Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, July 20, 2022

Speaker: Dr. Premal Patel
Co-founder, Men's Health Clinic Manitoba, Assistant Professor, Department of Surgery, University of Manitoba

Topic: *Male sexual dysfunction and urinary incontinence after Prostate Cancer treatment*

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent, Winnipeg

Time: 7-9 pm
(First hour for general discussion; second hour for expert guest speaker)

Free Admission Everyone Welcome Plenty of free parking

Thought of The Day

"Hope — Hope in the face of difficulty.
Hope in the face of uncertainty.
The audacity of hope!
In the end, that is God's greatest gift to us…A belief in things not seen.
A belief that there are better days ahead."

Barack Obama

Thousands Of Men With Prostate Cancer Could Be Spared Chemotherapy After Study Finds Those Who Are Diagnosed Early Do Not Benefit From The Treatment

- Over 2,000 men showed docetaxel chemotherapy improved survival rates
- Experts said that hundreds of men each year could be spared chemotherapy
- Dr Hayley Luxton said findings allow clinicians to 'treat smarter, not harder'

Thousands of men with prostate cancer could be safely spared chemotherapy, after research found some were not helped by it.

A study of more than 2,000 men with advanced prostate cancer showed that on average, docetaxel chemotherapy improved five-year survival rates.

It was more effective in men with many metastases – meaning the cancer had spread – when diagnosed. But men with fewer metastases whose cancer was caught earlier did not benefit at all.

(Continued on page 2)

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.

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Experts said it could allow chemotherapy to be targeted at those who will benefit the most, while others can be offered other effective treatments to extend their lives further and allow them to avoid unnecessary side effects of tiredness, nausea, hair loss and loss of appetite

Dr Hayley Luxton, Research Impact Manager at Prostate Cancer UK, said: 'This is really exciting because it shows exactly how we can 'treat smarter, not harder' and get the most from existing prostate cancer treatments.

'There have been a lot of new treatments approved for prostate cancer in recent years, but there's still so much we don't know about how they interact with each other and who benefits most.

'Since the beginning of the pandemic, fewer men have been receiving chemotherapy due to its impact on the immune system. But this analysis shows that some groups of men get a huge boost to their life expectancy, and could be targeted to receive the drug as a priority. 'Other groups don't get any benefit at all, so could safely be moved on to other treatments.

'All this paves the way for men to receive more personalised, more effective treatments while experiencing fewer side effects.'

Experts said it is likely that hundreds of men each year could be spared chemotherapy based on the results of this research - adding up to the thousands over time.

Side effects can include tiredness, feeling and being sick, hair loss and a loss of appetite.

The study, led by University College London and funded by Prostate Cancer UK, was presented at the American Society of Clinical Oncology conference in Chicago.

Dr Claire Vale, who presented the data at ASCO, said: 'Research into new prostate cancer treatments can be incredibly expensive and can take a long time, so this type of analysis that makes the best use of the information we already have, can make a big difference.

'Even then, it's extremely rare to find such clear links between the characteristics of the patient and how effective their treatment is going to be. In this case, the evidence is clear, and we want to make sure it's incorporated into clinical practice as soon as possible.'

By DAILY MAIL REPORTER 17 June 2022

Source: www.dailymail.co.uk/health/article-10928843/Thousands-men-prostate-cancer-spared-chemotherapy.html

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A Prostate Cancer Breakthrough Could Speed Up Research By 10 Years

"This has never been seen before."

A prostate cancer breakthrough could speed up research by 10 years
Microscopic image of prostate cancer that has spread to a patient's lymph node.

Prostate cancer growth is driven by male sex hormones called androgens. And so, lowering levels of these hormones can help slow the growth of cancer.

Hormone therapy has been successful in keeping metastatic, or advanced prostate cancer, under control. Patients with metastatic prostate cancer often receive treatment with anti-hormonal therapy, which inhibits the signal sent out by testosterone that stimulates tumor growth.

But eventually, the tumor cells could become resistant to it. An international team of researchers led by the Netherlands Cancer Institute has now unveiled an "unexpected potential" solution, not designed to fight cancer but to target proteins that regulate a cell's circadian rhythm.

The discovery has been published Monday in Cancer Discovery.

Proteins that dampen the effects of anti-hormonal therapy
While anti-hormonal therapy can keep prostate cancer under control, cancer manages to progress despite ongoing treatment, as the tumor cells have become resistant. This means that the greatest challenge in treating metastatic prostate cancer isn't to find drugs that inhibit tumor growth itself but to find drugs that can prevent resistance to hormonal therapy.

