

Scientists Develop Revolutionary Tech to Improve Prostate Cancer Detection

A ‘revolutionary’ new medical software able to pinpoint the area from which surgeons should take a biopsy to detect prostate cancer has been developed by NIHR supported researchers.

The ‘SmartTarget’ software creates a 3D model of the prostate and adds on other imaging information to allow better detection of prostate cancer by overlaying tumour information from MRI scans onto ultrasound images to pinpoint the area of concern, showing

where surgeons should take a prostate biopsy.

Until now, the established way to test for prostate cancer involved taking a biopsy from the prostate without knowing where the tumour was likely to be, resulting in close to half of all life-threatening cancers being missed.

However, the team of engineers and medical researchers at UCL found the new technology helped surgeons to pick up clinically relevant prostate

cancers that were missed when using current detection methods.

The cancer detection rate has improved from 50% to close to 90% in the past five years, which the SmartTarget technique will continue to enhance, by allowing a 3D model of the prostate and cancer to be created for each patient from their MRI scans.

“There has been much discussion and

(Continued on page 2)

Medical Advisors

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Medical Oncologist

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M.D. Urologist

Arbind Dubey M.D.
Radiation Oncologist

Piotr Czaykowski M.D.
Medical Oncologist

Thanks!

Next Meeting:

Wednesday, January 16, 2019

Speaker: Dr. Lynda G. Balneaves, RN, Ph.D.

Title: “*Hype or Hope: Complementary and Integrative Health Care for Prostate Cancer*”

Location: The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent

Time: 7 – 9 pm.

(First hour for general discussion; second hour for expert guest speaker)

*Free Admission Everyone Welcome
Plenty of free parking*



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

Believe in yourself, take on your challenges, dig deep within yourself to conquer fears.
Never let anyone bring you down. You got to keep going. – *Chantal Sutherland*

(Continued from page 1)

speculation in the media recently on the degree to which computers and artificial intelligence will be integrated into clinical care,” said co-senior author Professor Mark Emberton, dean of UCL Medical Sciences and NIHR senior investigator. “Studies such as this one are extremely important as they provide valuable evidence on the performance of a new technology in the

clinical setting.

“With this study we now have hard data showing that SmartTarget is as good as a group of experts in targeting tumours in the prostate, as well as a glimpse of how clinicians and computers will be working together in the future for the good of the patient.”

The best approach would be to use

both the new SmartTarget technique and the traditional technique in tandem, the researchers report in the journal *European Urology*.

Anna Smith 12th December 2018

http://www.pharmatimes.com/news/scientists_develop_revolutionary_tech_to_improve_prostate_cancer_detection_1272586

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NICE Approval to Use MRI for Prostate Cancer Diagnosis

The decision by the National Institute for Health and Care Excellence (NICE) to recommend that all men at risk of prostate cancer receive an MRI scan ahead of a biopsy, has been welcomed by the UCL researchers, who led the trials which supported the recommendation.

Draft guidance published by NICE today (12/12/2018) approves multiparametric MRI (mpMRI) as a first line investigation for men suspected of having clinically localised prostate cancer.

The cutting edge technology can produce a detailed image of the prostate which can help specialists decide whether a biopsy is needed.

For those men at very low risk of cancer, this type of imaging can prevent unnecessary biopsies which can be unpleasant and have a risk of infection.

The scan has also been recommended as an option for people who have active surveillance to monitor the cancer.

The decision by NICE, follows two clinical trials (PROMIS and PRECISION) led by UCL in partnership with University College London Hospitals (UCLH).

Following the announcement, UCL’s Dean of Medical Sciences, Professor Mark Emberton, who oversaw both the trials, said:

“This recommendation by NICE is fantastic news and means all men at risk of prostate cancer will now have an MRI scan before any biopsy - bringing to an

end to the post-code lottery that currently exists in the UK in terms of MRI provision.

“We have been using MRI for men at risk of prostate cancer at UCL and UCLH for a decade, and it is heartening to see our research has come to full fruition with this unequivocal guidance, meaning all men will now get access to this cost-effective and transformative technology.

“Our PROMIS and PRECISION studies have shown MRI scans will result in fewer unnecessary invasive biopsies for men, and fewer important cancers missed.”

He added: “MRI for all men prior to biopsy of the prostate is the most important development in the management of men with early prostate cancer that we have had in the last 100 years.

