

### Medical Advisors

Paul Daeninck M.D.  
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Radiation Oncologist

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Medical Oncologist

*Thanks!*

### **Thought of The Day**

We must let go of the life we have planned, so as to accept the one that is waiting for us.

*Joseph Campbell*

### **Next Meeting**

**Date:** Wednesday, November 16, 2022

**Speaker:** Dr. Joel Gingerich  
Medical Director, Clinical Trials Unit, CancerCare Manitoba

**Topic:** "Receiving tomorrow's treatment today....a review of clinical trials with an emphasis on current and future prostate cancer trials in Manitoba"

Learning objectives:

- ◇ Review how clinical trials work
- ◇ Review the different types of clinical trials
- ◇ Review examples of how clinical trials have changed the management of prostate cancer
- ◇ Review present and future clinical trials for patients with prostate cancer

**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    Door Prizes



### **‘Very exciting treatment’:**

#### **New advanced prostate cancer drug available in Canada**

Just looking at Ward Carson, you would never know he's sick.

The 79-year-old Halifax man has lived with metastatic prostate cancer for the past 19 years.

"It hasn't had a big impact on the way I live my life," he said. "My wife has

periodically said to me, 'I can hardly believe you're sick.'"

But he is sick, and according to his latest prostate-specific antigen (PSA) test, his PSA count — an indicator of prostate cancer — is increasing.

"I think it's only in the last six or eight months that it's

jumped a bit, and now it's jumping again," Carson said.

His enlarged prostate was first detected back in 2003, and he subsequently had a prostatectomy, a procedure to remove part or all of the prostate gland. But cancer cells stayed behind and spread, or metastasized. He's

*(Continued on page 2)*



The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

**MPCSG – active since 1992.**

*(Continued from page 1)*

had hormone therapy, radiation, and most recently, drug treatment to keep the cancer spread at bay.

“And (those measures) have been working for the last number of years, but they seem to have tapered off in their effect,” he told Global News.

“Unfortunately, my cancer has metastasized on my spine and there is no procedure to operate and remove part of my spine.”

“Eventually the cancer cells learn to live under the influence of those treatments and they start to grow again,” said Dr. Ricardo Rendon, a urologic oncologist and Dalhousie University professor in the department of urology.

Usually when the prostate cancer advances through all the treatments, there’s not much more doctors can offer, he said.

That is, until now.

“We have a new treatment that is brand new and available to our patients who

had nothing else to receive when their disease was progressing,” he said.

Pluvicto was approved in Canada just last month, and it will allow doctors, for the first time, to target and treat specific cancer cells.

“So instead of being a shotgun approach to treating cancer, it’s a missile directly to the prostate cancer cells,” Rendon said.

This targeted approach will not only help patients live longer and with a much better quality of life, he said, but it will also produce fewer of the side effects that come with other treatments.

“It is very difficult talking to a patient telling them that we have nothing else to offer for the disease ... So it is amazing to be able to off this to these patients,” Rendon said.

Only four per cent of advanced prostate cancer cases are preventable, based on currently-known risk factors, which is why advancements in prostate cancer treatment are critical, Rendon said.

“Since 2004, we have about six to eight new drugs approved, thanks to hundreds of clinical trials and many thousands of patients who have gone through this,” he said. “In these 15 years, we have been able to almost triple the life expectancy of patients with advanced prostate cancer.”

The ongoing research is not lost on Carson, who understands that this new drug may be his last treatment option.

“Dr. Rendon hasn’t said ‘we can either put you in the trial or try drug B,’ so I’m not sure what else is out there for me,” said Carson.

“The idea that this radioactive drug will seek out the prostate cancer cells and attach to them and radiate just them — that sounds brilliant to me, and hopefully it will work.”

By Ashley Field Global News  
October 5, 2022

Source: <https://globalnews.ca/news/9178252/new-prostate-cancer-drug-canada/>

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## Cholesterol drug could be used to help treat prostate cancer, study finds

Results showed that statins slow tumour growth when they are given alongside treatment which reduces hormone levels.

