

### Medical Advisors

Paul Daeninck M.D.  
Medical Oncologist

Darrel Drachenberg  
M.D. Urologist

Arbind Dubey M.D.  
Radiation Oncologist

Piotr Czaykowski M.D.  
Medical Oncologist

*Thanks!*

### *Thought of The Day*

“Courage is not the absence of despair; it is, rather, the capacity to move ahead in spite of despair.”

– Rollo May

### *Public meetings cancelled until further notice*

#### **Covid-19 Update November 2021**

Given that it's already November this is the final newsletter for 2021. Thanks to covid, this year has been a washout in that we weren't able to host a single public meeting. This has never happened before in the history of our group and has been a major disappointment to everyone who enjoys our gatherings. We were able to continue publishing our newsletter, albeit only in the electronic version, and to provide a limited number of information envelopes for newly diagnosed patients. We expect that 2022 will allow a return to our normal range of activities, hopefully sooner rather than later. It all depends on when the public health people signal the all-clear.

In the meantime have a wonderful holiday season and a happy, healthy and prosperous new year.

*The Board*

### **How to Remember What Your Doctor Says**

“Don't let the doctor cut you off,” says M. Barton Laws, a medical sociologist at Brown University who researches provider-patient relationships. What researchers call “verbal dominance” is a known issue in the medical field, and Laws has established that the more of the talking the physician does, the fewer things a person remembers. When faced with someone in a white coat, don't go mute. Assert yourself, particularly if you're confused. Try repeating what you're hearing (“Wait, I think I heard you say ...”).

In a study of 189 outpatient encounters, Laws and his colleagues found that people recalled less than half of what their doctors told them a week earlier. There are many reasons a doctor's words might slip your mind. “People who are under stress don't remember,” Laws says. What is said after a traumatic diagnosis might disappear altogether. Laws says that patients are most likely to recall directives (“Get your blood drawn down the hall”) and least likely to recollect explainers (“This is how diabetes can damage your liver”). There can also be a kind of motivated forgetting

when a doctor suggests behavior changes (“Eat less sugar”).

Many appointments are allotted just 15 minutes, during which medical providers often home in on what they think is “the chief complaint.” In practice, though, patients bring up as many as 15 different issues during a visit. Show up with a list of the three main things you want to talk about, and go over all three before your doctor starts talking. “Avoid doorknob questions,” Laws says — what doctors call inquiries they get when the

*(Continued on page 2)*



The Manitoba Prostate Cancer Support Group offers support to prostate cancer patients but does not recommend any particular treatment modalities, medications or physicians ; such decisions should be made in consultation with your doctor.

**MPCSG – active since 1992.**

(Continued from page 1)

appointment is already over. You can always ask to see your medical records and doctor's notes; you're legally entitled to them.

Some 20 years ago, Laws was hired to investigate how people living with H.I.V. were taking, and sometimes

skipping, their prescribed antiretroviral medications. Those accounts made him realize that what patients understand is just as vital to care as what doctors say. He believes the communication onus should be on medical providers. Still, as a patient, you have agency. "When people participate, they remember better," Laws says.

By Malia Wollan Oct. 26, 2021

Source: <https://www.nytimes.com/2021/10/26/magazine/remember-what-your-doctor-says.html>

• • •

## New Radiation Treatments For Prostate Cancer Show Promise

A doctor who specializes in treating cancer patients says new studies on radiation therapy for prostate cancer show promise.

Patrick Fernandes is a radiation oncologist at the Carle Cancer Institute in Normal. In this edition of Sound Health, Fernandes said early studies have shown that radiation treatments for prostate cancer can be done in one week instead of the current six to eight weeks.

"I think this is something which we may see in the not-too-distant future," Fernandes declared.

Fernandes said radiation is far more precise than it was 10 to 20 years ago when radiation equipment was "primitive." That makes the procedure more effective at removing the cancer and limiting tissue damage, he said.

