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Canada's Hepatitis C News Bulletin

www.hepcbc.ca



MORE NEWS FROM AASLD CONFERENCE 2010 IN BOSTON

RESPOND-2 and SPRINT-2 BOCEPREVIR STUDIES

Merck presented final results for its two recent Boceprevir studies which treated genotype 1 (GT1) patients. The control groups took standard treatment (peg/RV) plus placebo for 48 weeks. Previously treated non-responders (NR) took part in the RESPOND-2 trial, and treatment-naïve patients were placed in the SPRINT-2 trial. Both trials used these strategies:

1. 48 weeks of treatment for all (4-week lead-in PegIntron + investigational 600-1,400 mg/day RBV, followed by adding boceprevir 800 mg three times a day for 44 weeks)
2. RGT (response-guided therapy) patients with undetectable virus at 8 weeks, sustained, could stop all treatment at 36 weeks in HCV RESPOND-2 and at 28 weeks in HCV SPRINT-2. If detectable, patients continued treatment with peg/RV for a total of 48 weeks.

The HCV RESPOND-2 study (403 non-responders) results:

1. 48 weeks control group: 21% SVR
2. 48 weeks peg/RV plus boceprevir: 66% SVR
3. RGT peg/RV plus boceprevir: 59% SVR

The HCV SPRINT-2 study enrolled 1,097 treatment-naïve patients in two groups:

1. 938 non-African-American/Black SVR results:
 - a) Control group: 40%
 - b) Boceprevir 48-week group: 69% SVR,
 - c) RGT: 67% SVR
2. 159 African-American/Black SVR rates
 - a) Control group: 23% SVR
 - b) 48-week group: 53% SVR
 - c) RGT: 42% SVR

The HCV RESPOND-2 patients in the RGT arm with undetectable virus at treatment weeks 8 and 12 received a total of 36 weeks of therapy (4 weeks peg/RV, then with boceprevir for 32 weeks); patients with detectable virus at week 8, but undetectable at week

12, stopped boceprevir at week 36 and continued on peg/RV alone 12 more weeks, for a total of 48 weeks. Any patients who had detectable virus at week 12 were considered non-responders, and taken off treatment.

HCV SPRINT-2 patients in the RGT group testing undetectable at weeks 8-24 took a total of 28 weeks of therapy (lead-in with peg/RV followed by adding boceprevir for 24 weeks); patients with detectable virus at week 8, but undetectable at week 24, stopped boceprevir at week 28 and continued on peg/RV alone for a total of 48 weeks. Any patients who had detectable virus at week 24 were considered non-responders and taken off treatment.

Merck plans to submit a New Drug Application (NDA) for boceprevir to the U.S. Food and Drug Administration

Source: www.hivandhepatitis.com/hep_c/news/2010/0806_2010_a.html

AVL-192

Avila Therapeutics, Inc. is developing targeted covalent drugs, which bond to and attack a unique structure of the HCV protease that is not found in human proteases. This is the first time that the protease has been inhibited irreversibly using a targeted covalent drug. The company believes this technology can also be applied to other areas such as cancer.

The company presented results of its pre-clinical studies that show AVL-192 to be very potent against the mutations of the HCV that seem to appear in other drug trials. AVL-192 is an oral drug. They say the drug is possibly their best-in-class candidate because it retains its potency even long after it is removed, and works in all the genotypes. They expect that dosing will be once daily. The drug may possibly be used as monotherapy.

Source: natap.org. See: <http://www.avilatx.com>

ABT450 + LOW-DOSE RITONAVIR

Abbott's ABT450, a protease inhibitor, supplemented with low-dose ritonavir (ABT450/r) showed an average 4 log drop in viral load with 3 days of treatment, 1 dose a day monotherapy. No serious adverse events were reported. Results from 4 weeks of treatment with ABT450/r plus standard therapy reported 5.5 log drops and 21 out of 23 patients tested undetectable.

Source: Jules Levin, natap.org

BMS-790052 + BMS-650032

Bristol-Myers presented results from their protease + NS5A inhibitor trial. The drugs were tested with and without standard therapy, on GT1 null-responders. At 12 weeks of therapy, 6 out of 11 patients experienced breakthrough. All were GT-1a. However, the other 5 patients remained undetectable with the two oral drugs alone. It appears that the patients with breakthrough could be rescued by adding standard therapy after the viral rebound. In the arm using the two oral drugs plus standard therapy, all 10 patients were undetectable after 12 weeks. There were no serious adverse events reported.

