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Canada's Hepatitis C News Bulletin

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C'S JOURNAL

[Editor: This is the story of "C", narrated in a series of sporadic emails that we have knit into a sort of diary.]

Mar 25, 2013: I am Hep C positive, genotype 1a, and I'm trying to get my enzymes 1.5 times higher than normal right now to meet the criteria for funding my treatment. I've had it for 17 years now. I feel like I'm alone in this.

Apr 5, 2013: I had my Fibroscan done at the Hep C Clinic around the first week of December last year and my score was 0-1 fibrosis. I was really floored because I thought I'd be a grade 2 or 3 fibrosis. I had some years of drinking alcohol a few years back, but I'm in recovery and have been clean and sober for 1 1/2 years now. I'm so glad I had the Fibroscan, as the biopsy was painful for me.

I heard about a clinical trial and I am very excited. I have to meet with my local gastroenterologist at the hepatitis clinic, first to discuss it with him and for him to refer me there. I see him in April. That is the best news I have heard regarding getting cured of this. I am very symptomatic and I have been since I caught Hep C. I know doctors say that my symptoms are non-specific or unrelated to Hep C, but I have been researching for years, and there are more studies that say something else! I'm not going crazy!

May 8, 2013: I looked into the clinical trial studies, and all of my info has been sent in to the Hep C Clinic by my local gastro. I just got a call from the Clinic to go into a triple therapy study with telaprevir and either pegIFN alpha 2a or pegIFN lambda on one of the other arms. My gut says to say no to this one. I don't feel right about the telaprevir after all the info I have read about it. I asked about the AbbVie trial, but that one had ended, and the nurse told me it was for people who are IFN-intolerant. I looked at www.clinicaltrials.gov last night. There is another AbbVie Phase III trial recruiting right now, and it says nothing about intolerance to IFN. I want to make an informed decision. I believe there is no huge urgency for me right

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HCV TREATMENT DELIVERY

Strictly by Specialists...OR...Also by Primary Care Practitioners?

On February 7, 2014 in Toronto at the 3rd Canadian Symposium on HCV, sponsored by the National CIHR (Canadian Institutes of Health Research) Research Training Program in HCV, the last presentation of the day was a lively debate between Curtis Cooper, MD, a clinician investigator from Ottawa, and Julie Bruneau, MD, a primary care physician (PCP) from Montreal. Cooper advocated that HCV treatment should be delivered strictly by specialists, while Bruneau advocated that PCPs in the community setting should also be treating HCV. You can watch Dr. Cooper's 15-minute presentation at: www.youtube.com/watch?v=6s324B8vmEk. Dr. Bruneau's 12-minute presentation at www.youtube.com/watch?v=7Pb6cFy_OrI, and the post-debate panel discussion, moderated by Jordan Feld, MD, at www.youtube.com/watch?v=O9bk_OapqPg. Their main arguments are summarized below:

I. HCV Treatment Strictly by Specialists?

As a possible precedent for HCV treatment by PCPs, Cooper used the history of HIV treatment in the community in which PCPs were tasked with treating this serious and complicated viral disease. In general, PCPs lacked time, expertise, and training.

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TREAT NOW vs. TREAT LATER

Top HCV Treatment Specialists Debate



Moderator: Alnoor Ramji, MD of UBC, Vancouver

This educational yet entertaining debate, held February 10, 2014 in Toronto over lunch at the Canadian Association for the Study for the Liver conference, was moderated by Alnoor Ramji and sponsored by Janssen Pharmaceuticals. Stephen D. Shafran argued for "Treat Now!" while Hemant A. Shah argued for "Treat Later!" The debate was organized by Peer Voice, a 'neutral' organizer of such events, and can be viewed online at <http://media.peervoice.com/000136/peervoice/live-HCV/player.html> (48 minutes). Each debater's main points, summarized below.



Panelist: Stephen D. Shafran, MD of U of A, Edmonton

I. Why Treat Now?

[NOTE: These doctors assumed that treatments available "now" are generally either dual therapy (pegIFN + RBV) or triple therapy (pegIFN + RBV + DAA). Approved DAAs (Direct-Acting Antivirals) are boceprevir, telaprevir, simeprevir, or sofosbuvir.

Also note that simeprevir and sofosbuvir are pending approval for coverage by provincial and other medical plans.]

