



# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.org

### HEPATITIS C AWARENESS DAY IN MAY

In the Month of May 2002, groups and individuals from across Canada, from British Columbia to Newfoundland, and around the world, are invited to participate in a Hepatitis C Awareness Day event in their own community. You might want to start one of your own or help out with one. For instance, IDU's (Intravenous Drug Users) might want to do a "Clean Fit Day", or a support group predominated by "shut-ins," and persons with cirrhosis might advocate awareness through fax and letter writing campaigns to local politicians and the media. Groups and individuals with strong roots in schools and churches might want to schedule hepatitis C awareness information seminars or workshops as part of regular classes or community activities. You are encouraged to do what you can to raise Awareness. The community where you live will dictate the type of awareness event needed for your unique community needs.

This year, we at other groups and individuals, will approach our City Halls (City Councils) to proclaim May 1<sup>st</sup> as Hepatitis C Awareness Day for the 3<sup>rd</sup> year in a row. It is a very handy way to do a press release event at a City Hall or another high profile community location. A press release at City Hall or at a Community Centre, with the cooperation the newspapers and T.V., will allow you to invite the people of your community to your Hepatitis Awareness Day event, whatever that may be—a tree planting, letter writing campaign, Clean Fit Day or candlelight ceremony.

May 1<sup>st</sup> is the preferred day, but might not be available to every community. Last May 20<sup>th</sup> in Manitoba, in partnership with the Hepatitis C Society (HECSC), Manitoba, we held a Sunday Hepatitis C Awareness Day event on the steps of the Manitoba Legislature. HepCURE and the Hepatitis Foundation of Quebec were in Montreal at the 1<sup>st</sup> National Conference on Hepatitis C and led the May 1<sup>st</sup> Ceremony with groups and individuals from across Canada.

Whether we do our awareness day event May 1<sup>st</sup> or on another day close to the beginning of May, the important thing is that we all do our parts

*(Continued on page 6)*



HepCURE, like individuals, will approach our City Halls (City Councils) to proclaim May 1<sup>st</sup> as Hepatitis C Awareness Day for the 3<sup>rd</sup> year in a row. It is a very handy way to do a press release event at a City Hall or another high profile community location. A press release at City Hall or at a Community Centre, with the cooperation the newspapers and T.V., will allow you to invite the people of your community to your Hepatitis Awareness Day event, whatever that may be—a tree planting, letter writing campaign, Clean Fit Day or candlelight ceremony.

### NEWS

#### PAMELA ANDERSON

In case you haven't heard, Canadian-born Playboy Playmate Pamela Anderson, of "Baywatch" and "V.I.P." fame, has been diagnosed with hepatitis C, and has begun treatment in Los Angeles. She announced to the press that she shared a tattoo needle with her ex-husband, Tommy Lee, former drummer with the band Motley Crue, but he denies that he has Hep C. The couple are battling over child custody.

Sources: ET March 20, 2002, Pamela Anderson Health Scare

<http://europe.cnn.com/2002/SHOWBIZ/TV/03/20/pamela.anderson.hepatitis/index.html> Pamela Anderson says she has hepatitis C, March 21, 2002

#### SCHERING VS. THREE RIVERS

The tiny company Three Rivers in Pittsburgh is trying to get into the generic drug business, and has started out by ambitiously applying to the US FDA to produce ribavirin last August. Big companies like Schering, who has the patent on its brand of ribavirin, Rebetol, don't give in without a fight, even when their patents expire. In October, Schering sued to block the application. They are involved in two other similar suits. Three Rivers began with Fisher's Pharmacy, which started Fisher's SPS to compound prescription

*(Continued on page 3)*

### UPDATE 2002: CLINICAL MANAGEMENT OF VIRAL INFECTIONS

February 9-12, 2002

Notes by Darlene Morrow, President of HepC VSG.

*Presentation given by Eugene Schiff, Director of the Center for Liver Diseases, University of Miami School of Medicine (1982-present) University of Miami School of Medicine, Professor of Medicine (1978-present) Special thank to Dr. Stephen Sacks for providing funding to attend the conference.*

#### Pegylated vs Nonpegylated: Choosing a Regime

Dr. L. Tyrol from Alberta University has developed a mouse model where human hepatocytes will reproduce and can be infected with hepatitis C. This is a significant advance.

Now you can cure hepatitis. although it's in small numbers. The virus doesn't integrate itself into the host's DNA. From a practical standpoint, if people are PCR undetectable at 6 months after stopping treatment, 95% remain that way for the rest of their lives. And, if it's still undetectable at 2 years, it's just about 100%.

#### Regular Interferon plus Ribavirin

In this case genotyping is cost effective before treatment. If you try testing for it at 6 months and the person has lost the virus, you won't be able to know the genotype. But it's **critical** to know, because, if that person is genotype 1, you have to treat him/her for 1 year. Genotypes 2 and 3 are treated for 6 months.

#### Pegylated (PEG) alfa 2b Monotherapy

Standard interferon gives you peaks and valleys of interferon over the period of a week. The valleys allow the virus a chance to mutate and replicate.

Pegylated (bound to PolyEthylene Glycol) isn't cleared rapidly, so it's longer lasting, PLUS you get **higher** concentrations of the drug in the blood. You get a more consistent and persistent effect on the replicating virus.

*(Continued on page 6)*

### INSIDE THIS ISSUE:

Cupid's Corner	2
News	3
Ask the Advocate	4
Treatment, Trials, Research	5
Warnings	7
Book Reviews	8
Compensation	9
Coming Up	10

## SUBSCRIPTION/ MEMBERSHIP FORM

Please fill out & include a cheque made out to  
HepCBC - Send to:

HepCBC  
2741 Richmond Road  
Victoria BC  
V8R 4T3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Home(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Membership + Subscription (1 year): \$20.00

Membership Only \$10.00  
(for those already receiving the bulletin):

Subscription Only \$10.00  
(for those already members of HepCBC):

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"I enclose a donation of \$ \_\_\_\_\_ so that others may receive the bulletin."

**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 therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

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

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

Newsletter Ads:  
\$20 for business card size ad, per issue.  
There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.

## HOW TO REACH US:

PHONE: TEL: (250) 595-3892  
FAX: (250) 414-5102  
EMAIL: [jking@hepcbc.org](mailto:jking@hepcbc.org)  
WEBSITE: [www.hepcbc.org](http://www.hepcbc.org)  
HepCAN List <http://groups.yahoo.com/group/hepcan/messages>

HepCBC  
2741 Richmond Road  
Victoria BC V8R 4T3

## REPRINTS

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

# NEW

## Peppermint Patti's FAQ Version 5 Available NOW!!

Peppermint Patti's FAQ Version 5 is now available. The new version includes an HIV co-infection section as well as updated Canadian Links and the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$5 each plus S&H—but if you can afford more we'll take it. Contact HepCBC.

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2001; the FAQ V5; the Advocate's Guide; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.

# THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: Lexmark, David Klein, Bruce Lemer, Elsevier Science, Blackwell Science, Health Canada, The Legal Services Society of BC, Pacific Coast Net, Margison Bros Printers, Carousel Computers, Arlene & Frank Darlington, Karolyn Sweeting, Alysna Mika, John Hasell, Gordon Mastine, Chris Foster, Ian Campsall, Darlene Morrow, Rick Wiertz, Will Lawson, Judith Fry and Claire Cassidy.

Special thanks to Roche Canada for an unrestricted grant to help publish this newsletter.



Customer support  
- 30 day money back guarantee  
- No busy signals policy  
- Multiple high-speed back bone for added reliability

e-mail: [info@pacificcoast.net](mailto:info@pacificcoast.net)  
web: [www.pacificcoast.net](http://www.pacificcoast.net)

250 380 7322 TOLL FREE 1 888 239-7172

## CUPID'S CORNER

This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad: Write it up! Max. 50 words. Deadline is the 15<sup>th</sup> of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to HepCBC, and mail to HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3. Give us your name, tel. no., and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of \$2, if you can afford it. Mail to the address above.

*Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.*

Ad No. 21: Hep C Positive Man 40+ Independent, active, caring, compassionate, romantic, would like to meet Hep C positive woman 30-40+ with positive attitude and similar traits.

Ad No. 22: 44 year old man, employed, enjoys fishing, camping, hunting. Own home. Likes country/western music. Separated 2 yrs. Would like to meet someone with similar intents, age 35-45.

Ad 23: Hep C+ Lady 50+ Young looking, 5'6", 125 lbs, long hair, very attractive, seeks positive, upbeat man for mutual support, love, laughs, possible travel. Must love animals, the arts, spirituality. Please reply with sign. I am a Capricorn. Friends first. All replies answered.

Got Hep C?... Single?  
...Visit

<http://clubs.yahoo.com/clubs/ontariohepcsingles>

May is  
Hepatitis Awareness Month  
May 1<sup>st</sup> is  
Hepatitis C Awareness Day



Order Your  
"Hepper Bear"  
Now!

\$20 CDN each, including postage. This is a GREAT Fundraiser for Support Groups! Call (250) 361-4808, or email [info@hepcbc.org](mailto:info@hepcbc.org) to place your order

(NEWS—Continued from page 1)

drugs, including ribavirin in 1999, which was when the patent expired. Actually the FDA allows the patent holders exclusivity for 3 years after the patent expiry as compensation for the time initial approvals take to go through. There is an exception that allows companies to compound drugs not available commercially, and since the only way to get ribavirin at the time was to buy Schering's package with interferon (\$1400/month US), Fisher's was allowed to compound it. Since then, Schering has "unbundled" the products. Fisher's ribavirin costs \$1.25 per tablet, while Schering's costs \$10. Three Rivers hasn't said how much it will charge if it wins the suit.

Source: Pamela Gaynor, Staff Writer, Post-Gazette April 11, 2002 Outcome of fight with giant Schering-Plough to determine tiny Cranberry drug maker's fate

### HIV + HCV = STD?

Researchers at Johns Hopkins suggest that HIV may make HCV a sexually transmitted disease.

Coinfection with HIV increases the possibilities of transmitting HCV through sex, they say. One study showed 3% of female partners of men with both HCV and HIV contracted HCV, and no partner contracted HCV where the man was only infected with HCV. More studies are needed.

Source Url: <http://unisci.com/stories/20013/0925015.htm> 25-Sep-2001, HIV Could Play A Role In Making Hepatitis C An STD (Reference: K. Nelson and D. Thomas. 2001. Reciprocal interaction of human immunodeficiency virus and hepatitis C virus infections. Clinical and Diagnostic Laboratory Immunology, 8: 867-870.)

### HEART SURGEON INFECTS PATIENTS

An anonymous heart surgeon at North Shore University Hospital in Manhasset has possibly transmitted HCV to several patients, now thought to be between 3 and 7, during the past 10 years.

The doctor was diagnosed in August, because of the cluster of infected patients. The earliest infected patient found so far was operated on in 1993. The doctor continues to operate, but has improved his technique to reduce the risk of transmission to his patients. The State Department of Health has asked that all of the doctor's patients be notified of the risk and advised to get tested. The hospital is offering screening to past patients of that doctor, but don't think they will find many who are infected.

Officials differ in opinion as to whether the doctor should continue to operate, especially with procedures such as open-heart surgery.

Janine Jagger, director of the International Health Care Worker Safety Center at University of Virginia, suggests that patients about to

undergo surgery ask their surgeon to sign a statement declaring that he/she is free of hepatitis B, C and HIV.

The US Center for Disease Control does not control the activities of medical personnel who are infected with Hep C.

There have been two other heart surgeons in the news who have transmitted Hep C to their patients: one in Spain between 1988 and 1993, and the other in England in 1994. There have also been cases reported during other types of surgery documented in England. Most of the surgeons voluntarily stopped performing surgery. Needle-stick injuries are very common in heart surgery, usually averaging about one a week, and most aren't reported.

Sources: <http://www.newsday.com>, Roni Rabin, Mar 27, 2002 Former Patients Seeking Answers; March 30, 2002, At-Risk Patients Will Be Notified In Hepatitis Case; April 2, 2002 Infected Surgeon's Work 'Unjustifiable'

**FIRST NATIONAL ABORIGINAL HEPATITIS C CONFERENCE**

**EDMONTON, ALBERTA**  
**April 30 - May 3, 2002**

**WHO SHOULD ATTEND?**  
**Aboriginal people living with hepatitis C, their families and support networks.**  
**Those working with Aboriginal people in community health, corrections, human services, addictions, etc.**  
**Elders, youth, political leaders and decision makers**

 More info: [www.visions.ab.ca](http://www.visions.ab.ca)  
**Box 34007 Kingsway Mall PO**  
**Edmonton, Alberta T5G 3G4**  
**(780) 459-1884 or 458-1883**

**BREAKFAST MUESLI**  
**(Immune Support)**  
*Thanks to Dr. Maria Payne Boorman, BSc, ND*

- 4 lbs. rolled oats
- 2 lbs oat bran
- 1 lb fresh ground flax
- 1 lb fresh ground milk thistle seeds
- 1/2 lb whole raw almonds
- 1/2 lb whole raw sunflower seeds
- 1 lb wheat germ
- Dried fruit of your choice

Instructions: Grind flax and milk thistle seeds and mix with all other ingredients. Keep mixture refrigerated. Eat 1/4-1/2 cup each morning soaked for at least 20 minutes in soy, rice, almond or skim milk or juice. Can top with live culture yoghurt. Makes 40 servings.

## TRANSMISSION WARNINGS

### NOT JUST NEEDLES

Transmission of Hep C among IV drug users is not just because of sharing needles. A new report, which studied 702 IVDUs, found that sharing cookers (containers for dissolving and heating drugs) and cotton filters made it 2 to 4 times more likely for a person to contract the virus. Syringes and rinse water are also risky, but not so much. Of the 702 subject, 1/4 were already infected. During the study, 29 more contracted Hep C. The researchers suggest campaigns should warn strongly against sharing any equipment.

Source: Reuters Health, April 2, 2002 Sharing Injection Equipment Spreads Hepatitis C [http://abcnews.go.com/wire/Living/reuters20020402\\_413.html](http://abcnews.go.com/wire/Living/reuters20020402_413.html)

### ENDOSCOPES: NECESSARY EVIL?

Some patients with hepatitis C must undergo endoscopy to check for and repair esophageal varices. This can be a life-saving procedure, however, blood and tissue can get stuck inside these complex devices, which are very difficult to clean and disinfect, and if care is not taken, they can transmit diseases like strep, hepatitis, tuberculosis, and AIDS. The maker of endoscopes has been aware of this problem at least since 1993, and the company agrees that improvements are needed, and that the disinfection process is too complicated.

One company, Vision Sciences, is covering the endoscope with an outer layer that can be discarded, but doctors say that there is no evidence this helps, and may make the instrument less effective and precise.

Despite the risk of infection, these devices detect problems at an early stage and save millions of lives.

One study found that 25% of the devices are not well disinfected and 2.7% of patients contract an infection, although some are not very serious. There is little scientific evidence to support this. Estimates vary between 3 in 100 and 1 in 1.8 million people infected. Although the devices are difficult to clean, they can be cleaned properly.

What are the solutions? Regulators and public health officials need to increase monitoring of hospitals and physicians offices. They need to institute a system to more carefully track and follow patients for potential cases of infection. They need to put more pressure on manufacturers to make devices that can be easily cleaned. And claims, whether made by manufacturers, physicians or critics, need to be supported by solid scientific data.