Source: Jules Levin, natap.org



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The CD contains back issues of the *hepc.bull* from 1997-2010; the FAQ V8.3; the slide presentations developed by Alan Franciscus; 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.

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

TIP OF THE MONTH:

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HEPATITIS C NUTRITION: FOODS THAT BITE, FOODS THAT FIGHT

By Douglas Laird

There is nothing more damaging to the stigma of hepatitis than the drama from the trauma of hepatitis A. Unlike hepatitis C or B, it is highly infectious and extremely dangerous around food. Tragically, many people with hepatitis C carry the idea that they cannot work with food or that contact with the food of other people is dangerous. There is nothing further from the truth. Not only do we have a lot to teach others about the vitality of healthy food, but we have a lot of work to do in terms of food safety, universal precautions, and best cooking practices. There is no place in the kitchen for the fear of hepatitis C!

It isn't always possible to get the maximum benefits of a nutrient from food sources. Since determinants of health are measured in terms of individual economic status it is imperative that we look at the cheapest forms of the recommended nutrients as manufactured supplements can be prohibitively expensive. Getting the best mileage from your choice of diet is the first defense. Combining those foods and knowing how to use them will be one focus of this column; supplementing them is another. Convincing health funding agencies to support complementary alternative medicine (CAM) is something HepCBC believes in and continues work at. Publicly funded health care is affordable and cost effective no matter what the fear mongers suggest!

The ability of the liver to tolerate one food group, one supplement, or even one medicine varies with the individual as well as how the body handles it. Nutrition needs for someone with no fibrosis can be different for someone with cirrhosis and very critical for someone with a decompensated liver. Combining supplements and medicine can have unforeseen negative consequences as well. Talking to your doctor and pharmacist before taking more complex supplements (beyond a multi-vitamin plus folic acid for woman) is a good idea. As participants in our own health we all need to take the responsibility very seriously. The good news is there can be huge benefits with low level risk from eating certain foods and supplements.

The long debate over milk thistle exemplifies how the health services consumer is at odds with the scientific community over supplements. We need scientific research to verify our collective intuition about supplements popular within the HCV community. Taking milk thistle has been recommended because quality of life (QoL) is improved by doing so. These experiences are known as anecdotal

information, not scientific, although the scientific community regards them as important. At one point scientific studies stated that there was no notable harm in taking milk thistle but also did not see any benefit. However new work has demonstrated that at the very least milk thistle is a powerful antioxidant providing benefits to cell health. While milk thistle has more therapeutic potential than first imagined when refined and administered intravenously, there are some new indications that taking it orally likely reduces fibrosis as well as raising QoL.

Any improvement in QoL is going to increase your chances of fighting HCV. However if there is a potential for negative health consequences from a food or drug it is said to be a contraindication. For example when you take interferon and eat high fat food, fat is going to be a contraindication for the interferon since fat temporarily fertilizes the virus we are trying to fight. Also fat deposits in the liver have been shown to hamper treatment success and it is especially harmful to those with HIV co-infection. Eating high density fats will not improve your chances of success from treatment, although having high bad cholesterol seems to indicate that body is genetically more suited for successful treatment. People with hemochromatosis or cirrhosis would have iron as a contraindication. A biopsy will tell more about your individual reactions to iron in your diet but generally the amount of iron in a multi vitamin or a serving of spinach is not considered dangerous.

Time and time again there has been one beneficial nutrient recommended for any diet. Antioxidants are the source of larger research contention than was milk thistle. While there is debate on how beneficial, new knowledge continues to point toward the solid benefits from a diet high in antioxidants. One particular antioxidant not well understood is SAME or S-adenosyl-methionine, which is sold over the counter. Relatively expensive, it costs less than one dollar for every 200 mg and is best taken every four hours. Starting in the morning you can increase it up to 1,600 mg a day orally. It works like an aspirin (ASAID's) for joint and muscle aches, can relieve fatigue and depression, lowers ALT levels, and increases bilirubin levels. And that is not all. A recent study indicates 1,200 mg of SAME with 6g of betaine (tri-methyl

glycine) increases the success of treatment safely by obtaining higher incidents of early virological response (EVR) in previous non-responders. EVR is very good news. When the new protease inhibitors are available EVR could mean interferon treatment will be reduced from 44 weeks to 24 or 36 weeks. That is a cost-effective use of CAM.

