ANEMIA DRUGS RECALLED

For years now, it has been suspected that overuse of Amgen’s drugs to combat anemia may cause strokes or heart attacks or worsen cancer, but this recall is about tiny, almost invisible flakes of glass found in vials of their products. Both Amgen and Johnson & Johnson, in coordination with the US FDA, have recalled Epogen and Procrit because of this problem. The drugs are also known as erythropoietin or epoetin alfa. The glass could cause immune system reactions or clots if injected. So far there have been no problems reported that could be blamed on the glass slivers. There should be no shortage, in spite of the recall. An investigation has shown that the drug reacted with the glass vials and produced the flakes. The expiry date will be reduced from 36 months to 12 or 15.

Source: http://prescriptions.blogs.nytimes.com
September 24, 2010

MIRACLE MINERAL SOLUTION

Miracle Mineral Solution is sold over the Internet as a health supplement. A watchdog group, the Food Standards Agency (FSA), says the product is very similar to industrial-strength bleach, and, if not diluted as instructed, that the product might cause gastrointestinal problems leading to dehydration and loss of blood pressure, possibly resulting in respiratory failure. The solution contains 28% sodium chlorite. The product’s website says the product is the “answer to AIDS, hepatitis A, B and C, malaria, herpes, TB, most cancer and many more of mankind’s worst diseases”.

Source: http://news.scotsman.com/health/Internet-39Miracle-Mineral39-similar-to-6550090.jp

37% SPONTANEOUS CLEARANCE

A Danish study (the DANVIR Cohort Study) published in July 2010 has some interesting results that show a larger rate of spontaneous clearance of the hepatitis C virus than thought earlier. The study looked back at almost 6300 patients who tested positive for the virus at least once between 1996 and 2005. The real purpose of the study was to compare death rates of those with spontaneous clearances to those who continue to be infected, so the subjects had to be alive at least one year after the test. The researchers took into account age, sex, other illnesses, alcohol and drug use, and income. 37% cleared the virus with no treatment. Survival rates showed 92% of those who cleared the virus and 86% who didn’t were alive after 5 years. Liver-related deaths were twice as high in the group who didn’t clear the virus, and death rates from liver cancer were 16 times higher. The researchers recommended early antiviral treatment for chronic HCV+ patients.


GENOTYPE 1 SUB-TYPING PROBLEMS

Have you been told you have genotype 1, but the tests don’t show if you’re a 1a or 1b, or anything other than genotype 1? You’re not alone.

Some tests are based only on the analysis of the 5’NCR area of the virus, such as the popular Trugene HCV Genotyping Kit and INNO-LiPA HCV 1.0. These tests are miss-

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HepCBC Coordinator and Staff Report for our
2010 Annual General Meeting
Cheryl Reitz, Interim Coordinator (volunteer) and Ana Maria Medina, Office Mgr.

It’s really a privilege to share with you highlights of HepCBC’s education and prevention activities since our last AGM in September, 2009, and tell you about some of our plans for the coming year. HepCBC started out over a decade ago with a focus on hepatitis C patient education, sharing knowledge of research results, treatment and compensation issues, and promoting prevention activities. Over the years, HepCBC has slowly broadened its scope, adding other types of hepatitis C support, and more public awareness activities that publicize risk factors, encourage testing and fight stigma. And we won’t stop there. In the future we may focus on such areas as youth prevention activities in local schools which educate students about hepatitis C transmission through tattoos, piercings, or inhaled (as well as IV) drug use. Or at some later time, we may attempt to improve liver disease treatment protocols by providing a forum for all involved including patients and their support systems, medical institutions and personnel, doctors, researchers and others, to make sure everyone’s needs are voiced and considered. Ensuring that HCV+ people have critically-important Advanced Directives and appropriate Powers of Attorney in place is another possible future project for HepCBC. Employers will need education on how to support their HCV+ employees. I think it’s clear HepCBC has the experience, flexibility, and potential to continue for many years as a powerful voice for the hepatitis C community while enlightening and helping protect the broader community as well.