Source: Naomi Aoki, Globe Staff, 3/27/2002, Patent documents raise questions in dispute on endoscope infection risk [http://www.boston.com/dailyglobe/2/086/business/Clear\\_concerns\\_amid\\_murky\\_debateP.shtml](http://www.boston.com/dailyglobe/2/086/business/Clear_concerns_amid_murky_debateP.shtml)

## ASK THE ADVOCATE NEWS FLASH

The BC Government has struck again at people with disabilities.

The new changes that will probably come down in July 2002 will have an impact on all disabilities. Heppers are particularly vulnerable because there is no long investigative history (just identified in 1989, origins unknown) attached to hepatitis, and the impact of the disease varies in each individual in respect to progression and life expectancy, for example.

Changes to BC Benefits will have an impact on all of us, Hep C or not:

- Single parent: You lose \$100.00 a month if you get child support.
- Working: You lose your earnings exemption.
- DBII: You have an earnings exemption of \$300.00 and lose the 25%.
- Health Benefits are lowered (not that it was a great amount to start with)
- Eye exams no longer covered (\$65)

According to the new information, all disability status will be reviewed, and you may or may not lose your disability status.

If you get a job and you make about \$1000.00 a month, you will be losing your medical benefits.

Get out there, fight back, and write to your MLA! Set up a workshop in your town with one of the advocacy groups.

Remember, the a\$\$ you save may be your own. —Carol Romanow

### ISVHLD 2003 INTERNATIONAL SYMPOSIUM OF VIRAL HEPATITIS AND LIVER DISEASE

Sydney Convention & Exhibition Centre  
Sydney, Australia

6-10 April 2003

#### Contact:

ISVHLD 2003 Congress Managers  
GPO Box 128  
Sydney NSW 2001  
Tel: + 612 9262 2277  
Fax: +612 9262 3135

E-mail: [isvhld@tourhosts.com.au](mailto:isvhld@tourhosts.com.au)  
Internet: [www.tourhosts.com.au/isvhld](http://www.tourhosts.com.au/isvhld)

### 3rd Annual Hep C Candlelight Memorial Ceremony May 1st

Nanaimo City Hall at 7PM.  
Free balloons, candles and  
refreshments.

Music by Entertainment Unlimited.  
Just bring yourself or friends  
and family too.  
Everyone welcome.



## Hepatitis C~ The Epidemic With a Voice: Ours

2002 Statewide Awareness and  
Educational Day  
Seattle, WA May 6<sup>th</sup> at Langston  
Hughes Performance Center  
104 17<sup>th</sup> Avenue South ~  
Noon until 4 pm

This event will feature informational tables hosted by groups throughout the State, Speakers from the Medical and Alternative arenas, Advocates, Patients & Lawmakers

The line up for speakers as of now includes:

Keynote Speaker from the medical field (TBA)

Senator Jim Kastama~  
Legislative issues

Charles White~

HCV-HIV Co-infection

King County Department of Public Health Speaker

Ba Hoang, M.D. PhD~

Alternative Treatment

Monica Sarf, Veterans' Advocate  
Patient Support Groups

If your department or group wishes to be involved, please contact us at: 206-328-5381 or 866-HEP-GOGO for a table, to speak or just with questions.

## NIAGARA REGIONAL CHAPTER

A highly successful educational event was hosted solely by and through the efforts of the Niagara Regional Chapter of HeCSC on October 15, 2001 in the Niagara Area. Dr. Helga Witt-Sullivan, Dr. David Wong, both from McMaster in Hamilton, and Jamie Weibe from Toronto, spoke. Over 150 professionals were in attendance, including physicians and EAP representatives. As a result of this effort, the Niagara Region Employee Assistance Council requested that the Regional Chapter present an informational session on hepatitis C to the Executive.

This clearly demonstrates a direct need for such activities and services in our area. Efforts are in place for a second educational in the Fall of 2002, with Dr. Jenny Heathcote, Dr. Morris Sherman and a liver transplant doctor TBA.

Niagara Employee Assistance Program will receive an educational set at present for November 2002.

Our volunteers are dedicated and busy.  
Good health!

For more information contact:  
Joe Colangelo 905 682 6194 [jcolangelo3@cogeco.ca](mailto:jcolangelo3@cogeco.ca)  
Rhonda Kavanaugh-Kehl 905 295 4260 [hepcnf@becon.org](mailto:hepcnf@becon.org)

Canadian Liver Foundation, Mid-Island  
Hepatitis C Society &  
Vancouver Island Health Authority

## LIVING WITH HEP C & LIVER DISEASE PROGRAM

The FREE Living with Liver Disease Program will commence on April 16, 2002, from 7 to 9 PM each Tuesday evening, Nanaimo Health Centre, 1665 Grant Ave., Multipurpose Rom #2.

**April 16** Viral Hepatitis - Dr. Yazdan Mirzanejad, Infectious Disease/Internal Medicine

**April 23** Teaching & Supporting Clients Through Treatment - Fran Falconer, RN; Prevention - Claire Coombs, PHN/CDC Coordinator

**April 30** Treatment Medications - Keven Cox, Pharmacist; Nutrition and the Liver - Jeri Manley, Nutritionist

**May 7** Facts, Fiction & Future - Dr. Siegfried Erb, Hepatologist, BC Transplant Society

**May 14** Support, Disability Pension, and Rehabilitation - Panel

To pre-register, please call Sarah at 740-6971.



Mid-Island  
Hepatitis C Society



## HEPATITIS C & THE HEART

Researchers at the University of Tokyo, after screening 4784 people, say we with Hep C may be at risk for heart disease. Before going further, this issue is still not clear, and is controversial. The researchers found 104 of those people were HCV+. Upon testing with ultrasound, this minority was twice as likely to have clogged heart arteries as the others of the group with the same risk factors except for Hep C, and three times more likely to have thickening of the carotid artery. It is not known if this happens outside of Japan, or with certain genotypes, so more studies are needed. In the meantime, ask your doctor about your risk of heart problems, and consider a lifestyle beneficial for the heart.

Source: *WebMD Jan. 11, 2002*  
[http://my.webmd.com/condition\\_center\\_content/hcv/article/1678.50598](http://my.webmd.com/condition_center_content/hcv/article/1678.50598) DeNoon, D, *Liver Virus Linked to Clogged, Thickened Arteries*

## HEMODIAFILTRATION

One of the main obstacles for liver transplantation is edema of the brain which often occurs during liver failure. In this article, the authors present a case of a 29 year old woman with this problem, which prevented transplantation. Instead, the doctors used a high-flow-rate hemodiafiltration together with plasma exchange, which improved the encephalopathy and got rid of the brain edema in a week, and enabled the patient to receive a successful liver transplant. This method is a possible brain-support therapy which can help a patient's survival until a liver is available

Source: *Sadamoria, H, et al EUR J GASTRO & HEP 2002;14:435-439 High-flow-rate haemodiafiltration as a brain-support therapy proceeding to liver transplantation for hyperacute fulminant hepatic failure*

## TERLIPRESSIN

Many patients with cirrhosis also have kidney problems. This is called hepatorenal syndrome (HRS), and can lead to death in more than 90% of cases, unless the patient receives a liver transplant. Because of the shortage of livers, the goal often is to keep the patient alive until a liver can be found. Terlipressin is being studied for this purpose, and results are promising. 18 patients were tested for electrolytes, renal function, urinary output, natriuresis, liver function tests, and side effects of the treatment. Kidney function improved in 72% after receiving terlipressin, and 8 of these patients had normal creatine levels at day 5. Two patients had long-term survival, and the authors suggest further studies.

Source: *Halimia, C, et al, EUR J GASTRO & HEP 2002;14:153-158, Effect of terlipressin (Glypressin®)*

*on hepatorenal syndrome in cirrhotic patients: results of a multicentre pilot study*

## SOMETHING ELSE?

Not all our symptoms are caused by Hep C. We must remember to look for other possible causes. This interesting article, "Is it hep C or something else?" by Dr Gillian Deakin, tells about several people who, indeed, had other problems which were had first thought to be caused by Hep C.

