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Thanks!

Thought of The Day

In all things
it is better to hope
than to despair.

Johann Wolfgang von Goethe

Public meetings cancelled until further notice

Covid-19 Update January 2022

Here it is, 2022 already. That means 2021 is gone and it's a good time to wish you all a happy, healthy and prosperous new year. It's also a good time to say a big thank you to all who donated financially to help us through this rough patch. Your generosity is greatly appreciated. So thank you, thank you.

Looking forward, our near-term future hangs on how covid, and omicron in particular, behaves. Nevertheless, even though the weather outside is frightful and omicron is knocking loudly at our door, we welcome the beginning of this new year with optimism. That's who we are. Hopefully the covid situation will turn the corner soon and we'll be able to resume our normal range of activities. Or at least take a few steps in that direction. On the other hand, if it doesn't then we'll just have to be patient for a while longer. After all, we've been around the block a few times and have learned how to be patient. There's an old adage from somewhere which says that when things are really bad they can only get better. Hopefully that's true. We'll find out soon.

In the meantime get the vaccine and booster. And wear your masks.

The Board

The #1 Worst Eating Habit That Accelerates Prostate Cancer, New Study Says

You might want to steer clear of takeout for a while.

It's impossible to prevent illness altogether, but you can adopt better habits now if you want to protect your health in the long term. When it comes to prostate cancer, for example, research shows that eating well and exercising can lower your risk. Even if you've already been diagnosed, these findings offer hope that there are certain steps you can take to slow the disease from progressing.

New research suggests that

exposure to chemicals called PFAS (perfluoroalkyl and polyfluoroalkyl substances), which can be found in plastic food containers and nonstick cookware, among other places, can make prostate cancer grow three times more quickly than cells that haven't been exposed to these dangerous chemicals.

The study, published in the journal *Nutrients*, examined the progression of the disease in mice exposed to PFAS, as well as those that were not. Researchers found that the disease developed the most

quickly in mice exposed to PFAS that were fed a high-fat diet. That is, the diet meant to imitate the Western diet actually magnified these chemicals' harmful effects.

"More than 99% of the U.S. population already has PFAS circulating in their system," study author Zeynep Madak-Erdogan, PhD, told *Eat This, Not That!* in an interview.

"However, some people have higher than normal risk because of occupational exposure, living in areas that have contaminated

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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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water, or consuming more fast food or food contaminated with PFAS. If they also consume more high fat-containing diets—i.e. Western diets—they are more likely to suffer from more aggressive types of prostate cancers."

If you want to switch up your eating habits to avoid this risk, one popular alternative to the typical Western-style diet is the Mediterranean diet, which has the added bonus of being associated with a wide range of health benefits, including boosting cognitive function, lessening your risk of developing depression, and even improving erectile performance.

Another option is the "Prudent" diet, which features similar foods to the Mediterranean diet—legumes,

vegetables, fruit, poultry, fish, and whole grains—and is associated with a longer lifespan and a lower risk of dying from heart disease.

"There are issues that have been linked to [PFAS] exposures . . . liver damage, high cholesterol, diabetes, various cancers, thyroid disease, asthma, immune system dysfunction, reduced fertility, low birth weight, as well as effects on children's cognitive and neuro behavioral development," Robert Gould, MD, associate adjunct professor at the University of California San Francisco School of Medicine, told Eat This, Not That!. Gould is also the president of the San Francisco Bay Area Physicians for Social Responsibility (PSR) chapter, as well as a member of the board of directors of the national organization. Gould noted that the best way to protect

individuals from these harmful effects is by changing policy, adding that the Green Science Policy Institute offers recommendations for how you can personally avoid these chemicals. To start with, Gould recommends steering clear of nonstick cookware and takeout food that comes in plastic or plastic-lined containers.

For more on potentially dangerous substances to avoid, check out [The 10 Most Toxic Ingredients Lurking In Fast Food](#).