(A) The clock is ticking, livers are being irreversibly damaged, and people are dying. Those who are being "warehoused", awaiting improved treatment, will have more damaged livers when the awaited treatment becomes accessible. Meanwhile, it may take a long time for interferon-free and ribavirin-free regimens to get approved and covered by provincial and other medical plans. But the earlier HCV is cured, the more lives are saved. Sus-

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(NOW or LATER *Cont'd from page 1*)

tained Viral Response (SVR) stops—and can even reverse—liver damage.

(B) There are huge numbers of treatment-naïve patients that could fill current treatment capacity. Future treatments will be far more costly and consequently there will probably be even greater restrictions to access and reimbursement. In that case, patients would likely have to fail triple therapy before they would be eligible for publicly-funded interferon-free therapy. Those taking and failing triple therapy now would thus be able to access new therapies more quickly, while those who take triple therapy now and don't fail will get cured faster and more economically. Treating in this fashion (start a large number of patients with standard-of-care treatment [SOC], then re-treat those who fail with alternate—usually more expensive—treatments) is called "Sequential Therapy".

(C) Dr. Shafran also suggested treating as a high-priority now for the following: patients with extra-hepatic complications of HCV; young women who wish to become pregnant; patients refused life/mortgage insurance; surgeons and dentists (who could infect others); particularly motivated patients such as those who are incarcerated or in drug/alcohol rehab; those in fear of infecting loved ones; and those with generous private health insurance plans (able to access simeprevir or sofosbuvir before they are approved by provincial and other public health care agencies).

(D) Adverse consequences of deferring HCV therapy: (1) Patients remain communicable and can pass on the disease. (2) As fibrosis advances, other co-morbidities can also develop and the probability of an eventual SVR decreases, (3) there is an increased risk of liver cancer (hepatocellular carcinoma/HCC), liver failure, and drug-induced interactions (DDIs). (4) Eventual therapy becomes more complicated. (5) Patients get lost to follow-up. (6) Costs of monitoring over time is added to eventual therapy costs. (7) Total costs per SVR increases.

(E) Genotype-specific recommendations made by Dr. Shafran:

GENOTYPE 1 [See chart, below]:

Treatment efficacy, particularly for genotype 1 (GT1), is greatly improved over what it was only a couple years ago, before "Direct Acting Antivirals" (DAAs) raised the probability of achieving SVR from around 50% to over 90%. 80% of GT1s are treatment-naïve.

GENOTYPE 2: This genotype is the most responsive to dual therapy. With a 24-week SVR rate of about 80%, GT2s should be treated now with Sequential Therapy: Start with dual therapy, then treat the 20% who fail with 12 additional weeks of the new interferon-free therapy, sofosbuvir + RBV. This is vastly more cost effective than "warehousing" patients, then later treating everyone with sofosbuvir + RBV.

GENOTYPE 3: Use Sequential Therapy as with GT2. NOTE: Current 24-week SVR rate is less than 70%, so at least 30% of GT3s will need to be re-treated with interferon-free therapy, sofosbuvir + RBV.

GENOTYPE 4: SVR rates with dual therapy are about 65%. Future qualification criteria—such as "F-2 (or more) liver damage"—are unknown and unpredictable. Sequential Therapy (retreating the 35% of GT4s who fail SOC with triple therapy—pegIFN + RBV + sofosbuvir) was shown as the best choice.

GENOTYPES 5/6: Only dual therapy is approved for these GTs, and Dr. Shafran considers approval of a simeprevir or sofosbuvir regime for these GTs is "very unlikely to occur."



Panelist: Hemant A. Shah, MD of Francis Family Liver Clinic (in Toronto Western Hospital) and U of T, Toronto

II. Why Defer Treatment?

(A) Patient need: HCV is an intermediate pathogen. Fibrosis progresses slowly and survival is excellent even with cirrhosis, so most infected individuals can wait.

(B) The choice isn't 'treat' vs. 'do nothing'. While waiting, patients can actively engage in non-pharmaceutical 'treatment' such as making lifestyle changes that will improve their chances of treatment success. Monitoring the disease is an important part of active treatment during the deferral stage.

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GT 1 (a or b) HCV Treatment	% SVR	Notes
PegIFN (pegylated interferon) + RBV (ribavirin)	50%	
PegIFN + RBV + boceprevir	63%	1 st generation DAA
PegIFN + RBV + telaprevir	79%	1 st generation DAA
PegIFN + RBV + simeprevir	84%*	2 nd generation DAA *excluding GT1s with Q80K anomaly
PegIFN + RBV + sofosbuvir	90% ⁺	2 nd generation DAA

(HCV Treatment Delivery—Cont'd from p. 1)

In general, they lacked time, expertise, and training. Sometimes they had difficulty differentiating HIV symptoms from those of other diseases, and were more likely to be distracted by other health issues. They also used less adequate evaluations and lab tests.

