

Medical Advisors

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Thanks!

Thought of The Day

"Hope can be a powerful force. Maybe there's no actual magic in it, but when you know what you hope for most and hold it like a light within you, you can make things happen, almost like magic."

– Laini Taylor

Next Meeting

Date: Wednesday, February 15, 2023

Speaker: Dr. Jay Nayak MD FRCSC FACS
Co-Founder Manitoba Men's Health Clinic, Winnipeg
Assistant Professor, Department of Urologic Surgery
Rady Faculty of Health Sciences, University of
Manitoba



Topic: Title "A urologist's walk-through on the diagnosis and treatment of 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

Some prostate cancer patients good candidates for cryoablation rather than major surgery.

Q: Why don't we hear more about cryoablation as a treatment for prostate cancer? It appears to be much easier than major surgery, so it seems like it would be a good option. What does the procedure entail? I am also interested in knowing about the advantages and disadvantages.

A: Prostate cancer is the second-most-common type of cancer in men. Only skin cancers occur more often. This type of cancer arises in the prostate gland, which is about the size and shape of a walnut and is located beneath the bladder. Because the prostate sits amid a complex network of

nerves and structures that contribute to both sexual and urinary function, removing tumors in this type of cancer can be challenging. Depending on size and specific location of the cancer and whether it has spread, prostate cancer treatment can result in

(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)

urinary incontinence and loss of sexual function.

Therapies may consist of one or more approaches, including surgery, radiation, chemotherapy, hormone therapy or immunotherapy. Cryoablation, also known as cryotherapy, can also be an option in certain cases. This is a procedure in which abnormal tissues are subjected to extremely cold temperatures, which destroys the cells.

Cryotherapy is performed under either regional or general anesthesia. It may be an outpatient procedure, or it can sometimes require an overnight hospital stay. Guided by ultrasound imagery, the physician inserts thin, hollow needles, known as cryoprobes, into a specific region of the prostate gland. The cryoprobes infuse freezing gas into the cells of the prostate gland, which kills them.

There are two forms of cryotherapy for

prostate cancer. One type, known as whole-prostate cryotherapy, treats the entire gland. This kills both the cancer cells and the healthy tissues. Freezing the tissues of the prostate gland often damages the nearby nerves that control erections. As a result, erectile dysfunction occurs more often after whole-prostate cryotherapy than when the gland is surgically removed.

The other type of cryotherapy, known as focal cryotherapy, targets only the cancer cells. This allows less of the healthy tissue in the prostate to be destroyed. With focal cryotherapy, the risk of the loss of sexual function is minimized, but not eliminated. This approach is typically reserved for cancers that are small, well-defined and have not spread.

In both types of cryotherapy, a catheter filled with warm saltwater is used to protect the urethra. This is the tube that empties the bladder. The catheter is left in place for several weeks after the surgery, which ensures the patient can

empty his bladder as he recovers.

You are correct that cryotherapy is less invasive than surgery. It is also less painful and has a faster recovery period. However, it is not suitable for all patients. Factors such as the size, location and typing of the patient's cancer, as well as the size of their prostate, play a role in whether cryotherapy can be an option.

It is also unclear at this time if the long-term survival rates of this approach match those of either radiation or surgery.

By Dr. Eve Glazier and Dr. Elizabeth Ko
1/21/2023 UCLA Health
Dr. Eve Glazier is an associate professor of medicine at UCLA Health. Dr. Elizabeth Ko, is an assistant professor of medicine at UCLA Health. Email
askthedoctors@mednet.ucla.edu.

Source: <https://www.dailyherald.com/entlife/20230121/some-prostate-cancer-patients-good-candidates-for-cryoablation>

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Dietary guidelines for a healthy prostate

Some guidelines for a diet that supports prostate health include the following:

- ◇ primarily consuming plant-based foods
- ◇ including plenty of fruits and vegetables
- ◇ eating a diet high in fiber and low in fat
- ◇ limiting the amount of simple sugars

What is the best thing to drink for prostate cancer?

A 2021 study found that green tea may help reduce the risk of prostate cancer because it contains flavonoids, like quercetin, which may inhibit the growth of cancer cells.

However, the study's authors suggest

that more large-scale studies are necessary to fully understand the effect of green tea on prostate cancer.

Which fruit is good for the prostate?

Pomegranates, in particular the juice of the pomegranate, may help slow prostate-specific antigen (PSA) doubling time and prevent the recurrence of prostate cancer after treatment.

