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Canada's Hepatitis C News Bulletin
www.hepcbc.ca

GILEAD CANADA'S "MOMENTUM" PROGRAM FOR ACCESS TO SOFOSBUVIR (SOVALDI™)

Health Canada approved the long-awaited HCV drug, sofosbuvir (SOVALDI™) for sale anywhere in Canada on December 16, 2014. Patients cannot, however, rush out to purchase it because:

- SOVALDI™ requires a prescription which doctors normally do not give out until the patient has undergone a rigorous assessment process;
- SOVALDI™ must be taken in conjunction with one or two other drugs made by other companies: injected interferon (IFN) for genotypes 1 and 4, plus oral ribavirin (RBV) for genotypes 1, 2, 3, & 4;
- While some private insurance programs may cover it, no provincial Pharmacare program yet covers the cost of SOVALDI™ (estimated possibly as high as \$100,000 or more for the entire SOVALDI™/IFN/RBV triple therapy).

Gilead Sciences Canada, as part of its commitment to ensuring that those with chronic hepatitis C (CHC) can access SOVALDI™, launched the Momentum Support Program™ on January 6, 2014. Gilead says this program provides an integrated offering of support services for patients and healthcare providers throughout a patient's entire treatment journey, including:

- Access to dedicated case managers/reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.

(Continued on page 3)

SUPPORT GROWS FOR HCV MANIFESTO

HepCBC reports that two national health organizations have signed the HCV Manifesto.

The HCV Manifesto (see it on pages 4-5) is a new document about the rights of hepatitis C-positive people. Individuals and organizations can sign it to show their support. HepCBC put this document together using language from similar documents put out by HIV-positive people over the years. We will collect and keep track of these signatures. In early January, 2014, the Canadian Treatment Action Council (CTAC) and the Canadian AIDS Treatment and Information Exchange (CATIE) joined four other institutional signers of the HCV MANIFESTO! The others are ANKORS (AIDS Network Kootenay Outreach and Support Society), VIPWAS (Vancouver Island Persons with AIDS Society), and the BLOOM CLINIC of the Bramalea Community Health Centre in the Region of Peel, ON, and of course HepCBC Hepatitis C Education and Prevention Society. Many individuals have signed it as well. Thanks!

We hope many other organizations (health organizations, corporations, churches, service clubs, industry groups, unions, etc.) and individuals in BC, Canada, and perhaps beyond, will read and sign their support of this

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KEITH STANLEY JEWELL 1957-2013

My father, Keith Stanley Jewell, son of Percy and Marie Jewell, was one of a kind. He was a very hard-working, kind-hearted, and all around fun-loving guy who was discreetly battling Hep C behind scenes. He was born a Christmas baby December 25, 1957, and raised in the town of Guelph, ON. He came out to British Columbia in search of new opportunities, fell in love with this beautiful city, and eventually made it his permanent home. My father really enjoyed being outdoors, and being in the company of his friends and his family. He would never give up a backyard BBQ, corn roast, fishing trip, or road trip for anything. He was a very proud man, and chose to live his life the way he wished right up until the last of his days. I wish that he would have been more open about the disease, so the rest of our family could have encouraged him to start treatments or slow down his busy "on the go" lifestyle long before. Perhaps it could have given him a little more time here, but he chose to deal with his situation the way he wanted, and that was on his own. Things were getting noticeably worse over the last year, and it progressed very fast. He had to stop working doing what he loved, his career of 35 years as a welder, as his body was becoming too weak to manage the duties of that job. I can only imagine how hard that must have been for him internally. He worked right up until 7 months before his passing.

He was my best friend and my

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"I want to volunteer. Please contact me."

"I want to join a support group. Please call."

(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

Download the *hepc.bull* free at <http://hepcbc.ca/hepc-bull-monthly-newsletter/>

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:

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.

HEP C CLINIC AT PERCURO



NEIGHBOURS HELPING NEIGHBOURS

The clients and staff at PerCuro Victoria collected food over the Christmas season to help provide additional nutrition to clients at CoolAid on Hep C treatment.

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 the patient's HCV status, treatment and any other issues of concern.