The HIV PCPs also experienced great difficulty with the complexity of treatment regimens, drug interactions, and side effects. Doctors who treated fewer HIV patients ended up using less current treatments and practices, and their patients were less likely to be put on appropriate regimens.

Cooper concluded that, like HIV, HCV is a complex disease with a variety of possible symptoms that can mimic other diseases. Doctors need specialized training and need to update it constantly. HCV treatment regimens, side-effects, and interactions are also complex, so it is unrealistic to expect PCPs to be constantly informed of the latest treatment options for this particular complex disease when they may only occasionally encounter HCV+ patients. "Patients want good care and don't care where they get it."

II. HCV Treatment also by Primary Care Physicians?

Bruneau started by claiming that family practitioners are the workforce that will make the difference in the rate of treatment of HCV in Canada. The situation now (treatment only by specialists) is that very few people are treated. It is imperative that more doctors be treating HCV, in order for more HCV patients to be treated!

With the upcoming DAAs will come shorter treatment time, greater efficacy and fewer side effects, which will make it far easier for PCPs to treat HCV. Bruneau agreed that some populations will need specialized treatment, but that this would primarily consist of those with F4, cirrhosis, and other complications.

III. Post-Debate Discussions

Project ECHO was referred to as a model; this project involves cooperative treatment of patients by remote/rural PCPs and urban specialists. Ongoing training of PCPs and nurses in the community setting is a critical component. Patients remain in their home community unless they require treatment only available elsewhere. The hidden cost of treatment only by specialists can be great if it includes the cost of transporting a rural patient to a city, housing them there instead of at home, and hiring caregivers who would be available for free at home. This also brought home the necessity to assess the severity of the disease prior to treatment, so that patients could be sent to either a specialist or a PCP from the beginning.

Interestingly, at the CASL (Canadian Assn. for the Study of the Liver) conference—also in

Toronto—a few days later, seven UBC faculty members, led by Dr. G. Ou, presented results of a survey they recently conducted with family physicians in BC (*Knowledge and Screening of Chronic Viral Hepatitis and HCC in the Primary Care Setting in BC*). They found that, of the 303 PCP respondents, only "2.6% correctly identified all risk factors that warrant screening...2% correctly identified patients who require semi-annual ultrasound for HCC surveillance...10.6% correctly identified the necessary follow-up for a well-compensated cirrhotic patient...(and)...90.8% were incorrect regarding HCC risk in hepatitis C without cirrhosis." They concluded: "Present methods to transfer knowledge in this particular area appear inadequate."

This debate is a really critical one that will be played out in many places in our country over the coming months. There are no simple answers. Grappling with this issue now is really important!

(C's JOURNAL—Cont'd from page 1)

now, with little fibrosis. Our Hep advocate—mainly a harm reduction advocate for HIV/HCV--does not have much knowledge regarding the new HCV treatments. There are very few of us in our little support group, and I was specifically asked to be at the meeting yesterday because a new person had a lot of questions and I do have a lot of knowledge from navigating along here on my own. We have been emailing back and forth, and I have been helping ease his distress. Our advocate's contract runs out in a few months, and we really need a knowledgeable advocate who's been there. I would love to do that, but I don't know what kinds of courses and schooling a person would need to do this. I want to go back to school when I am cured. Right now, I can't even work part-time because I have been too sick and am living on disability. The Caring Ambassadors in the US are training people to be Hep C advocates and sending them where there is need. It would be so cool if we did this here in Canada.

When I went to my appointment to see my gastro, he was skeptical that any of my symptoms were Hep C-related, and I said, "What are they, then?" I have read other people's threads, and my beliefs were confirmed, so I'm finally clear about that now.

I smoked about 10 cigarettes a day 5 years ago, but only for 5 years. The nausea kicked in and abolished that habit. I'm a recovering alcoholic, and drank regularly

for 6 of the years I had Hep. I've been completely sober now for 2 years. I see a naturopath and my GP, who keeps me comfortable with all my symptoms, as I have pretty bad bouts, and have had for years.

