Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, July 19, 2023

Speaker: Dr. Sabine Mai B.Sc., M.Sc., Ph.D.
CancerCare MB Research Institute
Professor, Max Rady College of Medicine,
University of Manitoba

Topic: "Liquid biopsy for prostate cancer: what circulating tumor cells reveal"

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

How does waiting on prostate cancer treatment affect survival?

An important clinical trial shows that many patients can delay it safely for years.

Prostate cancer progresses slowly, but for how long is it possible to put off treatment? Most newly diagnosed men have low-risk or favorable types of intermediate-risk prostate cancer that doctors can watch and treat only if the disease is found to be at higher risk of progression.

This approach, called active surveillance, allows men to delay — or in some cases, outlive — the need for aggressive treatment, which has challenging side effects.

In 1999, British researchers launched a clinical trial comparing outcomes among 1,643 men who were either treated immediately for their cancer or followed on active surveillance (then called active monitoring). The men's average age at enrollment was 62, and they all had low- to intermediate risk tumors with prostate-specific antigen (PSA) levels ranging from 3.0 to 18.9 nanograms per milliliter.

Long-term results from the study, which were published in March, show that prostate cancer death rates were low

(Continued on page 2)

Thought of The Day

"Never lose hope. Storms make people stronger and never last forever."

— Roy T. Bennett, The Light in the Heart

SHARING IS CARING 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.

(Continued from page 1)
regardless of the therapeutic strategy. "This hugely important study shows quite clearly that there is no urgency to treat men with low- and even favorable intermediate-risk prostate cancer," says Dr. Anthony Zietman, the Jenot W. and William U. Shipley Professor of Radiation Oncology at Harvard Medical School, and a radiation oncologist at Massachusetts General Hospital who was involved in the research and is a member of the Harvard Medical School Annual Report on Prostate Diseases editorial board. "They give up nothing in terms of 15-year survival."

What the results showed

During the study, called the Prostate Testing for Cancer and Treatment (ProtecT) trial, researchers randomized 545 men to active monitoring, 533 men to surgical removal of the prostate, and 545 men to radiation.

After a median follow-up of 15 years, 356 men had died from any cause, including 45 men who died from prostate cancer specifically: 17 from the active monitoring group, 12 from the surgery group, and 16 from the radiation group. Men in the active surveillance group did have higher rates of cancer progression than the treated men did. More of them were eventually treated with drugs that suppress testosterone, a hormone that fuels prostate cancer growth.

In all, 51 men from the active surveillance group developed metastatic prostate cancer, which is roughly twice the number of those treated with surgery or radiation. But 133 men in the active surveillance group also avoided any treatment and were still alive when the follow-up concluded.

Experts weigh in

In a press release, the study's lead author, Dr. Freddie Hamdy of the University of Oxford, claims that while cancer progression and the need for hormonal therapy were more limited in the treatment groups, "those reductions did not translate into differences in mortality." The findings suggest that for some men, aggressive therapy "results in more harm than good," Dr. Hamdy says.

Dr. Zietman agrees, adding that active surveillance protocols today are even safer than those used when ProtecT was initiated. Unlike in the past, for instance, active surveillance protocols now make more use of magnetic resonance imaging (MRI) scans that detect cancer progression in the prostate with high resolution.

Dr. Boris Gershman, a surgeon who specializes in urology at Harvard-affiliated Beth Israel Deaconess Medical Center, and is also an Annual Report on Prostate Diseases editorial board member, cautions that the twofold higher risk of developing metastasis among men on active surveillance may eventually translate into a mortality difference at 20-plus years.

"It's important to not extend the data beyond their meaning," says Dr. Gershman, who was not involved in the study. "These results should not be used to infer that all prostate cancer should not be treated, or that there is no benefit to treatment for men with more aggressive disease." Still, ProtecT is a landmark study in urology, Dr. Gershman says, that "serves to reinforce active surveillance as the preferred management strategy for men with low-risk prostate cancer and some men with intermediate-risk prostate cancer."

Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, and editor in chief of the Annual Report, points out that nearly all the enrolled subjects provided follow-up data for the study's duration, which is highly unusual for large clinical trials with long follow-up. The authors had initially predicted that patients from the active monitoring group who developed metastases at 10 years would have shortened survival at 15 years, "but this was not the case," Dr. Garnick says. "As with many earlier PSA screening studies, the impact of local therapy on long-term survival for this class of prostate cancer — whether it be radiation or surgery — was again brought into question," he says.