One man, extremely tired, was found to have celiac disease, and was able to eliminate gluten from his diet. Another lady had intestinal problems and "liver pain", and when she eliminated dairy products, they cleared up. She was lactose intolerant. A young man, no longer an IVDU, continued to drink. His liver was getting worse fast. His tests showed he had a spontaneous remission. He got rid of his Hep C without treatment, but he was diagnosed with hemochromatosis. By using blood letting, he was able to control the disease. Another lady, ex-IVDU, felt tired and achy, with no libido. She surprisingly tested negative for Hep C, and was diagnosed with anxiety depression. Still another patient was falling asleep at work. He was finally diagnosed with sleep apnea.

The authors suggest saying to your doctor, "I have developed a new symptom," instead of "My Hep C is getting worse." Consider tests to rule out other diseases, especially if you have symptoms when your liver is not that seriously damaged. Look for other risks such as alcohol use, family history, etc.

Source: *The Hep C Review, Edition 36, March 2002. Is it hep C or something else? By Dr Gillian Deakin*

## REMOVAL OF SMALL TUMORS

Doctors in Hong Kong have collected evidence from a database of 473 patients with chronic hepatitis or cirrhosis between 1989 and 1999. 135 of these patients had small, transplantable tumors. The evidence seems to indicate that it is better to remove small tumors (5 cm in size or smaller) and later transplant if necessary, than to transplant immediately. The doctors analyze survival rates, which were 70% for 5 years for patients who had their tumors removed, but only 35% survived 10 years. After an average of 4 years, 67 patients had tumors again, and were deemed eligible for a transplant. They found an exception in cirrhotic patients with oligonodular tumors, who didn't do well after removal of their tumors.

Source: *Sonia Nichols, NewsRx.com, April 9, 2002, Page 3* [www.newsrx.com/](http://www.newsrx.com/) *For small liver tumors, surgical removal preferable for initial treatment. Original article: (Long-term survival and pattern of recurrence after resection of small hepatocellular carcinoma in patients*

*with preserved liver function: Implications for a strategy of salvage transplantation, Ann Surg, March 2002;235(3):373-382).*

## CO-INFECTION: HCV FIRST?

Researchers in France studied the impact of HAART (highly active antiretroviral therapies) on hepatitis C, and the interactions between treatments for HIV and HCV. Doctors treating co-infected people should note that the new therapies for HIV can affect the liver, even if the immune system is being restored, and that the new therapies won't affect the HCV viral load and may, in fact, make the liver disease progress by inflaming the liver. These patients need regular liver biopsies to find out if they need immediate Hep C treatment, as well as constant immune status monitoring during that treatment. The authors suggest immediate treatment of the Hep C for co-infected patients with inflammation and/or fibrosis of grade 2 or above. They believe that, by treating the HCV first, there will be less risk of liver damage caused by the HIV drugs.

Source: *Pol S, et al, J Viral Hepat 2002 Jan;9(1):1-8 Hepatitis C and human immune deficiency coinfection at the era of highly active antiretroviral therapy*

## TRIALS

### YOU MAY BE ELIGIBLE TO PARTICIPATE IN A CLINICAL RESEARCH STUDY IF YOU:

Have chronic hepatitis C infection  
 Are between the ages of 19 and 75 years of age

Have already been treated with but not benefited by interferon-based therapies or such therapy is contraindicated

Are willing to undergo pre and post treatment liver biopsies

IF YOU ARE INTERESTED, PLEASE CONTACT:  
 The Research Co-ordinator  
 Viridae Clinical Sciences, Inc.

(604) 689-9404

## MAY 1<sup>ST</sup> HEPATITIS C AWARENESS DAY EVENTS IN DURHAM REGION

Through my request to the Regional Chair for Durham, May 1<sup>st</sup>, 2002 has been officially declared Hepatitis C Awareness Day for ALL of Durham Region (pop. ~500,000), which consists of Ajax, Whitby, Oshawa, Pickering, Brock, Scugog, Uxbridge and Clarington.

<http://members.rogers.com/smking/proclamation.htm>

I have been asked by my son's new school in Oshawa to do a presentation on hepatitis C for the Gr. 7 classes, coinciding with their hepatitis B immunization shots scheduled for April 30<sup>th</sup>. In conjunction with the Ontario Curriculum Healthy Living: Growth and Development program, I will be involved in educating the Gr. 8 students about hepatitis C as well.

My oldest brother, The Rev. Ed. King, will acknowledge May 1<sup>st</sup> Hepatitis C Awareness Day at his church in Southbridge, Massachusetts.

Sunday, May 5<sup>th</sup>, 10:00 AM, "A Wellness Moment" will be presented by Karen Marks, Parish Nurse at St. Mark's United Church in Whitby, commemorating all those people affected by hepatitis C and the church's service to our local support group. All are welcome.

Durham Hepatitis C Support Group's May 9<sup>th</sup> meeting will feature Martha Attley, Hepatitis C Treatment & Support R.N. for Durham Region. Topics will include treatment and coping skills for everyday living. We will have a moment of silence for those that have succumbed to this insidious disease. May 1<sup>st</sup> Hepatitis C Awareness Day will be featured in a media release for the local paper.

Prevention, through education, awareness, and community involvement remains the best defense against HCV transmission.

*Smilin' Sandi, Fellow Hepper/Webmaster/HCV Advocate providing Hep C information and support since 1997, and Chairperson for Durham Hepatitis C Support Group*

(AWARENESS DAY—Continued from page 1)

for hepatitis C Awareness. The idea is just to do something for Hepatitis C Awareness. HepCURE is encouraging as many groups as possible to do proclamations and candlelight ceremonies and we support all awareness activities. Do some brainstorming and come up with some neat ideas. Let us know the particulars of your event and we will list them on a May 1<sup>st</sup> events site. Send your events to Bill at [webmaster@hepcure.junction.net](mailto:webmaster@hepcure.junction.net)!

Have fun! And get the word out!

(CLINICAL MANAGEMENT—Continued from p. 1)

Studies confirm that PEG is twice as effective as standard interferon.

### PEG plus Ribavirin (RBV)

Ribavirin dosage by weight - those over 75kg received 1200mg (under 75kg received 1000mg) and 1.5 micrograms/kg induction for 1 month, followed by low dose of 0.5 micrograms/kg plus 1000 mg RBV for 48 weeks. The most dramatic difference was seen in the response rates of genotype 1.

### Factors Determining a Better Response Rate in Genotype 1

Lower viral levels  
Rapid drops in viral load on commencing treatment

12 months treatment (48 weeks)

### Genotypes 2 and 3

Genotypes 2 and 3 have a high response rate with nonpegylated interferon plus ribavirin (Rebetron). There isn't a whole lot of difference in the response rate between the two types of interferon.

You would treat for 6 months unless there are other complicating factors like cirrhosis, in which case 12 months would be better.

### Effect of weight

#### Study 1: A Retrospective Study

In this study you can look at someone that weighs 45kg receiving the same dosage as someone that weighs 70kg. Those over 75kg received the 1200mg. They also received 1.5 micrograms/kg of PEG.

The response was better with the higher dose of ribavirin. In general Dr. Schiff prefers to use the highest dosage of ribavirin tolerated. You may need to use erythropoietin (Procrad) to offset the hemolytic anemia. Unfortunately this is not widely available for treatment in Canada, and it is very expensive.

#### Study 2: Ribavirin based on weight again and compared with PEG vs Intron A

The amount of PEG remains constant (180 micrograms per week) plus RBV. Compare this with PEG monotherapy and with Intron A plus RBV.

The response rate was 55% with PEG/RBV across the board, i.e., all genotypes. This is clearly superior to other regimens.

But remember, when we talk about 55%, that is only the people that make it into the trials, which many people do not for a variety of reasons. These people are carefully selected for trials. But even so, 55% is still a lot better than we could get even a few years ago.

