

What's New In Prostate Cancer Research And Treatment?

Research into the causes, prevention, detection, and treatment of prostate is going on in many medical centers throughout the world.

Genetics

New research on genes linked to prostate cancer is helping scientists better understand how prostate cancer develops. This research will help provide answers about the genetic changes that lead to prostate cancer. This could make it possible to design

medicines to target those changes. Tests to find abnormal prostate cancer genes could also help identify men at high risk who would benefit from more intensive screening or from chemoprevention trials, which use drugs to try to keep them from getting cancer.

Recently, a mutation in a gene called HOXB13 has been linked to early onset prostate cancer that runs in families. This mutation is rare, though, found in less than 2% of the men with

prostate cancer that were studied.

The HOXB13 gene and most of the genes that have been studied so far are from chromosomes that are inherited from both parents. Some research has found that a certain variant of mitochondrial DNA, which is inherited only from a person's mother, might double or even triple a man's risk of developing prostate cancer.

One of the biggest problems now

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Thanks!

Next meeting: January 16, 2014
Jodi Hyman, RH, BScN, CON(C)

Topic: Wake-up:

Cancer Related Fatigue

Location: Main Floor Auditorium
Seven Oaks General Hospital

Leila and McPhillips

Time: 7 to 9 p.m.



The Manitoba Prostate Cancer Support Group does not recommend treatment modalities, medications, or physicians.

Thought of The Day

A dog gave birth to puppies near the edge of the road and was cited for littering.

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facing men with prostate cancer and their doctors is figuring out which cancers are likely to stay within the gland and which are more likely to grow and spread (and definitely need treatment). New discoveries may help with this in the near future. For example, the product of a gene known as EZH2 seems to appear more often in advanced prostate cancers than in those at an early stage. Researchers are now trying to decide whether the presence of this gene product, or others, indicates that a cancer is more aggressive. This could eventually help tell which men need treatment and which might be better served by active surveillance.

Prevention

Researchers continue to look for foods (or substances in them) that can help lower prostate cancer risk. Scientists have found some substances in tomatoes (lycopenes) and soybeans (isoflavones) that might help prevent prostate cancer. Studies are now looking at the possible effects of these compounds more closely. Scientists are also trying to develop related compounds that are even more potent and might be used as dietary supplements. So far, most research suggests that a balanced diet including these foods as well as other fruits and vegetables is of greater benefit than taking these substances as dietary supplements.

Some studies have suggested that certain vitamin and mineral supplements (such as vitamin E and selenium) might lower prostate cancer risk. But a large study of this issue, called the Selenium and Vitamin E Cancer Prevention Trial (SELECT), found that neither vitamin E nor selenium supplements lowered prostate cancer risk after daily use for about 5 years. In fact, men taking the vitamin E supplements were later

found to have a slightly higher risk of prostate cancer.

Another vitamin that may be important is vitamin D. Recent studies have found that men with high levels of vitamin D seem to have a lower risk of developing the more lethal forms of prostate cancer. Overall though, studies have not found that vitamin D protects against prostate cancer.

Many people assume that vitamins and other natural substances cause no harm, but recent research has shown that high doses may be harmful, including those supplements marketed specifically for prostate cancer. For example, one study found that men who take more than 7



an increased risk of developing advanced prostate cancer.

Another study showed a higher risk of prostate

cancer in men who had high blood levels of omega-3 fatty acids. Fish oil capsules, which some people take to help with their heart, contain large amounts of omega-3 fatty acids.

Scientists have also tested certain hormonal medicines called 5-alpha reductase inhibitors as a way of reducing prostate cancer risk.

Early detection

Doctors agree that the prostate-specific antigen (PSA) blood test is not a perfect test for finding prostate cancer early. It misses some cancers, and in other cases it is elevated when cancer isn't present. Researchers are working on two strategies to address this problem.

One approach is to try to improve on the

test that measures the total PSA level, as described in the section "Can prostate cancer be found early?" The percent-free PSA is one way to do this, although it requires two separate tests. Another option might be to measure only the "complexed" PSA (the portion of PSA that is not "free") to begin with, instead of the total and free PSA. This one test could give the same amount of information as the other two done separately. Studies are now under way to see if this test provides the same level of accuracy.