“The UK has led the evidence gathering for MRI in men at risk of prostate cancer and it is great to see the UK being the first country to make a formal recommendation that it should be used in all men prior to a biopsy.”

Professor Caroline Moore (UCL Division of Surgery and Interventional Medicine), who led the PRECISION trial, said: “High quality MRI before biopsy allows doctors to safely reassure men at lowest risk, and identify men most likely to benefit from treatment. The challenge now is to ensure the availability of high

quality MRI across the NHS.”

Approximately 130 new prostate cancer cases are diagnosed in the UK every day and in 2016 alone, 11,631 people died from the disease. Advances in imaging technology have already led to changes in current practice across the country following the need for better diagnostic tools.

Multiparametric MRI is clinically cost effective as it will reduce the number of biopsies performed. Additionally, cancers are more likely to be detected and identified earlier therefore reducing the need for further treatment.

Health economic evidence shows that MRI-influenced prostate biopsy may be more cost effective than systematic prostate biopsy as it takes less time and is more efficient in identifying clinically significant cancer.

Paul Chrisp, Director for the NICE Centre for Guidelines said: “This diagnostic pathway will hopefully improve survival, reduce unnecessary surgery and benefit both patients and the NHS in the long term.

12 December 2018

<https://www.ucl.ac.uk/news/2018/dec/nice-approval-use-mri-prostate-cancer-diagnosis-welcomed-ucl>

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Tasty Potluck And The Sound of Music Caps Off 2018 Activities

Somewhere close to 70 guests, comprised of prostate cancer patients and their spouses or other support persons, attended our end-of-season Christmas potluck on November 21, 2018. This was held in the same venue as our regular monthly meetings and the spacious chamber resounded with the sound of music along with much chatter and festivities.

Several serving tables heavily laden with an enticing variety of fabulous foods provided a marvelous feast, which almost entirely disappeared over the course of the evening. Suffice it to say that no one went away hungry!

Music by the talented duo "Fire and Ice" provided much pleasant listening and

carried the guests down memory lane



Glimpses of food and frolic at 2018 windup potluck.

with a lot of stops along the way. Some

of the more frisky guests were even moved to shed a few years and demonstrate the dance steps we enjoyed in our youth. Some real talent there and greatly enjoyed by all.

To top it all off there were about a dozen exceptional door prizes which added extra excitement and anticipation to the festivities. All in all this evening was a wonderful close-out of this year's activities and a good time was had by all.

Planning for our 2019 program is well underway, and the first meeting of the new year will be on Wednesday, 16 January. Stay tuned.

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App Aims to Guide Men Through Treatment, Symptom Management of Prostate Cancer

The American Cancer Society is supporting research at the the Feinstein Institute for Medical Research (the research arm of New York's Northwell Health system), which is working on an app to guide people living with prostate cancer through the treatment decision process.

Dr. Michael Diefenbach, director of behavioral research at Northwell Health's department of medicine and urology and a scientist with Feinstein Institute, demonstrated the initial research of the app at the center's Centricity Series Symposia after conducting a usability study.

Since people diagnosed with prostate cancer usually face a variety of treatments –from immediate surgery or radiation or ongoing observation until risk increases – patients have to carefully consider the potential side effects of treatment, such as incontinence or impotence. The app, which can be used on a smartphone, tablet or desktop, leads the patient through the initial decision process and provides questions based on their choices, and then using an algorithm to match their preferences to a

treatment option. From there, patients can email the results to their doctor and discuss their potential plans.

"Making treatment decisions can be daunting with any type of cancer, but it can be particularly difficult for men dealing with prostate cancer as it has a big impact on very basic everyday physical functions," Diefenbach said in a statement. "My goal in previewing the app at the Centricity Symposium is to show the benefit of incorporating modern technology into research and treatment options, as well as making health care professionals aware that this tool has the potential to successfully guide patients through their cancer treatment."

Next, Diefenbach's team will next work on a larger, randomized controlled trial to further study the app and gauge how helpful it could be in a clinical setting. In related news, men's cancer survivor support and advocacy nonprofit Malecare has launched a new mobile app to track cancer symptoms.

Cancergraph, designed by cancer survivors and caregivers, works to help men diagnosed with one or more cancers

(usually prostate) to track symptoms and side effects, ultimately leading to more informed and detailed conversations with their doctor.

