

Manitoba Prostate Cancer SUPPORT GROUP

Newsletter

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Thanks!

Next Meeting

Date: Wednesday, April 16, 2025

Speaker: D'Arcy Bruning-Haid
Certified Clinical Counsellor

Topic: "Cancer can bring us unexpected
teachings & gifts into our lives."
(There will be lots of opportunity for a vigorous Q&A)

Location: The First Unitarian Universalist Church
of Winnipeg, 03 Wellington Crescent, Winnipeg

Time: 7-9 pm

Free Admission Everyone Welcome Plenty of free parking Door Prizes



Thought of The Day

"You have within you
right now,
everything you need
to deal with
whatever the world
can throw at you."

Brian Tracy

Researchers Learn How a Drug Called Zotatfin Kills Cancer Cells

Zotatfin, which was developed by UCSF researchers, is being tested against breast cancer. They think it also might work against prostate and other cancers.

Swirling inside every cell are millions of microscopic messages called messenger RNAs (mRNAs). The messages are the genetic blueprints for proteins, which

determine the behavior and health of the cell.

All mRNAs are packaged to ensure they're only used at the right place and time – imagine notes sealed in envelopes. But in cancer, enzymes called helicases relentlessly unseal thousands of mRNAs, leading to out-of-control protein production.

Now, UC San Francisco

scientists have discovered that a cancer drug called zotatfin that they helped invent turns this process on its head. It disables a helicase called eIF4a, which is plentiful in all sorts of tumors. The drug not only stopped prostate tumors from growing in mice but also made them shrink.

The study, which was funded by the National Institutes of

(Continued on page 2)



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.

(Continued from page 1)

Health (NIH), the Prostate Cancer Foundation (PCF), and the UCSF Benioff initiative for prostate cancer research, appears in Cancer Cell on March 20.

“Healthy cells have all sorts of safeguards to prevent cancerous mRNAs from being highly translated,” said Davide Ruggero, PhD, a professor of urology at UCSF, Goldberg-Benioff Endowed Professorship, American Cancer Society Research Professor and co-corresponding author of the paper. “Prostate cancer usurps eIF4A to overcome these safeguards, but we had zotatifin in our back pocket to attack eIF4A. We think it could be a game-changer for treating the disease.”

Targeting the protein factories behind prostate cancer
Zotatifin was developed by the pharmaceutical company eFFECTOR based on the research of Ruggero and Kevan Shokat, PhD, professor of cellular and molecular pharmacology at UCSF. It is currently being tested as a therapy for breast cancer in clinical trials.

“Our innovative approach with zotatifin promises to make prostate cancer treatment more durable.”

Hao Nguyen, MD, PhD

Ruggero and his UCSF team suspected that eIF4A might also be misbehaving in prostate cancer, so they screened tumors from 500 UCSF patients with prostate cancer. As the patients’ cancer worsened, their eIF4A levels rose.

The scientists tested zotatifin against prostate tumor biopsies that were transplanted into mice. This type of experiment, called a patient-derived xenograft, is considered a gold standard for showing a drug’s potential to beat cancer in the laboratory.

The prostate tumors, which had been growing relentlessly in patients, shrank in response to zotatifin in the mice.

Ruggero knew that this first result might not be enough to show it worked against prostate cancer, which is one of the most common cancers in men. It is notorious for coming back after diminishing in response to first-line therapies, like hormone therapy and radiation.

The scientists measured the types and amounts of proteins present in prostate cancer cells before and after zotatifin. With zotatifin interfering with eIF4A, it lowered the amount of specific proteins that drive cancer. One of them was the androgen receptor, which is a major driver of prostate cancer. Several prostate cancer therapies try to block the receptor, but zotatifin prevented cancer cells from even making it.

When eIF4A tried to unpack the androgen receptor mRNA in the presence of zotatifin, it got tangled up in the mRNA. The tangled message couldn’t fit into the cell’s machinery for making a protein and failed to make any more of the androgen receptor.

The same was true for the mRNA that makes HIF1A, an enzyme that helps prostate tumors grow in the absence of oxygen.

“Zotatifin, as a bona-fide ‘translatome therapy’ that blocks the production of cancer-causing proteins, expands the landscape of drugs available for patients,” said Duygu Kuzuoglu-Ozturk, PhD, a scientist in Ruggero’s lab and co-first author of the paper.

