

hepc . bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEP C VACCINES



WOULDN'T IT BE WONDERFUL?

Wouldn't it be wonderful if, just like polio or smallpox, no one had to worry about catching Hep C ever again? Vaccines do that. Unfortunately, there is no vaccine against Hep C, but researchers keep trying... and may be getting close.

ChronVac-C

On March 14, 2011, Inovio's partner, ChronTech (formerly Tripep), began a Phase IIb trial of its ChronVac-C DNA vaccine, using Inovio's electroporation delivery technology. The product was combined with pegIFN/RBV (pegylated interferon and ribavirin).

In a small Phase I trial of ChronVac-C using Inovio's MedPulser device, the results showed a good increase of immune responses (T-cells), and the product was deemed safe. 5 out of the 7 patients tested undetectable at 4 weeks. 6 of those patients were tested 6 months after pegIFN/RBV portion of the trial ended, and 5 of them (83%) remained undetectable, compared to the usual results of 40-50% "cured" with pegIFN/RBV alone.

The Phase II trial is studying 32 treatment-naïve genotype 1 patients, who will be given the vaccine once, and treated again in 4 weeks, followed by pegIFN/RBV. 20 patients will receive the vaccine plus pegIFN/RBV, and the other 12, pegIFN/RBV alone. If the results are similar to those in the first trial, the researchers hope that the treatment could become standard. They also hope that the product can shorten treatment time.

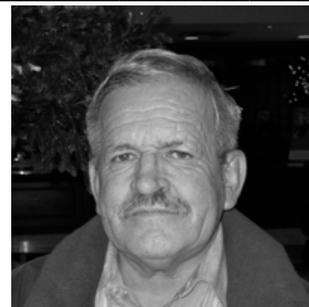
Source: www.hivandhepatitis.com/hep_c/news/2011/0318_2011_b.html

OKAIROS

Scientists from the Merck spinout Okairos, working together with some European researchers, have had success with a small Hep C vaccine study. They, like all of us, dream of a vaccine that will make people immune

to Hep C and will maybe even treat those already infected. Their vaccine candidate stimulates immune responses like those that occur in the people who clear the virus without treatment. One of the problems is that the Hep C virus mutates rapidly, so the scientists picked a target inside the virus where it is more stable and less likely to change than on the surface. This is a new approach and may produce a different kind of immune response. The scientists took genetic material from HCV and used it to change 2 common cold viruses (adenoviruses), so they could carry genotype 1b proteins. One adenovirus came from a human and the other, from a chimpanzee. Both adenoviruses activated T cell responses, prompting them to perhaps recognize genotypes 1a and 3a as well. They could then provoke an immune response against hepatitis C. This strategy is called a "recombinant adenoviral vector strategy." The response could be sustained for at least 1 year, providing immunity worthy of more research. The Phase I trial studied 41 healthy volunteers and proved the product to be safe. Phase 2 studies are underway, and the researchers will see if the product can treat those who have the virus. The vaccine may fit well into a cocktail of direct-acting antivirals (DDA's), to boost immunity. The company will continue trying to make the product more powerful, but to

(Continued on page 4)



Gordon McClure

January 1, 2012

"Every community in British Columbia should find and support its Gordons!" said Cheryl Reitz, HepCBC, about Gordon McClure, of HEPLIFE Support Group, in Vernon, BC, in an

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PRESENTS a

PUBLIC INTERACTIVE FORUM

on the HIGHLIGHTS of the
CANADIAN ASSOCIATION FOR THE
STUDY OF THE LIVER
(CASL)

**2011 CANADIAN CONSENSUS
GUIDELINES FOR THE
MANAGEMENT OF
CHRONIC VIRAL HEPATITIS**
BEGBIE HALL, Royal Jubilee Hospital,
Victoria, BC, Canada

on Richmond Ave., between
Coronation Ave. and Pembroke St.
Accessible via Bus #14, #11, or #10.