Medicine used to treat blood cholesterol could be used to treat prostate cancer that no longer responds to hormone treatment, researchers have found.

Scientists at Glasgow's Beatson West of Scotland Cancer Centre observed 12 participants in a clinical trial.

Results showed that statins slow tumour growth when they are given alongside treatment which reduces hormone levels, known as androgen deprivation therapy, although a much larger trial is needed before a decision can be made on clinical effectiveness.

Leader of the research, Professor Hing Leung of Glasgow's Cancer Research UK Beatson Institute said: "Our study is the first of its kind to show statins having a detectable effect on prostate cancer growth in patients.

"We think statins could stop prostate

cancer from making androgens from cholesterol, cutting off a route for cancer to resist androgen deprivation therapy." Once cancer stops responding to hormone treatment, and becomes castration-resistant prostate cancer, it is then "very difficult to treat" at present.

If the larger trials are successful, then the approved medicines can be used to quickly offer patients treatment.

He added: "We need to test statins in a larger group of patients over a longer period to fully understand the benefits and risks to patients. But this data gives us hope that we could have some more readily-available treatments for prostate cancer in the future."

A former soldier, John Culling, 64, was diagnosed with an aggressive form of prostate cancer in 2019 and has welcomed the new research.

He told PA: "I wasn't overly concerned. I was only having to get up once in the night, but I had never had to before, so it was the change that prompted me to get it

checked out.

"The diagnosis came as a shock. I was 60 but I had been in the army all my life so was fit."

Mr Culling, who lives in Broughty Ferry, near Dundee, undertook successful chemotherapy, radiotherapy and hormone treatment and is now being monitored with a risk that his cancer may return due to its aggressive nature.

He said: "Knowing that scientists are working in labs and hospitals conducting research and clinical trials, especially with drugs that are already in use for other conditions, gives me hope both for myself and for future generations.

"Hopefully, research like this means even better outcomes for anyone who might have to go through a diagnosis like mine."

By Jill Lupupa, news reporter September 28, 2022

source: <https://news.sky.com/story/cholesterol-drug-could-be-used-to-help-treat-prostate-cancer-study-finds-12706187>

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## How Prostate Cancer May Begin

Researchers at the University of East Anglia have made an important discovery about how prostate cancer may start to develop.

A new study published today reveals that the prostate as a whole, including cells that appear normal, is different in men with prostate cancer.

It suggests that tissue cells throughout the whole prostate are primed and ready to develop prostate cancer.

This means that it may be better to treat the whole prostate rather than only the areas in the prostate that have cancer.

The team hope their work could help scientists better understand the causes of prostate cancer, and even prevent it altogether.

Lead researcher Prof Daniel Brewer, from UEA's Norwich Medical School, said: "Prostate cancer is the most common cancer in men and kills one man every 45 minutes in the UK.

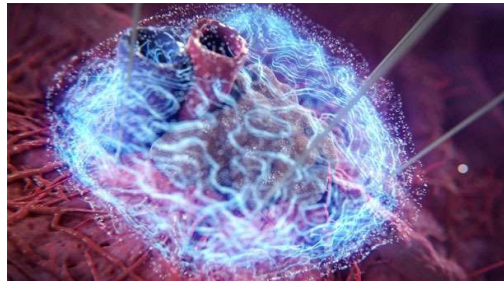
"Often, when men are diagnosed with prostate cancer, groups of cancer cells can be found in more than one location within the prostate.

"We wanted to know if this is because of changes in 'normal' prostate cells throughout the prostate."

Cancer is driven by changes in DNA, the genetic code of life, that appear in every cell. The team studied the DNA code in 121 tissue samples from 37 men with and without prostate cancer.

Prof Brewer said: "The samples we studied included tissue that comes from the cancer and tissue from elsewhere in the prostate, which looks normal down the microscope.

"This produces a massive amount of data and by applying a large amount of computer power we can determine the differences that have occurred in the DNA, giving us insight into how the cancer grows.