PSA is a protein that both regular and cancerous cells in the prostate gland produce. PSA levels can be higher in people with prostate cancer.

The PSA doubling time is the amount of time it takes for PSA levels to increase to twice as high as the original levels. A longer PSA doubling time

reflects a slower rate of progression of prostate cancer.

Other fruits that may be beneficial for people with prostate cancer include:

- ◇ grapes
- ◇ grapefruit
- ◇ blueberries
- ◇ raspberries
- ◇ apples
- ◇ citrus fruits

What meat is good for prostate cancer?

People may want to limit or avoid red meat, processed meat, and charred meat, choosing lean poultry or fish instead.

Source: <https://www.medicalnewstoday.com/articles/what-is-the-best-diet-for-prostate-cancer#research>

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Cancer survival rates by the numbers in Canada

Survival rates for cancer are on the rise thanks to improved treatment, prevention methods and early detection.

Nearly half of all Canadians will develop cancer in their lifetime, according to a recent study by the Canadian Cancer Society.

Although the numbers are staggering, the report also found the chance of surviving cancer is on the rise. In the 1940s, only 25 per cent of Canadians survived their diagnoses, but now that number is 60 per cent.

“The number of people getting cancer is increasing and it reflects our aging population,” Dr. Robert Nuttall, assistant director of health policy with the Canadian Cancer Society said.

“But surviving cancer is going up and less people are dying.”

Thanks to prevention methods, early detection and breakthrough drugs, survival rates for men and women are steadily increasing. Of course, this depends on age, sex and the type of cancer, Nuttall said.

“There are more than 100 types of cancers, and each one of them is treated differently. Some of them have a 90 per cent survival rate while others, like brain cancer, are quite low,” he said.

Five-year survival for cancer is highest for:

1. Thyroid (98 per cent)
2. Testicular (96 per cent)
3. Prostate (95 per cent)

Five-year survival for cancer is lowest for:

1. Pancreatic (8 per cent)

2. Esophageal (14 per cent)
3. Lung and bronchus (lung) (17 per cent)

(90 per cent) and Prince Edward Island (90 per cent).

The differences among provinces may be related to the availability and use of screening, early detection and diagnostic services. The use of specialized cancer drugs and improved resources could also be a factor, according to the study.

Although sex, age and geography can play a role in cancer survival, Nuttall said it's mainly about the different types of cancers.

“Early detection is helping the survival rates for cancers such as cervical and breast. Treatments are also improving,” Nuttall said.

He believes the survival rate is only going to increase in Canada.

“Treatments are improving and an entire generation of cancer treatments are in clinical trials that will make a huge difference in people surviving,” he said.

Read the full Canadian Cancer Society report at www.cancer.ca

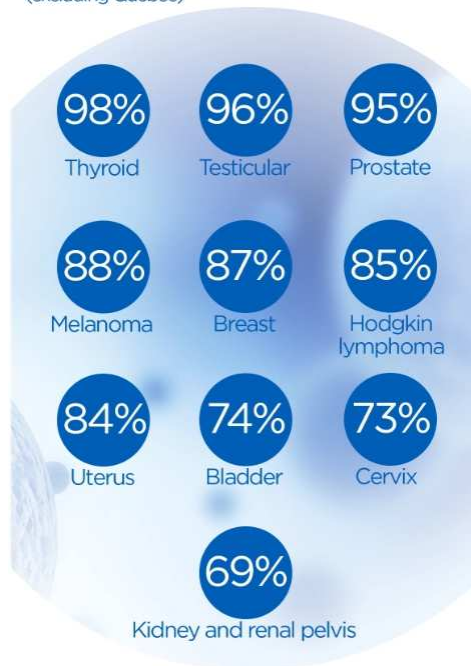
By Katie Dangerfield Global News
June 20, 2017

Source: <https://globalnews.ca/news/3541510/cancer-survival-rates-by-the-numbers-in-canada/>

...

Cancer survival rates in Canada

5 year net survival for cancers, ages 15-99 (excluding Quebec)



Source: Canadian Cancer Society

© Global News

Survival by sex

The study found a significant advantage for females surviving cancer compared to males — for most cancers.

For all cancers combined, females had a 13 per cent lower risk of death, which increased to 23 per cent for those diagnosed before the age of 55.

Bladder cancer was the only cancer for which females had a significant disadvantage.

Survival by province

The study showed the highest survival rate for prostate cancer is in Ontario (96 per cent) and the lowest in Manitoba (89 per cent), Saskatchewan

In Canada, the 5-year net survival for prostate cancer is 91%. This means that, on average, about 91% of men diagnosed with prostate cancer will live for at least 5 years.

