

Canadian Partnership Against Cancer

Prostate Cancer Control in Canada: A system performance spotlight report - November 2015

Executive Summary

Prostate cancer is the most commonly diagnosed cancer affecting Canadian men. One in eight men will be diagnosed with this disease in their lifetime. Men who receive a diagnosis of prostate cancer face considerable anxiety, especially when it comes to their treatment options. This is

exacerbated by the fact that while many prostate cancer tumours are slow-growing and may not require immediate treatment, others can be quite aggressive requiring prompt surgery and/or radiation and systemic therapy.

For this and other reasons, caring for men with prostate cancer is challenging. While surgery, chemotherapy, radiation and hormonal therapy can all be effective in targeting the tumour, the potential side effects of

treatment, such as urinary incontinence and sexual dysfunction can significantly affect men's quality of life, even as they survive their disease.

Research has improved the understanding of factors that help inform choices about treatment. Clinicians are better able to predict how likely it is that a specific cancer will respond to treatment, and to determine men's risk for recurrence of the disease after treatment. But despite these and

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Medical Advisors

Paul Daeninck M.D.
Medical Oncologist

Darrel Drachenberg
M.D. Urologist

Graham Glezerson
M.D. Urologist

Ross MacMahon
M.D. Urologist

John Milner
M.D. Urologist

Jeff Sisler M.D.
Family Practitioner

Thanks!

Next Meeting: February 18, 2016

Dr. J. Saranchuk, Urologist,
Med. Dir. Prostate Centre

Topic: Prostate Cancer:
Addressing Today's Issues.

Location: Wellness Centre, Room 4,
Seven Oaks General Hospital

Time: 7:00 General discussion
8:00 Guest Speaker



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

MPCSG – active since 1992.

Thought of The Day

The smallest deed surpasses the greatest intention.

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other advances, prostate cancer is still the third leading cause of cancer deaths in Canada. Until now, there had been little comparable pan-Canadian information available on how well cancer systems across the country are doing with regards to diagnosing, treating and providing follow-up and supportive care to prostate cancer patients. The 2015 *Prostate Cancer Control in Canada: A System Performance Spotlight Report* sheds light on specific topics relevant to the control and management of prostate cancer across the country. It also includes the Special Feature, *Reflections of Canadian Men with Prostate Cancer*, and considers the person-centred perspective throughout the dimensions of the cancer control continuum—from diagnosis and treatment through survivorship and palliative care.

The report was produced in close collaboration with partners at the national, provincial and territorial levels. Provincial cancer agencies and programs provided the data needed to develop and calculate many of the indicators included in the report. A number of prostate cancer survivors and family members from across the country brought their own unique experiences and perspectives to the panel's deliberations.

Results Highlights

Burden and Outcomes:

Prostate cancer incidence rates appear to have declined slightly since 1992, although the decline is not statistically significant. Prostate cancer incidence was highest in men aged 65-79, which may reflect higher rates of prostate-specific antigen (PSA) testing for men in this age group.

Mortality rates, on the other hand, have declined significantly since 1992. Mortality was highest in men over the age of 80.

The causes of prostate cancer are not fully understood. To date, the only well-established risk factors are age, family history and ethnicity.

Currently, there is a lack of consensus on the role of PSA testing in reducing prostate cancer mortality and wide variation in the interpretation of existing evidence. As such, no population screening programs for prostate cancer exist in Canada. Several Canadian organizations recommend using an informed decision-making approach to PSA testing, in which each man's preferences and risk profile are considered and he makes an informed choice given the potential harms and benefits.

The latest survey results suggest that, depending on the province or territory, 15.8% to 35.5% of men aged 35 and older self-reported undergoing a PSA test in the last year. PSA testing was more common among older men aged 65 - 79. In this age group, 50.4% of men reported undergoing a PSA test in the last year, compared to 34.2% of those aged 50-64.

Diagnosis and Staging:

Prostate cancer was most commonly diagnosed at Stage II and least commonly at Stage IV.

Most men with prostate cancer were categorized as low or intermediate-risk. Overall, the proportion of men with localized prostate cancer who had higher-risk disease at diagnosis increased with increasing age at diagnosis. 72.0% of men over age 80 were classified as high-risk compared to 12.0% in the 35 - 49 age group.