"We found that 'normal' prostate cells in men who had prostate cancer had more mutations (changes in the DNA) than 'normal' prostate cells from men without prostate cancer.

"Based on the genetics of the samples analysed, we created maps to understand where the different mutations occurred. And we showed that in most men, the mutations in normal cells are different to mutations in cancer cells.

"The 'normal' prostate cells in men who have prostate cancer appear to provide a beneficial environment for prostate cancer cells to develop and grow.

"In other words, the whole prostate is primed and ready to develop prostate cancer driven by an, as yet unknown, biological process.

"This work has improved our knowledge of how prostate cancer first starts to develop and might one day give us clues as to how to prevent or treat it.

"And it shows that it may be better to treat the whole prostate rather than only

the areas in the prostate that have cancer," he added.

Dr Hayley Luxton, Senior Research Impact Manager at Prostate Cancer UK, said: "This exciting new research shows for the first time how normal cells in the prostate can facilitate the growth and spread of prostate cancer.

"The researchers found that normal prostate cells in men with prostate cancer have specific genetic changes that make them act like a rich compost, providing the perfect environment for prostate cancer cells to grow and develop. These findings give us important new insights into the early development of prostate cancer, which might one day give us clues as to how to prevent it."

This research was led by UEA, in collaboration with the University of Cambridge, The Institute of Cancer Research, London, the Wellcome Sanger Institute, the Universities of Oxford, St Andrews, York, Manchester, Tampere (Finland), and University College London — as well as Cambridge University Hospitals NHS Foundation Trust, Royal Marsden NHS Foundation Trust, HCA Healthcare UK Laboratories and the Earlham Institute.

It was funded by Cancer Research UK, the Dallaglio Foundation, and a Prostate Cancer UK Movember Training, Leadership & Development Award.

The project has also received support from Prostate Cancer Research, Big C Cancer Charity, Bob Champion Cancer Trust, The Masonic Charitable Foundation successor to The Grand Charity, The Alan Boswell Group, The King Family and The Hargrave Foundation.

By Jason Junior SEP 25, 2022

Source: <https://newsazi.com/how-prostate-cancer-may-begin/>

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## Oncologists Can Now Better Detect and Treat Oligometastatic Prostate Cancer, Leading to Improved Survival

“I believe the key for many is to turn prostate cancer from a lethal disease to a chronic disease. That’s what we’re trying to do,” says an expert at the University of California, San Francisco.

As a retired urologist, Mark Samberg, 72, of Sacramento, California, was familiar with what would happen after receiving a prostate cancer diagnosis in 2020.

The advantage he had was better understanding his diagnosis, treatment and what came with it.

The disadvantage was knowing what might happen to him.

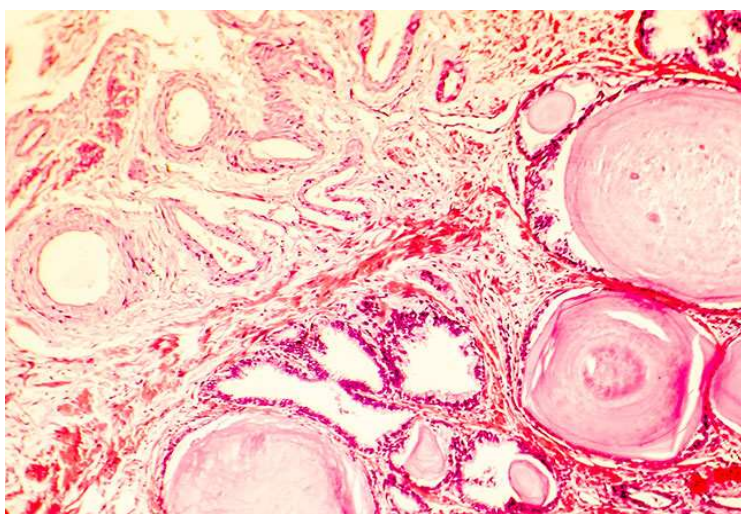
Mark Samberg was familiar with the concept of oligometastatic prostate cancer.

