

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

PHASE I TRIALS 2009

IL-29

Interleukin 29 is produced in the body to fight off infections. A man-made version has been produced by ZymoGenetics, and results of a Phase I study of 10 HCV patients, showed that IL-29 (a type III long-acting interferon) with and without ribavirin was well-tolerated, and produced an average viral load reduction of at least 3.0 log₁₀, according to the report presented at the EASL 2009 Conference.

Source: <http://clinicaltrials.gov/ct2/show/NCT00565539?term=IL-29&rank=1>

ChronVac-R

Tripep's ChronVac-R, a therapeutic DNA vaccine, was tested in 12 treatment-naïve subjects. Results showed that 67% of those taking the two highest doses had reductions in viral load greater than 0.5 log₁₀, and sustained that response for more than 10 weeks.

Source: hcvadvocate.org May 5, 2009

CF102

A phase I clinical trial of Can-Fite's CF102 found the drug to be safe in 25 healthy adults. The Phase I/II trial began in July 2009, and plans to enrol 32 genotype 1 subjects, treating them with oral CF102 twice a day for 2 weeks. The trial is expected to be completed in June 2010. A separate study is taking place for the product as a liver cancer treatment. This drug binds to the adenosine 3 receptor (A3R), which is found on cancer and inflammatory cells, promoting apoptosis (programmed cell death).

VX-500 and VX-813

Vertex has produced two new, notable HCV protease inhibitor drug candidates. One, VX-813, is being tested in a Phase I study as of last year Oct. 28, 2008, and the other, VX-500, is being tested in a recent phase Ib study. Results are expected soon.

Source: www.hcvadvocate.org Feb 10, 2009

PHX1766

In October 2008, Phenomix began a Phase Ia clinical trial of PHX1766, an oral NS3/4A protease inhibitor of HCV. The study is taking place in the Netherlands and plans an enrolment of about 24 healthy subjects and six HCV+ patients who are to be treated with single ascending doses of PHX1766 in order to assess safety, tolerability, as well as viral load reductions in those infected.

Source: www.hcvadvocate.org Oct 28, 2008

ANA773

Anadys' ANA773 is an oral drug that induces interferons and acts through the toll-like receptor 7 (TLR7) pathway. On August 11, 2009, the company announced data for the final group of patients that took part in the Phase I clinical trial, a 10-day study of the drug as monotherapy, conducted in the Netherlands.

Subjects who took 2000 mg of ANA773 every 2 days for 10 days had an average of 1.3 log₁₀ drop in viral load, while those receiving placebo had an average decline of 0.3 log₁₀ drop. The drug was well tolerated, and there were no reports of serious side effects. The company plans to investigate the combination of the drug with

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NEWS

MONGOLIA'S PM DIAGNOSED

S. Bayar, the Prime Minister of Mongolia, travelled to South Korea to treat an old injury, and was found to be infected with HCV. The Minister of Health returned immediately from a trip to deal with the media reports. He explained that the Prime Minister is undergoing treatments and is expected to return home on September 21, after his treatment, which consisted in protective therapies including vitamins, since he is very busy and has no time for "proper hospitalized treatments."

The Minister of Health stated that Bayar was infected before taking office, but has only missed five days of work since taking office in November of 2007, and that he is now receiving IFN-based treatment in Seoul. He declared that Bayar's back and leg injuries were not caused by a road accident.

Source: <http://ubpost.mongolnews.mn> September 18, 2009

SIX ARRESTED IN INDIA

Police arrested three lab technicians, a doctor (possibly the leader), and two other men, accused of supplying blood tainted with hepatitis B and C to northern India blood banks. A police raid last month in Lucknow, capital of Uttar Pradesh, produced close to 60 units (3/4 pints each) of blood ready to be distributed to clinics and hospitals. The blood had a low level of hemoglobin, and was deemed unfit for use in humans. It had been diluted with saline water to make three units from what should have been one. The blood was purchased from donors who were paid about 50 cents US per unit, and then re-sold to blood banks at \$20-\$30 US per unit. If they are found guilty, they may receive sentences of life in prison. The fraud was discovered because a woman tested positive for HBV after surgery, and the infection was traced to a transfusion received during the surgery. Lack of strict laws make it

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to hepatitis on the envelope.)