### When You Can't Get Rid of the Virus

Maintenance therapy with PEG is important in bridging fibrosis because of its antifibrotic action.

### Poor Man's PEG

An alternative to PEG is daily shots of regular Intron A.

### Next generation of drugs

These will most likely target the viral genome, particularly polymerase inhibitors (Dr. Schiff says he on puts his money on the polymerase inhibitors being most effective).

In conclusion, we have come a long way in our treatment of people with hepatitis C, but we still have a long way to go.



## KAROLYN, OUR ANGEL

We have been blessed with an angel, sent to us by Volunteer Victoria. Karolyn is a UVic student (straight-A's, of course!) Her name has appeared on many by-lines in the *hepc.bull*. She has, on several occasions, done the newsletter stuffing all by herself. Last summer, while a couple of us were on vacation, she answered phones, took over the database, and kept things running. (She has recently cataloged our library materials, available by email to anyone interested.) Not only does she go to school and volunteer, but she also works and is involved with sports. (No, she doesn't have Hep C.) Karolyn has been a true lifesaver. She has taken over when we've had no energy.

Does this sound too good to be true? Well, in a way it is. Karolyn is leaving us. She has graduated, and is off to greener pastures, namely "a month of sun bathing and freckle accumulation" in Thailand, followed by seven months in Australia, where she hopes to find work (connections, anyone?) She certainly comes with our highest recommendation. Karolyn, we can't thank you enough.

May we clone you? In the meantime, we wish all the groups out there an angel like Karolyn.



## TIP OF THE MONTH:

**Check to see if you have iron overload.**

**Get a serum ferritin test.**

# WARNINGS

by Will Lawson

## ST. JOHN'S WORT HAZARD

There is more evidence that St. John's wort can be dangerous for organ transplant patients.

The March issue of the British journal *Archives of Surgery* reports that 86 transplant patients experienced an average of 50 percent drop in blood levels of the antirejection drug cyclosporine after taking St. John's wort. Some patients experienced organ rejection.

Chronic use of the herb can also block the action of vital medications such as protease inhibitors for HIV.

St. John's wort is sold as a dietary supplement and promoted as a natural antidepressant.

The article emphasizes the need for physicians to warn their patients about the possible drug interactions and dangers associated with self-medication with herbal supplements.

Source: *Archives of Surgery* 2002;137:316-19. <http://www.reutershealth.com/archive/2002/03/18/eline/links/>

## SUPPLEMENT LINKED TO HEPATITIS

US researchers reported in March that LipoKinetix, a supplement touted for weight loss, appears to have caused severe liver toxicity in seven healthy people who developed symptoms within three months of starting to use the product.

One patient experienced liver failure, but all seven recovered within four months after stopping LipoKinetix.

Since none of the individual substances in the product are known to be hepatotoxic, an interaction between the various ingredients could be to blame.

LipoKinetix ingredients include norephedrine (a stimulant found in some diet aids that has been linked to heart attack and stroke), caffeine, and yohimbine (a product derived from tree bark that has been linked to nausea, vomiting, abdominal pain, and other symptoms). The manufacturer, Syntrax, claims that the mix of compounds "mimics exercise".

The US Food and Drug Administration (FDA) warned consumers last November against using LipoKinetix, and ordered it off the market.

Source: *Annals of Internal Medicine* 2002;136:590-95, 616-18.

<http://www.reutershealth.com/archive/2002/03/18/eline/links/200203>

## ARTHRITIS DRUG MAY DAMAGE LIVER

Arava is a prescription drug treatment for rheumatoid arthritis available since 1998. It has been linked to 130 reports of liver toxicity in the U.S., including 56 hospitalizations and 12 deaths, as well as lymphoma, high blood pressure, and a life-threatening autoimmune disorder called Stevens-Johnson syndrome.

The gold standard treatment is methotrexate, which also bears a warning about possible liver damage. Both treatments are equally effective, but the FDA has six times more reports of liver damage among Arava users than methotrexate users, even though thousands more people use methotrexate.

Unlike other drugs that can clear the body shortly after patients swallow a dose, Arava can take months to dissipate. There is not much doctors can do if a patient shows signs of trouble.

The European Union has noted similar reactions to Arava and last year warned about Arava's toxicity. The American College of Rheumatology has warned doctors to frequently test Arava users' livers for signs of harm. The U.S. consumer advocacy group, Public Citizen, has urged the FDA to ban Arava's sales.

Some insurance companies pay only for Arava rather than for more expensive newer therapies that do not pose the same risks. The FDA said patients needed some different options.

Source: *Lauran Neergard, Group urges ban of rheumatoid arthritis drug, citing liver failure* 03-28-2002 <http://wire.ap.org/APnews>

## LIVER DAMAGE REPORTED IN MAN TAKING DIABETES DRUG

A class of drugs called thiazolidinediones, which help lower blood sugar in people with type 2 diabetes, is a potential cause of liver damage. This includes troglitazone (Rezulin), rosiglitazone (Avandia), and pioglitazone.

Troglitazone was taken off the market in 2000 for causing dozens of deaths and cases of severe liver damage. Rosiglitazone is still sold, but has been linked to several cases of liver damage.

Pioglitazone, the latest thiazolidinedione and previously thought to be relatively safe, has now been linked to liver damage in a man who recently took the drug for six months. Still, it may be the safest drug in its class.

Nevertheless, thiazolidinediones should

not be given to patients with active liver disease. Both health agencies and the manufacturers, Takeda Pharmaceuticals and Lilly, strongly recommend that physicians frequently monitor the liver health of patients taking them.

Source: *Annals of Internal Medicine* 2002;136:449-52, 480-83.

[www.reutershealth.com/archive/2002/03/18/eline/links/200203](http://www.reutershealth.com/archive/2002/03/18/eline/links/200203)



### VOLUNTEER APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PC: \_\_\_\_\_ PROV: \_\_\_\_\_

TEL: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

#### ABILITIES OR AREA OF INTEREST:

Library Printing Copying Phoning  
Fundraising Counseling  
Research Refreshments  
Special Events Publications  
Computer Help Errands  
Grant Applications Board Member  
Other

Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time available: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SEX M F

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mo Day Year

Contact: HepCBC  
2741 Richmond Rd, Victoria, BC  
V8R 4T3  
Tel. 595-3892 or Email:  
[info@hepcbc.org](mailto:info@hepcbc.org)

## REVIEW OF *HEPATITIS C: AN AUSTRALIAN PERSPECTIVE*

by Ian Campsall, MA

**H**epatitis C: *An Australian Perspective* (2001), edited by Nick Crofts, Greg Dore, and Stephen Locamini, anthologizes twenty-one articles by Australian doctors into five categories. These categories include: "The Virus" (virology and molecular virology, laboratory diagnosis, and vaccine development), "The Disease" (pathology and pathogenesis, natural history, extrahepatic infections, and HCV/HIV co-infection), "Clinical Management" (assessment and monitoring, antiviral therapy, alternative therapies, and decision making), "Living With the Virus" (quality of life, and discrimination), "The Epidemic" (transmission, epidemiology, transfusion, and epidemiology among intravenous drug users), and "Responding to the Epidemic" (developing policy, the role of community based councils, peer education, and gaining control of the epidemic). The book also contains a single introductory chapter entitled "Living with Hepatitis C: A Constant Bloody Struggle," in which five people living with Hep C relate their experience of living with the virus.

The scientific articles incorporate data from studies conducted in North America and Europe, and represent some of the most recent research available on Hep C in Australia. All of articles are well researched, and, judging by the references provided, utilize the most current and up-to-date information. The various researchers discuss the progress that has been made in their individual areas of expertise, the questions that remain unanswered, and the efforts currently underway to resolve them. Especially noteworthy is the section on peer education (pgs. 323-341), which lays out a clear, no-nonsense approach to identifying who is at the highest risk of contracting Hep C, the information they require to avoid becoming infected, as well as discussing the effect of the ineffectual and often misguided attempts at post-diagnosis counseling on patients.