This type of professional support is imperative now that standard of 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**

MIX AND MATCH: NO MORE ONE SIZE FITS ALL

Mix and Match:

Possible Drug Combinations Involving Multiple Drug Companies

The Canadian Drug Review approvals do not generally cover drug combinations involving multiple drug companies. Exceptions are the fully-tested combinations such as the standard of care (SOC) combinations for genotype 1: interferon (IFN) + ribavirin (RBV) + telaprevir, IFN+RBV+boceprevir, or IFN+RBV+simeprevir. Another exception (approved by Health Canada, but not yet covered as SOC by any Canadian provincial Pharmacares) is the use of sofosbuvir with IFN+RBV for genotypes 1 and 4, and with RBV alone for genotypes 2 or 3. However, as more HCV drugs are approved by Health Canada in the coming months, it is expected that some doctors will soon be prescribing non-conventional, mostly IFN-free combinations from different drug companies on an off-label basis, especially for difficult-to-treat cases. This is in response to positive results from clinical trials which incorporate HCV anti-virals from more than one pharmaceutical company. With promising HCV antivirals in the pipelines of AbbVie, Achillion, Boehringer-Ingelheim, Bristol-Myers Squibb, Gilead, Idenix, Janssen, Merck, Novartis, Presidio, Roche, and Vertex, the possible future combinations or 'cocktail recipes' appear numerous! Two possible combinations which are often cited would incorporate Gilead's sofosbuvir with either Janssen's simeprevir or Bristol-Myers Squibb's daclatasvir.

Researchers are striving to find the best IFN-free (and in some cases, RBV-free) combinations for the various HCV genotypes. Other factors now being considered within each genotype are the presence (and degree) of cirrhosis, co-infection with HIV, use in those who are pre- or post-transplant, whether patient is a previous non-responder to another treatment regimen, or patient genetic factors such as the individual's IL28b polymorphism. These trials involve creating a 'cocktail' of two or more drugs, each of which targets 'vulnerabilities' (weak points) in the hepatitis C virus using different techniques such as preventing replication of the virus, or preventing the virus from making proteins.

While it is financially more attractive for one company to produce all the elements of a 'cocktail' which they can incorporate into one 'super pill', this sometimes involves needless and costly re-invention of the wheel! Time and resources are wasted when two companies expend substantial resources developing

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UPDATE: DALE

(KEITH JEWELL—Cont'd from p. 1)

sensei. I am so much a daddy's girl, and will always be his little girl. He passed away on December 18, 2013 at the age of 55 in his home, where he planted his roots, and where he wanted to go. I am very grateful for that. Funeral arrangements will be announced to friends and family in the early spring.

Thank you for providing my dad with a great evening read on topics and information that he could relate to.

Sincerely,
Emily Jewell

(MIX & MATCH—Continued from page 2)

proprietary medications which target essentially the same vulnerability in the virus. We at HepCBC welcome the trials which involve products from multiple companies, and look forward to reporting more on this promising direction in the coming months. For more details, see Oct. 30, 2013 NATURE Magazine:

<http://www.nature.com/news/united-states-to-approve-potent-oral-drugs-for-hepatitis-c-1.14059>

(MANIFESTO INTRO—Continued from page 1)

document. Thanks so much for your support!

- See the HCV Manifesto CENTREFOLD on pages 4-5 of this Newsletter!
- To sign it, follow directions on our website at <http://www.hepcbc.ca/hcv-manifesto/>
- Alternately, to show your support, you can sign the form on page 5 and either:

- (1) Scan/email to manifesto@hepcbc.ca OR
- (2) You could mail original copy to HepCBC Hepatitis C Education & Prevention Society, PO Box 46009, 2642 Quadra Street, Victoria, BC V8T 5G7 Canada.

And of course, feel free to PASS IT ON by photocopying it, or sending our link via email or Social Media.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Allison Crowe, Billie Wood and Adrian, Community Living Victoria, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C. D. Mazoff, Lorie FitzGerald, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, S.J. and L.P.

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, Bristol-Myers Squibb, Boehringer-Ingelheim, AbbVie, VanCity, Shoppers Drug Mart, Market on Yates, Country Grocer, Safeway and Thrifty Foods.

Prospective liver transplant patient Dale and his caregiver, Larry Loranger from ASK Wellness Society, flew from Kamloops to Vancouver on January 20, 2014 for Dale's appointment at the Pre-Assessment Solid Organ Transplant Clinic. Until the day before the appointment, they didn't know if they would be able to fly (alternative was to rent a van), since Dale had been in the hospital for several days due to ascites and diabetes-related high blood sugar. Larry monitored Dale's health situation daily and eventually they flew out with Hope Air (www.hopeair.org), a non-profit national agency dedicated to arranging "free flights for Canadians who are in financial need and must travel to healthcare."