Source: <https://cancer.ca/en/cancer-information/cancer-types/prostate/prognosis-and-survival/survival-statistics>

Prostate cancer: Single bout of aerobic exercise helps suppress tumor growth

- ◇ Physical exercise has been linked to delayed progression and improved survival in prostate cancer patients.
- ◇ Previous research has shown that blood taken from patients with advanced prostate cancer who followed a high-intensity exercise program for a few months could suppress the growth of cultured tumor cells.
- ◇ The same study's authors have now shown that serum collected from trained prostate cancer patients immediately after a single bout of high-intensity interval (HIIT) aerobic exercise showed an enhanced ability to suppress the growth of tumor cells than before exercise.
- ◇ These results suggest that regular exercise could help suppress tumor cell proliferation in patients with advanced prostate cancer, and each additional bout of exercise could potentially further enhance this tumor-suppressive effect.

Skeletal muscle fibers release proteins called myokines in the blood during physical activity. Preclinical studies suggest that these myokines can suppress the growth of tumor cells.

Previous research has shown Trusted Source that serum from advanced prostate cancer patients who followed a supervised high-intensity exercise program (HIIT) for 6 months showed elevated myokine levels and a greater ability to suppress the growth of tumor cells.

In a follow-up study published in Prostate Cancer and Prostatic Diseases Trusted Source, the same researchers have now shown that serum samples collected immediately after a single bout of physical exercise from exercise-trained advanced prostate cancer patients also showed elevated myokine levels and enhanced tumor suppressive effects than before exercise.

In other words, a single bout of exercise further enhanced the already existing anticancer effects of serum due to exercise training in these advanced prostate cancer patients.

The study's co-author Dr. Stacey A. Kenfield, associate professor of urology at UCSF, pointed out the importance of these findings:

“This study is the first to examine skeletal muscle-secreted molecules (myokines) in patients with metastatic castrate-resistant prostate cancer (mCRPC). This work supports an acute myokine response to exercise in patients with advanced cancer and that the serum of these patients after acute exercise has a growth-suppressive effect.”

The study's lead author, Prof. Rob Newton, professor of exercise medicine at Edith Cowan University, Western Australia, said that the study goes to show the importance of regular exercise.

“One of the implications of the study is that all people with cancer should try to complete a bout of high intensity exercise most if not every day of the week to dose their body with the anticancer factors produced by their skeletal muscles,” he told us.

Physical exercise and prostate cancer

Testosterone and other androgens are necessary for sustaining the healthy functioning of the prostate gland. In addition, most prostate cancers depend Trusted Source on androgens and androgen receptors for their growth.

As a result, androgen deprivation therapy, involving drugs or surgery to reduce the synthesis of androgens, is used as a treatment for advanced prostate cancer.

However, mutations in prostate cancer cells can lead to the development of resistance to androgen deprivation therapy. Cancers that develop resistance to androgen deprivation therapy are referred to as castration-resistant prostate cancer (CRPC).

Recent studies suggest that physical exercise can help improve the quality of life and physical function of cancer patients. In addition, epidemiological studies have linked physical exercise to a lower risk of disease progression and longer survival after a prostate cancer diagnosis.

Physical exercise can modulate the circulating levels of growth factors, hormones, and cytokines, a class of proteins that can modulate inflammation levels, that are involved in sustaining the growth of cancer cells.

Consistent with this, studies have shown that serum collected immediately after a bout of exercise from patients with breast or colon cancer can inhibit the proliferation of cultured cancer cells.

How myokines can suppress tumors

These molecules that can suppress cancer cell growth include myokines, which are cytokines and other proteins secreted by the skeletal muscle fibers Trusted Source during physical activity.

Myokines Trusted Source help muscles communicate with other organs and are known to have a beneficial impact on metabolism. There are several different types of myokines, including oncostatin M (OSM), secreted protein acidic risk in cysteine (SPARC), irisin, IL6, and IL5. The types of myokines released vary depending on the type, duration, and intensity of exercise.

Studies involving individual myokines, such as SPARC, have shown that these proteins can suppress the proliferation of prostate cancer cell lines. Moreover, the researchers observed that serum collected from healthy participants immediately after a bout of exercise could inhibit the proliferation of prostate cancer cell lines.

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However, cancer patients tend to show a decline in muscle mass and other physiological alterations due to the disease itself, as well as treatments such as chemotherapy.

