

Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, March 15, 2023

Speaker: Dr. Paul Daeninck
Medical Oncologist, CancerCare MB
Assistant Professor, Rady Faculty of Health
Sciences, University of Manitoba"



Topic: "How to have a better life
if you have advanced 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

**The most essential
factor is
persistence – the
determination never
to allow your energy
or enthusiasm to be
dampened by the
discouragement that
must inevitably
come.**

JAMES WHITCOMB RILEY

Reminder about availability of MPCSG Outreach Activity

As part of our outreach activity we provide speakers 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 experience a slide show

providing a comprehensive overview about this disease, done at an easy to understand layperson level, please contact Pat Feschuk at 204-654-3898 to schedule such an event.

The presentation 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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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.

Non-invasive test can detect even trace elements of prostate cancer

Cedars-Sinai Cancer investigators have developed a new nanotechnology-based test that can detect and profile prostate cancers—even in microscopic amounts. Their work, published in the journal *Nano Today*, suggests that this "liquid biopsy" test could spare many patients unnecessary treatment-related side effects, directing them instead to effective therapies that could prolong their lives.

"This research will revolutionize the liquid biopsy in prostate cancer," said Edwin Posadas, MD, medical director of the Urologic Oncology Program and co-director of the Experimental Therapeutics Program in Cedars-Sinai Cancer. "The test is fast, minimally invasive and cost-effective, and opens up a new suite of tools that will help us optimize treatment and quality of life for prostate cancer patients."

Cancer of the prostate, a walnut-sized gland just below the bladder, is the most common cancer and second-leading cause of cancer death among U. S. men.

The test developed by Posadas and co-investigators isolates and characterizes extracellular vesicles, also called EVs, from blood samples. EVs are microscopic packets of protein and genetic material that are shed by cells. The EV Digital Scoring Assay can pull these EV packets from the blood with unprecedented efficiency and analyze them in a manner that is faster than any currently available test.

The investigators tested blood samples from 40 patients with prostate cancer and found that the test was able to distinguish cancer localized to the prostate from cancer that had spread to other parts of the body.

Posadas envisions this test being used to help patients who have their prostate

gland removed and later experience a rise in levels of prostate-specific antigen (PSA) in their blood. This happens in about 30% of post-surgical patients, and elevated PSA levels can indicate cancer recurrence.

If a remnant of the cancer has been left behind in the prostate bed, where the prostate gland once was, Posadas said focused radiation therapy can cure the disease or delay progression. But that treatment is not without risks.

"The bladder and rectum are near the prostate bed and can be damaged during the course of radiation therapy," Posadas said. "The risk is only worth it if a man is going to benefit." If microscopic cancer deposits have spread outside the prostate area, focused radiation treatment will not prevent disease progression. These deposits, called micro-metastases, are not always detectable, even via the most advanced imaging, but investigators were able to detect them using the EV test.

"This would allow many patients to avoid the potential harms of radiation that isn't targeting their disease, and instead receive systemic therapy that could slow disease progression," Posadas said.

In retrospective case studies, investigators tested blood samples taken over time from three prostate cancer patients, including one patient who had undergone focused radiation treatments.

"At the time he was being treated, I was concerned that he was not benefiting," Posadas said. "And the test results mirrored his clinical behavior and showed that, indeed, the treatments

were not effective because he had micro-metastatic disease."

The test is the latest in a yearslong series of Cedars-Sinai Cancer breakthroughs involving EVs. Posadas said that it could also be adapted to guide treatment as prostate cancer therapies become more targeted at the molecular level, ultimately extending patients' lives. Posadas and his team of investigators are now working to further refine the test so that it can be studied in greater detail.

"This type of liquid biopsy, coupled with innovations such as our Molecular Twin initiative, is key to next-generation precision medicine that represents the newest frontier in cancer treatment," said Dan Theodorescu, MD, Ph.D., director of Cedars-Sinai Cancer and the PHASE ONE Distinguished Chair.

"And the type of progress we are making is only possible at an institution such as Cedars-Sinai Cancer, where we have patients, clinicians, scientists and creative engineering minds converging as one unit to address the most challenging problems in cancer."

Posadas and the team aim to work with local and national partners and hope to see the test come into wide clinical practice in the near future.

