

hepc . bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEP C IN THE NEWS

BOCEPREVIR (VICTRELIS™) NOW COVERED IN BC

PharmaCare coverage of the protease inhibitor boceprevir "cocktail" (which adds a protease inhibitor to current interferon + ribavirin therapy):

As of March 13, 2012, boceprevir (Merck's Victrelis™) treatment will be covered by PharmaCare in certain cases. General qualifications would be having genotype 1 and fibrosis level 2-4 (or current ALT of 1.5 times "upper limit of normal" over a specified period). This is good news especially for those who have not responded to previous standard Hep C treatment.

Null responders and those co-infected with HIV may get coverage, but only with permission. For more details, discuss this with your physician. Certain cases may be considered for coverage if the physician requests the treatment through the Special Authority Program:

www.health.gov.bc.ca/exforms/pharmacare/5390fil.pdf

We still need coverage for some of these other patients not yet acceptable to PharmaCare. More studies will probably be needed to prove that these patients can benefit from treatment. In the meantime, many patients who do qualify have a very good chance of being cured. It is time to celebrate!

On March 7, 2012, PharmaCare closed patient group submissions to their review process for an additional protease inhibitor, telaprevir (Vertex's Incivek™). HepCBC got its submission in before the deadline. We are assuming PharmaCare will be making an announcement about telaprevir coverage very soon, as the review is being fast-tracked.

EGYPT DEVELOPS CHEAP, FAST TEST

A team of researchers from the American University, Cairo, Egypt, has developed a fast, cheap test for all

(Continued bottom of page 4)



VICTORIA GROUP'S RECOMMENDATIONS ADDRESS HEPATITIS C EPIDEMIC

Bearing in mind recent reports that complications of chronic hepatitis C (HCV) are now killing more Americans than HIV/AIDS, more than 120 keenly-interested people crammed into Victoria's Begbie Hall on March 2nd to discuss Canada's HCV epidemic. The all-day forum, hosted by HepCBC (www.hepcbc.ca), featured liver specialists who discussed new treatments and the upcoming release of new guidelines for the management of chronic HCV. Nurses and doctors, HCV+ people and caregivers, those concerned with First Nations, aging, addiction, prisoner, HIV co-infection, and legal issues, students, and pharmaceutical company representatives listened intently to Drs. Mel Kraiden of BCCDC, Rob Myers of U of Calgary, Chris Fraser of Victoria's Cool Aid Clinic, John Farley of Federal Corrections, and Victoria infectious disease specialist Wayne Ghesquiere. No politicians or PharmaCare representatives came, though some sent letters of encouragement, and HepCBC announced that a welcome written dialogue with Asst. Deputy Minister for Pharmaceutical Services, Bob Nakagawa, has begun.

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ANSWERS FROM PHARMACARE

Dear Ms. Reitz:

Thank you for your email of February 16, 2012, regarding the upcoming HepCBC forum on the Canadian Association for the Study of the Liver (CASL) 2011 Canadian Consensus Guidelines for the Management of Chronic Viral Hepatitis.

As you are aware from our previous emails and phone conversation, PharmaCare staff will not be attending HepCBC March 2, 2012, forum. However, I appreciate receiving your input regarding the current standard-of-care guidelines for hepatitis C treatment and their applicability to PharmaCare coverage.

The PharmaCare review process is based on the receipt of a manufacturer's submission for a specific drug. You are no doubt aware that PharmaCare is currently reviewing both boceprevir (Victrelis™) and telaprevir (Incivek™) for treatment of hepatitis C as a priority review and we expect to complete these reviews in the near future.

The Ministry of Health (the Ministry) makes PharmaCare coverage decisions by considering existing PharmaCare policies, programs and resources, and the evidence-informed recommendations of an independent advisory body called the Drug Benefit Council (the Council). The Council's advice to the Ministry is based upon a review of many considerations, including: available clinical and pharmacoeconomic evidence, clinical practice and ethical considerations, input from patients, caregivers and patient groups provided through the Ministry's Your Voice web page, and the recommendations of the national Common Drug Review (CDR).

I would note there are also several opportunities in the enhanced drug review process for stakeholders such as HepCBC to provide input and engagement with the drug manufacturers.

Further, as part of the PharmaCare review

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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

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at 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 12th of each month. Rates are as follows:

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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.