The team hopes their results will encourage clinical trials of zotatifin against prostate cancer.

“Our innovative approach with zotatifin promises to make prostate cancer treatment more durable,” said Hao Nguyen, MD, PhD, professor of urology at UCSF and co-first and co-corresponding author of the paper. “It offers much-needed hope for the tens of thousands of patients battling this deadly disease.”

Authors: Other UCSF authors are Duygu Kuzuoglu-Ozturk, PhD, Lingru Xue, MS, Emma Figueredo, Vishvak Subramanyam, Isabelle Liu, Kenya Bonitto, Ashish Noronha, PhD, Adrianna Dabrowska, PhD, Janet E. Cowan, MA, Juan A. Oses-Prieto, PhD, MA, Alma L. Burlingame, PhD, and Peter R. Carroll, MD, MPH, as well as Stephen T. Worland, PhD of eFFECTOR Therapeutics.

Funding: This work was supported by the Prostate Cancer Foundation Challenge; the UCSF Benioff Initiative for Prostate Cancer Research; the UCSF PCa Program Pilot Award; the National Institutes of Health (NIH R35CA242986, R01CA235741); the Department of Defense (HT9425-24-1-0070); the American Cancer Society; and the Richard and Leilani Grinold Professorship.

By Levi Gadye March 20, 2025

Source: www.ucsf.edu/news/2025/03/429646/researchers-learn-how-drug-called-zotatifin-kills-cancer-cells

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Learning the basics about prostate cancer

As part of our outreach activity we provide speakers available to any community service group interested in learning about and upgrading their knowledge about prostate cancer. If you are part of a group that would like to learn, or review, the important basics

that everyone should know about this disease, presented at an easy-to-understand layperson level, please contact any board member to schedule a presentation. It takes about an hour and allows for active engagement between speaker(s)

and audience to explore a variety of interests and concerns. There is no cost for this service. Size of the group doesn’t matter, but the more the merrier. You provide the audience and we’ll provide the speaker.

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High resolution ultrasound could enable faster prostate cancer diagnosis

Biopsies guided by high resolution ultrasound are as effective as those using MRI in diagnosing prostate cancer, an international clinical trial has shown.

The technology, called micro-ultrasound, is cheaper and easier to use than MRI. It could significantly speed up diagnosis, reduce the need for multiple hospital visits and free up MRI for other uses, researchers say.

The results of the OPTIMUM trial were presented at the European Association of Urology Congress in Madrid and published in JAMA.

OPTIMUM is the first randomized trial to compare micro-ultrasound (microUS) guided biopsy with MRI-guided biopsy for prostate cancer. It involved 677 men who underwent biopsy at 19 hospitals across Canada, the U.S. and Europe. Of these, half underwent MRI-guided biopsy, a third received microUS-guided biopsy followed by MRI-guided biopsy and the remainder received microUS-guided biopsy alone.

MicroUS was able to identify prostate cancer as effectively as MRI-guided biopsy, with very similar rates of detection across all three arms of the trial. There was little difference even in the group who received both types of biopsies, with the microUS detecting the majority of significant cancers.

Around a million prostate cancer biopsies are carried out each year in Europe, a similar number in the U.S. and around 100,000 in Canada. The majority of biopsies are conducted using MRI images fused onto conventional ultrasound, as this enables urologists to target potential tumors directly, leading to more effective diagnosis.

MRI-guided biopsy requires a two-step

process (the MRI scan, followed by the ultrasound-guided biopsy), requiring multiple hospital visits and specialist radiological expertise to interpret the MRI images and fuse them onto the ultrasound.

Micro-ultrasound has higher frequency than conventional ultrasound, resulting in three times greater resolution images that can capture similar detail to MRI scans for targeted biopsies.

Clinicians such as urologists and oncologists can be easily trained to use the technique and interpret the images, especially if they have experience in conventional ultrasound. MicroUS is cheaper to buy and run compared to MRI, and could enable imaging and biopsy to be carried out during one appointment, even outside a hospital setting.

The results of the OPTIMUM trial could have a similar impact to the first introduction of MRI, according to lead researcher on the trial, Laurence Klotz, Professor of Surgery at the University of Toronto's Temerty Faculty of Medicine and the Sunnybrook Chair of Prostate Cancer Research.