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March 2, 2012,

09:00 AM – 16:00 PM

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SEE AGENDA PAGE 3 →

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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
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FAQ version 8.3

Peppermint Patti's **FAQ Version 8.3**
is **NOW AVAILABLE**, Version 8 is
available in FRENCH and Version 7.1 is
available in SPANISH. The ENGLISH
version includes treatment information
and research from 2009. Place your
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HepCBC Resource CD

The CD contains back issues of the
hepc.bull from 1997-2012, the FAQ V8.3,
the slide presentations developed by Alan
Franciscus, and all of HepCBC's pam-
phlets. The Resource CD costs \$10 includ-
ing S&H. Please send cheque or money
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your health practitioner before considering any therapy or surgery
protocol. The opinions expressed in this newsletter are not necessarily
those of the editors, of HepCBC or of any other group.

REPRINTS

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

THANKS!!

HepCBC thanks the following
institutions and individuals for their
generosity: The late John Crooks, 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
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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
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Sidney. Lower Mainland: Tsawwassen,
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and Mill Bay.

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HealthLink: www.dialadietitian.org



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to your local hepatitis C organization.

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

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

www.hepc-match.com/

www.hepcinglesonline.com/

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

TIP OF THE MONTH:

Get an AFP test and an
Ultrasound done yearly.

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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?

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Visit www.Sign4C.info and www.hepcbc.ca.

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THE FORUM: WHY IS IT IMPORTANT?

Why is HepCBC's Public Interactive Forum on CASL's new Canadian Consensus Guidelines for the Management of Chronic Viral Hepatitis so important?

KNOWLEDGE OF NEW CASL CONSENSUS GUIDELINES IS NEEDED BY THE WIDE VARIETY OF STAKEHOLDERS IN BC'S VIRAL HEPATITIS COMMUNITY

Recently, the world of viral hepatitis medicine has been treated to an exciting but confusing array of new treatments resulting from intense international pharmaceutical research. A treatment choice for any particular patient is no longer a simple Yes/No matter. Several treatment choices have passed through (or are soon to be proceeding through) all the hoops of the federal Common Drug Review and various provincial assessments. When they become available, each has a unique protocol, regimen, and price. While the Canadian Association for the Study of the Liver (CASL) has been issuing new Consensus Guidelines every five years or so, and is issuing a new set at the end of its February 2012 meeting, provincial assessment criteria and official treatment protocols have yet to acknowledge -- much less catch up to -- this new and still-shifting landscape. The March 2nd forum hopes to provoke informed but lively discussion of both the substance and the implications of the new CASL Consensus Guidelines for viral hepatitis care in BC.

TREATMENT ASSESSMENT / ELIGIBILITY CRITERIA CAN DETERMINE LIFE OR DEATH; CRITERIA MUST BE BASED ON CURRENT DATA AND TECHNOLOGY.

The carefully-considered guidelines of these specialists must be heard and heeded by policy-makers. While precedent and bureaucratic simplicity cannot be ignored, eligibility rules should also reflect new research results and data, new treatment protocols, and availability of new tests (such as genetic testing and less-invasive biopsy tools, etc.). These show potential for allowing earlier interventions, fewer transplants, more customized and shorter treatments, lower medical costs, plus longer lives that are more productive and less painful. Patient voices will address these topics forcefully at the March 2nd forum.

LIVER SPECIALISTS NEED HELP.

The number of hepatologists, gastroenterologists, and hepatology nurses is limited, and the viral hepatitis epidemic is growing. Liver specialists will need help, as they cannot deal adequately with every patient. But if other practitioners such as rural doctors, primary-care physicians, and public health nurses are to assist in treatment, they will require significant professional development in order to customize treatment efficiently for each patient, to follow and monitor new protocols and serious or unusual side-effects, and to train patients in self-care. The March 2nd forum will offer a chance to acknowledge and explain why such training will be critical, and possibly to facilitate networking among some parties concerned.