The other approach is to develop new tests based on other tumor markers. Several newer blood tests seem to be more accurate than the PSA test, based on early studies. Early results have been promising, but these and other new tests are not yet available outside of research labs and will need more study before they are widely used to test for prostate cancer.

Other new tests being studied are urine tests. One test, called Progenesa®, looks at the level of prostate cancer antigen 3 (PCA3) in the urine. The higher the level, the more likely that prostate cancer is present. In studies, it was used along with the PSA test.

Another test looks for an abnormal gene change called TMPRSS2:ERG in prostate cells. The cells to be tested are found in urine collected after a rectal exam. This gene change is found in about half of all localized prostate cancers. It is rarely found in the cells of men without prostate cancer. Studies are under way to develop this into a test for early detection of prostate cancer.

Diagnosis

Doctors doing prostate biopsies often rely on transrectal ultrasound (TRUS), which creates black and white images of the prostate using sound waves, to

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know where to take samples from. But standard ultrasound may not detect some areas containing cancer.

A newer approach is to measure blood flow within the gland using a technique called color Doppler ultrasound. (Tumors often have more blood vessels around them than normal tissue.) It may make prostate biopsies more accurate by helping to ensure the right part of the gland is sampled.

An even newer technique may enhance color Doppler further. It involves first injecting the patient with a contrast agent containing microbubbles. Promising results have been reported, but more studies will be needed before its use becomes common. This test is currently only available as a part of a clinical trial.

Doctors are also studying whether MRI can be used to help guide prostate biopsies in men who previously had negative TRUS-guided biopsies but when the doctor still suspects cancer.

Staging

Staging plays a key role in deciding which treatment options a man may be eligible for. But imaging tests for prostate cancer such as CT and MRI scans can't detect all cancers, especially small areas of cancer in lymph nodes.

A newer method, called enhanced MRI, may help find lymph nodes that contain cancer. Patients first have a standard MRI. They are then injected with tiny magnetic particles and have another scan done the next day. Differences between the 2 scans point to possible cancer cells in the lymph nodes. Early results of this technique are promising, but it needs more research before it becomes widely used.

A newer type of positron-emission tomography PET scan that uses radioactive carbon acetate instead of

labeled glucose (sugar) may also be helpful in detecting prostate cancer in different parts of the body, as well as helping to determine if treatment has been effective. Studies of this technique are now in progress.

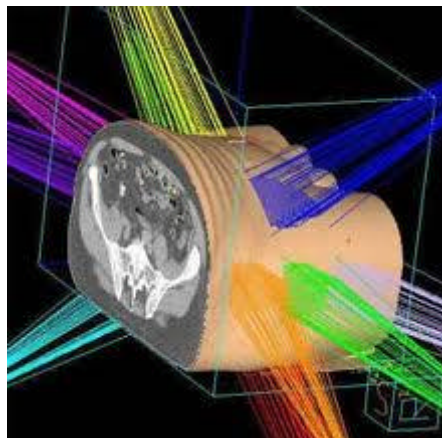
Treatment: Newer treatments are being developed, and improvements are being made among many standard prostate cancer treatment methods.

Surgery

If the nerves that control erections (which run along either side of the prostate) must be removed during the operation, a man will become impotent. Some doctors are now exploring the use of nerve grafts to replace cut nerves and restore potency. These grafts could be nerves removed from other parts of the body or something artificial. This is still considered an experimental technique, and not all doctors agree as to its usefulness. Further study is under way.

Radiation therapy

As described in the section "Radiation therapy for prostate cancer," advances in technology are making it possible to



aim radiation more precisely than in the past. Currently used methods such as conformal radiation therapy (CRT), intensity modulated radiation therapy (IMRT), and proton beam radiation allow doctors to treat only the prostate

gland and avoid radiation to normal tissues as much as possible. These methods are expected to increase the effectiveness of radiation therapy while reducing the side effects. Studies are being done to find out which radiation techniques are best suited for specific groups of patients with prostate cancer. Technology is making other forms of radiation therapy more effective as well. New computer programs allow doctors to better plan the radiation doses and approaches for both external radiation therapy and brachytherapy. Planning for brachytherapy can now even be done during the procedure (intraoperatively).