"When MRI first emerged and you could image prostate cancer accurately for the first time to do targeted biopsies, that was a game-changer," he recalls. "But MRI isn't perfect. It's expensive. It can be challenging to get access to it quickly. It requires a lot of experience to interpret properly. And it uses gadolinium, which has some toxicity. Not all patients can have MRI, if they have replacement hips or pacemakers, for example.

"But we now know that microUS can give as good a diagnostic accuracy as MRI and that is also game-changing. It means you can offer a one-stop shop, where patients are scanned, then biopsied immediately if required.

There's no toxicity. There are no exclusions. It's much cheaper and more accessible. And it frees up MRIs for hips and knees and all the other things they're needed for."

Professor Jochen Walz, from the Institut Paoli-Calmettes Cancer Center, Marseille/France, is a leading expert in the field of urological imaging and a member of the EAU Scientific Congress Office.

He said, "This is a well-conducted and exciting study which adds a very important tool to the diagnosis of prostate cancer. Using micro-ultrasound is a more straightforward and simpler process. This also makes it safer, by avoiding the potential errors that can creep in during the transfer of MRI to ultrasound for a fusion biopsy.

"It does require training to spot the patterns and interpret micro-ultrasound images correctly. But once that's been mastered, then it could enable prostate cancer diagnosis and biopsy to happen at the same appointment. It could also make targeted biopsies more available in less developed health care systems where MRI is a very precious resource.

"The ease and cost of micro-ultrasound means it could be an important tool for screening programs as well, but further research would be needed to understand its potential role in that setting."

More information: Microultrasound-Guided vs MRI-Guided Biopsy for Prostate Cancer Diagnosis The OPTIMUM Randomized Clinical Trial, JAMA (2025). DOI: 10.1001/jama.2025.3579

by European Association of Urology

March 23, 2025

Source: <https://medicalxpress.com/news/2025-03-high-resolution-ultrasound-enable-faster.html>

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A Better Biopsy for Prostate Cancer?

Micro-ultrasound-guided biopsies were found for the first time to be “noninferior” to MRI-guided procedures, according to new research presented at the 2025 annual congress of the European Association of Urology.

The OPTIMUM study found 4.5% more clinically significant cancers among men who underwent micro-ultrasound-guided biopsies of the prostate than in those scanned using MRI.

“The take-home message is that men being worked up for an elevated PSA [prostate-specific antigen] or an abnormal digital rectal examination who are at increased risk of prostate cancer may safely undergo a micro-ultrasound-guided biopsy rather than an MRI-guided biopsy,” said Adam Kinnaird, MD, PhD, the Frank and Carla Sojonyk Chair in Prostate Cancer Research at the University of Alberta, Edmonton, Alberta, Canada, and principal investigator of the study.

Micro-ultrasound can image to as small as 70 µm, ie, the width of a human hair.

OPTIMUM was an international, open-label, randomized, noninferiority trial in 20 centers in eight countries of men with clinical suspicion of prostate cancer, elevated PSAs, abnormal digital rectal exams, or a combination of these risk factors. None of the men previously had undergone biopsies.

The study had three arms to which men were assigned randomly: Micro-ultrasound-guided biopsy (n = 121); biopsies guided by micro-ultrasound and fusion MRI (n = 226), and MRI

plus conventional ultrasound-guided biopsy (n = 331).

Subjects had a median age of 65 years and a median PSA level of 6.9 ng/mL; 83% self-identified as White individuals.

“Micro-ultrasound was found to be no worse than MRI at the detection of clinically significant prostate cancer. We don’t show it is equivalent. We don’t show it better. We show it is not worse,” Kinnaird said.

The study, funded by Exact Imaging, which makes the ExactVu micro-ultrasound platform, appeared simultaneously in JAMA.



Laurence Klotz, MD, the Sunnybrook Chair of Prostate Cancer Research at the University of Toronto Sunnybrook Health Sciences Centre, and senior researcher on the OPTIMUM trial, said as the incidence of prostate cancer rises globally, micro-ultrasound may be of particular value in low-income and middle-income countries where MRI is not

widely available.

“It’s extremely appealing in places that can’t offer MRI to everyone, but I think it also will have a role going forward in regions where there is no problem about getting access to MRI,” Klotz told Medscape Medical News.

This group is next studying the financial aspects of the technology, he added.