There was interprovincial variation in the age-standardized incidence rates by risk level. Incidence rates for low-risk disease ranged from the 22.2 cases in British Columbia to 124.6 cases (both per 100,000) in Prince Edward Island. For high-risk disease, the incidence

rates ranged from 44.5 cases in New Brunswick to 88.5 cases (both per 100,000) in **Manitoba**. At least some of this variation could be due to data inconsistencies between provinces in the prognostic information used to derive risk.

Treatment:

In the 2010 diagnosis year, surgical resection by radical prostatectomy was the most commonly used treatment for men with low-risk prostate cancer, followed by radiation therapy

Because of the often indolent nature of prostate cancer and the potential for debilitating side effects caused by treatment, the cancer control community is increasingly concerned about over-diagnosis and over treatment. Alternatives to immediate treatment, including active surveillance and watchful waiting until the disease progresses or symptoms become worse, are increasingly used. The data show that, depending on the province, between 41.5% and 76.4% of low-risk patients had no record of treatment, and could be assumed to be on active surveillance or watchful waiting.

In 2014, there was wide interprovincial variation in wait times for prostate cancer surgery and radiation therapy. The 90 percentile wait time for surgery (from booking date to date of surgery) ranged from 59 days in New Brunswick to 105 days in Saskatchewan. The 90 percentile wait time for radiation therapy (from ready-to-treat to start of treatment) ranged from 18 days in Ontario to 40 days in British Columbia. Prostate cancer patients waited longer for radiation therapy than patients with breast, colorectal or lung cancers in all reporting provinces.

Radical prostatectomy (RP) is one of the standard treatments for patients

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with localized prostate cancer and can be performed using either an open or laparoscopic approach. There was much variation across provinces in the type of surgical approach used for men with prostate cancer. In Saskatchewan and Alberta, most RPs were performed using a laparoscopic approach, while in British Columbia, **Manitoba**, Ontario, Quebec and New Brunswick, most RPs were performed using an open approach. In Prince Edward Island, Nova Scotia and Newfoundland and Labrador, all RPs were done using an open approach. The choice of procedure, along with the surgeon's level of experience with the procedure, can have implications on surgical and patient outcomes.

Person-Centred Perspective:

Results from several provinces indicated that many prostate cancer patients may have unmet needs related to emotional support and getting enough information on their care.

While many men with prostate cancer are long-term survivors, some develop advanced disease and experience pain from bone metastasis. Data on radiation therapy use at the end of life among men who died from prostate cancer suggest that palliative radiation therapy for symptom management (including pain) may be underused in Canada. Among men who died from prostate cancer in 2011, fewer than 40% received radiation therapy during the last year of their lives in all reporting provinces.

While many men with prostate cancer would prefer to die at home with adequate supports, the statistics proved otherwise. Data shows the proportion of prostate cancer deaths that occurred at home varied considerably by province, ranging from 0% to 30.4%.

Research:

Providing adequate support for

research directed to specific cancers helps to advance the state of the science and to accelerate the translation of discoveries for the benefit of patients. In 2012, \$541.6M was invested in cancer research in Canada. \$286.2M of that amount was invested in cancer site-specific research with 13.2% invested for prostate cancer research, 26.5% for breast cancer, 6.7% for lung cancer and 6.7% for colorectal cancer. The major investments were in research related to *Early detection, diagnosis and prognosis* and *Treatment*.

In 2013, the ratio of patients enrolled in clinical trials to cancer incident cases for prostate cancer was 0.032. For adults with the four most common disease sites, the same ratio ranged from 0.012 for lung cancer to 0.050 for breast cancer. Provincially, the clinical trial participation ratio for prostate cancer ranged from 0.019 in Nova Scotia to 0.052 in Saskatchewan.



Reflections of Canadian Men with Prostate Cancer.