Moreover, testosterone plays a critical role in maintaining muscle mass and function. As a result, CRPC patients undergoing androgen-deprivation therapy tend to show muscle loss and reduced muscle strength.

Thus, it is important to determine whether physical exercise results in elevated serum myokine levels and increased tumor suppressive effects of serum in CRPC patients undergoing androgen deprivation therapy, similar to that observed in healthy individuals.

The study's authors had previously shown Trusted Source that serum samples collected at rest from metastatic CRPC patients after 6 months of high-intensity aerobic and resistance training showed elevated levels of serum myokines.

The serum collected from these patients also showed an increase in the ability to suppress the proliferation of a prostate cancer cell line, DU-145, that does not require androgens for growth.

In other words, the study showed that serum collected from exercise-trained advanced CRPC at rest had elevated myokine levels and a higher ability to suppress tumor cell growth.

In the present study, the researchers examined whether a single bout of high-intensity interval exercise by trained CRPC patients with metastatic disease led to a further elevation of serum myokine levels and tumor suppressive effects.

34 minutes of HIIT

The study included nine patients with advanced CRPC whose tumors had metastasized and were undergoing anti-androgen therapy. These patients were following a supervised high-intensity exercise program for at least 12 weeks.

On the day of the study, the participants engaged in a 34-minute HIIT session involving aerobic exercise. The

researchers obtained blood samples from the participants two hours before, immediately after, and then 30 minutes after the exercise session.

Serum from mCRPC patients showed higher levels of the myokines SPARC, OSM, IL-6, and IL-15, immediately after the exercise session than the pre-exercise levels. However, this increase was transient, and the concentration of these myokines returned to their pre-exercise levels 30 minutes after the exercise session.

The serum samples researchers collected after the exercise sessions also suppressed the growth of DU-145 cancer cells to a greater extent than those obtained at baseline before the exercise session.

In contrast to their previous study, the present study shows that a single bout of high-intensity interval aerobic exercise led to a further increase in serum myokine levels and additional tumor suppressive effects in exercise-trained metastatic CRPC patients.

Should all prostate cancer patients do HIIT?

The study authors noted that these findings are preliminary and further research is needed.

Dr. Murugesan Manoharan, chief of urologic oncologic surgery with Miami Cancer Institute, part of Baptist Health South Florida, not involved in the research cautioned that “[t]here is an indication that high-intensity aerobic exercises may stimulate myokine response and tumor growth suppression, which can be useful in metastatic prostate cancer,” but that “no clinically significant conclusion can be made from this small study, and it certainly cannot be recommended in the routine clinical management of metastatic prostate cancer.”

“[H]igh intensity aerobic exercises may not be suitable for all metastatic prostate cancer patients. Many of these patients are weak and may have bone spread. Excessive exercise may lead to significant side effects like bone fractures, dehydration, and renal failure.”
— Dr. Murugesan Manoharan

The researchers noted that further research is needed to identify the volume, intensity, and type of exercise that are optimal for metastatic CRPC patients.

“The study tested one mode and one dose in exercise-trained metastatic cancer patients. Further research is required to study the threshold exercise intensity, volume, and mode, and any interactions between these exercise-induced myokines and prostate cancer treatments,” Dr. Kenfield said.

“Ideally, each individual patient should be assessed by an exercise professional such as an accredited exercise physiologist, and then a tailored exercise prescription developed to target the health issues which are causing the greatest illness, morbidity, and mortality risk.”

— Prof. Rob Newton

“For example, if the patient has sarcopenia (low muscle mass), then this really needs to be a priority, and a well-designed resistance training program to stimulate muscle growth should be implemented. Nutritional support is also important, and the involvement of a dietician in the team management of the patient would be beneficial,” added Prof. Newton.

Similarly, Dr. June Chan, professor of epidemiology and biostatistics at UCSF, not involved in the study, noted: “Recently, the American Cancer Society recommended that cancer survivors access nutritional and exercise consultations/ support after diagnosis, to understand better how such health habits can maximize their survival.”

“We hope that studies like this and others help raise awareness for the need for insurance coverage for diet and exercise counseling services for cancer survivors,” added Dr. Chan.