You may also subscribe on line via PayPal at
www.hepcbc.ca/orderform.htm

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ADVERTISING: The deadline for placing
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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages
letters to the editor. When writing to us,
please let us know if you *do not* want your
letter and/or name to appear in the bulletin.

FAQ version 8.1

Peppermint Patti's **FAQ Version 8.1** is
NOW AVAILABLE, Version 8 is
available in **FRENCH** and Version 7.1 is
available in **SPANISH**. The **ENGLISH**
version includes the latest treatment
information and research from 2008.
Place your orders now. Over 140 pages
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HepCBC Resource CD

The CD contains back issues of the
hepc.bull from 1997-2007; the FAQ V8;
the slide presentations developed by Alan
Franciscus; and all of HepCBC's pam-
phlets. The Resource CD costs \$10, includ-
ing S&H. Please send cheque or money
order to the address on the subscription/
order form on this page.

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or treatment. Any guests invited to our groups to speak, do so to add to
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medical advice, unless they are medical doctors. The information you
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your health practitioner before considering any therapy or therapy
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those of the editors, of HepCBC or of any other group.

REPRINTS

Past articles are available at a low cost in hard
copy and on CD ROM. For a list of articles and
prices, write to HepCBC.

THANKS!!

HepCBC thanks the following institutions
and individuals for their generosity: The late
John Crooks, A-Channel News, The Ocean,
JackFM, Health Canada, Community Living
Victoria, Provincial Employees Community
Services Fund, Dr. C. D. Mazoff, Lorie
FitzGerald, Michael Yoder, Chris Foster,
Judith Fry, Ernie, Bruce Lemer, United Way,
and the newsletter team: Beverly A., Diana
Ludgate, Alp, Judy Klass.

Please patronize the following businesses
that have helped us: Top Shelf
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Canada, VanCity, Schering Canada,
Shoppers Drug Mart, and the Victoria
Conservatory. Heartfelt thanks to Blackwell
Science for a subscription renewal to
gastrohep.com.

Special thanks to Thrifty Foods for
putting our donation tins at their tills in
these stores: Greater Victoria: Quadra,
Cloverdale, Hillside Mall, Tuscany,
Broadmead, Fairfield, James Bay, Admirals
Walk, Colwood, Central Saanich, and
Sidney. Lower Mainland: Tsawwassen,
Coquitlam, Port Moody. Also: Salt Spring
and Mill Bay



CUPID'S CORNER

This column is a response to requests for a
personal classified section in our news
bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words.
Deadline is the 15th of each month and the ad
will run for two months. We'd like a \$10
donation, if you can afford it. Send a cheque
payable to **HepCBC**, and mail to **HepCBC**,
Attn. Joan, #306-620 View Street, Victoria,
BC V8W 1J6, (250) 595-3892. Give us your
name, tel. number, and address.

To respond to an ad: Place your written
response in a separate, sealed envelope with
nothing on it but the number from the top left
corner of the ad to which you are responding.
Put that envelope inside a second one, along with
your cheque for a donation of \$2, if you can
afford it. Mail to the address above.

*Disclaimer: The hepc.bull and/or HepCBC cannot
be held responsible for any interaction between parties
brought about by this column.*

Got Hep C? Single? Visit:

[http://groups.yahoo.com/group/
HepCingles2](http://groups.yahoo.com/group/HepCingles2)

[http://groups.yahoo.com/group/
NewHepSingles/](http://groups.yahoo.com/group/NewHepSingles/)

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: [http://forums.delphiforums.com/
hepatitiscen1/chat](http://forums.delphiforums.com/hepatitiscen1/chat)

TIP OF THE MONTH:

*"He who dies rich,
dies disgraced."*

—Andrew Carnegie

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to
your local hepatitis C organization.