NEW!! FAQ version 9.0



Peppermint Patti's **FAQ Version 9.0** is **NOW AVAILABLE**. Version 8 is available in FRENCH and SPANISH. The ENGLISH version includes treatment information and research from 2012. Place your orders now. It contains 169 pages of information for only \$15 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2012, the FAQ V9.0, 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: www.hepcbc.ca/orderform.htm

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 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 info@hepcbc.ca.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, The Ocean, JackFM, Community Living Victoria, Victoria Positive Living Centre, Provincial Employees Community Services Fund, United Way, the Victoria Foundation, Dr. C. D. Mazoff, Lorie FitzGerald, Chris Foster, Judith Fry, Allison Crowe, 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, 2 Guys & A Press, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, VanCity, Shoppers Drug Mart, Market on Yates, and Safeway.

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
HealthLink: 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

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

www.hepc-match.com/

www.hepcinglesonline.com/

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

TIP OF THE MONTH:

Ask your doctor if you need a whooping cough booster.

J. Lemmon

hcvresearch@rogers.com

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

High success rate / Low payment rate
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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 and www.hepcbc.ca.

[hepcbc](http://www.hepcbc.ca)

TWO STRANDS OF SURVEILLANCE

Last week the Public Health Agency of Canada released an important new report about hepatitis C surveillance in Canada. It is not on their website yet, and we are just now analyzing it. There are two strands of surveillance: "Incidence" and "Prevalence." Both strands are extremely important for understanding and confronting hepatitis C, and intersect with prevention of, and testing for, other diseases in various ways.

The "Incidence" strand gives the number of new cases reported in a particular time-frame and place. To get their information, researchers work with frontline doctors, nurses, and clinics to determine how many people have recently contracted the disease. The people who are now contracting the disease, and who should be tested would be those currently most involved with the risk-factors for hepatitis C such as current IV or intra-nasal drug users, those getting unsafe tattoos, healthcare workers getting a needle-stick injury, etc. Since the frontline people who are involved with 'incidence' reporting are also involved in referring those diagnosed on for treatment, generally they are also very concerned with preventing further cases of hepatitis C in these same populations, and will advocate for those at risk of contracting the disease to use "harm reduction" techniques and supplies. Harm-reduction to prevent hepatitis C can usually be achieved by following the same techniques used by those trying to prevent HIV and STDs, though there are a few differences as HCV is transmitted via blood-to-blood contact only, and because HCV lives much longer outside the body. (HCV generally is not spread through semen, unless blood is present. People are more likely to get HCV than HIV through tattoo ink, etc.)

The "Prevalence" strand gives the total number of people living with the disease within the population. These could be people who contracted the disease many decades ago or just yesterday. To get their information, researchers work with both incidence reports from current and past years, and subtract the number who have died from hepatitis C. There is often an element of estimation in these numbers as researchers try to determine what percentage of the population has the disease but does not know they have it (due to the fact hepatitis C often takes many decades to become symptomatic). There is

(Continued on page 4)

ROUND TWO! CHECK EXPIRY DATES

Well, I'm just getting started on round two of treatment for hepatitis C genotype 1, and am anticipating being cured! Yes, I'm on the latest treatment, the protease inhibitor boceprevir (Merck's Victrelis™) in combination with peg-interferon and ribavirin (Merck's Pegetron™).

Fortunately, I have very little liver damage in spite of having a high viral load even after being treated for 72 weeks in the past. I believe this is largely due to the fact that since my diagnosis in 2007, I have completely stopped drinking wine, which was not easy for me as I loved a glass of red wine with dinner—the only alcohol I drank—and that I try to maintain a healthy diet, weight and exercise routine. However, now that I'm in my second week of Pegetron™, I'm not feeling much like exercising and my appetite has dwindled only slightly.

I'm waiting to see how I feel after a 4-week "lead-in" using Pegetron™ alone, when I add boceprevir (Victrelis™) in the 5th week.

The first week was not bad, and it seemed better than Pegasys™ (Roche's peg-interferon/ribavirin system), although it likely has nothing to do with which product is prescribed. My doctor says that patients who are retreated tend to cope better with the side effects. I know I'm feeling more tired now that I'm into week two.

I've cut back on my work schedule as I like to take the peg-interferon injection on Wednesday night and then have 4 days to feel better and hopefully enjoy life a little, before going back to work on Monday. For me, I think this is going to help keep me involved in work and up-to-date, as we all know change is constant.

