



The Manitoba Prostate Cancer Support Group



Vol. : 174 - December 2005

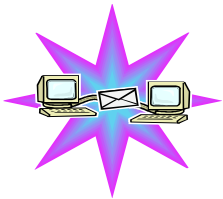


The Manitoba Prostate Cancer Support Group encourages wives, loved ones, and friends to attend all meetings.

Feel free to ask basic or personal questions without fear of embarrassment. You need not give out your name or other personal information.

The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians. All information is however freely shared.

Want to reach us by email ?



manpros@mts.net

Thought For Today

NOBODY EVER DIED OF LAUGHTER.
- MAX BEERBOHM

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MEDICAL FIELD HAS PROSTATE ANXIETY

Medical Advisors to The Manitoba Prostate Cancer Support Group

J. Butler M.D.
Radiation Oncologist

Paul Daeninck M.D.
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Graham Glezerson M.D.
Urologist

Alan Katz M.D.
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Len Leboldus M.D.
Urologist

Ross MacMahon M.D.
Urologist

John Milner M.D.
Urologist

Gary Schroeder M.D.
Radiation Oncologist

Thanks!

Cancer Information Service

Call toll free: 1-888-939-3333
or 1-905-387-1153

When you call the toll free number of the Cancer Information Service, your questions will be answered by someone who understands how confusing the subject of cancer can be. All calls are kept confidential

NEXT MEETING:

BRING SOME GOODIES FOR THE ANNUAL HOLIDAY PARTY

DECEMBER 15, 2004 7-9 P.M.
Location: AUDITORIUM of the Seven Oaks General Hospital - Leila & McPhillips

A REMINDER:

For any who are planning to make contributions to the support group for an exemption on your 2005 income tax, remember that we need to get your cheque to the bank by December 31, 2005. Please avoid getting caught in the pre-Christmas postal avalanche and diarize it for your early attention.

We want to express our thanks to those who responded to our request for financial assistance with Prostate Cancer Awareness Week. We're really satisfied with the way this endeavour has been gaining attention over the years— thanks to your generosity.

Possible New Biomarker for Prostate Cancer Found

Early Results Suggest It's More Accurate Than PSA

October 6, 2005 03:08:16 PM PST

Summary: Researchers say they have found a new marker for prostate cancer that may be better than a PSA test at finding the disease. The marker is a collection of antibodies that seem to be produced when prostate cancer is present. The researchers say the new marker could one day be used to help men and their doctors decide when a prostate biopsy is necessary. But more research will be needed to know for sure. The study appears in the *New England Journal of Medicine*.

Why it's important: Prostate cancer is the most common cancer in US men, other than skin cancer. Each year more than 230,000 men develop the disease and more than 30,000 die from it. A blood test for PSA (prostate-specific antigen, a substance made only by the prostate gland) can find the disease early, but the test isn't always accurate. Some men with a normal PSA level may still have cancer, and some men with a high PSA may have a condition that isn't cancer. To know for sure, men have to get a prostate biopsy, a potentially painful and expensive procedure. Doctors hope to find markers that would be better at predicting whether a man has prostate cancer or not. That might spare some men from unnecessary biopsies.

"Using PSA testing alone results in millions of dollars being spent on prostate biopsies due to false positive results," said Sudhir Srivastava, PhD, chief of the Cancer Biomarkers Research Program and director of the Early Detection Research Network of the National Cancer Institute, which funded the study.

"We don't yet know if our new findings will save lives, but there could be a major cost saving by decreasing the number of prostate biopsies performed each year," he added in a prepared statement.

What's already known: Recent studies have shown that the body sometimes responds to cancer by revving up the immune system, which then makes antibodies to fight various substances produced by the tumor. If doctors can learn which antibodies are made to fight a particular type of cancer, they might be able to find the cancer earlier simply by testing the blood for those antibodies. This is a relatively new area of cancer research called "cancer immunomics."