Using tissue from patients with prostate cancer who had been treated with testosterone-inhibiting drugs, scientists from the Netherlands Cancer Institute and Oncode Institute made a surprising discovery.

They discovered that an unexpected class of proteins, namely proteins that normally regulate the circadian clock, dampens the effects of anti-hormonal therapy. "Prostate cancer cells no longer have a circadian rhythm," said Wilbert Zwart, one of the research leaders, in a statement. "But these 'circadian clock' proteins acquire an entirely new function in the tumor cells upon hormonal therapy: they keep these cancer cells alive, despite treatment. This has never been seen before."

The study was based on tissue from 56 patients with high-risk prostate cancer, who had received three months of anti-hormonal therapy before their surgery. After which their tissue was examined at the DNA level. "We noticed that the genes keeping the tumor cells alive despite the treatment, were suddenly controlled by a protein that normally regulates the circadian clock," said researcher Simon Linder, who will receive his Ph.D. for his research in this study.

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Now that they've figured out the tumor's escape route, the researchers will next work together with Oncode towards the development of novel strategies to block this process, ultimately increasing the efficacy of anti-hormonal therapy against prostate cancer even further.

'Has our full attention'

"Our discovery has shown us that we will need to start thinking outside the box when it comes to new drugs to treat prostate cancer and test medicines that affect the circadian clock proteins to increase sensitivity to hormonal therapy in prostate cancer," said Zwart. "Fortunately, there are already several therapies that affect circadian proteins, and those can be combined with anti-hormonal therapies. This lead, which allows for a form of drug repurposing, could save a decade of research."

This surprising discovery also creates new opportunities, because inhibition of this circadian protein was found to further increase sensitivity to anti-hormonal therapy in prostate tumor cells in the lab as well as in mice.

The results of this study might raise questions if disturbances to the body's circadian clock could increase the risk of therapy insensitivity in prostate cancer. "There is no evidence to support this," said medical oncologist André Bergman. "The circadian rhythm in prostate tumor cells is no longer functional, and the proteins have taken on an entirely new role. This new escape route of the tumor cell has our full attention now, and follow-up research will show whether inhibition of this process can improve prostate cancer treatment.," he adds.

Abstract:
In prostate cancer, androgen receptor (AR)-targeting agents are very effective in various disease stages. However, therapy resistance inevitably occurs and little is known about how tumor cells adapt to bypass AR suppression. Here, we performed integrative multi-omics analyses on tissues isolated before and after 3 months of AR-targeting enzalutamide monotherapy from high-risk prostate cancer patients enrolled in a neoadjuvant clinical trial. Transcriptomic analyses demonstrated that AR inhibition drove tumors towards a neuroendocrine-like disease state. Additionally, epigenomic profiling revealed massive enzalutamide-induced reprogramming of pioneer factor FOXA1 – from inactive chromatin sites towards active cis-regulatory elements that dictate pro-survival signals. Notably, treatment-induced FOXA1 sites were enriched for circadian clock component ARNTL. Post-treatment ARNTL levels associated with poor outcome, and ARNTL knockout strongly decreased prostate cancer cell growth. Our data highlight a remarkable cistromic plasticity of FOXA1 following AR-targeted therapy, and revealed an acquired dependency on circadian regulator ARNTL, a novel candidate therapeutic target.

By Deena Theresa Jun 27, 2022

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New Treatment 'Increases Chance Of Survival' For Prostate Cancer Patients

A total of 150 people took part in the trial.

Patients with advanced prostate cancer have a greater chance of survival if treated with a targeted cancer drug in addition to chemotherapy, according to a new study.

Analysis of the study funded by Cancer Research UK and AstraZeneca UK found that adding the drug capivasertib to chemotherapy can improve survival rates for men whose cancer had spread to other parts of the body.

A total of 150 people took part in the trial, published in the journal European Urology, run by the Southampton Clinical Trials Unit (SCTU) which is based at the University of Southampton's Centre for Cancer Immunology.

A SCTU spokeswoman said: "Often these patients will be given hormone therapy which can help control the cancer's spread.

"But some patients do not respond to this treatment or become resistant over time, meaning the cancer will progress and patients will then need chemotherapy.