I know that I am extremely fortunate to have a drug benefit plan to pay for the drugs and banked sick days to help get through most of the 48 weeks of treatment.

I don't like to dwell on all the yucky side effects because that only makes me feel worse. Instead, I like to focus on the end and I'm counting down the weeks. I do use peppermint tea and candied ginger to help with the nausea. Today, some dry melba toast also helped to settle that feeling.

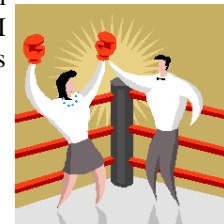
Now, I do want to share a little stress I've experienced with expiry dates. Week one, I was well on my way with the drugs and ordered the second week's supply. As the pharmacist was preparing the prescription, it was discovered the ribavirin was past the expiry date. The prescription was reordered and the

pharmacist contacted the manufacturer and the distributor. So, I thought I better check the first prescription and sure enough the ribavirin was past the expiry date by 4 months! The pharmacist has assured me that she thinks the capsules will still be effective. I was pretty upset and said I sure hope she's right! In the meantime, the pharmacist is trying to get some facts on how long the capsules will be effective after the expiry date and she notified my doctor of this problem.

So, a little piece of advice: Check the expiry dates on syringes and capsules. The syringes had different expiry dates from the capsules, even though they were packaged together in the same box.

This treatment regime is so new that the course information keeps getting updated. So I still don't know how long I'll be taking it. However, I do know I'm focusing on my goal of getting to the end of the 48 weeks and am very hopeful that I will be cured this time.

Roseen in Southern Ontario



QUESTIONS FOR PHARMACARE: FOLLOW UP

In our March 2011 issue, we published questions we sent to PharmaCare officials, since none of them were free to attend our Forum. They did, indeed, answer our request and got a response to us in time to present it at the Forum. We are grateful for their participation and their show of interest in our needs. These answers appear on the front page of this issue. And better still, they have approved PharmaCare coverage for boceprevir (Vitrelix) here in BC!

PEPPERMINT PATTI'S FAQs

Peppermint Patti's FAQs version 9.0, English, 169 pages (including up-to-the-minute treatment information) was released in February, 2012. You can now view or download the PDF at

<http://hepcbc.ca/faqsenglish.htm>

You can also purchase a hard copy through the HepCBC office.

(RECOMMENDATIONS—Continued from p. 1)

The doctors stressed these points: Over 250,000 Canadians are HCV+ and many still don't know it. HCV prevalence peaks among those born between 1945 and 1965. Incidence of new HCV infections has steadily dropped, while the death rate due to complications of HCV has steadily increased. HCV usually does its deadly damage to the liver and other organs 'silently' for many decades until suddenly cirrhosis, cancer, or need for transplant is found. The sooner people are diagnosed and treated, the better, not only for them, but for everyone, as treatment, though quite expensive, is far less expensive than these terrible complications. Cure rates of 40% could soon rise to 70% with an upcoming treatment 'cocktail'.

Doctors are starting to consider members of the Baby Boomer generation an HCV 'at risk' group. Besides IV or intra-nasal drug use (even once, even 45 years ago), unsafe medical, dental, and tattoo practices, needle-stick injuries to health workers, and contaminated blood or blood products have infected many. Sometimes children are infected at birth. Finally, inmate and IV drug user populations have exceptionally high rates of HCV; Drs. Farley and Fraser both quoted intriguing studies showing benefits of treating HCV in these groups.

PharmaCare is the 'gatekeeper' to HCV treatment access in BC. Unlike cancer or HIV/AIDS patients, HCV patients must prove significant damage to their body before PharmaCare will cover treatment cost. However, according to past and upcoming CASL guidelines, effectiveness of treatment decreases with increased damage. Therefore the earlier the treatment is given, the greater its chance of success. Also, the test currently used to prove damage (ALT) frequently reads 'normal' even when extreme damage has occurred. Moving to a more accurate test (such as biopsy, as Ontario has done) to prove damage would solve this, but would still not address the fact that early treatment, prior to damage, is far more effective (and less costly downstream).

