Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

Vol. 404 *MPCSG – active since 1992.* **February 2026**

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Thanks!

Thought of The Day

Strength doesn't come from what you can do.
It comes from overcoming the things you thought you could not.

– Rikki Rogers

Next Meeting

Date: Wednesday, February 18, 2026

Speakers:

Dr. Reece Malone Doctorate in Human Sexuality, MPH
Katrina Martin RN MN Clinical Nurse Specialist
Dr. Ernest W. Ramsey Manitoba Prostate Centre CancerCareMB

Topic: ***"Intimacy and Identity: When Your Body Doesn't Do What It Used To"***

Note: *To accommodate the two speakers on this important topic the expert speaker segment will begin at 7:30 pm instead of the usual 8:00 pm.*

(Have your questions answered in the Q&A)

Learn from these two experts on dealing with matters of sexual health and quality of life as a prostate cancer survivor.

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent, Winnipeg

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes

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.

Breakthrough treatment for advanced prostate cancer could eliminate severe side effects

Researchers at Case Western Reserve University have developed a treatment for advanced prostate cancer that could eliminate a side effect so debilitating that patients often refuse the life-saving therapy.

In a study recently published in Molecular Imaging and Biology, the researchers describe how the breakthrough treatment targets prostate cancer cells as effectively as current therapies, but with dramatically reduced damage to salivary glands. The result: This treatment eliminates the severe dry mouth that makes eating, swallowing and speaking nearly impossible for many prostate cancer patients.

The treatment works by targeting PSMA (Prostate-Specific Membrane Antigen), a protein found in high concentrations on prostate cancer cells. Radioligand therapy (RTL) attaches radioactive material to a targeting molecule that acts like a GPS system, guiding the radiation directly to cancer cells while avoiding healthy tissue.

Current PSMA-targeted radioligand therapy is a precision cancer treatment that represents one of the most promising treatments for end-stage prostate cancer because it acts like a "smart bomb" that seeks out and destroys cancer cells.

The downside, however, is that this therapy often causes severe salivary gland damage, resulting in extreme dry mouth that can be so debilitating patients choose to stop treatment that might save their lives.

"Various strategies to mitigate this side effect have been attempted with limited success," said James P. Basilion, professor in the Department of Biomedical Engineering at Case Western Reserve and co-leader of the Cancer Imaging Program at the Case Comprehensive Cancer Center (Case CCC).

"Our study introduced a new PSMA-targeting ligand or molecule we call PSMA-1-DOTA with more favorable binding characteristics than existing treatments," said Xinning Wang, research associate professor in the Department of Biomedical Engineering and member of the Cancer Imaging Program at the Case CCC.

DOTA is a helper molecule that grabs onto radioactive metals and holds them tightly. This allows those metals to be connected to special targeting compounds, which can help doctors find or treat cancer more effectively.
The research demonstrated that PSMA-1-DOTA offers four times stronger binding to prostate cancer cells compared to current treatments. The treatment also significantly reduced salivary and tear gland damage, virtually eliminating the risk for dry mouth-all while offering the same tumor-fighting effectiveness of current standard radioligand therapy.

This breakthrough could fundamentally change prostate cancer care by transforming PSMA-targeted therapy from a 'last resort' option to an earlier intervention."

Other treatment options are typically tried before PSMA-targeted RLT because of the severe side effects. The hope is that this new treatment could allow doctors to use this approach much earlier in a patient's care.

The research included comprehensive testing on mouse models and in a human patient with metastatic prostate cancer at the Technical University of Munich in Germany. The patient study confirmed the lab findings, showing the new treatment avoided the salivary glands (potentially preventing dry mouth) while still finding and attacking prostate cancer cells.

The research team is now preparing for clinical trials late next year on about 12 prostate patients to validate the promising results and establish the most effective dosing procedures.

Case Western Reserve University

Jan 7 2026

Source:
www.news-medical.net/news/20260107/Breakthrough-treatment-for-advanced-prostate-cancer-could-eliminate-severe-side-effects.aspx

Case Western Reserve University

Journal reference:
Wang, X., et al. (2025). PSMA-1-DOTA Potentially for Effective Targeted Radioligand Therapy of Prostate Cancer. Molecular Imaging and Biology. doi: 10.1007/s11307-025-02046-9. https://link.springer.com/article/10.1007/s11307-025-02046-9

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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 any board member 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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'Prostate cancer research trial was life-changing'

A former prostate cancer patient who got the all-clear said taking part in a trial that cut his radiotherapy treatments proved "life changing".

While most patients have 20 days of radiotherapy over four weeks, the trial concluded higher targeted doses over five days could have an equivalent cure rate.