"Thankfully over the last decade or so, our machines have improved with computer technology. We are now able to deliver radiation much more precisely, much more compact," he said.

Fernandes said the cancer institute in Normal has the technology to perform the more frequent radiation treatments, but he cautioned he still has concerns that studies have yet to address. "What we don't know is the long-term side effects," Fernandes said. "We also have to look at the quality of life. What will happen five years down the road, 10 years down the road with regard to toxicity."

### Prostate cancer myths

Fernandes ticked off a list of myths he said many people have when it comes to prostate cancer. He said its untrue that prostate cancer surgery will cause urine leakage or end a man's sex life. "That used to be true a decade or two ago. Nowadays with superior surgical techniques, including robotic procedures, the incidence of urinary leakage is extremely low in expert hands," he said.



Fernandes added it's a myth that only elderly people get prostate cancer. He said patients as young as 45 are at risk, especially if they have a family history of the cancer or are African-American. People of color have a higher rate of prostate cancer. He said men should talk to their doctor by age 45 about whether they should get an annual prostate-specific antigen (PSA) test. He noted the American Cancer Society backtracked on recommendations that waiting longer to get a prostate exam would reduce false positives and potentially unnecessary and costly treatments. Fernandes said that led to too many cancers not being detected in time.

A common blood test checks for elevated levels of prostate-specific antigens (PSA) in a man's blood, as an indicator that he may have prostate cancer.

Fernandes said very high PSA levels does not necessarily mean a patient has prostate cancer. He said it could just be prostate inflammation or infection that could be treated with antibiotics.

Fernandes said prostate cancer treatment, which is usually either surgery or radiation, does not have to begin immediately, because it's such a slow-growing cancer. He said in some instances, the cancer can simply be monitored to see if it grows.

Fernandes stressed prostate cancer is not a death sentence. He noted survival rates are over 90% and the rate is much better if its detected early.

"Most cancer patients do well and live healthy, long lives," he said.

Fernandes noted nearly 200,000 men were diagnosed with prostate cancer last year. That makes it the second most common cancer behind skin cancer.

October 1, 2021 By Eric Stock WGLT  
Carle Cancer Institute

Source: <https://www.wglt.org/local-news/2021-10-01/sound-health-new-radiation-treatments-for-prostate-cancer-show-promise>

• • •

## The Realities of Prostate Cancer Recurrence

Understanding why prostate cancer recurs in some men can help reduce the risk.

Prostate cancer is the most common cancer found in men. However, when it's caught and treated early, the cure rate is high. After treatment, most men will be able to live cancer free for years, if not for the rest of their lives. In fact, the 5-year survival rate for men with localized prostate cancer is nearly 100 percent. That said, it's still possible to have a recurrence of the cancer, and between 5 to 40 percent of men will experience this. Cancer recurrence is the return of cancer after a period when no cancer cells are detected in the body. Not all recurrences are the same, and not all will require active treatment. Because the risk is present, it's important to be aware of the possibility and know what you can do to lower your risk, plus be knowledgeable about how to proceed in the event it does recur.

Recurrence of prostate cancer is mostly related to the stage and degree of aggressiveness of the cancer at the time of initial treatment. The higher the stage and the more aggressive the cancer cells at time of treatment, the greater the chance of treatment failure or recurrence of the cancer. There are two ways in which the prostate cancer can return and be detected. The first involves the development of symptoms of recurrence such as leg edema, blood in the urine, progressive fatigue, bone pain and back pain. The second is referred to as a biochemical recurrence, and it involves a rise in the man's PSA (prostate-specific antigen) levels. After treatment for prostate cancer, PSA levels should drop significantly – to "undetectable levels" post-surgery, and to levels below 0.5 ng/ml after radiation therapy. If some time after treatment there's a consistent rise in the PSA, this indicates that some of the cancer cells have survived and are still

making PSA. It should also be noted that PSA may fluctuate for two years after radiation, but not after surgery, for prostate cancer. The important thing about this type of recurrence is to confirm a constant rise. Stable, low PSA levels that don't steadily rise post-treatment may be fine and not necessitate treatment.