The group expressed hope that PharmaCare will adopt upcoming CASL guidelines more strictly than previous ones. One HCV+ liver transplant recipient made a passionate plea for everyone to sign up as an organ donor through www.transplant.bc.ca. And to rule out HCV, HepCBC advises anyone over 40 to ask their doctor about a one-time-only, simple HCV blood test.



(ANSWERS -Continued from page 1)

process, Drug Review Resource Team (DRRT) reviewers include clinical specialists selected based on the review requirements of the particular drug submission, the expertise of the potential reviewers, and the conflict of interest information declared by the reviewers. The DRRT reviewers for boceprevir and telaprevir would be aware that 2011 CASL Consensus Guidelines will soon be available.

Regarding your question about new and in-development tests for hepatitis C, including genetic testing, this information is interesting. However, PharmaCare is a drug coverage program and laboratory testing is not part of its mandate.

Regarding your fourth question, about Special Authority criteria for coverage of interferon in combination with ribavirin for treatment of patients with hepatitis C, it is important to state that treatments must be determined by a physician in consultation with a patient. The Special Authority criteria allow that, for requests which do not meet established criteria, exceptional cases may be considered where the physician provides additional documentation of disease progression and/or other patient-specific considerations. These exceptional cases are reviewed by the specialists on the Hepatitis Drug Benefit Adjudication Advisory Committee.

Your question about whether a BC Centre for Excellence for Hepatitis is being considered is a worthwhile one, although at this time a Centre for Excellence is not under consideration. Given the high number of patients in the province with viral hepatitis, and the important work being done by the BC Hepatitis Program at Vancouver General Hospital, your recommendation is appreciated.

Thank you for writing, and I appreciate the opportunity to respond.

Sincerely,

Bob Nakagawa, B.Sc. (Pharm.), ACPR, FCSHP
Assistant Deputy Minister
Pharmaceutical Services

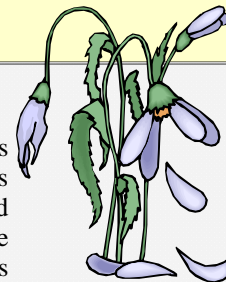
(STRANDS—Continued from page 3)

also a problem in determining if an individual has died of hepatitis C; it may not be on the death certificate, for example, of people who are co-infected with HIV, or who die of liver cancer.

The people who have HCV but don't know it need to be found and treated. And if treatment is unsuccessful, those with chronic HCV need proper care to prevent or postpone deadly complications. These researchers may look at particular "cohorts" to find these people; for example "prevalence" researchers may advocate testing of cohorts such as immigrants from certain countries who could have been exposed to unsafe vaccination practices. Some in the US are now advocating testing of those born between 1945 and 1965, as many of them unknowingly contracted the disease through forgotten blood transfusions or blood products, or got it through one-time IV or intranasal drug use at a long ago party, or an unsafe ear-piercing or tattoo at a friend's house. Like those who determine "Incidence," these researchers, too, are concerned with testing and treatment. But they also focus on determining the "Burden of the Disease" on individuals and the healthcare system, and how to care for those with HCV as a chronic disease.

In future issues, we will look at how the new PHAC Hepatitis C Surveillance report clarifies how we view both the Incidence and Prevalence of hepatitis C in Canada. For now, however, the most important things we need to know are the BAD NEWS that the death rate from the complications of hepatitis C (such as cirrhosis and liver cancer) and the need for liver transplants are both steadily rising. The GOOD NEWS, however, is that the Incidence of hepatitis C is steadily going down, and the Prevalence of hepatitis C is "plateauing" and will be decreasing steadily as the years go by.

More next month...



(HEP C in the NEWS—Continued from page 1)

Hep C genotypes. Instead of having to wait several days, the virus can be detected in under an hour, at just a fraction of the cost of tests used now. The test uses gold nanoparticles, the researchers report, and doesn't require expensive equipment. By detecting and treating the disease within the first 6 months, the SVR rises to 90%. Egypt has one of the highest HCV infection rates in the world, with 500,000 new infections yearly. 22% of the population is already infected.

Source: <http://news.yahoo.com/egyptians-design-faster-cheaper-hepatitis-c-test-153914966.html>

(Continued on page 5)

NEW YORK: CHECK HEP C

New York City has decided to hit Hep C hard. The campaign, called "Check Hep C", is targeting populations in Harlem, Queens, Brooklyn, the South Bronx, and parts of Staten Island, home to high-risk sufferers. High-risk populations do not include only IV drug users, but also those with HIV and those who have come from countries like Egypt, the former Soviet Union and Pakistan, where the infection rates are high. New York City is giving as much as \$1,300,000 to clinics providing free counseling and testing, as well as a navigator to coach patients through the system. The project includes awareness campaigns which they hope will reach those at risk. The fund-raising section of the Health Department is providing the funding.

