aggressiveness can be commented upon only after biopsy keeping in mind

the patient's age and health status. Patients need to understand the complexity of this disease and make treatment decisions that are right for them in consultation with a trusted urologist,” he stressed.

4. Prostate cancer doesn't run in my family, so the odds aren't great that I will get it. **Wrong!**

Not entirely true, but family history doubles a man's odds of being diagnosed to 1 in 3. This compares to 1 in 8 women who will be diagnosed with breast cancer. Family history and genetics do play a role in a man's chances for developing prostate cancer. A man whose father or brother had prostate cancer is twice as likely to develop the disease. The risk is further increased if the cancer was diagnosed in a family member at a younger age (less than 55 years old), or if it affected three or more family members.

5. The PSA test is a cancer test. **Wrong!**

The PSA test measures levels of prostate-specific antigen in the prostate,

not cancer. PSA is produced by the prostate in response to a number of problems that could be present in the prostate including an inflammation or infection (prostatitis), enlargement of the prostate gland (benign prostatic hyperplasia) or, possibly, cancer.

Think of it as a first alert smoke alarm, instead of a fire alarm. The PSA test may be the first step in the diagnostic process for cancer. It has made detection of cancer in its early stages, when it is best treated, possible. Experts believe the PSA test saves the life of approximately 1 in 39 men who are tested.

The flip side is also the fear of over-detection of cancer, which may not affect the patient in his lifetime. This is supported by various Cancer Watchdog Organizations world over.

By: Lifestyle Desk New Delhi
September 25, 2021

Source: <https://indianexpress.com/article/lifestyle/health/prostate-cancer-common-misconceptions-7527491/>

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Pain Relief Tips for Men With Advanced Prostate Cancer

Advanced prostate cancer can spread to your bones, causing pain — but there are steps you can take to find relief.

Pain caused by advanced prostate cancer can make activities challenging, but there are ways to manage it.

Not all men with advanced prostate cancer experience pain, but many will, particularly if the cancer has spread to their bones.

While oncologists focus on medical treatments for advanced prostate cancer, they are also increasingly concerned with treating this pain.

“The good news is, I really think we're doing much, much better preventing and controlling pain in prostate cancer,”

says Timothy Gilligan, MD, an oncologist at the Cleveland Clinic. “When I trained in medical school, and finished in 2001, we used to say people with prostate cancer had a good life until the last six months.”

The reason? At that time, doctors had fewer treatments for prostate cancer and the pain it can cause.

“Intractable pain used to be expected for a significant proportion of men,” Dr. Gilligan says. “Now we have better treatments for the cancer and for the pain, so intractable pain is much less common.”

When Prostate Cancer Spreads to the Bones

When prostate cancer metastasizes, it

most often spreads to the bones, such as the spine, hips, and pelvis, according to the American Cancer Society (ACS).

Bone metastases can cause pain in these areas and weaken the bones, leaving men vulnerable to fractures from a fall or other accident. These fractures can cause pain directly, but metastatic cancer can also put pressure on nerves, particularly if it spreads to the spine, which in turn can cause more pain, according to Prostate Cancer UK. If the tumor compresses the nerves in the spine, it can cause symptoms like numbness, tingling, and pain in your arms, legs or back, Prostate Cancer UK says.

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Strategies to Relieve Pain

Pain from advanced prostate cancer can be chronic and may interfere with your ability to do the things you want or need to do. But there are steps you can take to control or relieve pain. Try these tips:

1. Follow your treatment plan.

Standard treatments used to prevent or slow the growth of prostate cancer may also help relieve symptoms such as pain. These include hormonal therapy (blocking testosterone, which can fuel tumor growth); chemotherapy, which directly attacks the tumor; and surgery, according to ACS.

Additionally, there are treatments that can target bone metastases more specifically; options include drugs called bisphosphonates, which help strengthen bones and prevent fractures; external radiation therapy; ablation techniques; corticosteroids; and pain medications.

Men with advanced prostate cancer should stick closely to their treatment protocol, says Gilligan, because “we have abundant evidence that [the treatments] reduce pain.”

2. Take steps to reduce stress.

“How we experience pain is strongly influenced by our mental state,” says Gilligan. Work with family members and your spouse or partner to reduce stress — less stress may help reduce pain. While you can’t avoid stress completely, getting plenty of sleep, eating well, staying active, and practicing relaxation techniques like deep breathing and meditation can help keep your stress level in check, according to the National Institutes of Health (NIH).

