

Medical Advisors

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Thanks!

Next Meeting

Date: Wednesday, June 21, 2023

Speaker: Dr. Gary Jawanda MD CCFP
Manitoba Men's Health Clinic

Topic: "Role of the GP in early diagnosis,
treatment and management 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



Thought of The Day

"Hope itself is like a
star—not to be seen in
the sunshine of
prosperity, and only to
be discovered in the
night of adversity."

Charles Haddon
Spurgeon

Prognosis and survival for prostate cancer

If you have prostate cancer, you may have questions about your prognosis. A prognosis is the doctor's best estimate of how cancer will affect someone and how it will respond to treatment.

Prognosis and survival depend on many factors. Only a doctor familiar with your medical history, the type and stage and other features of the cancer, the treatments chosen and the response to treatment can put all of this information

together with survival statistics to arrive at a prognosis.

A prognostic factor is an aspect of the cancer or a characteristic of the person that the doctor will consider when making a prognosis. A predictive factor influences how a cancer will respond to a certain treatment. Prognostic and predictive factors are often discussed together. They both play a part in deciding on

a treatment plan and a prognosis.

The following are prognostic and predictive factors for prostate cancer.

Stage

Prostate cancer with a lower stage at diagnosis has a more favourable prognosis. Cancer that hasn't spread outside of the prostate at the time of

(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)

diagnosis has a better prognosis than cancer that has spread outside of the prostate.

Grade

The lower the Gleason score the better the prognosis. Prostate cancer with a Gleason score lower than 7 has a more favourable prognosis than prostate cancer with a score of 7 or higher.

Prostate-specific antigen (PSA) level

Some research shows that a higher than normal prostate-specific antigen (PSA) level may indicate a poor prognosis. This is because a high PSA level is linked to a greater risk that prostate cancer will spread.

PSA doubling time

PSA doubling time measures the time it takes the PSA level to double. For example, a PSA doubling time of 3 years means that, on average, the PSA level doubles every 3 years. PSA doubling time can help doctors find out if a prostate cancer is aggressive, which means it is more likely to grow quickly and spread. Shorter doubling times are linked to a worse prognosis.

Risk groups

Doctors may classify prostate cancer into groups based on the risk of the cancer coming back (recurring) after treatment. These risk groups are based on the tumour (T), Gleason score and PSA level. The lower the risk group, the lower the risk of prostate cancer recurring after a radical prostatectomy.

Nomograms

Nomograms are statistical models that predict a probable outcome. They take into account the stage, Gleason score, PSA level, pathology reports based on biopsy samples, use of hormone therapy, radiation dose and other specific information about you, such as your age or treatments you have already received.

The nomograms used to predict a prognosis for prostate cancer include:

Cancer of the prostate risk assessment (CAPRA) nomogram

Doctors use the cancer of the prostate risk assessment (CAPRA) nomogram to help them predict the risk that prostate cancer will spread, predict the risk of dying from prostate cancer and make treatment decisions. This nomogram is based on:

- ◇ the PSA level
- ◇ the Gleason score
- ◇ the percentage of biopsy samples that have cancer
- ◇ the stage
- ◇ your age when you are diagnosed

Partin tables

Partin tables are a nomogram that helps doctors predict the chance that cancer will spread before surgery to remove the prostate. This helps them make treatment decisions. Partin tables are based on the:

- ◇ Gleason score
- ◇ PSA level
- ◇ Stage

Smoking

There is some evidence that those who smoke at the time of diagnosis are more likely to have a biochemical recurrence (also called a biochemical failure) and die from prostate cancer than those who don't smoke. A biochemical recurrence means that the PSA level starts to rise after treatment but there are no other signs of cancer.

Levels of certain chemicals in the blood can predict a worse prognosis in men with metastatic castrate-resistant prostate cancer. They include:

- ◇ high alkaline phosphatase
- ◇ low hemoglobin
- ◇ low albumin
- ◇ high lactate dehydrogenase
- ◇ Learn more about chemicals measured in the blood.