April 28, 2023

By Charlie Schmidt, Editor, Harvard Medical School Annual Report on Prostate Diseases

Reviewed by Marc B. Garnick, MD, Editor in Chief, Harvard Medical School Annual Report on Prostate Diseases; Editorial Advisory Board Member, Harvard Health Publishing

Source: www.health.harvard.edu/blog/prostate-cancer-how-does-waiting-on-treatment-affect-survival-202304282929

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact Pat Feschuk at 204-654-3898 to schedule a presentation. It takes about an hour and allows for active engagement between speaker(s) and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn't matter, but the more the merrier.

You provide the audience and we'll provide the speaker.

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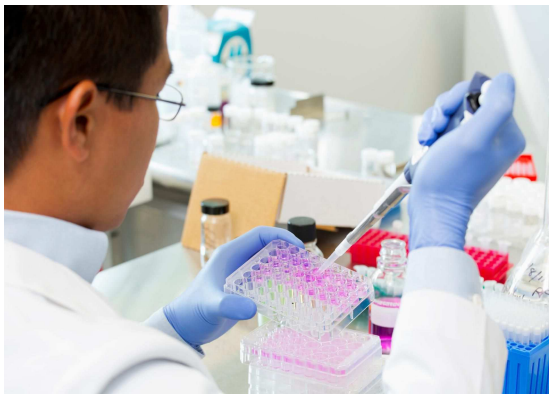
New prostate check to spot cancers current tests miss

Called Stockholm3, test involves a single blood test that looks for five proteins

A new test is twice as effective at detecting prostate cancer as the existing blood test that checks for the disease, according to a new study.

Called Stockholm3, it involves a single blood test that looks for five proteins released from the prostate if there is cancer, including kallikrein 2, and two different measures of prostate-specific antigen (PSA). The test also looks at genetic markers.

The current blood test used to detect prostate cancer looks for PSA only. Levels can increase if cancer is present, but not all cancers actually raise PSA levels. Moreover, levels of PSA can rise for other reasons, such as an infection and advancing age — which means the PSA blood test can wrongly reassure someone cancer is not present, and can lead to unnecessary scans and biopsies when levels are raised for reasons other than cancer.



As the new test also identifies other proteins and genetic markers, it's thought that this increases the accuracy.

The results of the blood test are then combined with personal data, including the person's age and family history, and also genetic markers: these are used to produce a score representing the risk of having prostate cancer that requires treatment.

A score of at least 11 per cent is an indicator of increased prostate cancer risk, and the patient would be referred for an MRI scan, which may then lead to a biopsy.

Compared with the PSA test, Stockholm3 halves the number of unnecessary biopsies, according to new research presented at the European Association of Urology Congress in Milan in March.

The prostate is a small walnut-sized gland, located between the penis and the bladder: its role is to produce a fluid that mixes with sperm to produce semen. There are more than 50,000 new cases of prostate cancer each year in the UK and around 12,000 deaths.

The risk of prostate cancer increases with age, with most cases diagnosed after 50, but ethnicity and family history can play a part.

Results from a four-year study in Stockholm, Sweden, involving more than 5,000 men, showed that the new test also led to a 28 per cent reduction in the cancers detected too late for treatment compared to centres using only the PSA test.

Previous research showed that twice as many cancers that require treatment are found with the new test compared with a PSA test, reported the Scandinavian Journal of Primary Health in 2020.

So far the new test, costing around £395, is only available at a handful of private clinics.

Professor Raj Persad, a consultant urologist at the private Bristol Urology Associates clinic, said: 'This test may save anxiety, stress and expense for patients in avoiding MRI and biopsy where it is not needed, and it also unearths cases which hitherto may have been missed at an early stage of cancer development.

'It is just being introduced to the UK, and will need careful evaluation before establishing its place in NHS clinical practice.'

Men with the highest triglyceride levels were 4.57 times more likely to develop prostate cancer than those with the lowest (File image)

Having high levels of a type of fat called triglycerides in the blood can lead to a near five-fold increase in the risk of aggressive prostate cancer, according to a recent study in the journal Frontiers in Oncology.