By anthologizing works that cover a broad spectrum of topics that relate to Hep C, such as the DNA makeup of the virus, laboratory tests to detect it, discrimination against infected persons, and preventative peer education, the editor's intent is clearly to provide information for an equally broad spectrum of readers. Or, as is printed on the reverse cover: "The book will prove essential to all with an interest in hepatitis C: those infected, their families, friends and colleagues; and physicians, public health workers, social and community workers, counselors, biomedical scientists, policy makers, and students."

However, it soon becomes clear that the book has been written for a medical or scientific audi-

ence. There is no effort made to explain the jargon that might be unfamiliar to someone without scientific training. It is simply assumed that the reader will understand. There is a glossary included, but it is only five pages and omits many of the terms needed to understand the material fully. While this information would be invaluable to other scientists, for the patient, the manner in which it is presented would likely raise more questions than it would answer.

For the person coping with Hep C, the foremost questions, namely "What is happening to my body? What are the immediate consequences? The long-term consequences? What can I do to improve my situation?" are ones that need to be answered clearly and honestly. What is overlooked in so much scientific literature is the profound effect that the patient's state of mind has on his or her general well-being—both psychologically and physiologically. An erudite and comprehensive explanation presented in a context appropriate to the patient of "What is happening to me?" is as important a treatment as any drug. It can empower a person whose sense of self-control has just been dealt a terrible blow and return a sense of being in possession on one's own body. Ironically, in the aforementioned section on peer education, the author criticizes the medical establishment for not providing Hep C patients with vital information on their condition. There is little remedy for that failing to be found here.

What is most noticeable, however, is how little attention is paid to the actual lived experience of being infected with Hep C. That is to say, in many of the articles the patient is afforded no more importance within the work than any other factor involved in the research. He or she is simply represented with another acronym or term along with the other factors involved. Terms like "quality of life score" (a "measure" of a person's quality of life according to a specific scale) serve only to diminish the humanity of the person affected. The patient becomes a symptom that can be measured and quantified like any other. One contributor took the time to thank the foundations that had supplied his research grants, but forgot to mention his patients whose infections provided the impetus for his work and the data he needed to publish.

Perhaps the final word in this review should be a brief comparison between our own HepCBC FAQ and *Hepatitis C: An Australian Perspective*. The FAQ's incorporation of both hard medical fact, and the need to communicate the results of those facts in a clear and legible format to the person to whom it matters most represents an

## NEWS FROM HCRC

Our organization's complete name is HCRC - Hepatitis C Resource Centre, Inc. Our April 2nd meeting with Mr Evasio Murenzi was overwhelming. We hosted 70+ persons complete with tea, sandwiches, and dainties to hear Evasio (who, by profession, is a therapist and counselor) speak about his trials and tribulations of 48 weeks of Rebetrone therapy.

The medical sector was well represented by Dr. Kelly Kaita Hepatologist, Schering nurses, and other Gastro people. They were all taken aback at the severity of the side effects commented on by all those who were through treatment.

I now wonder if any Drs. are actually listening to their patients, or just brushing off the side effects because they do not have the time to deal with them.

Our next meeting is:  
May 7th, 7 to 9 pm  
Rm #203A+B, 825 Sherbrook Street

Wpg, Manitoba R3A 1M5  
(204) 975-3279

Fax (204) 975-3027

The guest speaker for May 7th, is Gary Sowa, who is, by profession, a holistic healer, trained in many disciplines. He worked with Dr.

Kaita and, in conjunction traditional and alternative healing, has successfully eradicated the virus Evasio had. All are welcome. Refreshments will be served.

Thank you, Schering, for the funding to do this.

Also, thank you Joan for the opportunity to let people know of all the events.

attempt to treat the body and the mind as one. Or, as Darlene Morrow, President of HepC VSG stated in our last issue, "We are dealing with a whole human being here." The editors of *Hepatitis C* would do well to heed those words, for it is the only thing standing between them and a very fine book.

**LEXMARK**  
Passion for printing ideas™

HepCBC gives special thanks to Lexmark for printing out our Treatment pamphlets!

## VICTIMS DESERVE MORE

By Karolyn Sweeting

The official statistics are that up to 1 per cent of Canadians have hepatitis C (Mazoff). Of those, 5% are infected from blood transfusions (Mazoff).

Andre Picard's article on hepatitis C compensation, "Hepatitis C Victims Get Little Of Fund," April, 2002, informed *Globe and Mail* readers about the federal government's 1998 controversial \$1.2-billion package to compensate Canadians stricken with hepatitis C from tainted blood (Mazoff; *Globe and Mail*, 2002). The body managing the trust spent more than \$70-million in operating costs, of which \$52-million was paid to lawyers and \$9-million a year over the past two years for administration costs (Picard).

To date, the fund paid compensation to 4,946 transfusion recipients who were infected with hepatitis C from 1986 to 1990, a period when the Canadian Red Cross shamefully failed to use an available blood-screening test (Picard). According to the financial statements, the people who were infected with hepatitis C have received an average of \$40,186 each (Picard). However, victims have complained that the paperwork and documentation required are time-consuming and that they have had a lot of trouble obtaining detailed information about the fund's finances. Allan Rock, then federal health minister, was afraid the fund could bankrupt Medicare if as many as the estimated 40,000 hepatitis C victims, infected outside the 1986 to 1990 period, also made claims (Mazoff, Picard). Those who contracted the virus from tainted blood transfusions before 1986 and after 1990 were, and are, out of luck (*Globe and Mail*, 2002). With \$900-million still available, there is more than enough to include the several thousand hepatitis C victims still waiting for compensation (*Globe and Mail*, 2002).

Allan Rock eventually laid out a deal where Ottawa would send money to each province to assure those people infected with hepatitis C from the blood outside the '86 to '90 window did not incur any out of pocket expenses (White, 2002). Provinces have not added their share to the federal funding, as the federal ministers originally involved in the project have since left (White, 2002).

To date, victims of hepatitis C tainted blood have only received \$198.7-million from a compensation plan originally valued at \$1.2-billion (Picard).

### Comments from the community:

*Vikki Boddy: "Compensation is a payment given to make amends for something. It is not payment made in exchange for dropping a multi-billion dollar class action lawsuit."*

*Susan White: "Even the promise of "care not cash" hasn't materialized for pre-'86 victims... Too many have died waiting for justice and financial assistance."*

Special Thanks to Bruce Devenne

## DIAL-A-DIETITIAN

732-9191 (Vancouver Area)  
1-800-667-3438 (Toll-free elsewhere in BC)



**Are you in the 86-90 Window?  
Are you having any problems?**

**Contact: Terry Waller  
(250) 642-6766**

*(Terry is not a lawyer but a concerned victim)*

## KPMG CONTACT INFO

Application to Pre-1986/Post-1990  
Hepatitis C Settlement Fund  
KPMG Inc.  
Claims Administrator - Hepatitis C  
2000 McGill College Avenue  
Suite 1900  
Montreal (Quebec)  
H3A 3H8

1-888-840-5764 (1-888-840-kpmg)

[HepatitisC@kpmg.ca](mailto:HepatitisC@kpmg.ca)

[www.kpmg.ca/microsite/hepatitisc/english/forms.html](http://www.kpmg.ca/microsite/hepatitisc/english/forms.html)

## COMPENSATION

### LEGAL ACTION

**Hepatitis C Class Action Suit Line:**  
1-800-229-LEAD (5323)

#### 1986-1990

Bruce Lemer/Grant Kovacs Norell

Vancouver, BC

Phone: 1-604-609-6699 Fax: 1-604-609-6688

#### Pre-86/Post-90

Klein Lyons

Vancouver, BC 1-604-874-7171,

1-800-468-4466, Fax 1-604-874-7180

[www.kleinlyons.com/pages/class\\_actions/Hepatitis\\_C.htm](http://www.kleinlyons.com/pages/class_actions/Hepatitis_C.htm)