The special feature found within the *Person-Centred Perspective* chapter of this report contains highlights from a series of conversations held with Canadian men from six provinces previously diagnosed with and treated for prostate cancer. Participants talked about how they felt when they received the prostate cancer diagnosis and what it was like to undergo treatment such as surgery, radiation therapy or hormonal therapy. Their comments, which appear in the special feature as well as

throughout this report, cover a range of topics including: how involved they felt when making decisions about their treatment; examples of helpful and not-so-helpful interactions with their care providers; a discussion about the challenges of living with the physical and emotional effects of treatment; and how more support for themselves and their family members would have been appreciated throughout the prostate cancer journey.

Looking Ahead:

We had three goals in mind when planning and preparing for this spotlight report on prostate cancer control in Canada:

- 1) to update knowledge about prostate cancer control across the cancer journey;
- 2) to measure how well Canada's health care systems are doing in meeting the needs of prostate cancer patients and their families and
- 3) to explore the experiences and perspectives of Canadians affected by prostate cancer.

Because prostate cancer is most commonly diagnosed at an older age, as the baby boom population in Canada moves into its 70s and 80s, we expect the number of prostate cancer cases to increase sharply in the coming years. The Canadian Cancer Society projects that, by 2030, the number of prostate cancer patients diagnosed each year will increase to 42,000 from the current 24,000. The health care system must start preparing to meet that challenge now. But as we prepare to do more, we must also do less of what the evidence shows is unnecessary and/or harmful.

Progress in the diagnosis and treatment of prostate cancer is being

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made on many fronts, especially as our understanding of this disease increases: New methods and models are being researched and developed to guide early detection for prostate cancer. For example, mathematical algorithms are being explored as a way to help guide decision-making by clinicians around prostate cancer risk.

Several initiatives led or funded by the Canadian Partnership Against Cancer are under way, aimed at improving how cancer care systems identify and respond to prostate cancer patients' needs for information and emotional support. For example, the *Experiences of Cancer Patients in Transition* study will help us better understand the challenges that people with cancer—including those with prostate cancer—face after primary treatment ends, and explore what system-related improvements could be made to address those challenges.

Finally, a new health information and bio-sample database built through the Canadian Partnership for Tomorrow Project (CPTP) will allow researchers

to explore how factors such as genetics, behaviour, environment and lifestyle contribute to the development of cancer and other chronic diseases. The hope is that knowledge gained by this long-term study will yield new interventions aimed at preventing prostate and other cancers.

Prostate cancers range from being slow-growing and non-life-threatening to aggressive and deadly. But while the disease and its evidence-based management strategies are diverse, we should understand why we see a high level of inconsistency in the experiences of prostate cancer patients, particularly when they have similar stage and risk levels.

As stewards of a Canadian health care system that places a high value on equitable, high-quality care, we need to better understand these inconsistencies and listen more attentively to patients and their families who are more than willing to share their first-hand experiences. This will allow us to develop strategies aimed at ensuring that all men with prostate cancer receive appropriate and evidence-based diagnosis, treatment and follow-up

care—regardless of where they live and who is providing their care. The Canadian Partnership Against Cancer will continue to work with the cancer control community and partners across the country towards reducing the incidence of prostate cancer, lessening the chance that men will die from the disease, and encouraging system changes that will improve patients' quality of life before, during and after treatment.

Editor's Note: This article has been reduced and altered due to space allotment.

We thank the authors for allowing the partial printing of this report.

Note that some of the members of the **Manitoba Prostate Cancer Support Group** participated in this research and gave oral contributions to these findings.

The complete report can be accessed at: http://www.cancerview.ca/idc/groups/public/documents/webcontent/prostate_cancer_control_in_canada_en.pdf

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Prostate Cancer Patients Zapped with Electricity in New Treatment

Australia, November 18, 2015

"The electricity is so powerful they have to be paralysed while we're doing it or they would just jump off the table."

This was St Vincent's Private Hospital urologist Phillip Stricker, speaking of an emerging treatment for prostate cancer that involves zapping the tumour with more electricity than a bolt of lightning.

Patient Rob Gunn, 65, was unconscious on the operating table, legs aloft, with four needles framing the site of the cancer.