Newer treatments for early stage cancers

Researchers are looking at newer forms of treatment for early stage prostate cancer. These new treatments could be used either as the first type of treatment or after radiation therapy in cases where it was not successful.

One treatment, known as high-intensity focused ultrasound (HIFU), destroys cancer cells by heating them with highly focused ultrasonic beams. This treatment has been used more in Europe, but it is not available outside of clinical trials in the United States at this time. Studies are now under way to determine its safety and effectiveness.

Nutrition and lifestyle changes

One early study has found that in men with a rising PSA level after surgery or radiation therapy, drinking pomegranate juice seemed to slow the time it took the PSA level to double. Larger

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studies are now trying to confirm these results.

Some encouraging early results have also been reported with flaxseed supplements. One small study in men with early prostate cancer found that daily flaxseed seemed to slow the rate at which prostate cancer cells multiplied. More research is needed to confirm this finding.

Another study found that men who chose not to have treatment for their localized prostate cancer may be able to slow its growth with intensive lifestyle changes. The men ate a vegan diet (no meat, fish, eggs, or dairy products) and exercised frequently. They also took part in support groups and yoga. After one year the men saw, on average, a slight drop in their PSA level. It isn't known if this effect will last since the report only followed the men for 1 year. The regimen may also be hard to follow for some men. A recent study showed that giving soy supplements after surgery (radical prostatectomy) for prostate cancer did not lower the risk of the cancer coming back.

Hormone therapy

Several newer forms of hormone therapy have been developed in recent years. Some of these may be helpful even if standard forms of hormone therapy are no longer working. Some examples include abiraterone (Zytiga) and enzalutamide (Xtandi), which described in the section "Hormone therapy for prostate cancer."

Another new drug being studied, known as orteronel, works in a similar way to abiraterone. This drug may target CYP17 more precisely, which may do away with the need for taking a steroid drug such as prednisone along with treatment. Orteronel is only

available in clinical trials at this time.

5-alpha reductase inhibitors, such as finasteride (Proscar) and dutasteride (Avodart), are drugs that block the conversion of testosterone to the more active dihydrotestosterone (DHT). These drugs are normally used to shrink the prostate in men with benign prostatic hyperplasia. They are also being studied to treat prostate cancer, either to supplement active surveillance or if the PSA level rises after prostatectomy.

Chemotherapy

Studies in recent years have shown that many chemotherapy drugs can affect prostate cancer. Some, such as docetaxel (Taxotere) and cabazitaxel (Jevtana) have been shown to help men



live longer. Other new chemo drugs and combinations of drugs are now being studied.

Immunotherapy

Vaccines

Several types of vaccines for boosting the body's immune response to prostate cancer cells are being tested in clinical trials. Unlike vaccines against infections like measles or mumps, these vaccines are designed to help treat, not prevent, prostate cancer. One possible advantage of these types of treatments is that they seem to have very limited side effects. An example of this type of vaccine is sipuleucel-T (Provenge), which has received FDA approval.

Another prostate cancer vaccine

(PROSTVAC-VF) uses a virus that has been genetically modified to contain prostate-specific antigen (PSA). The patient's immune system should respond to the virus and begin to recognize and destroy cancer cells containing PSA. Early results with this vaccine have been promising. Several other prostate cancer vaccines are also in development.

Other drugs

A drug called ipilimumab (Yervoy) targets certain white blood cells that help control the immune system. This drug is used to treat advanced melanoma, and is being tested in men with advanced prostate cancer.

Targeted therapy drugs

Targeted therapy is a newer type of cancer treatment that uses drugs or other substances to identify and attack cancer cells while doing little damage to normal cells. These therapies attack the cancer cells' inner workings -- the programming that makes them different from normal, healthy cells. Each type of targeted therapy works differently, but all alter the way a cancer cell grows, divides, repairs itself, or interacts with other cells.

Cabozantinib (Cometriq™, also known as XL184) is a new drug that targets the MET protein, as well as having an effect on angiogenesis by targeting the VEGFR protein. In early studies, this drug was found to make bone tumors get smaller or even go away on imaging scans in many men whose prostate cancer was no longer responding to hormones. Cabozantinib also helped stop tumor growth (outside the bones) and improved pain. The effect lasted an average of about 6 months. It's not yet clear if the drug can help men live longer.