(Continued on page 6)
SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to HepCBC - Send to the following address:
HepCBC
#306-620 View Street
Victoria BC
V8W 1J6

Name: ____________________________
Address: _________________________
City: ____________________________
Prov. ________ PC
Home(____)__________ Work(____)
Email: __________________________

☐ Please email me a PDF copy, free of charge.
☐ Membership + Subscription (1 year) ……$20.00
☐ Membership Only …………………$10.00
☐ Subscription Only …………………$10.00
☐ Doesn’t include the hepc.bull
☐ Peppermint Patti’s FAQ ……………$12.00
☐ Resource CD ………………………$10.00

I enclose a donation of ……………….. so that others may receive the bulletin.”
TOTAL: __________

I cannot afford to subscribe at this time, but I would like to receive the bulletin.”
I want to join a support group. Please call.”
I want to volunteer. Please contact me.”
I want to join a support group. Please call.”
(Note: The hepc.bull is mailed with no reference to hepatitis on the envelope.)
You may also subscribe on line via PayPal at www.hepcbc.ca/orderform.htm

SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each month. Please contact the editors at jking2005@shaw.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

ADVERTISING: The deadline for placing advertisements in the hepc.bull is the 12th of each month. Rates are as follows:
Newsletter Ads: Maximum 4 per issue, if space allows. $20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

HepCBC Resource CD
The CD contains back issues of the hepc.bull from 1997-2010, the FAQ V8.3; the slide presentations developed by Alan Francis; and all of HepCBC’s pamphlets. The Resource CD costs $10 including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

DISCLAIMER: The hepc.bull cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily 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, Community Living Victoria, Provincial Employees Community Services Fund, Dr. C. D. Mazoff, Lorie FitzGerald, Chris Foster, Judith Fry, United Way, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Judy Klassen, and S. J.
Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel’s Restaurant, Margison Bros. Printers, Roche 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.

FAQ version 8.3
Peppermint Patti’s FAQ Version 8.3 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 2009. Place your orders now. Over 140 pages of information for only $12 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

CUPID’S CORNER

TIP OF THE MONTH:
MAKE SURE TO GET YOUR FLU VACCINE!

Got Hep C? Single? Visit:
http://groups.yahoo.com/group/HepCingles2
http://groups.yahoo.com/group/NewHepSingles
www.hcrvAnonymous.com/singles.html
www.hepc-match.com/
www.hepcsingleonline.com
CHAT: http://forums.delphiforums.com/
hepatictiscn1/chat

DIAL-A-DIETITIAN
(604) 732-9191 or 1 (800) 667-3438
www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

MEET NEW FRIENDS!
We need experienced board members to occupy key positions. Also needed: summarizing, telephone buddies, translation English to Spanish. Please contact us at (250) 595-3892 or info@hepcbc.ca

PRE-PLANNING YOUR FINAL ARRANGEMENTS?
Please consider arranging for donations to your local hepatitis C organization.
HePC.BULL needs writers for the hepc.bull, and will pay $50.00 for a featured article. The article should be original, 500 to 800 words, and be about hepatitis C. It may be, for example, about the author’s experience with hepatitis C, a study (with references) on some aspect of Hep C, or a call for action. Submissions must be in by the 15th of next month, stating interest in receiving the bonus. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

COMPETITION!

An online physician-mediated support group for patients, families, and friends of those with hepatitis C.

http://hepatitisc.physiciansforpatients.com/

RULES OF ENGAGEMENT
For Dealing with People with Hepatitis C
by Vikki Boddy

1. I am a human being with a point of view. Please respect that.
2. My time is precious to me so please don't waste it.
3. If you have a problem with me, please speak to me. I don't bite. Yet!
4. If you would like me to do something just ask. Don't tell me.
5. If you have an idea please share it. Don't force it on me.
6. You don't have to like me to work with me but you should at least respect my ability to do the job.
7. If something is not working right, let me know (Refer to number 2).
8. Please remember that just because I am sick does not mean I have forgotten everything I have ever learned. I suffer from hepatitis C, not stupidity.
9. It is not necessary to yell because I have a disease. Trust me, my ears work.
10. It is not necessary to talk to me like I am a 2 year old because I have a disease. I have not regressed back to being a toddler so far as I know.
11. I am generally more helpful when I have been included. ESP is not one of my many talents.
12. It will not kill you to be civil to me. There is no need to be rude and unpleasant. (Refer to number 1)

Note: I started these after the Health Ministers meeting in Regina and I have added to them over the years ever since.