Mainly found in meat, butter and cooking oils, triglycerides are stored in fat cells and released when needed for energy. Scientists studied health records of more than 1,700 men who had a biopsy, 720 of whom went on to be diagnosed with prostate cancer.

Men with the highest triglyceride levels were 4.57 times more likely to develop the disease than those with the lowest, according to researchers at the University of Ulsan in South Korea.

One theory is that the fat may increase inflammation, which has been implicated in the development of cancer.

By Roger Dobson 12 June 2023

Source: www.dailymail.co.uk/health/article-12186575/New-prostate-check-spot-cancers-current-tests-miss.html

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A Healthy Sex Life After Prostate Cancer

While most men will face some issues in the bedroom after prostate cancer treatment, these problems are often temporary or treatable.

You might feel frustrated at first, but be patient. With time and the right treatments, you can likely have a fulfilling sex life after prostate cancer.

What to Expect
Your prostate is next to key nerves, blood vessels, and muscles that help you have an erection. Surgery and radiation to treat your cancer can damage these areas, making it more difficult to get an erection or have an orgasm. (If you were having trouble getting an erection before your treatment, you probably still will.)

Hormone therapy lowers the amount of testosterone in your body, which won't help your sex drive and performance.

The most common complaint after certain treatments - for about 8 out of 10 men - is erectile dysfunction (ED). This means you can't get or keep an erection that's hard enough for penetration. But even if you have ED after your treatment, you can still have an orgasm. In fact, most men can have one without an erection.

You may also have:

- ◊ Dry orgasms, when you don't release semen
- ◊ A smaller penis
- ◊ Less interest in sex

These issues may last several weeks or much longer. It depends on the type of treatment you have and how you feel. Up to half of men who have nerve-sparing prostate surgery or radiation therapy see improvement in having sex within a year after their treatment.

Penis Rehab
Penile rehabilitation is a way to get your penis back into shape after surgery or radiation. The idea is to use it so you don't lose it.

While there's not a lot of data behind the theory of penile rehabilitation, supporters say frequent erections can raise oxygen levels and improve blood flow, which can keep your penis healthy.

If you want to try this, you'll need to commit to regular penis stimulation. ED treatments can also help with this process. Ask your doctor if rehab might work for you.

Medical Treatments
Medications: Well-known drugs like sildenafil (Revatio, Viagra), tadalafil (Adcirca, Cialis), and vardenafil (Levitra, Staxyn) are pills you can take to improve blood flow to your penis. These can help ED if you've had prostate cancer, but only when your nerves aren't damaged by surgery or radiation.

You can put a small pellet of alprostadil (Caverject, Edex, Muse) into the opening at the tip of your penis. This medicine also gets more blood flowing to your penis without it being stimulated.

Another way to have an erection without sexual stimulation is by giving yourself a shot of medicine in the base of your penis.

Devices: A vacuum, or "penis pump," pulls blood into your penis. These tools work best for men who can get an erection but can't keep it.

Or a surgeon could place implants in your penis to help you have an erection.

Oxytocin: You put this medicine under your tongue about 10 minutes before sex to help you have an orgasm.

Supplements: Some men take herbs and other substances to improve sexual desire and function such as dehydroepiandrosterone (DHEA), L-arginine, ginkgo, ginseng, yohimbe, and zinc. Some of these can be dangerous, and others have no scientific studies to back up their claims, so be sure to check with your doctor before you take one.

Healthy Habits
Regular exercise, along with a diet rich in veggies, fruits, whole grains, and fish, can lower your chances of ED.

If you smoke or drink heavily, it might be harder to get an erection.

Kegel exercises help strengthen your pelvic floor muscles. Building those muscles may also improve your ability to have an erection.

Your Approach to Sex
It might sound basic, but make sure you're aroused in the moment. Think about a sexual fantasy or feelings of pleasure. Let your partner delay your excitement if you feel like you might have an orgasm.

Try other forms of intimacy, too. Sex doesn't have to be just the usual sex. Kissing, touching, oral sex, and manual sex are some other things you might enjoy. You can also use a vibrator on the head of your penis to stimulate nerves and send more signals to your brain.

Your Emotions and Sex
Your prostate cancer and its treatment won't just affect your body. They'll also have a serious impact on your emotions. Stress and anxiety can trigger your body to make adrenaline, which gets in the way of having sex. The more you worry, the worse the struggle. If you're in a relationship, your partner will be going through many of the same feelings.