Genetic signatures

Gene expression profiling is a way to analyze many genes at the same time to see which are turned on and which are turned off. Doctors have found several abnormal gene patterns (called a genetic signature) in prostate cancer. These genetic signatures can help doctors make a prognosis. Some genetic signatures are linked to a better prognosis and better response to treatment. Other genetic signatures are associated with a worse prognosis.

February 2021

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

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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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Five-day 'turbo-charged' radiotherapy could 'cure' high risk prostate cancers faster than usual 20 days

New radiotherapy method from Queen's University Belfast safe and effective as usual ... Treatment blitz could cure prostate cancers in five days rather than typical 20

Men with high-risk prostate cancer could have their disease cured by just five days of 'turbo-charged' radiotherapy, rather than the typical 20, research has shown.

The radical method, pioneered at Queen's University Belfast, has been proved to be as safe and effective as the standard approach – and could also free busy cancer clinics to see more patients.

Radiotherapy involves blasting the prostate with powerful energy waves that destroy tumour cells. It can also be an alternative to surgical removal of the gland.

It's normally given in a number of doses over a period of weeks. However, a newer method, called stereotactic ablative radiotherapy, uses higher-powered beams.

These are delivered from different angles, blasting the site of the tumour with pinpoint accuracy.

The precise nature of the treatment means there isn't as much damage to surrounding healthy tissue, as can happen with the standard approach. And as higher doses are given, just five days of treatment are needed. The method has previously been used to treat small, lower-risk prostate tumours, but this study was the first to show it worked well in men with more advanced, higher-risk cancer.

One of the worries with high-powered

radiotherapy to the prostate, which sits below the bladder, is that there can be collateral damage to the bowel and rectum. Radiation can damage the nerves and muscles that control when men go to the toilet, causing incontinence.

To mitigate this, prior to treatment, the 30 men in the trial had a gel called a SpaceOAR injected behind the prostate. It gently moves the rectum away from the prostate and create a barrier, reducing the radiation that reaches surrounding tissue by 70 per cent. In the trial, none of the men suffered significant bowel problems after the procedure.



Professor Suneil Jain, of Queen's University, said: 'Men appreciate having their treatment completed so rapidly. Twenty days of radiotherapy can be daunting for some.'

'Prostate cancer seems to be very sensitive to these big doses. If we can reduce the number of sessions each patient needs by 75 per cent, it's a big win for radiotherapy departments, too.'

About 50,000 men are diagnosed with prostate cancer every year in the UK. Many have no active treatment and are monitored regularly. However, if the patient is considered high-risk, radiotherapy, given with surgery,

hormone medication or on its own, is effective.

If the cancer hasn't spread, nine in ten survive at least five years with these treatments. For men whose cancer has spread, 65 per cent survive at least five years after radiotherapy and hormone drugs.

The patients in the trial began treatment between 2016 and 2018, so survival data isn't yet available. However, Prof Jain said: 'We expect to see comparable results with this treatment protocol.'

One participant in the trial, John Creswell, 69, was diagnosed with prostate cancer in 2018. The father-of-three from Coleraine said: 'I have a few friends who have had prostate cancer and have gone through the hormone and radiotherapy treatments. They've all had negative side effects, so I was a bit worried.'

But Mr Creswell, a retired fire officer, said he didn't suffer any major problems. 'There was no blood in my urine or bowel. Also, the convenience of just a week of hospital visits for treatment was more user-friendly. My cancer was treated before it spread.'

Prostate Cancer UK's research manager, Hayley Luxton, said: 'We now know this pioneering technique is safe, opening the door to more accurate, higher-dosage treatments and fewer hospital visits for men living with prostate cancer.'