3. Stay active.

Another proven way to manage stress and pain is through exercise, according to the NIH. The agency recommends at least 30 minutes a day to boost your

mood and reduce stress. What’s more, regular exercise can also help strengthen bones, reducing the risk of fracture, according to the American Academy of Orthopedic Surgeons.

A review published in June 2020 by the journal *Cancers* found that regular exercise in men with advanced prostate cancer improves bone density — a measure of bone strength — in the spine and hips and reduces their risk for pain-causing fractures.

If you’re already active, be sure to talk to your doctor about any exercise modifications you should make to avoid irritating areas where the cancer has metastasized — your doctor may recommend avoiding activities like lifting heavy weights, bending and twisting, and high-impact exercises, Gilligan advises.

Men with advanced prostate cancer should get medical clearance from their doctor before embarking on an exercise program. Start slowly — go for a short daily walk, for example, and gradually build from there, gradually incorporating other types of exercises, according to the ACS. You can work with a personal trainer or physical therapist to develop an exercise plan that’s safe for you.

4. Get a massage.

Massage may help relieve stress and pain in people with cancer, according to the ACS. Just be sure to tell your massage therapist that you have prostate cancer, says Gilligan, because your bones might be weak. If you have a lot of cancer in your bones, the massage therapist should know, so they can adjust the strength of the massage technique accordingly. You may also want to get a doctor’s letter to assure your therapist that massage is safe for you.

5. Pay attention to aches and pains — especially in the bones.

When cancer weakens bones, they can

become painful and it can hurt to stand up. If you experience such pain and difficulty, it’s important to report these symptoms to your doctor, according to the ACS. If some part of a bone has been damaged by tumors, a surgeon may be able to affix a rod to help strengthen it.

6. Work with a palliative care specialist to manage symptoms.

While your oncologist works with you to treat the cancer directly, palliative care specialists are doctors, nurses, and other healthcare professionals who are trained to help you find ways to improve the symptoms you’re experiencing and improve your quality of life, according to CancerCare, Inc., a nonprofit advocacy organization. These specialists focus on relieving pain, as well as helping you manage symptoms and stress.

“You want aggressive [cancer] treatments,” says Gilligan, “but you don’t want side effects from those treatments. Studies have shown that people who receive palliative care have less severe symptoms, experience less pain, and have better overall quality of life than those who don’t. Palliative care specialists “work in conjunction with us,” says Gilligan, “but oncologists are slow to get them involved sometimes.” Be your own advocate and ask your doctor for a referral to a palliative care specialist.

It’s also important to be aware that palliative care is not the same as hospice, or “end of life,” care. You can receive palliative care at any time after your cancer diagnosis to help get your symptoms under control and feel better.

By Paul Raeburn July 6, 2021

Medically Reviewed by Thomas Urban Marron, MD, PhD

Source: www.everydayhealth.com/hs/living-with-prostate-cancer/pain-relief/

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Benefits of Perioperative Yoga for Patients with Prostate Cancer

Dharam Kaushik, MD, and a team of investigators are the first to examine the benefits of perioperative yoga in patients diagnosed with localized prostate cancer.

Studies have already shown that yoga benefits health-related quality of life in patients with various types of cancers, but this outcome has not been evaluated in patients with prostate cancer.

Dharam Kaushik, MD, and a team of investigators are the first to examine the benefits of perioperative yoga in patients diagnosed with localized prostate cancer. They presented the findings of their study at the 2021 American Urological Association Meeting.¹ Kaushik is an associate professor and program director of Urologic Oncology Fellowship at the University of Texas Health, San Antonio.

Please discuss the background for this study.

When you look at newly diagnosed men with prostate cancer, the risk of depression or anxiety is 20% to 30%, and it doesn't end there. These patients with new diagnosis of prostate cancer are more likely to have an acute cardiac event and two-fold more likely to commit suicide. Given the finding of improvement in health-related quality of life, such as depression and anxiety in different disciplines, like neurology, psychiatry, breast cancer, and lung cancer, we started to look at the role of yoga in prostate cancer. That's the background of what drove us to look at yoga as an intervention for improving quality of life in men with prostate cancer.

What were some of the notable findings from this study? Were any of them surprising to you and your co-authors?