Other CAM's that work well taken daily with SAME are 500 mg methionine, 800 mcg folic acid, 500 mg of betaine and from 500 mcg to 3,000 mcg of B12. According to a friend and research consultant Timothy, "If you take SAME together with Vitamin B1, B2, B6, folic acid, L-Carnation or Acetyl-L-Carnitine, and Glutathione, Glutamine and L-Methionine, a smaller amount of SAM-e can be sufficient and is more fully absorbed. Start with a small amount (one 200mg tab a day) and slowly work up to a level at which you no longer notice lethargic, negative, depressed feelings and any muscle and joint pains are more manageable. Probably 400 to 800 mg.

"Do not take SAME together with fluoxetine, paroxetine or any other antidepressant, or you may get too high a level of serotonin. Do not take if there is any sign of bipolar disorder. Make sure your doctor knows what you are taking and how much and that he/she is knowledgeable about it." Timothy is a nurse who works with street kids in Bogotá Columbia. He was completing treatment for the virus at last report and was very happy to stop taking supplements.

Sources:

Freedman ND, Curto TM, Morishima C, et al. *Aliment Pharmacol Ther.* 2010 Nov 2. doi: 10.1111/j.1365-2036.2010.04503.x. [Silymarin use and liver disease progression in the Hepatitis C Antiviral Long-Term Treatment against Cirrhosis trial.]

www.ncbi.nlm.nih.gov/pubmed/21083592

Filipowicz M, et al. *S-adenosyl-methionine and betaine improve early virological response in chronic hepatitis C patients with previous nonresponse.* *PLoS One.* 2010 Nov 8;5(11):e15492.

www.ncbi.nlm.nih.gov/pubmed/21079746

www.hepcchallenge.org/choices/pdf/Chapter_16_OL.pdf

Timothy in Bogotá: Personal email; May 2008



I would like to begin my story with a salute to all of those people that have helped me and others diagnosed with HCV. It has never mattered to me how someone was infected. I know people who used drugs and shared needles, as well as people who have received the virus through tainted blood transfusions, and none of it matters to me. What matters most is that people with HCV need help, and that help takes many forms. I am fortunate enough not to have the severe financial burden that many with this disease face. I can't imagine what it must feel like to face HCV without medical options nor any semblance of a support system, which I believe is so very important. I am deeply discouraged by the stigma that we all face when we are diagnosed with HCV.

I never knew many things about this disease until I was diagnosed. I began a journey toward understanding and knowledge, ultimately ridding my body of this terrible virus. The journey actually began when I was hospitalized two years ago with extreme abdominal pain. After three days in the hospital, and many scans and tests later, all that they came up with was that I needed to have a hernia repair. They asked several times why I was there. I am otherwise a healthy person, with the exception of having asthma that is treated successfully.

During the next several months I underwent many tests that included colonoscopy, gastroscopy, many blood tests, a CT scan, and finally, while being pre-screened for the hernia repair, it was discovered that my iron levels were high. This finally led my primary care doctor to check for hepatitis with more blood work. The preliminary screen showed that I might have the virus. The second blood test confirmed that I did have Hep C. That was in July 2009. I was devastated by this news.

The next couple of months were very difficult for me. In my mind my life was over. I am 55 years old, with so much I want to do in my life, and now I am going to die. That went through my mind over and over. As I began to research the virus, it didn't get much better, because it seemed like it was all bad news. I was obsessed with it, and I couldn't get it off my mind.

The next step was to see a hepatologist. More blood work was ordered to determine my genotype, etc. It came back as genotype 1b, and I was told that it was the most resistant to treatment. It was just more bad

news. It seemed like that was the only news I was going to get. The next step was a liver biopsy in early December 2009. That produced some good news about my liver. I was happy to learn that I was stage 0-1, which means that there is little damage to my liver from the disease. I was so happy to finally hear something positive, and it was a great relief for my wife and family. The next step was to plan for treatment. I was asked if I would be interested in participating in a drug trial along with standard treatment. The Hepatologist gave me three options, actually. The first was to do nothing, the second was standard treatment, and the third was the drug trial. I decided that I would go into the trial because the drug had shown a substantial increased chance of clearing the virus, and reaching SVR. Since deciding to be a part of the trial, I have undergone many screening tests to determine if I am suitable. The only thing they found during screening was that I have a condition called optic nerve drusen. I am scheduled to start treatment in a few days, and as far as I know I have been accepted to participate.