App users can choose from cancer types, medications and concerns, and can peruse a list of over 200 symptoms and side effects to pull into their personal profile. **Cancergraph** then distills the data into a report users can view on their phone and email to doctors. The app also features a journal function, so users can document every aspect of their experience, and they can also take disease and symptom-related photos that can be stored securely within the app.

"For anyone who is going through cancer this is an invaluable tool," Malecare founder Darryl Mitteldorf said in a statement. "The ability to accurately keep track of symptoms and side effects changes cancer care for both the patient and doctor."

By Heather Mack November 10, 2016

<https://www.mobihealthnews.com/content/new-apps-aim-guide-men-through-treatment-symptom-management-prostate-cancer>

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Long-Term Study Shows Most Prostate Cancer Patients Don't Need Aggressive Treatment

Nearly 30 years after it began, a study of prostate cancer patients shows both that the disease will not cause harm to the majority of men who have it, and that aggressive treatment is warranted for men with an intermediate risk of spread.

The nuanced results come from a new update to a landmark study, published Wednesday in the *New England Journal of Medicine*, that has followed 695 Swedish men since they were diagnosed with localized prostate cancer between October 1989 and February 1999.

The study's duration and insights into one of the most common forms of cancer make it "arguably one of the most important publications of the year," said Dr. Adam Kibel, a professor of surgery at Harvard Medical School and chief of urology at Brigham and Women's Hospital in Boston, who is not involved in the research.

Half of the men had their prostates removed to get rid of the cancer, and half were put on "watchful waiting," a now-discredited approach that essentially amounted to doing nothing.

Today, roughly 20 percent of the men are still alive, although prostate cancer is generally diagnosed late in life. Of those who died, 70 percent died of something other than prostate cancer, the study found.

Related:

15 percent of men regret prostate cancer treatment choices years later, study finds

"Which really reminds us that we should try to treat only those who will benefit, who have a lethal disease and who are healthy enough to otherwise be able to die from prostate cancer," said Dr. Anna Bill-Axelson, the study's first author and an associate professor in urology at Uppsala University in Sweden.

Overtreatment is an issue because radical prostatectomy and similar therapies often cause side effects, Bill-Axelson said, most commonly erectile dysfunction and urinary leakage.

In Sweden today, 80 percent of men with newly diagnosed prostate cancer are not treated, but "actively surveilled," to make sure their tumor is not becoming more dangerous, Bill-Axelson said. Active surveillance includes regular checkups, whereas with "watchful waiting," follow-ups were often deferred until a man had symptoms. "The majority who are diagnosed today are diagnosed so early from PSA detection and also have usually low-risk disease. They will very likely be overtreated if they are treated immediately."



Two American experts saw the study's results differently: as further justification to treat intermediate prostate cancers as aggressively as possible.

The study's take-home message is: "If you live a long time, you're likely to live longer if you get treated than if you don't," according to Dr. Anthony D'Amico, chief of genitourinary radiation oncology at the Dana-Farber Cancer Institute and a professor at Harvard Medical School, both in Boston.

Men with a result of 7 on a test called the Gleason score, who are today

considered at intermediate risk, should be treated, and should not wait to see if their tumors become more dangerous, D'Amico said.

"This study proves that if a man's going to live 20-25 years and he's got intermediate prostate cancer, he has an opportunity to save his life," D'Amico said.

According to the study, those men who had a radical prostatectomy at the start of the study lived an average of 2.9 years longer than men who got no therapy. But that really means more men in the treatment group were able to live out their natural lives, while men who got watchful waiting died early, D'Amico said.

D'Amico also highlighted what he called "a pretty striking statistic": that just eight men needed to undergo treatment to save one life, according to the study. For comparison, 233 women in their 60s would need to get a mammogram to prevent one of those women from dying of breast cancer, according to a 2012 study.

Kibel, the Brigham and Women's urologist, said the Swedish study has been "central to our understanding of how we manage prostate cancer," for decades, and confirms that many patients benefit from aggressive treatment.

The Swedish study was started so long ago that men didn't routinely get PSA tests to diagnose prostate cancer, as they often do today. Routine PSA screening can overdiagnose cancers that won't turn lethal. But combined with their Gleason score — and maybe someday with a diagnostic MRI — men should be able to figure out whether their cancer is advanced enough to warrant treatment, or to monitor it to make sure it isn't turning

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more aggressive, Bill-Axelsson said.

A man's health and his disease risk — not his age — should be the determining factors in whether he

should be treated for prostate cancer, Bill-Axelsson said. When asked whether an 80-year-old should be treated, she said, only half-joking: "If he comes with his parents, it's a good idea."

