

Researchers Discover Genetic Fingerprint Identifying How Prostate Cancer Spreads

TORONTO — Canadian researchers have identified the genetic signature that explains why up to 30 per cent of men with potentially curable localized prostate cancer develop aggressive disease that spreads beyond the gland after treatment with surgery or radiation.

The discovery means doctors may be able to predict at an early stage whether a prostate tumour will become aggressive and potentially deadly, allowing for more personalized treatment from the moment a man is

diagnosed, said co-principal investigator Dr. Robert Bristow, a clinician-scientist at Princess Margaret Cancer Centre in Toronto.

"We used specialized state-of-the-art DNA sequencing techniques to focus on the genetics of prostate cancers to better understand what is so different from one man's disease to another man's disease," said Bristow.

"These genetic fingerprints had high accuracy in being able to discern those men who do well with surgery or

radiotherapy and those men that already have early spread of their disease outside the prostate gland," he said.

"This information gives us ... important clues as to how to better treat one set of men versus the other to improve cure rates overall."

To conduct the study, published online Monday in the journal *Nature*, Bristow, co-principal investigator Dr. Paul Boutros of the Ontario Institute for

(Continued on page 2)

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Thanks!

Next Meeting: February 16, 2017

Pamela Klassen
(Registered Dietician, Cancercare Manitoba)

Topic: " *Fact, Fiction and Opinion:
Understanding Nutrition and Prostate Cancer* "

Location: Cindy Klassen Recreation Complex
at 999 Sargent Avenue

Time: 7 – 9 pm.
Free Admission Everyone Welcome



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

MPCSG – active since 1992.

Thought of The Day

If you can smile when things go wrong, you have someone in mind to blame.

(Continued from page 1)

Cancer Research and collaborators at Laval University in Quebec

genetically analyzed the tumours of 500 Canadian men in the general population with localized, non-inherited prostate cancer.

The men had been treated with either surgical removal of the prostate or radiation, and the researchers looked at the

genetic underpinnings of their tumours to see if there was a correlation between those who responded well to treatment and those who did not.

"And that starts to give us a hint as to if the patient didn't do well and had a different signature than a patient who did do well. We start to develop really the genetic fingerprint of aggressive disease," Bristow said in an interview. "And if we can do that, those are the patients who need to have intensified therapy."

"They can't just have radiotherapy or surgery alone," he said, suggesting these patients would also be treated with some form of chemo or hormone therapy because their cancer had spread elsewhere in the body.

Prostate cancer is the most common malignancy among Canadian men and the third leading cause of male cancer deaths after lung and colorectal cancers. An estimated 21,600 men in Canada were diagnosed with prostate cancer in 2016, and about 4,000 died from the disease.

In a related study published Monday in Nature Communications, the Toronto researchers and collaborators at Monash

resistance to hormone therapy in the larger group of patients.



"They were already activated before the patient ever saw hormone therapy, so they're almost primed to be resistant to our current therapies, even before we start," he said.

"So it's no wonder that men who have surgery or radiotherapy for BRCA2-associated prostate cancers do poorly — because the

pathways that are existent for resistant cancer are already turned on."

Knowing this could perhaps allow doctors in the future to try more targeted therapies earlier in the treatment regimen that would provide better odds of a cure, the researchers say.

"This work really gives us a map to what is going on inside a prostate cancer cell and will become the scaffold on which precision therapy will be built," Boutros said in a release.

Bristow said the team will next work on translating its findings into a diagnostic tool that can be used to better tailor treatments for prostate cancer patients worldwide, a step he predicts will take two to three years.

Jan 9, 2017 by: Sheryl Ubelacker Canadian Press

<https://www.baytoday.ca/national/researchers-discover-genetic-fingerprint-identifying-how-prostate-cancer-spreads-506161>

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University in Melbourne, Australia, were able to show through genetic analysis why prostate tumours linked to the inherited BRCA2 gene mutation turn lethal, killing half of affected patients within five years of diagnosis. About two per cent of all men with prostate cancer have a BRCA2 mutation.

BRCA gene mutations also affect women, putting them at high risk for aggressive breast and ovarian cancers. Actress Angelina Jolie, who carries a BRCA1 mutation, underwent a double mastectomy and removal of her ovaries and Fallopian tubes in recent years in a bid to prevent development of the deadly cancers.