Source: www.nypost.com/p/news/local/city_hitting_hepatitis_6ZIZByjKTjpW04Nae5LQuM

PSI 7977 SNAG

Unfortunately, in spite of wonderful preliminary results in clinical trials, all patients except one taking PSI-7977 (a nucleotide analog) relapsed after stopping treatment. The drug was administered with ribavirin but not pegylated interferon, raising hopes for those who cannot tolerate interferon. That combination of drugs worked well in genotype 2 and 3 patients after only 12 weeks of treatment. This time, the PSI-7977 + RBV was tested in 10 genotype 1 non responders and 25 genotype 1 treatment-naïve patients. The results for the treatment-naïve subjects is not yet available. But all information is good information, and the researchers are determined to overcome the obstacles. The solution may lie in adding another DDA (direct-acting antiviral), or longer treatment time. The relapsers will be offered a rescue treatment, including PSI-7977.

Source: March 07, 2012
<http://hepatitisnewdrugs.blogspot.ca/2012/03/interferon-free-hepatitis-c-tx-hits.html>

SANOFI-AVENTIS DISSOLVED

On February 29, 2012, Sanofi and Astellas Pharma Inc. announced that Sanofi-Aventis Yamanouchi Pharmaceutical Inc. would be dissolved. The company was formed in 1986. Its most important product is Milrila, a cardiovascular agent. The company applied for a patent for a Hep C vaccine back in 2003. There has been no news about the vaccine.

Astellas will now exclusively manufacture and distribute Milrila® in Japan and Sanofi and Astellas have agreed to dissolve the joint company.

Source: <http://www.therapeuticsdaily.com/news/>

PI's + HIV/HCV

A panel of experts have examined the off-label use of the HCV protease inhibitors (PI) boceprevir and telaprevir combined with pegIFN/RBV for genotype 1 HCV/HIV patients, and concluded that treatment be made for each patient, making sure the benefit of the treatment outweigh any possible side effect. The PI's should only be combined with drugs already tested for interactions, which could reduce the effectiveness. Ideally we would wait for FDA approval, but some people just can't wait, since co-infected patients often progress much faster, and these people should be monitored closely. The panel's recommendations can be found here: www.natap.org/2012/HCV/010412_01.htm

An important warning was issued by Merck about boceprevir and interactions with HIV drugs.

www.merck.com/newsroom/pdf/FINAL_DHCP_2_6_2012.pdf

Source: www.hcvadvocate.org/news/newsLetter/2012/advocate0312.html

WALK, RUN, ROLL!

Walk, Run, Roll your Wheelchair, Volunteer, Donate!

HepCBC has been selected as one of twenty societies to take part in the Times Colonist-Victoria Goodlife Marathon "Charity Pledge Program" for 2012. On Sunday, October 7th, the "HepCBC Liver Warriors" team will be walking in the ½ marathon (22.5 km) again this year, and it would be great to have a full marathon team as well. We are hoping to involve those with hepatitis C and their families, nurses and other healthcare providers, and others to publicize the benefits of exercise such as walking for those with liver disease, to get in shape and improve our own liver health, fight stigma against those with hepatitis C, raise money to continue HepCBC's vital programs, and HAVE FUN!

If you are interested in participating in any way (be on a team, volunteer on the race day, collect pledges or donate), please visit our website www.hepcbc.ca/GoodLifeMarathon/Forum_Goodlife_20120316.pdf, phone 250-595-3892, or email (Cheryl) at: marathon.hepcbc@gmail.com.



HEP C CLINIC AT PERCURO VICTORIA, BC



Did you know that the Hepatology Clinic at PerCuro provides comprehensive HCV education and long-term support to patients and their families undergoing HCV treatment in the Greater Victoria/Southern Vancouver Island region?

Specialized nurses assist with the procurement of financial coverage for treatment, ensure lab tests are scheduled appropriately, provide instruction in the self-administration of injectable medication, assist with the management of side effects, facilitate a monthly support group, and liaise with family doctors and specialists regarding your HCV status, treatment and any other issues of concern.