By Karen Weintraub December 12, 2018

<https://www.statnews.com/2018/12/12/long-term-study-prostate-cancer-patients-dont-need-treatment/>

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Metastatic Prostate Cancer Target Identified for Combo Therapy

Scientists in the U.S., Spain, and Switzerland have identified a protein that could represent a new target for treatment-resistant and metastatic prostate cancer. Studies in genetically engineered mouse models (GEMM) and data from human prostate cancer patients indicate that administering drugs targeting the histone methyltransferase nuclear receptor binding SET domain protein 2 (NSD2) in combination with conventional prostate cancer treatments could boost effectiveness against advanced and metastatic disease.

Álvaro Aytés, Ph.D., and Katia Ruggero, Ph.D., from the Bellvitge Biomedical Research Institute. NSD2 is a histone methyltransferase enzyme that plays a key role in the epigenetic control of gene expression. New studies by a Bellvitge Biomedical Research Institute (IDIBELL)-led team, headed by Alvaro Aytés, Ph.D., and Katia Ruggero, Ph.D., suggest that prostate tumors produce increasing levels of NSD2 during progression and acquisition of treatment resistance, and are dependent on the protein to continue growing and spreading. "... our study demonstrates that NSD2 is a functional driver of prostate cancer metastasis and suggests that it may be a target for treatment of advanced prostate cancer," the researchers wrote in their published paper in *Nature Communications*, which is titled, "NSD2 is a conserved driver of metastatic prostate cancer progression."

Metastasis is a complex process that results in molecular changes in cancer cells, which ultimately enable them to

escape the tumor and disseminate to distant sites. Scientists would ideally be able to study the biological processes and molecular mechanisms underlying metastatic progression as they occur in vivo. "However," the authors pointed out, "inherent challenges in accessing primary tumors and their metastases from cancer patients have made it difficult to study de novo metastasis formation." One answer is to use GEMMs, which enable access to tumors and metastases as they develop in the model organisms.

Nearly all prostate cancer deaths are due to metastases that are often resistant to treatment. While the five-year survival for patients with locally confined disease is more than 95%, for patients with metastatic prostate cancer five-year survival drops to less than 30%, the team commented. Advanced disease also becomes refractory to androgen deprivation therapy and develops into castration-resistant prostate cancer, which is very aggressive and prone to metastasis. Although studies have linked recurrent genomic changes with prostate cancer spread, identifying causal drivers of metastatic disease has been held back because of a lack of experimental models that make it possible to carry out biological and molecular analysis of metastasis as it occurs, in the context of the whole organism. To try and provide new insights into the mechanisms of metastatic progression, Dr. Aytés' team turned to a GEMM of prostate cancer. They found that in their NPK mouse model pre-metastatic and post-metastatic primary tumor cells demonstrated very

different expression profiles. "... expression profiles from the post-metastatic primary tumors were very similar to those from lung, liver, and lymph node metastases," they wrote. And by using lineage tracing of primary and metastatic tumor cells in the animals the researchers were able to identify a molecular signature for tumor progression in the mouse model. This signature was highly conserved, and corresponded with a very similar signature of human metastatic prostate cancer progression that had been previously reported. "... these molecular analyses define a cell-intrinsic signature of de novo metastasis progression in the NPK mouse model that is highly conserved with metastasis progression of human prostate cancer."

Subsequent cross-species computational analyses comparing the mouse and human signatures highlighted the histone methyltransferase NSD2 as a conserved master regulator of metastasis progression. Interestingly, the researchers write, "NSD2 is a putative cofactor of androgen receptor that has been previously implicated in advanced prostate cancer ...". Subsequent gene expression analyses confirmed that while NSD2 is expressed only in low levels in the non-metastatic prostate tumors in mice, its expression is elevated in metastatic tumors and their metastases. Evaluation of data on human prostate cancers and direct examination of primary and metastatic tumors also found that

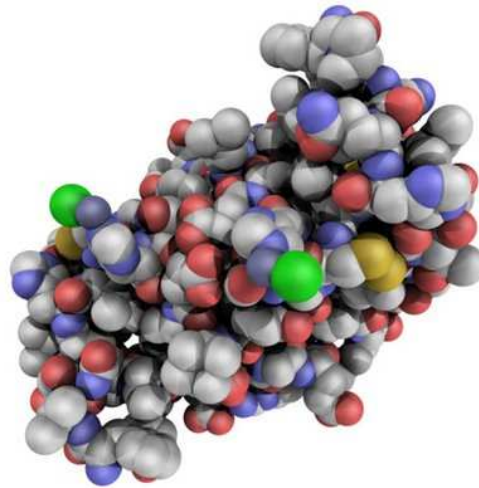
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NSD2 expression increased during cancer progression at both the mRNA and protein levels, and was much higher in more advanced compared with earlier stage prostate primary tumors.