Bristow said researchers compared the genetic signatures of 14 men with BRCA2-linked prostate cancer to those among the 500 men in the first study to identify whether there were key differences.

They found that genetic changes in tumours from the 14 men matched those associated with the spread of cancer and

Prostate Cancer Treatment Rates Drop, Reflecting Change in Screening Recommendations

January 9, 2017 by Nicole Fawcett
University of Michigan Health System

As some national guidelines now recommend against routine prostate cancer screening, the overall rate of men receiving treatment for the disease declined 42 percent, a new study finds.

The decline reflects efforts to decrease overdiagnosis and overtreatment - preventing some unnecessary treatments that can cause long-term impact on quality of life, while still providing life-saving care to patients who need it.

But among those who are diagnosed, only 8 percent fewer are getting initial surgery or radiation treatments - even as data shows those with low-risk disease can substitute surveillance.

"It's not entirely surprising: Primary care doctors who perform the majority of screening were the target audience of U.S. Preventive Services Task Force guidelines recommending against screening. But the specialists who treat prostate cancer once it's diagnosed had a more tempered response," says study author Tudor Borza, M.D., M.S., a urologic oncology and health services research fellow at Michigan Medicine.

In a study published in *Health Affairs*, Michigan Medicine researchers used Medicare claims data to identify 67,023 men newly diagnosed with prostate cancer between 2007 and 2012. Nearly three-quarters of those men had initial curative treatment, such as surgery or radiation.

In comparing overall treatment rates from 2007 till 2012, researchers found a sharp decrease of 42 percent, reflecting a change in screening recommendations and adoption of surveillance strategies in select groups of men. In 2008, the U.S. Preventive Services Task Force advised against routine screening in men older than 75. By 2011, a recommendation came out against all PSA screening. However, specialty societies, such as the American Urological Association,

continued to advocate for screening in men who were most likely to benefit.

"These findings suggest that primary care doctors significantly decreased the number of patients to whom they recommended PSA screening after the guidelines changed," Borza says.

"Primary care doctors make recommendations for screening to men who do not have cancer. They see men who have been treated for prostate cancer and have long-term effects such as incontinence or impotence. That favors a less-aggressive approach to the disease."

While screening recommendations became less-aggressive, so did attitudes toward treatment. But researchers found a more tempered response when they looked at treatment rates over time among those diagnosed with prostate cancer.

Some prostate cancers are so slow-growing that data suggests the risks of treatment may outweigh the benefits. Watchful waiting or active surveillance - which involve monitoring patients without delivering treatment - are options, especially for those patients with low-risk disease or limited life expectancy. By monitoring these patients, urologists can identify when treatment may become necessary.

But even as this paradigm shifted, treatment rates move slowly - only 8 percent fewer diagnosed patients received treatment over the timeframe studied.

"Specialists understand how insidious prostate cancer can be. They recognize the problems arising from overdiagnosis and overtreatment, but they also see people suffering from painful metastases or dying from the disease. When you're exposed to that, you're likely going to have a more reserved approach towards surveillance strategies," Borza says.

The study drilled down in particular on

patients who had a high risk of dying from a cause other than prostate cancer within 10 years. This could be due to advanced age or multiple medical problems such as heart disease.

"If we had expected a big change in treatment for observation, it would have been in this group," Borza says. "These are the men for whom most physicians agree the risks of treatment outweigh the benefits. But there was no change in their treatment rate, meaning that adoption of less aggressive treatment strategies is occurring more slowly than the decrease in PSA screening."

The researchers recommend new payment models or other policies that emphasize value of care over volume, which might provide more incentive for specialists to choose observation over treatment. They also urge participation in quality improvement initiatives, such as the Michigan Urological Surgery Improvement Collaborative, which strive to provide high quality, evidence-based care.

In addition, research continues to uncover new clues to identify which men are at highest risk of aggressive prostate cancer and could most benefit from screening and treatment.

"That's really the concern here. We know prostate cancer is a deadly disease in some men. We need better tools to identify which men should be screened and among those diagnosed, which men should be treated aggressively. This is still a black box. It's that uncertainty that leads to different approaches to treatment based on how different physicians view the risk. If we get better predicting who's at highest risk, we can more accurately tailor screening and treatment," Borza says.

