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Canada's Hepatitis C News Bulletin

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NEWS FROM AASLD CONFERENCE 2010

Below are summaries of abstracts from the 61st Annual Meeting of the American Association for the Study of Liver Diseases; October 29 - November 2, 2010; Boston, Massachusetts.

Definitions:

- RVR: virus undetectable at week 4
- eRVR: undetectable at week 4 & Week 20
- SVR: undetectable at end of 24 weeks of follow-up
- GT: Genotype
- pegIFN: pegylated interferon
- RBV: ribavirin
- Standard therapy: pegIFN + RBV
- Treatment-naïve: Never before treated
- Breakthrough: Return of the virus while still on treatment.

SHOULD IL-28B GENOTYPE STRATIFICATION BE USED IN NEW TRIALS?

Right now, clinical trials are stratified into arms, sometimes according to genotype, sometimes according to viral load, sometimes according to status as a non-responder/null-responder/relapse, etc. These researchers believe that the patients should also be divided according to IL-28B genotype (C/C vs. non-C/C) before they are randomized to different arms. (This is a human, not a viral genotype). In this modeling trial, they showed that there could be a 10 to 20% difference in response rates especially at week 4, according to the patient's IL-28B genotype. The difference may be even higher in non-white patients. It has been discovered that C/C GT1 patients have improved early responses, as shown in 3 hypothetical trials, where the researchers re-stratified results obtained in other trials. This stratification is especially important in the early phase trials.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/810.aspx

GS-9256 + TEGOBUVIR (GS-9190) PHASE II

Gilead Science presented results from a 4-week Phase II study which combined two of

their products with either RBV or pegIFN with RBV in 46 treatment-naïve GT1 patients. GS-9256 is an NS3 protease inhibitor and tegobuvir is a non-nucleoside NS5B polymerase inhibitor. Better results were seen when the two products were combined with RBV, but the best results occurred in they were combined with pegIFN and RBV, with a Rapid Virologic Response (RVR) in all of the patients. No breakthrough or resistant mutations were seen in this arm. A Phase IIb 16-week trial is underway.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/LB1.aspx

TELAPREVIR IN TREATMENT-NAÏVE PATIENTS

Telaprevir is an NS3/4A protease inhibitor produced by Vertex. This study enrolled 1088 GT1, treatment-naïve patients who were given the drug combined with standard therapy or standard therapy alone. The SVR rates were 83% to 89%. 12 weeks of treatment was more successful than 8 weeks. There were more cases of rashes, nausea, diarrhea and anemia in those treated with telaprevir. The amount of fibrosis or cirrhosis did not affect the SVR rate in those taking telaprevir.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/

[Tracts/HCV%20Treatment/Capsules/211.aspx](http://www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/211.aspx)

TELAPREVIR: ILLUMINATE TRIAL PHASE III

Final results of the Phase III trial of Telaprevir combined with standard therapy for only 24 weeks was just as effective as 48 weeks of standard therapy in GT1 treatment-naïve patients who achieved eRVR. The SVR in patients with eRVR was 88-92%, and was even 64% in those without eRVR. Even hard-to-treat patients (those with bridging fibrosis or worse, or blacks or Hispanics) had high SVR rates. The trial included 540 subjects.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/LB2.aspx

TELAPREVIR IN GT4

Telaprevir plus standard treatment was more successful in lowering the viral load by day 15 than standard therapy alone in treatment-naïve, GT4 patients. Unfortunately,

(Continued on page 3)

ALLISON CROWE'S TIDINGS CONCERT

HepCBC is most fortunate to announce Allison Crowe is again performing her popular "Tidings Concert" this year in support of HepCBC and Artemis Place.

Don't miss this year's wonderful, seasonal concert on December 4 at the Fairfield United Church. For tickets, please contact Ana Maria at (250) 595-3892.

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www.allisoncrowe.com

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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

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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, Merck 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, telephone number, and address.

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TIP OF THE MONTH:

START TREATMENT IN JANUARY—AVOID PAYING THE PHARMACARE DEDUCTIBLE TWICE.



