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Thanks!

Thought of The Day

“Life keeps throwing me
curve balls and I don't
even own a bat.
At least my dodging
skills are improving.”

- Jayleigh Cape

Public meetings cancelled until 2021

Covid-19: Status and Plans for our Future Activities

The covid-19 situation is both good and bad at the same time. The good thing is that vaccines are visible on the horizon, as are therapeutics. Once these become readily available the current restrictions and lockdowns should become a thing of the past. The bad thing is that these developments are still a few months down the road. Hopefully that will be sooner rather than later.

Today's reality, based on well established facts, is that covid-19 is most deadly for those “over 65” with “co-existing morbidities”. That pretty well describes the majority of our people who attend our public meetings. These aspects bear heavily on the question of when we can resume our regular meetings without endangering the health and safety of those attending.

Your board has been wrestling with this question for some time, while monitoring developments in the Covid-19 universe. We've consulted with our medical advisory board and done a great deal of heavy soul-searching. The medical advisory board strongly recommends against

moving forward at this time. After all that we've decided it best and most prudent to cancel the remaining public meetings for 2020 and to resume activity in 2021, provided that it's safe to do so. We're confidently optimistic that that will indeed be the case. In the meantime we will continue to: (i) publish our monthly newsletter; (ii) provide free information packages for newly diagnosed patients; (iii) provide telephone counselling for individual members who want to talk to someone about their situation; and (iv) provide online presentations via zoom or other computer wizardry whenever some group desires it.

So, play it safe for the next few months and be ready for the start of an exciting new program in 2021. Oh, and I almost forgot to mention, our financial sponsors too have suffered from the covid-19 financial disruption, placing our revenues in jeopardy. Thus any monetary support you'd like to provide will help greatly to buttress our financial position.

The Board
Manitoba Prostate Cancer Support Group



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.

***** In Memoriam *****

Alvin Henry Petkau

August 29, 1939-August 3, 2020

Alvin was a valued member of the board of directors of the Manitoba Prostate Cancer Support Group for many years. He filled the role of treasurer for the group. In that capacity he provided us with an invaluable service. He shall be missed.

Rest in peace.

Exercise Video Series for Prostate Cancer Patients Launches

A new resource designed to help improve patients' overall quality of life

The Institute for Prostate Cancer Research launched a series of exercise videos for people with prostate cancer in summer 2020 to help these patients design and maintain an individual exercise routine. According to Dr. Lauren Brady, a postdoctoral research fellow at Fred Hutchinson Cancer Research Center who led the team producing the video series, physical activity can counteract the side effects of prostate cancer treatment, improving treatment-related toxicity, fatigue, stress and overall mental health.

Brady, who is part of Dr. Peter Nelson's

team at Fred Hutch and the Pacific Northwest Prostate Cancer SPORE, or Specialized Program of Research Excellence, provided some background on how the series came about and what impact the team hopes it can make.

Exercise physiologists, scientists, physicians and men with prostate cancer at Fred Hutchinson Cancer Research Center discuss the importance of exercise in prostate cancer.

What was the inspiration for these videos?

The Institute for Prostate Cancer Research, or IPCR, holds an annual patient symposium comprising a series of talks by experts in the field. Building

on enthusiasm for a "Move for Movember" event in November 2018, we held an exercise breakout session at the 2019 symposium developed by me, exercise physiologist Kelsey McFarland and IPCR's then-program manager Nola Klemfuss. Each attendee was encouraged to participate in several simple exercises, and a discussion was held on the importance of exercise as it relates to the treatment of prostate cancer. As part of this event, we asked all attendees to complete an exercise-related questionnaire. A majority of responses indicated a need for improved information around

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exercise and prostate cancer that would address concerns about related risks, obtaining a maximum benefit, and provide encouragement for getting started and maintaining an exercise routine. Interestingly, 91% of attendees indicated that they felt better overall after engaging in exercise.

How did the project get started?

To address attendee feedback, we approached Pfizer and were able to collaborate with their “This is Living with Cancer” program to develop a prostate cancer exercise video series to provide information and guides addressing the concerns and requests of members of the prostate cancer community.