HEP C WORKSHOPS

Friday, Nov. 20th 2009 HEPATOLOGY NURSE LEADERS WORKSHOP

BC Centre for Disease Control
Holiday Inn Vancouver Center
Vancouver, BC

This workshop is an opportunity for nurses working in the field of viral hepatitis to network and discuss practice issues. This year the workshop will feature learning activities that will address practice issues. Some content examples include:

- Tips for filling out disability forms
- Compensation paperwork for tainted blood
- Coping with mental health issues pre and post treatment
- Preparing for lifestyle adjustments post treatment
- Updates from the hepatology conferences

For more information and registration form:
<http://www.bccdc.ca/resources/educ-evt/default.htm#Events>



UNABLE TO START TREATMENT FOR HEP C BECAUSE OF LOW PLATELETS?

We are conducting a clinical research trial with a platelet-building investigational medication. Once required levels of platelets are achieved, subjects are started on the pegylated interferon medication of the physician's choice. At that point the subject receives either placebo platelet builder or the active medication. There is no cost to participate and all medications and study visits are provided at no cost. If you are interested please call:

**PerCuro Clinical
Research Ltd.
250-382-6270**

WORLD'S BIGGEST WALK

in support of organ donation.

BC Transplant is once again supporting the World's Biggest Walk in support of organ donation. On October 25th, people around the world will be walking 5 km at noon (their local time) to support this important health issue. Last year's inaugural walk garnered the support of 109 walks in 18 countries. In Vancouver, more than 75 people participated, and we are hoping to increase that number this year.

Please register for the walk, using the link below. We also encourage you to send this information to your social network and others who may be interested in participating.

DATE: Sunday, October 25th

TIME: Noon (Walk starts at noon sharp. We encourage you to arrive about 11:30am)

PLACE: Locarno Beach (near the Jericho Sailing Club), Vancouver

COST: FREE! No pledges. Bring family and friends.

PARKING: At the end of Discovery Street, off NW Marine Dr.

REGISTER: <http://transplant.bc.ca/worldsbiggestwalk.htm>

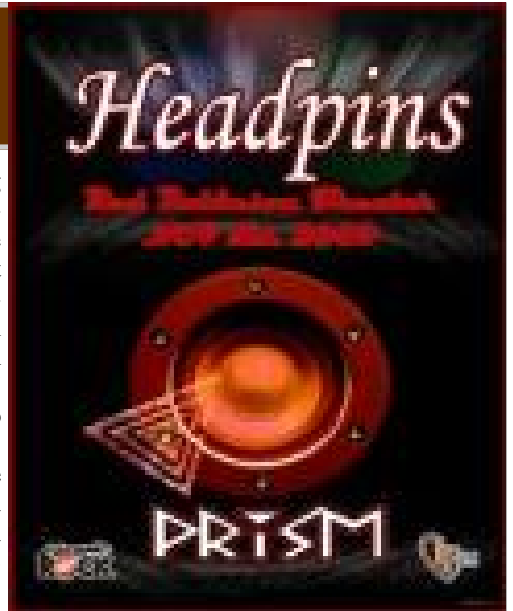
MAP: <http://bit.ly/Co1a3>

A light snack and beverages will be available. 95.3 Virgin Radio will be on-site, providing music before the walk.

December 6-10, 2009

HEPDART 2009: Frontiers in Viral Hepatitis

Kohala Coast
Big Island, Hawaii
<http://hepdart.com>



Classic Rock 101 and the Happy Liver Society

is proud to present:

The Headpins and Prism

A night of amazing Rock 'N Roll
at the Red!

WHERE: Red Robinson Show Theatre, Coquitlam, BC

WHEN: Thursday, November 5 @ 8:00 PM

AGE: 19 and over

PRICE: \$34.50 and \$39.50 (+SC)

ABOUT THE EVENT

The Society's goal is to provide temporary accommodation for liver transplant patients and their family members who must travel to Vancouver for a life-saving liver transplant. Liver transplant patients must stay in Vancouver as an out-patient for up to three months following their transplant for post-transplant care.

The Happy Liver Society is raising funds to support Stacey House and promoting awareness of liver disease.