I left a message with my nurse to tell her I wouldn't be doing that treatment, but I found 2 more AbbVie trials recruiting patients, and I meet the criteria, so I left her both identifier numbers. I feel that I learned to have my voice while having this illness, about boundaries and everything. My boyfriend and I broke up about a month ago. He said I was talking about my illness and was sick all the time. I feel much less pressure now, and I can concentrate on getting better and getting my life back. My daughter is a teenager, and she's only known me as sick, so she deals with it well. She has lots of friends, so she's never bored. Her biological father passed away a few years ago. We didn't stay together, but I got pregnant and decided to raise her, and my grandparents asked me to move here.

I'm worried about funding for treatment, as I'm on provincial disability and have been for a while because of this disease. I hope the trial studies are covered by the pharmaceutical companies themselves. I'm on a limited income until I can get back to work again.

May 24, 2013: I have met with a facilitator, a lady who works on harm reduction in our local group. We have both been trying to get a support group going here in town, but not many of us have stepped forward. Also, the facilitator doesn't have much knowledge regarding HCV and HIV. I just helped a gentleman newly diagnosed with Hep C. He was very frightened, and I directed him to HepCBC.

I have submitted my name to the two clinics closest to me. I told them that I am interested in doing the IFN-free trials, so the nurse at one of them told me that 2 studies are coming up in September. My mum lives near the clinics, and I would just take the Greyhound. I would be riding back and forth quite a lot, but that's fine.

Aug 2, 2013: I have some news and I really need support now. My nurse from one of the clinics called me about 11 weeks ago and asked me if I would be willing to go on one of the new Merck trials. They had only 2 slots, and she put me in one of them. It looks like they are trying to catch up with the AbbVie and Gilead trials. This one is IFN-free and 12 weeks, as well. It's the new combinations of MK-5172, MK-8742, an oral protease inhibitor, and an NS5A inhibitor. I believe it's a Phase II. It's supposed to start in August. I will call the nurse to verify everything. Luckily, my bus rides to the Hep C

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(C's JOURNAL—Continued from page 3)

Clinic will cost me nothing, as I'm on disability and they pay for the trips, taxicabs and one meal, I think. I will be staying at my mum's place. It's walking distance to the clinic.

So, here's my concern. I just want some opinions, especially from anyone else who has been through the treatments. I told my nurse that I'm very symptomatic, and have been since I contracted Hep C around 1996. I told her my worst symptoms: neuropathy (on and off and not peripheral), ongoing nausea and sometimes vomiting (which is up and down), migraines, major brain fog, memory loss, confusion, etc. She said she is worried that, if I can't tolerate the drugs, they would have to pull me off the treatment. The option then is to go on the triple therapy offered by the government. It could be a few years before I'm even eligible for that. I really don't want to do it! I'm sick all the time now, and I'm very desperate to get better, for my daughter.

I need people to talk to and I really want to succeed so badly. I just started Ciprolex a few days ago, and it had worked well for me before, when I was with my guy, but some of the side effects didn't bode well for the sexual part of our relationship, so I took Wellbutrin, which didn't help at all. Also, I have been getting panic attacks every day and I believe that it's my body's way of saying it can't handle this disease.

I can't believe I typed all of this! So I really need pep talks and support right now, as there is only one lady who is our advocate here, but her contract runs out soon, and I'm not sure if anyone else will be taking her place. I am pretty knowledgeable, as I have been doing research on Hep C myself. I'm an information junkie and try to keep up with the latest news.

I'll do as much as I can to get through this. When I do, I have to give the medical community here a heads up so if something happened, they would know what's going on. Also, I don't need my daughter to witness anything weird happening, but who can tell, really? It all helps anyway, and I do value our little group and would really like to continue this group after she is gone.

I got everything ruled out for any other problems, so I have a clean bill of health from my doctor.

I'm devoting all my time to my health and balancing that time with my daughter. She wrote a message for me to get well. It's really heartwarming, and I read it most days. I wonder if there are others with severe symptoms like me. Mine are so debilitating at times that I feel like all my insides contract together, which gives me excruciating pain

for about 10 minutes. Do other people experience anything like this?

Oct 3, 2013: It's been a while. I'm on treatment, taking part in one of the new Merck studies. I'm on MK-5172 and MK-8742. I know they are pretty new, and I'm not on RBV. I've been very symptomatic with this disease, and I'm on the interferon-free treatment. I suffer with neuropathy a lot, plus a lot of fatigue. I can't even work, because my Hep C symptoms have been too severe.