Willy Goldschmidt said the condensed treatment schedule over two weeks at University Hospital Coventry and Warwickshire had been "appealing".

After getting the all-clear, he recommends others participate in research. "I feel privileged to have been given the opportunity to take part in a trial that could change prostate cancer treatment for others," Goldschmidt said.

Prostate cancer is the most common cancer affecting males, with 55,000 diagnosed in the UK each year, but it is curable if it is caught early.

The Pace B trial was led by The Royal Marsden and involved more than 870 patients across the world, including a number from Coventry and Warwickshire.

After five years, researchers found 96% of the men who received five doses of the Stereotactic Body Radiotherapy (SBRT) were cancer-free, compared to 95% who received standard treatment.

'Now our standard treatment'

University Hospitals Coventry and Warwickshire NHS Trust said the trial findings, published in a medical journal[1] in 2024, offered hope to "tens of thousands" and has generated more capacity for treatment.

Consultant Clinical Oncologist Dr Andrew Chan explained it provided evidence needed to support the use of higher doses over a shortened time.

"We have people who have benefited from this treatment and the first patient, who was treated in 2016, is doing very well," he said.

"SBRT is now our standard treatment for men with low risk and low-intermediate risk prostate cancer not requiring concurrent hormone therapy."

Scientists and clinicians, including Dr Andrew Chan, centre, said the first patient to undergo the treatment is doing well, nearly 10 years later Goldschmidt, who was diagnosed in 2017, said he opted for radiotherapy over surgery and was "delighted" to have been randomly selected for the SBRT arm of the trial.

His experience has prompted him to volunteer as a research champion for the trust.

"It's safe to say the treatment and follow up monitoring has been life changing for me in that it has removed any concerns I might have had about this potentially lethal disease," he said.

"[I] fully advocate patients taking part in research trials."

By Susie Rack
West Midlands
University Hospital Coventry and Warwickshire NHS Trust

2026 01 08

Source: www.bbc.com/news/articles/cvgdez54m4jo

www.nejm.org/doi/full/10.1056/NEJMoa2403365

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Breakthrough Study in Image-Guided Prostate Cancer Treatment

A less expensive, more accessible, and comfortable alternative exists for those facing a prostate cancer biopsy, according to findings from a new clinical trial that Yale Urology contributed to.

Authors say OPTIMUM, the first head-to-head trial comparing micro-ultrasound-guided versus MRI-guided biopsies, signifies a breakthrough in image-guided treatment.

Potentially Practice-Changing

"I believe this could change the way clinics practice," says Joseph Renzulli II, MD, one of the co-investigators of the trial and associate professor of urology at Yale School of Medicine.

According to results published in JAMA on March 23 and presented at the European Association of Urology's annual meeting the same day, high-resolution micro-ultrasounds (microUS) were shown to be just as effective as MRIs—the current standard of identifying where to biopsy the prostate when cancer is suspected.

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The microUS provides a high-resolution ultrasound view of the prostate gland through a probe that is inserted through the rectum. It is generally not painful, but numbing agents may be used to alleviate any discomfort.

The OPTIMUM trial, which concluded in fall 2024, enrolled just over 800 participants across 20 medical centers in eight countries.

"I believe this could change the way clinics practice."

Joseph Renzulli II, MD

"We have been able to show there's another option for the prostate cancer workup," says Joseph Brito III, MD, associate professor of urology at Yale School of Medicine, who was also part of the study and co-authored the recent JAMA manuscript. "The patient doesn't always need an MRI."

MRI Alternative

Brito and Renzulli say the findings are significant. MRIs are considerably more expensive than high-resolution ultrasounds. They can provoke claustrophobia, pose problems for those with metal implants and pacemakers, and are less accessible in smaller or non-academic hospitals and centers.

"I think we underestimate the difficulty for patients and how emotionally impactful it is to hear there's an area of concern and then have to wait for the actual biopsy procedure," says Renzulli.

Once a physician orders an MRI, it can take four to six weeks or longer before it is scheduled. Patients will then undergo the separate biopsy procedure.

Simultaneous View and Biopsy

A microUS is done during the biopsy, helping to guide the surgeon in real time.

"An ultrasound biopsy saves an entire intermediate step and helps with that anxiety component," says Brito.

Yale Urology Chair Isaac Y. Kim, MD, PhD, who is also a member of Yale Cancer Center and co-leads its Cancer Signaling Networks program, says this is the type of research Yale is all about. "We want to engage more in collaborative innovation that has the potential to change care in the clinic and address the real needs of our patients."