Angiogenesis inhibitors

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Growth of prostate cancer tumors depends on growth of new blood vessels (angiogenesis) to nourish the cancer cells. Looking at angiogenesis in prostate cancer specimens may help predict treatment outcomes. Cancers that stimulate many new vessels to grow are harder to treat and have a poorer outlook.

New drugs are being studied that may be useful in stopping prostate cancer growth by keeping new blood vessels from forming. Several anti-angiogenic drugs have been tested in clinical trials. One of these is thalidomide (Thalomid®), which has been approved by the FDA to treat patients with multiple myeloma. It was combined with chemotherapy in an early phase study of men with advanced prostate cancer. It has also been studied to see if it could help hormone therapy work better. While promising, this drug can cause major side effects, including nerve damage and serious blood clots. Treating spread of cancer to the bones

Doctors are studying the use of radiofrequency ablation (RFA) to help control pain in men whose prostate cancer has spread to one or more areas in the bones. During RFA, the doctor uses a CT scan or ultrasound to guide a small metal probe into the area of the tumor. A high frequency current passed through the probe heats and destroys the tumor. RFA has been used for many years to treat tumors in other organs such as the liver, but its use in treating bone pain is still fairly new. Still, early results are promising.

Source: American Cancer Society

Last Revised: 08/26/2013

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Digital Rectal Exam Remains Important Part Of Prostate Screening

Source: eurekaalert.org March 2013

The digital rectal exam is an important screening test that can discover prostate cancer that a prostate-specific antigen or PSA test may not, despite the higher sensitivity of the PSA test, according to Penn State College of Medicine researchers.

The digital rectal examination is a procedure where a physician feels the surface of the prostate with a gloved finger. The doctor is able to feel any lumps or hard areas on the prostate.

A PSA test checks for levels of prostate-specific antigen in the blood, with higher levels signalling potential cancer. As men age, the acceptable PSA level increases.

"Prostate cancer is the most common cancer in men, accounting for over 28,000 deaths yearly," said Jay Raman, M.D., associate professor of surgery. "Improvements in screening methodology and refinements in cancer care have contributed, in part, to a reduction in recent mortality rates."

An elevated PSA level or an abnormality found on the prostate during the digital rectal exam typically leads to the recommendation of prostate needle biopsy, the most accurate diagnostic technique. Elevated PSA levels have been shown to more accurately predict a positive cancer biopsy result than the rectal exam. The digital rectal exam has been considered less precise because of the variability in of who is administering the test and the experience of that person, and the incorrect positives associated with noncancerous abnormalities.

Other studies have shown the PSA test to be more sensitive and specific than the digital rectal exam, especially at low PSA levels. However, no study to the researchers' knowledge has looked at the effectiveness of the digital rectal

exam when compared to age-adjusted PSA levels.

Penn State Hershey researchers studied 806 men from September 2001 to December 2008 to see how the initial testing lined up with the results of their biopsies.

In the group of men studied, half had elevated PSA levels and 36 percent had an abnormal digital rectal exam (with or without an elevated PSA). The biopsy diagnosed 306 of the men as having prostate cancer. Of that number, 136 of the men had an abnormal digital rectal exam finding.

Most importantly, 43 of the 136 men who had an abnormal digital rectal exam showed a normal PSA level for their age. While 14 percent of all patients with prostate cancer had an abnormal digital rectal exam, 31 percent of these men had normal PSA levels for their age.

"It is important to acknowledge that age-specific PSA cutoffs contribute some limitations in prostate cancer screening," Raman said. "In particular, while age-specific thresholds increase the sensitivity in younger men, these same cut-off values lower the sensitivity in older men."

Because the acceptable PSA level is increased for older men, it is possible that prostate cancer is being missed if only the PSA test is used.

"Our study confirms that the digital rectal exam remains an important part of screening such patients because 31 percent of cancers in our study would have been missed by using age-specific PSA cutoffs alone," Raman said.

Researchers published their findings in *The Canadian Journal of Urology*.

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5 Ways to Prevent Unnecessary Treatment for PCa

Now that U.S.A. government panels and medical associations no longer recommend PSA testing, consider this: in the 1980s, before PSA testing, 50,000 men died annually from prostate cancer. In the 1990s, with PSA testing, 30,000 died annually. PSA testing saved 20,000 men each year (about 25,000 now) from slow, painful deaths from prostate cancer. And they are telling us to stop doing this test?