Gerald Andriole, MD, then urology chief at Washington University in St. Louis, St. Louis, Missouri, designed the original studies of the ExactVu system,

which the US Food and Drug Administration approved in 2017.

Andriole, now chief medical officer of Prostatype Genomics, said MRIs are costly, subjective, and uncomfortable for many patients, due to claustrophobia and obesity, requiring complicated co-registration procedures to perform an accurate targeted biopsy into the most worrisome regions of the prostate. “Proceeding directly to a micro-ultrasound study avoids these impediments to discovering whether the patient has clinically significant cancer,” he said.

Micro-ultrasound testing involves a single visit to a urologist whereas MRI requires two trips for the patient — one to the urologist and the other to a radiologist, Klotz said. “It’s one-stop shopping,” he said. “So, the patient has his micro-ultrasound. If there’s a target found, he then does the targeted biopsy.”

Klotz said micro-ultrasound helps patients avoid the expense and health risks of gadolinium in contrast with MRIs.

“I don’t think micro-ultrasound is going to replace MRIs,” he said. “I think they’re somewhat complementary. You get cases where they’re visible on MRI and not visible on micro-ultrasound and vice versa.”

The researchers received a grant from Exact Imaging.

Howard Wolinsky
March 26, 2025

Howard Wolinsky is a Chicago-based freelance writer.

Source: www.medscape.com/viewarticle/better-biopsy-prostate-cancer-2025a100078q

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Nerve-Sparing Prostate Cancer Surgery Preserves Sexual Function

The NeuroSAFE robot-assisted prostate removal technique spares nerves involved in erectile function and urinary continence.

A robot-assisted surgery technique, dubbed NeuroSAFE, spares nerves and helps avoid erectile dysfunction in men undergoing treatment for prostate cancer, according to study findings presented at the 2025 European Association of Urology Congress and published in *The Lancet Oncology*.

“Our results show that, by using NeuroSAFE, nearly twice as many men don’t have to face potentially life-changing loss of erectile function after prostate surgery,” said senior study author Greg Shaw, MD, of University College London, in a news release. “It is an involved procedure that requires expertise, but it isn’t expensive, particularly given the benefits it offers for patients, and most importantly doesn’t jeopardize cancer control.”

Prostate cancer is the most common cancer (after skin cancer) and the second leading cause of cancer death among men in the United States. Treatment for medium- to high-risk prostate cancer—meaning it is likely to grow and spread—may include surgery, radiation and hormone therapy. Removing the prostate gland, known as radical prostatectomy, can lead to long-term side effects, including urinary incontinence and erectile dysfunction.

Shaw and colleagues evaluated a precision robot-assisted radical prostatectomy procedure that spares nerves that run through the prostate’s outer layers, which are thought to be responsible for producing erections. The technique, which employs a four-armed robot, enables the surgeon to peel off and retain the gland’s outermost layers that contain the crucial nerves. NeuroSAFE has been available for more than a decade, but it is not widely used outside Germany, where it was invented.

The method includes a test to ensure that all malignant cells are removed. A tissue sample is flash-frozen and examined by a

pathologist while the operation is still underway to see whether more cancerous tissue needs to be removed.

“In standard robotic surgery, surgeons determine whether to choose nerve-sparing based on MRI scans, digital rectal examinations and biopsy results before surgery. But whereas those methods can provide guidance, NeuroSAFE provides certainty. And that opens up the option of nerve-sparing surgery for many more men, without compromising on the chances of controlling the cancer,” co-lead study author Ricardo Almeida-Magana, MD, of University College London, explained.

The Phase III NeuroSAFE PROOF trial (NCT03317990) was conducted at five National Health Service hospitals in the United Kingdom. The study enrolled men of all ages with non-metastatic prostate cancer, good baseline erectile function and no previous prostate cancer treatment.

Between January 2019 and December 2022, 190 men were randomly assigned to undergo NeuroSAFE surgery, while 191 underwent standard robot-assisted radical prostatectomy. Data were available for 173 men in the NeuroSAFE group and 171 in the standard surgery group.

After a year of follow-up, 39% of the men in the NeuroSAFE group had no or mild erectile dysfunction compared with 23% in the standard surgery group. What’s more, 20% of NeuroSAFE recipients reported good erectile function compared with 14% who underwent standard surgery. Conversely, 38% in the NeuroSAFE group reported severe erectile dysfunction compared with 56% in the standard surgery group.