Mr. David Harvey/ Goodman & Carr

Toronto, Ontario

Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)

1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)

[www.lauzonbelanger.qc.ca](http://www.lauzonbelanger.qc.ca)

Goodman and Carr LLP

[pre86hepc@goodmancarr.com](mailto:pre86hepc@goodmancarr.com)

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

Forms: [www.kpmg.ca/microsite/hepatitisc/english/forms.html](http://www.kpmg.ca/microsite/hepatitisc/english/forms.html)

#### Other:

William Dermody/Dempster, Dermody, Riley and Buntain

Hamilton, Ontario L8N 3Z1

1-905-572-6688

### LOOKBACK/TRACEBACK

**The Canadian Blood Services, Vancouver, BC**

1-888-332-5663 (local 207)

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

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

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

**Hema-Quebec Lookback/Traceback & Info Line:**

1-888-666-4362

**Manitoba Traceback:** 1-866-357-0196

**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, Ontario L3Y 8P6 Fax: 1-905-953-7747

### CLASS ACTION/COMPENSATION

**National Compensation Hotline:** 1-888-726-2656

**Health Canada Compensation Line:** 1-888-780-1111

**Red Cross Compensation pre-86/ post-90 Registration:** 1-888-840-5764

**Ontario Compensation:** 1-877-222-3977

**Toronto Compensation:** 1-416-327-0539, 1-877-434-0944

**Quebec Red Cross Compensation:** 1-888-840-5764

**1986-1990 Hepatitis C Class Actions Settlement** 6/15/99 [www.hepc8690.ca/](http://www.hepc8690.ca/)

### ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1-888-726-2656 or 1-877-434-0944, or 1-888-840-5764

[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)

### MISCELLANEOUS

*Questions about the status of your claim (86-90)? Please contact the administrator. If you still have questions, please contact Bruce Lemer who has promised me he would answer your questions at no charge.—C.D. Mazoff*

**Excellent Website!:** HCV Tainted Blood, Canada: <http://members.rogers.com/smking/tainted.htm>

## COMING UP IN BC/YUKON:

**Armstrong HepCure** Office and library, by appointment. Contact: Marjorie, 546-2953, [amberose@sunwave.net](mailto:amberose@sunwave.net), [www.junction.net/hepcure](http://www.junction.net/hepcure)

**Castlegar** Contact: Robin, 365-6137

**Chilliwack BC HepTalk** Contact: 856-6880.

**Comox Valley HeCSC** 3<sup>rd</sup> Tues. monthly, 7-9 PM, St. George's United Church, Fitzgerald St. Next meeting May 21<sup>st</sup> Contact: Rae Sapeene 334-2434 or the North Island Hep C Community Support Project 1-877-650-8787

**Cowichan Valley Hepatitis C Support** Contact: Leah, 748-3432.

**Cranbrook HeCSC-EK:** 1<sup>st</sup> & 3<sup>rd</sup> Tues. monthly, 1-3 PM, #39 13<sup>th</sup> Ave South, Lower Level. Next meetings May 7<sup>th</sup> & 14<sup>th</sup>. Contact: 426-5277 or 1-866-619-6111 [hepc@cmha-ek.org](mailto:hepc@cmha-ek.org), [www.hepceastkootenay.com](http://www.hepceastkootenay.com)

**Creston/Golden/Invermere** Educational presentation and appointments: Contact Katerina 426-5277

**Grand Forks Hep C Support Centre** Each Mon, 3:30-5:30 PM, & 1<sup>st</sup> Mon. monthly, 6:30 PM, 7215 2<sup>nd</sup> St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

**HepCBC INFO Line.** Free medical articles & other info. Contact: (250) 595-3892, [jkings@hepcbc.org](mailto:jkings@hepcbc.org), [www.hepcbc.org](http://www.hepcbc.org)

**Kelowna Hepkop:** Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: May 25<sup>th</sup>. Contact Elaine Risely (250) 768-3573, [eriseley@shaw.ca](mailto:eriseley@shaw.ca) or Lisa Mortell 766-5132 [lmortell@silk.net](mailto:lmortell@silk.net)

**Kimberley Support Group** 1<sup>st</sup> Mon. monthly, 1-3 PM. Next meeting May 6<sup>th</sup> Contact Katerina 426-5277

**Kootenay Boundary** 2<sup>nd</sup> Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: May 13<sup>th</sup> Topic: Nutrition and Hep C. For individual support, info & materials, contact: 368-1141, [k-9@direct.ca](mailto:k-9@direct.ca).

**Maple Ridge** Last Wed. monthly, 7-8:30 PM, 22470 Dewdney Trunk Road. Meet in underground parkade before 6:50. Next meeting: May 29<sup>th</sup>. Contact Peter (604) 463-0223 or [madclark@telus.net](mailto:madclark@telus.net)

**Mid Island Hepatitis C Society** Contact Sue for info 245-7635. [mihepc@shaw.ca](mailto:mihepc@shaw.ca)

•**Ladysmith** Friendship & Support Group. meets monthly, Ladysmith Health, Centre. 224 High St

•**Nanaimo** Friendship and Support Group 2<sup>nd</sup> Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo.

**Mission Hepatitis C and Liver Disease Support Group** 3<sup>rd</sup> Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting May 15<sup>th</sup>. Contact Gina, 826-6582 or Patrick, 820-5576. [missionsupport@eudoraimail.com](mailto:missionsupport@eudoraimail.com)

**Nakusp Support Group Meetings:** 3<sup>rd</sup> Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: May 21<sup>st</sup>. Contact: Vivian, 265-0073 or Ken, 1-800-421-2437

**Nelson Hepatitis C Support Group** 1<sup>st</sup> Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: May 2<sup>nd</sup>. Topic: Nutrition and Hep C. Contact: Ken Thomson, 1-800-421-2437, 505-5506, [info@ankors.bc.ca](mailto:info@ankors.bc.ca), or Ken Forsythe 355-2732, [keen@netidea.com](mailto:keen@netidea.com)

**New Westminster Support Group** 2<sup>nd</sup> Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Camarvon St, New Westminster. Next meeting May 6<sup>th</sup>. Contact: Dianne Morissette, 525-3790.

**Parksville Support Group** Contact Ria, 248-6072

**Parksville/Qualicum** 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily 9 to 4, M-F. Contact: 248-5551, [sasg@island.net](mailto:sasg@island.net)

**Pentiction Hep C Family Support Group** Contact: Leslie, 490-9054, [bchepe@telus.net](mailto:bchepe@telus.net)

**Powell River Hep C Support Group** 2<sup>nd</sup> Wed. monthly, 7 PM. Next meeting: May 8<sup>th</sup> Coast Hotel, Contact: Health Unit, 485-8850.

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting May 14<sup>th</sup>. Contact: Gina, 963-9756, [rickaby@pgonline.com](mailto:rickaby@pgonline.com) or Ilse, [ikuep-per@niitb.bc.ca](mailto:ikuep-per@niitb.bc.ca)

**Princeton** 2<sup>nd</sup> Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting May 11<sup>th</sup>. Contact: Brad, 295-6510, [citizenken@nethop.net](mailto:citizenken@nethop.net)

**Queen Charlotte Islands/Haida Gwaii:** Phone support. Contact Wendy: 557-9362, e-mail: [wmm@island.net](mailto:wmm@island.net), [www.island.net/~wmm/](http://www.island.net/~wmm/)

**Quesnel HeCSC** Last Mon. evening every other month. Contact Elaine Barry, 992-3640, [ebarry@goldcity.net](mailto:ebarry@goldcity.net)

**Richmond: Lulu Island AIDS/Hepatitis Network:** Meetings/drop-in dinner each Mon. 7-9 PM. Contact Phil or Joe, 276-9273.