Happy Liver Society

(PHASE I TRIALS 2009—Cont'd from p 1)

ribavirin and investigate other dosing schedules. Complete results will be released at the AASLD conference Oct. 30-Nov. 3 in Boston.

Source: Anadys Pharmaceuticals, Inc (via NATAP)

PSI-7851

Pharmasset reported data from its Phase Ia trial of PSI-7851 which showed the drug to be safe in humans, and has begun a Phase Ib trial in hepatitis C patients with genotype 1 infection. PSI-7851 is a uridine nucleotide analog approximately 15 to 20 times more powerful than Pharmasset's polymerase inhibitor R7128. PSI-7851 has been shown to be effective against all of the most common HCV genotypes in laboratory trials. This study will assess the safety, tolerability and antiviral activity in HCV-infected individuals treated with PSI-7851 over 3 days, in ascending doses.

Results from both studies are expected in the second half of 2009.

Source: PRNewswire-FirstCall via COMTEX News Network June 9, 2009 via Natap

BI 201335

BI 201335 is an NS3/4A protease inhibitor. This Phase I trial examined both treatment-naïve and experienced genotype 1 patients. The naïve patients were treated with monotherapy for 14 days, then with the drug combined with standard therapy for another 14 days. The experienced patients took the triple combination for all 28 days. All of the groups had an average viral load reduction of 3 log₁₀ or more. Relapse occurred in most patients receiving monotherapy. Only 3 of the experienced patients receiving the lower doses of BI 201335 relapsed. The drug was deemed safe, effective, and well-tolerated.

Source: EASL 2009 via Natap

SCY-635

Scynexis' SCY-635 is the first candidate in a new class of non-immunosuppressive cyclophilin inhibitors. Probably the most famous of the cyclophilin inhibitors is Cyclosporine A, used for decades for anti-rejection of transplanted organs.

Results from the Phase Ib monotherapy trial in genotype 1 patients were presented at the EASL 2009 Conference. 36 patients took SCY-635 once a day, while 20 patients took it three times daily. The study lasted 15 days, and the drug (given orally) was well tolerated. The highest dose (900 mg/day) showed important antiviral activity, with an average viral load drop of 2.2 log₁₀ on the last day of treatment. The maximum drop occurred on the 15th day, suggesting that longer treatment

may be even more effective. Researchers believe that the drug will combine well with other agents. A Phase II study is planned in the second half of 2009.

Sources: www.scynexis.com, <http://au.sys-con.com>, www.hcvadvocate.org May 5, 2009

ABT-450

Abbott and Enanta have begun their Phase I clinical trial for the oral protease inhibitor ABT-450. The trial will study the drug given to healthy volunteers in a single dose.

Sources: PRNewswire-FirstCall, Feb. 18 2009, and <http://www.enanta.com>

MK-3281

Merck has announced results from its Phase I trial of MK-3281, a polymerase inhibitor. The drug was administered to healthy volunteers, and found to be safe and well-tolerated, and that doses given twice a day are a possibility.

Source: http://www.natap.org/2009/EASL/EASL_28.htm

ACH-1625

The protease inhibitor ACH-1625, produced by Achillion, will be tested in both healthy and HCV+ subjects. The Phase I trial plans to enrol around 54 subjects, and will study safety, tolerability and antiviral activity.

Source: www.hcvadvocate.org July 1, 2009

CT-1011

CureTech and Teva will collaborate on a Phase I/II trial of the monoclonal antibody CT-1011 around the end of 2009. The trial will enrol 20 patients. CureTech is also studying the drug in a Phase II trial for liver and bowel cancer.

Source: www.israel21c.org/index.php?option=com_content&view=article&id=7123:curetech-to-begin-hepatitis-vaccine-trial&catid=62:briefs&Itemid=141 August 18, 2009

MBL-HCV1

Researchers at MassBiologics, part of the University of Massachusetts Medical School, began a Phase I clinical trial on July 28, 2009, testing the safety and activity of their hepatitis C neutralizing vaccine, MBL-HCV1, a human monoclonal antibody they developed that neutralizes HCV.