How this study was done: The researchers, led by a team at the University of Michigan Comprehensive Cancer Center, used blood samples from prostate cancer patients who had not

yet been treated and from men who never had cancer. With sophisticated testing of these samples they narrowed the field of potential antibodies to a set of 22 that seemed to be present in the blood of prostate cancer patients, but not the other men. Then they tested this group of antibodies (the new marker) on more blood samples to see how accurately it could signal prostate cancer.

What was found: This new marker performed better than the PSA test, identifying more cases of prostate cancer with fewer false-positive results. What's more, the new marker was better at finding cancers in samples from men whose PSA levels were between 4 and 10 ng/ml, a range where the standard PSA test gives uncertain results. Only about 25% of men with a PSA level in this range actually have prostate cancer.

"Initially we envision this new test could be used as a supplement to PSA," said senior study author Arul Chinnaiyan, MD, PhD, a pathology professor at the University of Michigan Medical School. "A physician might suggest a patient with an elevated PSA have this test before a biopsy to better determine whether it's a cancerous or benign condition. In the future, I think this could replace PSA."

The bottom line: Although the study results are promising, other experts caution that one study is not enough to know for sure that this new marker will perform better than -- or even as well as -- the PSA test in the long run.

"There is a way to go before we can determine whether this particular test can be taken into the clinic as a simple, effective part of the screening program for prostate cancer," said Len Lichtenfeld, MD, deputy chief medical officer for the American Cancer Society. "Testing on a handful of patients may not translate to the same results when thousands or millions of men are being tested."

The new marker also cannot answer another crucial question: whether a man has aggressive prostate cancer that must be treated or slow-growing disease that does not need therapy. Doctors hope to find some marker that can tell them that, so they can spare men from unnecessary treatment that often has unwelcome side effects.

Yahoo! Health: Cancer News Reported in Us Too Hotsheet

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Solving One Of The Biggest Challenges In Treating Prostate Cancer

With support from the Canadian Cancer Society, Dr Kim Chi is trying to solve one of the biggest challenges in treating prostate cancer today.

Dr Chi is about to open a clinical trial on a targeted "smart" drug he hopes will overcome the problem of prostate cancer treatment resistance. Although prostate cancer is more treatable than ever before, about 25% of men diagnosed with the disease will die of it. "Initially, treatment works really well," says Dr Chi. "But for some men, the cancer recurs and becomes more difficult to treat."

Dr Chi is targeting one of the culprits behind this treatment resistance – a protein called clusterin. Cancer cells use clusterin as a defence mechanism to fight off anti-cancer therapies. The protein has been found not only in prostate cancer but also in other cancers including breast, colorectal and lung cancers, and is associated with poorer prognosis.

Dr Chi is overseeing clinical development of a drug called OGX-011, which turns off the gene that produces clusterin. Results of 2 small, Phase I trials have been promising.

"Phase I trials are all about finding the optimal dose, looking at side effects and seeing if the drug biologically does what we want it to do," Dr Chi explains. "And this drug succeeded on all 3 of those things."

The next step is a randomized Phase II trial of 90 patients with treatment-resistant prostate cancer. Half of the men will receive standard chemotherapy treatment; the other half will also receive OGX-011. Patient enrollment will begin this fall across Canada.

The trial is coordinated by the National Cancer Institute of Canada Clinical Trials Group (CTG), which is funded by the Canadian Cancer Society. Dr Chi, a medical oncologist with the BC Cancer Agency and the Prostate Centre at Vancouver General Hospital, has also received a 4-year research grant from the Society for his clusterin research. The clinical benefits could be huge.

"If we can definitively show that this drug works, it opens up a whole new way of attacking cancer. The same approach can be used across a number of genes, and with many types of chemotherapy drugs." (In fact, the CTG is also coordinating a Phase II study of the same drug in breast cancer patients.)

Prostate cancer is the most common cancer among Canadian men. In 2005, an estimated 20,500 men will be diagnosed with prostate cancer across the country.