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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

(AASLD—Continued from page 1)

telaprevir did not change the SVR rate in these patients.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/828.aspx

TMC435: PILLAR TRIAL PHASE IIb

386 treatment-naïve GT1 patients took part in Tibotec's Phase IIb "PILLAR", trial featuring their NS3/4A protease inhibitor TMC435. Interim results at 24 weeks were presented and showed that TMC435 added to standard therapy increased response rates in this group of patients. The drug seemed to elevate bilirubin during the first few weeks of therapy, but this was "mild and reversible." The researchers believe that the majority of patients (79% to 86%) in the TMC435 + standard therapy arm are eligible for a reduced total treatment time of 24 weeks. The company is planning a Phase III trial.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/LB5.aspx

AI447011 INTERIM RESULTS PHASE IIa NULL-RESPONDERS

Bristol-Myers Squibb presented interim week 12 results of its trial with the combination therapy with BMS-790052 (an NS5A inhibitor, very effective against all genotypes) and BMS-650032 (an NS3 protease inhibitor especially effective in GT 1a and 1b). This small trial treated 21 GT1 null-responders. Those in arm 1 (11 patients) received the inhibitors alone, while the others (arm 2) received them combined with standard therapy.

By week 12, 55% of patients (all with GT1a) in arm 1 had viral breakthrough, and 90% of patients in arm 2 tested undetectable. There was no breakthrough in arm 2. Patients experiencing breakthrough were then given standard therapy along with the inhibitors and all were then undetectable by week 6. Further trials are planned.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/LB8.aspx

ANA598-504 PHASE II

Anadys Pharmaceuticals presented results of its phase II trial with ANA598, a non-nucleoside polymerase inhibitor. Ninety-five GT1, treatment-naïve patients were studied. They were given ANA598 with placebo or with standard treatment. As usual, the new drug worked better when combined with standard treatment. There was more risk of rashes when taking 400 mg of ANA598 twice

daily. A rapid and sustained viral response was seen during a 3-day dosing in a previous study with ANA598 alone. Breakthrough during this combination treatment was less than 2%. Viral rebound after 12 weeks of treatment was less than 5%.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/31.aspx

DANOPREVR

Roche recently acquired danoprevir, an NS3/4A protease inhibitor, from InterMune. The interim results of the first 12 weeks of their "ATLAS" phase II trial were presented. The combination of danoprevir plus standard therapy produced fast and good results in those with GT-1. Over 50% of the 225 GT1, treatment-naïve patients were undetectable at 2 weeks, and this number rose to over 85% at week 12. The arm of the trial with the highest dose of danoprevir was discontinued due to elevated ALTs, which went down when the drug was withdrawn. There were more cases of nausea and diarrhea with the danoprevir, but generally the drug was well-tolerated up to doses of 900 mg twice daily. Resistance developed only in two patients with GT-1a. A subsequent study ("Dauphine") is being planned including ritonavir in the "cocktail".

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/32.aspx

RG7128

Pharmasset and Roche presented the results of their "PROPEL" clinical trial which studied 408 mostly GT1 patients, and included some with cirrhosis. These patients were treated for 8 or 12 weeks with RG7128, an NS5B polymerase inhibitor, together with pegIFN/RBV, then with pegIFN/RBV alone, with a total treatment duration of 24 or 48 weeks. The drug was proven safe and no resistance was found. The treatment-naïve, GT1/4 patients experienced complete EVR.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/81.aspx

VANIPREVR (MK-7009)

Merck has released the results of its Phase IIb study of vaniprevir combined with standard treatment. Vaniprevir is an NS3/4A protease inhibitor. The study treated 91 GT1, treatment-naïve, non-cirrhotic subjects for 4 weeks, then with standard treatment alone for another 44 weeks, and noted an improved response rate over

standard treatment alone. Most of the patients had a RVR (week 4). The doses of 600-1200 mg daily of vaniprevir resulted in SVR rates of 78-84%, compared to 63% with standard treatment alone. The side effects of the optimum doses of vaniprevir included mild to moderate vomiting but no patient dropped out because of that.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/82.aspx

MK-5172 in GT3

This was a small, 7-day trial involving 12 non-cirrhotic male patients. Half were GT1 and half, GT3. One of each GT received placebo. The others received MK-5172 monotherapy. The drug was well tolerated and there were no treatment discontinuations or serious adverse events.