PHYSICIANS FOR PATIENTS

J. Lemmon
Contact: hcvresearch@rogers.com

Experienced in medical and legal research
Assistance with HCV compensation claims and appeals
High success rate
Low payment rate
References are available

FIGHT Against Hepatitis C


Transplant Support Group of British Columbia

You can join the Facebook group by putting "Transplant Support Group of British Columbia" in your browser or using this URL: http://www.facebook.com/group.php?gid=311699175404&ref=share

Hey there! hepcbc is using Twitter.
Twitter is a free service that lets you keep in touch with people through the exchange of quick, frequent answers to one simple question: What's happening? Join today to start receiving hepcbc's tweets.

http://twitter.com/hepcbc

I have been working on my peer support Wendy’s Wellness Website and wanted to offer everyone a safe place to get together.

This is the link to my post, offering a secure place to blog about Hep C health. I hope to connect with anyone interested in sharing how we cope and manage our health challenges.

Please pass this along to anyone out there who would like a safe place to blog.

http://wendyswellness.ca/
BIOPSY

Patients with chronic hepatitis often do not experience symptoms. On the other hand, others complain of excessive fatigue, weakness, and a reduced capacity for exercise.

Since liver damage may occur even in asymptomatic cases (no patient complaints), it is important to perform a biopsy and determine whether there is ongoing liver damage. As chronic hepatitis progresses, damage to liver cells may impair liver function. A biopsy of the damaged liver indicates the degree of cellular necrosis (death of liver cells), inflammation (cellular infiltration and swelling), and scarring (scar tissue beginning to replace functioning liver cells). - “Understanding Chronic Hepatitis” - Schering - 10/92 INH-001/17098403

WHAT IS A LIVER BIOPSY?

A liver biopsy is a diagnostic procedure used to obtain a small amount of liver tissue, which can be examined under a microscope to help identify the cause or stage of liver disease.

The most common way a liver sample is obtained is by inserting a needle into the liver for a fraction of a second. This can be done in the hospital with a local anesthetic, and the patient may be sent home within 3-6 hours if there are no complications. The physician determines the best site, depth, and angle of the needle puncture by physical examination or ultrasound. The skin and area under the skin is anesthetized, and a needle is passed quickly into and out of the liver. Approximately half of individuals have no pain afterwards, while another half will experience brief localized pain that may spread to the right shoulder. Some persons, however, have had to be hospitalized afterwards due to extreme pain, shock or puncture of another organ. Many patients have commented that taking Ativan, a tranquilizer, before the procedure helped reduce the pain, since this drug will relax the internal muscles and prevent spasms.

Patients are monitored for several hours after a biopsy to make sure serious bleeding has not occurred. Some patients occasionally have a sudden drop in blood pressure after a biopsy that is caused by a vagal reflex and not by blood loss; this is caused by sudden irritation of the peritoneal membrane. The characteristics that distinguish this from a bleeding event are: 1) slow pulse rather than rapid, 2) sweating, and 3) nausea.

WHAT ARE THE DANGERS OF LIVER BIOPSY?

The risk of a liver biopsy is minimal. The primary risk is bleeding from the site of needle entry into the liver, although this occurs in less than 1% of patients. Other possible complications include the puncture of other organs, such as the kidney, lung or colon.

Biopsy, by mistake, of the gallbladder rather than the liver may be associated with leakage of bile into the abdominal cavity, causing peritonitis. Fortunately, the risk of death from liver biopsy is extremely low, ranging from 0.01% to 0.1%.

A biopsy should not be done if: 1) you have taken aspirin in the last 5-7 days, 2) the hemoglobin is below 9-10 grams/dl, 3) the platelets are below 50,000-60,000, or 4) the prothrombin time INR is above 1.4.

Those with bleeding disorders such as hemophilia, which can be temporarily corrected with transfused clotting factors, can safely have a biopsy, or they may be able to have a transjugular biopsy.

WILL IT HURT?

Most doctors will not do percutaneous needle liver biopsies under anesthesia. This is because the liver is directly under the diaphragm and moves as you breathe. When the needle is inserted through the skin and body wall, the liver must not be moving or else there is danger of a laceration. To keep the liver from moving, the patient has to stop breathing momentarily. Doctors prefer to have you alert and able to follow directions, but if you are very anxious, you may want to ask for a sedative to help you relax.

The injections of local anesthetic, and the actual puncture of the liver capsule, itself can be a little painful for some people, but it only takes a second and is over very quickly. Other people feel no pain at all, and don’t realize it’s happened until the doctor tells them they’re finished.