As I begin the next stage of my journey, I have a sense of relief mixed with anxiety about how the drugs might affect me. I want to continue to work as much as I can, and keep my life as real as possible. I want to continue to be myself, and not be defined by this disease. Something that is very important to me is that there be more awareness and education about HCV so that people will get tested, get treated, and get better, without all of the added burden of stigma, isolation, and financial hardship.

—Daryl



PHCN CONFERENCE PHOTOS
Thanks to Petra Hoffmann



**HIGHLIGHTS
PHCN CONFERENCE**

Highlights of Pacific Hepatitis C Network conference, November 4–7, 2010, Abbotsford, BC by Cheryl Reitz, HepCBC delegate from Victoria

If you were lucky enough to attend the recent Pacific Hepatitis C Network conference in Abbotsford, BC, you can stop reading now. If not, here's a taste—the highlights for me, a delegate from HepCBC. It started with a public forum about harm reduction (HR) in a town now grappling with high rates of intravenous drug use (IVDU) and limited support of the concept of HR. David Portesi, MPH (Fraser Health Authority) compared the \$250,000/year to run a full needle exchange program in the entire Fraser Valley to the \$200,000 average lifetime cost of HIV care for ONE person (similar cost for HCV). Dan Werb, MSc, reported a Swiss program in which safe injection sites were made available in every town in the country, and over time young people began to see these sites as negative, unhappy, and bleak places, destroying whatever mystique IVDU may once have held for them. Mark Haden, M.S.W. (Vancouver Coastal Health) argued convincingly for HR; view his ideas at www.markhaden.com/presentations/Harm%20reduction%20theory.ppt.

James Tihchelaar, RN, MeD (BCCDC) pointed out that the people with whom street nurses work generally experience illness at a higher rate than any other group in society, but frequently avoid medical care, due to distrust of healthcare institutions, fear of stigma and discrimination from medical staff, and desire to retain control over their life. Several people acknowledged the great influence of Gordon Neufeld and Gabor Maté on their actions and thoughts.

Day 2, CATIE coordinator Jeff Reinhart explained basic hepatitis C facts, and Liza McGuinness, MA (BCCDC) discussed the concept of stigma against hepatitis C. Liza pointed out stigma can be intrapersonal (against self), interpersonal, and structural; recently-diagnosed people regularly stigmatize themselves. Stigma results in avoidance of testing, care, treatment, and participation in research. This costs society a lot in unnecessary medical costs, loss of productivity, and further blood supply contamination. I had to miss the concurrent sessions: VANDU's Pain Management and Methadone session followed by discussion with Dr. John Farley and Deb Schmitz about

(Continued on page 5)

(HIGHLIGHTS—Continued from page 4)

Hepatitis C Treatment Access in BC.

That afternoon we were treated to HEALP's "Forum Theatre", a self-advocacy and educational project sponsored by ANKORS in the Kootenays. Actors presented their own real-life experiences with stigma directed at HCV+ people by healthcare workers. Audience members were invited to get the actors to fast forward, rewind, or stop, and they could even step in to provide "better dialogue" to improve the situations they saw. This was followed by our sponsor organization's AGM.

On Day 3, the Youth Injection Prevention Project showed how former street-involved youth can engage in academic research. Working with UBC and BCCDC, the young participants interviewed Vancouver street youth to discover what kept individuals from injecting drugs, or why they stopped. Very interesting results!

Positive Living North Bulkley Valley provides an inspiring "Day Shelter" program to mostly aboriginal patrons 4 days a week, with lunch, computers and Internet, harm reduction and a place for peer support with health, drugs, and related issues. With all the donations and volunteers, it only costs \$30/day, and provides outreach to a large rural area.

In the afternoon there was a lot of discussion about the best ways for the hepatitis C community to support, to advocate, and to try to change the system itself (systemic advocacy). Among them: hepatitis C should be noted on death certificates to start to correct morbidity data statistics; liver dialysis could be made available to those with serious cirrhosis, or awaiting transplant; and an upcoming human-rights-based lawsuit against the BC government—for denying access to hepatitis C treatment—might change the way HCV is treated in BC. That evening, Abbotsford lawyer John Conroy, Q.C. spoke further about that lawsuit and the constitutional issues it raises, noting he is directly involved in this suit. He said to watch C-Span on May 12, 2011 when the case will be heard in Canada's Supreme Court.

On Day 4, UBC Faculty of Medicine's nursing instructor Lesley Gallagher described new hepatitis C treatments and standards of care. In June 2011, powerful new treatments will be available in the USA but these will take longer to approve in Canada (especially for Pharmacare coverage in BC). She discussed the need to provide coverage for anemia and other treatment side-effects in order to improve success rates, and the place of genetic testing to determine chance of success and length of the new treatments. Gallagher was quite positive about the Direct-Acting

HEP C AND ME: THE INCREDIBLE JOURNEY!

by Petra Hoffmann



The Fear of Overcoming my Fears!