This is a small sample size, but it's a randomized clinical trial. In this pilot study of 30 patients, 15 patients were randomized to yoga and 15 other patients were controlled, meaning they



did not undergo yoga. We collected data on quality of life, immune cells, and cytokines. We collected at the baseline of the study and then at the end of 6 weeks, just prior to their surgery. We found that there was improvement in multiple quality of life scales within 6 weeks of doing yoga, such as physical well-being, mental well-being, and social well-being. We also saw differences in the immune and cytokine data. We saw some robust response in the immune system, and decreased inflammation using cytokines.

Is further research on this topic planned, and if so, what will it focus on?

We are looking at not only evaluating the quality of life in a large sample size, but also studying the mechanistic action—what's happening at the molecular level—by analyzing the immune cells and other markers of inflammation.

What is the take-home message for the practicing urologist?

Our data shows that in newly diagnosed men with prostate cancer, yoga improved quality of life as well as some immune markers, and lowered inflammation. Although further research is required, these patients, while waiting for their surgery, can enroll in a yoga program to enhance their mental, physical, and social well-being. This is a small sample size. We need to do a larger scale study. Most of this data, although very positive, is only hypothesis-generating.

Is there anything else you feel our audience should know about the research?

This data is very interesting. Again, we have to take it with the scientific mind, with a pause in acknowledging that this is a small sample size, and we need to do further larger scale studies. Although we are seeing some good outcomes coming out of this small 30-patient sample, we need to investigate this further.

Janelle Hart September 30, 2021
Conference | AUA: Prostate Cancer

Reference

¹ Kaushik D, Shah P, Mukherjee N, et al. A phase II randomized clinical trial of yoga in men with prostate cancer. Paper presented at: 2021 American Urological Association Annual Meeting; September 10-13, 2021; virtual. Abstract LBA02-03

Source: www.urologytimes.com/view/phase-2b-data-point-to-safety-efficacy-of-focal-therapy-in-intermediate-risk-prostate-cancer

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You've Been Told You Have Cancer. Now What?

When you find out that you have cancer, it's a lot to take in. You may feel a flood of emotions, such as disbelief, fear, and anger. And your first questions for the doctor might be, "How bad is it?" and "What are my options?"

After taking some time to start to process the news, you'll want an action plan. These strategies can help you understand the diagnosis, learn about all the treatment options (including their risks and benefits), set up a care team, and tap loved ones for support as you start out on the path ahead.

Learn as Much as Possible

Your doctor should have given you information about the type and stage of cancer, treatment options, as well as your outlook or prognosis. But the shock of the diagnosis can make it hard to remember all the details. Check the health records online or follow up so you can write it all down. Then use information from your doctor, and reputable online resources, to learn about your cancer. Knowledge truly is power. It helps you feel better prepared to understand the way forward with the disease.

Ask About Follow-Up Tests

Your doctor might want to do more tests such as biopsies, bloodwork, or imaging tests like an X-ray or MRI to learn more about your cancer and recommend treatments. You may want to share the results with another health care provider to get a second opinion before you decide on what treatment to start.

If you feel like you need to decide right away, ask your doctor if that's the case. You might be fine taking a couple of days or a week, or more, to decide. Don't put pressure on yourself to decide in a hurry if it's not necessary.

Form a Care Team

This group could include a patient navigator, oncologist, oncology nurse, social worker, dietitian, pharmacist, psychologist, and clergy (if you're religious). These experts can answer questions, provide medical services, or

offer support to address all of the physical and emotional effects of cancer treatment.

Explore Treatment Options

Your doctor will base their recommendations on the type of cancer, its stage, and your age and overall health. Surgery, radiation, chemotherapy, immunotherapy, or stem cell transplants are some of the broad categories.

In considering treatments, ask about the goal: Is treatment supposed to cure cancer, control its growth, or manage the symptoms? Also ask about the risks (including side effects) and benefits (including how effective the treatment is). Knowing this information will help you make the best decision.

Also, ask your oncologist to help you find clinical trials that are a good fit. These studies test new medications, devices, or procedures. They can be a way to try new cancer treatments before they're widely available. As with any other treatment, make sure you know what's involved, so you can decide what's right for you.

Understand Palliative Care

Palliative care is a holistic health care option for anyone with a serious illness, at any stage. It addresses physical, emotional, and social needs during treatment, and it can be offered in the hospital or at home. It may include helping you weigh your cancer treatment options, ease pain or fatigue, help with appetite, address depression, provide caregiver support, and line up paperwork that expresses your wishes about end-of-life decisions. Palliative medicine is available throughout cancer treatment, starting at diagnosis.

Practice Self-Care

When you go through cancer, you need this more than ever. It includes managing stress, which can help improve appetite, ease insomnia, and fight fatigue during cancer treatment.