More information: Jasmine J. Wang et al, Prostate cancer extracellular vesicle digital scoring assay—a rapid noninvasive approach for quantification of disease-relevant mRNAs, Nano Today (2023). DOI: 10.1016/j.nantod.2022.101746

by Cedars-Sinai Medical Center
FEBRUARY 2, 2023

Journal information: *Nano Today*
<https://phys.org/journals/nano-today/>

Source: <https://phys.org/news/2023-02-noninvasive-elements-prostate-cancer.html>

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How a diet rich with vegetables and fruits helped prostate cancer survivors: study

A new study from California researchers has found that a plant-based diet can be a powerful tool to reduce the progression of prostate cancer and the chances the illness will return.

“The main takeaway is: the more plants, the better. And just do the best you can with it, every bit helps,” said Vivian Liu, a clinical research co-ordinator at the Osher Center for Integrative Health at the University of California, San Francisco, in a phone call with CTVNews.ca Thursday.

Liu, who is the lead author of the study that she is presenting at a conference on cancer Thursday, said this is the only study to her knowledge that looks at outcomes of this kind of diet in prostate cancer survivors, as opposed to other research that has looked at diet and the risk of developing cancer.

“We’re hoping that these findings can strictly inform clinical care where providers can provide diet recommendations and guidance for managing their health,” she said.

HOW A PLANT-BASED DIET HELPED CANCER SURVIVORS

According to the Canadian Cancer Society, prostate cancer is the most common form of the illness among men, if non-melanoma skin cancers are excluded. It’s also the third leading cause of death from cancer in men in Canada.

In 2022, the society predicted that about 24,600 men would be diagnosed with prostate cancer and another 4,600 would die from it that year.

Liu and her co-authors looked at 2,038 men diagnosed with prostate cancer who were enrolled in the Cancer of the Prostate Strategic Urologic Research Endeavor, a larger study of 15,000 men across the U.S. that began in 1999.

The researchers were able to examine the diets of the 2,038 men as they had completed a food frequency questionnaire. The researchers used modelling to understand whether there was a connection between diet and disease progression, including examining other factors such as age, stage of cancer and walking pace.



The patients who reported diets with the most amount of plants incorporated had a 52 per cent lower risk of disease progression and a 53 per cent lower chance of cancer recurrence, compared to participants whose diets contained the least amount of plants. The plant-based diet was also particularly effective in older men over 65.

Out of the pool of men, 204 saw their cancer progress, which is close to 11 per cent of the participants.

Fruits and vegetables contain antioxidants and anti-inflammatory components, and contain dietary fibre, said Liu.

“So these can improve glucose control, as well as reduce inflammation,” she said. “The second thing is that they can also potentially reduce harmful exposure from animal-based foods such as hormones or heterocyclic amines, which are created during high-temperature cooking,” she said. Heterocyclic amines are chemical compounds that are carcinogenic.

A diet high in animal protein could increase insulin resistance and insulin levels, and dairy could increase levels

of IGF1, short for Insulin-like growth factor 1, said Liu. IGF1 is a hormone that research has found could increase the risk for developing several types of cancer if it’s found in higher levels in the blood.

VEGGIES, FRUIT HELPFUL TO COMBAT OTHER CANCERS

Other recent studies have shown the health benefits of a plant-based diet when it comes to tackling cancer. One U.S. study published in March 2022 looked at the health of more than 47,000 men, and found that a plant-based diet was associated with a lower risk in developing prostate cancer, particularly for men over age 65.

Another large study published in November in the journal BMC medicine found that a plant-based diet lowered the chances of developing bowel cancer in men by 22 per cent. However, that link was not found in women.

Overall, Liu says she hopes this study sparks more research and that patients can be empowered with more information about how to make decisions around their health, and health-care providers can use the research as a support tool.

“This is something that men are able to do by themselves or with support... they have a shopping list with them, it’s very doable, to be able to go to a grocery store and find food that is helpful and can increase quality of life,” she said.

Olivia Bowden Feb. 16, 2023
CTVNews.ca Writer, Producer

Source: www.ctvnews.ca/health/how-a-diet-rich-with-vegetables-and-fruits-helped-prostate-cancer-survivors-study-1.6276957

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Why might men with a family history of prostate cancer have higher odds of survival?

Men with a family history of prostate cancer may be better equipped to survive this condition.

A man's risk of developing prostate cancer increases if he has a family history of prostate cancer. Research has shown that those with a brother or father who had a prostate cancer diagnosis are twice as likely to receive the same diagnosis themselves as men with no family history of this form of cancer.

However, according to a new study, men with a family history of prostate cancer are more likely to survive the disease than someone from a family with no such history.

The study found that a man with prostate cancer who comes from a family with one first-degree or second-degree relative who has or has had cancer is 15% more likely to survive prostate cancer.