At 12 months, men in the NeuroSAFE group had a significantly higher average erectile function score using the IIEF-5 questionnaire, which ranges from 5 to 25, than those in the standard surgery group (mean 12.7 versus 9.7). This was also the case using the longer IIEF-6 questionnaire (mean 15.3 versus 11.5).

Urinary incontinence after prostate cancer surgery is often temporary. A similar

proportion of men in both groups regained full continence by 12 months, but NeuroSAFE recipients recovered urinary control faster. At three months, men in the NeuroSAFE group had a lower average ICIQ urinary incontinence score, indicating better function, but there was no significant difference by six months.

Men in the NeuroSAFE group were more likely to use adjuvant therapy after surgery compared with those in the standard surgery group, Shaw reported. There was little difference in rates of prostate-specific antigen persistence (3.8% versus 2.7%) or biochemical recurrence (5.5% versus 3.7%).

Both surgical methods were generally safe, and serious adverse events were uncommon in both groups (3%). All adverse events were postoperative complications, and no serious events or deaths were attributed to the surgical procedure itself.

“[T]his trial confirms the efficacy of the NeuroSAFE technique to improve functional outcomes after robot-assisted radical prostatectomy in patients with good preoperative urinary and erectile function,” the study authors concluded. “These findings should inform guideline updates and confirm the role of the NeuroSAFE technique as an adjunct to guide nerve-sparing.”

Derya Tilki, MD, of the Martini Klinik Prostate Cancer Center in Hamburg, where NeuroSAFE was developed, noted that her clinic uses the technique for most of the 2,500 prostate cancer patients treated each year.

“This trial wasn’t designed to look at longer-term cancer outcomes but based on the data we have from using the technique for over 20 years, NeuroSAFE does not appear to affect these,” she said.

March 27, 2025 • By Liz Highleyman

Source: www.cancerhealth.com/article/nervesparing-prostate-cancer-surgery-preserves-sexual-function

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Checking PSA levels too soon after prostate cancer surgery can cause overtreatment

After prostate cancer surgery, doctors monitor prostate-specific antigen (PSA) levels to check if any cancer remains. If PSA levels stay high, it could mean that some cancer cells are still present, which can lead to worse outcomes.

Currently, doctors usually check PSA levels about six to eight weeks after surgery. However, a new study from Mass General Brigham, published in JAMA Oncology, suggests that this timeline is too short and could lead to unnecessary treatments.

Researchers found that waiting at least three months before making treatment decisions provides a more accurate picture of whether the cancer has truly returned.

Dr. Anthony D'Amico, senior author of the study and chief of Genitourinary Radiation Oncology at Brigham and

Women's Hospital, explained the issue. "If PSA is checked too soon, doctors might mistakenly think the cancer has come back. This can lead to unnecessary referrals for radiation and hormone therapy."

D'Amico noted that patients who had very high PSA levels (greater than 20) before surgery may take longer than three months to clear the PSA from their blood. In such cases, testing too early could give misleading results.

The key takeaway from the study is that doctors should wait longer—at least three months—before determining if PSA levels are persistently high. This could prevent unnecessary treatments and ensure that patients receive the most appropriate care based on a more accurate assessment of their condition.

If you care about prostate cancer,

please read studies about a natural ally against prostate cancer, and supplements and keto diet can boost immunotherapy for prostate cancer.

For more health information, please see recent studies about how to harness the power of anti-cancer foods and supplements, and low-fat diet may help stop cancer growth.

The research findings can be found in JAMA Oncology.

<https://dx.doi.org/10.1001/jamaoncol.2025.0110>

Knowridge Science Report

March 16, 2025

Source: <https://knowridge.com/2025/03/checking-psa-levels-too-soon-after-prostate-cancer-surgery-can-cause-overtreatment/>.

...

Go Plant-based to Boost Chances of Prostate Cancer Survival

Plant-based diet can help those suffering from prostate cancer

Highlights:

- ◇ **Prostate cancer is one of the most common cancers in men and is estimated to be responsible for 34,700 deaths in 2023**
- ◇ **Plant-based diets have been shown to decrease the risk of cancer progression and recurrence by 52% and 53% respectively**
- ◇ **Plant-based diet is rich in antioxidants and anti-inflammatory components, which may be responsible in decreasing the progression and recurrence**

A new study suggests that following a plant-based diet after being diagnosed with prostate cancer may help prevent the disease from progressing or recurring.