In GT1 patients, the average viral load reduction from baseline figures was 5.40 log₁₀ IU/mL, while in GT3 patients, it was 3.98 log₁₀ IU/mL. 5 GT1 patients had undetectable virus which lasted over 20 days after treatment, but viral levels returned by one month.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/82.aspx

PEGINTERFERON LAMBDA

ZymoGenetics and Bristol-Myers Squibb presented week 12 results from their phase III trial of pegIFN lambda plus RBV, which compared the drug to standard treatment using pegIFN alfa-2a/RBV, in hopes of finding a more tolerable interferon. The trial involved 55 treatment-naïve patients, and stratified them according to C/C or non-C/C (see summary above) before randomizing them. Patients taking pegIFN lambda experienced virologic responses equal to or better than standard therapy in GT1 and GT4 patients, but lower responses in GT2 and GT3 patients. Up to half of patients with non-C/C genotype had undetectable virus at week 12. Adverse events were noted in fewer than 25% of pegIFN lambda patients. The events were mild to moderate, with no deaths and no need to lower the dose. More results are expected in 2011.

Source: www.clinicaloptions.com/Hepatitis/Conference%20Coverage/AASLD%202010/Tracks/HCV%20Treatment/Capsules/821.aspx





Sanjiv's Story – Updated September 2010, PART III

[Editor: Part I of Sanjiv Syal's story was published in the October 2008 edition of the hepc.bull.

<http://hepcbc.ca/bulletin/2008/2008-10.pdf>

Part II appeared in last month's edition.]

My Gains

What I have gained from life in 50 years is much more than what I have lost in the past five managing health challenges. Each major setback may have initially shaken me up, but in hindsight it has provided me with an opportunity to introspect, take positive action, and to do my best in situations within my control. These trials have helped me to cultivate a strong sense of discipline, the will to fight, the ability to understand what is important, and what is not. During this period I have emerged stronger and more positive in my approach. I am in control of my life and am mentally at peace. Though I cannot predict the future, on this day as I share my story, I feel on top and triumphant, and that to me is more important than surmising the future chapters of my story! I believe God's hand, my family's love, and my own endeavours will keep me going! Best of all I feel clear-headed and have a general calmness, which wasn't so when I started my journey. Anybody can get a disease, and may do all the right things. After managing the tougher challenges in life many issues seem trivial.

"How has all this changed me?" The question is, "How hasn't it?" During every setback, I've encountered many questions and thoughts of self-pity, but you learn to embrace the challenges. When life presents you with challenges it also presents you clues of strength. You may choose to pick the easy route which requires you to do nothing but surrender. I was fortunate that I took what was offered and decided to fight like hell, and this, I believe, makes all the difference! Your past experiences shape you and each experience has its own effect. I have learned what it means to be in control, make the best and give it your best. It's not about the disease. It is a paradigm, a way of life!

During our lives we are faced with different questions; we experience setbacks, and learn to defend ourselves, fight and sometimes just try to stay upright to have hope. These situations test us physically and mentally. They test our perseverance, endurance and even our relationships. I understand this today; there are no shortcuts or free lunches in life; you have to pay the price. Moreover, you don't get it

all. I have realized that it takes years to build character, faith and trust, and until you have logged hundreds of experiences both positive and negative, you just don't get it!

The physical aches, pains and side effects of HCV and its therapy don't bother me anymore, because I am conditioned to accept and manage them along with the associated "downtime." The more I think about it, the more my journey seems like a marathon to me. Only the distance changes and the climb becomes steeper; every time I feel that I am close to the finish line, it seems to be taken away, out of sight. It is unsettling and I am caught unprepared. I am used to running low on my body condition and have had many bumps and grinds on the way; but there is a belief that there is a cure for me. I have to climb the peak a few more times, God tells me, which requires a grueling physical and mental effort. I get progress reports from routine medical tests every few months—some good, some not so good! However, the big difference between the day I started and the present day is that I try harder than I ever did in the past. During my marathon, I think about my occupation, my livelihood, my responsibilities, and making it through. The idea pumps me up; winning my health back and enjoying 15 healthy years of my life with my life partner will be my biggest victory! I am focused on getting on with it. As long as I follow my discipline and routine I am in control and healthy! I am a student of Coronary Heart and HCV disease. I read extensively on the subjects I deal with: heart, liver, coping emotionally, meditation, spirituality, human traits, behaviour, motivation, attitude. I am receptive to consider options such as wheatgrass, soy, garlic, COQ 10, Vitamin D, selenium, alpha lipoic acid, NAC, turmeric, a host of other antioxidants, yoga, meditation, Ayurveda, aura healing, diet, massage, lifestyle, exercise, and so on. I follow clinical trials and their outcomes. The more research I do, the better conditioned I get. Knowledge is always more reassuring than ignorance: at least you know what you are dealing with! Answers to questions, "Why me? What are my chances?" are unknown. For most of us, life operates under a simple equation of winning and losing. My challenges have given me a penchant for suspense. Disease doesn't discriminate—it may cripple a strong person with a wonderful attitude, while it may spare a weaker person resigned to failure. What is stronger, fear or hope? Initially, I was fearful and without hope, but I was motivated into taking control by fear. As I sat and absorbed the full extent of my challenges, I refused to let fear blot out hope. Something told me that fear should never rule the heart, and I decided not to be afraid.