When monitoring recurrence with PSA levels, a rise doesn't always require immediate action. The rise in these numbers will occur well before any clinical signs or symptoms manifest themselves. Because the cancer is so slow growing, some people won't show symptoms for years. However, if a steady rise is identified, this indicates either the cancer has recurred in the area where the prostate used to reside ("local recurrence"), or it may indicate the cancer has spread ("metastatic"). There are a number of scans, blood tests and parameters that are checked to determine presence of local recurrence vs. metastatic development.

In cases of local recurrence, there are additional therapies that can be provided with the intention of curing the prostate cancer. The second round of treatment largely depends on where the cancer is located and what treatments have already been done. For a man that has had the prostate removed (radical prostatectomy), radiation therapy sometimes combined with hormone therapy may be the next course of action. If the first treatment was radiation, other options – including cryotherapy, high-intensity focal ultrasound or robotic/open salvage prostatectomy – may be considered. In cases of metastatic prostate cancer, there are hormone therapies that slow the growth or advancement of the cancer. Keeping in mind a risk/benefit analysis will help the doctor and patient make the treatment choice that yields the highest chance for cure with the least amount of side effects.

Despite the predestined nature of cancer for many people, there are some correlations with lifestyle that allow men to play a part in their prognosis. Obesity and other health conditions, like metabolic syndrome, have been shown to increase the chances of prostate cancer returning after treatment. In one study of patients who were followed for four years, prostate cancer returned in 32 percent of obese patients, as opposed to only 17 percent of those who were not obese. In addition, patients with metabolic syndrome had a four times higher risk of cancer return than those without the syndrome. Metabolic syndrome includes a group of adverse conditions such as high blood sugar, high blood pressure, obesity and high cholesterol levels. The bad news is that obesity and metabolic syndrome have become increasingly widespread in our country due to lack of exercise and poor eating habits. But the good news is that with some lifestyle modifications, like eating a well-balanced diet, exercising regularly, reducing stress and getting enough sleep, these conditions can be avoided and the risk for prostate cancer recurrence lowered. The entire risk cannot be eliminated, but it should be encouraging to know that every man can at least take some action to help.

Doctors don't fully understand why cancer recurs in some men and not others, so living a healthy lifestyle to avoid the risk you can, keeping up with doctor visits after your initial treatment and being aware that the risk does exist are the best things you can do to keep your prostate health in check for life.

By S. Adam Ramin, MD April 20, 2018

Source: <https://health.usnews.com/health-care/for-better/articles/2018-04-20/the-realities-of-prostate-cancer-recurrence>

• • •

## Targeted Prostate Cancer Screening Could Benefit Men With Inherited Cancer Syndrome

Men who inherit an increased risk of cancer through "Lynch syndrome" could benefit from regular PSA testing from age 40 to detect early signs of prostate cancer, researchers believe.

Lynch syndrome raises the risk of several cancer types including—most famously—bowel cancer, and affects 175,000 people in the UK, although only 5 percent of people with the condition know they have it.

New research found that annual PSA testing could pick up cases of prostate cancer up to eight times as often in men with genetic hallmarks of Lynch syndrome—faults in genes like MSH2 and MSH6—than in those without.

Many of the cancer cases in men with Lynch syndrome were "clinically significant," suggesting that targeted screening has the potential to save lives.

Scientists at The Institute of Cancer Research, London, believe that targeted annual screening from age 40 could lead to earlier diagnosis and treatment of prostate cancer in this high-risk group of men.

Identifying that patients have Lynch syndrome could also guide their treatment since increasing evidence suggests that immunotherapies—which harness the immune system to attack cancer—may be particularly effective in men with these mutations if they have disease recurrence.

The new research, part of the international IMPACT study, is published today (Tuesday) in *The Lancet Oncology* and was funded by Cancer Research UK, with additional support from the Ronald and Rita McAulay Foundation and the NIHR

Biomedical Research Centre at The Royal Marsden NHS Foundation Trust and the ICR.