By JONATHAN NEAL
15 April 2023

Source: <https://www.dailymail.co.uk/health/article-11976133/5-day-turbo-charged-radiotherapy-cure-high-risk-prostate-cancer-faster-usual-20-days.html>

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Everything to know about chemotherapy for prostate cancer

In some cases, a person may receive chemotherapy for prostate cancer.

Doctors usually recommend this treatment when the cancer has spread to other parts of the body.

Prostate cancer is one of the most cancers in males in the United States. Prostate cancer occurs due to abnormal cell growth in the prostate gland.

There are a few treatment options available to people with prostate cancer. Treatment depends on factors such as cancer stage and whether it has spread. Chemotherapy is one of these possible treatment options.

In this article, we examine when people may receive chemotherapy for prostate cancer. We look at the types of chemotherapy used, how a person receives the treatment, and the side effects.

When is chemotherapy used for prostate cancer?

Chemotherapy for prostate cancer is not generally a standard treatment for early stages.

According to the Prostate Cancer Foundation, a person would receive chemotherapy for prostate cancer if they have a certain type of cancer known as “metastatic.”

Metastatic cancer is when cancer spreads to other parts of the body.

According to the American Cancer Society, a person may also receive chemotherapy for prostate cancer if hormone therapy does not work.

Doctors consider several factors before starting a person on chemotherapy treatment. These factors may include:

- ◇ other treatment options or clinical trials available

- ◇ likelihood of chemotherapy being tolerated
- ◇ previous treatments
- ◇ whether a person requires radiation therapy beforehand to alleviate pain

What are the types of chemotherapy used for prostate cancer?

For prostate cancer, a person receives chemotherapy medications one at a time rather than in combination.

There are various types of chemotherapy doctors may use to treat prostate cancer.

Docetaxel (Taxotere)

Docetaxel is usually the first chemotherapy drug a person may receive. People may receive docetaxel in combination with a steroid drug called prednisone.

Docetaxel can help extend life, relieve pain, and improve quality of life. However, it does not cure prostate cancer.

Research from 2018 states that this type of chemotherapy medication improved survival rates in people with metastatic prostate cancer.

However, 2021 research states that, although the initial response is positive in most people, some people can develop a resistance to docetaxel.

Cabazitaxel (Jevtana)

This chemotherapy drug is usually the

next drug doctors try if docetaxel does not work or stops working.

A person may also receive prednisone in combination with cabazitaxel.

A 2019 review suggests this chemotherapy drug can prolong life in people with prostate cancer and is usually well tolerated.

Mitoxantrone (Novantrone)

Mitoxantrone is another medication a person may receive if docetaxel and cabazitaxel do not work or stop working.

Research from 2020 states that mitoxantrone kills cancerous cells in animal studies. However, researchers say this type of chemotherapy is not yet fully understood, especially for prostate cancer.



Estramustine (Emcyt)

This is another alternative type of chemotherapy if the docetaxel and cabazitaxel do not work or stop working.

Research from 2018 states that estramustine can help kill prostate cancer cells. Researchers note, however, that

further studies are needed on the mechanisms of this type of chemotherapy on prostate cancer.

Platinum chemotherapy

According to the Prostate Cancer Foundation, a type of chemotherapy known as platinum chemotherapy may also be used in the treatment of prostate cancer.

Platinum chemotherapy drugs include:

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- ◇ carboplatin (Paraplatin)
- ◇ cisplatin (Platinol)
- ◇ oxaliplatin (Eloxatin)

However, this treatment does not currently have approval from the Food and Drug Administration (FDA) for the treatment of prostate cancer.

People with advanced prostate cancer may receive platinum chemotherapy if other treatments do not work or have stopped working.

According to a 2020 study, platinum-based chemotherapy may be an effective option for people with advanced prostate cancer.

How is chemotherapy given for prostate cancer?

A person with prostate cancer typically receives chemotherapy intravenously.

People usually have several sessions to receive this treatment in cycles. This means they have a period of treatment followed by a period of rest, allowing for some recovery time. These cycles usually last for 2–3.