There is no accurate way to estimate somebody's chances, and we shouldn't even try. It deprives us of hope, the only antidote to fear! Belief is the bravest human characteristic. To believe in yourself, in the doctors, in the treatment, in the outcome of your endeavors is the most important thing. Without belief, we would be left with sense of doom and the tsunami would overwhelm us! I believe in belief; I believe that I am on the right track, headed in the right direction; I believe that my weekly interferon shots are protecting my liver and while on therapy, I have a chance to get cured; I believe my regimented routine, my diet and lifestyle choices are protecting my heart arteries from clogging; I believe my spiritual practice makes me take on challenges fearlessly without worrying about the future; and above all, I believe that I am benefiting from my journey... any which way I look at it. Anything's possible. Your reports can tell you that you have a 90 percent chance or a 10 percent chance or a 1 percent chance, but you have to make every effort and believe that you will be in the successful group. What if I lose? What if I am diagnosed with hepatic cancer tomorrow or have a heart attack? In the bargain, I still would have gained in my endeavors, because during my journey I will become more complete, more compassionate, intelligent and therefore more alive. The one thing my medical challenges have convinced me—more than any experience I've had—is that we are much better than we know. We all have capabilities that emerge in extreme situations, so if there is purpose to the experience of embracing life it has to be this: "Our experiences are meant to improve us."

A man is caught in a flood, and as the water rises he climbs to the roof of his house and waits to be rescued. A guy in a motorboat comes by, and he says, "Hop in. I'll save you." "No thanks," the man on the rooftop says. "My Lord will save me." But the floodwaters keep rising. A few minutes later, a rescue plane flies overhead and the pilot drops a line. "No, thanks," the man on the rooftop says. "My Lord will save me." But the floodwaters rise ever higher, and finally, they overflow the roof and the man drowns. When he gets to heaven, he confronts God. "My Lord, why didn't you save me?" he implores. "You idiot," God says. "I sent you a boat you didn't respond. I sent you a plane. You didn't take that either."

We are all like the guy on the rooftop. Things take place; there is a confluence of events and circumstances, and we can't always know their purpose, but we can take ownership of our life events and be courageous.

(Continued on page 5)

(SANJIV—Continued from page 4)

geous. We all cope differently in life-threatening challenges. Some ignore them, some deny them, some pray, while some numb themselves with intoxicants. Though we may be tempted by any of the above, I think it better that we take our challenges head-on, armed with courage and hope for the most favourable outcome.

Pain is temporary. It may last a minute, or an hour, or a day, or a year, but eventually it will subside and something else will take its place. If you give up today, the pain of giving up will last forever. So when I feel like surrendering or deviating from my efforts I ask myself what would I rather live with. The answer gets me back on track with zest!

I write my story to address all the issues I deal with: coping with the unknowns but with a thorough knowledge of the disease—a 100% effort on my part; the patient's role in cure; and above all, the idea that HCV and heart disease are not death sentences. It could be a route to an inner life, a better and prioritized life in line with our true self. Earlier, I would spend too much time working towards future goals and I became oblivious of the present. Now I know that the act of taking care of the present will qualify me for a better chance of a healthier future! My journey has taught me many valuable things about medicine, my overall health, my view of life, and my spiritual development. Of course, I will never know for sure, but I believe I will live a happier, contented and fuller life. If you look for the good in every experience, however bad a situation may appear at first, there is always something to be gained.

Sharing is beneficial for us because it helps us come together and support one another. The crux of my sharing with you is not about disease but about taking control over challenges that life brings; it is about doing your best in situations that might be life-threatening. It is about conditioning the mind, adopting a firm resolution and following it up with determined action each day. It is about optimism, discipline, attitude and keeping your chin up in times of adversity. It is about working on deeply ingrained paradigms and a belief that the human body is resilient, with an incredible capacity to heal, and the mind is the power to drive it.

Above all it is about living in the present! I would not want the epitaph on my tomb to read, "The sick guy, a victim of liver and heart disease, who had frequent coronary bypass surgeries and liver transplants," but "The one who did his best in every situation."