Prostate cancer is the second leading cause of cancer death in men. PSA testing, which measures the level of prostate-specific antigen in the blood, is our only reliable early-warning method. A PSA level above 4 ng/ml is considered high and may be a sign of prostate cancer. The problem is, PSA is nonspecific. Yet doctors often rush men with an elevated PSA to prostate biopsy. If the biopsy shows cancer, even a low-grade one, many doctors recommend aggressive surgery or radiation, with their serious long-term side effects, even when treatment isn't really needed.

Consider: 50,000 prostatectomies are performed each year for prostate cancer, yet 40,000 of these surgeries are unnecessary. The numbers are similar for radiation therapy.

This is why mainstream medicine has retreated from routine PSA testing. Retreating into the past, meaning 25,000 additional prostate cancer deaths a year, isn't the answer. Here is what you can do to protect yourself from undiagnosed prostate cancer as well as from overzealous doctors recommending unnecessary treatment.

1. Men over 50 should continue to get annual PSA testing. Men at greatest risk are African-Americans or those with a blood relative with prostate cancer. Begin PSA testing at 40.

2. Always get a repeat PSA. An elevated PSA does not always mean prostate cancer. Common causes of elevated PSA include an enlarged prostate or prostate infection. Orgasm within 48 hours before PSA testing can cause an elevated result. So can pressure on the prostate caused by biking or an exercise bike. Laboratory error can occur. Many doctors aren't aware of these factors.

3. Make sure you really need a biopsy. Biopsies are important to verify that you actually have prostate cancer and to identify the aggressiveness. However, of the 1.2 million biopsies done annually in the US, half aren't necessary. And biopsies can cause problems: 4 percent of men biopsied require hospitalization for infection or bleeding.

4. Learn about new technologies, which can help you avoid a biopsy you don't need. The multiparametric, 3.0 Tesla MRI, now available at a handful of top medical centers, can identify suspicious areas that might warrant a biopsy. If none exist, a biopsy can be avoided. Some institutions are now using MRI to direct biopsy needles, providing a "targeted biopsy," far more accurate than the random biopsies we do now. Color doppler ultrasound is another technique that can see into the prostate. A couple dozen doctors in the US use this method to identify areas of concern and to guide biopsy needles.

5. Educate yourself on new treatments. These diagnostic methods facilitate a spectrum of new treatments. Previously, our choices were to cut out or fry the entire prostate, or just wait and see. Now, with MRI guidance, new treatments such as cryosurgery (freezing), high-intensity focused ultrasound (heat), and focal laser ablation can be used to remove half of the prostate or to perform local treatment, like the lumpectomy some women get for localized breast cancer. The new tests also make active surveillance an effective and attractive choice for some men.

Rather than retreating from PSA testing and causing 25,000 additional deaths from prostate cancer each year, we can keep PSA testing for early warning — and also apply the new technologies we already have to avoid biopsies, surgery, and radiation treatment when they are not really needed.

Source: care2.com August 2013

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Reactions To Being Diagnosed With Cancer

A cancer diagnosis can affect much more than the physical body. It can also affect emotions and relationships. Your emotions can be very strong, conflicting or disturbing. They may come and go quickly, and they may change often. For many people, life is not the same after a cancer diagnosis.

People respond to a diagnosis in different ways. You may have many questions when you first find out that you have cancer. You may feel shocked, overwhelmed, devastated, numb, afraid or angry, or you may not believe it.

A cancer diagnosis can raise fears. You may worry about death, changes to your body, painful treatments or feeling sick. You may also worry about how your friends and family will react and how to cope with day-to-day tasks, work or finances.

Some people feel alone, even if friends and family are with them. Others feel like they're watching things happen to someone else. Some people find it hard to understand what the doctor is telling them, and they need to be told the same information many times.

All of these responses are normal. It's also normal for similar feelings and fears to come up a number of times throughout your cancer journey.

Why is this happening?

It's normal to wonder why you or someone you care for has cancer. No one knows why. Cancer is a complex disease, and it is often impossible to know why things happen the way they do. You may struggle with this throughout your cancer journey.