As is often the problem for patients and caregivers from outside Vancouver, they found it difficult to locate low-cost accommodation and rapid, economical ground transportation (between airport, hotel, and clinic) once their plane arrived in Vancouver. The men are also concerned that, if and when Dale does end up in Vancouver on a long-term basis for transplant, he will have problems finding nearby peer-support services and a regular social support team to help him manage his daily life. They know that without friends or family living in the Vancouver area, it is rare for patients from rural BC to "navigate" the transplant process successfully.

As Larry put it, "Dale's condition is complex due to diabetes because the fatigue and encephalopathy (with which he is afflicted on almost a daily basis) make it difficult for him to check his glucose regularly. I asked the doctors we met if, since his MELD score is 11, he could go on DAA's (new hepatitis C treatment) while he is waiting for the transplant, preferably by participating in a trial. Apparently platelet count needs to be over 86 -- and Dale's count is only 56. His case will be discussed Thursday (January 23) at rounds."

Larry continued, "Overall, the (liver transplant Pre-Assessment) visit was very disappointing. Dale and I are left with the task of returning home to manage his many symptoms with HCV and diabetes. I'll broach the topic of treatment when I meet with (Dale's doctor) in Vancouver again in March. There isn't much more to say." We at HepCBC are hoping Dale will manage to get his platelet count up above 86 so he has at least a chance of participating in one of the clinical trials involving an experimental new interferon-free DAA treatment. All our collective fingers and toes are crossed for you, Dale, and best wishes to Larry as well!

(SOVALDI-MOMENTUM—Cont'd from page 1)

• Compliance and adherence programs
Gilead recommends that a person who wants to learn more about SOVALDI™ or the Momentum Program in Canada should speak to his/her doctor or nurse about treatment, or call the Gilead Sciences Canada medical information line at 1-866-207-4267. However, when we phoned that line (during week 2 of January), we had to wait a long time for service, and when someone came online, they were only able to answer very basic questions. We were told that due to high interest in this program, Gilead will be upgrading the info line in the coming weeks. Hopefully both their website and their phone info line will have more information about Momentum in the near future. For example we would like to know details such as these:

- What are Momentum's key prerequisites?
- For patients whose condition is worsening rapidly (those with liver cancer, advanced cirrhosis, or on the transplant list), can Momentum compassionate care be quickly arranged while the patient still has a chance of benefitting from SOVALDI™?
- When IFN and/or RBV and/or other "off-label" drugs are prescribed as part of a treatment cocktail, does Momentum interface with other companies' compassionate care programs and if so, how?
- If patients do not have a private insurance provider, is there any way Momentum can cooperate with provincial Pharmacare programs which do not yet officially cover SOVALDI™?
- What sort of timeframe and milestones should patients expect between their initial application to Momentum and starting treatment?
- Where can we download copies of the sample Momentum application forms patients and physicians must complete?

The Momentum program has great potential for being a source of hope and health for many in Canada now suffering from hepatitis C who have not yet been cured with the current Standard of Care. We applaud Gilead for acknowledging some of the financial difficulties Canadian patients will confront when trying to access SOVALDI™, and for starting a program designed to facilitate access. We hope you, our readers, will share your experiences with Momentum in the *hepc.bull*. Stay tuned for updates!



HCV MANIFESTO

As an individual or organization, I/we support the struggles of hepatitis C (HCV) positive men and women by signing the "Hepatitis C (HCV) Manifesto" below:

HCV MANIFESTO

As people with HCV, we claim the right to live lives free of discrimination, to access appropriate health care and to be consulted on policies and programs which affect us. We condemn attempts to label us as "victims," a term which implies defeat, and we are only occasionally "patients," a term which implies passivity, helplessness and dependence upon the care of others. **We are "People with HCV."** *Some of us also have co-infections such as HIV/AIDS or hepatitis B (HBV). It is up to co-infected people to identify with and seek help from organizations that best meet our needs at a given time.*

We ask that individuals and groups...