The trial is designed to administer MBL-HCV1 to 30 healthy subjects with escalating doses, and should be finished by the end of the year. Results will help determine the best dosage. A Phase II trial will be done in liver transplant patients, and it is hoped that the drug will be used as a therapy before and during transplant surgery, to remove any remaining virus and prevent infection of the new liver. Few side effects are anticipated,

even in surgical patients. It may be used combined with other new drugs to treat newly-diagnosed Hep C patients, as well.

Source: <http://www.huliq.com/11/84595/new-antibody-targets-hepatitis-c-virus>

Clemizole

Eiger BioPharmaceuticals is recruiting 12 treatment-naïve patients to take part in a Phase Ib trial of Clemizole, an NS4B inhibitor. The study began in July and is expected to end in December. The drug is being given orally two times a day for 28 days, followed by standard treatment.

Source: <http://clinicaltrials.gov/ct2/show/NCT00945880>

PHASE II TRIALS 2009

BMS-790052

Bristol Myers Squibb plans to recruit 48 genotype 1 treatment non-responders and naïve patients for a Phase II trial of its product BMS-790052, an NS5A Inhibitor. Treatments began in June 2009, and should end in November 2009, with results announce in January 2011. In the Phase I study with healthy volunteers, the drug was declared safe, and no serious side effects were reported. A once-a-day dosing was selected as a results of the tests. The study with genotype 1 patients found a rapid reduction of viral load in the 1, 10 and 100mg doses.

Sources: [hcvadvocate.org](http://www.hcvadvocate.org) January 26, 2009 <http://clinicaltrials.gov/ct2/show/NCT00874770?term=BMS-790052&rank=1>

ITX5061

The company iTherx will commence a Phase IIa trial enrolling 40 patients in Europe. They will test ITX5061, an HCV Entry Inhibitor, as monotherapy for viral load reductions, safety and tolerability.

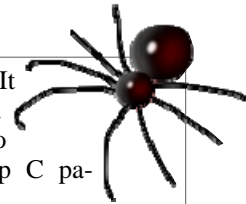
This drug is designed to be part of a "cocktail" of HCV inhibitors that prevent entry of HCV into the host cell. The drug has shown to be effective in previous studies by inhibiting both genotype 1 and genotype 2 HCV viruses.

Sources: [hcvadvocate.org](http://www.hcvadvocate.org) February 9, 2009 www.itherx.com/hepatitis.html

ORAL INTERFERON

Amarillo Biosciences's development partner CytoPharm has announced approval to begin a Phase II clinical trial of 165

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(PHASE II Trials—Continued from page 4)

chronic hepatitis C patients in Taiwan. The study will try to reduce the relapse rate of patients who have completed standard therapy, and will treat them with one of two doses of oral interferon lozenges or placebo. The company plans to announce the results in late 2010.

Sources: www.reuters.com/article/pressRelease/idUS186683+13-Feb-2009+MW20090213 Feb 13 2009

hcvadvocate.org July 1, 2009

ANA598

Anadys' ANA598 is an oral non-nucleoside polymerase inhibitor for the treatment of HCV, designed to inhibit the virus in genotypes 1a and 1b. It has received fast-track designation from the US FDA as of December 2008.

At the EASL Conference 2009, the company reported that ANA598 produced viral load reductions at the end of treatment (day 4) of over 2 log10 (more than 99%) at all dose levels.

With twice daily dosing, 200 mg produced an average viral load drop of 2.4 log10; 400 produced 2.3 log10, and 800 mg produced 2.9 log10. Genotype 1a subjects showed average drops of 1.4 log10, 1.8 log10, and 2.5 log10 at those doses, and genotype 1b patients showed average drops of 2.6 log10, 2.5 log10, and 3.2 log10.

Anadys has FDA clearance to begin a Phase II study in 90 genotype 1 treatment-naive patients as a dose-finding study. The study will administer the drug alone at 800 mg twice on the first day, and then combine it at 200 or 400 mg, or placebo twice daily, with standard for 12 weeks followed by standard treatment alone for a total duration of 24 or 48 weeks.