One of the most important things you can do is to talk to your partner. Have an honest conversation about your fears and expectations when it comes to sex. Don't

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assume they know how you feel. Being open with each other will help you both feel supported and help you work together to make any adjustments that you may need to stay intimate.

Talking with a mental health professional - either one-on-one or with your partner - can be a powerful way to help manage your emotions. A therapist can also prescribe medications that may ease stress and anxiety. A professional sex therapist can help you and your partner find ways to improve your sex life. It may also be helpful to join a support group where you can talk with others who share your experience.

SOURCES:

Prostate Cancer Foundation: "Erectile Dysfunction."

UCLA Urology: "Prostate Cancer: Dealing with Erectile Dysfunction."

Albaugh, J. Reclaiming Sex & Intimacy After Prostate Cancer: A Guide for Men and Their Partners. Anthony J. Jannetti, Inc., 2012.

Harvard Prostate Knowledge: "Achieving orgasm after radical prostatectomy."

Patient Advocates for Advanced Cancer Treatments: "Life After Prostate Cancer Treatment; Sexual Healing."

Harvard Health Publishing: "Penile rehabilitation after prostate cancer surgery," "5 natural ways to overcome erectile dysfunction."

Mayo Clinic: "Erectile dysfunction," "Dietary supplements for erectile dysfunction: A natural treatment for ED?"

American Cancer Society: "Treating Sexual Problems for Men with Cancer."

City of Hope: "Men and Prostate Cancer: The Emotional Impact."

Sexual Medicine Society of North America: "After Prostate Cancer, Take Care of Your Relationship."

Future Oncology: "Prostate Cancer: Quality of Life, Psychosocial Implications and Treatment Choices."

Written by Julie Marks
Medically Reviewed by Nazia Q Bandukwala, DO
May 16, 2023

Source: https://www.webmd.com/prostate-cancer/sex-life-after-prostate-cancer

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Serious about sleep

Patient co-investigators, members report cognitive therapy improves memory Research

As if having cancer wasn't hard enough, nearly 20 per cent of cancer survivors who have issues falling or staying asleep also have trouble remembering things, paying attention and concentrating.

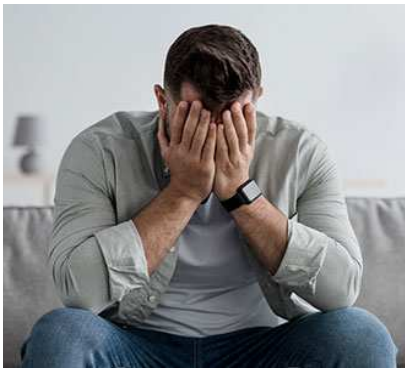
That's according to research by Dr. Sheila Garland, associate professor of psychology and oncology at Memorial University and a clinical psychologist.

International attention
There are few effective treatments to improve cognition after cancer.

However, improving your sleep using cognitive behavioural therapy for insomnia (CBT-I) can help, according to recent findings of the Addressing Cancer Treatment-Related Insomnia Online in Atlantic Canada (ACTION) study.

Headed by Dr. Garland, the study demonstrates for the first time that treating insomnia in cancer patients can improve cognition.

"[ACTION] would have saved me countless nights of lost sleep and the effect of this on my ability to function."— Sondria Browne



It also garnered international attention at the world's premier clinical and scientific meeting for sleep medicine, sleep and circadian research, and sleep health in Indianapolis, Ind., from June 3-7.

Seventy-three participants from Newfoundland and Labrador and 59 participants from the remaining Atlantic provinces were recruited for the study.

All the individuals experienced insomnia for at least three months and reported difficulty with memory, concentration and attention.
After completing the seven-week treatment program, the ACTION participants reported clinically significant improvements in their cognition.

"After I got my sleep back on track, I found that I could think more clearly," said one participant. "I was no longer forgetting the simple things, like where I placed my keys."

Treating sleep problems
Dr. Garland says sleep problems often start after a cancer diagnosis for many reasons, including worries about cancer, changes to your routine and side effects of treatment.

"CBT-I is recommended as the first-line treatment for insomnia and targets the thoughts, behaviours and emotions that make it hard for people to sleep," she said. "People who have been treated for cancer are 2-3 times more likely to experience insomnia and this negatively impacts practically all other areas of their lives."