This type of professional support is imperative now that standard or care therapy often involves three medications.

PerCuro also offers access to cutting edge clinical trials for both naïve and treatment-experienced patients.

Every attempt is made to meet the individual needs of all patients. There is no cost involved.

Nursing Support improves outcomes. Contact 250-382-6270

SKINNY EGG SALAD

Mix: 4 hard-boiled eggs—one of the yolks, all 4 whites, chopped.

4 tsp low-fat mayo

1/2 tsp Dijon mustard

2 Tbs chopped green onions or scallions

Salt and pepper to taste



Spring Fling

Friday May 25th 2012

Doors open: 5:30PM Dinner: 6:30PM

Showtime: 8 PM



River Rock Show Theatre
8811 River Rd
Richmond, BC

Tickets are \$50.00
With Dinner \$125.00

DANCING

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We will be honouring
Dr. Eric Yoshida



Proceeds going to The Happy Liver Society



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 — fightagainsthepatitisc@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, wherever 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/>

PHYSICIANS FOR PATIENTS



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

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

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

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

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

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>

ADVERSE EVENTS

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

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

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

There is NO vaccine for hepatitis C!

Hepatitis C is spread by blood-to-blood contact. 251,000 Canadians are infected with hepatitis C, and because there are often no symptoms, 95,000 of them don't know it.*



Are you Infected? It's a Simple Blood Test.

For more info or support



Call HepCBC

595-3892

www.hepcbc.ca

*Stats from Public Health Agency of Canada Hepatitis C



www.facebook.com/?ref=home#!/pages/Hepatitis-C-Trust/107063971566?v=info

COLUMBIA GASTROENTEROLOGY

New Westminster, B.C.
604-525-0155

GLOBAL HEPATITIS C NETWORK IN CANADA



www.globalhepc.net



"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

CONFERENCES

The International Liver Congress 2012
The 47th Annual Meeting of EASL
18-22 April 2012
Barcelona, Spain
www.easl.eu/the-international-liver-congress/general-information

The Viral Hepatitis Congress
7-9 September 2012

Johann Wolfgang Goethe-Universität
Frankfurt, Germany
www.theconferencewebsite.com/conference-info/Viral-Hepatitis-Congress-2012

8th Australasian Viral Hepatitis Conference
10-12 September 2012
SkyCity Convention Centre
Auckland, New Zealand
www.hepatitis.org.au/

EASL Special Conference
Clinical Drug Development for Hepatitis C
14-16 September 2012
Prague, Czech Republic
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
www.comtecmcd.com/chep/2012/

AASLD - The Liver Meeting 2012
9-11 November 2012
Boston, Massachusetts
www.aasld.org/lm2012/program/Pages/default.aspx

HEP C TELECONFERENCES

Tuesdays 7- 9 PM CST. Speakers. Q&A session. Chat. Free and confidential.
More info: <http://www.hepcmo.org>

INCIVEK

CARE PROGRAM: 1-877-574-4298

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 Elliott
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca/html/hepatitisc.html

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

Canadian Blood Services Lookback/Traceback & Info
Line: 1-888-462-4056

Lookback Programs, Canada: 1-800-668-2866

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario
1-800-701-7803 ext 4480 (Irene)
Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline
1-888-530-1111 or 1-905-953-7388
Mon-Fri 7 AM-10 PM EST
345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6
Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764 HepatitisC@kpmg.ca
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-888-840-5764
www.phac-aspc.gc.ca/hepc/comp-indem_e.html

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca

Settlement Agreement:
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 Shoncliffe 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. hepcxpeersupport@hotmail.com

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

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

New Westminster "HepC" Support Group each Fri 10 AM. Nurse. Acupuncture. Refreshments. Contact: Michelle 604-526-2522., mail@purposesociety.org

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

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

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

Powell River Hepatology Service Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Melinda Melinda.herceg@vch.ca 604-485-3310

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

ilse.kuepper@northernhealth.ca

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

hepcprincerupert@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 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 Community Health Centre. Meetings each Wed 10 AM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz rmilne@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@publichealthgreystone.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, www.publichealthgreystone.on.ca/

Peel Region (Brampton, Mississauga, Caledon) 905-799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905-682-6194

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.ca www.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!