For further information, call (604) 675-7340 or
hlochner@bc.cancer.ca

Newswire, 23 September 2005

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ASTRO Launches Patient Web Site

PR Newswire - October 3, 2005

FAIRFAX, Va., Oct 03, 2005 /PRNewswire via COM-TEX/ - The American Society for Therapeutic Radiology and Oncology is pleased to announce the launch of its all-new patient Web site located at www.rtanswers.org. The site is completely dedicated to providing knowledge on radiation therapy treatment for people suffering with cancer.

"This Web site is a great tool for patients to use after being diagnosed with cancer to help them and their families better understand their treatment options," said Louis Harrison, M.D., chair of the ASTRO Communications Committee and a radiation oncologist at Beth Israel Medical Center in New York. "With this site, ASTRO has endeavored to make radiation therapy understandable for people living with cancer."

The site includes up-to-date information on many diseases

commonly treated with radiation therapy, including brain tumors, breast cancer, colorectal cancer, gynecologic cancers, head and neck cancer, Hodgkins lymphoma, lung cancer, non-Hodgkins lymphoma, prostate cancer and skin cancer. In addition, the site offers a section on understanding clinical trials and a list of questions the patient can ask their doctor. RT Answers also adds valuable new information on what to expect before, during and after radiation therapy and provides links to disease-specific patient advocacy organizations. The site also contains a search function to allow patients to find a radiation oncologist in their area.

The Web site will be officially unveiled during ASTRO's 47th Annual Meeting being held October 16-20 in Denver. The launch will take place at the Appreciation Reception, held this year at the National Western Complex on Monday, October 17th, right after ASTRO hands out its first annual Survivor Circle Award.

For more information on radiation therapy for cancer, please visit www.rtanswers.org.

(Continued on page 4)

(Continued from page 3)

ASTRO is the largest radiation oncology society in the world, with more than 8,000 members who specialize in treating patients with radiation therapies. As a leading organization in radiation oncology, biology and physics, the Society is dedicated to the advancement of the practice of

radiation oncology by promoting excellence in patient care, providing opportunities for educational and professional development, promoting research and disseminating research results and representing radiation oncology in a rapidly evolving socioeconomic healthcare environment.

SOURCE American Society for Therapeutic Radiology and Oncology

[Editors note: Prostate Cancer information can be found at http://www.rtanswers.org/treatment/disease/prostate_cancer.htm]

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Protein Signals Aggressive Prostate Cancer

Identifying Stat5 may help doctors better target treatment, study says

FRIDAY, Aug. 19 (HealthDay News) - Testing prostate tumor tissue for activated Stat5 protein can help identify men with an aggressive form of the cancer.

That's the conclusion of a study in the Aug. 15 issue of *Clinical Cancer Research*.

Researchers at the Lombardi Comprehensive Cancer Center at Georgetown University in Washington, D.C., analyzed prostate cancer tissue from 357 men and matched the Stat5 levels in those samples to the men's outcomes.

They found that the presence of Stat5 protein in the nucleus of prostate cancer cells was a significant predictor of when men would develop a recurrence of aggressive prostate cancer years after their initial treatment for the disease.

When activated, Stat5 signals cancer cells to grow and survive, the researchers said.

Testing for Stat5 levels in prostate cancer patients may help doctors better target treatment, the study authors said.

"Most patients diagnosed with prostate cancer have slow-growing tumors that don't need aggressive therapy, but doctors do not have a way to identify the few men whose cancer is potentially dangerous. The result is that many patients are over-treated," study principal investigator Dr. Marja Nevalainen, an assistant professor in the department of oncology, said in a prepared statement.

"If future studies with Stat5 continue to show that it can help in predicting disease outcome, then we can test tumor biopsy samples for Stat5 and tailor treatment accordingly," Nevalainen said.