Encouragingly, genetically silencing NSD2 in laboratory grown human and mouse prostate cancer cells led to reduced colony formation and significantly held back invasion. And genetically inhibiting HSD2 in mouse models of prostate cancer led to increased survival and reduced metastatic burden, without affecting primary tumor growth. Similarly, pharmacological inhibition of NSD2 in human prostate cancer xenografts using a compound called MCTP-39 was linked with reduced tumor volume. “Taken together, these observations demonstrate that increased expression of NSD2 is associated with lethal and metastatic prostate cancer, and establish the functional relevance of NSD2 for metastatic prostate cancer progression,” the authors stated.

“Together with the results of silencing NSD2 in vivo, these findings regarding MCTP-39 treatment suggest that NSD2 may be a target for intervention in advanced prostate cancer.”



The authors say their study demonstrates the value of cross-species evaluation of molecular data from GEMM and human cancers to identify mechanisms of metastatic progression. “We propose that the general strategy

of integrating molecular analyses of tumors and metastases from relevant GEMMs with cross-species computational analyses of human cancer can be broadly adopted to identify new targets for prevention, detection, and potentially treatment of metastasis progression for other cancer types.”

The study findings indicate that combining NSD2 inhibitors with inhibition of other targets, including PI-3 kinase, androgen receptor, the histone methyltransferase component EZH2, and/or DNA repair mechanisms, “all of which are themselves targetable and highly relevant for prostate cancer,” may offer promising treatments for metastatic prostate cancer. The researchers also suggested testing out different combinations of therapy in their mouse model.

December 6, 2018

<https://www.genengnews.com/news/metastatic-prostate-cancer-target-identified-for-combo-therapy/>

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Complementary Therapies for Prostate Cancer Treatment

MELISSA MILLS, BSN, RN, CCM, MHA
December 05, 2018

Mr. Smith comes to the clinic for his first round of radiation for prostate cancer. During check-in, he mentions that he just started taking selenium because his daughter read that it has anticancer effects and may help shrink his tumor. He asks if this works and if it's safe.

HOW SHOULD THE NURSE RESPOND?

In the past, complementary therapies, or nonstandard therapies, were described as alternative or even irrational. Today, more and more complementary therapies are being integrated into care plans for patients with prostate cancer. Acupuncture, prayer, and meditation are

examples of therapies that patients use to ease adverse events related to cancer or traditional cancer treatment.

In a recent study of men with prostate cancer, the findings showed that 65% of patients used herbal remedies and nutritional supplements during their conventional treatment.¹ Other common complementary therapies included exercise programs, dietary changes, calcium supplements, and prayer. The results also revealed that just half of the patients discussed the use of these treatments with their physicians, and that patients usually initiated the conversations.¹

Many individuals continue to use complementary therapies after completing active cancer treatment. In a study published in the *Journal of Cancer*

Survivorship in 2016, approximately 79% of cancer survivors claimed to have used vitamins, minerals, or other complementary and alternative medicine modalities in the previous year.

Some complementary therapies have undergone evaluation and been found to be safe and effective. Others are ineffective or even harmful. It's important that oncology nurses are familiar with the most common complementary therapies so that they can help patients make safe decisions and communicate with a physician regarding potential interactions or issues.

NUTRITIONAL THERAPIES

A nutritious diet is an essential aspect of overall health. However, some

(Continued from page 6)

nutritional supplements can cause harmful interactions with a patient's therapy regimen.

Common nutritional therapies include antioxidants, such as beta-carotene, lycopene, and vitamins A, C, and E. Antioxidants may protect cells from damage caused by free radicals, which may lead to cancer.⁴ Patients with prostate cancer have commonly used antioxidants for both prevention and treatment.

A 2009 study evaluated the use of vitamin E and selenium for prevention of prostate cancer in men over age 50. The results showed that neither supplement reduced the risk of prostate cancer development and that both were potentially harmful.