MEETING AGENDA: 2011 CANADIAN CONSENSUS GUIDELINES FOR THE MANAGEMENT OF CHRONIC VIRAL HEPATITIS

TIME	TOPIC	SPEAKER
09:00-09:10	Welcome and Introductions Forum objectives	Chair- Fran Falconer RN, BScN, PID Hepatology Nurse
09:10-09:25	TBA	TBA
09:25-10:05	<i>Overview of Hepatitis in British Columbia: Burden of Disease</i>	Mel Kraiden, MD, FRCPC Director of BC Hepatitis Services, BCCDC. Professor of pathology and laboratory sciences at UBC
10:05-10:20	Interactive questions and answers	Public Forum
10:20-10:30	BREAK	
10:30-11:10	<i>New CASL Consensus Guidelines, HCV Treatment Modalities, and Phase III BOC, Telaprevir Trials</i>	Rob Myers, MD, FRCPC Professor, Liver Unit, GI Research Group University of Calgary, Director of UC Viral Hepatitis Clinic, AHFMR Clinical Investigator
11:10-11:25	Interactive questions and answers	Public Forum
11:25-12:05	<i>Hepatitis Care for Vulnerable Populations; Streams of Care for the Most Vulnerable</i>	Chris Fraser, MD Medical Director and Principal Investigator, Cool Aid Health Centre, UBC Faculty of Medicine
12:05-12:20	Interactive questions and answers	Public Forum
12:20-13:05	LUNCH-Provided on site	
13:05-13:45	<i>Accessibility to Care and Treatment: The Challenges We Face in British Columbia</i>	John Farley, MD Infectious Diseases Consultant for Pacific Correctional Services Canada
13:45-14:00	Interactive questions and answers	Public Forum
14:00-14:40	<i>The Future of Hepatitis C Treatment: New Methods, Investigations, and Therapies</i>	Wayne Ghesquiere, MD Infectious Diseases Consultant, Victoria, BC; Clinical Asst. Prof. UBC
14:40-14:55	Interactive questions and answers	Public Forum
14:55-15:05	BREAK	
15:05-15:20	<i>Personal Account 1</i>	HCV+ Speaker TBA
15:20-15:35	<i>Personal Account 2</i>	HCV+ Speaker TBA
15:35 - 15:45	Interactive questions and answers	Public Forum Closing Statements
15:45-16:00	Chair Closing Statements	Chair: Fran Falconer RN, BScN, PID



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take the product to market takes years. Phase II trials are underway, and a larger one for the at-risk population is being planned, to see if it can prevent infection.

Source:

www.natap.org/2012/newsUpdates/010612_01.htm



VIDO VACCINE

Researchers at the University of Saskatchewan hope they have found a vaccine for hepatitis C that will also help those already infected (therapeutic vaccine). To make the vaccine, researchers took dendritic cells (key immune cells) from mice, exposed them to one of the most common proteins occurring in all HCV genotypes, and treated the cells with an immune stimulator. They hope that by returning the activated cells, they can “teach” the original cells to activate an immune response. Researchers used another virus in the mice to simulate HCV. VIDO’s Hep C project will develop a DNA-based regime, using the HCV non-structural protein-3 (NS3) as a target for the dendritic cell-based vaccines. In encouraging lab trials, mice were injected with inactivated HCV particles. Their serum was then injected into samples of HCV+ human liver cells, suppressing the virus.

Construction began in June 2007 on InterVac, the International Vaccine Centre at the University of Saskatchewan, next door to VIDO (Vaccine and Infectious Disease Organization). On September 16, 2011, InterVac held its grand opening ceremony. When the Centre opens in 2012, we should see some exciting progress.

Source: www.vido.org/research/vaccine_dev/hepatitis.php www.vido.org/Introducing_intervac/index.php and *The StarPhoenix*, Jan 11, 2006

TORAY VACCINE

Toray has been working together with the National Institute of Infectious Diseases (NIID) and other institutions to develop a vaccine for hepatitis C. In laboratory experiments using cells, one of the vaccine candidates prevented 66% of genotype 1a infections, the most common genotype in Japan, and 85% of genotype 2a infections. Experiments done in infected mice showed that their virus was suppressed, as it was in human liver cells, when they were injected with serum obtained from those mice. The company needed a way to develop their

product for industrial production-- a way to incubate the virus in large quantities, to concentrate and refine them. NIID found a cell that is able to incubate the virus, and Tory can now concentrate the viruses, so the vaccine may be possible. The drug is expected to prevent new infections and to cure patients already infected.