BY JOSEPH NEESE NOVEMBER 20, 2021

source: www.eatthis.com/news-prostate-cancer-worst-eating-habit-study/

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New Brca-Targeting Drug Could Offer Hope In Treating Advanced Prostate Cancer

A color-enhanced image showing a clump of prostate cancer cells. Credit: Annie Cavanagh, Wellcome Image Awards 2008. CC BY-NC 4.0

Talazoparib, a new precision drug, can keep cancer in check in some men with advanced prostate cancer who have run out of options, a phase II clinical trial shows.

The targeted drug—a type of treatment called a PARP inhibitor, which specifically targets cancer cells with faulty DNA repair genes—slowed down tumor growth in some patients with advanced prostate cancer.

Men with BRCA mutations responded particularly well to talazoparib—around half of patients with BRCA2 or BRCA1 defects responded to the treatment, which halted tumor growth in some cases, demonstrating the effectiveness and safety of the drug for the first time in prostate cancer.

The TALAPRO-1 trial was led by

Professor Johann de Bono at The Institute of Cancer Research, London, and The Royal Marsden NHS Foundation Trust. The trial involved more than 100 patients with advanced prostate cancer whose tumors had alterations in one or more of 11 DNA repair genes and who had been previously treated with chemotherapy and enzalutamide and/or abiraterone.



accordingly.

Almost a third of all patients—31 out of 104 (30 percent) – who received talazoparib as part of the trial responded to the drug. Men with BRCA mutations had the highest response rates—46 and 50 percent of those with BRCA2 and BRCA1 alterations, respectively, responded to the treatment.

Although the drug's anti-tumor effect was most remarkable against tumors harboring BRCA alterations, some men with tumors harboring mutations in PALB2 or ATM also responded to talazoparib.

Kinder than chemotherapy

The researchers also found that using talazoparib delayed disease progression by an average of 11.2 months in men with prostate cancers with faulty BRCA genes—extending the time before prostate cancer had a chance to spread further.

Treatment response

The latest results of the study, funded by Pfizer, are published in *The Lancet Oncology* and highlight how crucial it is to carry out genomic testing in prostate cancer patients—in order to identify different patient groups based on their genetics and to tailor treatment

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Overall, for men with any of the 11 faulty DNA repair genes who were given talazoparib, the length of time before their cancer got worse was, on average, 5.6 months.

The most frequent adverse effect was anemia, but few patients discontinued talazoparib because of the side effects. Overall, talazoparib was well-tolerated, and since it is a targeted treatment, it is a much kinder option for patients than chemotherapy.

PARP inhibitors like talazoparib work by stripping cancer of its DNA defenses. Cancer cells with DNA repair gene faults—such as BRCA, ATM or PALB2—already have a defective DNA repair system. By using a drug to block PARP, which helps repair DNA when it is damaged, we can render cancer cells unable to repair themselves.

A team of ICR researchers, led by Professor Alan Ashworth, first described the sensitization of BRCA tumors to PARP inhibition. Talazoparib was approved by the EU in 2019 for some patients with advanced breast cancers and researchers now hope it will join olaparib in becoming one of the first genetically targeted treatments for prostate cancer too.

'Helping men who have run out of options'

Study leader Professor Johann de Bono, Professor of Experimental Cancer Medicine at The Institute of Cancer Research, London, and Consultant Medical Oncologist at The Royal Marsden NHS Foundation Trust, said:

"These results are yet another demonstration that PARP inhibitors work well in some men with prostate cancer—delaying the spread of the disease and extending their lives so

they can have more quality time with their families.

"Men with advanced and heavily pre-treated prostate cancer, who also had faults in DNA repair genes, responded very well to the targeted drug talazoparib, especially those who had BRCA mutations in their tumors.

"A follow-up phase III trial, TALAPRO-2, is ongoing and I hope talazoparib will become a new precision medicine for prostate cancer, helping men who have run out of options, including some patients with non-BRCA mutations."

by Institute of Cancer Research

AUGUST 23, 2021

Source: <https://medicalxpress.com/news/2021-08-brca-targeting-drug-advanced-prostate-cancer.html>

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Prostate Cancer Frequently Asked Questions

What Is Prostate Cancer?