"Capivasertib is a targeted cancer drug that stops the signals cancer cells use to grow and divide and researchers therefore wanted to see whether adding this drug to standard chemotherapy treatment could help to control the cancer for longer and improve outcomes for these patients.

"The results showed that although capivasertib did not increase the time before the cancer started to grow again (progression free survival) overall survival was increased for patients in the capivasertib group compared to those in the placebo group."

Dr Simon Crabb, associate professor of medical oncology, said: "This trial has shown that adding the drug capivasertib to chemotherapy can improve outcomes for patients with advanced prostate cancer and may be of particular benefit for patients previously treated with hormone therapy.

"Larger studies are now needed to confirm the findings from the ProCaid trial and increase our understanding of how best to use this approach."

By Ben Mitchell June ,11 2022

Source: www.standard.co.uk/news/uk/cancer-research-uk-ben-mitchell-b1005585.html

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New Advances Transform Treatment of Prostate Cancer

The way we treat prostate cancer has changed dramatically in recent years. Advances in MRI imaging have undoubtedly contributed to this change, both in terms of diagnosis — by making targeted biopsies possible — and in terms of our approach to treatment. The emergence of new treatments (next-generation hormone therapy, radionuclide therapy, etc) has also improved the prognosis of patients with metastatic cancer.

For an update on these advances, Medscape interviewed Guillaume Ploussard, MD, a urologist and oncologist at La Croix du Sud Clinic, Toulouse, France, and head of the French Urology Association's (AFU) prostate cancer subcommittee.

Medscape French Edition: The way we treat prostate cancer has changed dramatically in terms of diagnosis and therapeutic approach. In your opinion, what has been the most significant step forward in recent years?

Guillaume Ploussard, MD: The move towards personalized treatment options. Thanks to an improvement in imaging techniques and the contribution made by genomics, we can now better categorize a specific case of cancer, foresee how it will evolve, and adapt our therapeutic approach accordingly for each individual patient.

Our ability to obtain more precise MRI images, along with improvements made in training radiologists to interpret these images, has made us better at detecting prostate cancer. These advances in MRI mean we can identify the most severe cancer cases, which, in turn, stops us from starting treatment in patients who don't need it.

In terms of genetic testing, we are now better at determining an individual's risk and treating patients with greater accuracy. Such testing is used, in particular, to characterize tumors and justify the use of certain treatments, such as poly-ADP ribose polymerase (PARP) inhibitors for metastatic cancers.

Medscape: Oncogenetics has also gathered pace in preventing prostate cancer. How has this affected the treatment you provide?

Ploussard: There has been a growing awareness both in patients and in doctors of the role played by genetics in the risk of developing prostate cancer. It is estimated that less than 5% of cases of prostate cancer are linked to genetic mutations. Nearly 4 years ago, consultation with an oncogenetic specialist was added to the treatment protocol. Patients with a family history of prostate cancer are advised to undergo testing for the following gene mutations: BRCA1, BRCA2, and HOXB13, which are associated with an increased risk of developing an aggressive form of this type of cancer.

For patients over the age of 40 years with mutations, a strategy for the early detection and prevention of prostate cancer has been put in place: prostate-specific antigen (PSA) testing and digital rectal examination, to be repeated on a yearly basis or every 2 years. As a result, overloaded oncogenetic departments are struggling with, but in the process of adapting to, this increase in demand.

Medscape: What about the PSA screening strategy, which has long been maligned for its associated risk of overdiagnosis and overtreatment?

Ploussard: We no longer talk about screening, which implies a systematic and organized evaluation of a patient's risk of cancer, but rather early detection of prostate cancer that is adapted to individual risk. This should be carried out in voluntary, well-informed patients.

The AFU believes that early detection via PSA testing has some benefit in 50- to 75-year-old men with a life expectancy of more than 10 years and men over 45 with an inherited risk. The recommendations have not changed in this regard. In patients with a PSA < 1 ng/mL, testing may be repeated every 3 to 4 years, depending on individual risk profile. This threshold cannot be found in the recommendations but can be taken as a reference point.

Medscape: Imaging has also led to advances in terms of diagnosis and performing biopsies. Why is this change important?

Ploussard: Better prostate MRI imaging means more precise localization of lesions, as well as giving us an estimation of their size and extent, which helps determine a target area for biopsy.

MRI imaging is now recommended as first-line treatment in cases of suspected prostate cancer to identify a possible target area prior to biopsy. Having targeted an area, biopsies are helpful in evaluating a disease and, therefore, in drawing up the most appropriate treatment plan. A spatial distribution of the disease in the prostate is obtained, which limits the functional impact of surgery, for example, without affecting the oncology outcome in any way.

