

hepc . bull 1

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

NEWS

EMMET B. KEEFFE, M.D.

April 12, 1942-August 8, 2011

The Hep C Community has lost one of its stars. Besides having written over 700 articles and other publications, Dr. Keeffe was a member of the Board of Directors of the American liver Foundation until 1995, Professor of Medicine Emeritus at Stanford University, where he was also Chief of Hepatology Medical Director of the Liver Transplant Program, and Principal Medical Fellow at Vertex Pharmaceuticals. As if that weren't enough, those are just a few of the many, many equally impressive accomplishments of Dr. Keeffe in his too-short lifetime. How lucky we were to have had him battling on our side!

Source: <http://hcvadvocate.blogspot.com/2011/08/in-memoriam-emmet-b-keeffe-md.html>

VACCINE HOPES RISE

A new discovery gives us hope for a vaccine and a new type of Hep C treatment. Researchers from the University of New South Wales have discovered two weak parts of the virus. They tracked a group of high-risk people and found several who had become infected just a few weeks before. With a new procedure called "next generation deep sequencing" and other advanced computer techniques, the researchers could identify what they call the "founder virus" which caused the initial infection, and then they could identify the mutations in the virus caused by the immune system's attack. They have published a report in PLoS Pathogens, a leading virology journal. By pinpointing two weak spots, researchers trying to find a vaccine can focus on those, which are more likely to produce good results. The first weak spot occurred when the virus was transmitted from one person to another. The big surprise was the second weak spot, which occurs about 3 months later, when the immune system finally starts to fight off the virus, so

(Continued on page 5)

NEW CURE ON THE BLOCK

by Andrew Chien Truong, M.D.

Note from the author: I've invested interest in hepatitis after my father passed away from liver cancer. I will be applying for a residency in Family Practice this year.

I work at a busy infectious disease clinic as a medical assistant and have recently been asked by patients about the new "cure" for hepatitis C virus (HCV) that's been discussed in recent news. The "cure" to which they refer is the drug Boceprevir (brand name Victrelis), just approved by Health Canada in August. It belongs to a new classification of drug called direct acting antiviral (DAA), aptly named because these drugs directly inhibit a crucial enzyme (protease), which is essential for HCV to replicate. Another drug in this class is Teleprevir, which has been FDA approved in the U.S. and has just been approved in Canada.

One of the biggest misconceptions our patients have about Boceprevir is that it can be used as a monotherapy. This is not the case, as Boceprevir is prescribed in conjunction with the currently recommended standard of treatment for HCV, which is pegylated interferon alpha 2a or 2b (PegIFN) plus Ribavirin (RBV).

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BRUCE DEVENNE



March 31, 1946 - August 28, 2011

"Nova Scotia's politicians have lost one of their sharpest critics and this newspaper one of its more prolific letter writers," commented Davene Jeffrey of the Chronicle Herald.

Our friend Bruce was a hemophiliac, and contracted Hep C in 1986, from a contaminated clotting agent. He had been on Hepcan, one of our community's Yahoo! Groups, for years...probably since the first year it began. I would always send people to him for help with their compensation issues. I can remember meeting him in person at the Montreal conference in 2001. There was a session about compensation. Bruce had brought his papers with him...a stack probably about 6 inches thick. He was protesting the amount of paperwork and red tape involved to obtain compensation, and he ended up throwing the papers on the floor in justified disgust and stomping out, to the consternation—and a certain amount of glee—of most present. I know there were many there who felt the same. Some of us remember how Bruce worked incessantly to get May proclaimed as Hepatitis C Month.

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Joan King
(250) 595-3892
(250) 595-3865
info@hepcbc.ca
www.hepcbc.ca

HepCBC
2642 Quadra Street, PO Box 46009
Victoria, BC V8T-5G7

LETTERS TO THE EDITOR:

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

FAQ version 8.3

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 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

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2011; 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 [HERE](#).

DISCLAIMER: The *hepc.bull*® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

REPRINTS

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

THANKS!!

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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.