Take time for your favorite activities,

like reading, meditation, yoga, walking, writing in a journal, or listening to music. Be around people who make you feel good. Take time to laugh, get out in nature, or watch movies or TV you enjoy.

There will be times during treatment when you don't have the same energy as before. But doing things that you love, to the extent that you're able to, is rewarding. Focusing on ways to feel happy and hopeful can improve your quality of life while you treat the disease.

Line Up Practical and Personal Help

Medical experts shouldn't be the only members of your cancer support team. Family and friends will want to offer support, too.

Even if you're used to being the person who helps others, this isn't the time to hold back. Think about what would help: grocery shopping or meal preparation, housecleaning, or transportation to medical appointments, or just a friendly ear.

Be specific about what would help and what wouldn't. Keep in mind that most people mean well but don't know what you need unless you tell them.

You might also consider joining a support group where you can talk about your feelings with others who are going through cancer treatment.

Look Into Community Programs

There are nonprofit groups that help you get financial support and the other things you need during cancer treatment. Ask your cancer care team for recommendations to help cover the cost of treatment, provide transportation to medical appointments, or help access free or low-cost lodging if you need to seek treatment far from home. These programs can help ease some of the burdens of cancer treatment, so you can focus on getting better.

By Jodi Helmer June 02, 2020
Medically Reviewed by Arefa Cassoobhoy, MD, MPH

Source: <https://www.webmd.com/cancer/cancer-diagnosis-next-steps>



New Radiation Therapy is Changing the Game for Prostate Cancer Treatment

When it comes to cancer, there's one category that may not get as much attention as other forms of the disease

September is prostate cancer awareness month, and while it's the second leading cause of death in American men, it's not the most talked about.

"If you look at population studies in the U.S, about 13 out of 100 will have prostate cancer in their lifetime, and 2 to 3 men are going to die from prostate cancer."

Lexington Medical Center Urologist, Dr. David Lamb, says that's just cases that are diagnosed. There's a large population of men who may have prostate cancer, and never know it

Unlike other cancers where early problems can be easy to detect, prostate cancer symptoms aren't as clear.

"The primary determinant is age, as men get older they'll have a much higher instance of that. It's one of those diseases that doesn't have many signs and symptoms. So we have to look at populations where its common and screen patients," says Lamb.

While prostate cancer is more likely to develop in men 65 and older, African American men are most at risk. The American Cancer Society reported that the number of new cases diagnosed in black men is nearly 80% higher than the number of new cases diagnosed in white men.

Well now, thanks to a new radiation therapy, early diagnoses of milder cases of prostate cancer can now be treated sooner

"Where we want to make an impact is diagnose lethal prostate cancer, being cancer that can kill people." And we want to do that with the least impact we can."

Brachytherapy, or seed implants is a new form of internal radiation and is what doctors are calling a minimally invasive approach to prostate cancer treatment

"If you look at radiation, the problem with using external beam radiation therapy is that there's a time commitment to it. And it really involves several months of treatment on a small dose given daily. The idea behind brachytherapy is that were able to compact that into one session."

Dr. Lamb says the one day procedure takes about an hour to conduct.

So how exactly does it work?

Lexington Medical Oncologist, Dr. Quillin Davis says he's been successful with hundreds of brachytherapy procedures.

"We use an ultrasound to place iodine 125 radioactive seeds into the prostate. Each one of those seeds, if you were to click out the lead of a mechanical pencil

and break off little pieces of it, that's about the size of those radioactive seeds," says Davis.

Anywhere from 40 to 100 seeds are commonly implanted, which remain in place permanently

And Dr. Davis says his team sees an 80 to 85 percent chance of curing prostate cancer with brachytherapy---and, side effects after treatment are minimal

"Seed implant radiation treatment is always at or above the other modalities in terms of the quality of life that patients have after treatment," says Davis.

But the treatment isn't for everyone, for more severe diagnoses, surgery may be the better option.

Davis says the key is for the patient with prostate cancer to make an educated choice that they feel is the right treatment for them.

"We really screen out patients that do well with this, some patients it doesn't fit real well in their treatment, so we choose the right patients and we do a lot of them and I think it's the reason for our success."