HealthDay News, 19 August 2005
Republished in Us Too Hotsheet

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Study Identifies High-Risk Prostate Cancer Patients

Reported October 18, 2005

(Ivanhoe Newswire) -- Researchers recommend more aggressive treatment for men whose prostate cancers occurred after a transurethral resection of the prostate (TURP), a surgery to remove part of the prostate, and whose prostate specific antigen (PSA) level is considered intermediate.

When planning a course of treatment, doctors often look at a patient's PSA levels because it is a strong predictor of the patient's outcome. PSA is a substance produced by the prostate, and its increased amount may be a sign of prostate cancer.

In a new study, 1,287 men with low to intermediate risk with a similar stage of disease were evaluated. All had a pretreatment PSA of less than 20 and received radiotherapy without hormone therapy. Of these, 143 of the men had a prior TURP.

Researchers found patients with a pretreatment PSA of between 10 and 19 and a prior TURP were more likely to have a high risk of recurrence.

"A history of a TURP reduced the accuracy of PSA as a pretreatment indicator for recurrence," says David J. D'Ambrosio, M.D., lead study author. "The treatment plan for men who have an intermediate PSA who have also had TURP may include a recommendation of androgen deprivation."

SOURCE: The 47th Annual Meeting of the American Society for Therapeutic Radiology and Oncology in Denver, Oct. 16-20, 2005

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High-Dose Radiation Zaps Prostate Cancer

By Ed Susman

DENVER, Oct. 17 (UPI) - High-dose, two-day radiation treatment for prostate cancer offers results similar to other more extensive, more expensive radiation-based treatments, researchers reported Monday.

"We believe that high-dose-rate brachytherapy alone provided the same -- or better -- benefits than other treatments for prostate cancer," Dr. Rufus Mark, assistant clinical professor of medicine at Texas Tech University in Lubbock, told United Press International.

In the high-dose-rate radiation treatment, a doctor inserts 12 to 20 catheters into the prostate gland, and seeds of radioactive iridium-192 are positioned in those catheters. Precise placement of the seeds is controlled by computer-assisted devices so they attack the cancer without causing unwanted side effects.

HDR therapy requires a two-day stay in the hospital, and then the catheters and the radiation supply are removed, said Mark, who discussed his research at the annual meeting of the American Society for Therapeutic Radiation and Oncology.

"We have as good results as we have seen with anything else," Mark said, adding that the use of HDR brachytherapy had been performed with external-beam radiation as well, but he said other studies indicate the external-beam radiation, which extends to healthy tissue, does not appear to add anything to efficacy.

Hence, he has been using the HDR procedure alone. The treatment not only appears to work as well as other treatments, but Mark said it also is less expensive and may result in fewer side effects.

He said the total cost of the procedure is about \$5,000, the same as a radical prostatectomy, and it is reimbursed by insurance companies at the same rate as the surgical procedure.

He said the treatment might have fewer side effects than the seed-implantation procedure, in which dozens of tiny "seeds" of radioactive iodine are inserted into the prostate and left there permanently. The seeds themselves can cost as much as the entire HDR brachytherapy.

The seeds are supposed to be permanent, but they often migrate and can show up in the lungs, brain or heart. The seeds release their radioactive load in about two weeks, so migrating seeds tend to be more of a nuisance than a medical threat.

Among the 145 patients in Mark's study, 90 percent were free of cancer, as measured by prostate specific antigen (PSA) tests after five years.

"This is a very promising approach to treating prostate cancer," Dr. Richard Poetter, professor of radiation oncology at the University of Vienna, Austria, told UPI. "It is being used in several centers in the United States and in Europe.

It is posing quite a challenge to the iodine-based treatment, because it is less expensive and appears to have similar results. High-dose-rate brachytherapy is at least as good as the permanent seed treatment."

Poetter noted that HDR therapy has been used for at least 40 years in treatment of gynecological cancers, so many institutions already have the hardware needed to perform the therapy in prostate patients.

Dr. Gregory Swanson, professor of radiation oncology and urology at the University of Texas Health Science Center in San Antonio, said HDR brachytherapy appears to be efficacious in prostate cancer.