“Being a physician, you know the right questions to ask,” he says. “The bad part, of course, is that you’ve already seen the end of the book a few times, how the story could possibly end. That’s the scary part.”

One portion of his diagnosis he was familiar with was that his disease was in an oligometastatic setting — a sort of intermediate state that is more advanced than locally-confined disease but is not yet full-blown metastatic disease — a state that many patients may not know even exists.

There is renewed interest in and growing clinical evidence of an “oligometastatic” state. Patients with oligometastases have a low volume of metastatic disease and limited sites of involvement and can experience prolonged disease-free intervals and

possibly even improved overall survival through a combination of systemic and local therapies such as chemotherapy and radiation. An important aspect of this definition is that local therapies could feasibly be used to remove or eradicate areas of disease that are visible by scanning techniques and that medical therapy could address microscopic cancer that is not easily discernable.



### Defining Oligometastatic Prostate Cancer

The concept of an oligometastatic state was proposed in 1995 by oncologists Samuel Hellman and Ralph Weichselbaum, and prostate cancer, because of its long natural history and high prevalence, has become an important focus of research investigating the potential value of more precise treatment for oligometastatic disease.

“The oligometastatic hypothesis suggests that there may be patients who have disease spread to other parts of the body, but if we are very focused about treating them, we may be able to get all of the cancer or at least help the patient do better for longer and keep some of

the medical approaches available for later,” explains Dr. Ryan Phillips, a radiation oncologist at Mayo Clinic in Rochester, Minnesota.

“The reason to appreciate that it exists is we can better tailor the treatment to the individual.”

According to Dr. Neha Vapiwala, professor and vice chair of education, radiation oncology, at the University of Pennsylvania in Philadelphia, oligometastatic prostate cancer has traditionally been defined by the detection of one to five metastatic sites on conventional imaging, such as CAT scans, PET scans, MRI and technetium bone scans.

“In years past, using the conventional imaging technologies that were available, if we saw up to five lesions, the thinking was that this patient’s disease might have a different natural history than someone who presents with many more lesions,” Vapiwala notes. “We might be able to intervene with treatment that’s more aggressive, targeting the handful of lesions that are seen, usually in addition to the normal systemic therapy we would give, with the idea of reducing tumor burden and, ideally, prolonging progression-free survival. But the ‘quality’ — meaning location and type — of metastatic disease also matters, not just the quantity. And this upper limit of five may not remain relevant as we learn more through molecular imaging.”

Vapiwala says there are essentially two medical camps regarding the aggressive treatment of the prostate gland, if not

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yet treated, and/or sites of metastatic disease, and its role in enhancing survival. One side believes that while new imaging technologies detect small lesions earlier and more accurately, allowing for safer treatment, ultimately nothing changes regarding overall survival.

“Then you have individuals who say no, it’s not just simply iatrogenic (relating to illness caused by medical examination or treatment) stage migration; we’re not just diagnosing them earlier, but because we’re intervening, we’re making an impact,” Vapiwala says. “And some of these aggressively treated patients do have a robust treatment response or at least remain on a protracted course, and do not inevitably develop explosive disease later. This supports the idea that this is a different phenotype, a different biology altogether.”

The most common metastatic sites for prostate cancer are lymph nodes and bones, and this was true for Samberg, who was found to have lesions on his lumbar spine and scapula, as well as some lymph nodes, following a diagnosis of prostate cancer.

Samberg’s cancer journey started in 2019 when he began experiencing more frequent urination and other symptoms indicative of benign prostatic hypertrophy despite an active, healthy lifestyle. In early January 2020, he visited a colleague who told him his rectal exam was abnormal and referred him to a specialist at the University of California, San Francisco. By then, his prostate-specific antigen (PSA) level had progressed from 1.7 to 3.8 (the normal range is between 1.0 and 2.5).