When I agreed to participate in the exercise program I was not exercising at all. I would occasionally take walks, mostly a little more than a mile in the neighborhood and about two or at the most three times per week. At first, I increased the frequency to three and sometimes four times per week, still walking the same route of a little more than a mile. Then about the time we were directed to quarantine at home I started to walk every day and the distance was increased to two miles. Because of arthritis, I find that the two miles is about as far as I can go at this time and my consistency has remained where I am walking every day of the week.

The good news is the pants that I am now able to get into, from a size 42, are back to size 40. At the time of the video I weighed 232 pounds, and I am happy to say I am down to 220, with my clothes on.

- Jack, a patient who participated in the video series

How did you recruit participants for the project?

As part of an existing collaboration with the Us TOO prostate cancer support group (Seattle chapter), headed by Marty Chakoian, we reached out to advocacy group leaders inviting men with prostate cancer and their families to participate. Further, we contacted our colleagues in Fred Hutch's Office of Community Outreach & Engagement to include their insight and expertise, particularly in discussions surrounding the disparate effect of prostate cancer on underserved communities.

What are the challenges you are hoping these videos can overcome?

Physical activity can combat the side effects of prostate cancer treatment, improving treatment-related toxicity, fatigue, stress and, indeed, overall mental health. We hope these videos will allow members of the prostate cancer community to design and maintain an individual exercise routine that suits their abilities, and needs, and provides a supportive resource for improving their overall quality of life. In addition to exercise, this video series discusses the disproportionate rate of prostate cancer in underserved communities and provides insight and information that aims to improve accessibility and understanding.

How are you introducing these videos to patients?

This prostate cancer video series will be available on IPCR webpage on the Fred Hutch website at fredhutch.org/prostate-exercise and on the This is Living with Cancer website. In addition to the video series, we have designed a companion exercise-based pamphlet that is downloadable in English and Spanish and provides a hard-copy resource for those who may not have access to the internet or prefer this as a medium. We are actively engaged with advocacy group leaders and leaders in the field of prostate cancer to ensure

accessibility of this video series to the wider prostate cancer community.

What are you hoping the impact will be for patients? For care providers? Our overall goal is to make these videos as accessible as possible to people living with prostate cancer, providing a tangible resource that can help to improve overall quality of life. We hope the series will improve information accessibility, ease concerns around exercising safely while living with cancer, and encourage people to remain as active as possible throughout their prostate cancer journeys. During the COVID-19 pandemic, physical distancing protective measures can be isolating for people living with cancer or undergoing active treatment. We hope this video series will allow people to build safe and effective exercise into their at-home routines and help to alleviate some of the side effects of isolating with cancer during a pandemic.

What do you hope to learn from this effort?

We hope this project will provide further support to the prostate cancer community as we continue to work with empowered local community and patient advocacy groups to promote patient-driven research and projects that will provide long-term benefits for people living with this disease. Increased awareness of the ways in which exercise — even on a small scale — can improve treatment outcomes may be very impactful.

<https://www.fredhutch.org/en/research/institutes-networks-ircs/institute-for-prostate-cancer-research/patient-video-series.html>

BY FRED HUTCH NEWS SERVICE STAFF
AUGUST 24, 2020

Source: <https://www.fredhutch.org/en/news/center-news/2020/08/prostate-exercise-video-series-launches.html>

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Developing a Blood Test for Prostate Cancer

Thought Leaders

Professor Graham Pockley

Director

John van Geest Cancer Research Centre

Professor Pockley among other researchers from the John van Geest Cancer Research Centre have recently developed a blood test for the detection of prostate cancer. News-Medical spoke to Professor Pockley to find out more!

What provoked your research into the detection of prostate cancer? Why is there an urgent need for a more accurate test for the detection of prostate cancer?

The John van Geest Cancer Research Centre at Nottingham Trent University works closely with several prostate cancer support groups and a common theme raised was the process of having to provide tissue for analysis (prostate biopsy) and the difficulty in getting a definitive diagnosis.