"You can't underestimate the potential of this technology," says Professor



Stricker. When the doctors switched on the machine, his legs began to jerk. Over the next 10 minutes, 90 pulses of electricity passed between the needles, exposing each centimetre of tissue to

up to 1500 volts. By the end, the lesion had completely disappeared. "It's going to save a lot of people from having unnecessary surgery."

The technology is known as the "nanoknife".

Traditional methods of treating prostate cancer, which attack the whole prostate with radiation or surgery, often come at the cost of the patient's continence or erectile function.

The "nanoknife" technique targets only the lesion, framed with four needles in the scrotum. It focuses only on the site of the cancer, destroying the cancer cells without harming the structures beside it.

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Urologists in three countries are trialling the technology on patients who have a single site of localised prostate cancer that needs more treatment than active surveillance. About 15 to 20 per cent of prostate cancer patients are suitable for the treatment.

But Professor Stricker is the first to publish his results on cancer outcomes with a study in *Prostate Cancer and Prostatic Diseases*, demonstrating that in a study of 25 patients, in 76 per cent of cases the cancer had not returned after eight months. None of them

developed incontinence or impotence.

Urological Society of Australia and New Zealand president Mark Frydenberg said he was pleased Australia was at the forefront of prostate research, but it was early days to be claiming victory.

"This is the first study anywhere in the world that has identified any pathological outcomes from the treatment and we're talking about a relatively small number of patients, so it's a little hard to be jumping to conclusions," Professor Frydenberg

said. "Really, the success of a treatment depends on long-term outcomes with regard to both safety and cancer outcomes and we don't really have either of those."

Neither does the operation come cheap. Medical expenses were just under \$15,000 (Australian dollars). But it may be a good alternative to having a prostate removed.

Source: www.smh.com.au/national/health/prostate-cancer

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New Test for Prostate Cancer Significantly Improves Screening

Henrik Grönberg, MD, PhD, is a Professor of Cancer Epidemiology at Karolinska Institutet in Sweden.

A study from Karolinska Institutet in Sweden shows that a new test for prostate cancer is better at detecting aggressive cancer than PSA. The new test, which has undergone trial in 58,818 men, discovers aggressive cancer earlier and reduces the number of false positive tests and unnecessary biopsies. The results are published in the scientific journal *The Lancet Oncology*.

Prostate cancer is the second most common cancer among men worldwide, with over 1.2 million diagnosed in 2012. As the number of men diagnosed with prostate cancer increases, it is estimated that within 20 years over 2 million men will be diagnosed yearly. Currently, PSA is used to diagnose prostate cancer, but the procedure has long been controversial.

"PSA can't distinguish between aggressive and benign cancer," says principal investigator Henrik Grönberg, MD, PhD, Professor of Cancer Epidemiology at Karolinska Institutet. "Today, men who don't have cancer or who have a form of cancer that doesn't

need treating must go through an unnecessary, painful and sometimes dangerous course of treatment. On top of this, PSA misses many aggressive cancers. We therefore decided to develop a more precise test that could potentially replace PSA."



Credit: Stefan Zimmerman

The new so-called STHLM3 test is a blood test that analyzes a combination of six protein markers, over 200 genetic markers and clinical data (age, family history and previous prostate biopsies). The test has been developed by researchers at Karolinska Institutet in collaboration with Thermo Fisher Scientific, which provided the protein and genetic marker assays used in the clinical study.

The study, which is presented in *The Lancet Oncology*, included 58,818 men from Stockholm aged 50 to 69 and was conducted between 2012 and 2014. The STHLM3 test and PSA were performed on all participants and then compared. The results show that the STHLM3 test reduced the number of biopsies by 30 per cent without compromising patient safety. In addition, the STHLM3 test found aggressive cancers in men with low PSA values (1-3 ng/ml) -- cancers that are currently going undetected. "This is indeed promising results. If we can introduce a more accurate way of testing for prostate cancer, we'll spare patients unnecessary suffering and save resources for society," says Professor Grönberg. "The STHLM3 tests will be available in Sweden in March 2016 and we will now start validating it in other countries and ethnic groups".

The study was financed by the Stockholm County Council. Professor Grönberg is a researcher at the Department of Medical Epidemiology and Biostatistics at Karolinska Institutet.