A total of 802 men who were suspected to have some form of prostate cancer were randomly assigned to receive a microUS, an MRI and conventional ultrasound, or a microUS and MRI. Authors of the study say the differences were not significant and determined the microUS-guided biopsies were "noninferior" or similar to both the MRI-guided biopsies and the combined MRI-conventional ultrasound-guided biopsies.

Collaborative Next Steps

Members of the OPTIMUM trial team say they hope the study will bring them one step closer to identifying disease and treating or managing it simultaneously.

"I think the ideal is creating both a diagnostic and therapeutic approach," says Renzulli. "That's the next step in this research."

Renzulli and Brito collaborated with first author Adam Kinnaird, MD, PhD, with the University of Alberta, Edmonton, Canada, along with 22 other researchers across the globe.

By Cheri Lewis March 25, 2025

Source: https://medicine.yale.edu/news-article/breakthrough-study-in-image-guided-prostate-cancer-treatment

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How testosterone went from prostate cancer villain to potential ally

For more than 80 years, men have been told that testosterone helps prostate cancer grow. But a very different picture has emerged over the past two decades.

The prostate is a small gland that sits just below the bladder. Its job is to produce the fluid that helps transport sperm, and it relies heavily on testosterone to do so. In fact, the prostate is one of the body parts most affected by testosterone.

All prostate cells, whether healthy or cancerous, contain androgen receptors. These are the molecular switches that initiate testosterone's action inside cells. When testosterone binds to these receptors, it helps the prostate grow and function normally.

This close hormonal control is important, but it also sets the stage for one of the most enduring assumptions in men's health: because testosterone stimulates normal prostate growth, it must also stimulate cancer growth. This belief rested largely on the Nobel prize-winning research of Charles Huggins in the 1940s. He found that prostate cancer shrank when testosterone levels were lowered and accelerated when testosterone was added, via injections.

Lowering testosterone levels, known as androgen deprivation therapy, became the standard treatment for advanced prostate cancer. It still is. Removing testosterone often shrinks tumours, slows disease progression and improves survival.

This belief became deeply embedded in medical practice, shaping decades of caution around testosterone

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replacement therapy for hypogonadism (testosterone deficiency) because of fears it could trigger or drive prostate cancer.

Changing the narrative
In the early 1990s, Harvard urologist and testosterone pioneer Abraham Morgentaler began to challenge this view. He pointed out that some of the early research relied heavily on the response of just one patient.

In his clinic, he saw that men with very low testosterone still developed prostate cancer that was often more aggressive, while men receiving testosterone therapy did not show the expected rise in cancer rates.
This led to the proposal of the "saturation model", which suggests that prostate tissue is sensitive to testosterone only at very low levels. Once androgen receptors are saturated, additional testosterone has little further effect.

At the same time, it was being shown that chronically low testosterone was associated with more aggressive prostate cancer, further challenging the idea that low testosterone is inherently protective.

Recent medical studies now show that testosterone treatment is safe. In multiple high-quality studies, testosterone therapy in men with low testosterone levels does not increase the risk of prostate cancer compared to men who didn't receive the treatment. New long-term research even suggests that men whose testosterone levels are properly restored and monitored by doctors may actually have lower cancer rates.

But what about men who already have prostate cancer? This is where the discussion often becomes confused. For men with active prostate cancer, particularly early-stage disease, lowering testosterone remains an effective treatment. So how can this paradox exist with evidence that normal testosterone levels are not harmful?

The answer lies in how prostate cells react to different amounts of testosterone. When testosterone levels are very low, cancer cells can adjust by finding new ways to grow and survive. They become super-sensitive to any testosterone signals they can detect.

This is why many men eventually develop castration-resistant prostate cancer, where the disease progresses and can become more aggressive despite near-zero testosterone. Higher levels of testosterone may push these cancer cells into a more stable, slower growth state and, in some situations, may even destabilise them, promoting cell death.

Striking reversal
This discovery has led to a surprising change in treatment. In carefully chosen patients who are closely watched by doctors, testosterone is now being given back after prostate cancer treatment without increasing the chance of the cancer returning.

Even more surprisingly, doctors are testing a new approach in certain men with prostate cancer called bipolar androgen therapy, which switches testosterone levels between very low and very high. The idea is to use testosterone itself as a weapon to confuse and kill cancer cells that have learned to survive without it.

This is one of the most striking reversals in modern cancer treatment. Testosterone has shifted from a presumed villain feared to ignite prostate cancer, to a hormone whose effects are more complex than once believed, and even a possible ally in the fight against prostate cancer.