Source: hcvadvocate.org August 07, 2009

BI 207127

A phase Ib trial of Boehringer Ingelheim's oral polymerase inhibitor BI 207127 enrolled 48 genotype-1 patients with little fibrosis and treated them with doses of the drug ranging from 100 to 800 mg every 8 hours over 5 days. Viral loads decreased 1 log10 in those treated with the larger 400 and 800 mg doses, with no response in those given placebo. No breakthrough was seen. BI 207127 was safe and overall well tolerated; two skin problems were managed easily.

The company is expecting results soon for its Phase II trial. A 4-week combination study was planned to begin in late second quarter of 2009.

Source: www.natap.org/2009/EASL/EASL_08.htm



SHOULD I OR SHOULDN'T I?

“Effect of hepatitis C virus and its treatment on survival: HCV associated with mortality, treatment reduces risk

Hepatology Aug 2009

"HCV increased the risk of death by approximately 37% after adjusting for demographic characteristics and common comorbidities.....Several medical comorbidities were associated with an increased risk of mortality in our study. These included presence of anemia, chronic kidney disease, coronary artery disease, chronic obstructive pulmonary disease, and diabetes...and alcohol abuse or dependence. These findings are also not unexpected, and the magnitude of risk was relatively similar in the HCV-infected and HCV-uninfected subjects.....Perhaps the most important finding of our study is the demonstration that the subjects who were initiated on treatment, and especially those who proceeded to complete a full course, had a lower risk of death compared with those who were not initiated on treatment.....any duration of treatment was associated with a lower risk of mortality compared with untreated subjects.....**this underscores the need to identify and treat HCV-infected persons who are otherwise eligible for therapy.....Strategies to identify appropriate candidates for treatment, and to ensure completion of treatment, may substantially reduce mortality in HCV-infected persons.**"

Source: www.natap.org/2009/HCV/080509_02.htm



(NEWS—Continued from page 1)

possible for India's hospitals to receive untested blood.

Source: http://ca.news.yahoo.com/s/capress/090901/health/health_as_india_tainted_blood_1_Sep12009

RISK FACTOR: CENTRAL CATHETER

An outbreak of hepatitis C at an oncology ward in Madrid, Spain, was investigated, and it was discovered that there was inadequate care taken with central catheters, which accidentally came in contact with saline/heparin solution contaminated with HCV. A study using 7 patients with acute hepatitis C and 46 non-infected people showed that use of a central catheter could be a risk factor for hepatitis C.

Source: www.ncbi.nlm.nih.gov/pubmed/19646793?ordinalposition=175&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum 2009 Jul 29



BLUEBERRY LEAVES, ANYONE?

A new study shows that blueberry leaves can help us battle HCV. Researchers primarily at the University of Miyazaki, Japan, were looking for better treatments for those who are infected with the virus, and found that the leaves from a certain kind of blueberry found in the south-eastern part of the US contain proanthocyanidin. This substance can be poisonous, but may also be effective at stopping the virus from reproducing at doses 100 times less than what would harm a person. Blueberry leaves may be a future option for patients who refuse the often harsh standard treatment or who cannot tolerate the side effects, and may help those who haven't responded by keeping the virus from multiplying as fast. There are also lifestyle changes that can be made to avoid progression of the disease, including abstaining from alcohol, avoiding toxins, getting plenty of rest, eating healthful food, drinking lots of liquids, avoiding unnecessary medications, getting enough exercise, and avoiding excess weight. More studies are planned.

Source: www.emaxhealth.com/1020/83/32704/blueberry-leaves-can-fight-hepatitis-c.html Aug 7 2009

ALLOWING IT TO BE SAFE TO NOT KNOW WITH EFT TAPPING

by Karen Hodson, BA, EFT-ADV EFT Practitioner

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

I have a questioning mind which is my blessing and my challenge. The good part is that my curiosity keeps me seeking new knowledge regarding personal growth. The difficulty is when my old dark beliefs slink in—obsessively questioning why I don't understand something when it seems everyone else does or how only I somehow missed getting what is needed to know. I then start to question my worthiness and deserving. I get stuck in that confusing space between where I am..... and where I want to be.