By Intisar Faulkner

Sep. 27, 2021 COLUMBIA, S.C. (WIS)

source: <https://www.wistv.com/2021/09/27/new-radiation-therapy-is-changing-game-prostate-cancer-treatment/>

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Metastatic Prostate Cancer Comes In Two Forms, Which Could Guide Treatment

Scientists have identified two subtypes of metastatic prostate cancer that respond differently to treatment, information that could one day guide physicians in treating patients with the therapies best suited to their disease.

Building off of earlier studies that discovered clinically relevant subtypes of breast cancer and non-metastatic

prostate cancer, researchers identified genetic signatures that can divide metastatic prostate tumors into two types known as luminal and basal.

Luminal tumors responded better to testosterone-blocking treatments, while basal tumors did not benefit as much from this hormone treatment. Basal tumors also included the particularly

aggressive form of metastatic disease known as small cell neuroendocrine prostate cancer. Further clinical trials will be required before any new diagnostic-based treatment selection is available.

"The reason why these subtypes are important is they respond to hormone

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therapy very differently," says Shuang Zhao, a professor of oncology in the University of Wisconsin School of Medicine and Public Health who helped direct the research. "In localized prostate cancer, we've shown that luminal tumors had a bigger benefit from anti-testosterone therapy. We wanted to know if the same pattern extended to metastatic disease."

With colleagues at the University of California, San Francisco and other institutions, Zhao published his findings Sept. 23 in the journal *JAMA Oncology*. The work was co-led by Rahul Aggarwal of UCSF and Nicholas Ryzewski in the Department of Human Oncology at SMPH.

About 20 years ago, scientists discovered luminal and basal subtypes of breast cancer and found that each responds better to different therapies. This has given doctors greater precision in treating their breast cancer patients.

Since breast cancers and prostate cancers share many similarities, including their sensitivity to hormone treatment, in 2016 Zhao's team looked at whether these similarities extended to different prostate cancer subtypes. They published the first report that identified the luminal and basal subtypes in localized prostate cancer, when the disease remains confined to the prostate.

The new study expanded the analysis to metastatic cancer, when the disease spreads from the prostate. Metastatic prostate cancer is much more lethal than its local version. It's also more difficult to study, because small tumors can be in many different parts of the body and are harder to biopsy.

So, to identify enough samples to run their analysis, Zhao's team turned to multiple large, national studies of

metastatic prostate cancer patients. The largest of these studies was based out of UCSF and led by two of the current study's senior authors, Eric Small and Felix Feng.

"We pooled all of the data together and assembled the largest metastatic prostate cancer cohort to date," says Zhao. The team ended up with a total of 634 patient samples.

The scientists used computational methods to compare the patterns of gene expression in the tumor biopsies. A group of 50 genes determines the basal-or-luminal nature of breast and prostate cancer and, depending on how active each of these genes is, scientists can separate out the two subtypes.



As they had seen for localized prostate cancer, Zhao's team identified luminal and basal types for metastatic cancer as well. They then asked how the subtypes affected patient survival and response to treatment.

Because the doctors treating the study's patients did not know about the subtypes at the time, they had to decide what treatment they thought might work best without this information. The variation in treatment produced a natural experiment that the researchers could analyze.

"And we found that just like in localized prostate cancer, the hormone therapies

seemed to work better in the luminal tumors than in the basal tumors," says Zhao.

Although there were two clear subtypes, the researchers also saw that the tumors fell onto a spectrum depending on their degree of luminal-ness or basal-ness. At one extreme were the hormone-treatment-resistant small cell neuroendocrine prostate cancers, which appeared the most basal. At the other end were less aggressive luminal subtypes, which are much more sensitive to hormone therapy. But there were tumors in between the two extremes as well. It's not yet clear how these middle-of-the-road cancers may benefit from different treatments.

Since metastatic tumors are so difficult to biopsy, Zhao is hoping to develop blood tests that could more easily determine the luminal-or-basal nature of metastatic prostate cancer. Such a biomarker test would make clinical trials testing the usefulness of subtyping metastatic tumors much more feasible. Similar clinical trials for local prostate cancer are currently underway.

"Now that we've discovered this pattern, how do we turn this into a test that metastatic patients can benefit from?" says Zhao, who is also the co-director of the Circulating Biomarker Core at the UW-Madison Carbone Cancer Center, which researches how to develop such blood tests. "The only way it can be used widely is if we make it easier."

by Eric Hamilton, University of Wisconsin-Madison

Source: <https://medicalxpress.com/news/2021-09-metastatic-prostate-cancer-treatment.html>

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FUTURE MEETINGS 2021

Our public meetings will not
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Watch this space
 for information
 on the latest status.

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