Targeted biopsies are used in addition to systematic biopsies [editor's note: 12 samples from the prostate] to ensure no cancerous lesions are missed. Systematic biopsies allow us to detect 5% to 10% of cancer cases that would go unnoticed with a targeted biopsy.

Medscape: Have these changes in practice also changed how you actively monitor low-risk cancers?

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Ploussard: Active monitoring was put in place in response to overdiagnosis of nonsignificant forms of cancer to avoid overtreatment. These advances have clearly reduced overdiagnosis. MRI has also been added to the follow-up pathway for patients requiring active monitoring, to avoid the need for follow-up biopsies when lesions appear stable. It used to be the case that biopsies were carried out every year or 2 years.

In cases where a suspicious area has been picked up by MRI scanning, imaging should be redone each year to evaluate its progress. If no suspicious lesion is detected, imaging can be done every 2 years. Invasive tests are now used much less as part of active monitoring, which is a sign of progress in terms of patient quality of life.

Medscape: In terms of treatments, we have seen the arrival of next-generation hormone therapies for metastatic cancers. What contribution have these new treatments made?

Ploussard: Treatment of the different types of metastatic prostate cancer has changed dramatically in recent years to significantly extend patient life expectancy. The biggest change is the arrival of next-generation hormone therapies (abiraterone, enzalutamide, apalutamide, darolutamide, etc) that directly attack cancerous cells in tumors.

These treatments are essentially androgen-receptor inhibitors, which work by stopping tumor cells from performing certain growth-promoting metabolite transformations, while antiandrogens limit the stimulating effect of androgens by reducing their concentration in blood.

For castrate-resistant cases, we also have third-line treatments such as olaparib (Lynparza), an anti-PARP indicated for patients with BRCA1/2 mutations, chemotherapy, or radionuclide therapy to increase life expectancy.

Medscape: Radionuclide therapy is a recent, seemingly promising advance. Can we expect further indications to be added for this targeted treatment?

Ploussard: For the time being, radionuclide therapy has not been approved. Its use is limited to some early access centers. Its approval for treating castrate-resistant metastatic cancer is due to be issued very soon. Other trials are being carried out to assess use of the treatment in earlier phases of the disease.

This radiotherapy has the advantage of targeting cancerous cells using prostate-specific membrane antigen (PSMA) antibodies. The antibodies are associated with a radioactive molecule that is said to kill tumor cells directly. It is therefore well tolerated. The results are very encouraging, and we hope this treatment will be opened up to earlier stages of the disease.

Medscape: Finally, have the changes made to treatment reduced its impact in terms of urinary symptoms and erectile dysfunction?

Ploussard: These side effects are better taken into account, and progress has been made in this area as treatments have evolved. This is largely due to improvements in surgery as a result of the increasing use of robotics in this field and the development of more precise radiotherapy. In terms of surgery, technical improvements have meant that we are now able to preserve the neurovascular bundle surrounding the prostate, which is responsible for maintaining erectile function. Urinary function is also better maintained.

This advance in treatment, facilitated by the improvements seen in MRI scanning, has clearly reduced urinary and erectile dysfunction. Although less common now, these complications must still be borne in mind when treating prostate cancer. That said, if they do occur, we are better placed to treat them.

This article was translated from the Medscape French edition.

Vincent Richeux June 10, 2022

source: www.medscape.com/viewarticle/975379

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Magnets Made by Soil Bacteria Offer Hope for Breast and Prostate Cancer

Scientists at Sheffield University have found a novel way of guiding anti-tumour viruses to their target

Scientists are developing magnetically guided microscopic projectiles that can be injected into patients' blood to attack breast, prostate and other tumours.

The project – led by researchers at Sheffield University – builds on progress in two key medical fields. The first involves viruses that specifically attack tumours. The second focuses on soil bacteria that manufacture magnets which they use to align themselves in the Earth's magnetic field.

"The essence of this approach is straightforward: we are using bugs as drugs," said Dr Munitta Muthana, one of the project's leaders. "We are taking a class of viruses that naturally target tumours and are developing ways to help them reach internal tumours by exploiting bacteria that make magnets. It's a twin approach and it has a lot of promise, we believe."