This evolution is finally reaching medical practice and drug regulation. On December 10, just one month after the US Food and Drug Administration (FDA) announced the removal of black-box warnings from oestrogen products, the FDA organised an expert panel to consider whether longstanding warnings around testosterone use are similarly out of date. A large part of these discussions is about prostate safety and reflects how far the evidence has shifted.

None of this means testosterone replacement therapy – for men with low testosterone levels – is completely without risk. Men starting treatment should still get proper medical checks, have their prostate monitored regularly, and make decisions after talking things through with their doctor.

But the science has changed. The old belief that testosterone therapy increases prostate cancer or makes it worse is no longer backed up by modern research.

For men who genuinely have low testosterone, this change is important. It can remove unnecessary obstacles to getting care and gives them more safe, science-backed treatment options, which helps improve men's health overall.

Published: December 24, 2025

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Disclosure statement
Daniel Kelly does not work for, consult, own shares in or receive funding from any company or organisation that would benefit from this article, and has disclosed no relevant affiliations beyond their academic appointment.

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Sheffield Hallam University provides funding as a member of The Conversation UK.

DOI
https://doi.org/10.64628/AB.ah95m79pv

Source: https://theconversation.com/how-testosterone-went-from-prostate-cancer-villain-to-potential-ally-266519

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Transdermal Estrogen May Offer Another Option for ADT in Men With Metastatic Prostate Cancer

Key Points:

- ◊ According to findings from a phase 2 study, estradiol patches may be a viable option for providing androgen deprivation therapy (ADT) to men with metastatic prostate cancer who are taking androgen receptor pathway inhibitors.
- ◊ Currently, luteinizing hormone-releasing hormone analogs (LHRHa) are the standard form of ADT for men with prostate cancer but are associated with adverse effects related to estrogen depletion, especially hot flashes and fatigue, as well as bone density loss.
- ◊ Combined with data from 2 earlier studies, these results indicate that estradiol patches could be a good alternative for patients who are on an LHRHa.

Estradiol patches may be a viable option for providing ADT to men with metastatic prostate cancer who are taking androgen receptor pathway inhibitors, according to new research being presented at the 2025 ASCO Genitourinary Cancers Symposium (Abstract 21).

The findings, from a phase 2 study within the multiarm STAMPEDE trial, show that transdermal estradiol can achieve similar prostate-specific antigen responses as LHRHa in patients with metastatic disease, while limiting side effects.

LHRHa are the standard form of ADT for men with prostate cancer, but because they suppress both testosterone and estrogen, they are associated with adverse effects related to estrogen depletion.

Hot flashes and fatigue are among the most bothersome to patients, said lead author Nick James, PhD, MBBS, of the Institute of Cancer Research, The Royal Marsden NHS Foundation Trust, in London. In addition, he said, there is bone density loss that increases the risk of fragility fractures—particularly as a growing number of men with metastatic prostate cancer survive for years.

Transdermal estradiol, like that used for menopausal hormone therapy, is a potentially attractive alternative approach to ADT for a number of reasons, Dr. James said. It suppresses testosterone without estrogen depletion; it increases, rather than decreases, bone density; it's inexpensive; and it avoids the blood clot risk associated with oral estrogen.

Earlier combined data from the STAMPEDE and PATCH trials showed that for men with locally advanced or metastatic prostate cancer, estradiol patches were equivalent to LHRHa in rates of androgen suppression, while improving metabolic parameters, quality of life, and bone density.1 As for oncologic outcomes, transdermal estradiol was noninferior to LHRHa in terms of metastasis-free survival among men with locally advanced disease, as reported at the European Society for Medical Oncology Congress 2024.2

This new study assessed the efficacy and safety of combining transdermal estradiol with androgen receptor pathway inhibitors in men with metastatic (M1) disease. It randomly assigned 79 patients (median age 69) who were scheduled to begin androgen receptor pathway inhibitor therapy (abiraterone, enzalutamide, or apalutamide) to receive either an LHRHa or transdermal estradiol (releasing 100 µg/24 hours, with 3 patches changed twice weekly once testosterone levels declined to 1.7 ng/mL or below).

Within 6 months, 61% of patients in each arm had reached a prostate-specific antigen nadir of 0.2 ng/mL or less—the trial's primary outcome. As expected, patients using estradiol patches had lower rates of hot flashes than those on an LHRHa (5% with grade 2 hot flashes versus 24%, respectively). They also had a lower rate of any-grade hypertension (5% versus 17%, respectively). In contrast, their rates of gynecomastia were higher: 35% and 8% developed grade 1 or 2 gynecomastia, respectively, compared with 10% and 0% in the LHRHa arm.