Cycle lengths may also vary depending on how effective the treatment is for a person and also any side effects they experience.

People receiving chemotherapy treatment needs to attend a doctor's office, chemotherapy clinic, or a hospital.

A person usually receives estramustine orally in capsule form rather than through an IV. A person can speak with their doctor about chemotherapy options and the most effective treatment for their circumstances.

What are the side effects of chemotherapy?

Because chemotherapy medications

travel through the body, they can affect some healthy cells, causing side effects.

Sometimes, chemotherapy may cause damage to the:

- ◇ heart
- ◇ kidneys
- ◇ bladder
- ◇ lungs
- ◇ nervous system

Side effects differ between people. Some people may only experience a few side effects, and others may not experience any effects.

Common side effects of chemotherapy include:

- ◇ fatigue
- ◇ bruising and bleeding easily
- ◇ infection or anemia
- ◇ nausea and vomiting
- ◇ changes to appetite and weight
- ◇ constipation or diarrhea
- ◇ sores in the mouth, tongue, and throat
- ◇ nerve problems, such as numbness, tingling, and pain
- ◇ changes to skin, hair, or nails
- ◇ kidney or bladder issues
- ◇ difficulty concentrating
- ◇ mood changes
- ◇ changes to sexual function, desire, or fertility issues

Frequently asked questions

The following are answers to some questions people frequently ask about chemotherapy for prostate cancer.

What is the newest treatment for prostate cancer?

The American Cancer Society states that the newest treatment for prostate cancer in the United States is high intensity focused ultrasound (HIFU). This treatment destroys cancer cells using heat from ultrasonic beams.

Other countries have used HIFU

treatments for some time. However, research is ongoing regarding its safety and effectiveness.

What is the most successful prostate cancer treatment?

This depends on the person. Some more advanced stages of prostate cancer may benefit the most from chemotherapy or radiation therapy.

However, early stage prostate cancer may be most effectively treated with surveillance, surgery, or radiation therapy.

At what stage of prostate cancer is chemotherapy used?

A person usually receives chemotherapy when the cancer has spread to other parts of the body. It is not a standard treatment for early stages of prostate cancer.

Summary

A person with prostate cancer will not usually receive chemotherapy as a first-line treatment. However, if the cancer spreads to different areas of the body or if other treatments do not work, doctors may recommend chemotherapy.

There are various types of chemotherapy medications a person may receive. If one stops working, a doctor may prescribe another type.

People may experience some side effects when undergoing chemotherapy treatment. They can discuss all possible side effects with their doctor.

Medically reviewed by
Alyssa Walton, PharmD

By Suzy Davenport

April 25, 2023

Source: www.medicalnewstoday.com/articles/chemo-for-prostate-cancer#summary

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Annual motorcycle fundraiser rallies record amount for Manitoba prostate cancer research

Manitoba Motorcycle Ride for Dad saw nearly \$500K in funds raised, organizers say

A large number of people riding motorcycles leave a parking lot. Riders in the 2023 Manitoba Motorcycle Ride for Dad departed CF Polo Park mall in Winnipeg on Saturday to make their way toward the lakeside town of Gimli. Organizers say more than 1,200 people registered to ride this year. (Submitted by Trevor Kennerd)

The organizers of a fundraiser for prostate cancer are celebrating a new record for money raised from their revved-up annual event.

The Manitoba Motorcycle Ride for Dad saw nearly \$500,000 in funds raised through Saturday's ride, organizers said in a statement.

Now in its 15th year, the ride has raised more than \$4 million for local research and education efforts to combat the disease, organizers said.

Canadian Cancer Society statistics for 2022 say prostate cancer accounts for 10 per cent of all cancer deaths in men in Canada. Last year, the society estimated 24,600 men would be diagnosed and as many as 13 would die from it every day.