Sources: www.hepatitis-central.com/mt/archives/2007/09/future_hcv_medi.html 28 August 2007

www.eiu.com/index.asp?lay-out=ib3PrintArticle&article_id=1794748164&printer=printer&rf=0 Aug 11, 2009

TG4040 PHASE II

Transgene's TG4040 is a recombinant poxvirus therapeutic vaccine that uses the MVA virus as a vector to carry parts of the HCV. The MVA vector is used with the smallpox vaccine. Results from their 153-patient Phase II trial (HCVac study) were presented at the AASLD 2011 conference in November. The vaccine was well-tolerated, and when combined with pegIFN/RBV, gave excellent results at 12 weeks: 64% vs 30% early viral suppression with pegIFN/RBV alone. The drug was given in subcutaneous injections. The company will look for partners to help develop treatments without interferon.

Data can be seen at www.transgene.fr.

Source: www.hivandhepatitis.com/hepatitis-c/hepatitis-c-topics/hcv-treatment/3400-aasld-recombinant-hepatitis-c-vaccine-tg404-shows-promise-in-phase-2-trial

IC41 VACCINE

Intercell and Romark are working together on a European Phase II clinical trial combining Intercell’s IC41 with nitazoxanide, Romark’s antiviral candidate. IC41 contains eight T-cell antigens, combined with a poly-arginine adjuvant. 60 treatment-naïve patients will be treated. In a Phase II trial, IC41 was able to reduce the viral load in HCV+ patients. Nitazoxanide (AKA Alinia) is an oral drug, a thiazolidine that inhibits synthesis of some of the proteins of the HCV virus. In a previous trial in 50 treatment-naïve genotype 1 patients with high viral loads, the results showed viral load reductions of over 75% (0.6 log), and the reduction had been sustained at 6-months after the end of treatment. Romark will be recruiting for Phase III clinical trials of nitazoxanide plus peginterferon.

Source: www.intercell.com/main/forbeginners/news/news-full/article/intercell-and-romark-join-forces-in-combining-therapies-against-hepatitis-c/ Oct 21, 2010

HEP C in the NEWS



ETTA JAMES
20 January 2012

Etta James (birth name Jamesetta Hawkins) passed away just days before turning 74. A legend of soul music, she was born in Los Angeles. Her mother was 14 years old at the time. She began voice lessons at age 5 at her local church. When her family moved to San Francisco, she was discovered by Johnny Otis. He took her and some of her friends to Los Angeles in 1955 to make a recording as “The Peaches.” Soon after, she began her solo career. Her album “At Last” (1961) made her famous. Unfortunately she and her husband Artis Mills were addicted to heroin, with all that entails, including hepatitis C. Etta was inducted into the Rock and Roll Hall of Fame in 1993. In 1994, she won her first Grammy for the album “Mystery Lady.” More Grammys followed, along with her own star on the Hollywood Walk of Fame (2003). Her story was portrayed by Beyonce in a musical, “Cadillac Records.” (See www.rottentomatoes.com/m/cadillac_records/).

The last years of her life were complicated by health problems: Hep C, Alzheimer’s, leukemia, infection with MRSA, dementia and breathing problems. She died without ever finding out who her father was. Otis, her mentor, died just 3 days earlier.

Source: www.contactmusic.com/news/etta-james-dead-at-73_1285613

BMS ACQUIRES INHIBITEX

Bristol-Myers Squibb Company and Inhibitex, Inc. announced an important agreement on January 7, 2012. Bristol-Myers will acquire Inhibitex, producer of INX-189, a NS5B nucleotide polymerase inhibitor of HCV, now showing promise in Phase II clinical trials. It is effective in all genotypes and

(Continued on page 5)

(HEP C in the NEWS—Continued from page 4)

has shown good antiviral capabilities, with a high barrier to resistance. The drug is being put into experienced hands. Bristol-Myers Squibb has complimentary drugs in development with which it can be paired with hopes of producing oral “cocktails” to ward off resistance, shorten treatment time, improve cure rates, and eliminate side effects.