I hope that each of you will enjoy your journey, find the positives, and make your experience the best it can be for you and your loved ones. Good luck and God bless!!

HEP C AND ME: THE INCREDIBLE JOURNEY!

by Petra Hoffmann

WE NEED MORE VOICES!!!



Oh, yes, you heard me right, alright! I understand that there are many of you out there spreading the word, and you are doing a wonderful job. This Hep C epidemic, however, is bigger than that. In my opinion the government is trying to sweep it all under the carpet. How many more of us have to die before they make a move to actually help us? Which brings me to which and how much of the statistical information we are given as a society is true? Are you guys aware that hepatitis C is not listed on the death certificate, unless family members make sure they list it?

Figures show that 1.5 MILLION people a year die of hepatitis B and C. So, how accurate are these figures, given what I have just told you? People do not die from hepatitis C; they die from liver failure, kidney failure, heart failure, and cancers directly related to Hep C. What are the REAL figures, then? We need all of you to help us change this, and to have Hep C stated on death certificates. We need your voices. I have a loud voice, and a big mouth, but I cannot do this alone.

Another thing that needs changing is the liver enzyme levels, to warrant being given the "right" to be treated. As most of you know, the ALT and AST levels can very well be normal, and at the same time, there may already be significant liver damage. If you are one of these people, please ask for a liver biopsy. It isn't that bad. I went through it myself. However, we need your voices, to change this Neanderthal method in which the governments operate.

The other day I was watching "The View". I still wish I had not tuned in that

day. Natalie Cole was a guest on the show, and she has Hep C, and had undergone a kidney transplant. Well, it took poor Natalie about 30 seconds to set us all back 20 years. Barbara Walters pulverized her the second she announced her illness. "Don't drug addicts that use needles get Hep C? From there it went rapidly downhill. Whoopi stepped up to bat and tried to save her, and very loudly enquired, "How do people get Hepatitis C?" Natalie could have saved the day right there, but she floundered, and came up with a lame, "Well, you can get it the way I did, or sometimes when people get a tattoo or piercing or something."

Now had I been the one sitting there, with all the world listening, I would have turned to Barbara and said something like, "I'm so glad you asked. As a matter of fact, I am most concerned about you, Barbara. I understand that you have just been through open heart surgery. I think that you should get a Hep C test. If one of those instruments used to pry you open was in fact not sterilized properly, the virus would survive for 72 hours. Have you been tested?" What I am trying to say here is that if indeed you do tell others about this disease, do not allow them to stigmatize it for you. We need to ensure that everybody be tested. It is up to us to educate the world, and we need to do it NOW. Natalie Cole, for example, should have learned more about her own disease, in order to help the rest of us. We are facing a global epidemic. Please stand up for what you all believe in, and help me and many others like me to get the word out. Change doesn't happen overnight, but without us, it will never happen!

Please come and follow my journey on: <http://www.youtube.com/petrabilities> and visit <http://www.petrabilities.com/> for more information.

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Registered Canadian Charity: 86800-4979-RR001



- As a volunteer (we'll forward you information)
- Here is my tax-deductible donation of
\$30 _____ \$50 _____ \$100 _____ Other _____

Name: _____

Email: _____

Address: _____

Phone: _____



Hep C Sites on facebook



FIGHT Against Hepatitis C

<http://www.facebook.com/pages/Victoria-BC/>



<http://bit.ly/9NvIw3>



Transplant Support Group of British Columbia

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

twitter

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/>

STUDY PARTICIPANTS WANTED

Women's Perspectives are Very Important in Guiding Healthcare.

Study participants (women over 19 who have received a hepatitis C diagnosis) wanted for a thesis titled:

"Lived Experiences of Women Receiving a Hepatitis C Diagnosis". Tell me about your health experience and living with hepatitis C.

All information shared is confidential.

Participants must be within a 2-hour drive of Kelowna, and the researcher (Donna) will travel to your town/city to talk with you.

The ethics are approved through the University of Victoria.

Contact Donna RN BScN (Master of Nursing student) for more information at donnazuk@uvic.ca or 250-870-1902

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hcvresearch@rogers.com

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compensation claims and appeals
High success rate
Low payment rate
References are available**

COMPETITION!

HepCBC 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

NEW INVESTIGATIONAL DRUG PROMISES SHORTER, MORE TOLERABLE TREATMENT FOR CANADIANS LIVING WITH HEPATITIS C

An estimated 250,000 Canadians are infected with Hepatitis C and 3,200-5,000 Canadians are newly infected each year. A major challenge associated with managing hepatitis C is that the treatment process is very long, difficult on the patient, and often only successful in about half of those treated.