Dr. Garland says that cognitive impairment is a big reason why people

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who have been treated for cancer find it hard to return to work.

"The psychological repercussions of cancer can be equally devastating, if not worse, than the physical impacts."— Bob Wakeham

If they don't sleep well at night, individuals with cancer may find it challenging to function the next day.

Sondria Browne, a patient co-investigator on the study, was diagnosed with breast cancer.

She says she knows how it feels to not be able to sleep and its impact on your cognitive abilities.

"I wish the ACTION study was available when I needed it," she said. "It would have saved me countless nights of lost sleep and the effect of this on my ability to function the next day."

Bob Wakeham, a patient member of the trial steering committee, was diagnosed with colon cancer.

He received CBT-I from Dr. Garland and also knows first-hand how important sleep is to cancer recovery.

"The psychological repercussions of cancer can be equally devastating, if not worse, than the physical impacts, and that includes debilitating insomnia," he said.

Mr. Wakeham says the treatment from Dr. Garland and her team has had a profound effect on his psychological well-being.

BY KELLY FOSS June 15, 2023

Source: https://gazette.mun.ca/research/serious-about-sleep/

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Darolutamide found favorable for patients with nmCRPC in observational DEAR study

Investigators compared 3 second-generation androgen receptor inhibitors to determine real-world utilization of the drugs and examine the incidence of adverse events.

Treatment with darolutamide (Nubeqa) was found to provide more favorable outcomes for patients with non-metastatic castration-resistant prostate cancer (nmCRPC) compared with treatment with enzalutamide (Xtandi) or apalutamide (Erleada), according to data from the DEAR study.1

Investigators showed that patients were less likely to develop metastatic disease or discontinue treatment due to adverse events when treated with darolutamide. The findings were presented at the 2023 American Society of Clinical Oncology Genitourinary Cancers Symposium in San Francisco, California.

"The real-world evidence study reinforces the favorable safety profile of darolutimide in the ARAMIS study population. It further demonstrates the importance of treatment tolerability and the potential for longer treatment duration with darolutamide compared to enzalutamide and apalutamide, which may in turn improve treatment outcomes," said Daniel J. George, MD, professor of medicine and of surgery at Duke University School of Medicine in Durham, North Carolina, during the presentation.

What is the prostate cancer DEAR study?

An Observational Study to Learn More About Treatment With **D**arolutamide, **E**nzalutamide and **A**palutamide in Men With Non-metastatic Castration-resistant Prostate Cancer in **R**eal World Settings (DEAR)

Source: https://clinicaltrials.gov/ct2/show/NCT05362149

Investigators conducting the DEAR study compared 3 second-generation androgen receptor inhibitors, which are considered the current preferred treatment option for nmCRPC. This comparison was done to determine real-world utilization of the drugs and examine the incidence of adverse events, which are the leading cause of treatment discontinuation for androgen receptor inhibitors.

Investigators assessed electronic medical records of 828 patients with nmCRPC. Patients were divided into 3 cohorts based on treatment: darolutamide (n = 340; median age, 80 years), enzalutamide (n = 367; median age, 79 years), and apalutamide (n = 121; median age, 80 years).

Treatment discontinuation or progression to metastatic disease occurred in 37% of patients (n = 340) treated with darolutamide compared with 51% (n = 187) of patients treated with enzalutamide and 51% (n = 62) of those treated with apalutamide. The median time to discontinuation or progress to metastatic disease was not reached in the darolutamide group (95% CI, 30.1-NA). In contrast, these events occurred at a median of 23.1 months (95% CI, 18.2-26.4) in the enzalutamide group and 20.5 months (95% CI, 12.3-27.2) in the apalutamide group.

The most common reasons for treatment discontinuation included adverse events, progression to metastatic disease or death, and switching to another androgen receptor inhibitor. George noted that a lower

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proportion of patients in the darolutamide experienced these events compared with the other 2 groups.

In particular, adverse events occurred in 9.7% of patients in the darolutamide cohort, 14.4% in the enzalutamide cohort and 15.7% in the apalutamide cohort. Progression to metastatic disease or death was observed in 8.8% of patients treated with darolutamide, 12% in those treated with enzalutamide and 13.2% in patients treated with apalutamide.

Study authors posit the favorable outcomes in patients treated with darolutamide may be attributed to "to darolutamide being a structurally distinct (androgen receptor inhibitor) with low potential for blood–brain barrier penetration," the researchers wrote in the abstract.