Prostate cancer is a disease in which malignant (cancer) cells form in the tissues of the prostate gland. In most men, prostate disease grows very slowly. The majority of men with low-grade, early prostate cancer (confined to the gland) live a long time after their diagnosis. However, prostate cancer is a very serious disease that may be life-threatening so it is important that you are examined and treated.

How Common Is Prostate Cancer?

Prostate cancer is the most common non-skin cancer in North America, affecting 1 in 6 men. A non-smoking man is more likely to develop prostate cancer than he is to develop lung, colon, rectal, bladder, melanoma, lymphoma and kidney cancers combined. In fact, a man is 35 percent more likely to be diagnosed with prostate cancer than a woman is to be diagnosed with breast cancer.

If There Are No Symptoms, How Is Prostate Cancer Detected?

Screening for prostate cancer can be performed in a physician's office using two tests: the PSA (prostate-specific antigen) blood test and the digital rectal exam (DRE). The American Cancer Society recommends that both the PSA and DRE should be offered annually, beginning at age 50. Men at high risk, such as African American men and men with a strong family history should begin testing at age 45. Men at even higher risk, due to multiple first-degree relatives affected at an early age, could begin testing at age 40.

How Is Prostate Cancer Diagnosed?

Prostate cancer can only be diagnosed by the results of a biopsy. During a biopsy, a hollow needle is used to remove small tissue samples from the prostate. This is generally done in the office with local anesthesia. A pathologist will then examine the tissue

samples under a microscope, checking for cancer cells.

Is Prostate Cancer Curable?

As with all cancers, "cure" rates for prostate cancer describe the percentage of patients likely remaining disease-free for a specific time. In general, the earlier the cancer is caught, the more likely it is for the patient to remain disease-free.

Because approximately 90 percent of all prostate cancers are detected in the local and regional stages, the cure rate for prostate cancer is very high – nearly 100 percent of men diagnosed at this stage will be disease-free after five years. By contrast, in the 1970s, only 67 percent of men diagnosed with local or regional prostate cancer were disease-free after five years.

Source: www.bcm.edu/healthcare/specialties/oncology/cancer-types/prostate-cancer/prostate-cancer-faqs

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Shorter, More Intensive Radiation Safe after Surgery for Prostate Cancer

Many people with prostate cancer can safely receive a shorter, more intensive course of radiation therapy after surgery than has conventionally been used, a new study has found.

In a large clinical trial, people who received the shorter course of treatment, which lasted for 5 weeks, reported more bowel problems immediately following treatment than those who underwent the standard 7 weeks of less-intensive radiation. However, by 6 months after treatment, both groups reported similar levels of bowel problems and an overall equivalent quality of life.

The study relied on patients reporting the side effects related to treatment and their overall well-being, known as patient-reported outcomes.

“Physician-reported toxicities can sometimes lead us astray,” said Mark Buyyounouski, M.D., a radiation oncologist at Stanford University who led the trial. “Not everything that can be counted [by us] counts to patients. So we wanted to know: When do [people] tell us that they’re feeling good again?”

The results of the study, which was run by the NCI-funded clinical cooperative group NRG Oncology, were presented on October 25 at the 2021 American Society for Radiation Oncology Annual Meeting.

Even though the use of higher radiation doses over a shorter period, called hypofractionated postoperative prostate bed radiotherapy, or HYPOR, did have more side effects in the near term, many people are likely to consider that a worthwhile tradeoff for 2 fewer weeks of treatment, said Deborah Citrin, M.D., of NCI’s Center for Cancer Research, who was not involved in the study.

“For a lot of patients, coming in every [weekday] for 7 weeks has a major impact on their lives,” she said.

“There’s a lot of interest in hypofractionation because getting treatment done more quickly is so much easier, financially and otherwise.”

A Large Role for Radiation Therapy

People diagnosed with localized prostate cancer—that is, disease that hasn’t spread outside the prostate region—have many potential treatment options, depending on the stage and grade (potential aggressiveness of the tumor). Some may have surgery alone. Others may only have radiation therapy.