IMPACT involves 828 men from families with Lynch syndrome at 34 centers in eight different countries, and aims to assess whether regular PSA testing is an effective way to spot prostate cancer in men who carry certain genetic alterations that increase their risk.

Out of the 828 men participating in the study, more than 600 have faults in the so-called mismatch repair genes MLH1, MSH2 or MSH6, which are associated with Lynch syndrome—an inherited condition that increases the risk of various cancers, especially bowel cancer.

PSA screening is not recommended for men in the general population because it has not been shown to be beneficial and there are concerns that it can lead to over-diagnosis and over-treatment of cases that would not have caused significant problems.



But it could carry more promise for men who are at a high inherited risk. Men in the new study were offered an annual PSA test, and those with a PSA

deemed high were offered a biopsy to determine whether they had prostate cancer.

Researchers found that annual PSA tests could effectively spot prostate cancer in men who inherited a mutation in the genes MSH2 or MSH6. Out of 305 men with faults in the MSH2 gene, 13 (4.3 percent) were diagnosed with prostate cancer—while only one non-carrier out of 210 (0.5 percent) was diagnosed with prostate cancer.

For MSH6 carriers, four out of 135 men (3 percent) were diagnosed with prostate cancer, while none of 177 non-carriers had a prostate cancer diagnosis (0 percent).

Men with the MSH2 gene fault were eight times more likely to be diagnosed with prostate cancer than non-carriers, and were diagnosed at a younger age—an average of 58 years, compared with 66.

Crucially, men with the MSH2 gene fault more often had aggressive, potentially life-threatening tumors, with 85 percent showing "clinically significant" disease, compared with no non-carriers. This suggests over-diagnosis in MSH2 carriers is unlikely.

Meanwhile, MSH6 carriers were diagnosed at an average age of 62 years and 75 percent had life-threatening or "clinically significant" tumors.

Future screening rounds as part of the IMPACT study will help establish the benefits and any harms of annual screening in men carrying MLH1, MSH2 and MSH6

*(Continued on page 5)*

(Continued from page 4)

gene alterations, so that experts can conclude if the balance is favorable and if screening should be introduced for these groups.

The study detected no cancers in men with MLH1 mutations—another gene associated with Lynch syndrome—and longer follow-up will be needed before concluding whether these men are at an increased risk of prostate cancer and would benefit from targeted screening.

Researchers are planning another five-year follow-up to compare treatment outcomes in these men. Subsequent screening rounds and detection of cancers will also be important in determining whether the PSA threshold of 3.0ng/ml used in this study is appropriate.

Professor Ros Eeles, Professor of Oncogenetics at The Institute of Cancer Research, London and Consultant in Clinical Oncology and Oncogenetics at The Royal Marsden NHS Foundation Trust, leads the IMPACT study. She said, "Prostate cancer screening isn't recommended for the general population, but we believe it could benefit some groups of men at high inherited risk. Our new findings show that PSA testing in men with Lynch syndrome is much more likely to pick up life-threatening prostate cancer than in the general population. We think that men with the gene faults causing Lynch syndrome are likely to benefit from regular PSA testing from the age of 40.

"Targeted screening has the potential to pick out aggressive prostate cancers at an early stage in men at high inherited risk, increasing their chances of survival. And because cancers in these men are more likely to be aggressive and potentially life-threatening, they would need to have radical treatment. I anticipate that these results, and evidence from our ongoing follow-up work, will influence future national and

international screening guidelines for this group of men, with the aim of picking out prostate cancer earlier and potentially saving lives."