<https://medicalxpress.com/news/2017-01-prostate-cancer-treatment-screening.html>

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7 Prostate Cancer Facts Absolutely All Men Need to Know

Christine Skopec January 17, 2017

There's no denying how important it is to raise awareness about breast cancer, so it makes complete sense that we give so much attention to the disease every October. What makes a little less sense is why so few people know prostate cancer, which runs rampant among men, has its own awareness month in September. Even initiatives like Movember group it in with other men's health issues, including testicular cancer and mental health.

Since prostate cancer is so prevalent, it really deserves some stand-alone attention. For this reason, it's time we shared these seven must-know facts about the disease.

1. It's one of the most common cancers among men

To be more specific, prostate cancer is the most prevalent form of cancer (excluding skin cancer) among men in the US. If you're looking for the numerical breakdown, note the American Cancer Society says about one out of every seven men will get prostate cancer at some point during his life. The story also points out risk increases with age, so it's important to continue routine screenings as time passes.

Though this all sounds very gloomy, that really isn't the case. In fact, the ACS reports a 15-year survival rate of 95%. When you consider how glum the outlook is for other types, this is really encouraging news.

2. Only the rarest kinds are extremely aggressive

Though there are five different types of prostate cancer — prostatic adenocarcinoma, small cell carcinoma, squamous cell carcinoma, prostatic sarcoma, and transitional cell carcinoma — most cases aren't particularly aggressive. According to the Cancer Research Society, between 90% and 95% of all diagnoses are prostatic adenocarcinoma, which typically progresses at a very slow rate.

Not all irregularities are cancer, either.

You've probably heard of an enlarged prostate, also called benign prostatic hyperplasia, which is a non-cancerous tumor. Though it can require surgery in some cases, it's really quite common and often easy to manage. Harvard Health Publications mentions a few lifestyle changes that can likely help relieve any symptoms.

3. Young men aren't immune

Though we typically think of prostate cancer as a disease affecting older men, this isn't always the case. The Prostate Cancer Foundation reports men younger than 65 account for 35% of all prostate cancer diagnoses. It can even strike when males are still very young. For example, one case study published in the *Indian Journal of Palliative Care* involved a 28-year old man with prostatic adenocarcinoma. Though the authors say this is typically rare, they acknowledge doctors really can't rule out the possibility of young patients developing prostate cancer.

4. You might not notice symptoms

We already touched a little bit on how the most common type of prostate cancer progresses very slowly, but it's probably even slower than you'd expect. *Healthline* says it can take years for a man to notice any symptoms, which can include trouble urinating, pelvic discomfort, and swollen legs. And some cases are never even diagnosed. Why? As the ACS explains, some men die of other causes before they notice any ill effects. This just goes to show cancer is not always a death sentence.

5. There are a few screening options

Like with many types of cancer, there's more than one way to screen for prostate cancer. The Centers for Disease Control and Prevention says a digital rectal exam and a prostate-specific antigen test are the most common methods used. The former involves the doctor inserting a gloved finger into the rectum to feel for lumps or other abnormalities. The latter method is a blood test that measures prostate-specific antigen levels (thus the name). A high number could mean

prostate cancer.

If a doctor suspects cancer, Mayo Clinic says he or she will typically order an ultrasound or biopsy in order to make a diagnosis. It might sound like a frustrating extra step, but the first two tests we mentioned are just screenings. They could reveal an enlarged prostate, but that doesn't mean it's cancerous.

6. Active treatment isn't always the best option

A lot of us have a tendency to act hastily when we hear about a medical problem, but this method isn't always best for those diagnosed with prostate cancer. In fact, the ACS says some doctors recommend closely monitoring the cancer rather than using one of the more conventional methods. Some research even suggests mortality rates for prostate cancer patients who choose monitoring are the same as those who opt for other treatments.

What exactly such monitoring entails can vary depending on the patient as well as the physician, though, so any man given this option as a recommended course of action should be prepared to ask plenty of questions to know what to expect. Though it really depends on the case, this isn't typically recommended for young men.