I recently felt like I was bogged down in this stuck in-between questioning space and had a session with my dear friend and energy coach Barbara Maloney (www.barbaravision.com). She asked me what I was missing in my internal pathway and to also list the evidence where things were working, and where I had strong faith. Barbara inquired about my dependency on staying stuck in that familiar in-between questioning space. From that discussion I discovered a new understanding of that belief.

This is an area I often fall into, but I had not looked at it as dependence. Like an addiction, I discovered I was using my curious questioning as a crutch to keep me from moving forward. If I kept questioning, I would never find the answer, and if I can't find the answer, I can't change. I unconsciously believed I would stay safe in my questioning confusion because it was familiar. When I started to look at this, I wondered what it would be like if I could stay safe without the confusion. What if it was OK that I didn't know all the answers or I didn't "get it" like everyone else? What if it was safe to just be in the unknown? I now had lots to tap on!

When we discover a belief that is no longer working for us, we have the opportunity to release it and create a new belief that does work. EFT tapping allows that shift to take place and brings the understanding and awareness to a much deeper level. It helps to have someone provide another perspective because often we are so engrained in our beliefs that we are not able to see them clearly or understand that its not working.

Here is what an EFT tapping session on allowing it to be safe to not know would look like: (See www.pivotpoint4u.com for tapping points and a full description of EFT)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, liver point) and repeat for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

"Even though I don't have all the answers, I deeply and completely love and accept myself."

Tapping a phrase on each point:

I don't know all the answers; I am so confused; How can I decide if I don't know the answer?; All these questions; I don't have all the information yet; This fear; I don't have faith in myself; Others get it, but I don't; I don't deserve all the things I want.

Karate Chop Set-up:

"Even though I don't understand and everyone else seems to get it but me, I deeply and profoundly love and accept that confused part of me anyway."

Tapping a phrase on each point:

I just can't understand; What if I don't have to have all the answers?; Everyone else gets it but me; What if it is OK just to be?; I am not worthy; All these old beliefs holding me back; I allow new positive beliefs to support me; I am so confused; I choose to have clarity.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present, the following positive phrases can be introduced until it feels complete.

Tapping a Positive Phrase on each point:

I choose to have faith in myself; I release those old fears of not knowing; I feel so peaceful; I love this feeling of grace; I am compassionate to my confused parts; I honor the wisdom inside of me; It is safe to just be; I embrace the unknown; I allow it to be OK to not know; I am filled with unconditional love.

It's easy to be stuck in an old belief entrenched so deeply and for so long that it becomes unconscious behavior. The release of old beliefs can happen very quickly or it can take time. We often have a foot in both the old and the new and each time we are triggered we must choose. When this trigger happens, EFT tapping allows the old belief

to be heard and released allowing space for the new belief to be present.

This new belief may at first seem small and fragile, but each time the vote is positive, it grows stronger. When the new belief is reinforced with EFT tapping, we believe that it is safe to "Not know," and can accept it as true. With regular EFT tapping, practice, perseverance, and trust, it transforms the questioning confusion into sacred personal peace.

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information:

(604) 913-3060 pivotpoint4u@gmail.com



AIDS VANCOUVER

ISLAND has MOVED!

3rd Floor, Access Health Centre

713 Johnson Street,

Victoria, BC V8W 1M8

We're right upstairs from the Cool

Aid Community Health Centre.

Drop in and see our new space!

Service hours:

9am-5pm Monday to Thursday

9am-1pm Friday

Phone: 250-384-2366

AVI-X mobile needle exchange will continue with regular hours.

Call 250-896-AVIX for service.