Professor Kristian Helin, Chief Executive of The Institute of Cancer Research, London, said, "Picking up cancers early, when they are more likely to be curable, is a vital part of our strategy to improve the lives of cancer patients. Mass screening isn't a good option in prostate cancer because of the risk of over-diagnosis, but in men who have an increased inherited risk of aggressive disease it makes more



sense. This new study suggests that screening with an annual PSA test could lead to early detection of significant numbers of prostate cancer cases in men with inherited Lynch syndrome, leading to earlier treatment and increased survival. It's an exciting example of the potential of genetics research and how it can impact our lives."

Professor Charles Swanton, Cancer Research UK's Chief Clinician, said, "Overall the PSA test is not reliable enough to be used as a national screening program for prostate cancer. But this research shows it could have promise as a test for people who are at higher risk of the disease. What's needed now is research to find out how early the test can diagnose prostate cancer in this group and like any screening program, the potential harms and survival benefits would need to be investigated before it could be rolled out."

"We don't currently recommend the PSA test for high risk men who are asymptomatic, but if you're concerned about your cancer risk it's important you speak to your doctor."

Paul Cunningham, 67, from Plymouth, discovered he had Lynch Syndrome in 2016, while undergoing treatment for skin cancer. Six weeks ago, he was diagnosed with prostate cancer. He said, "I found out I had Lynch Syndrome when I went into surgery to have my skin cancer removed, and the nurse noticed I was also undergoing treatment for bowel cancer and referred me on. My immediate reaction was doom and gloom—with so many family members dying of cancer, I'd always assumed I would too—but I talked it through with the genetic counseling team, and that was really helpful.

"Having Lynch Syndrome is a double-edged sword. No-one wants to be at higher risk of cancer, but because doctors are aware of my risk, it means I've been fast-tracked and referred where I might not have been otherwise. Four weeks ago, I was diagnosed with prostate cancer after having my annual PSA check through the IMPACT study, and I'm now waiting for a date for surgery.

"The consultant said that if I hadn't been on the study, they probably would have just kept an eye on me, but thanks to the screening, they've managed to catch my cancer early. I hope these findings will go on to help others in my position. For now, I'm just looking forward to finishing treatment and spending more time with my beautiful wife."

by Institute of Cancer Research Oct. 19, 2021

<https://medicalxpress.com/news/2021-10-prostate-cancer-screening-benefit-men.html>

• • •

## Shorter Course Of Post-Op Radiation Effective For Prostate Cancer, Study Says

After prostate cancer surgery, men can safely undergo fewer radiation treatments at higher doses, a new clinical trial shows.

Researchers found that the shorter regimen -- given over five weeks, instead of seven -- did not raise patients' odds of lasting side effects.

Safety has been a "major concern" because when patients have fewer radiation treatments, the daily dose needs to be higher, explained Dr. Neha Vapiwala, a radiation oncologist who was not involved in the study.

But the new findings offer "level-one evidence" that a shorter course can be delivered safely, said Vapiwala, a professor at the University of Pennsylvania, in Philadelphia.

Prostate cancer is a highly treatable disease. In the United States, the 10-year survival rate stands at 98%, according to the American Society for Radiation Oncology. That means the impact of treatment choices on men's quality of life is particularly critical.

A shorter course of radiation is obviously appealing for its convenience. The new study was designed to find out whether fewer treatments would come at the expense of lasting side effects.

According to lead researcher Dr. Mark Buyyounouski, "Preserving quality of life was a major priority when testing the shorter treatment course. It is important for patients to know that accepting a more convenient treatment doesn't mean they have to compromise on quality of life."

The trial involved 296 men who'd

undergone surgery for prostate cancer and needed follow-up radiation.

Around half were randomly assigned to receive standard doses over seven weeks, while the rest were given higher doses over five weeks.

By the end of treatment, men on the higher-dose regimen were reporting more gastrointestinal symptoms, like cramps, diarrhea and nausea. But those problems resolved in both groups of patients, and were gone when the men were assessed six months later.



Radiation for prostate cancer can also sometimes cause urinary problems, like leakage or burning during urination. But on average, neither study group showed an increase in those symptoms, in the short term or over the two years after treatment.