- **Support people with HCV in our struggle against discrimination** based on our HCV+ status, including such actions as excluding us from our choice of job or residence, denying us insurance, denying us the same standard of medical care given those with other diseases, or segregating us from others.
- **Avoid scapegoating people with HCV**, blaming us for the epidemic or generalizing about our past or current lifestyles. Avoid asking people with HCV how we contracted the disease; it is irrelevant.
- **Support broader testing** of baby boomers, and other groups that are most affected by HCV based on epi-data, to locate people who have HCV but do not know it so that they may be offered life-saving treatment and support.
- **Support a research agenda** committed to delivering cures for HCV and hepatocellular cancer, and for reversing cirrhosis. In order to expedite improvements to their treatments, integrate into the very beginning of clinical trials investigations involving people with cirrhosis, those with co-infections such as HIV/HCV or HBV/HCV, or those who have previously failed treatment.
- **Support greater and meaningful involvement of people with HCV** at all levels of civil society, community organizations, and government (volunteers, staff, spokespeople, and decision-makers).
- **Support HCV prevention messaging** which ensures *educational materials do not reinforce stigma*.
- **Support stable and proportionate funding** for HCV organizations and groups which reflects the burden of the disease. When appropriate, include people who are mono-infected with HCV (95% of all people with HCV) in funded programs for HIV+/HCV+ co-infected people.
- **Support universal access to harm reduction** supplies so that all people can have the option of choosing low risk behaviours.
- **Support the principle that people with HCV be actively and closely involved** in the design and delivery of services we need: *"Nothing about us without us!"*

We as people with HCV commit to...

- **Forming groups** to choose our own representatives, deal with the media, select our agenda and plan our own strategies.
- **Being involved at every level of decision-making** and specifically **servicing on the boards of directors** of HCV service-provider organizations.
- **Participating in all HCV forums** with equal credibility as other participants, to share our lived experiences and knowledge.
- **Substituting low-risk behaviours** for those behaviours involving blood-to-blood contact which could endanger others.

People with HCV claim these rights...

- **To free, universal access to the best treatment** available, regardless of where we live or how we contracted the disease, linguistic or cultural barriers, sexual orientation or gender identity, incarceration, level of education, or other non-relevant criteria such as socioeconomic or immigration status.
- **To be treated within our home communities** whenever possible; this includes addressing regional inequities by training and supporting rural and remote HCV treatment teams through technological innovations such as tele-medicine or mobile health.
- **To initiate treatment without requiring clinical proof of substantial liver damage**, since available evidence shows that treatment is more effective before such damage occurs.
- **To free, universal access to secondary treatments** which mitigate serious or debilitating conditions associated with either chronic HCV or treatment side-effects.
- **To regular monitoring of internal organ functioning**, especially for those with cirrhosis or extra-hepatic HCV complications.
- **To non-invasive alternatives to biopsy** whenever possible.
- **To access liver transplantation** when medically required; this includes addressing regional inequities by providing supportive care and accommodation for patients coming from outside a transplant centre.
- **To full explanations** of all medical procedures and risks.
- **To privacy, to confidentiality** of testing and medical records, and to **human respect**.

(Continued on page 5)

I/We support the “HCV Manifesto”:

Date _____

Signature _____

Printed Name of Individual or Name of Organization & Position _____

Email or phone _____

(Optional and won't be shared)

Do you agree to release your name publicly as a supporter of the HCV Manifesto? YES _____ NO _____

Thank you very much.

Please forward original or scanned (digital) copy via email or mail to:

HepCBC Hepatitis C Education and Prevention Society
PO Box 46009, 2642 Quadra Street
Victoria, BC, V8T5G7 Canada

EMAIL: manifesto@hepcbc.ca

PHONE: +1 (250) 595-3892

WEB: www.hepcbc.ca/hcv-manifesto/

TWITTER: #HCVManifesto

FACEBOOK: HCVManifesto

DISCLAIMER: Signing this Manifesto in no way signifies support of the organization HepCBC Hepatitis C Education and Prevention Society (HepCBC). This society (HepCBC) is serving as a point for collection and sharing of this Manifesto, but does not claim ownership of it.

ACKNOWLEDGEMENTS: While this HCV Manifesto is a “work in progress,” the authors wish to acknowledge the previous ground-breaking work of the HIV/AIDS community from which many of the above wordings have been adapted, such as the Denver, GIPA, MIPA, and “Nothing About Us Without Us” principles. Some items also have been adapted from the Canadian Treatment Action Council’s “Treatment Access Bill of Rights” document © 2013 by CTAC.

MARATHON

HepCBC Liver Warriors Marathon Team 2014 Seeking Walkers, Runners, Volunteers, Donors!