The more extensive a man's family history of inheritable cancers, the less likely he was to die from prostate cancer. Men with two or more affected family members were 20% more likely to survive.

The study found that men with family histories of cancer were equally less likely to die early of any cause at all.

The findings appear in the journal *European Urology*.

Prostate cancer statistics

Prostate cancer is the most common cancer in men, with one in eight men likely to develop the disease, according to the American Cancer Society. Roughly 288,300 new cases of prostate cancer are diagnosed each year in the United States.

Prostate cancer outcomes vary, and

there are both non-aggressive and aggressive forms of the disease. One out of every 41 men diagnosed with the disease dies from it.

This may be attributable to the later times in life at which prostate cancer often appears. Six in 10 new diagnoses involve men 65 and older.

There are various treatment options available to men with prostate cancer, including "watchful waiting."

The UK Genetic Prostate Cancer Study

The findings were based on data from the UK Genetic Prostate Cancer Study. This involved an analysis of survival data for 16,340 men with a diagnosis of prostate cancer and was collected from nearly 125 hospitals.

The authors of the study propose that a heightened awareness of cancer risk in families with a history of the disease leads to more diligent, and earlier, cancer screenings.

Dr. Konrad Stopsack, a molecular and clinical epidemiologist with a focus on cancer epidemiology at the Harvard T. H. Chan School of Public Health, who was not involved in the current research, told *Medical News Today*:

“This is a large study in a well-established and indeed one of the world’s biggest databases of prostate cancer in families. It shows quite conclusively that, in this specific setting in the United Kingdom, men who have a family history of prostate cancer lived longer after prostate cancer diagnosis compared to those who do not have affected family members.”

He noted, however, that in the U.K.,

prostate-specific antigen (PSA) screening “is not as widely done [as in the U.S.], so the mix of prostate cancers diagnosed is quite different, and tends to be more enriched for more aggressive cancers.”

Dr. Michael O’Callaghan, an associate professor in the College of Medicine and Public Health at Flinders University in Adelaide, Australia, also not involved in the study, added that “in areas where screening is more readily accessible, the effect of family history on survival may be less pronounced if the mechanism of action is indeed through increased screening, as the authors conclude.”



PSA testing in the U.S.

“In some ways, a PSA test is more widely accessible in the U.S. than it is in the U.K.,” Dr. Stopsack also pointed out.

Even so, PSA testing levels in the U.S. have decreased significantly for roughly the last decade. At that time, the U.S. Task Force on Prostate Cancer recommended PSA screenings should not be required at regular medical examinations, according to interventional urologist Dr. S. Adam Ramin, not involved in the current study.

Since that recommendation “there has been an increase in higher-stage prostate cancer. Many of us urologists are advocating a change in that recommendation,” said Dr. Ramin.

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The primary reason behind the task force's recommendation, said Dr. Ramin, was overdiagnosis, and "when there's an overdiagnosis, there may be overtreatment," he explained.

"In many instances," said Dr. Ramin, "patients with prostate cancer don't necessarily require treatment."

"We have solid data," said Dr. Stopsack, "that PSA screening reduces the long-term risk of death from prostate cancer to some degree, but at the expense of a significant burden of PSA tests, prostate biopsies, and therapies such as prostate surgery or radiation with all their potential complications."

Dr. Ramin described prostate biopsies as "relatively invasive, and the invasive nature of those tests may also cause some morbidity, like prostate infections and sepsis, and bleeding in the bladder."

Dr. Ramin said that worrying PSA levels lead first to recent, less-invasive tests in his practice. These include magnetic resonance imaging (MRI) scans of the prostate, 4K blood scoring, and urine-based liquid biopsies, where "they're looking for molecular genetic changes in the urine that may increase the likelihood of having prostate cancer."

Only after a positive result from such testing is a solid biopsy considered.

Breast cancer and prostate cancer

Breast cancer in a family member is the other form of cancer most highly associated with prostate cancer risk in male kin related by blood.

Dr. Ramin noted that the inheritable breast cancer genes BRCA1 and BRCA2 are common in both breast and prostate cancer.

"A breast cancer family history," said

Dr. Stopsack, "is associated with a moderately elevated risk of aggressive, symptomatic prostate cancer." It is also linked, he noted, to the risk of other less dangerous types of prostate cancers.

Some of that association may be due to the same heightened awareness of cancer risk the authors of the study credit for greater survival in men with a family history of cancer, said Dr. Stopsack.