It's been 11 days on this, and I'll be checked at 4 weeks and again at 12 weeks. I have noticed my fatigue has been worse, and that's about it, as I was very symptomatic before I started. I am pleasantly surprised by the mild side effects, but I can still feel my symptoms. I don't know if it is working or not. I guess it's too soon to tell, but I'm a night owl, and I can hardly pull that off, and I'm pretty tired at night.

I wonder if anyone else is on these trials or anyone has completed these trials effectively. I see my nurse and she's pretty good. She thought I should be noticing something improving now regarding my symptoms, but I can't tell. I guess I should just be patient, because you never know.

Dec. 24, 2013: I need to connect with others who have gone through treatment, especially with the drugs which I just finished a week ago (MK-5172 and MK-8742.) My virus is undetectable and I go back to the Hep C Clinic to get my blood tested. I tested undetectable after week 4, and did the full 12 weeks.

My issue is that I feel absolutely horrible and I am debilitated at times. I can't really feel any difference in how I feel from before. I make myself vomit most of the time because my nausea is relentless, and my headaches are worse now. Some people say that I shouldn't be this sick, with nausea and vomiting.

I wanted to know if others felt okay right after treatment, or if it took some time. My GP told me to come back in 3 months. I'm not happy with him because he doesn't listen to me and acts intimidating and rude. Here in town, there is a shortage of doctors, so they encourage everyone not to move around from doctor to doctor. I'm putting myself on the waiting list for a better doctor. I'm just concerned that there may be something else that is going on. Maybe I developed an autoimmune disease or cryoglobulinemia because of my neuropathy and fibromyalgia. He hasn't tested me for anything yet, and I want to be on top of my health and start feeling better and get my life back.

I don't know if I'm being too impatient. I

know that recovery takes some time. No one in town has been really here to help, and I have navigated myself through this, as I was at the end of my rope and getting more and more depressed and feeling hopeless.

Feb. 14, 2014: Two weeks after finishing treatment, I did a real nose dive with very painful headaches, vomiting, nausea day and night, neuropathy, fibromyalgia, acid reflux, and peri-menopause symptoms of spotting, irritability, etc.

I was thinking about getting to see a naturopath nearby, who, I was told, uses state of the art stuff and is very experienced. My step-dad sent me some money, and I did two IV Myers cocktails in the first two weeks, and had a little testing done and found out that I have severe adrenal exhaustion. I had gone to Emergency two days before I saw the naturopath, and they did an ultrasound and found out that all my organs were very good. I was very confused and I saw my GP, and he gave me hell for going to Emergency, and called me a pill-popper because of all the Gravol I take, which I already know is a lot. I told him I don't like it, and he said, "Yeah, sure you don't." I refuse to see him anymore. I've had enough abusive boyfriends for a lifetime, and I sure don't need an abusive doctor. I have been going to the two clinics here. I just tell them that I don't have a GP.

I do believe in integrative medicine, and now that I know what I have and have been working on changing my diet, taking very good supplements, and having a peaceful environment to live in, I have actually been feeling better here and there. It's in spurts, but I feel really excited when I get a few hours of wellness. I would like to get more education in the healing arts and eventually start working part-time, but not until I know for sure that I feel confident I won't relapse or anything. I'm really happy that I am single at this time in my life, because all my attention is going towards getting better and being fully present for my daughter.

I read about all the symptoms of adrenal fatigue. There are a lot of symptoms, and I had checked off most of them. I'm soooo excited about getting my life back, and I'm so grateful that I have come a long way. I almost felt I was going to get sick yesterday, but didn't, and didn't today, either. I have found out that I just can't rush myself in the morning when my cortisol is high, and I deep breathe and meditate. Also, I find living in the "NOW" is a good practice.

I'm going back again to the Hep C Clinic on March 10th for my 12 week SVR test. I'm doing very well, and I believe I'm cured. When I'm feeling even better, I really want to help people in my area get help, and come out of

(Continued on page 5)

the woodwork. A lot of people are very much in the dark here and don't know a whole bunch about this disease. That damn STIGMA is still going strong. I really would like to do something here on July 28, 2014, Hep C Awareness Day, to educate more people. I would like to see a group started here, as well.

I realize that I need to take this time to heal, and I have to start making some money, as we have been pretty broke, and I'm only getting some money from Merck back for expenses, but I'm really glad I did this. I can have a new lease on life now!!!