Current tests for prostate cancer are not 100% accurate and so there is a possibility to over-diagnose and under-diagnose prostate cancer. It is essential that men with low-risk prostate abnormalities are not diagnosed as having prostate cancer, as those with low-risk/grade disease do not require active treatment.

Furthermore, unnecessarily labeling men as having prostate cancer can assign these men to life-long surveillance and have significant psychological, quality of life, financial, and societal consequences.

We, therefore, embarked on a program to see if we could reliably detect prostate cancer based on a simple blood test.

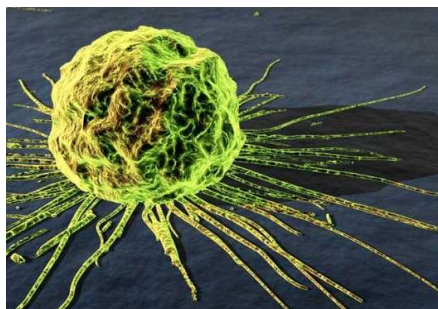
Why is prostate cancer the most common cancer amongst men?

Overall, prostate cancer is the second most commonly occurring cancer in

men, is the most commonly diagnosed cancer in the UK, and the fourth most commonly occurring cancer overall. In the UK, about 1 in 8 men will get prostate cancer in their lifetime.

‘Prostate cancer mainly affects men over 50, with the risk increases with age and a family history of prostate cancer. The risk is even higher for Black African Caribbean men who are 3 times more likely to get the disease - 1 in 4 Black African Caribbean men will get prostate cancer in their lifetime. These men are also more likely to present with prostate cancer at an earlier age (approximately 5 years younger than white British men) and to die from the disease.’

<https://prostatecanceruk.org/prostate-information/are-you-at-risk>



What current methods are available for the detection of prostate cancer and what are their limitations regarding PSA levels?

The most widely used diagnostic test currently available measures the blood level of a protein called Prostate-Specific Antigen (PSA for short).

Heightened amounts of PSA may mean that the patient has cancer, but 15% of individuals with prostate cancer have normal levels of the protein, and many healthy people can have high amounts of PSA. This blood test is therefore not widely accepted as a reliable diagnostic tool.

Other methods exist to detect prostate cancer, but they are not always accurate.

A small piece of the prostate can be taken for analysis, but results from this invasive procedure are often incorrect. Although interest in the potential diagnostic capabilities of MRI scanning is developing, MRI cannot currently be used as a sole diagnostic because a positive MRI can be incorrect in approximately 25% (1 in 4) of cases and a negative MRI can be incorrect in approximately 20% (1 in 5) of cases.

Scans can, therefore, help to spot a tumor, but they are not accurate enough to be conclusive on their own. New tests are therefore urgently needed.

Why is it not only important to detect the presence of prostate cancer, but also identify the stage that it is at?

The clinical challenge in prostate cancer diagnosis resides in distinguishing men with low- or small volume intermediate-risk prostate cancer which is unlikely to progress (both require 'active surveillance') from men with an intermediate disease which is likely to progress or with high-risk disease (both of which require treatment).

Some prostate cancer grows too slowly to cause any problems or affect how long you live. Because of this, many men with prostate cancer will never need any treatment. However, some prostate cancer grows quickly and is more likely to spread. This is more likely to cause problems and needs treatment to stop it from spreading.

Recent findings from a decade-long study involving 415,000 British men (The Cluster Randomized Trial of PSA Testing for Prostate Cancer (CAP) Randomized Clinical Trial) have not supported single PSA testing for population-based screening and

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suggest that asymptomatic men should not be routinely tested to avoid unnecessary anxiety and treatment. It is therefore essential that new approaches for enabling more definitive, early detection of prostate cancer are developed.

Can you describe your research that led to the discovery of your new blood test? How did you incorporate computational models in your research?