Source: www.deltacon-exs.com/bristol-myers-squibb-to-acquire-inhibitex/ January 09, 2012

NO INTERFERON

Recent study results showed that a Phase II trial in 21 non-responder genotype 1 patients was effective in some, even without interferon. The products used were asunaprevir (BMS-650032), a protease inhibitor and daclatasvir (BMS-790052), an NS5A inhibitor with or without pegIFN/RBV. 4 of 11 patients treated without pegIFN/RBV had undetectable virus 24 weeks after completing treatment. 9 of 10 patients in the pegIFN/RBV/asunaprevir/daclatasvir arm, tested undetectable after 24 weeks. This is the first study to show sustained response without using interferon. More trials are in progress.

Source: www.medpagetoday.com/InfectiousDisease/Hepatitis/30739

ALS-2200 AND ALS-2158

Vertex and Alios BioPharma have begun two Phase I clinical trials with the nucleotide analogue NS5B polymerase inhibitors ALS-2200 and ALS-2158—oral drugs produced by Alios. Preclinical studies show that both drugs work by inhibiting the polymerase in all genotypes, including those usually found outside the US. Each drug is slightly different from the other but work even better when combined. One trial is studying safety and side effects of the drugs in healthy volunteers. The other is testing ascending doses in genotype 1 patients. Results are expected in the spring of 2012, and hopefully they will lead to Phase II trials of all oral, IFN-less regimens which may include Incivek or VX-222 and perhaps ribavirin, starting during the second part of 2012.

As of June 2011, Vertex has an exclusive licensing agreement with Alios granting Vertex worldwide rights to ALS-2200 and ALS-2158. The agreement includes a research program to discover more HCV polymerase inhibitors. Vertex will be able to select the compounds to be developed.

Source: www.natap.org/2011/HCV/121011_02.htm

DIABETES DEVICES

If not used correctly, diabetes devices used for testing or insulin injections can transmit

HCV and other blood-borne diseases. In fact, there have been 15 or more outbreaks in the last 10 years that have forced thousands of patients to get tested. For instance, several people at a health fair in New Mexico had blood tests to look for glucose, but a finger-stick device was re-used and not sterilized between patients. And a nurse in Wisconsin infected many just-diagnosed diabetics when she was teaching them how to test their blood and inject insulin. There are insulin pens made for multiple uses, and if used in a clinic or in a home with more than one diabetic, the pens should be labelled with the person's name, and the needle should be changed every time, even if it is for the same person.

Source: www.hepmag.com/articles/diabetes_devices_transmission_2501_21093.shtml September 7, 2011 and www.cdc.gov/injectionsafety/clinical-reminders/insulin-pens.html

RESEARCH ON CHIMPS LIMITED

Last month the head of the US National Institutes of Health announced that the government will not give funding for any research on chimpanzees, with only two exceptions: research for a Hep C vaccine and research for monoclonal antibodies. There is new technology that replaces chimps, but the committee is allowing projects to be completed. Animal rights groups are considering this a victory. There are only 2 countries that still do invasive research on chimps: The US and Gabon (in Africa)

The report states that “there must be no other animal or laboratory method to do the research.” In addition, the research using chimps must be unethical to perform on humans. They must be used only to slow, control, prevent or treat “life-threatening or debilitating conditions.” With Hep C, there are only 2 creatures that can be infected: humans and chimps. Often the research done on chimps happens because the FDA won't allow the vaccine or drug to progress to human trials without data from a “relevant species.”



Sources: www.care2.com/news/member/735946816/3051645

Photo: www.chimphaven.org/happy-valentines-day/

HEP C CLINIC AT PERCURO VICTORIA, BC



Did you know that PerCuro provides education regarding disease/treatment, close monitoring and nursing support to individuals in the Greater Victoria/South Vancouver Island area who have been considered for Hep C treatment. Attendance in clinic is completely voluntary and tailored to fit individual needs from telephone visits periodically to routinely scheduled clinic appointments. The nurses assist in procuring financial coverage for treatment, ensure lab/imaging tests are scheduled appropriately, provide instruction in self-administration of injectable medication, assist in the management of side effects and liaise with your physician regarding your status and any issues of concern. This type of professional support is imperative now that standard of care therapy often involves three medications. There is no cost involved.