"That is," he said, "having a family member raises awareness and leads one to get screened, which also raises the risk of getting diagnosed with a prostate cancer that may otherwise not have become symptomatic."

By Robby Berman
February 20, 2023

Fact checked by Anna Guildford, Ph.D.

Source: www.medicalnewstoday.com/articles/why-might-men-with-a-family-history-of-prostate-cancer-have-higher-odds-of-survival

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Are there any alternatives to a prostate biopsy?

A prostate biopsy is necessary to diagnose prostate cancer. However, alternative tests may be able to rule out cancer or remove the need for a biopsy.

A prostate biopsy is a standard diagnostic tool for identifying prostate cancer. Doctors typically recommend a prostate biopsy if other tests indicate but do not confirm prostate cancer. However, there are several instances in which a person will undergo prostate cancer screening but not require a biopsy.

In this article, we explain three of these alternatives and their benefits.

Who should not get a prostate biopsy?

If a person does not have identifiable risk factors for prostate cancer and initial screening tests do not discover any prostate abnormalities, then a biopsy will not be necessary.

Screening procedures can help in the early detection of many forms of cancer. Early detection can greatly increase a person's outlook. Many tests can indicate cancer but not confirm it. In these instances, doctors will typically order a biopsy to accurately diagnose any prostate abnormalities.

Before recommending a prostate biopsy, doctors may first carry out Trusted Source a medical history assessment, prostate-specific antigen (PSA) tests, a rectal exam, and imaging procedures.

They may recommend a biopsy if:

- ◇ PSA levels are above 4 nanograms per milliliter (ng/mL).
- ◇ Imaging, or examination, of the prostate, suggests an aggressive form of cancer may be present.
- ◇ An individual has an increased risk of prostate cancer.

However, several reliable alternatives to a biopsy can help a person assess their risk for prostate cancer, decide on further screening, and test for prostate cancer without causing excess worry.

Alternatives to prostate biopsy

Three of the possible alternatives to a prostate biopsy. Each technique has strengths, weaknesses, and a variable

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ability to detect a type of prostate cancer. The most effective MRI methods combine several of these imaging techniques.

Prostate cancer enzyme tests

PSA levels can indicate the presence of prostate cancer. Conducting these tests can determine if a person requires further screening, including biopsies.

Typically doctors will measure a person's total PSA. This measurement includes all forms of PSA in a person's system. If these tests return abnormal results, doctors may recommend more specific enzyme tests before recommending a biopsy.

These tests do not completely replace the need for a biopsy, but they can help identify who should have one. As a result, it may help doctors reduce the number of people who have biopsies.

Watchful waiting

Doctors often recommend a prostate biopsy due to a high PSA score. However, other factors can elevate a person's PSA score, including infection, prostate inflammation, and advanced age.

Waiting and testing PSA levels again can be helpful. If a PSA score remains high but has not changed since the last test, a person may not have prostate cancer.

Often a doctor will recommend a watchful waiting event after a prostate biopsy has confirmed cancer. Prostate cancer can be slow-growing, and in some instances, a person with prostate cancer may never require treatment. In these cases, doctors may recommend watchful waiting.

MRI scan

An MRI scan uses a magnetic field and

radiofrequency pulses to produce a clear prostate image. They are less invasive and still give an accurate guide to prostate cancer risk.

Doctors use a variety of MRI techniques to look for prostate cancer, including:

- ◇ Diffusion weighted imaging: This examines how the prostate absorbs water.
- ◇ Contrast imaging: The doctor observes blood flow in and around the prostate with the help of a dye.
- ◇ Spectroscopic imaging: This aims to distinguish prostate cancer from other causes of prostate enlargement, such as infection.



Biopsy overview

During a biopsy, a doctor uses an ultrasound machine to look at the prostate. They insert a small device into the rectum to perform the ultrasound.

Using a small, hollow needle, the doctor removes a tissue sample from the prostate. They send this to a laboratory where a pathologist views the sample under a microscope to check for abnormal cell growth.

The biopsy may involve the collection of several samples of prostate tissue during the procedure.

Benefits and risks of prostate biopsy

A prostate biopsy is a standard procedure. The benefits of choosing this option include:

- ◇ getting accurate information about how aggressive the cancer is
- ◇ confirming a diagnosis of suspected prostate cancer
- ◇ enabling prompt treatment of prostate cancer

If diagnosis and treatment remove prostate cancer before it spreads to distant organs (localized cancer), the 5-year survival rate is almost 100%.