Samberg underwent an MRI in February 2020, which he found concerning. A biopsy was scheduled, then everything shut down because of COVID-19. Months later, Samberg finally received his diagnosis and a

Gleason score of 4+4, which is considered high-risk disease. Imaging during his pretreatment work-up revealed the metastases. Samberg’s treatment included androgen deprivation therapy with leuprolide, stereotactic body radiation, radiation to the metastatic sites and several cycles of Keytruda (pembrolizumab) as part of a clinical trial.

Because of his work as a urologist himself, Samberg was familiar with the concept of an oligometastatic state.

However, this was not the case for Chuck Pappas, 72, of Plymouth, Minnesota, whose prostate cancer journey involved three separate incidences over a course of several years. A rise in his PSA heralded each new bout, suggesting metastases that were later confirmed via imaging. Pappas underwent prostate surgery, stereotactic body radiation and combined treatment with radiation and leuprolide. He was declared cancer free in May.

His care team at Mayo Clinic in Rochester, Minnesota, never used the phrase “oligometastatic disease,” Pappas says, likely because he was a layman.

“But I believe that’s what I had because when they first started my radiation treatment, they found a few lesions, which later progressed to my lymph nodes,” he observes. “Looking back, it certainly fits.”

Phillips confirmed that is what it was.

### **Advances in Imaging**

Oligometastatic disease is most effectively diagnosed through imaging, which is more sensitive today than ever before. One of the most effective new technologies is prostate-specific membrane antigen (PSMA) PET imaging, which has been available in Europe and Australia for several years and received U.S. Food and Drug

Administration approval in 2021. This is the imaging technology that revealed Samberg’s metastases.

“PSMA PET imaging has been a big game changer for us because it allows us to diagnose metastatic disease much earlier,” says Dr. Peter Carroll, professor of urology at the University of California, San Francisco in the department of urology. “It has shown that when we do that, we change treatment recommendations substantially. In the past, we might have given radiation or hormonal therapy alone. Now, with earlier detection, we’re offering treatments like stereotactic body radiation with or without hormonal therapy or surgery for metastatic disease. What we don’t know yet is how that translates to long-term disease-free survival.”

Samberg said he was grateful to receive PSMA PET imaging.

“My metastases likely would not have been detected under our standard work-up regimen,” he said. “In fact, they did the standard imaging and didn’t see the lesions that the PSMA PET scan showed.”

Equally exciting is the choline C-11 PET scan, which uses a radioactive form of the vitamin choline as a tracer to help detect sites of recurrent prostate cancer. This is the technology that revealed Pappas’ nodal metastases. A low-dose CT scan is commonly done at the same time to help further show internal anatomy, the Mayo Clinic reports.

Older imaging technologies, while not as sensitive, still have value, Vapiwala observes.

“MRI can still be very useful, in particular, MRI of the pelvis,” she notes. “There are also centers around the world that are very focused on whole body, or multiparametric MRI.

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In many places technetium scans remain standard for evaluation of the bony skeleton. But increasingly we're seeing PET imaging supplementing if not replacing these scans for staging and clinical decision-making."

The American Society of Clinical Oncology, in a report titled "Approach to Oligometastatic Prostate Cancer," advises a multimodal treatment approach to patients with oligometastatic disease "with evidence for surgery, radiotherapy, and systemic therapy, alone or in combination, improving patient outcomes."

Androgen deprivation therapy (ADT), in which the patient's testosterone level is lowered in an attempt to hold the cancer in check for as long as possible, has proved especially effective, notes Phillips.

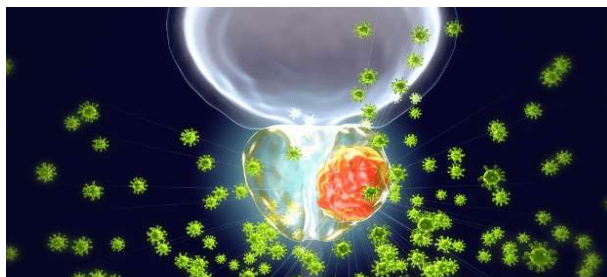
"There are other complementary medications, including more advanced androgen-directed therapies, that can make this approach last longer and be more effective," he adds. "What we're learning more and more is that for patients who have a limited number of detectable areas of spread, being more aggressive in treating those areas can add a lot of value and help patients live longer. The way we do that, most commonly, is with targeted radiation. There are also times where we use surgery or other ablation techniques such as radio frequency ablation or cryotherapy."