When a more rigorous approach to treatment is recommended, a combination of surgery and radiation therapy is the most common method. That being said, the Prostate Cancer Foundation highlights a number of other options. Just as with the monitoring method, it's important to come to the table with questions in order to determine the best course of action.

7. It can be difficult to manage side effects from treatment

Battling any type of cancer can be a huge feat, so it's pretty common for those undergoing treatment to feel pretty wiped out. Pain is, unfortunately,

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also rather common. Mayo Clinic highlights a number of these side effects, saying many of them gradually improve after treatment has ended.

Research is finding that isn't the extent of it, though. Some studies have taken a long-term look at how men are impacted years after prostate cancer treatment, showing there are some lasting problems. One example published in The New

England Journal of Medicine followed 1,655 men who had received prostate cancer treatment for a total of 15 years, surveying them about urinary incontinence, bowel function, and sexual function. Each of these physical functions diminished over the 15-year period.

This sounds pretty bleak, but consider it a way to make informed decisions about treatment. This means a patient given the

option to actively monitor the cancer may want to go that route in order to avoid the potential downfalls of more rigorous treatment. At the very least, it should encourage any man facing prostate cancer to have ongoing discussions with his physician.

Sarah Kaye Santos also contributed to this story.

<http://www.cheatsheet.com/health-fitness/prostate-cancer-facts-men-should-know.html/>

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Physical Activity When You Have Prostate Cancer

By Kimberly Goad WebMD

If you have prostate cancer, physical activity can have lots of benefits, from improving your mood to fighting fatigue. It doesn't mean you have to run a marathon. Look for small ways you can move around more, and talk to your doctor about what kind of exercise is right for you.



Ease Your Treatment Side Effects

If you're getting hormone therapy for your prostate cancer, exercise can help with some of the side effects, which are similar to those that women get during menopause.

"Over time, the potential problems are essentially the same," says Manish Kohli, MD, a professor of oncology at the Mayo Clinic. These include "osteoporosis, hot flashes, quality-of-life issues with sexual libido, and weight gain. In order to get away from this, it's very important to be physically active."

Strength training can help build up lost muscle mass, and Kegel exercises can improve problems with peeing.

Improve Your Treatment Options

It's important to keep up your fitness throughout life. Research suggests that physical activity activates certain genetic pathways in your body, which can help improve how well medicines work for you, Kohli says. "If a man is fit, his ability to take the latest treatments later

in life is better."

Keep the Pounds Off

Physical activity can help you keep your weight under control. According to a study by researchers at Fred Hutchinson Cancer Research Center, the risk of dying from prostate cancer is more than double in obese men diagnosed with the disease, compared with men of normal weight.

Obese men who have cancer that's limited to a specific area have nearly 4 times the risk of their cancer spreading.

Beat Fatigue

Feeling tired often goes along with cancer treatment. It's due to a combo of things, including anemia, chemotherapy and radiation side effects, depression, and the cancer itself, says Michael Carducci, MD, a professor of oncology and urology at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Medical Institutions.

It sounds like it defies common sense, but exercise is a good way to get rid of fatigue. Research shows that people with cancer who exercise regularly have 40%-50% less fatigue than those who don't.

Boost Your Mood

Physical activity can help keep your spirits up. "When people are faced with thinking about treatment for cancer, there's a lot that feels out of control," says Heather Cheng, MD, PhD, director

of the Seattle Cancer Care Alliance Prostate Cancer Genetics Clinic. "Exercise can be so valuable in terms of how people feel about themselves."

What Kind of Activity Is Best?

The ideal Rx for exercise includes three parts: an activity like a brisk walk to get your heart pumping, strength training such as lifting weights to build muscle, and stretching to keep your muscles and joints limber.

If you weren't physically active before your diagnosis, start slowly. Depending on your fitness level, begin with a 10-minute walk on a treadmill or in your neighborhood, and work your way up to 30 minutes, 5 days a week or more.