Nursing support improves outcomes. Contact: 250-382-6270

Vegetable Curry from Delores

1. Pre-heat oven to 350 F (175 C)
2. Fry the following in 2 T olive oil:
 - 4 Parsnips in chunks
 - 1 squash (acorn, etc.) in chunks
 - Garlic (4 cloves) sliced
3. Steam or boil until cooked, then drain:
 - 4-5 C carrots in big chunks
 - 1 large onion in chunks
4. Add:
 - 2 litres chicken broth
 - 3 T peanut butter (crunchy)
 - ¼ C lime juice with zest
 - Coconut milk: ½ C diluted with ½ C water, or 1 C lite coconut milk.
 - 1 t. Curry paste (Asian section in a jar)
 - 3 T grated ginger
5. Blend everything but leave a bit out for texture, then mix.
6. Bake for 50 min or less until golden.





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



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?

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- 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/>

PHYSICIANS FOR PATIENTS



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

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

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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.

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

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

(FORUM: NEEDS—Continued from page 3)

VIRAL HEPATITIS STAKEHOLDERS' COMPETING NEEDS MUST BE CONSIDERED AND BALANCED FAIRLY.

Viral hepatitis stakeholders comprise both this public forum's presenters and its intended audience: liver specialist physician-researchers and nurse-educators, health care providers, patients, caregivers, pharmaceutical researchers and representatives, policy-makers, and taxpayers, who will all be in one room for one day, to hear and consider one another's perspectives. This is a critical time for BC's Ministry of Health and Pharmacare policy-makers responsible for addressing the province's viral hepatitis epidemic. As they lay out new treatment protocols, patient access criteria and Pharmacare coverage eligibility, policy-makers must somehow balance demands for fiscal responsibility, efficient allocation of resources, long-term public health and justice for individuals and their families. In the March 2nd forum, all of these issues and more will be discussed by both those updating policies and those who will most be affected by them. "Smarter viral hepatitis policies in British Columbia, with all stakeholders on board" may be too much to ask from a one-day forum, but surely it is a goal which all participants will embrace.

—Anonymous HCV+ person.

(GORDON McCLURE—Continued from page 1)

article in the January 2009 edition of the *hepc.bull*, concerning the Pacific Hepatitis C Network of BC's AGM in Victoria. Gordon was a member of that group, and of the Hepatitis C Society of the District of the North Okanagan.

"He struck me as a very kind and gentle man. He told me he worked out of The People Place (a community agency for people with illnesses and disabilities.) During that short conference, he inspired me and others to get support groups going in small communities as well as large. He taught us the power of persistence. Please convey my sincere condolences to those who missed out on this part of his life.

Suffice it to say he spread hope and happiness to many people who didn't have a whole lot of either," Cheryl told our editor.

Gordon's life was celebrated in a memorial service in Vernon on January 28.



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.comtecmec.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/

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, counselling, advocacy. 355 6th St. Courtenay. Contact Sarah

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

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

anital.rosewall@avi.org for details.

♦ **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shorncliffe Rd. Contact Tom, 250-949-0432 tom.fenton@avi.org.

♦ **Victoria** Access Health Centre, drop in, disability applications, peer training. Support group 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 dgrinstad@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 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 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing and counseling 250-315-0098. www.askwellness.ca

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

Kelowna Hepkop: 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 Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Support AVI Health Centre, #216-55 Victoria Rd. Contact Fran 250-740-6942. hepcpxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS, 101 Baker St. Library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506,

information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster "HepC" Support Group each Fri 10 AM. 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.

♦ **Courteney:** 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@ciutel.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 Society of BC. 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: Stewart stewartc@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 www.hars.ca hars@kingston.net

Kitchener Area Support 3rd Wed. monthly, 7:30 PM, 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 1st 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

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.

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!