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The anti-cancer viruses that are being exploited by the Sheffield group – who have been funded by Cancer Research UK – are known as oncolytic viruses. They occur naturally but can also be modified to improve their efficacy and to limit the chances of them infecting healthy cells.

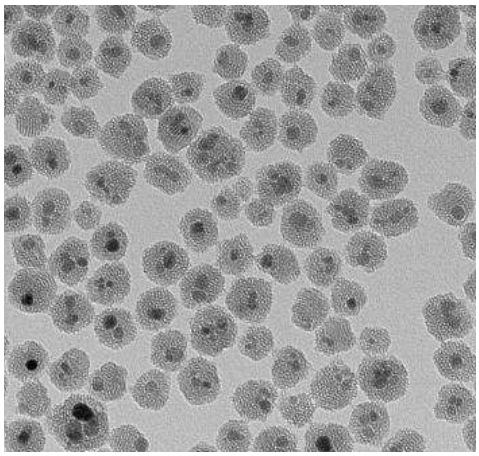
After infection with an oncolytic virus, a cancer cell will burst open and die. The US Food and Drug Administration has already approved the use of T-Vec, a modified herpes simplex virus that infects and kills tumour cells and is now being used to treat people with certain types of melanoma, a skin cancer.

However, the Sheffield team – whose work has just been awarded the Roger Griffin prize for cancer drug discovery – want to expand the range of tumours that can be tackled this way. In particular, they want to target breast and prostate cancers as priorities.

Dr Munitta Muthana, a senior lecturer at the University of Sheffield, is one of the project's leaders.

'We are simply using bugs as drugs,' says Dr Munitta Muthana, one of the project's leaders.

"The problem is that oncolytic viruses attract the attention of the body's immune defences and only skin-deep tumours can be tackled this way before the viruses are blocked fairly quickly by our cell defences," said Dr Faith Howard, another project leader.



A solution, the scientists say, is to coat the viruses in magnetic particles. Injected into the blood, these microscopic projectiles could then be directed quickly to a tumour – by using magnets placed over a patient's body – before their progress can be blocked by immune defences.

"It's like having a coat of armour or a shield," added Muthana. "The magnets help protect the virus but crucially they also help them to target a tumour. We place a magnet over a tumour and it will draw the virus speedily and directly to it."

An oncolytic virus had a diameter of about 180 nanometres while the magnets needed to be about 50 nanometres in size, added Howard. (A nanometre is a billionth of a metre.) "These tiny magnets could be made in the laboratory but we have found bacteria do a better job of manufacturing them than we could," she added.

Some species of soil bacteria synthesise iron oxide nanoparticles that are called magnetosomes. These are used as compasses that allow the microbes to navigate in Earth's magnetic field and help them find optimum conditions for their growth and survival. "These microscopic magnets they make are perfectly shaped and ideally suited to the microscopic packages we need to target deep cancers," Howard said.

Having developed the technology, the Sheffield team is now working to ensure they can manufacture sufficient supplies so that clinical trials on humans can begin soon. To date, trials have focused on animal models. "These early tests have been very encouraging and we now need to take the next steps to bring this technique to a state where it can be administered to humans – hopefully in a few years' time," she said.

Robin McKie, Science Editor
8 May 2022

Source: www.theguardian.com/science/2022/may/08/magnets-made-by-soil-bacteria-offer-hope-for-breast-and-prostate-cancer

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New Study Associates Intake Of Dairy Milk With Greater Risk Of Prostate Cancer

Men with higher intakes of dairy foods, especially milk, face a significantly higher risk of prostate cancer compared to men with lower intakes, according to a new study conducted by researchers at Loma Linda University Health. The study found no such associations between increased prostate cancer risk and intake of non-dairy calcium, suggesting substances other than calcium play a role in the risk dairy foods poses for prostate cancer.

"Our findings add important weight to other evidence associating dairy products, rather than non-dairy calcium, as a modifiable risk factor for prostate cancer," said Gary Fraser, MBChB, Ph.D., the study's principal investigator and professor at Loma Linda University School of Medicine and School of Public Health.

The study's results reveal that men who consumed about 430 grams of dairy per day (1 ¾ cups of milk) faced a 25%

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increased risk of prostate cancer compared to men who consumed only 20.2 grams of dairy per day (1/2 cup of milk per week). Also, men who consumed about 430 grams of dairy per day faced an even greater increase in risk when compared to men with zero dairy intake in their diets.

Fraser noted that the results had minimal variation when comparing intake of full fat versus reduced or nonfat milks; there were no important associations reported with cheese and yogurt.