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We need a volunteer Executive Director. Also needed: Board members, summarizing, telephone buddies, translation English to Spanish or French. Please contact us at (250) 595-3892 or info@hepcbc.ca

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

Got Hep C? Single? Visit:

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www.hepcinglesonline.com/

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

TIP OF THE MONTH:

Have YOU had an ultrasound and AFP (alpha-fetoprotein blood test) done this year? Ask your doctor.

If you have cirrhosis, please get them done twice a year.

J. Lemmon

hcvresearch@rogers.com

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WHAT'S IN YOUR VEGGIE BURGER?

Organic vegetables. Soy. How can these be bad for us Hep C'ers? Unfortunately, hexane, a neurotoxin, is often used as a "wash" before the soybeans are made into products like oil or into soy protein like that used to make many veggie burgers. The hexane separates the oil from the protein so the product will contain less fat. And of course, like any toxin, hexane has to be filtered through our livers, which are especially delicate because of the virus we harbour. Thanks to the Cornucopia Institute (www.cornucopia.org), which is checking these things out, we know that some products we think are safe actually contain dangerous chemicals. Their senior researcher says, "If a non-organic product contains a soy protein isolate, soy protein concentrate, or texturized vegetable protein, you can be pretty sure it was made using soy beans that were made with hexane." The article lists veggie burgers that contained hexane **at that time:**

Amy's Kitchen, Boca Burger, conventional, Franklin Farms, Garden Burger, It's All Good, Lightlife, Morningstar Farms, President's Choice, Taste Above, Trader Joe's, Yves Veggie Cuisine. Ouch! Some of those are among my favourite products. Amy's Kitchen, hopefully not the only one, has taken steps to ensure that their products are now safe. Take a look at Amy's Kitchen's Facebook page: www.facebook.com/note.php?note_id=118830248128299 They go a step further and say, "In order to avoid oil produced with hexane, you must buy oil that says Expeller Pressed or Cold Pressed."

Products that are labelled "organic" must not contain hexane. This is not true of products labelled "Made with organic ingredients". Here are some organic veggie burgers that do *not* contain hexane: Boca Burgers "Made with organic soy", Helen's Kitchen, Morningstar "Made with organic", Turtle Island's Superburgers, Tofurky, Wildwood. We can't avoid all toxins, but we can try to minimize them, and the Cornucopia Institute is helping us.

Source: www.hepatitis-central.com/mt/archives/2010/04/



RESEARCH

TMC649128

Medivir, together with Tibotec, has developed TMC649128, a nucleoside NS5B polymerase inhibitor, which has had good results in preclinical trials, showing that it was effective for several genotypes and not prone to creating resistance. They hope to see it combined with other direct-acting antivirals. The company has begun a placebo-controlled Phase Ia trial in healthy volunteers in Belgium.

Source: www.prnewswire.co.uk/cgi/news/release?id=311330 February 10, 2011

BMS-790052

Bristol-Myers Squibb has a promising HCV NS5A replication complex inhibitor called BMS-790052 which earlier this year showed good results used by itself in a clinical trial with treatment-naïve patients. More results were presented at the 51st Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), which took place September 17-20, 2011, in Chicago.

In this Phase II trial, the drug was combined with pegIFN/RBV, unlike the previous one. The 48 subjects, all genotype 1, treatment-naïve patients, received either placebo, or 3, 10 or 60 mg of BMS-790052. 80% of those taking doses of either 10 or 60 mg a day for 48 weeks tested undetectable at 24 weeks after the end of treatment (SVR24). Only 1/3 of the patients had the good IL28b CC gene pattern. 80% of the patients were white. While the higher dose resulted in more SVRs, there were also more drop-outs in those patients due to side effects (low red or white blood cells, liver toxicity, skin and intestinal problems). There was one serious adverse event in each of the BMS-790052 arms, and none in the placebo arm. The next trial will treat patients for only 24 weeks to see if a shorter treatment will be as effective.

Source: www.natap.org/2011/ICAAC/ICAAC_20.htm

ANA773

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

Netherlands.

