

Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, November 19, 2025

Speaker: : Stacey Nickol RD
Oncological Dietician , CancerCare Manitoba

Topic: "Eat right to fight right"
(Have your questions answered in the Q&A)

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



Thought of The Day

"Resilience is accepting your new reality, even if it's less good than the one you had before. You can fight it, you can do nothing but scream about what you've lost, or you can accept that and try to put together something that's good."

- Elizabeth Edwards

New Therapy Delays Progression of Recurrent Prostate Cancer

Adding PSMA-targeting radioligand therapy to stereotactic body radiotherapy more than doubled progression-free survival in men with recurrent prostate cancer.

Patients with recurring prostate cancer who were treated with a new PSMA-targeted radioligand therapy before stereotactic body radiotherapy (SBRT) went

more than twice as long without their disease worsening compared with those who received SBRT alone, according to new clinical trial results from UCLA Health Jonsson Comprehensive Cancer Center researchers.

Findings from the trial presented [September 28] at the 2025 American Society for Radiation Oncology

Annual Meeting in San Francisco, showed that men who received the radioligand drug went a median of 17.6 months without disease progression, compared with 7.4 months for those who received SBRT alone. This translated into a significant delay in the start of hormone therapy, which is often used to treat recurrent disease.

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

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“This is the first randomized trial to show that PSMA-targeting radioligand can significantly delay progression when added to metastasis-directed radiation,” said Dr. Amar Kishan, executive vice chair of radiation oncology at the David Geffen School of Medicine at UCLA and first author of the study. “It gives patients more time before needing hormonal therapy, which can carry significant side effects such as fatigue and bone loss. Avoiding or delaying hormonal therapy consistently benefits quality of life. Moreover, the trial results establish that radioligand therapy agents, which thus far have only been studied in more advanced disease, have a role to play earlier in the disease course.”

Prostate cancer is the second most common cancer among men worldwide. For some, the disease returns years after initial treatment in only a handful of new lesions, a stage known as oligorecurrent disease.

SBRT has become an increasingly common approach for treating these cases, targeting the visible lesions while sparing surrounding healthy tissue. While the approach can delay progression and postpone the need for hormone therapy, most men eventually relapse, often because of microscopic disease too small to detect on imaging scans. Radioligand therapy, which precisely delivers radiation to cancer cells while minimizing harm to healthy tissues, may help address this hidden disease.

The Phase 2 study, called the LUNAR trial, explored whether adding a radioactive drug called PNT2002 — a molecule that specifically targets PSMA, a protein highly expressed on the surface of prostate cancer cells — before SBRT could help control these hidden tumors.

“This trial is especially exciting because it showcases the full potential of PSMA-based theranostics technologies,” said senior author of the study Dr. Jeremie Calais, director of the Ahmanson Translational Theranostics Division’s clinical research program and associate professor at the department of molecular and medical pharmacology at the David Geffen School of Medicine at UCLA “We leveraged PSMA PET imaging technology to guide SBRT targeting, which is more precise than other imaging methods. And we combined it with PSMA radioligand therapy to treat PSMA expressing sites of disease, both the ones visible by PET but also the microscopic sites too small to be detected by PET.”

To test this hypothesis, the researchers enrolled 92 men with recurrent prostate cancer into the trial and split them at random into two groups. One got SBRT alone, the other got two doses of 177Lu-PNT2002 drug first, then SBRT. The team tracked patients with regular PSA blood tests and PSMA PET scans to see how long they stayed free of cancer progression.

They found adding 177Lu-PSMA

before SBRT more than doubled progression-free survival, extending it from 7.4 months to 17.6 months, reducing the risk of cancer returning, the need for hormone therapy, or death by 63%. These benefits were seen across all patient subgroups, regardless of disease stage or the number of lesions, with minimal side effects. Additionally, men in the combination arm went a median of 24.3 months before starting hormonal therapy, compared with 14.1 months in the SBRT-only group.