The John van Geest Cancer Research Centre at Nottingham Trent University has expertise in monitoring immune responses, and we felt that we could use this approach for detecting the presence of cancer. We know that there is a two-way relationship between cancer and the immune system and that the immune system has the potential to recognise cancer. We therefore postulated that the presence of cancer will trigger changes in the biology/appearance of white blood (immune cells) that can be detected in the blood.

However, 'standard' statistical tests could not detect differences in the profiles of white blood (immune) cells in the blood of patients with prostate cancer and men without prostate cancer.

We, therefore, turned to more complex computational models. Our model uses data from blood tests and artificial intelligence-based computing (machine learning) to detect the presence of prostate cancer more accurately.

The tool has two elements, the first detects whether a man has prostate cancer. If prostate cancer is detected, the second element will detect the clinical risk of the disease (low, intermediate, high) and thereby enable the clinician to decide whether the patient requires no further investigation/treatment ('watch and wait') or whether further investigation and treatment are required

How does this test work?

This test works by analyzing the biology of immune cells known as natural killer (NK) cells in the blood. NK cells are the first line of attack against cancer and so are likely to be influenced by the presence of cancer.

The data from the analysis are then analyzed using the computational model that predicts whether cancer is there and, if so, its severity.

How could the new test you have developed help to reduce the numbers of invasive biopsies? Do you believe this could also limit the psychological impact these biopsies have on men?

The studies have focused on asymptomatic men with PSA levels lower than 20 ng/ml, as men with PSA levels higher than 20 ng/ml are more likely to have prostate cancer and are thereby less likely to pose a clinical diagnostic quandary.

In contrast, men with a PSA lower than 20 ng/ml pose a major problem because although only 30–40% of these men will have prostate cancer, all currently undergo potentially unnecessary invasive prostate biopsies to determine who has the disease.

It is, therefore, this group of men for which the development of new and more accurate approaches for the early detection of cancer is a clear unmet clinical need, and for whom the benefits of such an approach will be most relevant and significant.

The novelty of this approach is that it interrogates the immunological response to the tumor, not the tumor itself and that it requires a simple blood test (liquid biopsy). Based on current practice, we expect that this approach could avoid up to 70% of prostate biopsies, thereby sparing men with a benign prostate disease or low-risk prostate cancer from unnecessary invasive procedures with which are associated significant side-effects.

Do you believe that this test could help to potentially limit the number of men dying from prostate cancer?

The test has the potential to identify high-risk prostate cancer at an early stage in asymptomatic men having moderately elevated PSA levels and so has the potential to reduce the number of men dying from prostate cancer.

When will this test be readily available for use?

We need to obtain the necessary funding to prove the capacity of the test to accurately diagnose prostate cancer in a much larger number of patients – a crucial step to enable critical clinical decisions to be made based on results that it generates. If funding is received, then it is possible that the test could enter into formal clinical trials in 3-4 years.

What are the next steps in your research?

The test is at the 'experimental' stage. We now need to validate the approach in a prospective (forward-looking) Clinical Trial in a larger number of men to demonstrate its effectiveness and get approval for it to be used to make important clinical decisions.

We are currently trying to obtain funding for such a trial.

Where can readers find more information?

<https://elifesciences.org/articles/50936>
<https://elifesciences.org/digests/50936/spotting-prostate-cancer>
<https://fabcancersupport.org/>
<https://www.bmecancer.com/index.php/hear-me-now/download-reports>
<https://www.prostaid.co.uk/about-prostaid/>
<https://prostatecanceruk.org/prostate-information>

Interview conducted by Emily Henderson, B.Sc. Aug 13 2020

Source: <https://www.news-medical.net/news/20200813/Developing-a-blood-test-for-prostate-cancer.aspx>

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Hymns For Hims in Troubled Times

The Minister, before beginning the church service, stated that because of the restrictions on Church activities with dealing with Covid-19, the church was in some financial difficulty. He proposed that they undertake a fundraising campaign starting with anyone who would donate \$1000 would get to chose the first three hymns. A very senior spinster sitting in the front pew slowly sprang to her feet, and said I will donate \$1000 and looking around at the congregation, pointing with her cane, said "I chose him and him and him."