By Deep Shukla December 21, 2022
Fact checked by Hannah Flynn

Source: www.medicalnewstoday.com/articles/prostate-cancer-single-bout-of-aerobic-exercise-helps-suppress-tumor-growth#Should-all-prostate-cancer-patients-do-HIIT

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Freezing prostate cancer: Study shows notable outcomes with cryoablation

MRI-guided biopsy plays key role in follow-up, reports study in *The Journal of Urology*

A less-invasive treatment technique called hemi-gland cryoablation (HGCryo) – destroying the areas of the prostate where cancers are located by freezing them – provides a high rate of effective prostate cancer control, according to a new study published in *The Journal of Urology*®, Official Journal of the American Urological Association (AUA). The journal is published in the Lippincott portfolio by Wolters Kluwer.

“Freedom from cancer, as documented by biopsy, was found in 82 percent of men who underwent HGCryo, at their 18 month follow-up,” according to the research by Ryan Chuang, MD, and colleagues at the University of California, Los Angeles. The importance of utilizing modern magnetic resonance imaging (MRI)-guided prostate biopsy in monitoring the effectiveness of HGCryo is also emphasized as part of this study.

‘Hemi-Gland Cryoablation’ Eliminates Clinically Significant Cancer in Most Patients

In the HGCryo procedure, using an advanced ultrasound/MRI fusion system, needles are precisely placed in and around the area of the prostate where the cancer is located. Argon gas is then injected to create extremely cold temperatures, destroying the cancer and surrounding area.

According to the study, 61 men with clinically significant prostate cancer (grade 2 or higher) involving one side

of the prostate gland, underwent HGCryo. Cryotherapy was performed using general anesthesia; patients were discharged on the same day as the procedure. The results were assessed through follow-up imaging procedures and MRI-guided biopsies.

Biopsies were performed at 6 months in all patients; 27 patients underwent an additional biopsy after reaching 18 months’ follow-up. At both times, biopsies showed no evidence of clinically significant prostate cancer in 82 percent of patients. In men who had areas of prostate cancer detected at follow-up, repeated HGCryo or other treatments were effective.



The study assessed three different biopsy approaches for monitoring the outcomes of HGCryo therapy: tracking of prior cancer-positive sites, biopsy targeting of MRI-visible lesions, and systematic biopsy of the entire prostate using a template. “While tracking biopsy was the most sensitive, all three methods were required for maximum cancer detection,” Dr. Chuang and coauthors write.

HGCryo provided notable cancer control even in six patients with more advanced prostate cancers (grade 3 or 4). None of the patients died from their cancer, and none developed metastatic prostate cancer.

Postoperative complications of HGCryo were “generally mild and short-lived.” There were no serious complications, including urinary incontinence – a common complication after prostate cancer surgery. One patient developed erectile dysfunction, which was successfully treated with medication.

Cryotherapy is an FDA-approved treatment for prostate cancer and is increasingly popular as a less-invasive alternative to surgery. However, there has been limited evidence on its long-term effectiveness in controlling prostate cancer. Most studies of prostate cryoablation were performed before the availability of modern multiparametric MRI scanning of the prostate, which can provide “a targeted path to precise biopsy and focal treatment” in most men with prostate cancer.

As with other types of partial gland ablation (PGA) for treatment of prostate cancer, the findings highlight the importance of follow-up biopsy as “the most important criterion for success” in evaluating the results of HGCryo. Dr. Chuang and colleagues conclude, “As utilization of MRI-guided biopsy increases, with resulting improved accuracy of prostate tissue characterization, numbers of candidates for PGA are expected to rise.”

by Wolters Kluwer Health: Lippincott
Newswise 28-Sep-2020

Source: <https://www.newswise.com/articles/freezing-prostate-cancer-study-shows-notable-outcomes-with-cryoablation>

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MRI guidance reduces side effects of prostate cancer radiotherapy

Stereotactic body radiotherapy (SBRT) is an established treatment for prostate cancer. It involves delivering large daily doses of precisely targeted radiation in five or fewer fractions, traditionally using either planar X-ray or cone-beam CT images to guide the radiation delivery.

The prostate is a highly mobile target and it's essential to account for its motion during irradiation to maximize treatment effectiveness. This is typically achieved by creating a planning target volume (PTV) that includes a margin around the prostate to ensure adequate target dosing. However, the high-dose regions of the PTV often overlap portions of the bladder, rectum and other nearby structures, which can cause side effects such as urinary, bowel and sexual dysfunction.

The recent introduction of MRI-guided linacs could help minimize the risk of such toxicities. MRI-linacs offer high soft-tissue contrast and the ability to track intra-fraction prostate motion directly (rather than relying on fiducial markers) and control the beam in real time during treatment. These advantages should enable the use of significantly smaller margins around the prostate. To date, however, the theoretical advantages of MRI-guided radiotherapy for prostate SBRT have not been demonstrated in a randomized clinical trial.