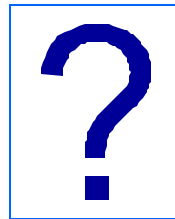
It might help to remember that knowing "why" will not change the course of the illness. And continuing to wonder may get in the way of your ability to cope. Your valuable energy could be better used to help you and

your family deal with the disease. Try to focus on the present and how to best deal with the situation ahead. If you're having trouble with this, it may help to talk to a counsellor or someone on your healthcare team.

Will there be pain?

Almost everyone worries that cancer or cancer treatment will be painful. While some people do experience pain, they may have pain only once in a while. Some people don't have any pain at all. There are many ways to control and prevent pain, so living with cancer does not have to mean living with pain. If you are worried about pain, or if you are in pain, tell someone on your healthcare team. They are there to help you.

Feeling anxious or sad can sometimes make you more sensitive to pain or make pain seem worse. Learning to cope with these emotions may help lessen your pain and improve your mood. Finding ways to manage pain may make it easier to cope with your emotions.



Will I die?

When first diagnosed, many people with cancer and their families think about the possibility of dying of cancer. This is a normal reaction. These kinds of thoughts can be overwhelming, especially at first. Over time, as the reality of day-to-day life with the disease settles in, many people begin to think instead about living with cancer. This change of focus can help you find the strength and resources to cope with the challenges of the disease.

Will I have to wait for treatment?

Once you've been diagnosed, it's normal to feel that treatment should start right away. You may worry that extra tests and appointments will take too much time. You may feel like you need to make a decision about treatment right away.

Waiting for treatment to start isn't easy. Your healthcare team can usually give some idea of how long the tests will take. In most cases, there is time to gather information, talk with your healthcare team and make decisions about which treatment is best for you.

How can I cope?

Each person copes with cancer differently. Time and practice can help you adjust to your new normal.

These tips may help you cope:

- Learn about the type of cancer you have and how it is treated. Getting involved can help give you a sense of control over what's happening.
- Express your feelings. Talk to a trusted friend or family member, keep a journal or blog or express yourself through music, painting or drawing.
- Take care of yourself. Take time to do something you enjoy every day. This might be as simple as spending time with a special friend, preparing your favourite meal or listening to your favourite music.
- Exercise if you feel up to it and your doctor agrees that it's okay.
- Reach out to others. Friends, family or a support group can help you feel that you're not alone on your cancer journey.
- Try to keep a positive attitude. Staying hopeful can improve the quality of your life through your cancer journey. Being positive can be different for different people. It does not mean you have to be happy and cheerful all the time. It is positive to just be aware and accept your feelings, even if you are worried, depressed or angry.

Source: Canadian Cancer Society

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The Manitoba Prostate Cancer Support Group has been providing services for 20 years:

Newsletter – Website - Monthly Meetings - Hospital visits - Presentations

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*A tax deductible receipt will be issued. Charity number: 88907 1882 RR001

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.

Bingo !

A big thank-you goes out to the following members for volunteering to assist us in working at a Community Services bingo. The Club Regent Casino bingo is one of the fundraisers that our Support Group participates in - courtesy of the Manitoba Community Services Council. The money generated goes towards paying for the 1075 newsletters we print and distribute every month.



Board member, **Mike Talgoy**, has done a great job in organizing and running this project. He says, "It is extremely easy work – if you can even call it that. The biggest action was cleaning up the used bingo sheets after a game was over". Even if it was "easy work" we thank him for volunteering his time and getting the job done!

Special thanks also to the other workers:

John and Maureen Shinnimin, Ron Higham, Don Sterry, Alfred Laser, and Brian Sprott.

Email - manpros@mts.net

ALL MEMBER INFORMATION IS KEPT CONFIDENTIAL

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MEETINGS

January 16, 2014

Jodi Hyman RN, BScN,CON(C)

Wake up: Cancer Related Fatigue.

February 20, 2014

Dr. Harvey Quon, Radiation Oncologist

Intimate Fire-side chat on Radiation Options and Fractionation in Winnipeg.

March 20, 2014

TBA

All meetings are held at
Seven Oaks General Hospital Auditorium
7-9 p.m.
Everyone welcome

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