Most, if not all, charitable organizations are facing financial

difficulty because of the Covid-19 virus restrictions under public health orders. If you can pick a charity or two that you would like to support and make a donation, it would go a long way to ensure the charities of your choice will continue to operate.

We hope one charity of your choice would be The Manitoba Prostate Cancer Support Group. Donations can be sent to Manitoba Prostate Cancer Support Group, Box 315, 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7

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Delaying Prostate Cancer Radiation May Not Lower Survival Odds

The coronavirus pandemic has caused many to put off medical procedures, but a delay in radiation treatment for prostate cancer doesn't appear to affect survival, a new study shows.

Researchers found that men with intermediate- or high-risk localized prostate cancer receiving radiation and hormone therapy who delay radiation while staying on hormone therapy didn't face worse outcomes.

"Using a large database of patients with prostate cancer, we validated that the timing of starting radiation could be flexible," said study co-author Dr. Vinayak Muralidhar, a resident in the department of radiation oncology at Brigham and Women's Hospital in Boston.

"Our data suggest that patients can wait for COVID-19 cases to go down before starting radiation. Or, if there's a chance a surge is coming, they could consider undergoing radiation a little earlier than planned and complete it before the surge

arrives," Muralidhar said in a hospital news release.

Radiation therapy is given to patients with localized prostate cancer along with six to 36 months of hormone therapy.

For the study, the researchers collected data on more than 63,000 cases of localized prostate cancer in the U.S. National Cancer Database.

The cases were divided into four groups based on when radiation was begun relative to hormone therapy. For men with intermediate- and high-risk disease, the study found no difference in overall survival in the four groups.

"The findings are reassuring to patients and allow us to come up with a flexible radiation schedule for prostate cancer that ensures their safety," Muralidhar said.

"The results have important implications for patients in areas experiencing a surge in COVID-19 cases who can opt

to wait for a safer time to come in and initiate treatment," Muralidhar said.

"In the future, we can also look at other types of cancers and treatments and see how delaying therapy has an impact on survival."

The report was published online Aug. 13 in the journal JAMA Oncology.

"Our hope is that our study helps patients and providers make decisions about the timing of treatment," said first author Edward Christopher Dee, a fourth-year student at Harvard Medical School.

"These decisions may allow patients to decrease their risk of exposure to COVID-19. Our findings may also provide reassurance to patients and providers who choose to delay treatment," Dee said.

By HealthDay News AUG. 15, 2020

Source: https://www.upi.com/Health_News/2020/08/15/Delaying-prostate-cancer-radiation-may-not-lower-survival-odds/1121597439085/

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A Personal Story About A Glass That's More Than Half Full

Herb's Message

Herb went to see his doctor because he was having difficulty urinating. After an examination his Doctor concluded that the problem was because Herb had prostate cancer. On hearing the diagnosis and the dreaded "C" word, Herb was completely overwhelmed. What was

going to happen to him, his family? All those thoughts that race through your head when you have been told you have cancer.

His Doctor said he would arrange for Herb to see an urologist who would perform a biopsy to conclusively determine whether his diagnosis was

correct. Herb and his wife went to see the urologist when the biopsy results were in. The urologist said the biopsy confirmed that Herb had prostate cancer and further that Herb's prostate cancer was a very aggressive cancer which necessitated immediate

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treatment. Herb asked what treatment the urologist would recommend. The urologist replied "External beam radiation and chemotherapy". Since his visit to his Doctor and meeting with his urologist to learn the result of his biopsy Herb had done research on prostate cancer treatment. He concluded he should have his prostate removed rather than radiation in part because if he had radiation he couldn't have his prostate removed later if radiation didn't cure his prostate cancer. But he could have radiation if the prostate removal didn't get rid of the cancer. Herb advised his urologist that he wanted his prostate removed to which the urologist responded that wasn't what should be

done. On leaving the examination room, Herb turned to the urologist and said "I want my prostate removed. But I will leave it up to you". Two days later Herb received a call from the urologist's receptionist asking at which hospital Herb wanted his prostate removed. Along with having his prostate removed Herb had hormone therapy.