WebMD Feature

Reviewed by Laura J. Martin, MD on December 11, 2016

Sources

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Manish Kohli, MD, professor of oncology, Division of Medical Oncology, Mayo Clinic.
Seattle Cancer Care Alliance: "Exercise for Men with Prostate Cancer," "The Impact of Diet & Exercise on Prostate Cancer."
Michael Carducci, MD, professor of oncology and urology, Johns Hopkins Sidney Kimmel Comprehensive Cancer Center.
National Comprehensive Cancer Network: "Fighting Cancer Fatigue," "Exercising During Cancer Treatment."
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<http://www.webmd.com/prostate-cancer/advanced-prostate-cancer-16/prostate-cancer-exercise-advice>

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Researchers Investigate New Targeted Therapy for Metastatic Prostate Cancer

Jennifer Huber January 17, 2017

Men with localized prostate cancer face good odds: Their relative five-year survival rate is nearly 100 percent. However, men with metastatic disease — prostate cancer that has spread to another organ like the lungs — have a relative five-year survival rate of only 29 percent.

Currently, the mainstay treatment for metastatic prostate cancer is hormone therapy, which uses drugs to lower the levels of male sex hormones like testosterone in the body to slow the growth of prostate cancer. Two of the latest hormonal agents, abiraterone acetate and enzalutamide, have shown some improvements in overall survival. Unfortunately, hormone therapy isn't a cure and most patients become resistant to the drugs.

As an alternative, researchers are now investigating more targeted therapies, such as those that seek out prostate specific membrane antigen (PSMA). PSMA is present on the surface of nearly all prostate cancers cells as well as new blood vessels that supply nutrients to cancers, but PSMA is present on only a few healthy tissues in the body — making it an excellent potential target for drugs that selectively attack tumors while sparing

healthy cells.

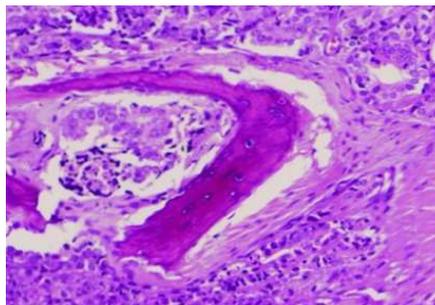
One such agent is PSMA-617 labeled with the radioactive element lutetium-177, which preferentially binds to PSMA on the surface of prostate cancer cells and delivers a toxic level of radiation to the disease sites.

A group of researchers recently investigated the safety and efficacy of lutetium-177-PSMA-617 for the treatment of metastatic prostate cancer. At 12 centers across Germany, a total of 145 patients, between 43 and 88 years in age, were treated with one to four cycles of the therapy. All the patients had metastatic drug-resistant prostate cancer that was continuing to progress. Receiving lutetium-177-PSMA-617 was their last therapeutic option.

As described in a paper appearing in the January issue of the *Journal of Nuclear Medicine*, the researchers found that 45 percent of the patients responded positively to lutetium-177-PSMA-617 following all therapy cycles, while 40 percent responded

positively after a single cycle. Unfortunately, there were some adverse side effects, such as anemia and dry mouth, but these were considered to be manageable.

Other research groups are also developing alternative PSMA targeted therapies, including researchers at Weill Cornell Medicine who are investigating a targeted radionuclide therapy called lutetium-177-J591.



So far the results have all been modest, but these PSMA targeted therapies may have an important role in treating patients who are resistant to other

drug therapies. Further studies are needed to determine the survival benefit of these treatments before they can be approved by the U.S. Food and Drug Administration for clinical use.

<http://scopeblog.stanford.edu/2017/01/17/researchers-investigate-new-targeted-therapy-for-metastatic-prostate-cancer/>

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Experts Discuss Androgen-Deprivation Regimen, Photodynamic Therapy

Prostate cancer is the most common form of carcinoma among men, affecting more than 1.1 million in the world in 2012. Though it is the second leading cause of cancer death among men in America, it can be treated successfully and more than 2 million men have already survived the dreaded condition. Two of the prostate cancer treatments being talked about recently are androgen-deprivation regimen and photodynamic therapy.

Androgen-deprivation Therapy For Metastatic Prostate Cancer

Prostate cancer at its metastatic stage - cancer cells have already spread to other organs - is already considered incurable. Androgen-deprivation therapy is commonly used for treatment at this stage because men initially respond to it. However, the cancer always returns in a more aggressive and lethal form.

Researchers have discovered two genes that allow metastasis and treatment resistance. David Goodrich, PhD., professor of oncology in the Department of Pharmacology and Therapeutics at Roswell Park Cancer Institute, revealed their discovery of the mechanism that causes the progression.