Fraser and co-authors published the study "Dairy foods, calcium intakes, and risk of incident prostate cancer in Adventist Health Study–2," today in the American Journal of Clinical Nutrition.

The study evaluated dietary intakes of over 28,000 North American men with a wide range of dairy and calcium exposure, all of whom were initially free of cancer. Dietary intakes were estimated from food frequency questionnaires (FFQ) and repeated 24-hour recalls. A baseline questionnaire included demographics, family history of prostate cancer, physical activity, alcohol consumption, prostate cancer screening, and BMI.

Researchers then used cancer state registries to follow up on the participants' prostate cancer status for an average time of nearly eight years. By the end of the study period, state cancer registries reported 1,254 new prostate cancer cases among the participants during follow-up.

As part of their analysis, Fraser said he and co-authors separated non-dairy calcium intake (from nuts, seeds, cruciferous and other green vegetables, legumes, fruits, and fortified cereals) from dairy foods intake. They used a statistical model to focus on the intake of dairy foods irrespective of other factors like non-dairy calcium intake, family history of prostate cancer, race, or age.

The nature of the large, diverse cohort placed study authors in a solid position to assess these differences, Fraser said. "Because our study cohort showed a great disparity and divergence of dairy intake and calcium levels, we could ask the question with unusual strength."

Fraser says one interesting factor to note is that results did not show a uniform rise in risk in men with incrementally more dairy intake. In other words, increasing dairy intake by 50-gram increments did not yield the same risk increases as the portions grew larger and larger.

"Most of the continuing increase in risk is done with by the time you get to 150 grams, about two-thirds of a cup of milk per day," Fraser said. "It's almost as if some biological or biochemical pathway is saturated at about two-thirds of a cup of milk per day."

Prior studies may have missed the curvilinear effect or non-uniform rise in risk between dairy consumption and prostate cancer if most of those participants already drank more than one cup of milk per day. However, this study's cohort allowed researchers to compare an extensive range of dairy consumption, including very low levels.

Data provided little evidence of an association between calcium intake and incident prostate cancer. "One interpretation is that dairy foods, or some closely associated unknown risk factor, are causally related to the risk of prostate cancer," the study stated.

Fraser said the possible reasons for these associations between prostate cancer and dairy milk might be the sex hormone content of dairy milk. Up to 75% of lactating dairy cows are pregnant, and prostate cancer is a hormone-responsive cancer. Further, prior reports have associated intake of dairy and other animal proteins with higher blood levels of a hormone, insulin-like growth factor-1 (IGF-1), which is thought to promote certain cancers, including prostate.

A prior study from Adventist Health Study-2 about the effects of dairy on breast cancer risk in women reported similar results both in the non-uniform risk with increased consumption levels and in the magnitude of risk, Fraser said.

"The parallels between our breast cancer in women paper a year ago and this paper relating to men, are striking," he said. "It seems possible that the same biological mechanisms are at work." However, Fraser says this study does not yet conclusively indicate that milk causes prostate cancer.

As further studies investigate how dairy consumption could increase prostate cancer risk, Fraser advises that prudent men with a family history of prostate cancer or other risk factors would "be cautious" about consuming even moderate levels of dairy milk as part of their diet until this is clarified.

"If you think you're at higher-than-average risk, consider the alternatives of soy, oat, cashew, and other non-dairy milks," he said.

The study is part of the Adventist Health Study-2, a long-term health study exploring the links between lifestyle, diet, and disease among members of the Seventh-day Adventist church. The Adventist Health Study is funded in part through the generosity of the Ardmore Institute of Health.

by Lisa Aubry
Loma Linda University Adventist Health Sciences Center

June 9, 2022

source: https://medicalxpress.com/news/2022-06-associates-intake-dairy-greater-prostate.html

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FUTURE MEETINGS 2022

17-Aug Dr. Piotr Czaykowski
Medical Oncologist, CancerCare MB
"The times they are a-changing" :
Drug therapy in prostate cancer."

21-Sep Dr. Jeff Saranchuk
Update on progress in the Urologic Health Center at HSC in Winnipeg; impact of the covid pandemic on prostate cancer diagnosis and treatment in Manitoba.
This meeting, our highlight event of the year, will be held at the Caboto Centre, 1055 Wilkes Avenue, Winnipeg

Watch this space for further announcements.

19-Oct Speaker TBA

16-Nov Xmas party

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