For those who may have been following me, I have been off treatment for 5 months now. My 6 month, after-treatment test to see if I am indeed cured is now set for January 3, 2011. I am finding it somewhat difficult to believe that my virus is gone, because I have not gotten my energy back. Then again, as my specialist pointed out, I am still healing, and due to the enormous amount of pain I endure daily from my other ailments, it tires me out.

The most difficult part of my journey, though, is having to get back out there. I am not feeling as social as I always have. I have been searching my soul for the answers, and it is difficult for me to believe that I simply do not enjoy "going out," and I used to be the most social person I know. I mean, two days at home for any reason, and I would be bouncing off the walls.

Since I cannot do it physically anymore, and due to the fact that I was not passionate about it, I have decided to hang up my real estate license. I still work with other realtors doing "referral real estate", but have not had the passion to follow it much. I have been focusing on three things. One is my new art craft, which I love so much that I think I am sloughing off when I "work." I have also been writing articles, and applying for jobs where I can write more articles from home, since I do not get compensation for the works I publish now. Chalk it up to loving it that much. You are reading it by the way! Ha, ha! I have also been working diligently on my own book. And of course, I work with the Hep C Support group, doing as much volunteer work as I can fit in. We are planning a huge World Hepatitis Day Camp-out 2011, and will keep you all posted as to where it will be. WHD next year is July 28,

2011.

The most difficult thing for me however is to get back out there and sell my own work. Now that I have built up my portfolio, I have come to the conclusion that it is not going to sell itself, and the Internet may not be the best avenue. Art is always better when one can see the actual piece. This has somehow become my biggest fear, and looking back, perhaps has always been my fear. I do not know if everyone who goes through this illness and then treatment feels this way or not, but I have definitely lost confidence in myself. The stigma follows me wherever I go. Hey, maybe I inadvertently just hit the nail on the head. I cannot, and will not, hide the Hep part, and it will always touch me and be a part of me.

Knowing that I needed to get out and network again, I went to a local business entrepreneur group meeting. I felt really good about it, and reconnected with some of my old group, and it was going great—until it was my turn to speak, and to tell these highly skilled business owners what it is I do. As I felt all eyes in the room upon me, I instantly choked up. Needless to say, I ended up breaking down completely, and melting in my own pool of tears. It was so embarrassing and humiliating. I did receive some nice emails from them later though, stating that I touched their hearts, and reminding me that most of us have been there before.

The long and short of it is, I suppose, is that I need to find a way to live and work, and market, and survive the stigma, in order to pave a path, so that no one needs to feel as though they need to hide from the world anymore. I wish all of you and yours, a Very Merry Christmas and a Happy New Year. See you in 2011!

Please come and follow my journey on:

<http://www.youtube.com/petrabilities>

and visit

<http://www.mirrormirroronyourwall.com/>

Antivirals (DDAs) Boceprevir (Sprint 2 trial) and Telaprevir, particularly for hard-to-treat folks such as those with genotype 1, with partial responders and non-responders. Related trials are starting quite soon. If interested, ask your hepatologist. Next, the Pacific Hepatitis C Network got the group to prioritize the items on its Strategic Plan for the next 4 years.

This was the end of a long but very productive conference where hepatitis C-affected people from all over Canada, not only from BC, could get together to try to solve problems they face no matter where they live. It was really great to meet so many new friends, compare experiences and plan joint projects. The hotel and food were fine, and here's a special thanks to the organizers, especially Deb Schmitz and Robin Winskell, who really kept us all in line.

Hep C Sites on facebook



FIGHT Against Hepatitis C

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



<http://bit.ly/9Nvlw3>



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/>

(AASLD—Continued from page 1)

BI 201335 + BI 207127 + RBV

Boehringer Ingelheim released results from its SOUND-C1 non-interferon trial, which tested a combination of its protease inhibitor, its polymerase inhibitor and ribavirin. 17 patients were treated. 2 of the patients, both GT-1a with a high baseline viral load, experienced breakthrough. On the 29th day of treatment, all patients were put on standard therapy plus BI 201335, the protease inhibitor. All eventually tested undetectable.