"We didn't see any unexpected toxicity," Dr. James said. Data to demonstrate noninferiority in terms of metastasis-free survival are pending and could be available later this year, he noted.

Estradiol patches could be particularly attractive to patients who are on an LHRHa and troubled by side effects like hot flashes, Dr. James said. But they also have appeal from a cost standpoint, he added, whether for health systems or, in places like the United States, for patients who lack insurance or are underinsured.

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"This sort of repurposing of an older, cheap drug," Dr. James said, "is an important way to improve outcomes, separate from developing new drugs."

– *Amy Norton*

References:
Gilbert DC, Nankivell M, Rush H, et al. A repurposing programme evaluating transdermal oestradiol patches for the treatment of prostate cancer within the PATCH and STAMPEDE trials: Current results and adapting trial design. Clin Oncol (R Coll Radiol). 2024;36(1):e11-e19.
Langley RE, Nankivell M, Gilbert D, et al. LBA69 - Prostate cancer efficacy results from a randomised phase III evaluation of transdermal oestradiol (tE2) versus luteinising hormone releasing hormone agonists (LHRHa) for androgen suppression in non-metastatic (M0) prostate cancer. Ann Oncol. 2024;35(suppl 2):1-72.

February 10, 2025

Dr. Nick James

Source: https://dailynews.ascopubs.org/do/transdermal-estrogen-may-offer-another-option-adt-men-metastatic-prostate-cancer

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New therapeutic strategies show promise against a hard-to-treat prostate cancer

Researchers find mechanism that fosters development of neuroendocrine prostate cancer, identify a dual-drug treatment that slowed tumour growth in lab tests

A new study has uncovered promising therapeutic strategies against one of the deadliest forms of prostate cancer.

McGill University researchers at the Rosalind and Morris Goodman Cancer Institute (GCI) identified a mechanism driving neuroendocrine prostate cancer, a rare and highly aggressive subtype for which there currently are no effective treatment options.

Findings published in Genes & Development show that prostate tumours in mice became more aggressive when the protein ERRγ was lost, while restoring its production in human cancer cells reversed this effect.

Prostate cancer is the most commonly diagnosed cancer among men in Canada. Tumours that stop responding to hormone therapy evolve into neuroendocrine prostate cancer in about 15 per cent of patients, according to past research. After this shift, life expectancy typically falls below 18 months.

"Therapy resistance remains one of the biggest challenges in cancer treatment, and prostate cancer is no exception," said lead author Vincent Giguère, Professor in McGill's Department of Biochemistry and GCI researcher. "Our findings highlight ERRγ as a promising new therapeutic target."

Estrogen-related Receptor γ

Existing drugs show promise when ERRγ is lost

The researchers used advanced genetic and metabolic analysis to understand how losing ERRγ drives tumour growth. Their investigation revealed that two genes linked to cancer become overactive when ERRγ is missing. As drugs that block these genes already exist for other cancers, the team tested two of them in mouse and human prostate cancer cells. When combined, the two drugs slowed the cancerous growth far more effectively than either drug alone.

"These findings have major clinical implications," said Giguère. "By targeting the genes that take over when ERRγ activity is low or lost, we open the door to new treatment strategies for patients who currently have few options."

Understanding why ERRγ function becomes impaired in the first place is still being investigated, he added.

Protein acts as brake on tumour progression

ERRγ, previously known for its role in energy metabolism, appears to act as a brake that prevents prostate cancer from advancing.

Preclinical findings led by first author Ting Li, a post-doctoral fellow in Giguère's lab, have revealed that neuroendocrine prostate cancers have much lower levels of ERRγ than other types of prostate tumours. Removing the protein in mice sped up tumour progression, while reactivating the protein in human prostate cancer cells reversed the process, confirming its protective effect.

About the study

"ERRγ impedes neuroendocrine prostate cancer development" by Ting Li and Vincent Giguère et al., was published in Genes & Development. The study was conducted in collaboration with Prof. Jin-Jian Lu of the University of Macau and supported by the Canadian Institutes of Health Research, the Terry Fox Research Institute, the Cancer Research Society, Fonds de Recherche du Québec – Santé and Défi Canderel.

Contact Information

Contact: Keila DePape
Organization:
Media Relations, McGill University

Published: 20 November 2025

Source: www.mcgill.ca/newsroom/channels/news/new-therapeutic-strategies-show-promise-against-hard-treat-prostate-cancer-369105

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FUTURE MEETINGS

18 Mar: Dr. Jasmir Nayak
"Taking Back Control:
What You Can Do After
a Prostate Cancer Diagnosis"

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15 Apr: Dr. Sabine Mai
"Selective perspective on research
in prostate cancer "

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