Feb. 18, 2014: I would really like to use my story to tell people about GPs who treat us people with Hep C with disrespect and abuse. I'm not into fighting with my GP, as I am working hard at getting better and feeling good about myself. So, it probably shows that I got the Hep C from using IV drugs years ago, and I'm not ashamed to say it, because I'm not the same person that I was many years ago. I should be praised for cleaning up my act, and feel grateful that I'm a kind, generous, loving mum who is doing my best to raise my teenage daughter by myself, while being sick as well. I am a recovering alcoholic, but so what? So are Eddie VanHalen and a whole lot of others.

My GP just tried to shame me about the damn Graval, and I will not see him anymore, and he can guess why. I have dealt with abusive boyfriends, and he's the last toxic person in my life. I think he needs disciplinary action, but it takes too long to file a complaint. I'm trying to get well enough to go back to work part-time and take courses. I look at the specialist at the Hep C Clinic, who is head of the clinical studies, and compare him to this little GP in town. I was suf-

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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, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, S.J., L.P.

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SVR HONOUR ROLL



MARATHON

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 - SVR 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
18. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment naïve) SVR24 2/4/1014 - 12 wks placebo, then 12 wks on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC

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

May 15th is the last day for EARLY BIRD REGISTRATION for the October 12, 2014, Victoria, BC "Goodlife Fitness Marathon" (8k Road Race \$35, Half Marathon \$65, Full Marathon \$90.) Remember, running is not the only option! You can WALK either Half or Full Marathon, and you can use a WHEELCHAIR for any of the events. To register, go to www.runvictoriamarathon.com/events/register.php.

When asked if you want to join a TEAM, be sure to select our team, the "HepCBC Liver Warriors" from the dropdown list. If you don't see the team listed for the 8k or Full Marathon, you can create it by writing it in. If you join our team, please let us know by email to marathon.hepcbc@gmail.com. Also, we are looking for Race Day, Info Booth, and Fundraising Volunteers! This is a great way to fight stigma, educate the public about hepatitis C, meet new friends, get in shape, demonstrate the benefits of exercise for the liver, raise money for HepCBC's hepatitis C outreach programs, and have fun!



UPCOMING: 4500 KM OUTREACH ROAD TRIP TO NORTHERN BC

Between April 23rd and May 10th, 2014, three HepCBC volunteers will be visiting BC communities between Williams Lake and Bella Coola, and between Prince George and Kitimaat Village. Hepatology nurse-educator Fran Falconer of Nanaimo, retired northern nurse (and current HepCBC President) Rosemary Plummer, and HCV+ volunteer (and retired educator) Cheryl Reitz are looking forward to showing a new movie about Canadians living with hepatitis C, "DEAL WITH IT", in over 20 communities (see March, 2014 hepc.bull; page 5, for movie description). The three volunteers will bring lots of other HCV educational materials from BCCDC (BC Centre for Disease Control), CATIE (Canadian AIDS Treatment Information Exchange), and the HCV Advocate; they hope to meet with community health representatives, people at friendship centres and band offices, AIDS service organizations, nursing stations, and any others who are interested. This will be a great chance to share information with one another, with the hope of eradicating HCV from BC someday soon! For more information about their itinerary, to volunteer to help, or to request a visit, email cherylreitz.hepcbc@gmail.com. We wish to acknowledge **Gilead Sciences** for covering our travel expenses and making this dream a reality.

(NOW or LATER Continued from page 2)

(C) SVR is more likely with future treatments, and will reduce all-cause mortality. All genotypes, cirrhotics, non-cirrhotics, treatment-naïve, and treatment-experienced groups, have better SVR rates with the new therapies.

(D) Compliance is much easier, with fewer pills, shorter treatment period, no need for special diets, and few if any side-effects. Why put people through the stress of current SOC when the new treatments will be so much easier to take?

That's it! Take a look at the actual debate online and let us know what course of action you would prefer or recommend to others.



Spring Fling
Honouring 25th Anniversary
BC Transplant Team
Friday April 25th 2014

DANCING
BUFFET DINNER
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SILENT/LIVE AUCTION

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Hilton Vancouver Metrotown
6086 McKay Ave
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Cocktails: 6:00 PM
Dinner: 7:00PM
Intro: 8:00PM

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HEPC CLINIC AT PERCURO

The Hepatology Clinic at PerCuro provides HCV education and long-term support to patients and their families undergoing HCV treatment in the Greater Victoria/Southern Vancouver Island region, according to their individual needs. Specialized nurses help procure financial coverage for treatment, ensure lab tests are scheduled, teach self-administration of injectable medication, help manage side effects, facilitate a monthly support group, and liaise with family doctors and specialists regarding the patient's 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.