"However, like all these other methods for treating prostate cancer, it has not been tested in a randomized, prospective clinical trial," Swanson told UPI, "so we really won't know until then which procedure really does work better than others."

Mark acknowledged his study is limited, because it has not been tested directly against other procedures.

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**We need your help
to keep our organization effective**

*Contributions to the Support Group
received by December 31st
are tax-deductible*

Medical Field Has Prostate Anxiety

BY JUDY PERES

Chicago Tribune Fri, Sep. 30, 2005

CHICAGO - (KRT) - When the 39-foot mobile screening van pulls into a shopping mall near you, proclaiming its "Drive Against Prostate Cancer," the theme is familiar: Get tested; it could save your life.

The Airstream Land Yacht XL, skippered by the National Prostate Cancer Coalition, criss-crosses the country, offering free screening tests to about 10,000 men each year. It's part of a campaign that has supporters wearing blue "Do It for Dad" wristbands to raise awareness of a disease that hits 232,000 U.S. men a year and kills 30,000.

Like groups that have persuaded millions of women to get mammograms in hopes of finding breast cancer before it can be felt, prostate cancer organizations focus on the importance of screening tests: a blood test for PSA, or prostate-specific antigen, usually coupled with a physical examination of the prostate gland.

But unlike mammography, which has been proved in clinical trials to trim deaths from breast cancer, critics say there's no solid evidence PSA screening saves lives. Until that evidence is in, the skeptics say, men should weigh the uncertain benefit of screening against the potential costs down the line - including impotence and incontinence. "It's wrong to be persuading men to be tested, since we don't know that the benefits (of screening) outweigh the harms," said Dr. Lisa Schwartz of Dartmouth Medical School. Advocates of screening say detecting prostate cancer before there are symptoms allows it to be treated more successfully. They suggest most men start annual screening at age 50. They also point out that deaths from the disease have dropped considerably since the test became widely used. But no one knows whether the improvement in mortality is because of earlier detection or because of better treatments. According to the National Cancer Institute, prostate cancer screening detects some cancers that would never have become life-threatening and thus leads to unnecessary treatment. Current treatments, including surgical removal of the prostate gland and radiation, result in permanent side effects in many men, such as erectile dysfunction and urinary incontinence.

In addition, the test is not always accurate. Most men with elevated PSA scores don't have prostate cancer, but they have to undergo invasive and expensive tests to rule it out. At the same time, up to 30 percent of men who actually have prostate cancer have normal PSA scores.

Schwartz and her colleague, Dr. Steven Woloshin, who specialize in communicating medical risk, stressed that they're not opposed to PSA testing in principle.

"We're not saying don't have it," said Schwartz. "We're saying you have the right to all the information before you make a decision that's right for you. This is not just a simple blood test. It has very important consequences."

The National Cancer Institute says there's insufficient evidence to recommend either for or against prostate cancer screening. Even the American Cancer Society, a strong supporter of early detection, doesn't say men over 50 should be screened. The society says doctors should offer a PSA test and a rectal exam annually to their over-50 patients and discuss the potential benefits and risks.

The U.S. Food and Drug Administration never approved the PSA test for screening, though it is often used that way. Screening tests are given to individuals with no sign of disease, as opposed to diagnostic tests for patients with symptoms.

Experts say tests used for screening should have a better risk-benefit profile than diagnostic tests, since they are administered to large numbers of healthy people. According to Dr. Otis Brawley, a cancer expert at Emory University, the manufacturers of PSA tests cannot market or promote the test for mass screening.

"But if they give money to survivors' organizations, the survivors don't have to respect (the FDA's labeling)," Brawley said. "Some of those guys have become paid advocates for companies to do what the companies are not allowed to do."

Both the National Prostate Cancer Coalition and Us TOO International, another major support and advocacy group, get most of their funds from corporate donors that include Abbott Laboratories and Bayer Diagnostics, which make PSA tests.