### Answering the Big Questions

Prostate cancer in the oligometastatic setting has been a topic of study for several years as researchers seek to better understand the disease and develop more effective diagnostic imaging technologies and treatment.

"There are some big questions around oligometastatic prostate cancer, and I believe we have the answers to many,"

says Carroll. "The first is, can we diagnose this disease state better than we had in the past? And the answer is yes. We're clearly seeing that when we diagnose it earlier, we're changing treatment recommendations based on historical paradigms in imaging. So we're diagnosing it more commonly and treating it differently. The big question is. Are the outcomes any better? How many quality-adjusted life years will it add? That remains to be determined. My feeling, based on the evidence to date, is that it will be beneficial. What I don't know is the magnitude of that benefit or the financial cost."



Vapiwala hopes to add to that discussion through the ongoing national phase 3 randomized INDICATE trial. Patients with rising PSA after prostatectomy and no evidence of metastases on conventional imaging all receive standard of care pelvic RT and short-term androgen deprivation but are randomly assigned based on their baseline PET scan finding to local therapy intensification with metastasis-directed RT if they have PET-positive disease outside the pelvis or system therapy intensification with apalutamide if they are PET-negative outside the pelvis.

"We're asking, if we find disease on PET only and make treatment decisions based on that, are we making a meaningful difference in clinical outcomes?" Vapiwala asks. "If we see a few lesions and chase after them, it might make us feel better, but are we actually helping the patient?"

Other areas of research opening doors include the following:

- ◇ Outcomes of Observation vs Stereotactic Ablative Radiation for Oligometastatic Prostate Cancer," published in 2020 in the Journal of the American Medical Association, found stereotactic ablative radiotherapy promising for men with recurrent hormone-sensitive oligometastatic prostate cancer who wish to delay the start of ADT.
- ◇ Researchers at the University of Florida are evaluating the outcomes of patients treated with an investigational radiation regimen using stereotactic radiotherapy for oligometastatic prostate cancer, and to establish efficacy and safety.
- ◇ Mayo Clinic is collaborating with Johns Hopkins University on research looking at oligometastatic prostate cancer treated with targeted radiation with or without the addition of a bone-specific radiopharmaceutical. "It's an infusion of radium, which goes to areas of bone disease and may treat microscopic spread in the bones that we can't yet detect," reports Phillips.

Thanks to recent advances in diagnosis and treatment, the risk that oligometastatic prostate cancer will eventually become terminal is far less than in years past, oncologists say.

"All men who have metastatic disease are at risk of dying from it," notes Carroll. "I believe the key for many is to turn prostate cancer from a lethal disease to a chronic disease. That's what we're trying to do."

October 11, 2022 Don Vaughan  
CURE, Genitourinary Cancer 2022  
Special Issue

Source: [www.curetoday.com/view/oncologists-can-now-better-detect-and-treat-oligometastatic-prostate-cancer-leading-to-improved-survival](http://www.curetoday.com/view/oncologists-can-now-better-detect-and-treat-oligometastatic-prostate-cancer-leading-to-improved-survival)

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## Halifax prostate cancer expert lauds new treatment for metastatic disease

HALIFAX, N.S. — A leading Canadian prostate cancer expert based in Halifax is hailing the approval of a new treatment.

Health Canada recently approved the use of Pluvicto, which doctors describe as a targeted radioligand therapy for metastatic castration-resistant prostate cancer with prostate-specific membrane antigen (PSMA) expression. It combines a targeting compound called a ligand with a radioactive particle and binds to cancer cells that have the PSMA protein. Radiation treatment is delivered directly to those and nearby cells.

“The usual treatment for advanced prostate cancer is with blocking the production of male hormone or testosterone,” Rendon said in a recent interview.