This will be the FOURTH YEAR for the HepCBC LIVER WARRIORS Team! On October 12, 2014 the annual Goodlife Fitness Victoria Marathon will be held in Victoria, BC. Events will include: Full Marathon (walk or run 42.2k), Half Marathon (walk or run 21.1k), 8k "Road Race" and a Kid's Run. We hope to raise awareness about hepatitis C, fight stigma, raise money for HepCBC, publicize the benefits of exercise for liver health, improve our personal fitness, and have fun! If you can't walk or run, consider volunteering, collecting donor pledges, or fundraising. We can use lots of help! And if you can't come to Victoria, consider starting a team in your local community.

2014 Registration starts sometime in March at <http://www.runvictoriamarathon.com>. The registration fee increases every few weeks, so it's best to be an Early Bird. Be sure to select the "HepCBC Liver Warriors" team from the dropdown list.

Email us at marathon.hepcbc@gmail.com to let us know you have registered! If you don't see our team on the dropdown list, email to let us know, please.

Be gentle on yourself: start regular training early in the spring, and you'll be in great shape by October. It's fun to be on a team for training as well as race day; let us know if you'd like to do practice walks or runs with others.

For more information, see <http://www.hepcbc.ca/marathons-walks/>

Watch our You Tube Video at <https://www.youtube.com/watch?v=-FKC39ChTes>

To donate (at any time of the year), go to www.canadahelps.org/dn/8163

THANKS!





GUIDED AUTOBIOGRAPHY PROJECT

Please consider using the BC Coalition of People with Disabilities' new Guided Autobiography (GAB) Project for people living with HIV and/or HCV. You may have seen a post about it this week on the Pacific AIDS Network Blog (<http://tinyurl.com/myu6l7t>).

Guided Autobiography is a method of "life review" or "reminiscence" developed by James Birren in the 1980s. Since then research has shown GAB to provide a positive and empowering experience for participants.

Our project at BCCPD has been designed to enhance resilience and self-esteem for those dealing with stigma relating to HIV/HCV. We're calling it SOAR (Stories of Adversity and Resilience).

Groups and interviews are free and there are three ways for people to participate:

1. **GAB Group teleconference:** a small group (maximum six people) meets weekly by teleconference
2. **GAB Group face-to-face:** a small group (maximum six people) meets weekly. By special arrangement with agencies/service providers in the Vancouver area. [If you are a service provider interested in a face-to-face GAB Group, please contact me.]
3. **GAB Interview:** an individual interview (by telephone across BC or face-to-face in Vancouver) for those who prefer not to participate in a group or write their stories. The interview will be between one and two hours long.

Details can be found on our blog at <http://tinyurl.com/BCCPDLifeStories>.

Groups and interviews will begin as soon as possible and depending on the level of interest, multiple groups may be organized to accommodate schedules.



BODY MAPPING



- *free workshop, no art experience necessary
- *for people who are HIV or hepatitis C +
- *all genders welcome
- *experienced, supportive facilitators
- *art supplies and food provided
- *help with transportation and childcare costs is available
- *confidential, comfortable workshop location in Victoria
- *limited spots, short intake required
- *weekend of February 21st – 23rd 2014

AIDS Vancouver Island and artist Peggy Frank are excited to offer this opportunity for HIV and hepatitis C positive folks to make their own Body Map.

Body Mapping is an artistic way of exploring our histories, life stories, achievements, and wounds. You can share as much or as little as you feel comfortable. It was developed in Africa originally for people with HIV/AIDS as a way for them to express and share their experiences.

The workshop will run Friday (4-8pm), Saturday (10am-4pm), and Sunday (1-4pm) and does require a commitment to attend all sessions. For more information and to register, please call 250-384-2366 and speak with Heidi or Hermione.

For photos of a 2011 hepatitis C women's body mapping workshop in Victoria, BC, see:

www.youtube.com/watch?v=oSb-jAixgIs

SVR HONOUR ROLL

We often hear only the stories of those who are suffering with Hep C. Our responders go back to "real life" and want to forget about their struggles with Hep C. Have you responded to treatment and remained undetectable for a minimum of 12 weeks* after finishing treatment (i.e., SVR or Sustained Viral Responder)? Let us help you celebrate. You can give others hope. Please take a minute to send us your name, genotype, date of SVR, and type of treatment to post here, and we'll add your name (or initials). Congratulations to our friends:

1. **GJ** - Dec 1998 - IFN/RBV 52 wks - Dr Anderson/Natalie Rock, Vancouver, BC.
2. **Amberose** - 2000 GT 2A/2C Schering IFN/RBV 24 wks
3. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
4. **Kirk Leavesley** (GT1) - 2004 - Roche
5. **Darlene Morrow** (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
6. **Beverly Atlas** (GT1a) - 2006 - Albuferon/RBV 44 wks
7. **Steve Farmer** - 2008 (Transplant Vancouver 2005) IFN/RBV 72 weeks.
8. **Gloria Adams** (GT1b relapser) - Fall 2009 IFN/RBV/Telaprevir 48 wks - Drs Erb & Yoshida, Vancouver, BC.
9. **Don Crocock** (GT1) Stage II - Dec. 2010 IFN/RBV - 48 weeks
10. **Daryl Luster** (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
11. **Donna Krause** (GT1 partial responder) SVR - Nov 2011- Pegasys/Copegus, Danoprevir/Ritonavir/RO5024048 24 wks - Dr. Erb, Vancouver.
12. **Cheryl Reitz** (GT1b partial responder) SVR12 - Mar 2013 - Asunaprevir/Daclatasvir 24 wks - Dr. Ghesquierre, Victoria, BC.
13. **Anita Thompson** (GT1a treated 3 times) Cirrhosis - April 2013 - Pegasys/Boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
14. **Leon Anderson** (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
15. **Joan King** (GT1b treated 5 times) SVR24 June 2013 - Asunaprevir/Daclatasvir 24 wks Dr. Ramji, Vancouver, BC
16. **Sandy J.** (GT 1a treatment naïve) SVR12 Oct 31, 2013 - IFN/RBV/Victrellis 28 wks. Fran Faulkner, RN, Vancouver Island.
17. **Andrew P.** (GT 1a. Treatment veteran - multiple previous attempts including Incevik over 10+ years.) SVR24 Jan 2014. GS-7977/GS-5885 (Sofosbuvir/Ledipasvir) + RBV 24 wks **NEW!**

We know there are many more of you. Please send your name and information to Joan at info@hepcbc.ca and help raise the hope of those still infected.

CONFERENCES

7-11 Feb 2014

Canadian Digestive Diseases Week
3rd Canadian Symposium on Hep C Virus;
Cdn Assn of Hepatology Nurses (CAHN);
Cdn Assn. of Study of the Liver (CASL);
Cdn Assn. of Gastroenterologists (CAG)
Toronto, ON, Canada
www.ncrtp-hepc.ca/
www.livernurses.org/cahn-2014
www.cag-acg.org/cddw

12-15 March 2014

Asian Pacific Association for The Study of the Liver
Brisbane, Australia
<http://apasl2014.com/>

9-13 April 2014

EASL - The International Liver Congress 2014
International Convention Centre ExCeL
London, United Kingdom
www.easl.e

1-3 May 2014

The 3rd World Congress on Controversies in Clinical
Management of Hepatitis
Berlin, Germany
<http://www.comtecmed.com/chep/2014/>

3-6 May 2014

DDW 2014
McCormick Place Chicago, IL
www.ddw.org

MOMENTUM SUPPORT

To learn more about SOVALDI™ or the Momentum Program in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1-866-207-4267. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.
- Compliance and adherence programs

NEUPOGEN

Amgen has a program for patients who have been prescribed Neupogen. Dependent on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge **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.

MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, VICTRELIS™ or VICTRELIS TRIPLE™. The program provides:

- assistance with reimbursement and/or insurance claims.
- financial assistance for co-pay/deductible for people who qualify.
- 24/7 nursing support by phone.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge.

To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

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.

INCIVEK CARE

Vertex's Incivek Care Patient Assistance Program supports patients with the reimbursement process for Incivek (telaprevir) treatment (Incivek, pegIFN, ribavirin). It will give you an efficient assessment of your options and eligibility. You may qualify to receive co-payment and other financial assistance to supplement your private and provincial drug program coverage. The program also provides dispensing and home delivery options, and expert treatment advice. Call the Support Line at 1-877-574-4298. (Select option 2 for English, then 2 for Incivek Care.)

COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer and Company
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688
www.lawyers-bc.com/classactions/clalawy.htm



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
<http://lblavocats.ca/en/class-actions/hepatitis-c/active/red-cross.php>

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
<http://www.kblaw.com/>

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

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com

Pre-86/Post-90

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

Settlement Agreement:
www.pre86post90settlement.ca/PDFs/SA/