Schwartz and Woloshin also find this connection worrisome. "If I profit from what you do, I only have an incentive for you to get screened," said Schwartz.

The advocacy groups deny any conflict of interest. "We don't endorse any products and we work with multiple drug companies, so we're not under the influence of any partner for our direction," said Thomas Kirk, president of Us TOO. The groups seem to be making a difference. Jamie Bearse, spokesman for the coalition, said 27 states now have laws

requiring that insurance reimburse for prostate cancer screening tests.

Advocates believe the benefit of PSA tests will become more apparent if more men get them regularly.

Bearse and Kirk also point with pride to the fact that the vast majority of prostate cancer patients now are diagnosed at an early stage, and 99 percent of men whose disease was caught early are alive five years later.

But Dr. Barnett Kramer of the National Institutes of Health says that doesn't necessarily mean screening works. Finding all those extra cancers is meaningful only if it results in fewer deaths from the disease. Otherwise, he said, you're identifying and treating cancers that didn't need to be treated at all.

The only way to tell for sure whether prostate cancer screening prevents deaths from the disease is to conduct a controlled experiment with thousands of men in which half are randomly assigned to be screened and the other half undergo a placebo procedure. Following those men for a number of years would reveal whether there are fewer deaths from prostate cancer in the screened group. Such trials are now going on, Kramer said, and results should be known in a few years.

In the meantime, doctors tend to recommend PSA testing with varying degrees of enthusiasm based on their personal preferences.

"I tell all my male patients starting at age 40 they should get a PSA because I believe in it," said Dr. Robert Nadler, associate professor of urology at Northwestern University. "Anybody you think is going to live 10 more years should get a PSA test."

Dr. David Meltzer, associate professor of medicine at the University of Chicago, said his message to patients is that "it's a complicated personal decision."

Meltzer said it's "quite plausible" - though not yet proven - that men might live longer if they were screened. But, on the other hand, "screening and treatment have consequences, like impotence and incontinence and the discomfort of surgery."

So Meltzer suggests patients ask themselves what they would do if the test came back positive and they were subsequently diagnosed with cancer. If they would choose not to undergo treatment - as about one-third of men do - then having the test might just cause them unnecessary anxiety.

"It's a set of decisions that requires a lot of discussion between doctor and patient," Meltzer said. "These tests can be very valuable for the right men, and they can be harmful for the wrong men. The only way to know who's who is to talk to them."

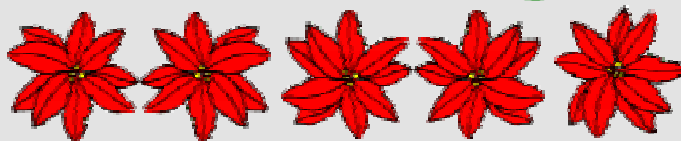
Scientists are working to improve and refine prostate cancer screening. Many doctors now believe changes in PSA levels over time may be a more useful indicator than a single PSA score.

Jacqueline Strax, who runs a prostate cancer support and information Web site called PSA-Rising.com, says the PSA test is not perfect, "but right now there's nothing better." Strax believes the mobile screening van provides a valuable service, perhaps especially so for African-American men, who have a higher risk of getting prostate cancer but are less likely to get good medical care.

"Early detection allows men choices and control over the course of their disease," said Strax, whose husband died of prostate cancer. "Refusing to face the problem can make things worse later."

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Season's Greetings



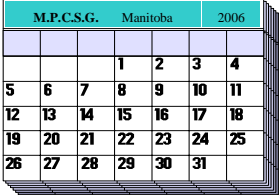
Best wishes for a healthy, happy,
safe and prosperous New Year!