And some may have a combination of the two. This often happens when there’s concern that surgery hadn’t removed all the tumor tissue. Or, if someone’s prostate-specific antigen (PSA) levels start to rise months or years after surgery, radiation therapy may be recommended even if imaging hasn’t been able to identify tumor growth.

Hypofractionated radiation therapy is already an accepted treatment option for some people undergoing radiation therapy alone to treat prostate cancer. But whether this type of radiation therapy is appropriate for use after surgery has been unclear.

When radiation is used after surgery, it’s delivered to a larger area of the body, including sensitive areas in the bladder and rectum, Dr. Buyyounouski explained. This raises the possibility that the higher doses used in hypofractionation may cause long-term side effects that could outweigh the benefit of two fewer weeks of treatment for these patients.

“And a lot of people do have some urinary complications after surgery,” said Dr. Citrin. “So even a small increase in urinary or bowel symptoms that persist after treatment with one [treatment] regimen versus the other

could be quite impactful in terms of quality of life.”

To test whether hypofractionation affected these patients’ quality of life differently than conventional fractionation, the NRG Oncology researchers enrolled almost 300 participants from more than 90 treatment centers across the country into the trial.

An Inclusive Clinical Trial

The team designed the phase 3 trial to be as inclusive as possible to capture a population that looks like people commonly treated in the community, Dr. Buyyounouski explained. The participants included both people getting radiation immediately after surgery and those who waited until they had rising PSA levels.

Participants who had some invasion of their cancer into nearby tissue were eligible, although those whose cancer had spread to their lymph nodes were excluded. They could also receive up to 6 months of androgen deprivation therapy, a type of hormone therapy, if recommended by their doctor.

Participants were randomly assigned to treatment with HYPOR, consisting of a higher dose (or fraction) of radiation every weekday for 5 weeks or the commonly used, lower dose every weekday for 7 weeks. They were asked about urinary and bowel symptoms before radiation and 6, 12, and 24 months after treatment, using the Expanded Prostate Cancer Index Composite (EPIC) questionnaire.

After prostate cancer treatments, common urinary symptoms can include urine leakage or pain or burning when urinating. Common bowel symptoms can include bowel

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leakage or urgency. The trial did not measure sexual side effects, such as erectile dysfunction, since these can also be affected by hormone therapy.

About three-quarters of the participants completed all questionnaires. At the end of treatment, people who received HYPOR reported more bowel side effects, although urinary side effects were equivalent between groups.

By 6 months after treatment, this difference in bowel symptoms had disappeared, and people in both groups reported equivalent quality of life for both bowel and urinary symptoms. The groups continued to report similar and relatively low levels of symptoms for up to 2 years after finishing treatment.

No differences in cancer recurrence were seen between the two groups. The NRG Oncology team will continue to track recurrences over time but do not expect to see any difference emerge, Dr. Buyyounouski said. The two groups received the same overall radiation dose, and other trials of hypofractionation compared with conventionally fractionated radiation therapy in people with similar forms of prostate cancer who did not have surgery have not shown differences in recurrence or survival.

“That’s why, in a situation where the disease control outcomes are likely to be similar, what really matters to a patient is: How am I going to feel?” Dr. Citrin said.

Helping People Imagine Their Future

“The hardest thing we can do as physicians is help patients envision their future selves,” Dr. Buyyounouski said. “So patient-reported outcomes are very helpful, because you can tell [other] patients exactly what side effects people had, and the frequency and bother of those side effects at [different] points in time.”

For many, he added, the trade-off in

more side effects right after treatment will be worth it for a shorter treatment duration.

“Unless you’ve been a patient, it’s hard for folks to imagine all the things that need to happen for somebody to go and get treatment every [weekday]” for weeks, Dr. Buyyounouski said.

“There’s transportation costs, gas, parking, co-pays. And there are costs associated with the things you’re not doing, like time away from work or responsibilities at home. It’s more than just the medical bills.”



“I think people are itching to shorten the treatment [duration] because there are a lot of patients for whom it’s a barrier to getting treatment. And radiation therapy is a potentially curative treatment,” added Dr. Citrin. “So, making it easier for patients without increasing the long-term side effects ... is a huge win.”