This means that a person with localized prostate cancer is almost as likely to survive for 5 years beyond diagnosis as a person who does not have prostate cancer.

The disadvantages of a prostate biopsy include:

- ◇ Discomfort: Most people receive pain medication to reduce discomfort during the procedure. However, it is common to experience bleeding and pain in the days following a prostate biopsy.
- ◇ Inaccurate or incomplete results: Prostate biopsies miss about 20% of cancers. They can also produce false-positive results. This means some people may need to have multiple biopsies.
- ◇ Risk of hospitalization: This might occur due to infection and other prostate issues.

Summary

Prostate cancer can be a frightening diagnosis, but the disease is also highly treatable and often progresses slowly.

People often do not need every test for prostate cancer, and not all prostate cancers require treatment. People should consult their doctors to determine the best preventive checks for them.

Source: www.medicalnewstoday.com/articles/319963

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Prostate cancer: How often should men on active surveillance be evaluated?

A new study finds helpful hints in biopsy samples.

It used to be that doctors would automatically recommend treating all men with prostate cancer, even if their initial biopsies suggested the disease would grow slowly (or at all). But during the last several decades, the pendulum on treatment has swung the other way.

Doctors are now likely to advise active surveillance for low- to intermediate-risk cancers that may never turn deadly over the course of a man's life. Active surveillance involves routine PSA checks, follow-up biopsies, and more recently, magnetic resonance imaging of a patient's tumor. Treatment is initiated only when — or if — the disease shows signs of progression.

Recent evidence from Johns Hopkins University shows that the long-term risks of metastasis and death from low-grade prostate cancer among men on active surveillance averages just 0.1%. But doctors who care for such men also face a nagging question: which of their patients might have more aggressive cancer that should require closer monitoring? New findings published by the Johns Hopkins team in January provide useful insights.

The researchers' approach

The researchers in this case zeroed in on the prognostic value of so-called perineural invasion, or PNI, on tumor biopsy samples. PNI simply means that cancer cells are moving into the perineural space between nerves in the prostate and their surrounding tissues. A finding of PNI raises red flags because the perineural space "provides a conduit by which tumor cells can potentially escape the prostate and

grow elsewhere in the body," says Dr. Christian Pavlovich, a urologic oncologist at Johns Hopkins who led the research.

Dr. Pavlovich's team wanted to know if PNI detected on initial or follow-up biopsies would be associated with higher risks for cancer progression. So they analyzed long-term follow-up data from 1,969 men who had enrolled in an active surveillance research protocol at Johns Hopkins between 1995 and 2021. All the men were diagnosed initially with Grade Group 1 prostate cancer (the least risky form of the disease) and had undergone at least one follow-up biopsy since then.



What did the results show?

Among the 198 men with PNI, 44% of them (87 men in all) eventually progressed to Grade Group 2 prostate cancer, which is a more advanced form of the disease with an intermediate risk of further spread. Conversely, just 26% of the remaining 1,771 men without PNI (461 men) had progressed to Grade Group 2.

Pavlovich emphasizes that despite the new findings, PNI "does not make patients ineligible for active surveillance." Importantly, the research showed that PNI was not associated

with high-risk features, such as cancer in the lymph nodes of patients who wound up having surgery, or post-surgical elevations in PSA that show cancer still lurks in the body.

"What we've really shown here is that PNI puts men at a slightly higher risk of extraprostatic extension (cancer cells located just beyond the confines of the prostate)," Pavlovich says. "This is not necessarily a new finding. But PNI only occurs in about 10% of Grade Group 1 patients, and this is the boldest statement yet from the largest study conducted so far." Pavlovich and his colleagues concluded that PNI provides an inexpensive and readily available indicator for identifying which men on active surveillance will benefit from more intensive monitoring protocols, including MRI and genetic tests.

Dr. Marc B. Garnick, the Gorman Brothers Professor of Medicine at Harvard Medical School and Beth Israel Deaconess Medical Center, agrees, while pointing out that PNI evaluations aren't performed often enough. A PNI analysis of pathology specimens, he says, "along with emerging and sophisticated genetic testing of the tissue samples, may lead to more certainty in our recommendations to patients."

February 15, 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

Source: www.health.harvard.edu/blog/prostate-cancer-how-often-should-men-on-active-surveillance-be-evaluated-202302152890

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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 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”

21 Jun Dr. Gary Jawanda MB Men’s Health Clinic
“Role of the GP in early diagnosis, treatment and management of prostate cancer”

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