The company recently presented data from an earlier Phase I cancer study of ANA773 at the 2011 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago on June 4, 2011. In that study, the product was shown to be safe at a dose that produced the desired effects on the immune system, with a partial response in a cancer patient. Anadys is preparing for a European Phase IIa study combining ANA773 with ribavirin in HCV patients and hopes to have 28-day data from the Phase IIa HCV study near the end of 2011.

Source: 5/25/2011
<http://hepatitisnewdrugs.blogspot.com/2011/05/anadys-highlights-ana773-data-to-be.html>

ACH-1625

On March 30, 2011, Achillion Pharmaceuticals proudly announced results of its Phase IIa clinical trial showing RVR (Rapid Virologic Response) rates of 75-81% with a once-daily dose of its protease inhibitor ACH-1625, combined with pegIFN/RBV. The trial is treating 64 patients with either 200 mg, 400 mg or 800 mg of the drug plus pegIFN/RBV for 4 weeks, and then pegIFN/RBV for 44 weeks more. Most of the patients are GT1a (genotype 1a), but 1 out of 4 are GT1b. 75% were IL28b genotype CT/TT, those who have less chance of responding to IFN. There was no breakthrough in any of the patients who completed 4 weeks of ACH-1625 treatment. The second part of the trial, adding on pegIFN/RBV, has begun.

"These data reflect a positive outcome with high RVR, irrespective of IL28B status, which places ACH-1625 among the most potent protease inhibitors in development," stated the Vice President and Chief Medical Officer of Achillion. Future plans include combining the drug with other direct acting antivirals, and a 2012 trial combining it with ACH-2928, their NS5A inhibitor.

Sources: www.natap.org/2011/EASL/EASL_02.htm
http://hivandhepatitis.com/legacysite/hep_c/news/2011/0708_2011_a.html

A graphic for Hepatitis C awareness. It features a stylized hand holding a needle, with a red drop of blood falling from it. The text reads: "Hepatitis C. Chances are, you know someone who has it. 170 million people have Hep C. Worldwide, one in 35 people is infected. Most do not know it because Hep C is a silent killer." Below this, it says: "Hep C is transmitted by blood contact. There is no vaccine, no 100% cure yet. There is an effective treatment." At the bottom, it asks: "Would you like to have fun AND make a difference? Join the 'Sign 4 C' campaign. Visit www.Sign4C.info and www.hepscbc.ca" and includes the logo for hep c bc.

QUEST: CROSS-BORDER TESTING

by Alp
PART I

A certain genetic polymorphism near the IL28B gene found in individuals infected with the most common type of HCV, HCV genotype 1, can aid in predicting those patients who are up to twice as likely to eliminate the HCV virus when treated on a sustained basis with pegylated interferon-ribavirin combination therapies (compared to those without this specific polymorphism).

I decided to drive to the U.S. to have a blood test done that is not (yet) available in Canada. What follows is what happened along the way. Sections of dialog are from memory and are not necessarily written exactly as spoken, in its entirety or in the exact sequence things were actually said.

It was clear sailing until I approached the Canadian/U.S. border. An electronic sign said, "40 minute wait time." As I waited in line I noticed it was moving well enough, stop and go. I thought I might make it through in less than 40 minutes. I then drove past 3 US border personnel who were out looking at traffic a few car lengths before the border booths. As I drove past I noticed in my rear view mirror one of them turned and was following me. I slowed and stopped.

"Must be a random check," I thought.

"Open your window, hood and trunk. Turn off your engine".

I did so.

"Where are you driving from?"

"Vancouver."

"What is the purpose of your trip?"

"I am going for a medical test."

"What sort of test?"

Oh boy. That was an area I was not comfortable going to. If I mentioned hepatitis C they would think I was a drug user and search the vehicle. I decided to be specific.

"It is for interleukin 28B. It's a genetic test." One US customs agent was asking the questions while the other two searched my trunk, back seat area and fluid compartments under the hood. I remained seated behind the wheel.

"You can't get this test done in Canada?"

"No, it is not available in Canada yet."

"Where are you going for this test?"

"I have to go to a walk-in clinic in Bellingham to see a doctor for a requisition for the test; then I am going to the diagnostic clinic for the blood draw."

"You have a medical problem?"

"Here it comes..." I thought.

"I have a liver condition."

"And how are you going to pay for this?"

"Cash or credit card," I replied.

"Are you bringing any merchandise in with you?"

"No".

"Are you going to buy gas?" They had seen the 2 empty gas cans I put in the trunk for the trip.

"Yes, I was going to get some on the way back," I replied. He seemed satisfied. The other 2 were done looking for whatever. I was waived on. I rejoined traffic toward the customs booth. At the booth was more of the same.

"Where are you coming from?" "Where are you going?" "Purpose of trip?..."

I was asked if I had any papers or medical forms or a letter from a doctor for this test. I replied I did not. I said I had arranged it all by telephone yesterday and I was told I needed a requisition from a U.S. doctor.

"Why do you need this test?" I told him it was to determine how I would respond to treatment for hepatitis. There.. it slipped out.

"Where is this clinic you are going to?"

I read out loud the address of the walk-in clinic I had written on a paper that was in my shirt pocket to the customs agent in the booth.

"What's that?" the agent seemed to be indicating the GPS I had hanging from my rear view mirror.

"It's a GPS," I replied.

"Why do you have it *there*?" He seemed to be asking why it was hanging from my rear view mirror.

"So I don't have to hold it," I replied, hoping it didn't sound too cocky. It was a handheld GPS, and I did not have a proper holder for it on my dash.

"How long do you expect to be in the United States?"

"I hope to be back sometime this afternoon."

The customs agent scribbled something on an orange pad. He pulled off a page and slapped it on my windshield. It stuck there. "Follow the yellow arrows," he said.

This had not happened the few times I had visited the U.S. in the past. This could not be good. I followed the yellow arrows that were painted on the pavement until there were no more. I was at the entrance to what looked like a parking lot. There were several dozen cars parked there. There did not appear to be any sign telling me how to proceed nor any customs agent in sight. I did not know what to do. Uncertainly, I headed towards a vacant parking spot. As I did so I saw some other people, one who was hold-

ing an orange paper just like mine. I parked and walked over. A customs agent was with them. She seemed receptive to my advance and I said, "I was told to follow the yellow arrows, but the arrows have stopped. What should I do?" I was directed to take the orange paper to the building next to the parking area. I was told to leave my car keys on the windshield. I did so and went into the building. There was a long, long line of people. There must have been a hundred people in line. "Great. I'll be here for hours and the clinics will be closed by the time I get out," I thought. I noticed there were 2 lines. One had a sign marked "#3 Referrals." The other was marked "#2 Pedestrians and referrals." I did not notice the lack of a line #1 at the time. Line #2 was WAY shorter than the line #3. It only had about 20 people in it! My hopes went up a notch. I looked at my orange paper. It said nothing about pedestrians nor referrals. An agent was at a desk near the doorway. There were other agents behind desks but access to them required a lengthy wait in one of the lines. I went to the agent at the door. I handed him the paper. I asked where I should go.

"Go to line 2," he said.

"Line 2?" I said hopefully. "Thank you!"

I entered line 2. I was in line 2 for no more than about 3 minutes when the customs agent I had spoken to at the customs booth came up beside me and told me to follow him. There was another agent with him who had sunglasses on. I was being led BACK away from the direction of the movement of the line to a different part of the building. There were no travelers here. The agents directed me to walk down a hallway. They followed me. As we walked I was asked if there was anything in my car that was illegal. "Not to my knowledge," I replied. Was there anything in the car that they should know about? "No." I was told to enter the door on my left down the hall. The agents followed behind. The hallway was stark. The walls were cement blocks painted off-white semi-gloss. The doors were the same color and were offset slightly into the walls. "Great! I am going to get strip-searched and probed," I thought. When I got to the door the agent from the booth said I should try to open it, but that it might give me some trouble. I tried to open it. It was locked. The agent brought forth a card and swiped it somewhere. They opened the door for me. I entered....

Will our hero be sent to Guantanamo Bay? Will his car be found to hold illegal metric-size tools? Will he get his blood test done, or will he be permanently deported? All these will be answered in our next issue.

(NEW ON THE BLOCK—Continued from page 1)

Clinical studies of Boceprevir have shown promising results. The sustained virological response (SVR), defined as a non-detectable viral load 6 months after cessation of treatment, has been shown to increase from 40% to 67%. The duration of therapy decreases from 48 weeks to 28 weeks in a treatment-naïve patient and 36 weeks for previous relapsers or partial responders. This decrease in therapy duration is assuming that the viral load testing at week 8 of treatment is undetectable. Treatment is terminated if the viral load at week 12 is greater than 100 IU/ml or detectable viral load at week 24.

Higher cure rates and shorter durations sound like a win-win situation, so how do patients qualify for this new regimen? At the time of this article submission, Pharmicare has not approved or established any criteria for Boceprevir's use in B.C. In order to qualify for HCV treatment (pegIFN/RBV) currently, Pharmicare requires a patient to have two sets of liver enzymes within 6 months that are 1.5 times the upper limit of normal. For Boceprevir, I speculate criteria will be the same. Studies have been done only for those infected with genotype 1 so when Pharmicare approves Boceprevir, most likely it will be only for genotype 1. Another significant factor for consideration is the high cost of the medication. The current HCV full-duration regimen for a genotype 1 is approximately \$20,000. Adding Boceprevir to the regimen will double the price. As a result of this significant increase, I also suspect that Pharmicare may reserve Boceprevir's use for those who had previously relapsed or were partial responders.

If you've been on a treatment for HCV, you've most likely encountered one or several of the following side effects: fatigue, nausea, insomnia, chills, hair loss, diarrhea, poor appetite, depression, irritability or others. In clinical trials with the addition of Boceprevir, the percentage of patients with adverse side effects was similar to those taking just pegIFN/RBV, with anemia as an exception. Anemia, which is the reduction in hemoglobin, was found to nearly double (50% vs. 30%) in treatment-naïve patient and more than double (45% vs. 20%) in re-treated cases. This resulted in a greater proportion of patients discontinuing Boceprevir or having their dose of Ribavirin adjusted. Finally, another consideration with Boceprevir is the number of pills that must be taken daily. With weight-based Ribavirin, the number of pills taken daily can range from 6-8. If Boceprevir is added, an additional 12 pills must be taken daily.

In conclusion, targeting HCV at the immunological level as well as the direct method with Boceprevir will greatly enhance the SVR and significantly reduce the duration of therapy for those with genotype 1. However, this powerful regimen does not come without adverse side effects, particularly anemia and hence, increased fatigue. Even if you accept this risk, you will still need to wait for Pharmicare to approve and provide the criteria for Boceprevir.

References:

Poordad, F, McCone, J, et al. Boceprevir for untreated chronic HCV genotype 1 Infection. *N Engl J Med* 2011; March 31, 2011; 364(13):1195-1206

Beacon, B, Gordon S, et al. Boceprevir for previously treated chronic HCV genotype 1 infection. *N. Engl J Med.* 2011 March 31; 364(13): 1207-1217.

http://www.merck.com/product/usa/pi_circulars/v/victrelis/victrelis_pi.pdf

(NEWS—Continued from page 1)

there are fewer variants then, and they are easier to target. The problem in finding a vaccine is that there are so many mutations and so many genotypes. Studying the 30% or so who eliminate the virus on their own is difficult because the infection often isn't diagnosed. The researchers are now trying to identify the key features of the founder viruses in newly infected patients. Hopefully the study results will help produce vaccines.

Sources:

www.news-medical.net/news/20110912/Breakthrough-opens-new-avenues-for-hep-C-vaccine.aspx
www.unsw.edu.au



IRISH DISCOVERY

Scientists at Trinity College in Dublin have determined that HCV infection prevents the white blood cells from attacking it by stunning it. The HCV uses a protein on its coat that attacks the white blood cells to prevent them from fighting back by making cytokines. Cytokines regulate the immune system. The scientists are now trying to make a drug that can stop the virus from doing that so that the immune system can once again protect the body.

Source: <http://breakingnews.ie/ireland/tcd-scientists-make-hepatitis-c-breakthrough-510104.html>

FOR HEP NURSES!! CME Presentations / Workshop

These are exciting times in Hepatitis C at Merck and I'm very happy to send you these specifically designed hepatology nurse education opportunities that are upcoming in October in Vancouver. If you are able to attend these CME events, please kindly register at the BC CDC and also provide me with your RSVP.

Please Note: The meeting location on Oct. 21 and Oct. 22 is the same. The evening restaurant venue on Oct. 21 is also nearby. There is a registration fee for the Oct. 21 program, but there is no registration fee for either the dinner or the Oct. 22 program.

1) 21 Oct. 2011, Day: The BC Hepatitis Services - Hepatology Nurse Leaders' Workshop.

2) 21 Oct. 2011, Evening: Dinner presentation with Dr. Edward Tam from The Liver and Intestinal Research Centre, titled "Changing the Landscape of Hepatitis C Therapy".

3) 22 Oct. 2011, Day: Nurse Speaker Program for Victrelis™ titled "New Era of HCV Therapy: Understanding and Applying the Evidence of Triple Therapy with Victrelis™".

This program will consist of a presentation by Dr. Eric Yoshida and interactive workshops and case based discussions lead by Hepatology Nurse Moderators:

Jo-Ann Ford, Vancouver General Hospital
Lori Lee Walston and Carolyn Klassen, The Liver and Intestinal Research Centre
Maria Ancheta-Schmit, Gastrointestinal Research Institute
Lesley Gallagher, Pender Clinic
Leslie Beech, St. Paul's Hospital

Please contact me for full details. I look forward to your RSVP!

Joanna Maltby

Key Account Manager, Virology Specialty Products Business Unit
Merck Canada Inc.
16711 Trans Canada Highway
Montreal, Quebec H9H 3L1
T : 604-999-9092
F : 604-990-8779

joanna.maltby@merck.com



Hep C Sites on facebook



Hep C, the Silent Killer

<http://www.facebook.com/pages/Victoria-BC/HepCBC/274985724940>



FIGHT Against Hepatitis C

Open Group — fightagainsthehepatitisc@groups.facebook.com



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>

HCVEDGE Get the edge on managing your Hepatitis C



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- electronic reminders for pill taking and office visits, whenever you are
- detailed information on response rates, potential side effects and duration of your antiviral therapy
- gets you familiar with the latest antiviral therapies... and more.

What can HCV-Edge do for me?

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WENDY'S WELLNESS WEBSITE

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/>

HEPCBC LIVER WARRIORS HALF-MARATHON WALKING TEAM

On Sunday, October 9, 2011 in Victoria, BC, join the HepCBC "Liver Warriors" and participate in the Victoria Marathon. We will walk 21.1 km in 6 hours (or less) to publicize the benefits of exercise such as walking, particularly to those with liver disease.

If you are interested in training with this team or participating in this walk, go to www.runvictoriamarathon.com/events/register.php. Be sure to select "Half-Marathon" and "Open" and "Hep C BC Liver Warriors" as your team. You must pay a \$64.86 registration fee with a credit card. You don't have to pledge anything else—only that you'll WALK with a SMILE!



Phone Cheryl at 250-360-4068 if you need help with registration or require lodging in Victoria.

If you want to join the full (42.2 km) running marathon, please phone Rachel at 250-853-3424.

See you there!

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>

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

PHYSICIANS FOR PATIENTS



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

<http://hepatitisc.physiciansforpatients.com/>

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

www.adobe.com/products/acrobat/readstep2.html

Just send your email address to info@hepcbc.ca and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.

The Combo Survival Guide from A to Z

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

my ehealth

Are you in British Columbia? Are you 16 years old or older? Do you have a BC Care Card? If so, you can now get your lab test results online at a secure internet site at www.myehealth.ca

You must have had a lab test within the last 10 days at a LifeLabs or BC Biomedical laboratory centre in order to register. Have your Care Card number ready. You must use the mailing address that your lab has. Tel. 1-888-522-7758

ADVERSE EVENTS

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

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm

CONFERENCES

AASLD 2011

The Liver Meeting

November 4 –8, 2011

Moscone West Convention Center
San Francisco, CA

www.aasld.org/lm/Pages/default.aspx

CASL Consensus Conference on Viral Hepatitis

November 18 - 20, 2011

Toronto, Ontario

www.hepatology.ca/cm/

United European Gastroenterology Week UEGW 2011

November 15, 2011

Somerset, United Kingdom

<http://uegw11.uegf.org/aboutuegw2011.html>

HEP C TELECONFERENCES

Join us every Tuesday 7- 9 PM CST.

Speakers. Q&A session. Chat.

Free and confidential.

More info: <http://www.hepcmo.org>

(BRUCE DEVENNE—Continued from page 1)

Bruce continued to advocate for us even after he obtained his own compensation. He began to be involved with politics and actually ran for office in 2008. His last battle was waged against Halifax's proposed sports stadium, with a letter published on February 16, 2011. Perhaps not everyone agreed with him, but most admired him for his convictions.

Bruce is survived by his wife Ruth, his mother, his son Troy, and grandchildren Liam and Ashlynn, whose photos he shared proudly with his friends. We shall miss him.—*Joan King, editor.*

Bruce in his own words:

<http://www.hcvadvocate.org/community/stories/Bruce.pdf>

Sources: <http://thechronicleherald.ca/Metro/1260736.html>, djeffrey@herald.ca

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>

PEGCARE

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

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 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 Elliot
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



SUPPORT BC/YUKON:

Armstrong HepCURE Phone support 1-888-437-2873

AIDS Vancouver Island The following groups provide 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** Harm reduction, counseling, advocacy. 355 6th St. Courtenay. Contact Sarah

sarah.sullivan@avi.org 250-338-7400

♦ **Nanaimo** Hep C Meetings twice monthly: Contact Anita 250-753-2437

anita.rosewall@avi.org for details.

♦ **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 Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 Hermione.jeffers@avi.org

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

ksthomson@direct.ca

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

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

Comox Valley NILS Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl Cheryl.taylor@viha.ca 250-331-8524.

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231

dgrimmstad@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. Contact 250-595-3892 Phone support 9AM-10PM. 250-595-3891

♦ **Fraser Valley Support/Info:** 604-576-2022

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: Phone support and meeting info. 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 Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd. Contact Fran 250-740-6942. hepcxpeersupport@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 "HepC" Support Group each Fri 10 AM May 13th till August 26th. Nurse. Acupuncture. Refreshments. Contact: Michelle 604-526-2522., 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)

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 Info, harm reduction, support, drop in, clinic. 10697 135A St. Contact Monika 604-589-9004.

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 HIV + Hep C Community Outreach. Drop-in T&W 12-3, Fri. 9-12. Call to schedule appts M-F 10-6. 205-568 Seymour St, Vancouver 604-688-1441, 1-855-YOUTHCO Support Staff: Lulu lulug@youthco.org, Briony brionym@youthco.org www.youthco.org

Whitehorse, Yukon—Blood Ties Four Directions

Contact 867-633-2437 Toll free: 1-877- 333-2437 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/

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

Hep C Team, AIDS Committee of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or hepccommcoord@gmail.com, www.aidsnorthbay.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. 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 Support 3rd Wed. monthly, 7:30 PM. **NEW:** Ray of Hope Community Room, 659 King St. East (Enter off King St.) Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

London Hepatitis Hep C Support 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601, hivaidconnection.com

Owen Sound Info, 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

icolangelo3@cogeco.ca

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie

705-522-5156, hepc.support@persona.ca or Monique 705-691-4507.

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

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

Unified Networkers of Drug Users Nationally

undun@sympatico.ca

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

info@hepcyorkregion.org

www.hepcyorkregion.org

QUEBEC:

Quebec City Region Contact Renée Daurio 418-836-2307

reneeaurio@hotmail.com

ATLANTIC PROVINCES:

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

wbhas@telus.net www.wbhas.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!