"Short-term side effects of radiation therapy are well-established, and patients understand that," said Buyyounouski, a professor of radiation oncology at Stanford University School of Medicine, in California.

"What patients ultimately want to know is whether the side effects will go away, and that's what we saw in our study," he said in a society news release.

Buyyounouski presented the findings

Monday at the annual meeting of the American Society for Radiation Oncology, held in Chicago. Research reported at meetings should be considered preliminary until published in a peer-reviewed journal.

Short courses of radiation are not new in prostate cancer. They have been an option for men who forgo surgery and opt to have radiation therapy alone.

However, shorter courses have not been routinely offered to patients who've had surgery, Vapiwala said. Most doctors, she added, have been waiting for clinical trial evidence first.

Shorter radiation regimens are not only more convenient for patients, Buyyounouski said in a meeting news release: They can also lessen their travel expenses and co-pays, and limit time away from work.

There are also benefits for the health care system, he noted, as insurers pay for fewer treatments, and radiation facilities can take more patients.

Vapiwala said the trial is "incredibly important" in showing that the shorter, higher-dose approach can be done safely.

"While there may be increased patient-reported side effects," she said, "these toxicities generally resolve with time and were not markedly worse with the shorter course compared to the standard one."

By Amy Norton HealthDay News  
OCT. 28, 2021

Source: [https://www.upi.com/Health\\_News/2021/10/28/cancer-prostate-radiation-shorter-course/2941635368848/](https://www.upi.com/Health_News/2021/10/28/cancer-prostate-radiation-shorter-course/2941635368848/)

• • •

## How Diet and Lifestyle Modifications May Lower Risk of Lethal Prostate Cancer

### Cleveland Clinic study links gut microbiome and aggressive prostate cancer.

Cleveland Clinic researchers have shown for the first time that diet-associated molecules in the gut are associated with aggressive prostate cancer, suggesting dietary interventions may help reduce risk. Findings from the study were published in *Cancer Epidemiology, Biomarkers & Prevention*.

While more research will be necessary, the study's lead author Nima Sharifi, M.D., says findings<sup>1</sup> from the team's analysis of nearly 700 patients may have clinical implications for diagnosing and preventing lethal prostate cancer.

"We found that men with higher levels of certain diet-related molecules are more likely to develop aggressive prostate cancer," said Dr. Sharifi, director of Cleveland Clinic's Genitourinary Malignancies Research Center. "As we continue our research in this area, our hope is that one day these molecules can be used as early biomarkers of prostate cancer and help identify patients who can modify their disease risk by making dietary and lifestyle changes."

In this study, Dr. Sharifi and his collaborators – including Stanley Hazen, M.D., Ph.D., and Eric Klein, M.D. – analyzed data from patients previously enrolled in the National Cancer Institute's Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial.

They studied baseline levels of certain dietary nutrients and metabolites (byproducts produced when a substance is broken down in the gut) found in patients' blood serum prior to prostate cancer diagnosis. They compared serum levels between healthy patients and those who later received a prostate

cancer diagnosis and died from the disease.

The researchers found that men with elevated levels of a metabolite called phenylacetylglutamine (PAGln) were approximately two or three times more likely to be diagnosed with lethal prostate cancer. This metabolite is produced when microbes in the gut break down phenylalanine, an amino acid found in many plant- and animal-based protein sources like meat, beans, and soy.



In addition to PAGln, researchers also discovered that elevated levels of two nutrients abundant in animal products, including red meat, egg yolks, and high-fat dairy products, called choline and betaine, also were linked with increased risk for aggressive prostate cancer.

While these nutrients and gut metabolites have been studied previously in heart disease and stroke, this is the first time that gut microbiome metabolites have been studied clinically in relation to prostate cancer outcomes.

Dr. Hazen was the first to identify PAGln's association with increased cardiovascular disease risk. The findings were published in 2020 in *Cell*. "Interestingly, we found that PAGln binds to the same receptors as beta blockers, which are drugs commonly prescribed to help lower blood pressure and subsequent risk of cardiac events," said Dr. Hazen, director of Cleveland Clinic's Center for Microbiome & Human Health and chair of Lerner Research Institute's Department of Cardiovascular & Metabolic Sciences.

"This suggests that part of beta blockers' potent efficacy may be due to blocking the metabolite's activity."

"New insights are emerging from large-scale clinical datasets that show use of beta blockers is also associated with lower mortality due to prostate cancer," said Dr. Sharifi, who is a staff physician in Lerner Research Institute's Department of Cancer Biology. "We will continue to work together to investigate the possible mechanisms linking PAGln activity and prostate cancer disease processes in hopes of identifying new therapeutic targets for our patients."

The research team also will continue to explore the reliability of using choline, betaine and PAGln as biomarkers of aggressive prostate cancer and how dietary interventions can be used to modulate their levels and reduce patients' subsequent disease risk.

By CLEVELAND CLINIC OCTOBER 28, 2021

Reference: "Gut Microbiome-Dependent Metabolic Pathways and Risk of Lethal Prostate Cancer: Prospective Analysis of a PLCO Cancer Screening Trial Cohort" 28 October 2021, *Cancer Epidemiology Biomarkers & Prevention*. DOI: 10.1158/1055-9965.EPI-21-0766

Chad Reichard, M.D., a urologic oncologist at Urology of Indiana and a previous urology resident at Cleveland Clinic, and Bryan Naelitz, previously a medical student in Dr. Sharifi's lab and now a urology resident, are co-first authors on the study. Dr. Klein is a urologist and emeritus chair of Glickman Urological & Kidney Institute at Cleveland Clinic. The research was supported by the National Cancer Institute and the National Heart, Lung, and Blood Institute (both parts of the National Institutes of Health), as well as the Prostate Cancer Foundation.

<sup>1</sup> [www.lerner.ccf.org/news/details/](http://www.lerner.ccf.org/news/details/)

Source: <https://scitechdaily.com/how-diet-and-lifestyle-modifications-may-lower-risk-of-lethal-prostate-cancer/>

• • •

**MANITOBA PROSTATE CANCER SUPPORT GROUP TAX DEDUCTIBLE DONATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 THIS GIFT IS IN MEMORY/HONOUR OF \_\_\_\_\_ PLEASE SEND NOTIFICATION TO: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**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](http://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/>

Thank-you to  
 all our  
 sponsors

MANITOBA COMMUNITY SERVICES COUNCIL INC.

AMGEN

astellas

TerSera™  
 Canada

MANITOBA  
 MOTORCYCLE  
 RIDE FOR DAD

**Email - [manpros@mts.net](mailto:manpros@mts.net) ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL**  
 Answering Machine - (204) 989-3433 **Help us lower our costs :**  
**Receive this newsletter by email ~ Please notify us and we'll make the changes. Thank-you**

**FUTURE MEETINGS 2021**

**MPCSG BOARD**

Our public meetings will not  
 resume until the covid-19  
 restrictions are lifted.

Watch this space  
 for information  
 on the latest status.

Betty O'Grodnik – Secretary .....	(204) 661-8549
Jos Borsa - Chair .....	(204) 219-7726
Liz Feschuk - Special Projects .....	(204) 654-3898
Ernie Schade – Meeting Convener .....	(204) 489-1648
Pat Feschuk – Special Events .....	(204) 654-3898
John O'Grodnik - Vice Chair .....	(204) 661-8549
Wally Jackson - Member-at-large .....	(204) 668-1222
Deloris Ankrom - Member-at-large .....	(204) 667-4156
Don Murray - Member-at-large .....	(204) 487-0822

**Volunteers On Committees**

Irek Iskat — membership

For general information please contact Jos Borsa at number listed above



This newsletter is a  
**Bottom Line Computer Services**  
 publication

Bottom Line Computer Services is not responsible for content  
[www.misterpete.com](http://www.misterpete.com)