Source: www.sciencedaily.com/releases/2015/

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Men's Health Supplements Do Not Improve Prostate Cancer Outcomes

PHILADELPHIA (October 18, 2015) — Men's health supplements, which are often marketed as having "clinically proven" anti-cancer or healing effects, do not actually provide significant clinical benefits to prostate cancer patients, according to new research by Fox Chase Cancer Center – Temple Health investigators. The first-of-its-kind study reveals that these supplements do not significantly help to prevent distant metastasis, cancer-related death, or adverse effects in prostate cancer patients undergoing radiation therapy. The findings were presented October 18 at the 57th Annual Meeting of the **American Society for Radiation Oncology (ASTRO)** in San Antonio, Texas.

"Men with prostate cancer commonly use these pills because of the high incidence of prostate cancer, the stress associated with the diagnosis, the desire to benefit from all potential treatments, and the limited regulation on marketing and sale of the supplements," said lead study investigator Nicholas G. Zaorsky, MD, resident physician in radiation oncology at Fox Chase. "Despite the widespread use of men's health supplements, no prior study had examined their effect on men with prostate cancer — the most commonly diagnosed cancer in men."

In the new study, Zaorsky and his collaborators reviewed their prospectively collected institutional database of 2,301 men who underwent intensity-modulated radiation therapy (IMRT) for localized prostate cancer between 2001 and 2012. At the time of IMRT or during follow-up about four years later, 10% of these individuals took men's health supplements, which were defined as any medication marketed with any of the following terms: "men's health," "men's formula," or "prostate health," excluding general multivitamins, minerals, or prescription medications.

These supplements were never tested in any studies, despite what was written on their labels, and were marketed as being "clinically proven," even though the anticipated effect was never provided.

The most common ingredient, present in 91% of the supplements, was saw palmetto — a palm-like plant with berries that are used to make medicine. This plant is best known for its use in decreasing symptoms of an enlarged prostate, but it is also used to treat other prostate-related conditions. But according to MedlinePlus, a National Institutes of Health website produced by the National Library of Medicine, there has been conflicting evidence about the plant's benefits for treating the symptoms of an enlarged prostate and insufficient evidence to rate its effectiveness for prostate cancer.

Fox Chase researchers showed for the first time that men's health supplements, which primarily contain saw palmetto, did not improve clinical outcomes associated with prostate cancer. At follow-up of five years after radiation therapy, men taking these supplements did not have a lower risk of distant metastasis, cancer-related death, or adverse effects associated with radiation therapy, compared with men who did not take these supplements.

"Many men believe the supplements will help their cancer, or at worst, do nothing, so what's the harm?" Zaorsky said. "Although we did not see a change in adverse effects, there have been thousands of cases in the U.S. where

supplements have harmed patients, so we urge men to take caution when they walk down grocery store aisles and see bottles of pills labeled 'men's health' or 'prostate health.'"

Zaorsky also had advice for physicians, pharmaceutical companies, and government agencies. "First, we encourage all physicians to routinely ask patients about supplement use and discourage the use of any drug without a diagnosis. Second, we encourage pharmaceutical companies to stop incorrectly promoting supplements. And third, we hope our findings will inspire government agencies to enact laws that will regulate the sale of supplements," he said. "These actions may help to prevent the inappropriate use of supplements that do not provide any benefit and may actually harm patients."

Source: Fox Chase Cancer Center, Philadelphia

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British Cancer Treatment that Promises to 'Obliterate' Tumors to be Given to Patients for the First Time.

British prostate cancer patients are to receive a revolutionary 'seek and destroy' treatment that promises to obliterate tumors. The so-called Trojan-horse therapy hides cancer-killing viruses in the immune system, enabling them to sneak into cancerous growths. Experts were stunned by the results of tests in mice, in which all prostate tumor was eliminated and the animals cured of the disease.

Now, 15 men in Sheffield and Manchester are to start a clinical trial using the technique - the first time it has been tested in humans.

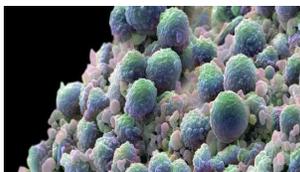
The use of viruses to combat cancer is a rapidly growing field of medical research, with teams around the world working on new treatments.