Occasionally there will be a small to moderate amount of pain afterwards. If you find that you are uncomfortable, your doctor will generally prescribe a light painkiller immediately after the biopsy. The pain may be far away from the biopsy site, possibly in the pit of your stomach or typically in the right shoulder. Be aware that some doctors are hesitant to give pain killers to those with hepatitis C. It is advisable to discuss this matter with your doctor before hand to avoid unnecessary discomfort.

The liver itself has no pain-sensing nerve fibers, but a small amount of blood in the abdominal cavity or up under the diaphragm can be irritating and painful. Very occasionally, small adhesions (scar tissue) may form at or near the biopsy site, and can cause a chronic pain that persists near the liver area after the biopsy.

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Antibodies to interferon

Doctors from the Netherlands studied a 38-year-old genotype 1 non-responder, cirrhotic HCV+ patient. It was found he had antibodies that neutralized interferon alfa. He had been treated for 16 weeks with standard treatment the year before they re-treated him with 18 months of high-dose peg-IFN (360 μg per week during the first 4 weeks) and weight-based ribavirin. His viral levels were noted on days 1, 2, 4, 7, 14, 21 and 28. He was found to have almost no interferon in his blood, and no response to treatment. Curious, the doctors measured levels of interferon alfa antibodies by ELISA. They were low before starting treatment, and increased after the first week by ELISA. They were low before starting treatment. Curious, the doctors

INX-189 PHASE 1a

Inhibitex announced results of its Phase 1a trial of INX-189, an HCV polymerase inhibitor, which used healthy volunteers, who were given a single dose ranging from 3 to 100 mg, along with the severe stomach pains. I cannot say, the X-rays in question are now 2 ½ years old, which actually just dawned on me as I sit and write this article. The now outdated X-rays showed that my neck bones are so jagged, having degenerated so badly, that they pinch off a nerve. I cannot look back in the file, he quietly, almost under his breath, told me I have Degenerative Disk Disease. Heck! Two diseases weren't enough for this girl?! I have also been in excruciating pain for years, for I wasn't enough for this girl?! I have also been in excruciating pain for years, for I wasn't enough for this girl?! I have also been in excruciating pain for years, for I wasn't enough for this girl?! I have also been in excruciating pain for years, for I wasn't enough for this girl?!

ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems and serious adverse events.

If you are receiving this newsletter by snail mail but have internet access, please consider switching to our pdf version. All you need is Adobe Acrobat Reader, free at this site: www.adobe.com/products/acrobat/readstep2.html

Just send your email address to info@hepcbc.ca and say, “Send me the email version, please,” and you, too, can enjoy this newsletter in glorious colour, free of charge.
Even in these very tough economic times, somehow HepCBC has just kept trucking on, expanding into the Fraser Valley, doing whatever we can to improve the lives of those infected with and affected by hepatitis C, and to prevent others from becoming infected and affected. Whenever possible, we utilize volunteer help—and much of this comes from people with hepatitis C and their families. Our wonderful Office Manager, Ana Maria Medina, has been with us many years and is our only paid employee at the moment; even Ana Maria volunteers much of her time (and her mom's, husband's, and daughter's time!) helping fulfill the goals of HepCBC.

You may have seen our Victoria or Fraser Valley volunteers during World Hepatitis Month (May), giving out information at a community Health Fair, holding a candlelit Memorial service, or on TV, marching with their families in the Victoria Day parade, putting a friendly human face on hepatitis C, fighting society’s unfair stigma against this disease—those who are able to be open about their positive status lighting candles and marching for those who must remain anonymous, hiding to protect their jobs and relationships. You can see the pamphlets we put into the offices of doctors who treat our patients, urging them to contact HepCBC for support, especially if they’ve just been diagnosed, are undergoing treatment, have questions about their symptoms, or simply need companionship and understanding as they struggle with this disease. Perhaps you heard about hepatitis C risk factors at our holiday benefit concert featuring Allison Crowe, or got your yellow & red ribbon at a Thrifty’s checkout counter during our annual campaign. Or maybe you accessed our website, www.hepbc.ca to check out the most recent research or to read our FAQs in English, Spanish, or French. This year Ana Maria has even added Facebook and Twitter networking to our public awareness activities. Meanwhile our amazing Vice President Joan King (now of the Fraser Valley) continues to create and publish the hep.c.bull bulletin with her friends and colleagues once a month, as she’s done continually for many years. Now it’s offered online via our website, and many are choosing to access it that way, though Community Living Victoria volunteers continue to mail out the bulletin to anyone who prefers a hard copy delivered via snail mail.