2006



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Return Undeliverable Canadian Addresses to:
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#705 - 776 Corydon Ave Winnipeg, Manitoba R3M 0Y1

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| <p><u>FUTURE MEETINGS:</u></p> <div style="text-align: center;">  </div> <p><u>December 15, 2005</u> Annual holiday party BRING SOME GOODIES :)</p> | <p><i>Executive Committee:</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Marv Brodsky, Secretary</td> <td style="text-align: right;">(204) 452-4407</td> </tr> <tr> <td>Jack M. Chapman, Honorary Lawyer</td> <td></td> </tr> <tr> <td>Ted Chivers, Special Projects</td> <td style="text-align: right;">487-0647</td> </tr> <tr> <td>Joseph Courchaine, Treasurer</td> <td style="text-align: right;">257-2602</td> </tr> <tr> <td>Michael Doob, Newsletter Editor</td> <td style="text-align: right;">488-0804</td> </tr> <tr> <td>Herold Driedger, Political Action</td> <td style="text-align: right;">254-4110</td> </tr> <tr> <td>Jim Jannetta, Prostate Cancer Awareness</td> <td style="text-align: right;">275-1044</td> </tr> <tr> <td>Dan Joss, Volunteer Coordinator</td> <td style="text-align: right;">895-9061</td> </tr> <tr> <td>Ken Kirk, New Member Chairman</td> <td style="text-align: right;">261-7767</td> </tr> <tr> <td>Larry Lakey, Member at large</td> <td style="text-align: right;">632-6210</td> </tr> <tr> <td>Sol Masarsky, Hospital Visitation</td> <td style="text-align: right;">334-3508</td> </tr> <tr> <td>Norm Oman, Chairman, Events Coordinator</td> <td style="text-align: right;">487-4418</td> </tr> <tr> <td>Lorne Strick, Videographer</td> <td style="text-align: right;">667-9367</td> </tr> <tr> <td>Pete Szekely, Newsletter Layout / Webmaster</td> <td style="text-align: right;">224-9905</td> </tr> <tr> <td>Arthur Wortzman, Speaker Chairman</td> <td style="text-align: right;">287-8621</td> </tr> <tr> <td>Our Answering Machine</td> <td style="text-align: right;">989-3433</td> </tr> </table> | Marv Brodsky, Secretary | (204) 452-4407 | Jack M. Chapman, Honorary Lawyer | | Ted Chivers, Special Projects | 487-0647 | Joseph Courchaine, Treasurer | 257-2602 | Michael Doob, Newsletter Editor | 488-0804 | Herold Driedger, Political Action | 254-4110 | Jim Jannetta, Prostate Cancer Awareness | 275-1044 | Dan Joss, Volunteer Coordinator | 895-9061 | Ken Kirk, New Member Chairman | 261-7767 | Larry Lakey, Member at large | 632-6210 | Sol Masarsky, Hospital Visitation | 334-3508 | Norm Oman, Chairman, Events Coordinator | 487-4418 | Lorne Strick, Videographer | 667-9367 | Pete Szekely, Newsletter Layout / Webmaster | 224-9905 | Arthur Wortzman, Speaker Chairman | 287-8621 | Our Answering Machine | 989-3433 |
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CAN YOU HELP?

The Manitoba Prostate Cancer Support Group operates on your donations

We need your contributions

Have you used any of our services?

Newsletter - General Meetings - Hospital visits - One-on-one visits - Speakers

Name: Mr. Mr. & Mrs. Mrs. Ms Miss

This gift is IN HONOUR of:

Address: _____

- Birthday Confirmation Get Well Wedding
- Graduation New Arrival Anniversary Bar/Bat Mitzvah

_____ Postal Code: _____

Card to be signed from: _____

Other: _____

This gift is IN MEMORY of:

In appreciation for: _____

Please notify the following person of this gift:

Name: _____

Address: _____

_____ Postal Code: _____

- \$25 \$50 \$100 \$250 \$500 \$1000 \$1000 +

Make cheque or money order payable to:

Manitoba Prostate Cancer Support Group (MPCSG)
 # 705 - 776 Corydon Ave., Winnipeg R3M OY1

**a tax deductible receipt will be issued.*