There is no cost involved.

**Nursing Support improves outcomes.
Contact 250-382-6270**

(C's JOURNAL—Continued from page 5)

fering badly with neuropathy pain, fibromyalgia, constant nausea, vomiting, migraine headaches, vertigo, dizziness, and even auditory hallucinations at times. It was pure hell, and after treatment, my GP sent me out with nothing for 2 visits. I can admit I was going through the anti-nausea pills like crazy, but I could hardly even make it to the store to buy groceries for my daughter and me. He never tested me for anything else, and I was really afraid there was something worse going on. He felt like my enemy when he gave me hell for going to Emergency, but I was vomiting all day after 2 weeks of being on treatment. I told him I was very concerned. Maybe I sound a little dramatic, but the truth is that I'm not going back to see him, as a figurative slap in the face. He used to be a methadone doctor here, and I heard 4 or 5 people died in his care. He quit the program. Maybe he's really paranoid, but he passes that onto the rest of us, especially those who had or still have addiction problems. I think he's chosen the wrong profession.

I just had to get that out. There is no excuse for that kind of treatment, and I really don't want to be on meds, as it is, but I noticed that I already need fewer, as I am slowly getting better. I can feel the change now. I'm very grateful, and look at us, for all that we have been through.

I'm ready for my new life now, and look forward to meeting a fabulous guy. I'm going to do a little soul searching and work on myself before I put myself out there. I'm 50 now, and want to meet the love of my life. I still like to have fun and go out dancing, but without the drinking. I have a new life, and I'm going to enjoy it. I'll still listen to my body and not go too crazy. I gained 25 lbs. from antidepressant use, with these undying sugar cravings. I'm working on getting off of it, because I can't fit into any of my clothes, and I need to get walking and get back into shape. I would like to meet some new friends, as well, as my other ones don't seem to call that much and are busy. I was inside for the last 2 summers, as the sun made me even more nauseated and sick. I've been quite a recluse at times, and debilitated for weeks.

Feb. 20, 2014: I had to deal with insecurities all my life, giving my power away, especially with my ex-boyfriends. I am tired of being a doormat and putting up with being disrespected and controlled over the years. I see now how far I have come in my evolution, as it could be called. I had to get some pain meds today, and went to the clinic. What a kind doctor I saw there! He was actually caring and listened, plus he didn't

look down on me. What a difference!! I'm going to see if he has a patient waiting list I can go on. A lot of doctors here can't even take on anyone, as there is such a shortage here. I was looking on the job bank, and it had 3 positions for new GP's needed here.

I told my mum and a friend about getting my story put in the *hepc.bull* and they said, "Way to go!" So I'll be looking forward to reading it on there and printing out some copies. People need to know and not put up with this garbage. I don't know how often this happens to others, but doctors need a heads up about this problem, as well.

I need to get working when I feel more confident with my health. I'm not there yet. I'm on disability, so I could work part-time, like I did before. We are allowed to make \$800.00 now instead of \$500.00 a month, back when I was working. I was getting more and more ill near the end of my employment, and I finally had to give up working. I was a cashier at a department store (not my dream job, by any means), but I really need that extra for us to live reasonably comfortably.

I've had to go into my daughter's savings from her deceased father at times, because I never had enough to live on. Also, for this clinical study, I've had to use some of that money to go back and forth to the Hep C Clinic on the bus, plus cab rides, etc. Merck is going to help with some reimbursement but only about half the amount I had to use. The Hep C Clinic put in a request for me, but that will only cover all the return bus tickets after January 20, 2014, with no help with cabs. All the times I went back and forth, especially in October, November and December, cost me full price, and Merck only covered \$50.00 for each visit.

I guess the way I see it as well is that my virus is still undetectable, so this was a good drug to take, and it was doable--because I was terribly sick to begin with. I looked on the clinical trial studies site just now, and there were only 3 studies going on. I'm very grateful that I got a spot when it came available.

Again, I thank HepCBC for mentioning clinical trials to me, because if it weren't for you, then I would still be waiting to go on the government's SOC (Standard of Care) program, and I might be deteriorating even more. There is so much miscommunication or complete lack of communication or help for us and all the others.

All the best to all of us survivors!!