Reference

George DJ, Khan N, Constantinovici N, et al. Real-world use of darolutamide, enzalutamide, and apalutamide for non-metastatic castration-resistant prostate cancer (DEAR). Presented at: 2023 American Society of Clinical Oncology Genitourinary Cancers Symposium; February 16-18, 2023; San Francisco, CA. Abstract 332.

Feb 16, 2023 Miranda Lankas

Source: www.urologytimes.com/view/darolutamide-found-favorable-for-patients-with-nmcrpc-in-observational-dear-study

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Study identifies potential treatment target for prostate cancer resistant to hormone therapy

Prostate cancer is the most-commonly diagnosed malignancy and the second leading cause of cancer death among men in the United States. In its ever-indelicate world, the stubborn disease can continue to grow even when the amount of testosterone in the body is reduced to very low levels, thus earning the clumsy name: castrate-resistant prostate cancer (CRPC). It poses a major clinical challenge as a protein called the androgen receptor (AR) remains behind as a critical player in cancer, changing its behavior in CRPCs.

Androgen-deprivation therapy, which is a treatment that reduces the levels of male hormones, is the first-line treatment for locally advanced or metastatic prostate cancer. Despite initial responses to the therapy, nearly all patients eventually develop CRPC within a few years. It is now well recognized that CRPC continues to be dependent on AR signaling.

"Understanding the triggers that cause changes in AR's activity is important for developing better treatments for CRPCs," said Ping Yi, assistant professor of biology and biochemistry, who is leading a team investigating CRPC. Yi's research is published in PNAS.

Her research team includes Ramesh Singh, Lance Lumahan and Hong Shen, Department of Molecular and Cellular Biology, Baylor College of Medicine; and Steven Nguyen, Department of Biology and Biochemistry, Center for Nuclear Receptors and Cell Signaling, University of Houston.

"We found a specific chemical modification that occurs on the AR protein in certain conditions where the levels of male hormones are reduced to castration conditions. This modification involves another protein called TRAF4, which is frequently overexpressed in advanced prostate cancers. We demonstrated that overexpression of TRAF4 leads to the conversion of androgen-sensitive prostate cancer cells into castration-resistant cells, both in lab experiments and in live samples," said Yi.

"We also found that the TRAF4 protein level is higher in androgen-insensitive lymph node carcinoma cells of the prostate."

The findings also suggest that TRAF4 is associated with promoting the spread of cancer to other parts of the body. For this research Yi examined cells of patients with metastatic cancer who had previously undergone androgen-deprivation therapy. The researchers also observed that the TRAF4 protein is higher in cancer cells that are no longer responsive to androgens compared to cells that still respond to androgens.

The researchers believe that their findings provide an important basis for identifying a group of CRPC patients who might respond well to a treatment potentially targeting the specific molecular changes caused by the AR modification, providing a possible treatment option for this group of patients.

More information: Ramesh Singh et al, TRAF4-mediated nonproteolytic ubiquitination of androgen receptor promotes castration-resistant prostate cancer, Proceedings of the National Academy of Sciences (2023). DOI: 10.1073/pnas.2218229120 https://dx.doi.org/10.1073/pnas.2218229120

Journal information: Proceedings of the National Academy of Sciences https://medicalxpress.com/journals/proceedings-of-the-national-academy-of-sciences/

Provided by University of Houston https://medicalxpress.com/partners/university-of-houston/

by Laurie Fickman, University of Houston JUNE 12, 2023

Source: https://medicalxpress.com/news/2023-06-potential-treatment-prostate-cancer-resistant.html

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FUTURE MEETINGS 2023

16 Aug Dr. Rene Zahedi M.Sc., Ph.D.,
Director, MB Centre for Proteomics and Systems Biology (Internal Medicine)
"Proteomics and systems biology: powerful tools in the fight against prostate cancer"

20 Sep September Awareness Evening on prostate cancer (SAE2023)
This is our **highlight event** of the year and will be held at the Caboto Centre in Winnipeg. It will feature a distinguished keynote speaker who will provide a high-level overview of prostate cancer treatment here in Manitoba.
Watch this newsletter for more details.

18 Oct Dr. Shelley Turner M.D. EKOSI Health
"Towards an improved quality of life for prostate cancer patients"

15 Nov Xmas potluck

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