Not so obvious to the public is the confidential live peer-support we offer over the phone, at our monthly support groups, and in hospital and home visits to those in Victoria, Nanaimo, and the Fraser Valley who need it. We have continued to develop and nurture valuable community partnerships, sharing resources and expertise with other organizations such as Island Sexual Health Society and AIDS Vancouver Island (AVI), even publicizing and participating in one another’s activities. Over time we’ve learned how to more clearly define and differentiate our societies’ goals so that we can partner well, not offering overlapping activities nor competing for the same funds. For example, both AVI and HepCBC offer hepatitis C peer-support groups. However, AVI offers theirs once a week, in the daytime, and many of their participants live or work on the street, struggle with mental illness, disability, or addiction, and/or are co-infected with HIV. HepCBC offers a ‘clean and sober’ group once a month, in the evening. AVI’s is run by a trained professional and offers additional counseling and social services. HepCBC’s is totally peer-run and offers no “extras”. Occasionally there is some crossover of clients and topics, but these two populations generally have different interests and needs. Another example: harm reduction at AVI can mean working directly with addicts and paraphernalia, while at HepCBC it generally involves educating the public about risk factors. Both activities end up protecting the community blood supply from contamination, which can reduce harm to countless others.

We also share our ideas, experience, and advice whenever possible with the media and decision-makers. For example, this year our President Steve Farmer spoke up publicly about his experiences as a liver transplant recipient. Our Nanaimo Board Member (and hepatology nurse) Fran Falconer sent our message throughout North America when she was interviewed by the media about hepatitis C patients intentionally adding poisons to their bodies in hope that their lab tests would show sufficient liver damage to ensure that the BC government’s Pharmacare program would cover their astronomical treatment costs. When Triumph Vocational Services wanted guidance in developing career opportunities for HCV+ people, they called on us and were delighted when we offered hepatology nurse Fran Falconer plus another Board Member who is HCV+ as resource people on a couple conference calls. We also cooperate with various ‘umbrella' hepatitis organizations—at provincial, federal, and international levels—in sharing information, developing joint activities, and promoting awareness of hepatitis C.

All of this takes time, organization, and money! We’ve gone without a paid executive since April, 2010. For the interim, I volunteered to use a ‘bare bones’ approach to keep the organization running while the Board decided what course to take. It’s been six months, and while it has been a real challenge, some positive things are happening. We are developing an interactive, educational awareness project we hope to present in local secondary schools soon, using several enthusiastic UVic pre-med and education student volunteers. Our database structure is being updated by volunteer Gord Warrenchuk to include volunteer information; the database is maintained by longtime volunteer Chris Foster. Office Manager Ana Maria Medina has kept our Main Office in Victoria operating smoothly from approximately 9am to 2pm daily, and our office laptop was recently replaced. We have a couple geektastic volunteers who want to update our website in the coming months, making it more attractive and interactive. Our Peer-Support groups in Victoria and Surrey plan to continue into the next year. We are incredibly fortunate to have found a super volunteer grant writer, Fran Sund, who has applied for several grants during the last few weeks—and she has a few more on the drawing board. Hopefully some of these will bear fruit soon! We’ve been blessed with many people stepping up to volunteer—too many for me to even process all the application forms, sorry to report.

Obviously, we desperately need a Volunteer Coordinator to process new volunteers; place and train them; and schedule, track and acknowledge their accomplishments. In addition, a true Executive Director’s organizational and communication expertise would be a real asset to HepCBC. If you know anyone who can help with these jobs, let us know! As for myself, I will be delighted to hand over my duties to someone else as soon as possible. That’s about it! Here’s to a truly wonderful year for all of us in the hepatitis C community and our supporters.

NEW: LONDON, ON GROUP

My name is Nicole Elliott, and I am new to the AIDS Committee of London. I am organizing a Hepatitis Peer Support Group for London, Ontario. Our first meeting was held on Tuesday, September 7th, 2010 at 186 King Street, London, Ontario, and will be held the first Tuesday each month, 7-9 p.m. They will be open to those who are infected as well as affected by Hep C.