Herb wants newly diagnosed prostate cancer men not to despair. "Look at me. I was diagnosed and treated 30 years ago. I celebrated my 97th birthday on August 5, 2020. You have the advantage that treatments are much more effective today."

And to those who have not been tested. "If you are not getting tested because

you are worried that testing will affect your manhood, it wouldn't be. Get tested! Early detection results in a very close to 100% successful treatment."

Herb Chanin is a Winnipeg WWII air force veteran who flew Canadian built Canso, an amphibious patrol bomber, which was used to hunt enemy submarines in the North Atlantic. You can see Herb and an abandoned Canso, which was removed from the shore of a N.W.T. lake and rebuilt to air worthiness by a group of Alberta aircraft enthusiasts, by entering "Fairview Canso" on Google.

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Prostate Cancer: How Powerful is Your Urinary Flow? It Could be Indicative of The Disease

PROSTATE cancer - it's the most common cancer in British men. The disease could invade your brother, father, son or male friend's body. Here's the sign in your urinary flow.

The sooner cancer is discovered, the quicker treatment can begin – and it does save lives. Next time you're off to the urinal, take a mental note of your flow.

Symptoms of prostate cancer appear when the cancerous mass is big enough to press onto the urethra, explained the NHS.

The urethra is the tube that carries urine from the bladder out of the penis.

This is why observing your urinary flow is important to uncover signs of cancer.

How powerful is it? A cancerous mass pressing onto the urethra can result in a weak urinary flow.

Some people may experience hesitancy, added the NHS. This is when it's difficult to start peeing.

Do note, hesitancy can be normal if you're feeling shy, but it's abnormal when it happens wherever you go.

You may find yourself straining to

urinate, or take a really long time to pee.

And, when you do eventually pee, there may be trickles of blood. Then there's the feeling that no matter how often you pee, your bladder still feels as though it hasn't emptied.

In fact, you may have noticed you're peeing more frequently, often during the night.

These symptoms require a discussion with your GP - you could arrange a phone call with your doctor.

Many of these symptoms could be indicative of a prostate enlargement - a normal part of ageing.

However, it's always better to be checked over, in case it could be prostate cancer.

Your doctor may want to ask for urine and blood samples, and any further investigation is likely to happen at a hospital.

There are certain risk factors that somebody more susceptible to the disease.

These include a family history of prostate cancer and being over the age of 50.

Recent research, cited by the NHS, suggested that there may be a link between obesity and prostate cancer.

Thus, a balanced diet and regular exercise helps to lower a person's risk of the disease.

At present, further research has proposed that a diet high in calcium is also linked to an increased risk of developing prostate cancer.

Sometimes, should prostate cancer be diagnosed, it may not need any treatment if it's at low risk of spreading to other body parts.

People who have cancer that is more likely to spread may undergo surgery or radiotherapy.

These treatment options hope to cure the cancer, but side effects may be felt.

After surgery, or radiotherapy, you're likely to feel tired and will need time to recover.

By CHANEL GEORGINA
Sun, Aug 16, 2020

Source: <https://www.express.co.uk/life-style/health/1323559/prostate-cancer-symptoms-weak-urinary-flow>

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 THIS GIFT IS IN MEMORY/HONOUR OF _____ PLEASE SEND NOTIFICATION TO: _____
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Make payment to: Manitoba Prostate Cancer Support Group;
 Box 315 – 971 Corydon Ave., Winnipeg, Manitoba, R3M 3S7

*A tax deductible receipt will be issued. Charity number: 88907 1882 RR0001

Credit Card donations can be made by going to our website at: www.manpros.org and clicking on the donate tab.
 Canada Helps will issue a tax receipt. **Amount:** \$25 \$50 \$75 \$100 Other _____

Gold Wing Road Riders Association
 Manitoba District - Region K
<http://mb-a-regionk.ca/>

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Receive this newsletter by email ~ Please notify us and we'll make the changes. Thank-you

**Public meetings
 cancelled
 until 2021**

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 publication

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