The so-called Trojan-horse therapy hides cancer-killing viruses in the immune system, enabling them to sneak into cancerous growths. (Prostate cancer cells are pictured above). But until now few scientists have been unable to work out how to get the virus deep into the tumor, where they can do the damage.

The Sheffield University team has overcome this hurdle by 'surfing' on the body's immune response. They have developed a treatment which seeks out the cancer anywhere in the body - including secondary tumors that doctors have not yet even spotted. Immune cells burrow deep into each tumor and burst - releasing the virus which then rapidly multiplies, destroying the tumor from the inside out.

Professor Claire Lewis, whose team developed the treatment, said: "The virus replicates - it creates about 10,000 copies a day." The treatment has been initially developed for prostate cancer -

but its potential is far wider. "There is no reason it shouldn't work for all cancer types", Professor Lewis said. The team is now testing it in mice for breast cancer, and hopes to start tests on lung and brain cancer. If they work, the scientists hope to have human trials in due course. Professor Lewis said there is 'no reason' to see any side effects at all, because of the way the therapy harnesses the body's existing immune system.



The technique works by using white blood cells called macrophages, a vital part of the human immune system. Macrophages - derived from the Greek for 'big eaters' - are healing cells. They seek out areas of injury or infection and destroy cellular debris, clearing the way for tissue damage to be repaired and new blood vessels to be built.

The Sheffield team discovered that when a cancer patient is treated with chemotherapy, macrophages go into overdrive, swarming to the tumor site to try to heal the damage done by the chemotherapy.

Usually, this is a major set-back, undoing the good work done by the chemotherapy.

But the scientists realized they could harness the natural response to seek out any tumors. Professor Lewis's team established a technique in which they takes blood samples and extract the macrophages. A tumor-killing virus is then inserted into the macrophages, which are then injected back into the patient's blood.

In experiments, mice were injected with the white blood cells two days after a course of chemotherapy ended. After 12 hours the cells burst and released the viruses. The team found the mice given the treatment were still alive at the end of the 40-day study and had no sign of tumors. Mice on other treatments, in comparison, died after the cancer spread.

Professor Lewis said the human clinical trials, which will take place at Sheffield's Weston Park Cancer Hospital - and also in Manchester - are a result of a new drive to get early research transformed quickly into human treatments.

"There are an estimated 2.5million people currently living with cancer in the UK", she said. "More than 150,000 of these die every year so new, effective therapies for cancer are needed urgently. Innovative research has the potential to completely transform the treatment of cancer but for this to get from the lab to the bedside it must be translated into new clinical trials with cancer patients".

The trial, part-funded by Cancer Research UK, is due to start in the coming months.

Dr. Nigel Blackburn, Cancer Research UK's director of drug development, said: "We're proud to lead this ground-breaking clinical trial testing a new "Trojan horse" approach that kills prostate cancer cells using virus. This innovative treatment showed promise in mice, and we're finding out if it could benefit men with prostate cancer too".

Source: Ben Spencer - Daily Mail Medical Correspondent. November 2015.

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The Manitoba Prostate Cancer Support Group Board would like to say a special “Thank-you” to the many individual members that have given donations to us in 2015. We are grateful that you have chosen to assist us with our work in helping those with prostate cancer. We specifically want to recognize your very generous donations and let you know they are sincerely appreciated. Thank-you so very much.

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2016 MEETINGS

- Jan. 21** Dr. Anne Katz, Clinical Nurse Specialist
Topic: Sexuality After PCa:
What Works and Why
- Feb. 18** Dr. Jeff Sarancuk,
Med. Dir. Prostate Centre
Topic: Prostate Cancer:
Addressing Today’s Issues
- Mar. 17** Tom Roche, Social Worker
Topic: Mindfulness Based Stress Reduction
- Apr. 21** Dr. Arbind Dubey, Radiation Oncologist
Topic: Modern Radiation Therapy for Prostate Cancer
- May 19** Jennifer McLaren, Fitness Consultant
Topic: TBA

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