Source: natap.org

SVR 20 YEARS LATER

We often think our goal is an SVR (Sustained Viral Response), but the long-term goal is to prevent Hep-C related death or disability. This study looked at 103 successfully-treated patients treated beginning in 1984. Biopsies and blood tests were compared before and after. Patients seen since 2007 were evaluated by elastography, a type of liver scan. Three of the original patients had relapsed between just over a half a year up to 6 ½ years after treatment. Of the other 100, 45% had GT1, and 53% had GT2 or 3. 2% had other genotypes. There was no liver failure or liver cancer. ALTs were 27 U/L and ASTs were 24 U/L, average. All other markers remained good, as well. There were no liver-related deaths, and 97% had maintained their SVR. The study concluded that "SVR is associated with both short term and long-term benefits."

Source:

www.natap.org/2010/AASLD/AASLD_25.htm

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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

WINTER WEATHER AND EMERGENCY PREPAREDNESS

Suggested basic winter weather tips for clients:

- Make sure prescriptions are up to date. Talk to your pharmacist about having a few extra days supply of essential medicine
 - Stock up on extra food supplies
 - Know where the flashlights are located in your home in case of a power outage
 - Do not use ovens or open flames to heat your home. Keep space heaters well away from any flammable materials
 - Talk about what would happen during a heavy snowfall event with support workers and other support agencies
 - Talk to neighbours and people that you trust to assist you with snow clearing
- Make sure that your vehicle has emergency supplies such as blankets, a shovel, and salt



Source: <http://www.victoria.ca/cityhall/vema-resources.shtml>



ONLINE VIRAL HEPATITIS COURSE

BCIT is excited to announce our new online, viral hepatitis course. Created in partnership with the BC Centre for Disease Control, this course is aimed at health care providers, social service workers and corrections staff working with patients and populations at risk for viral hepatitis A, B and C. As a self-paced, online course students will be able to log in anywhere in Canada and learn on their own schedule. The next session begins January 4 and registration is now open.

For more information, please visit our course information page:

<http://www.bcit.ca/health/industry/viralhep.shtml>

To register: please visit:

<http://www.bcit.ca/study/courses/ns0h7700>

Thanks,
Adrian Wang
Administrative Coordinator
Specialty Nursing
BCIT School of Health Sciences
604-432-8918
adrian_wang@bcit.ca

CONFERENCES 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)

International Conference on Viral Hepatitis 2011

April 11-12, 2011

Baltimore, MD, USA

www.confmanager.com/main.cfm?cid=2288

1st World Congress on Controversies in the Management of Viral Hepatitis (C-Hep)

May 19-22, 2011

Barcelona, Spain

<http://comtecmed.com/chep/2011/>

6th International Workshop on Hepatitis C, Resistance and New Compounds.

22-23 June 2011

Boston MA, USA

<http://www.virology-education.com/>

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/

J. Lemmon

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

EPREX ASSISTANCE PROGRAM

Janssen-Ortho Inc, Canada has a program
that may provide assistance in obtaining epo-
etin. 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
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 insur-
ance. 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% reimburse-
ment. 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 ser-
vices (150 languages) and injection assis-
tance from registered nurses. Ask your doc-
tor 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 Assis-
tance 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 reim-
bursement assessment is conducted by a
specialist who will help you navigate
through your personal or provincial cover-
age 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 compas-
sionate basis as long as it is prescribed and
dosed in accordance with the approved
product monograph. This service is ac-
cessed through the Victory Program: 1-888-
706-4717.

COMPENSATION

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Fax: 1-604-609-6688

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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 Registra-

tion: 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@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement: [http://www.reko.ca/html/
hepc_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)



SUPPORT BC/YUKON:

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

AIDS Vancouver Island The 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 Shomcliffe 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.jefferis@avi.org

Boundary HCV Support and Education Contact Ken 250-442-1280

ksthomson@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 dggrimstad@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 9 AM-10 PM. 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 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, eriseley@shaw.ca, Lisa 1-866-637-5144, ljmorte@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. hepcpxpeersupport@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, info@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 Info, support, treatment. Doctor or self-referral. 1-877-215-7005 250-850-2605.

♦ **Courtenay:** 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

♦ **Campbell River** 2nd Tues monthly 1PM Drop-in, Salvation Army Lighthouse. (nurse)

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

hepcprincerupert@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 bloodyties@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: 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) 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, bpoikonjak@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 wbatas@telus.net www.wbatas.ca

Manitoba Hepatitis C Support Community Inc. 1st 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 bettyc2@hivnetwork.ca

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!