Researchers found that men who ate a diet rich in vegetables, fruits, and whole grains had a 52% lower risk of cancer progressing. Furthermore, there was a 53% lower risk of recurrence, compared with men who had the lowest amounts of plants in their diet.

"Progressing to advanced disease is one of many pivotal concerns among patients with prostate cancer, their family and caregivers and their physicians," said lead researcher Vivian Liu, a clinical research coordinator at the Osher Center for Integrative Health at the University of California, San Francisco.

"These findings may directly inform clinical care by providing diet recommendations as guidance for managing their health and reducing morbidity for the most common cancer facing U.S. men, in addition to having other positive health benefits for

preventing other chronic diseases," Liu said.

'Men who ate a plant-based diet found to lower the risk of progression of prostate cancer by 52%.'

Plant-based Diet may be Good for Those Suffering from Prostate Cancer

For the study, Liu and her colleagues used data from a study that collected information on more than 2,000 men with prostate cancer.

Over a median of seven years, the researchers found that men who reported diets that included the highest amounts of plants had a lower risk of both progression and recurrence, compared with men who ate the lowest amounts of plants. This association did

(Continued on page 7)



(Continued from page 6)

not vary by age, walking pace, or the severity of cancer.

"Post-diagnostic healthful plant-based diets, including vegetables, fruits, legumes and whole grains, may be associated with a reduction in risk of prostate cancer progression and recurrence, adding to a list of other numerous health benefits including a reduction in diabetes, cardiovascular disease and overall mortality," Liu said.

Why Plant-Based Diet Could be Good for Those with Prostate Cancer

The reason behind the benefits of a plant-based diet may be because fruits and vegetables contain antioxidants and anti-inflammatory components. Additionally, they are high dietary fiber that improve glucose control and reduce inflammation.

Furthermore, this diet could reduce potentially harmful exposures to animal-based foods, such as hormones and heterocyclic amines created during high-temperature cooking, which have been linked to prostate cancer in particular.

Diets in Animal Protein Could Increase Risk of Prostate Cancer

Diets high in animal protein may also increase insulin resistance, while milk and dairy may increase levels of the growth factor IGF1, which has been associated with prostate cancer risk.

"We've known that diets that include vegetables, fruits, legumes, and whole grains are associated with numerous health benefits, including a reduction in diabetes, cardiovascular disease, and overall mortality," Liu said in a statement. "We can now add benefits in reducing prostate cancer progression to that list."

The findings are to be presented Thursday at the 2023 American Society of Clinical Oncology (ASCO) Genitourinary Cancers Symposium, in San Francisco. Findings presented at medical meetings are considered preliminary until published in a peer-reviewed journal.

Taking the Full Picture into Account

It is important to note that although the findings are promising, they can't prove that a plant-based diet caused prostate cancer outcomes to improve, only that there is an association between the two. Conversely, there is biological evidence that plant-based diets are healthier and can boost the immune system.

There is a biological rationale for plant-based diets being able to slow the risk of progression of any cancer as a result of immune surveillance. On the other hand, people who eat a plant-based diet also tend to exercise, which has been shown to boost the immune system.

A healthy lifestyle also lowers the risk of cancer recurrence and progression because patients can tolerate treatments better, are more likely to get the full treatment, and are more likely to be compliant.

References:

Diet Higher in Plants Associated With Lower Risk of Prostate Cancer Progression and Recurrence - (<https://old-prod.asco.org/about-asco/press-center/news-releases/diet-higher-plants-associated-lower-risk-prostate-cancer>)

Written by Dr. Hena Mariam

Medically Reviewed by The Medindia Medical Review Team on Feb 17 2023

Source-Medindia

www.medindia.net/news/lifestyleandwellness/go-plant-based-to-boost-chances-of-prostate-cancer-survival-210536-1.htm

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FUTURE MEETINGS 2025

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21 May: Dr. Michael Cowap MD FRCSC
CancerCare MB
Topic: "Imaging modalities and their critical role in dealing with your prostate cancer"

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18 Jun: Evan VanDale Certified Physiotherapist
Reh-Fit Centre
Topic: "A fitness program yields multiple benefits to prostate cancer survivors"

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