However, a less-intensive standard course of radiation will still likely appeal to some people, she added, especially if they are experiencing ongoing side effects from surgery.

The results of the current study also aren’t immediately applicable to everyone having radiation therapy after prostate cancer surgery. For example, the study didn’t include people who needed radiation to their lymph nodes. The results can’t explicitly provide guidance on the impact of hypofractionation on quality of life for these patients, Dr. Citrin explained.

But for people who have tumors similar to those treated in the current trial, the machines and expertise used for this type of radiation can be commonly found across the country, Dr. Buyyounouski explained.

“So we want people to know that this is available near you,” he said. The only caveat for someone looking to receive HYPOR is that the trial used image guidance for all patients. This procedure uses technologies like CT or ultrasound to help clinicians guide where the radiation therapy is delivered. “That’s something to make sure [your local provider] is using,” he added.

Several ongoing clinical trials are looking at whether prostate radiation therapy can be compressed any further for select patients, Dr. Citrin added. For example, her group is currently running a clinical trial testing hypofractionated radiation delivered over the course of 2 to 4 weeks.

Recent advances in prostate imaging may also allow for more personalized radiation therapy, which could potentially help reduce side effects, said Dr. Citrin. For example, the Food and Drug Administration recently approved PSMA-based PET-CT imaging to look for tiny cancer deposits in the prostate or elsewhere in the body. This may allow oncologists to target smaller areas of tissue more effectively, or to avoid radiation treatment in patients who are unlikely to benefit from it.

“Ongoing research in radiation oncology is often aimed at making radiation therapy more convenient, less toxic, and less expensive for patients, while maintaining excellent cure rates,” Dr. Citrin said.

November 18, 2021, by NCI Staff

Source: www.cancer.gov/news-events/cancer-currents-blog/2021/prostate-cancer-hypor-radiation-therapy-safe

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Shorter Course Of Post-Op Radiation Effective For Prostate Cancer, Study Says

After prostate cancer surgery, men can safely undergo fewer radiation treatments at higher doses, a new clinical trial shows.

Researchers found that the shorter regimen -- given over five weeks, instead of seven -- did not raise patients' odds of lasting side effects.

Safety has been a "major concern" because when patients have fewer radiation treatments, the daily dose needs to be higher, explained Dr. Neha Vapiwala, a radiation oncologist who was not involved in the study.

But the new findings offer "level-one evidence" that a shorter course can be delivered safely, said Vapiwala, a professor at the University of Pennsylvania, in Philadelphia.

Prostate cancer is a highly treatable disease. In the United States, the 10-year survival rate stands at 98%, according to the American Society for Radiation Oncology. That means the impact of treatment choices on men's quality of life is particularly critical.

A shorter course of radiation is obviously appealing for its convenience. The new study was designed to find out whether fewer treatments would come at the expense of lasting side effects.

According to lead researcher Dr. Mark Buyyounouski, "Preserving quality of life was a major priority when testing the shorter treatment course. It is important for patients to know that accepting a more convenient treatment doesn't mean they have to compromise on quality of life."

The trial involved 296 men who'd

undergone surgery for prostate cancer and needed follow-up radiation. Around half were randomly assigned to receive standard doses over seven weeks, while the rest were given higher doses over five weeks.

By the end of treatment, men on the higher-dose regimen were reporting more gastrointestinal symptoms, like cramps, diarrhea and nausea. But those problems resolved in both groups of patients, and were gone when the men were assessed six months later.



Radiation for prostate cancer can also sometimes cause urinary problems, like leakage or burning during urination. But on average, neither study group showed an increase in those symptoms, in the short term or over the two years after treatment.

"Short-term side effects of radiation therapy are well-established, and patients understand that," said Buyyounouski, a professor of radiation oncology at Stanford University School of Medicine, in California.

"What patients ultimately want to know is whether the side effects will go away, and that's what we saw in our study," he said in a society news release.