Other common nutritional therapies include coenzyme Q10, dietary supplements, glutamine, and melatonin. Coenzyme Q10, an antioxidant made by the body and found in meat, fish, and whole grains, has been shown to stimulate the immune system and protect the heart during chemotherapy treatments that cause damage.

Glutamine, an amino acid, has been shown to reduce damage to the gastrointestinal tract that can happen during chemotherapy and radiation treatments. Supplemental use of glutamine during prostate cancer treatment may minimize treatment delays and dose reductions and improve quality of life. The hormone melatonin

assists with sleep-wake cycles and may limit sleep disturbances during treatment.⁴ More research is under way regarding the use of melatonin supplements during cancer treatment.

ACUPUNCTURE

A practice in traditional Chinese medicine, acupuncture is used to manage cancer-related symptoms, treat adverse events that might arise due to chemotherapy and radiation, boost blood cell counts, and enhance lymphocyte and natural killer cell activity. One study showed that acupuncture can help control cancer-related pain, decrease the frequency of vomiting, and reduce hot flashes and lethargy in prostate cancer patients. Overall, acupuncture is a useful supportive treatment when done in combination with allopathic medicine for prostate cancer treatment.

MIND-BODY THERAPIES

Mind-body techniques such as cognitive-behavioral therapy (CBT) and hypnosis can combat the effects of cancer-related stress, anxiety, and depression. A type of psychotherapy, CBT helps patients change their behaviors by altering how they feel about certain aspects of care. CBT has been shown to be effective in treating anticipatory nausea and vomiting in patients undergoing cancer treatments. It has also proved effective in the treatment of depression and cancer-related posttraumatic stress.⁴ Hypnosis is also commonly used to treat anxiety and distress.

BOTANICALS AND HERBAL PRODUCTS

The use of botanicals such as herbs ranges from controversial to commonplace. One popular kind used by patients with cancer is St John's wort (*Hypericum perforatum*), for example. As a treatment for depression, its major active ingredients are thought to be melatonin, hypericin, hyperforin, and adhyperforin. This herb can decrease the effectiveness of other drugs, however, so it is important to notify the physician about a patient's concomitant use of St. John's wort.

PUTTING IT INTO PRACTICE

Nurses who encounter an unfamiliar complementary therapy should do some investigative work before discussing it in detail with patients. Reliable resources include the National Center for Complementary and Alternative Medicine and the National Cancer Institute's Office of Cancer Complementary and Alternative Medicine. At each visit, patients should be asked about any new medications or treatments, supplements, or therapeutic activities. Education regarding these therapies will help patients make the best decisions about all aspects of their cancer care.

<https://www.oncnursingnews.com/publications/oncology-nurse/2018/december-2018/complementary-therapies-for-prostate-cancer-treatment>

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“You Can Help Spread The Word About Prostate Cancer”

Prostate cancer is one of the most common cancers in men. Discovered early, it can be successfully treated in the majority of cases. Such early discovery is dependent on men being aware of the facts about this disease and getting checked. *Early discovery saves lives.*

To help raise awareness and encourage “getting checked” the Manitoba Prostate Cancer Support Group is happy to provide speakers to make presentations to interested groups in the community. There is no charge for this

service and the size of the group doesn't matter. If you are involved with a group that would like to learn more about prostate cancer, and perhaps save some lives in the process, please contact Pat Feschuk (tel: 204-654-3898; email: lizpat@shaw.ca). *Remember that if a man has prostate cancer the sooner he learns about it the better. Not knowing about it simply allows it to grow and spread. So do something about it help spread the word.*

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FUTURE MEETINGS 2019

16 Jan. Speaker: **Dr. Lynda G. Balneaves**, RN, Ph.D.
 Title: *"Hype or Hope: Complementary and Integrative Health Care for Prostate Cancer "*

20 Feb. Speaker: **Jonathan Doherty** (Delta 9 Cannabis Inc.)
 Topic: Medicinal cannabis for prostate cancer

20 Mar. Speaker: **Dr. Sabine Mai**
 Topic: Research progress towards improved therapy for prostate cancer

 All meetings (except September) will be held at :
 The First Unitarian Universalist Church of Winnipeg, 603 Wellington Crescent

All meetings are 7 – 9 pm.
 (First hour for general discussion;
 second hour for expert guest speaker)

Everyone Welcome Plenty of free parking

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