Contact: Nicole NElliott@aidslondon.com, aidslondon.com (519) 434-1601 ext. 260, Toll Free: (1(866) 920-1601
The Liver Meeting 2010
AASLD’s 61st Annual Meeting
October 29-November 2, 2010
John B. Hynes Convention Center
Boston, Massachusetts
Registration: Mid-July
www.aasld.org/thelivermeeting/

"Hepatitis C Virus"
APASL’s 7th Single Topic Conference
December 17-18, 2010
Makuhari Messe
Chiba, Japan
Registration now open
www.k-con.co.jp/apaslstc.html

Enlightening The Future
21st Conference of the APASL
(Association for the Study of the Liver)
February 17-20, 2011
Queen Sirikit National Convention Center
Bangkok, Thailand
Early bird registration now open.
www2.kenes.com/apasl/conference/Pages/
General_Information.aspx

1st World Congress
on Controversies in the Management
of Viral Hepatitis (C-Hep)
19-22 May, 2011
Barcelona, Spain
http://comtecmmed.com/cheP/2011/

HCV 2011
18th International Symposium on
Hepatitis C Virus and Related Viruses
September 8 - 12, 2011
Sheraton Seattle Hotel & Towers
Seattle, WA
Registration: Opens 1 February, 2011
www.hcv2011.org/

CONFERENCEs
2010-2011

PEGCARE
PegCARE is a reimbursement program to help people who have been prescribed Pegtronon and need assistance with any copayment 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 they help 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 a Fair Pharmacare to qualify, and they need to provide a copy of last year’s T4 form.

A 24/7 Nursing Hotline and bilingual assistance is available, at no charge. Other services are access to translation services (150 languages) and injection assistance from registered nurses. Ask your doctor or nurse to enroll you in PegCARE. It’s an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

PEGGASSIST
The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegaseq or Pegaseq 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, 9 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., deductible and/or co-payments. In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients’ homes or to the clinics.

NEUPOGEN
VICTORY PROGRAM
Amgen has a program for patients who have been prescribed Neupogen. A reimbursement assessment is conducted by a specialist who will help you navigate through your personal or provincial coverage options. Dependant on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge. Please note that Amgen will only provide Neupogen to patients on a compassionate basis as long as it is prescribed and dosed in accordance with the approved product monograph. This service is accessed through the Victory Program: 1-888-706-4717.

COMPENSATION

LAW FIRMS
1986-1990
Bruce Lemmer/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,
1-888-666-4866, Fax 1-604-874-7180
www.kleinlyons.com/class/settled/hepc/
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
Roy Elliott
Roy Elliott Kim O’Connor LLP.
hepc@reko.ca www.reko.ca/html/hepatitisc.html
Kohlhammer Batchelor & Laidlaw LLP
#208, 1106 – 156 Street,
Edmonton, AB T5P 4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

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

Pre-1986/Post-1990

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

Canadian Blood Services, Ontario
1-800-701-7803 ext 4480 (Irene)
Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline
1-888-332-5663 (local 3467) or 604-707-3467

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 Hepatitis@kpmg.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764
http://www.phac-aspc.gc.ca/hepc/comp-indemn_e.html

CLAIMS ADMINISTRATOR
1986-1990
Administrant 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.com

Pre-86/Post-90
Administrator 1-866-334-3361
preposhepc@crsweco.ca


Janssen-Ortho Inc, Canada has a program that may provide assistance in obtaining epotelin. It is the Eprex Assistance Program (EPO) 1-877-793-7739

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

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200

Nutritional Health Care & Support Group 1st Tues. monthly. Contact Emmie 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, bptkonjak@liveliver.ca

Thunder Bay Hep C support. Contact Sarah Tycho170 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug Users Nationally unun@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@hepcnetwork.on.ca www.hepcnetwork.on.ca

QUEBEC:

Quebec City Region Contact Renee Dauro 418-836-2307 reneedaurio@hotmail.com

ATLANTIC PROVINCES:

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 info@hepatitisoutreach.ca

www.hepatitisoutreach.ca

PRAIRIE PROVINCES:

Edmonton Contact Jackie Neufeld 780-939-3379.

Wood Buffalo HIV & AIDS Society #002-9908 Frankfurt 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, 595 Broadway Ave. Everyone welcome. Contact Kirk 204-772-8925 info@mbhepc.net www.mbhpc.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 403-527-7991 bert-tre2@hivnetwork.ca

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