The team also identified biological markers that may help predict which patients will benefit most from treatment. A stronger immune response after SBRT, measured by T cell receptor changes, was linked to better outcomes, and a set of 20 genes associated with immune function and DNA repair helped define patients at higher or lower risk of progression.

Despite the clear benefit of adding 177Lu-PNT2002 to SBRT, 64% of men still experienced disease progression, underscoring that microscopic cancer remains a major challenge, the researchers noted.

“This is an important proof of principle,” said Kishan, who is also the co-director of the cancer molecular imaging, nanotechnology and theranostics program at the UCLA Health Jonsson Comprehensive Cancer Center. “It suggests we may be able to intervene earlier with radioligand

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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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therapy and meaningfully change the course of disease. And, importantly, we didn't see significantly worse side effects with the addition of the drug. Further research is needed to track longer-term outcomes, and we will also be actively looking at other ways of

optimizing response rates.”

“This work is a great example of true collaboration between radiation oncology and nuclear medicine, leveraging theranostics at its best, a mix of imaging and therapy,” Calais added.

The study was funded by Lantheus.

October 2, 2025 By UCLA Health

Source: www.cancerhealth.com/article/new-therapy-delays-progression-recurrent-prostate-cancer

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Prostate Cancer Survivors Over 75: Identity Insights

In a profound exploration of the psychological landscape of prostate cancer survivors, a recent study delves into the unique intersection of advanced age and cancer survivorship. The study, led by researchers Jahnen, Bierwirth, and Meissner, focuses on individuals over the age of 75 who have undergone radical prostatectomy, offering a deep dive into how cancer affects their identity and overall well-being. This area of study is not only vital for understanding the aging population but also crucial for developing tailored support mechanisms that address their specific needs.

The research focuses on a demographic often overlooked in cancer studies: older men who have successfully survived prostate cancer. The most common cancer among men, prostate cancer poses significant emotional and psychological challenges, particularly in the golden years when individuals are already navigating other aspects of aging. The researchers highlight that these men may face a dual struggle—dealing with the ramifications of cancer while also grappling with the effects of aging.

Survivors of prostate cancer often find themselves at a crossroads of identity. The radical prostatectomy, while a potentially life-saving surgery, alters not only physical health but also self-perception. The study reveals that many men experience profound changes in their sense of masculinity and identity post-surgery. The loss of prostate and

its associated functions can leave enduring scars on their psyche, leading to feelings of vulnerability and loss. The researchers argue that mental health considerations are paramount in the survivorship care plan, emphasizing the need for psychological assessments and interventions tailored for older survivors.



Furthermore, the emotional journey of these individuals does not exist in isolation. The study underscores the importance of social support networks for older cancer survivors. This demographic often relies heavily on family members and friends, making familial engagement a vital component in the recovery process. The researchers found that strong family ties can significantly mitigate feelings of isolation and anxiety that many older survivors experience. There is a compelling call for healthcare systems to develop programs that not only treat

the body but also nurture the emotional aspects of survivorship.

The study also addresses the aspect of resilience among older adults facing cancer. Many of the participants exhibited surprising strengths, adapting to their new realities with courage and perseverance. Through interviews and qualitative assessments, the researchers unearthed stories of transformation, where individuals reframed their experiences and found new meaning in life post-diagnosis. This resilience is not only a personal journey but can also serve as a beacon for other seniors navigating similar struggles.

In their findings, the researchers propose a multifaceted approach to survivorship care. They advocate for integrative health strategies that combine traditional medical treatments with psychological well-being initiatives. This holistic view acknowledges that cancer recovery extends beyond the physical realm and emphasizes the social, emotional, and psychological dimensions of health. By doing so, healthcare providers can improve the quality of life for older survivors, offering them a more personalized and compassionate care experience.

Enhanced communication between healthcare providers and older cancer patients is another crucial aspect highlighted by the research. Effective dialogues about the potential impacts of treatment and the adjustments that may

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follow are essential for preparing individuals for life after cancer. The researchers suggest that healthcare professionals should be trained to discuss sensitive topics, such as identity and sexual health, openly with their elderly patients, fostering an environment of trust and openness.

Another significant finding from the study is the variability of experiences among older survivors. Each individual navigates their path to recovery uniquely, shaped by personal background, support systems, and psychological resilience. This individuality underscores the need for personalized care plans that recognize and accommodate the diverse experiences of men who have survived prostate cancer. Tailoring interventions to fit the specific circumstances of each survivor can enhance their treatment experience and promote better health outcomes.

The impact of technology on the lives of older cancer survivors is an additional point of analysis in the study. While some men feel disconnected from modern technology, others find solace and community through online platforms. The

researchers point out that leveraging technology could be instrumental in providing education, support, and resources to older survivors, particularly those who face geographical barriers to in-person care. Creating virtual support groups could bridge the gap for many men who seek connection and understanding from their peers.

Research like this is vital, as it brings to light the nuanced and often complicated realities faced by older cancer survivors. As the population of older adults continues to grow, it becomes increasingly important to address their unique health concerns. The collective insights from this study serve not only to inform healthcare policies but also to inspire further investigations into the long-term effects of cancer survivorship among aging populations.

As society progresses toward a more inclusive understanding of health, it is essential to remember that survivorship is not just about living cancer-free. It encompasses a broader spectrum of experiences that affect an individual's quality of life in profound ways. The conversations sparked by this research will hopefully encourage both the

medical community and society at large to recognize and prioritize the psychological aspects of surviving cancer, especially in the elderly.

In conclusion, the study provides a crucial stepping stone toward a more comprehensive understanding of prostate cancer survivorship in advanced old age. It calls for an ongoing dialogue to break the stigma surrounding cancer, masculinity, and aging, paving the way for improved health services that prioritize the emotional and psychological well-being of older survivors. The integration of these insights into regular clinical practice could lead to more favorable outcomes, ensuring that older adults not only survive cancer but thrive in their post-treatment lives.

by Bioengineer October 7, 2025

Article References:

Jahnen, M., Bierwirth, C., Meissner, V.H. et al. Cancer-related identity and advanced old age – analysis of prostate cancer survivors after radical prostatectomy over the age of 75. *BMC Geriatr* 25, 759 (2025). <https://doi.org/10.1186/s12877-025-06477-5>

Source: <https://bioengineer.org/prostate-cancer-survivors-over-75-identity-insights/>

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Shorter Radiation Improves Patient Experience but not Disease Control for Intermediate-Risk Prostate Cancer

Large trial finds stereotactic radiation preserved quality of life but did not outperform standard course of radiation for disease-free survival.

For patients with intermediate-risk, localized prostate cancer, radiation therapy delivered in five sessions reduced patient-reported side effects compared to longer courses of radiation, according to results of a large, randomized Phase III trial.

Patients treated with stereotactic body radiation therapy (SBRT) reported fewer declines in bowel, urinary and

sexual functioning but were more likely to experience a rise in prostate-specific antigen (PSA). Initial results of the NRG Oncology GU005 trial [were] presented [September 29] at the American Society for Radiation Oncology (ASTRO) Annual Meeting.

“These findings provide important new evidence to help guide treatment decisions for patients with localized prostate cancer, a disease with typically high cure rates and long life expectancy,” said Rodney Ellis, MD, principal investigator of the trial and a professor of radiation oncology at the

University of South Florida/Tampa General Hospital. “The results help clarify what patients can expect from shorter versus longer courses of radiation therapy and enable more personalized treatment decisions based on individual priorities.”

Prostate cancer is the most common solid tumor in male patients. Roughly 70,000 U.S. adults each year are diagnosed with intermediate-risk disease confined to the prostate, for which radiation therapy is a standard treatment option. Historically, patients received

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external beam radiation in 35 to 45 daily sessions over seven to nine weeks, but research over the past decade has established moderately hypofractionated courses of 20 to 28 sessions over four to six weeks as equally effective.

More recently, investigators have tested whether SBRT, which delivers higher doses in as few as five sessions, can further shorten the course of therapy while maintaining high cure rates. SBRT uses advanced imaging and treatment planning techniques to target tumors with extreme precision, minimizing radiation exposure to nearby organs such as the bladder and rectum. The approach offers practical advantages, including fewer visits, less travel and lower average costs, but it requires specialized technology and expertise that may not be widely available.

The NRG-GU005 trial was designed to test whether SBRT would outperform moderately hypofractionated radiation for both cancer control and patient-reported outcomes. Researchers enrolled 698 patients with previously untreated, intermediate-risk localized prostate cancer across multiple centers internationally from 2017 to 2022.

Participants were randomly assigned to receive either SBRT (36.25 Gy in five fractions, n=353) or moderately hypofractionated intensity-modulated radiation therapy (MH-IMRT, 70 Gy in 28 fractions or 60 Gy in 20 fractions, n=345). Co-primary endpoints combined clinical measures of disease control with patient-reported outcomes collected via questionnaires administered at baseline, 12 months and 24 months after treatment to track whether patients experienced clinically meaningful declines in bowel, urinary or sexual functioning.

Fewer patients treated with SBRT reported a clinically meaningful decline in bowel function at two years (34.9% vs. 43.8% with MH-IMRT, p=0.034).

Overall urinary quality of life was equivalent between the groups, but urinary incontinence was less common two years after SBRT (declines for 25.9% vs. 34.7% with MH-IMRT, p=0.023). Sexual function scores favored SBRT at one year (34% vs. 44%, respectively, p=0.026) but were similar at two years (43 vs. 41%, p=0.67).

Regarding disease-free survival, 88.6% of patients in the SBRT group were free from disease progression after three years, compared to 92.1% receiving longer courses of radiation. The difference was driven mainly by higher rates of biochemical failure, or rising PSA after treatment, in the SBRT arm (7.8% vs. 4.2%, p=0.037).

“The PSA findings require careful interpretation,” noted Dr. Ellis. “With treatments involving larger doses per fraction, patients can experience temporary PSA elevations, or ‘benign bounces,’ that resolve over time. We need five-year follow-up to determine whether these elevations translate into actual disease progression.”

The GU005 trial used a lower total SBRT dose than other recent studies (36.25 vs. 40 Gy), which Dr. Ellis said may alternatively explain the higher rate of PSA progression. By comparison, the PACE-B trial, reported at ASTRO in 2023, found equivalent cancer control with the higher dose, though with increased bowel side effects. Longer follow-up from GU005 will help clarify whether the lower dose affects long-term outcomes.

Local recurrence rates did not differ between the arms (1.2% SBRT vs. 1.0% MH-IMRT at 3 years, p=0.97), and three-year overall survival was equally high at 97% in each group (p=0.62). Severe genitourinary complications were rare with either treatment, though less common with SBRT (0.6% vs. 2.5%, p=0.04).

The study also found that rectal spacers, which are gel-like devices that temporarily separate the rectum from the radiation field, appeared to reduce bowel side effects in both treatment groups when used (in 56% of patients on the SBRT arm and 55% on the IMRT arm).

Dr. Ellis said future research will address SBRT’s potential for patients with higher-risk disease and test additional strategies to further reduce side effects while maintaining survival outcomes. For now, he said patients with intermediate-risk prostate cancer have clearer information to guide their treatment decisions: more convenient treatment with better quality of life outcomes, or longer therapy courses with potentially stronger biochemical cancer control.

“Patients have different priorities and values when it comes to their care,” Dr. Ellis noted. “Some may prioritize convenience and minimizing impact on daily life, while others focus primarily on achieving the strongest possible cancer control measures. These results help inform those deeply personal decisions.”

Study and Presentation Details

Abstract 1: Primary results from NRG-GU005: A phase III Trial of SBRT vs. hypofractionated IMRT for localized intermediate risk prostate cancer.

Dr. Ellis’ bio and disclosures.

The NRG-GU005 trial (NCT03367702) was conducted by NRG Oncology with support from the National Cancer Institute and the National Institutes of Health.

By American Society for Radiation Oncology

October 13, 2025

Source: www.cancerhealth.com/article/shorter-radiation-improves-patient-experience-disease-control-intermediaterisk-prostate-cancer

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Recommended exercise leads to 'fairly profound' mortality reduction for cancer survivors

For individuals diagnosed with cancer, guideline-concordant exercise reduced all-cause mortality by 25% compared with patients with cancer who did not exercise, study results published in *Journal of Clinical Oncology* showed.

The analysis, led by exercise scientist Lee W. Jones, PhD, chief of Memorial Sloan Kettering Cancer Center's Exercise Oncology Service, reported a difference in median survival time of about 5 years for those who exercised vs. non-exercisers after a cancer diagnosis.

Quote from Lee W. Jones, PhD
 “When we talk to individuals who have been diagnosed with cancer and cancer survivors, one of the most common questions is, ‘What can I do that can potentially impact not only how I respond to treatment, but also minimize the chances of this disease coming back?’” Jones told Healio. “People know that cancer typically will have a negative impact on how long they might live, and they are very interested in what they can do — beyond traditional cancer approaches — to live as long as they can with the best quality of life.”

Jones spoke with Healio about the motivations for this study, its findings, and his hopes for its long-term impact on cancer care and survivorship.

Healio: What inspired you to conduct this study?

Jones: There haven't been many studies on this topic, and the studies that have been done are quite small and focused on one cancer type at a time. So, there hasn't been a comprehensive assessment of this question across all different types of cancers. We had an opportunity to work with a robust dataset in the context of the Prostate, Lung, Colorectal and Ovarian Cancer (PLCO) screening trial that was done

many years ago. This is publicly available data — the only difference is, I went in and looked at the data available on individuals diagnosed with cancer. It turned out there were over 11,000 individuals with follow-up data. We could also look at the relationship not only between exercise and overall survival, but also cause-specific survival, which is very important.

Healio: How did you identify and assess this patient population?

Jones: Part of the PLCO screening trial looked at the effect of screening on cancer mortality. This was a very large study with approximately 140,000 individuals. Of course, over a period of 20 years, many of those individuals were diagnosed with cancer. In this particular study, the participants were sent a survey about 9 years after they enrolled. It asked various questions, including those about exercise.

We knew it was likely that quite a few individuals were diagnosed with cancer who had also completed this questionnaire, so we went through the database and extracted that data. This is where the 11,000 or so individuals came from, and they represented a broad range of cancers. This was not just breast cancer or prostate cancer — it included 19 different types of cancer. This allowed us to take a pan-cancer approach to our analysis.

In the context of this study, the exercise exposure was self-reported exercise.

These were individuals who were reporting how much exercise they had done in the past and how much exercise they were doing currently. We had to rely on people's honesty and accurate recall. However, I think these questionnaires are good at determining whether a person is exercising or not. From that, we could then determine how many were meeting the current national guidelines vs. those who

weren't. Then we looked at things like overall survival and cancer-specific survival after controlling for these other potential confounders.

Healio: What did you find?

Jones: In terms of overall survival, we found there was a significant benefit from being a regular exerciser according to the guidelines vs. not exercising (not meeting guidelines). Compared with not exercising, exercise consistent with guidelines was associated with a significant decrease in the risk for all-cause mortality, which was derived from a reduction in the risk for dying of cancer and dying of other, non-cancer-related causes.

You could say that is to be expected, but there's a bit of a difference between individuals who have been diagnosed with cancer vs. the general population. It's a different circumstance. There is often a perception that when a patient is diagnosed with cancer, the treatments can have an effect, but that there's not much they can do beyond that. I believe these results show that if you exercise, it can have an impact on overall survival. The survival benefit was about a 5-year additional survival benefit. In other words, looking at median survival in those who didn't exercise, the survival was about 14 years, whereas for those who did exercise it was 19 years. That's profound — if a drug demonstrated that kind of impact, it would be major news.

The caveat, of course, is that this was not a randomized trial. We weren't assigning individuals to exercise vs. not. It's an association; it's not causality. However, it's a strong signal and gives us confidence now to move forward with randomized trials to see if we can replicate that benefit.

It was also very encouraging to see that

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the overall benefit was significant in most of the cancers we studied, which is encouraging for individuals diagnosed not only with breast cancer, but maybe liver cancer or colorectal cancer. There was a profound overall survival benefit that was consistent across cancers.

Healio: Why was the decrease in all-cause mortality especially encouraging?

Jones: Something we tend to forget about individuals diagnosed with cancer is that they're at increased risk for recurrence, but they are also at increased risk for dying of something else, such as cardiovascular disease. We've studied this issue for a long time. We know that although cancer treatments are effective at slowing tumor growth, they also have detrimental effects on other organs in the body, such as the heart and lungs. Additionally, cancer survivors have a 30% increased risk for developing cardiovascular disease.

If you think about all the drugs we test, what are we concerned about? We are interested in the efficacy of the drugs, of course, but we are also concerned about the potential toxicity. It's always that balance of efficacy vs. toxicity. Many cancer drugs have a cancer-specific benefit, but then toxicities overtake or attenuate that progress. The result is that the overall survival benefit can often end up being lower than anticipated.

So, with something like exercise, we get a double whammy. What's novel is that these patients not only appear to get a cancer-specific benefit, but they also receive cardiovascular benefits as well. When you put those things together, you get a fairly profound overall survival benefit.



Healio: How do you hope these findings will impact the way exercise is recommended for patients with cancer?

Jones: There is a viewpoint that because guidelines are in place recommending exercise for these patients that we've done everything we need to do. I don't believe that is the case at all. Just because there are guidelines in place doesn't mean that oncologists or other oncology providers are now recommending exercise to their patients. One reason they might not is because of the level of evidence. I hope that although these guidelines are in place, this study and others like it can further confirm their value.

The current guidelines haven't been driven by a survival benefit — they're

driven by exercise as a beneficial effect on things like quality of life and fatigue. In oncology, what moves the needle is being able to improve these hard clinical endpoints. This isn't to say that quality of life and fatigue aren't important, but when it comes to clinical recommendations, we typically make them based on hard clinical benefit. Although these data are observational, I would hope that this association with overall survival benefit would encourage more clinicians to recommend exercise to individuals with cancer. The findings reinforce that the guidelines are important and have merit. I hope these results encourage more oncologists and oncology professionals to apply those guidelines.

Healio: Is there anything else you'd like to mention?

Jones: We must keep in mind that this is association data, not causality. It's always important to emphasize that although these data show that there might be a signal, we now need to prove this in randomized, controlled trials. That's something we hope to discuss a few years from now.

Source:

Healio Interviews November 30, 2023

Reference:

Lavery JA, et al. J Clin Oncol. 2023; doi:10.1200/JCO.23.00058.

For more information :

Lee W. Jones, PhD, can be reached at Memorial Sloan Kettering Cancer Center, 1275 York Ave., New York, NY 10065; email: jonesl3@mskcc.org.

Published by:
hemonc today

Source: www.healio.com/news/hematology-oncology/20231130/recommended-exercise-yields-fairly-profound-decrease-in-mortality-for-cancer-survivors

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FUTURE MEETINGS

2025

17 Dec. : No meeting in December.
Enjoy the holiday season.

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2026

21 Jan. : TBA

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