Organizers said the Winnipeg fundraiser saw more than 1,200 riders register this year. Starting at CF Polo Park mall, they rode down Portage Avenue to Assiniboia Downs, north to Selkirk and Gimli and back.

Organizers credited the top five fundraisers in an emailed statement. Collectively, they raised about 15 per cent of this year's record total. They are: Tim Fawcett: \$17,843.00.

Brad Van Wyck: \$16,572.00.
Tony Kusiak: \$14,981.00.
Bill Brokke: \$12,819.80
Hank Hildebrand: \$12,208.00.

"The outpouring of support from Manitobans this year was incredible," ride co-chair Kirk Van Alstyne said in the statement. "We are so very grateful to our riders, pledge donors, sponsors, media partners and volunteers."

A motorcycle raffle was a huge draw for contributions, said organizers, netting about \$50,000 toward the record total. Later Saturday, a lucky winner will take home their choice of either a Harley-Davidson or BMW motorbike or \$25,000 in cash.

CBC News May 27, 2023

Source: www.cbc.ca/news/canada/manitoba/ride-for-dad-record-fundraiser-winnipeg-1.6857085

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Exercise reduces anxiety during active surveillance for prostate cancer

In men undergoing active surveillance as an alternative to immediate treatment for prostate cancer, a supervised exercise program can reduce anxiety and fear of cancer progression, reports a study in *The Journal of Urology*, an Official Journal of the American Urological Association (AUA). The journal is published in the Lippincott portfolio by Wolters Kluwer.

"In our study, a high-intensity interval training program yielded significant mental and physical health benefits for men who chose active surveillance for initial management of low-grade prostate cancer," comments senior author Kerry S. Courneya, PhD, of the University of Alberta, Edmonton, Canada. "These findings may be especially important for the subgroup of patients who switch to surgery or other treatment as a result of anxiety or fear that their prostate cancer will progress during active surveillance." The study was led by Dong-Woo Kang, PhD, who is now a postdoctoral fellow at the Dana-Farber Cancer Institute, Boston.

Psychological benefits of exercise training during AS for prostate cancer

Active surveillance (AS) is used as a way to monitor slow-growing, "low-risk" or localized prostate cancer rather than treating it right away. Men opting for AS typically undergo regular prostate-specific antigen (PSA) screenings, prostate exams, imaging tests and repeat biopsies in order to carefully monitor prostate cancer growth or progression without compromising long-term outcomes. The aim of AS is to avoid or delay unnecessary treatment and its side effects.

Understandably, many men experience increased anxiety and fear of cancer progression while they are on AS, which may reduce their quality of life (QOL). These concerns drive some patients to switch to definitive treatment, such as surgery or radiation therapy – even though their cancer has not progressed. "Interventions to reduce anxiety and fear of cancer progression in these men may

improve QOL and reduce the chances of them opting for medically unnecessary treatments," Dr. Courneya and coauthors write.

In a study called the ERASE trial (Exercise During Active Surveillance for Prostate Cancer), the researchers evaluated a supervised, 12-week, high-intensity interval exercise training (HIIT) program for men undergoing AS. Published last year, the main study results showed significant improvement in cardiovascular fitness and reduced PSA levels in men assigned to the exercise program.

Could exercise also reduce anxiety and fear during AS? Dr. Courneya and colleagues performed a secondary analysis of these and other mental health outcomes among ERASE Trial participants. The analysis included 25 men assigned to the exercise program and a control group of 25 patients receiving usual care.

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The HIIT program led to improvements in key patient-reported outcomes. Findings included a small but significant reduction in prostate cancer-related anxiety: a difference of about 3 points on a 54-point scale. Fear of cancer progression showed a larger decrease: by 2 points on a 12-point scale.

Exercise participants had improvement in hormonal symptoms such as lack of energy, feeling depressed or change in body weight. The HIIT program was also linked to reductions in stress and fatigue and a significant increase in self-esteem. Assessments of QOL suggested

"borderline significant" increases in overall health status and emotional functioning.