With the findings that androgen-

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deprivation therapy may not work for most prostate cancer, the discovery will still provide a "new opportunity to prevent or treat lethal forms of prostate cancer."

Photodynamic Therapy For Prostate Cancer

A new laser treatment for prostate cancer, known as VTP, has been developed to destroy tumours.

Professor Malcolm Mason of Cancer Research UK said that photodynamic technology "can effectively kill prostate cancer cells." It is a form of focal treatment and only targets the affected cells, sparing some patients from long term side effects.

Still, it has not been established if it could improve the quality of life or save the lives of men with prostate cancer, according to Mason. Researchers are looking into patients

who have received photodynamic therapy to see its long term benefits. Health experts hope that this kind of treatment can also be used for treatment of other forms of diseases in the future.

Jan 08, 2017

<http://www.counselheal.com/articles/29643/20170108/prostate-cancer-treatment-experts-discuss-androgen-deprivation-regimen-photodynamic-therapy.htm>

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Patient Distress in Prostate Cancer Could Lead to Overtreatment

Patients diagnosed with prostate cancer sometimes allow their feelings of distress and anxiety to influence their treatment choices, which can potentially lead to unnecessary procedures, according to researchers at the University of Buffalo.

For men with low-risk prostate cancer, active surveillance may be considered the best treatment option in their situation. However, many in this population choose to undergo surgery or radiation, largely due to the anxiety they feel.

Published in the *Journal of Urology*, the study followed 1531 patients with localized prostate cancer (36% low-risk, 49% intermediate-risk, and 15% high-risk). Researchers evaluated the emotional distress of the patients soon after diagnosis and after a treatment decision. This evaluation was done using the Distress Thermometer, an 11-point scale that ranges from 0 (no distress) to 10 (extreme distress). The aim was to discover if a man's level of distress could predict his treatment choices.

Among all participants, men who felt more anxiety at diagnosis were more likely to choose surgery over active surveillance. Similarly, men who were more distressed around the time they made the treatment decision were likely to choose surgery over active



surveillance, as well as surgery over radiation.

The researchers said of this pattern, "Importantly, this was true among men with low-risk disease, for whom active surveillance may be a clinically viable option and side effects of surgery might be avoided."

According to the American Cancer Society, prostate cancer is a major disease in the United States, but its diagnosis is not synonymous with death. The organization says there are nearly 3 million prostate cancer survivors alive today.

Despite these facts, many patients feel distress strong enough to influence decisions that could lead to overtreatment. Surgery and radiation have side effects such as erectile dysfunction and incontinence, which can affect patient quality of life. These side effects can be safely avoided for men with low-risk cancer by choosing

active surveillance, which is used to closely follow the potential progression of cancer. Treatment can still be considered later if the cancer becomes more concerning.

To help men make treatment decisions that are more preference and value driven, it is important they receive all information pertinent to their situation, including the side effects of all treatments.

Lead author on the study, Heather Orom, PhD, said, "If distress early on is influencing treatment choice, then maybe we help men by providing clearer information about prognosis and strategies for dealing with anxiety."

Additionally, physicians should take time to understand the reasoning behind their treatment decision and address any negative motivators, such as anxiety, to make sure patients do not receive treatment they don't need and might potentially regret.

Orom H, Underwood W, Biddle C. Emotional distress increases the likelihood of undergoing surgery among men with localized prostate cancer. J Urol. 2017;197(2):350-355.

ELLIE LEICK Tuesday, January 17, 2017

<http://nursing.onclive.com/web-exclusives/patient-distress-in-prostate-cancer-could-lead-to-overtreatment#sthash.PWcRcNIG.dpuf>

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2017 MEETINGS

- Feb. 16th** Pamela Klassen
 (Registered Dietician, Cancercare Manitoba)
*" Fact, Fiction and Opinion:
 Understanding Nutrition and Prostate Cancer "*
- Mar. 16** Dr. Graham Glezerson
 (Manitoba Clinic; Urologist)
"Prostate Cancer.....Then and Now"
- Apr. 20** Monique Woroniak
 (Winnipeg Public Library; Information Specialist)
*"Fact or Fallacy: Evaluating Online Medical
 Information on Prostate Cancer"*

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