According to results from two new pivotal Phase III studies, presented recently at the 61st Annual Meeting of the American Association for the Study of Liver Diseases (AASLD), boceprevir—a new investigational drug for hepatitis C—increased success rates compared to standard therapy and many patients were able to have their treatment duration reduced by up to three months.

A few years ago, Ron learned that he became infected with the hepatitis C virus through a transfusion with tainted blood. He participated in the boceprevir Phase III study, with the hope of beating the virus. At first he felt rather sick, but was determined to stick with the treatment regimen in order to optimize results. For 48 weeks, Ron was on an intensive triple medication therapy (ribavirin, peginterferon alfa-2b (Peg/riba), plus the new drug, boceprevir). Ron was thrilled to learn, three weeks ago, that he had in fact cleared the virus. He says he feels like a new person.

During the week of November 1st, Ron gave interviews to speak to:

- How he turned his life around with hepatitis C
- Prevention measures and ways to avoid spreading the disease
- Available local resources and treatments for those who are infected

If you are interested in learning more about the study results, or in speaking with one of the study's Canadian investigators, Dr. Stephen Shafran, or with a nurse who was Associate Director on the study and can give you her perspective of dealing with the patients during their treatment, or with a hepatitis C patient, please let me know.

Abigail.Bueno@edelman.com

The Combo Survival Guide from A to Z

<http://www.hepcsurvivalguide.org/comboguide.htm>

CONFERENCES 2010-2011

Enlightening The Future

21st Conference of the APASL

(Asian Pacific 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](http://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://comtecmed.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/



EPREX ASSISTANCE PROGRAM

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

For more info, provincial coverage and forms: [http://profiles.drugcoverage.ca/en/
default.asp?DrugID=25](http://profiles.drugcoverage.ca/en/default.asp?DrugID=25)

PEGCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegatron 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.

A 24/7 Nursing Hotline and bilingual assistance is available, at no charge. Other services are access to live 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

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.

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 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/

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 HepatitisC@kpmg.ca
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
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@crawco.ca
www.pre86post90settlement.ca

Settlement Agreement: [http://www.reko.ca/html/
hepc_settlement.pdf](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 These following groups all provide HCV info, harm reduction, support, education and more:

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

• **Comox Valley** Drop in, needle exchange. HCV Support group each Thu 1:15 PM, 355 6th St. Courtenay. Contact Sarah rah.sullivan@avi.org 250-338-7400

• **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** Access Health Centre, drop in, disability applications, peer training. Support group each Mon, 1:15 PM, 713 Johnson St., 3rd floor, 250-384-2366 Hermione.jeffers@avi.org

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

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

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

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

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

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

• **Victoria Peer Support:** 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 9AM-10PM. 250-595-3891

• **Fraser Valley Peer Support:** 3rd Wed monthly 7PM, N. Surrey Rec Centre Meeting room 10275-135th St Info: 604-576-2022, petrabilities@aol.com

Kamloops ASK Wellness Centre. Chronic illness health navigation/support. info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing and counseling 250-315-0098. 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 Cheri 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, eriseley@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. hepcixpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS, 101 Baker St. 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 "C" Support Group Each Fri 10 AM. Nurse. Refreshments. Contact: Daniel 604-562-5170., mail@purposesociety.org

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

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

Powell River Hepatology Service Powell River Community Health, 3rd Floor—5000 Joyce Ave. Contact Melinda Melinda.herceg@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

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

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

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

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

Surrey Positive Haven Hep C group 2nd & 4th Thurs monthly 1 PM. 10697 135A St. Contact Sam 604-589-8678.

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), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Contact Peter, pvanbo@gmail.com Tel. 250-309-1358.

Victoria CoolAid Peer Support each Wed 10-11:30 AM, 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Carolyn cshowler@coolaid.org

YouthCO AIDS Society 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Sasha Bennett sashab@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, **NEW LOCATION:** Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

London Hepatitis Peer Support Group 1st Tues monthly 7PM, 186 King St, London, ON. For those infected as well as affected by Hep C. Contact: Nicole NEL-liott@aidslondon.com, (519) 434-1601 ext. 260, Toll Free: 1.866.920.1601, aidslondon.com

Niagara Falls Hep C Support 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, bptonkonjak@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:

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

info@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 wbbhas@telus.net www.wbbhas.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.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

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!