The MIRAGE (MRI-guided stereotactic body radiotherapy for prostate cancer) trial aims to address this shortfall and determine whether MRI-guided radiotherapy offers an evident benefit for patients. The phase III randomized clinical trial, led by Amar Kishan and Michael Steinberg at the University of California, Los Angeles (UCLA), enrolled men receiving SBRT for localized prostate cancer. Between May 2020 and October 2021, the trial randomized 156 patients to receive SBRT with either CT guidance (77 patients) or MRI guidance using the MRIdian system (79 patients).

Patients were treated with 40 Gy in five fractions, using planning margins of 4 mm in the CT arm and 2 mm in the MRI arm. The researchers note that this 2 mm margin is narrower than used in any previous large study. They hoped to show that this aggressive margin reduction could reduce toxic effects following SBRT.

“MRI guidance offers several advantages over standard CT guidance, most notably the ability to dramatically reduce planning margins, providing more focused treatment with less injury to nearby normal tissues and organs,” says Kishan in a press statement. “MRI technology is more costly than CT, both in terms of upfront equipment expenses and longer treatment times, which is one reason our study set out to determine if MRI-guided technology offers tangible benefits for patients.”

Improved outcomes

The results of the trial, described in JAMA Oncology, revealed that MRI guidance led to fewer toxicities and better quality-of-life, as judged by both patients and the doctors treating them.

In 154 patients available for follow-up, the incidence of acute grade 2 or greater genitourinary (GU) toxic effects was significantly lower following MRI- than CT-guided SBRT: 24.4% in the MRI group versus 43.4% in the CT group. Patients in the MRI group also had fewer acute grade 2 or greater gastrointestinal toxic effects: 0.0% versus 10.5%, respectively. In a multivariate analysis accounting for all candidate variables, the MRI-guided arm remained associated with a 60% reduction in odds of grade 2 or greater GU toxicity.

After 100 patients reached 90 or more days post-treatment, the researchers conducted an interim analysis. At this time, the incidence of acute grade 2 or greater GU toxic effects was significantly reduced in men receiving MRI-guided SBRT compared with those receiving CT-guided SBRT (24 of 51

versus 11 of 49). They re-estimated the required sample size as 154 patients and, as 156 patients had already been treated, closed the trial for further accrual.

“This is the first large scale SBRT trial to use a dose of 40 Gy to the PTV, which we felt was an appropriate dose given the anticipated risk level of the cohort we would be treating. Because dose is associated closely with toxicity, we knew beforehand that the estimates of toxicity we used to power the trial might be underestimates,” Kishan tells Physics World. “Thus, we stipulated an interim analysis should occur after 100 patients were eligible for analysis in order for us to formally re-evaluate the power considerations for the trial.”

One unique aspect of the study was its inclusion of patient-reported outcomes. Significantly fewer patients receiving MRI-guided SBRT experienced large increases in urinary symptoms. Similarly, far more patients experienced a clinically notable decrease in bowel-related quality-of-life with CT guidance.

The researchers note that longer term follow-up is necessary to determine whether these benefits persist, whether differences in late urinary or bowel toxic effects occur and to evaluate differences in sexual outcomes. They plan to continue to monitor toxicity outcomes and perform an analysis of 2-year patient-reported outcomes.

“MRI-guided radiation has apparent theoretical benefits in this treatment scenario, and it was important to conduct a rigorous comparison,” says Steinberg. “Given the significance of the outcomes realized, we’ve evolved our prostate cancer treatment approach at UCLA to preferentially utilize MRI-guided SBRT.”

17 Jan 2023 Tami Freeman

Source: <https://physicsworld.com/a/mri-guidance-reduces-side-effects-of-prostate-cancer-radiotherapy/>

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Notice from board of directors regarding newsletter publishing

For the 2023 year our newsletter will be published monthly in electronic format. Hardcopy versions will be distributed via Canada Post only on a Modified quarterly basis during the months of January, April, July and September. This is to reach as many of our members as possible while reducing our operating costs.

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FUTURE MEETINGS 2022-2023

- 15 Mar** Dr. Paul Daeninck CancerCare MB
“Pain and symptom management for men with prostate cancer”
- 19 Apr** Dr Sarah Korsunsky Center for Natural Medicine
“What it is and what it offers”
- 17 May** Dr. Rashmi Koul CancerCare MB
“Aspects of radiation oncology today”

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