CONFERENCES

9-13 April 2014

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

1-3 May 2014

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

3-6 May 2014

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

28 July 2014

World Hepatitis Day
[www.worldhepatitisalliance.org/
WorldHepatitisDay.aspx](http://www.worldhepatitisalliance.org/WorldHepatitisDay.aspx)

CORRECTION:



Apologies. In our March 2014 edition, the article about the AbbVie PEARL Phase III trial results, states “genotype 1a/1b” but should have appeared as only “genotype 1b”.

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](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/

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 Counseling, advocacy. 201-55 Victoria Rd. Contact Anita for details. 250-753-2437

anital.rosewall@avi.org

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

♦ Victoria Access Health Centre, drop in, disability applications, peer training. Support group Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 Hermione.jeffers@avi.org

ANKORS Hepatitis C Project (Boundary, Nelson, West Kootenay) Hep C Info, support for prevention, testing, treatment and living well with Hep C. Women's gathering monthly. 101 Baker St, Nelson.

Contact Laura 1-800-421-2437 250-505-5506 ankorshepc@ankors.bc.ca

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

Chilliwack PCRS Hep C Prevention, peer support, harm reduction. Meetings 3rd Mon monthly, 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416 birdsall@pcrs.ca www.pcrs.ca

Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl 250-331-8524.

Cheryl.taylor@viha.ca

CoolAid Community Health Centre, Victoria. Meetings each Wed 10 AM and Thu 1:30 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz rmilne@coolaid.org for treatment or group info.

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 degrinstad@shaw.ca

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-l-attis@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 & 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, meeting info. Contact Lisa 1-866-637-5144 ljmortell@shaw.ca

Mid Island Hepatitis C Society Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Support Meetings 1st & 3rd Thu 3-5 PM 437 Wesley St. (access off Franklyn St) Contact 250-585-3201,

hepcxpeersupport@hotmail.com

New Westminster Stride with Purpose "HepC" Support Group 1st&3rd Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, mail@purposesociety.org

Positive Wellness North Island-North Island Liver Service Info, support, treatment/pre-post treatment groups. 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: Treatment/pre&post-treatment support group 1st&3rd Thu monthly 10-12pm, Sunshine Wellness Centre, Discovery Room, Campbell River Hospital. Caroline: caroline.miskenack@viha.ca, 250-850-2620

Penticton & District Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 250-488-1376 or 250-492-5814

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

Positive Living Fraser Valley (Abbotsford) Hep C support, Drop-in centre #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or plfvcentre@plfv.org

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

Prince George Hep C Support Contact Ilse ilse.kuepper@northernhealth.ca

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

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

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

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.

YouthCO HIV/Hep C Society of BC. Drop-in T&W 12-3, Fri. 9-12. Call for appts M-F 10-6. 205-568 Seymour St, Vancouver 604-688-1441, 1-855-YOUTHCO Stewart stewart@youthco.org, Briony brionym@youthco.org www.youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 1-877-333-2437 bloodties@klondiker.com

OTHER PROVINCES

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/ appointment jeanievilleneuve@hotmail.com

Hamilton Hepatitis C Support Group 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hep C Team, AIDS Committee of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or hepccommcoord@gmail.com, www.aidsnorthbay.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com, <http://hepcnetwork.net>

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 hars@kingston.net www.hars.ca

Kitchener Area Support 3rd Wed. monthly, 7:30 PM, 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, www.hivaidconnection.com

Niagara Region Hepatitis C Care, Port Colborne and St. Catharines Clinics. Education, counseling, individual/group support, treatment, outreach, harm reduction. Contact 905-378-4647 ext 32554 HCCC@niagarahealth.on.ca www.niagarahealth.on.ca/services/hepatitis-c-care

Oshawa Community Health Centre Hepatitis C Team Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. www.ochc.ca Contact 1-855-808-6242

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 [healthline-peel@peelregion.ca](http://healthline.peel@peelregion.ca)

St. Catharines Contact Joe 905-682-6194

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 reneedaurio@hotmail.com

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 5055 Rivard St., (Montreal) Contact 514-521-0444 or 1-866-522-0444

ATLANTIC PROVINCES

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767

Online Peer Support: info@hepnsc.ca www.hepnsc.ca

PRAIRIE PROVINCES:

Manitoba Hepatitis C phone and email support and outreach. Info Line: 1-204-779-6464 or contact Kirk at info@mbhepc.org. Direct line: 1-204-389-5814

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Assoc, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

To list Canadian groups here, please send details to info@hepcbc.ca by the 15th of the month. It's free!