Active surveillance has become an increasingly popular option for men with early-stage prostate cancer. However, recent studies have shown that many patients switch from AS to definitive treatment within a few years – sometimes with no evidence of cancer progression. "Our findings might be especially relevant for a subgroup of AS patients who opt for radical treatment to manage their distress," the researchers write.

Dr. Courneya comments: "Previous

reports have suggested that exercise might help to manage anxiety in other cancer patient groups but our study is the first to show improvement in anxiety and fear of cancer progression experienced by men who opt for AS." The researchers call for larger studies to confirm their findings and to demonstrate the longer-term physical and mental health benefits of exercise for this growing group of patients.

by Wolters Kluwer Health: Lippincott

Newswise — February 18, 2022

source www.newswise.com/articles/exercise-reduces-anxiety-during-active-surveillance-for-prostate-cancer

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Improving Immune Responses in Prostate Cancer

Men with high-risk prostate cancer who received immunotherapy treatment with enoblituzumab in the weeks leading up to surgery had favorable rates of disease remission and tumor downgrading after surgery, according to a recent study published in Nature Medicine.

Prostate cancer is the second most common type of cancer in men. Roughly 13 out of every 100 American men will be diagnosed with prostate cancer during their lifetime, according to the Centers for Disease Control and Prevention.

The current standard treatment for localized prostate cancer is radiation or surgical removal of all or part of the prostate. In the case of high-risk patients, the cancer will return or metastasize after treatment nearly 70 percent of the time. For men who present with advanced disease, there are currently no curative options.

In other cancers, like renal cell carcinoma, lung cancer and cancers of the colon and rectum, immune-mediated therapies have demonstrated high efficacy. Prostate cancer,

however, does not appear to be as naturally immune-responsive. In the current study, in an attempt to activate prostate cancer-killing immune cells, investigators at Johns Hopkins

Hospital administered enoblituzumab to 32 men with high-risk prostate cancer prior to prostatectomy.

Enoblituzumab, a monoclonal antibody, works by targeting B7-H3, a protein

associated with prostate cancer and is related to a family of immune checkpoint molecules. Of the 32 men enrolled in the study, half of men had their cancer appear less aggressive at surgery and 21 had undetectable levels of prostate cancer-specific antigen one year after treatment. Further, there were signs of immune activation within the prostate.

The findings point to enoblituzumab as a safe treatment option for prostate cancer that needs further study, said Ashley Ross, MD, PhD, associate professor of Urology and co-author of the study.

"Prostate cancer is typically thought of as an immune inactive tumor; It's not

very immune responsive," said Ross, who is also a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "What we wanted to determine was if we administered this molecule to patients with prostate cancer, would the antibody get into the prostate, bind with its target and direct the immune system to cancerous cells."

"What we found was that enoblituzumab was very well tolerated, and did in fact reach its target," Ross said. "All men on the study received enoblituzumab. Regardless, in comparison to similar patients who did not receive the drug and had surgery, short-term cancer related outcomes appeared improved."

Clinical trials are planned to further evaluate the findings, according to the study.

This study was supported by MacroGenics, Inc.

By Olivia Dimmer
May 10, 2023

Ashley Ross, MD, PhD, associate professor of Urology, was a co-author of the study published in Nature Medicine

Source: <https://news.feinberg.northwestern.edu/2023/05/10/improving-immune-responses-in-prostate-cancer>

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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 2023

- 19 Jul** Dr Sabine Mai BSc MSc PhD
CancerCare MB Research Institute
Professor, Max Rady College of Medicine, University of Manitoba
“Liquid biopsy for prostate cancer: what circulating tumor cells reveal”
- 16 Aug** Dr. Rene Zahedi MSc PhD
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 our newsletter for more details.
- 18 Oct** To be announced

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please contact Jos Borsa at number listed above*



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