Buyyounouski presented the findings

Monday at the annual meeting of the American Society for Radiation Oncology, held in Chicago. Research reported at meetings should be considered preliminary until published in a peer-reviewed journal.

Short courses of radiation are not new in prostate cancer. They have been an option for men who forgo surgery and opt to have radiation therapy alone.

However, shorter courses have not been routinely offered to patients who've had surgery, Vapiwala said. Most doctors, she added, have been waiting for clinical trial evidence first.

Shorter radiation regimens are not only more convenient for patients, Buyyounouski said in a meeting news release: They can also lessen their travel expenses and co-pays, and limit time away from work.

There are also benefits for the health care system, he noted, as insurers pay for fewer treatments, and radiation facilities can take more patients.

Vapiwala said the trial is "incredibly important" in showing that the shorter, higher-dose approach can be done safely.

"While there may be increased patient-reported side effects," she said, "these toxicities generally resolve with time and were not markedly worse with the shorter course compared to the standard one."

By Amy Norton HealthDay News
OCT. 28, 2021

Source: https://www.upi.com/Health_News/2021/10/28/cancer-prostate-radiation-shorter-course/2941635368848/

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Controversy Prompts Another Update to NCCN Guidelines for Prostate Cancer

The NCCN guidelines now state that active surveillance is preferred for most patients with low-risk prostate cancer and a life expectancy of 10 years or more. Source: Getty Images
The National Comprehensive Cancer Network (NCCN) has updated its guidelines for prostate cancer in response to physician concerns about an active surveillance recommendation.¹

The NCCN previously released updated guidelines in September, and that update changed the recommendation about active surveillance for low-risk prostate cancer.² Active surveillance was no longer listed as the “preferred” management option for patients with low-risk prostate cancer and a life expectancy of 10 years or more.

Some physicians voiced concerns about this change, saying it could lead to overtreatment of low-risk patients by implying that active surveillance, surgery, and radiation are all equivalent management options for this patient group.

Dr Cooperberg was one of the physicians speaking out about the September change to the guidelines on social media.^{4,5}

In response to physicians’ concerns, the NCCN Prostate Cancer Panel convened to review the issue and “address the complexities underpinning management options for patients with localized prostate cancer,” said panel chair Edward Schaeffer, MD, PhD, program director of the Genitourinary Oncology Program at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University in Chicago.

“More specifically, the panel extensively revised the ‘Principles of Active Surveillance and Observation’ to provide detailed guidance on important aspects of this disease state and, additionally, tabulated large active surveillance datasets as a reference,” Dr Schaeffer said in an emailed statement.

Details on the Latest Update

The new version of the guidelines now states that active surveillance is preferred for most patients with low-risk prostate cancer and a life expectancy of 10 years or more.

“The panel confirmed that the utilization of active surveillance as a management strategy should be strongly considered for most patients with very low- and low-risk prostate cancer,” Dr Schaeffer said. “However, the panel also acknowledged that there is heterogeneity across the low-risk disease group and that some factors may be associated with an increased probability of near-term grade reclassification.”

These factors include high prostate-specific antigen (PSA) density,³ or more positive cores, high genomic risk, and/or a known BRCA2 germline mutation, according to the guidelines.

“In some of these cases, upfront treatment with radical prostatectomy or prostate radiation therapy may be preferred based on shared decision-making with the patient,” the guidelines state.

In response to the new guideline

change, Dr Cooperberg tweeted, “Very glad to see this update! Great news and clarity for patients.”

“Maybe the first social media win in Urology?” tweeted Benjamin J. Davies, MD, a professor of urology at the University of Pittsburgh in Pennsylvania.

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Jen Smith December 1, 2021

Source: <https://www.cancertherapyadvisor.com/home/cancer-topics/prostate-cancer/prostate-cancer-nccn-guidelines-controversy-prompts-update-risk/>

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*Wishing you a healthy and happy New Year
The Manitoba Prostate Cancer Support Group*

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FUTURE MEETINGS 2021

Our public meetings will not
 resume until the covid-19
 restrictions are lifted.

Watch this space
 for information
 on the latest status.

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