AIDS  **vancouver island**

ALP'S WORLD FAMOUS STRAWBERRY- SCREECH OWL CHEESE CAKE

INGREDIENTS

- 1 1/4 cups graham cracker crumbs
- 1/4 cup sugar
- 1/3 cup butter or margarine, melted
- 2 (10 ounce) packages frozen sweetened strawberries, thawed
- 1 tablespoon cornstarch
- 3 (8 ounce) packages cream cheese, softened
- 1 (14 ounce) can sweetened condensed milk
- 1/4 cup lemon juice
- 3 eggs
- 1 tablespoon water
- 1 medium Screech Owl



DIRECTIONS

Combine graham cracker crumbs, sugar and butter.
Press onto the bottom of an ungreased 9-in. spring-form pan.
Refrigerate for 30 minutes.
In a blender or food processor, combine strawberries and cornstarch; cover and process until smooth.
Pour into a saucepan; bring to a boil.
Boil and stir for 2 minutes.
Set aside 1/3 cup strawberry sauce; cool.
Cover and refrigerate remaining sauce for serving.
In a mixing bowl, beat cream cheese until light and fluffy. Gradually beat in milk.
Add lemon juice; mix well.
Add eggs. Beat on low just until combined. Pour half of the cream cheese mixture over crust.
Drop half of the reserved strawberry mixture by 1/2 teaspoonfuls onto cream cheese layer. Carefully spoon remaining cream cheese mixture over sauce.
Drop remaining strawberry sauce by 1/2 teaspoonfuls on top.
With a knife, cut through top layer only to swirl strawberry sauce.
Bake at 300 degrees F for 45-50 minutes or until center is almost set.
Cool on a wire rack for 10 minutes.
Carefully run a knife around edge of pan to loosen; cool 1 hour longer.
Refrigerate overnight.
Remove side of pan.
Decorate top of cake with screech owl.



PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.



COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688



Pre-1986/ Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliott
Roy Elliott Kim O'Connor LLP
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:

1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST

345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944

www.hepc8690.com info@hepc8690.com

www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361

preposthepc@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement: http://www.reko.ca/html/hepc_settlement.pdf

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact 1-888-437-2873 Phone support.

AIDS Vancouver Island The following groups provide HCV info, harm reduction, support, education and more:

♦ **Campbell River:** Drop in, 1371 C - Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

♦ **Comox Valley** Drop in, needle exchange. 355 6th St. Courtenay. Contact Sarah 250-338-7400 sarah.sullivan@avi.org

♦ **Nanaimo** Contact Anita 250-753-2437 anita.rosewall@avi.org

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shorncliffe Rd. Contact Tom, 250-949-0432 tom.fenton@avi.org.

♦ **Victoria** Drop in, disability applications. 1601 Blanshard St., 250-384-2366 info@avi.org

Boundary HCV Support and Education Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Burnaby HCV Support Contact Beverly at 604-435-3717 batlas@telus.net

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-l-attig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

♦ **Victoria** Peer Support: 2nd & 4th Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/Library, 306-620 View St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

♦ **Fraser Valley** Support/info 604-576-2022

Kamloops AIDS Society of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. Support/Referral. info@askwellness.ca 250-376-7558 1-800-661-7541 www.askwellness.ca

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-376-2275

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriselev@shaw.ca, Lisa 1-866-637-5144. ljmortell@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepcxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissett, 604-525-3790 before 9 PM. dmorrissett@excite.com

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 hepcprince-rupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West Contact the Prince George group, please.

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 vandu@vandu.org www.vandu.org

Vancouver Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), if you would like to talk or meet for coffee.

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com

www.creativeintensity.com/smking/
<http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St. Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com. <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Mennonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706 bc.cats-sens@rogers.com or Mavis 519-743-1922 elroy222@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, www.publichealthgreybruce.on.ca/

Peel Region (Brampton, Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194 jcolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156, hepc.support@persona.ca or Monique 705-691-4507.

Toronto CLF First Mon. monthly Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

Thunder Bay Hep C support. Contact Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally

undun@sympatico.ca

York Region Hepatitis C Education Group 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653

info@hepcyorkregion.org
www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

Halifax, NS Hepatitis Outreach Society Support. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 program@hepatitisoutreach.com. www.hepatitisoutreach.com

PRAIRIE PROVINCES:

Edmonton Contact Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk 204-772-8925 info@mbhepc.org www.mbhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

STAYING HEALTHY

Consider a getting a swine flu shot when it becomes available; wash your hands; cough into your elbows; stay home if you're sick; and contact a doctor at the first sign of illness.

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month. It's free!

ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems, and serious adverse events. www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm