

# hepc . bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### HIGHLIGHTS: AASLD CONFERENCE 2011 San Francisco, November 5-8

Each year the American Association for the study of Liver Disease (AASLD) presents a renowned conference where many of the pharmaceutical companies present the results of their latest clinical trials. For years we have had the same 2-drug therapy for Hep C, and now new drugs acting directly on the virus are appearing. Two are already approved. Many more "second generation" drugs were reported, along with further trial results of the approved drugs. Here are highlights of some of them, in no special order:

#### MK-5172

Merck announced at the AASLD 2011 that their next-generation NS3/4 protease inhibitor MK-5172 lowered the viral load to undetectable with 7 days of monotherapy, in 75% of GT1 patients and in 38% of GT3 patients. 87% of GT1 patients treated with the highest dose (800 mg) of MK-5172 had their viral load lowered to undetectable. The antiviral activity continued for some days beyond treatment, with no viral rebound seen during treatment, no discontinuations due to side effects, and no serious lab test results affecting patient safety. The study is ongoing. At 1 month follow-up viral loads were still below their starting point in some patients. A Phase II study is now enrolling patients. (Also, NATAP's Jules Levine reported that Merck announced a very powerful NS5A inhibitor that showed a 3.8 drop in viral load after 6 days in a chimpanzee.)

Source: [www.merck.com/newsroom/news-release-archive/prescription-medicine-news/2011\\_1105.html](http://www.merck.com/newsroom/news-release-archive/prescription-medicine-news/2011_1105.html) and NATAP

#### INX-189

The US FDA has granted Fast Track status to Inhibitex's INX-189, an oral nucleotide polymerase inhibitor, based on results of an earlier Phase 1b trial. INX-189, given once-daily at 9 mg, 25 mg, 50 mg and 100 mg for 7 days showed viral drops of 0.64, 1.00, 1.47, and 2.53 logs respectively. The company presented an update at the AASLD 2011 conference, with data from the first arm of its trial designed to evaluate higher doses

of INX-189, alone or combined with RBV for 7 days in treatment-naïve patients GT 1 subjects. Those who took 200 mg INX-189 once-daily showed a viral load drop of up to 4.25 log with that new, higher dose. There were no serious adverse events seen. The trial includes other arms of 100 mg INX-189 taken once a day with RBV, 100 mg INX-189 twice daily alone, 100 mg INX-189 with food, and perhaps higher doses of INX-189 alone.

A Phase I trial in healthy volunteers of INX-189 together with a direct acting antiviral compound has begun, in order to pave the road for a Phase II trial of IFN-free combinations to be completed by the end of 2012. A Phase II trial began in September with 90 GT2/3 treatment-naïve subjects, combining the drug with pegIFN/RBV.

Sources: <http://m2m.tmcnet.com/news/2011/11/04/5906617.htm> Nov 4, 2011 and [http://www.natap.org/2010/newsUpdates/011311\\_07.htm](http://www.natap.org/2010/newsUpdates/011311_07.htm) - Cached Jan 9, 2011

#### ACHILLION'S NS5A INHIBITOR

Achillion presented 4 abstracts on HCV compounds they discovered. Among them was the preclinical data for Achillion's second generation NS5A inhibitor compounds, reported during poster presentations at AASLD. The NS5A protein performs functions at several stages of the HCV life cycle.

Some forms of NS5A protein help produce the virus. Others work together with host proteins. Some may be involved with interferon resistance. In vitro, they bind with zinc and HCV RNA. NS5A inhibitors are expected to work well combined with IFN, RBV and directly acting antivirals (DAAs.) Pre-clinical studies show that once-daily dosing should provide good stability in the liver, and can be given orally according to 5-day studies. Doses up to 250 mg/kg were safe and well-tolerated.

Source: [www.msnbc.msn.com/id/44754301/ns/business-press\\_releases/t/achillion-present-updated-clinical-preclinical-data-multiple-compounds-aasld/](http://www.msnbc.msn.com/id/44754301/ns/business-press_releases/t/achillion-present-updated-clinical-preclinical-data-multiple-compounds-aasld/) Oct. 3, 2011

#### THE MEDITERRANEAN DIET

The benefits of the Mediterranean Diet are more than just losing weight, according to a study done at St. Vincent's Hospital in


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MUSIC FOR THE SEASON AND ALL TIME...

Saturday Dec. 17 8:00 pm



Allison Crowe


Advance: \$20 General \$12 Students Seniors (door \$22/\$17)

**tidings concert**

To aid Artemis Place & HepCBC

Fairfield United Church  
1303 Fairfield Road (at Moss St.)

Featuring guest artists: Haley Walker and Billie Woods



Tickets: Lyle's Place (770 Yates); Larsen Music (1833 Cook Street); Ivy's Bookshop (2188 Oak Bay Ave.); & allisoncrowe.com

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(Note: The *hepc.bull* is mailed with no reference to hepatitis on the envelope.)

You may also subscribe or donate on line via PayPal at [www.hepcbc.ca/orderform.htm](http://www.hepcbc.ca/orderform.htm)

**SUBMISSIONS:** The deadline for any contributions to the *hepc.bull*® is the 15<sup>th</sup> of each month. Please contact the editors at [jkling2005@shaw.ca](mailto:jkling2005@shaw.ca), (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

**ADVERTISING:** The deadline for placing advertisements in the *hepc.bull* is the 12<sup>th</sup> of each month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

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## LETTERS TO THE EDITOR:

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

## FAQ version 8.3

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](mailto: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](mailto:info@hepcbc.ca).

# THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, 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.

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Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)  
HealthLink: [www.dialadietitian.org](http://www.dialadietitian.org)



### NEED A BETTER RESUME?

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](mailto:info@hepcbc.ca)

## PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

### Got Hep C? Single? Visit:

<http://groups.yahoo.com/group/HepCingles2>

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

[NewHepSingles/](http://www.hcvanonymous.com/singles.html)

[www.hcvanonymous.com/singles.html](http://www.hepc-match.com/)

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[www.hepcinglesonline.com/](http://www.hepcinglesonline.com/)

CHAT: [http://forums.delphiforums.com/](http://forums.delphiforums.com/hepatitisen1/chat)  
[hepatitisen1/chat](http://forums.delphiforums.com/hepatitisen1/chat)

## TIP OF THE MONTH:

GOING ON TREATMENT?  
GET YOUR EYES TESTED.  
(see page 5)

### J. Lemmon

[hcvresearch@rogers.com](mailto:hcvresearch@rogers.com)

Experienced in medical and legal research Assistance with HCV compensation claims and appeals

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## 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.™

Hep C is transmitted by blood contact. There is no vaccine, no 100% cure yet. There is an effective treatment.

Would you like to have fun AND make a difference?

Join the "Sign 4 C" campaign.

Visit [www.Sign4C.info](http://www.Sign4C.info) and [www.hepcbc.ca](http://www.hepcbc.ca).

**hepcbc**



### JOE FRAZIER November 7, 2011



Joe Frazier, boxing legend famous for his fights with Muhammad Ali, died of liver cancer on November 7, 2011. He was just diagnosed in September, around the time he was in Las Vegas, making public appearances. Did he have Hep C? If he did, the press doesn't know about it. We know that Hep C can lead to liver cancer in some cases, and we know that athletes are at risk because of their injuries and blood-to-blood contact. There are other causes, as well, like diabetes, alcohol abuse, fatty liver, exposure to toxins, other viruses, etc.

Source: <http://sports.yahoo.com/top/news?slug=ycn-10388581>

### FERGIE FREDERIKSEN: NEW RECORD



Dennis "Fergie" Frederiksen is best known as the former vocalist of TOTO but has performed with other groups, as well, and has a solo album under the name of David London.

He debuted in 1999 as a solo artist with the album "Equilibrium", to great acclaim. He has a very special new album titled "Happiness is the Road". By now you may have guessed: Fergie had Hep C, and was diagnosed with liver cancer in June of last year. This album was therapy for him, helping him gain back self-confidence. Last summer he finished his album, and received positive results from the cancer treatments he received. He has become an advocate for Hep C awareness, and has arranged benefit shows for the American Liver Foundation. He had successful Hep C treatment in 2005, and encourages others to do the same.

<http://noted.blogs.com/westcoastmusic/2011/08/fergie-frederiksen-a-new-record.html>

<http://fergiefrederiksen.com/happiness-is-the-road/>

### IV SILIBININ

As many of us know, silibinin is one of the main ingredients in milk thistle, which has long been used as protection for the liver. There has been research in the recent past showing that IV silibinin has been effective against HCV. In this case, silibinin was given intravenously to a patient post-transplant

without any other antiviral. The patient still had un-detectable virus at his 5-month follow-up. The researchers believe that IV silibinin should be researched especially in non-responders to standard therapy or in those who cannot tolerate standard therapy, perhaps in combination with a protease inhibitor.

Source: [http://www.natap.org/2011/HCV/021611\\_06.htm](http://www.natap.org/2011/HCV/021611_06.htm) 02/16/11

### BMS-790052 + PSI-7977

Bristol-Myers Squibb and Pharmasset are collaborating on a clinical trial combining BMS-790052, an NS5A inhibitor, and PSI-7977, a polymerase inhibitor. These oral drugs are to be given once daily to treatment-naïve patients with genotypes 1, 2, and 3, with and without ribavirin. The hope is to develop an all-oral treatment. It is important that two companies are collaborating in developing combinations of therapies.

PSI-7977 has been combined with standard treatment in genotypes 1, 2 or 3 patients and is involved in two Phase 2b studies, including one IFN-sparing study with genotype 2 or 3 patients. PSI-7977 is being used in a 14-day combination study with the promising guanine nucleotide analog PSI-938.

Source: [www.natap.org/2010/HCV/011111\\_01.htm](http://www.natap.org/2010/HCV/011111_01.htm)

### WANTED: PATIENTS FOR PSI-7977 STUDY

Pharmasset has begun a Phase II study which wants to enrol YOU if you are a genotype 2 or 3, treatment-naïve patient. The treatment consists of PSI-7977, a polymerase inhibitor plus ribavirin, with and without pegylated interferon (pegIFN).

More info: [www.clinicaltrials.gov/ct2/show/NCT01260350?term=psi-7977&rank=2%22%22](http://www.clinicaltrials.gov/ct2/show/NCT01260350?term=psi-7977&rank=2%22%22)

Source: [www.natap.org/2010/HCV/010611\\_03.htm](http://www.natap.org/2010/HCV/010611_03.htm)

### VACCINE COLLABORATION

OKAIROS, a Merck spinoff, and Novartis Vaccines & Diagnostics, both European vaccine companies, will be working together with other European groups and an institution from Egypt to do pre-clinical and clinical trials to develop a vaccine against HCV. OKAIROS has a gene-based candidate designed for the NS

(Continued on page 5)

### PROGRESS

More and more of my HCV+ friends are being diagnosed with liver cancer. They are surviving longer. I'm sure that the new treatments are prolonging their lives. When I was diagnosed with Hep C back in 1989, a diagnosis of HCC meant you had maybe 6 months to live. This is not so anymore. And now there is much more research, too.

There is a small clinical trial going on at the University of Miami. 25 patients are taking part. The doctors take blood from livers about to be donated to liver cancer patients. They extract the natural killer immune cells from the blood of the donated liver. Those killer cells are cultured for 4 days, and a product is added to make them 4-times stronger, so they can fight off cancer and hepatitis C. In a trial done in Japan, 22 out of the original 24 patients survived free of cancer for over three years, and the procedure cut recurrence by half. In Florida, the doctors are also using chemotherapy and radiofrequency ablation to destroy liver tumours.

Source: Dec. 14, 2010 [www.healthzone.ca/health/newsfeatures/cancer/article/906849---killer-cells-attack-liver-cancer-in-new-treatment](http://www.healthzone.ca/health/newsfeatures/cancer/article/906849---killer-cells-attack-liver-cancer-in-new-treatment)

### JX-594: VIRUS FIGHTS HCC

A Phase II trial presented at the AASLD 2011 showed 30 patients with advanced HCC (liver cancer) survived longer (13.8 months vs 6.7 months) by taking the higher dose of JX-594. JX-594 is a tumour-destroying poxvirus. It was given to those who had already received chemotherapy and had more than 1 tumour. The treatment causes immunity against the tumour and shuts down its blood supply. Phase IIb and Phase III trials are planned. Studies of the drug administered into a vein or into the tumour have proven to be safe in over 120 patients. In the above trial, JX-594 was injected into the tumour(s) 3 times, 2 weeks apart. Most of the patients had cancer provoked by a virus (HCV, HBV, etc.) At 8 weeks, over 50% of the patients had stable disease. 30% had up to grade 3 adverse events. Phase IIb has begun and researchers hope to recruit 120 patients non-responders to sorafenib (Nexavar), assigning all to best supportive care (BSC) and 2 out of 3 subjects to JX-594, as well. Phase III will compare the drug to standard care.

Sources: Heo J, et al A randomized, controlled phase II trial of JX-594, a targeted, multimechanistic oncolytic poxvirus, in patients with advanced hepatocellular carcinoma, final results" AASLD 2011; Abstract LB-1. [www.medpagetoday.com/MeetingCoverage/AASLD/Nov14,2011](http://www.medpagetoday.com/MeetingCoverage/AASLD/Nov14,2011)

(AASLD—Continued from page 1)

Melbourne. They studied 12 patients without diabetes with non-alcoholic fatty liver disease (NAFLD), and showed that the diet improved their liver health even with no weight loss. The participants had a big improvement in insulin sensitivity, thus lowering their risk for Type 2 diabetes, possibly indicating that the diet improves metabolism. Even 6 weeks on the diet could lower liver fat by 39%, compared with “a current recommended healthy diet”. Until now, there have been few studies for NAFLD, which causes fat to be stored in the liver, and the only suggestion has been for patients to lose weight. NAFLD can be discovered by testing liver enzymes, by ultrasound, or by doing a biopsy.

Source: [www.aasld.org/LM2011/PRESS/Pages/pressfive.aspx](http://www.aasld.org/LM2011/PRESS/Pages/pressfive.aspx) November 7, 2011

More info: [http://en.wikipedia.org/wiki/Mediterranean\\_diet](http://en.wikipedia.org/wiki/Mediterranean_diet)

## MIRAVIRSEN

Santaris Pharma announced Phase IIa data for Miravirsen monotherapy which showed a 2-3 log drop in HCV with only 4 weeks of treatment. The virus was undetectable in 4 of the 9 patients treated with the highest dose. The viral drop has been maintained for over 4 weeks after ending treatment. Miravirsen is a microRNA-targeted drug. It inhibits miR-122 which the virus needs to accumulate. It can be safely used alone or combined with direct acting antivirals, providing an IFN-free treatment for multiple genotypes. The drug was given as 5 subcutaneous injections, one per week. It was well tolerated by the patients. MicroRNAs are a kind of master regulator of gene expression, not only in hepatitis C, but in other diseases, as well. They are single molecules, and are possible targets for drugs to control many diseases. The company uses a Locked Nucleic Acid (LNA) drug platform which overcomes the limitations of antisense and siRNA technologies and has properties that permit delivery of drugs without problematic delivery vehicles.

Source: [www.marketwatch.com/story/santaris-pharma-as-phase-2a-data-of-miravirsen-shows-dose-dependent-prolonged-viral-reduction-of-2-3-logs-hcv-rna-after-four-week-treatment-in-hepatitis-c-patients-2011-11-05](http://www.marketwatch.com/story/santaris-pharma-as-phase-2a-data-of-miravirsen-shows-dose-dependent-prolonged-viral-reduction-of-2-3-logs-hcv-rna-after-four-week-treatment-in-hepatitis-c-patients-2011-11-05)

## PSI-7977

Researchers hope that PSI-7977, a nucleotide polymerase inhibitor, will allow people to be treated without IFN. It is quite effective in GT1, 2 and 3. The drug has been tested with pegIFN/RBV, with SVRs over 90%. Researchers decided to do a small Phase II trial with 40 GT2/3 patients for 12 weeks. One of the 4 arms had no IFN, but all received RBV. GT2 and 3 are easier to treat,

so the plan was they could be “rescued” with IFN if necessary. All of the patients tested undetectable at week 12, and for those tested at 24 weeks, 100% are still undetectable. Phase III trials will combine PSI-7977 with RBV, but not IFN, which is expected to make the treatment safe and more tolerable. The drug works on all genotypes and there have been no cases of breakthrough so far, but the studies have been very small. There has been a trial with GT1, but combined with pegIFN/RBV, in which 91% tested undetectable at week 12.

Primary source: *Hepatology* 2011; 54(4): Abstract 34

[www.medpagetoday.com/MeetingCoverage/AASLD/](http://www.medpagetoday.com/MeetingCoverage/AASLD/)

## IFN LAMBDA

Results through week 12 for the Phase IIb EMERGE trial of pegIFN Lambda vs. pegIFN Alfa-2a in 42 genotype 1, 2 and 3 treatment-naïve patients with compensated cirrhosis were presented. Both drugs were combined with RBV. Lambda was well tolerated, and needed fewer dose reductions of IFN or RBV. There were fewer incidences of blood abnormalities like anemia or neutropenia. Response rates were similar. In the branch of the trial with 526 non-cirrhotic patients, Lambda showed a better viral response compared to pegIFN alfa-2a through week 12, also with fewer dose reductions. Response rates were better in GT2/3 than GT1. The non-cirrhotic patients responded better than the cirrhotic patients. IFN Lambda is produced naturally by the body. The trial is being run principally by ZymoGenetics and Bristol-Myers Squibb.

Source:

[www.natap.org/2011/AASLD/AASLD\\_38.htm](http://www.natap.org/2011/AASLD/AASLD_38.htm)

## BMS-790052 + BMS-650032

In this Phase IIb no-IFN trial, 10 GT1b non-responders were treated with BMS-790052 + BMS-650032 and in the 9 patients who finished the treatment all tested undetectable from week 8 to the present. The other patient—a 60 year old woman—dropped out at week 2 because of remaining HCV+ and because of a high level of bilirubin and gastroenteritis that may have been caused by the drug(s). Interestingly, her virus was undetectable 24 weeks after her planned end of treatment. The drugs, also called daclatasvir (NS5A inhibitor) and asunaprevir (protease inhibitor) were given orally. The dose of asunaprevir was reduced because of elevated liver enzymes occurring in a different study. The patients were treated for 24 weeks and observed for the following 24 weeks. There was a case of grade 3 fever which was considered serious. “The adverse event profile compares favourably

with historical experience with peginterferon and ribavirin,” said the study’s author.

Sources: *Hepatology* 2011; 54(4): Abstract LB-4.

[www.medpagetoday.com/MeetingCoverage/AASLD/](http://www.medpagetoday.com/MeetingCoverage/AASLD/) Nov 14, 2011

## TMC435

TMC435, a second-generation protease inhibitor given once a day was safe and effective in the phase IIb “PILLAR” randomized trial. The goal was to collect data about the viral load at week 24 and at week 72 (24 weeks after ending treatment). 386 GT1 patients received TMC435, 75 or 150 mg daily or placebo and pegIFN/RBV for 24 or more weeks, depending on the response. The higher dose for the longest time produced the best rate of 86% undetectable at 24 weeks.

There was an unexpected high 65% response rate among the placebo patients taking pegIFN/RBV alone. 79% to 86% of the patients receiving the TMC435 qualified for the short 24-week therapy. Of those, 85% to 96% had undetectable virus at week 24.

Strangely 3.6% of adverse events caused dropouts in the TMC435 arms, compared with 5.2% in the control arm. 6.5% of adverse events in the TMC435 group were called serious compared with 13% among those taking a placebo. TMC435 is, according to Norah Terrault of the University of California San Francisco, the “front-runner” of the 2<sup>nd</sup> generation of protease inhibitors. She was one of the monitors of the AASLD session where it was presented. The drug is designed for once-daily use, compared to the present drugs which need 3 doses daily, and there are fewer side effects.

Sources: Fried M, et al. *Hepatology* 2011; Abstract LB-5.

Source:

[www.medpagetoday.com/MeetingCoverage/AASLD/](http://www.medpagetoday.com/MeetingCoverage/AASLD/)

## NALAPREVIR (SCH-900518)

Merck’s Nalaprevir (NVR), previously called SCH-00518, is an NS3 protease inhibitor which, when boosted by Ritonavir (RTV) can be dosed once a day. Results of the NEXT-1, Phase II trial were presented at AASLD 2011, showing SVR rates as high as 85% in GT1 patients when NVR/r (NVR + RTV) taken once a day was combined with pegIFN/RBV for 12 weeks, followed by pegIFN/RBV alone for 12 weeks. Results showed that a lead-in treatment with pegIFN/RBV alone did not improve SVR rates. Average SVR rates in African Americans was 66.7% and in GT1a was 75%.

Source: [www.multiwebcast.com/aasld/2011/thelivermeeting/17133/](http://www.multiwebcast.com/aasld/2011/thelivermeeting/17133/)

[doctor.john.m.vierling.once.daily.narlaprevir.\(nvr.sch.900518\).and.ritonavir.html](http://doctor.john.m.vierling.once.daily.narlaprevir.(nvr.sch.900518).and.ritonavir.html)



**TREATMENT AND YOUR EYES**

Many if not all provincial health plans pay for one eye exam each year for people who are taking or have taken medications that cause problems with their eyes. Pegasys and Pegatron are among those medications, according to the side effects listed for those drugs.

You can get your eyes tested through a referral to an ophthalmologist from your family doctor. In Ontario, you may be able to speed up the process by printing out the form at:

[www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?Open-Form&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-4347-84)

[Open-Form&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-4347-84](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?Open-Form&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=014-4347-84)

**ANEMIA DURING TREATMENT**

Italian researchers have discovered that the inosine triphosphatase gene (ITPA gene) is linked to resistance to ribavirin (RBV)-associated anemia as a result of two studies. By identifying patients with this gene, successful treatment is more likely to result. Right now 9-22% of patients need their RBV to be reduced in order to complete treatment, but this strategy can affect the success of the therapy. Patients without this gene may need other expensive medication to avoid anemia in order to obtain a sustained virological response (SVR). Similar research is being done in Japan with therapy including Telaprevir.

Source: [www.natap.org/2010/HCV/012611\\_03.htm](http://www.natap.org/2010/HCV/012611_03.htm)

*(OTHER NEWS—Continued from page 3)*

region of the virus, which induces powerful T-cell immune responses, lowering the reproduction of the virus. Another drug candidate uses the ability of the proteins that envelope the virus to create neutralizing antibodies. The two vaccines will be combined to protect people from several genotypes. Since Novartis has acquired Chiron, they will take advantage of their expertise, as well. The companies hope to set an example for further vaccine trials.

[www.altaweb.it/hepacivac/](http://www.altaweb.it/hepacivac/)



The holiday season gives us time to reflect on activities of the past year, savour our successes, and plan an even better future. Along with our warmest wishes, we would like to share with you some of HepCBC's many achievements and challenges, and request your continued support in 2012.

For over 10 years, HepCBC has consistently provided crucial support and information to the hepatitis C community. **This last year, we've faced drastically-reduced funding, forcing us to close our downtown office.** Because both the hepatitis C and broader communities recognize the high quality of our primarily volunteer-run, client-focused services, we are confident that ways will be found to continue offering them somehow. However, even operating at our current downsizing, our accountant warns that HepCBC's bank account will be empty within a year or so. Without additional support, we will soon be forced to suspend hard-copy publishing and mailings, limit services, and become 100% volunteer-run. Here is what we do now:

**EDUCATION and OUTREACH**

We have continued to publish the *hepc.bull*, Canada's leading hepatitis C newsletter, 11 months a year since March, 1996. Our website ([www.hepcbc.ca](http://www.hepcbc.ca)), pamphlet series, and FAQ's provide relevant, up-to-date information for people infected or affected by hepatitis C - in both official languages and Spanish. We are working with UVic students to develop a program to inform local teens about hepatitis C risk factors.

**SUPPORT**

HepCBC's Victoria office is our nerve centre, a safe place to meet, and home to our resource library. We regularly receive requests for information and support from all over North America and beyond, and provide phone, email, or in-person peer support to anyone affected by this disease. Monthly peer support meetings are held in Victoria and the Lower Mainland in a friendly, informative, confidential setting.

**AWARENESS and PUBLICITY**

HepCBC works at local, provincial, federal, and international levels to combat ignorance and stigma about hepatitis C. This year our float even won an award in the Victoria Day parade! Besides cooperating with local agencies, we actively participate in national and international hepatitis C organizations which inform decision-makers about hepatitis C needs, best-practices and current research.

**ALLISON CROWE'S  
"TIDINGS CONCERT"  
DECEMBER 17, 2011**

HepCBC announces the return of Allison Crowe's popular "Tidings Concert" to benefit HepCBC and Artemis Place. Don't miss this exciting seasonal concert on December 17 (8:00 pm) at the Fairfield United Church, Victoria BC. For tickets, please contact AnaMaria at 250-595-3892.

**TAX-DEDUCTIBLE  
DONATION:**

Your tax-deductible contribution will go directly to hepatitis C education, awareness and support.

**Thank you for giving generously!**

I want to help HepCBC!  
Please mail your cheque and the form below to:  
**HepCBC, 2652 Quadra St, PO Box 46009, Victoria BC, V8W 1J6**

*HepCBC Hepatitis C Education and Prevention Society is a  
Registered Canadian Charity: 86800-4979-RR0001*

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



Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_



## Hep C Sites



# on facebook

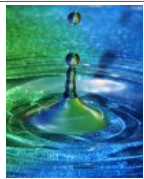
### Hep C, the Silent Killer

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



### FIGHT Against Hepatitis C

Open Group — [fightagainsthehepatitisc@groups.facebook.com](mailto: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



### Hepatitis C management made easy.

HCV-Edge is a tool that assists you by managing your Hepatitis C treatments. Find out what HCV-Edge can do for you. [Learn More](#)

#### Why choose HCV-Edge?

- access to a broad array of reliable background information on Hepatitis C
- 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?

Find out by checking out our walk-thru demo >



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/>

## HOLIDAY SNACK

Quick, Colourful and Liver-friendly Holiday Snack Recipe - Only 3 ingredients!

(1) Your favourite WHOLE-GRAIN BREAD (toasted) or a selection of WASA or RY-VITA CRACKERS (whole-grain, low-sodium, low-fat).

(2) Spread PESTO (thinly) on top either before or after toasting. I prefer Classico Basil Pesto myself. Pesto should be refrigerated and used within a couple of weeks.



(3) Sprinkle (Brewer's) YEAST FLAKES lightly over the top - available at supermarket Bulk Food sections or health-food stores (DON'T use active yeast as it will make you very ill!).

Serving suggestions: Good with a sweet or tart but juicy sliced fruit like fresh pineapple chunks, or cherry tomatoes. For a quick, healthy but tasty beverage any time of year, add Ocean Spray "No Sugar Added" 100% Juice Blend, Ruby Red Grapefruit flavour to water (amounts: about 1 part juice to 4 parts water). Even friends without hepatitis C find it refreshing.



LET'S ALL BE KIND TO OUR LIVERS THIS HOLIDAY SEASON! —from Cheryl

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 15<sup>th</sup> of next month, **starting 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](mailto: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/>



"At any age, staying strong and flexible helps you do the things you enjoy, and perform day-to-day activities with great ease."

Here, you can find a link to the Move for Life DVD, good eating tips and a series of short "walkabouts," "energy bursts", and lots of great health tips:

[www.actnowbc.ca/move\\_for\\_life\\_dvd](http://www.actnowbc.ca/move_for_life_dvd)

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](http://www.adobe.com/products/acrobat/readstep2.html)

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



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.mvehealth.ca](http://www.mvehealth.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

## CONFERENCES

The International Liver Congress 2012  
The 47th Annual Meeting of EASL  
18-22 April 2012  
Barcelona, Spain

<http://www.easl.eu/the-international-liver-congress/general-information>

The Viral Hepatitis Congress  
7-9 September 2012

Johann Wolfgang Goethe-Universität  
Frankfurt, Germany

<http://www.theconferencewebsite.com/conference-info/Viral-Hepatitis-Congress-2012>

8th Australasian Viral Hepatitis Conference  
10-12 September 2012

SkyCity Convention Centre  
Auckland, New Zealand

<http://www.hepatitis.org.au/>

EASL Special Conference

Clinical Drug Development for Hepatitis C  
14-16 September 2012

Prague, Czech Republic

<http://www.easl.eu/events/easl-special-conference/easl-special-conference-clinical-drug-development-for-hepatitis-c>

2nd World Congress on Controversies in the  
Management of Viral Hepatitis (C-Hep)

18-20 October 2012

Berlin, Germany

<http://www.comtecmed.com/chep/2012/>

AASLD - The Liver Meeting 2012

9-11 November 2012

Boston, Massachusetts

<http://www.aasld.org/conferences/meetings/Pages/default.aspx>

## 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>

## 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/](http://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](http://www.lauzonbelanger.qc.ca/cms/index.php?page=108)

Roy Elliot  
Roy Elliott Kim O'Connor LLP.  
[hepc@reko.ca](mailto:hepc@reko.ca) [www.reko.ca/html/hepatitisc.html](http://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](mailto: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](mailto: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](mailto: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](http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html)

### CLAIMS ADMINISTRATOR

#### 1986-1990

Administrator 1-877- 434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
[www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf](http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf)

#### Pre-86/Post-90

Administrator 1-866-334-3361  
[preposthepc@crawco.ca](mailto:preposthepc@crawco.ca)  
[www.pre86post90settlement.ca](http://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** 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](mailto:leanne.cunningham@avi.org) 250-830-0787

♦ **Comox Valley** Harm reduction, counseling, advocacy. 355 6<sup>th</sup> St. Courtenay. Contact Sarah

[sarah.sullivan@avi.org](mailto:sarah.sullivan@avi.org) 250-338-7400

♦ **Nanaimo** Meetings 4<sup>th</sup> Tues monthly, 1<sup>st</sup> 15 pm 201-55 Victoria Rd, Contact Anita 250-753-2437

[anital.rosewall@avi.org](mailto:anital.rosewall@avi.org) for details.

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shoncliffe Rd. Contact Tom, 250-949-0432 [tom.fenton@avi.org](mailto: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](mailto:Hermione.jeffers@avi.org)

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

[kstthomson@direct.ca](mailto:kstthomson@direct.ca)

**Burnaby HCV Support** Contact Beverly 604-435-3717 [batlas@telus.net](mailto:batlas@telus.net)

**Castlegar** Contact Robin 250-365-6137 [eor@shaw.ca](mailto:eor@shaw.ca)

**Comox Valley NILS Treatment/Pre & Post-treatment Support Group** 2<sup>nd</sup> & 4<sup>th</sup> Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl [Cheryl.taylor@viha.ca](mailto:Cheryl.taylor@viha.ca) 250-331-8524.

**Courtenay HCV Peer Support and Education.** Contact Del 250-703-0231 [dgrinstad@shaw.ca](mailto:dgrinstad@shaw.ca)

**Cowichan Valley HCV Support** Contact Leah 250-748-3432 [r-lattig@shaw.ca](mailto:r-lattig@shaw.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca)

♦ **Victoria Peer Support:** 4<sup>th</sup> Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

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

**Kamloops ASK Wellness Centre.** Chronic illness health navigation/support. [info@askwellness.ca](mailto:info@askwellness.ca) 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing and counseling 250-315-0098. [www.askwellness.ca](http://www.askwellness.ca)

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

**Kelowna Hepkop:** Phone support and meeting info. Contact Elaine 250-768-3573, [eriseley@shaw.ca](mailto:eriseley@shaw.ca), Lisa 1-866-637-5144 [ljmortell@shaw.ca](mailto:ljmortell@shaw.ca)

**Mid Island Hepatitis C Society** Contact [midislandhepc@hotmail.com](mailto:midislandhepc@hotmail.com)

**Nanaimo Hepatitis C Treatment Support** AVI Health Centre, #216-55 Victoria Rd. Contact Fran 250-740-6942. [hepcxpeersupport@hotmail.com](mailto:hepcxpeersupport@hotmail.com)

**Nelson Hepatitis C Support Group** 1<sup>st</sup> Thurs. every 2<sup>nd</sup> 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](mailto:information@ankors.bc.ca) [alex@ankors.bc.ca](mailto:alex@ankors.bc.ca)  
[www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**New Westminster "HepC"** Support Group each Fri 10 AM May 13<sup>th</sup> till August 26<sup>th</sup>. Nurse. Acupuncture. Refreshments. Contact: Michelle 604-526-2522., [mail@purposesociety.org](mailto:mail@purposesociety.org)

**North Island Liver Service** Info, support, treatment. Doctor or self-referral. 1-877-215-7005 250-850-2605.

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

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

**Powell River Hepatology Service** Powell River Community Health, 3<sup>rd</sup> Floor-5000 Joyce Ave. Contact Melinda [Melinda.herceg@vch.ca](mailto:Melinda.herceg@vch.ca) 604-485-3310

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387

[ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

**Prince Rupert Hep C Support** Contact: Dolly 250-627-7942

[hepcprincerupert@citvnet.net](mailto:hepcprincerupert@citvnet.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](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca)

**Slocan Valley Support Group** Contact Ken 250-355-2732, [ken.forsythe@gmail.com](mailto:ken.forsythe@gmail.com)

**Sunshine Coast-Sechelt Healthy Livers Support Group** Information/resources, contact Catriona 604-886-5613 [catriona.hardwick@vch.ca](mailto:catriona.hardwick@vch.ca) or Brent, 604-740-9042 [brent.fitzsimmons@vch.ca](mailto: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](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver Pre/post liver transplant support** Contact Gordon Kerr [sd.gk@shaw.ca](mailto: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](mailto: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](mailto: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](mailto:lulug@youthco.org), Briony [brionym@youthco.org](mailto:brionym@youthco.org) [www.youthco.org](http://www.youthco.org)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 Toll free: 1-877- 333-2437 [bloodties@klondiker.com](mailto:bloodties@klondiker.com)

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie for info/appointment [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

**Sandi's Crusade Against Hepatitis C/ Durham Hepatitis C Support Group** Contact Sandi: [smking@rogers.com](mailto:smking@rogers.com) [www.creativeintensity.com/smking/](http://www.creativeintensity.com/smking/)

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> 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](mailto: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](mailto:hepccommcoord@gmail.com), [www.aidsnorthbay.com](http://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](mailto: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](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca)

**Kitchener Area Support** 3<sup>rd</sup> 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](mailto:waterlooregionhepcsupport@gmail.com)

**London Hepatitis Hep C Support** 16<sup>th</sup> King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601, [hivaidconnection.com](http://hivaidconnection.com)

**Owen Sound** Info, support. Contact Debby Minielly [dminielly@publichealthgreybruce.on.ca](mailto:dminielly@publichealthgreybruce.on.ca) 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, [www.publichealthgreybruce.on.ca/](http://www.publichealthgreybruce.on.ca/)

**Peel Region** (Brampton, Mississauga, Caledon) 905-799-7700 [healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194 [jcolangelo3@cogeco.ca](mailto:jcolangelo3@cogeco.ca)

**Sudbury Circle C Support Group** 1<sup>st</sup> Tues. monthly. Contact Ernie 705-522-5156,

[hepc.support@persona.ca](mailto:hepc.support@persona.ca) or Monique 705-691-4507.

**Toronto CLF** 1<sup>st</sup> Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.

[bpotkonjak@liver.cawww.liver.ca](mailto:bpotkonjak@liver.cawww.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](http://undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> 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](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307 [reneeaurio@hotmail.com](mailto: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](mailto:info@hepatitisoutreach.com), [www.hepatitisoutreach.com](http://www.hepatitisoutreach.com)

### PRAIRIE PROVINCES:

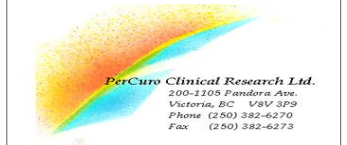
**Edmonton** Contact Jackie Neufeld 780-939-3379.

**Wood Buffalo HIV & AIDS Society** #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 [wbhas@telus.net](mailto:wbhas@telus.net) [www.wbhas.ca](http://www.wbhas.ca)

**Manitoba Hepatitis C Support** Community Inc. 1<sup>st</sup> Tues. monthly, 7 PM, 595 Broadway Ave. Everyone welcome.

Contact Kirk 204-772-8925 [info@mbhepc.org](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

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



If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> of the month. It's free!