“So, when patients have had prostate cancer, that's what we do; we stop the production of the male hormone and the tumours shrink and are controlled for a period of time. But when these cancers continue to grow, over time they become resistant to that treatment and they learn to live in an environment where there is no testosterone or male hormone.”

That's what clinicians refer to as “resistant” to other therapies, he said. Those include treatments like chemotherapy and other forms that are given intravenously or by mouth. Eventually, tumours can adapt to live through all those treatments and cancer can start to progress again after it had been controlled for months or years.

“This treatment, the advantage is that it is directed toward something that is called PSMA,” Rendon said.

“The beauty of this treatment is that it targets specifically the cancer cells, sparing the other cells that are in the body that do not need treatment.”

The PSMA biomarker in the membrane on the edge of the prostate cancer cell can show up using positron emission

tomography (PET) imaging.

Up til now, there were no other treatments for prostate cancer that is this advanced.

“So this is fantastic,” Rendon said.

“You have treatment options.”

“But second, it is much better from the point that it's a targeted treatment toward specific prostate cancer cells so it's effective. We had nothing before up until (recently), and also it's quite direct in terms of the mechanism of treatment so it attacks the prostate cancer directly.”

Patients at this stage could either have had treatments that did not work and the cancer, being metastatic, had spread, or they might not have been diagnosed earlier because they had ignored symptoms until this point.

“So, the beauty of this is that PSMA protein can be labelled with different things because it is so specifically produced by prostate cancer cells that we label it with something radioactive that shows up in X-rays, then we could use it for diagnosis. So, we know exactly where the prostate cancer cells are.

“But we could also label it or attach another molecule that actually treats the prostate cancer. Using that PSMA molecule, we could actually use that as a target for diagnosis with a test that is called PSMA PET scan, or we can label it for treatment and then just provide treatment like that. So it's just a fantastic tool to have available. This is a very direct treatment.”

### Prognosis

Patients in this stage of prostate cancer can progress very rapidly, Rendon said. Often it means death in a few months.

Drug maker Novartis's website reported that the trial upon which the U.S. approval this year for Pluvicto was based showed a 38 per cent reduction in risk of death. Novartis is the parent company of Advanced Accelerator

Applications Canada Inc.

“In terms of time, it depends on the patient,” Rendon said.

“But it will significantly increase the survival of patients. But not only that, it will also improve pain and the sensation of well-being of our patients. So it works in many ways, not only extending survival but also making people feel better, which is also often what we want.”

Rendon's team is involved in clinical trials using Pluvicto for prostate cancer in earlier stages. The trials are in the early phases, but he said he hopes they will show a benefit.

“Based on the encouraging results we saw in patients with really advanced disease, we presume the results are going to be very good. The potential is for this drug to move to an earlier phase in the disease continuum.”

Rendon said in order to use Pluvicto, there has to be diagnostic evidence of the PSMA. That requires the use of the PSMA PET scan, which is not yet available for clinical care in Halifax but he said they “are actively working on that.”

Patients have to travel to get that done, mostly to Quebec, he said.

“It is amazing, because it's sad when you see patients that you had for years and years and years and then you end up getting to the end of their treatment options that you have for them. So now, you not only have a new treatment option but also a fantastic treatment option, that is so directed to the disease. . . . It's more like a missile directed to the disease as opposed to a shotgun approach.”

Stuart Peddle Oct. 4, 2022 Reuters

Source: [www.saltwire.com/atlantic-canada/news/halifax-prostate-cancer-expert-lauds-new-treatment-for-metastatic-disease-100779995/](http://www.saltwire.com/atlantic-canada/news/halifax-prostate-cancer-expert-lauds-new-treatment-for-metastatic-disease-100779995/)

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**FUTURE MEETINGS 2022-2023**

- 21 Dec** No meeting this month
- 18 Jan 2023** Dr Shantanu Banerji & Dr. Jeff Graham  
Topic: *“Precision medicine and how it relates to prostate cancer”*
- 15 Feb** To be announced

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