**Slocan Valley Support Group** Contact: Ken, 355-2732, [keen@netidea.com](mailto:keen@netidea.com)

**Smithers: Positive Living North West** 2<sup>nd</sup> Wed. monthly, 7-9 PM, 3731 1<sup>st</sup> Avenue, Upstairs. Next meeting: May 8<sup>th</sup>. Speaker: Kathy Graham, Naturopathic Physician. Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, [plnw\\_hepc@bulkley.net](mailto:plnw_hepc@bulkley.net) for times.

**Sunshine Coast—Secht:** Contact: Kathy, 886-3211, [kathy\\_rietze@uniserve.com](mailto:kathy_rietze@uniserve.com)—**Gibsons:** Contact Bill, pager 740-9042

**VANDU Vancouver Area Network of Drug Users** Each Mon., 3 PM, 327 Carrall St. (off Pigeon Park) Bus fare & snack. Contact: Cristy or Ann, 683-8595, space limited so come early. [vandu@vcn.bc.ca](http://vandu@vcn.bc.ca), [www.vandu.org](http://www.vandu.org)

**Vernon HeCSC HEPLIFE** 2<sup>nd</sup> & 4<sup>th</sup> Wed. monthly, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Next meetings May 8<sup>th</sup> & 22<sup>nd</sup>. Contact: Sharon, 542-3092, [sgrant@telus.net](mailto:sgrant@telus.net)

**Victoria HeCSC** Last Wed. monthly. Contact: 388-4311, [hepcvic@coastnet.com](mailto:hepcvic@coastnet.com)

**Victoria Support and Information** Each Wed., 7-11 PM, or weekdays 9-4, Street Outreach Services. Contact 384-2366, [hemmione.jeffenis@avi.org](mailto:hemmione.jeffenis@avi.org)

**Victoria HepCBC** General Meetings quarterly, 1<sup>st</sup> Tues., 7-9 PM, 541 Herald St. Next meeting: June 4<sup>th</sup>. Contact: 595-3892.

**YouthCO AIDS Society HepCATS** Hep C advocacy, training and support for youth 15-29 living with Hep C or co-infected with HIV. #203-319 W Pender St., Vancouver. Contact Jessica, (604)688-1441, (604)808-7209 or [jessica@youthco.org](mailto:jessica@youthco.org)

**Yukon Positive Lives** 3<sup>rd</sup> Wed. monthly, Whitehorse. Next meeting May 15<sup>th</sup>. Contact Heather 660-4808, [fromme@marshlake.polarcom.com](mailto:fromme@marshlake.polarcom.com), [www.positivelives.yk.ca](http://www.positivelives.yk.ca)

## OTHER PROVINCES

### ATLANTIC PROVINCES:

**Cape Breton HeCSC** 2<sup>nd</sup> Tues. monthly. Contact 564-4258

**Cape Breton-HepC-CB** 2<sup>nd</sup> Wed. monthly, 7 PM YMCA Board Room, Charlotte St., Sydney. Contact: Maria Mac Intosh at 567-1312 <http://www.accb.ns.ca/>

### HeCSC NB Meetings:

•**Fredericton, NB** 2002 schedule: April 25, Sept 26, Dec 5, 7 PM, Odell Park Lodge. Contact: Sandi, 452-1982 [sandik@learnstream.com](mailto:sandik@learnstream.com) or Bob, 453-1340, [bobc215@hotmail.com](mailto:bobc215@hotmail.com)

•**Saint John & Area:** 3<sup>rd</sup> Thurs. bi-monthly, with speakers. 7 PM, Community Health Centre, 116 Coburg Street. Next meeting: Apr. 18<sup>th</sup>. Contact Allan Kerr 672-4372, [hepcsj@nb.aibn.com](mailto:hepcsj@nb.aibn.com), [www.isaintjohn.com/hepc/4.shtml](http://www.isaintjohn.com/hepc/4.shtml)

**Hepatitis C Moncton, (NB)** formerly Moncton Hepatitis C Society, Meetings 2<sup>nd</sup> Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, [hepcmonc@rogers.com](mailto:hepcmonc@rogers.com).

**Hepatitis Outreach Society,** Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box 1004, NS, B2Y 3Z9. 1-800-521-0572, or 902-420-1767, [rahcc@ns.sympatico.ca](mailto:rahcc@ns.sympatico.ca), [www.ahcc.ca](http://www.ahcc.ca)

**Meetings:**  
•**Bridgewater:** Last Wed. monthly, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room

•**Halifax:** 3<sup>rd</sup> Tues. monthly, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110

•**Kentville:** 2<sup>nd</sup> Tues. monthly, 6:30 PM, Kings Tech Campus, 236 Belcher St, Conference Room A-226

•**New Glasgow:** 3<sup>rd</sup> Mon. monthly, Aberdeen Hospital, Conference room #1 South.

•**Truro:** Last Tues. monthly, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room

•**Yarmouth:** 1<sup>st</sup> Tues. monthly, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

### ONTARIO:

**Barrie HepSEE Chapter** 3<sup>rd</sup> Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 [hepseebarrie@rogers.com](mailto:hepseebarrie@rogers.com)

**Durham Hepatitis C Support Group** 2<sup>nd</sup> Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Next meeting: May 9<sup>th</sup>. Speaker: Martha Attley, RN, Hep C Treatment & Support Nurse for Durham Region, discusses treatment and coping skills. Contact: Smilin Sandi, [smking@rogers.com](mailto:smking@rogers.com), <http://members.rogers.com/smking/> Ken Ng, (905) 723-8521 or 1 (800) 841-2729 (Ext. 2170)

**Kitchener Area Chapter** 3<sup>rd</sup> Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (519) 880-8596 [lollipop@golden.net](mailto:lollipop@golden.net)

**Niagara Falls Hep C Support Group** Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact: Rhonda, (905) 295-4260, Joe (905) 682-6194 [jcolangelo@cogeco.ca](mailto:jcolangelo@cogeco.ca) or [hepcnf@becon.org](mailto:hepcnf@becon.org)

**Trenton ON** support. Contact: Eileen Carlton 394-2924 [carfam@quintenet.com](mailto:carfam@quintenet.com)

**Windsor Support Group** Each Thurs., 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, [truds@MNSi.Net](mailto:truds@MNSi.Net)

### PRAIRIE PROVINCES:

**HeCSC Edmonton:** Contact Jackie Neufeld: 939-3379.

**HepC Edmonton Support Group:** Contact Fox, 473-7600, or Cell 690-4076, [fox@kihewcarvings.com](mailto:fox@kihewcarvings.com)

**HepSEE WPG:** Last Mon of the month, 7 PM, Crossways and Common United Church, corner Broadway & Maryland, Winnipeg. Contact David: [Hep-See@shaw.ca](mailto:Hep-See@shaw.ca) or 1(204)897-9105 for updates.

**Winnipeg Hepatitis C Resource Centre** 1<sup>st</sup> Tues. monthly 7-9 PM. Next meeting: Mar. 5<sup>th</sup>. # 203-825 Sherbrook St. (south entrance—parking at rear) Speaker: Jayne from Jayne's Herbal Market Contact: 975-3279, [hccr@smd.mb.ca](mailto:hccr@smd.mb.ca)

### QUEBEC:

**Hepatitis C Foundation of Quebec,** Contact Eileen, 769-9040 or [fhcq@qc.aibn.com](mailto:fhcq@qc.aibn.com). Meetings:

•**Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.

•**Montreal:** 4<sup>th</sup> Tues. monthly, 7-9 PM, Montreal General Hospital, room A1.109, 1650 Cedar Ave.

•**Sherbrooke** 2<sup>nd</sup> Monday monthly, 7-9 PM, Les Grandes Coeurs D'Artichauts Au Centre Jean-Patrice Chiasson (2<sup>e</sup> etage) 1270 Galt Street West. Contact: 820-7432

•**Verdun:** 3<sup>rd</sup> Wed. monthly, 7-9 PM (English), 1<sup>st</sup> Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.

### HeCSC

•**Montreal** 3<sup>rd</sup> Wed. monthly, 7 PM, YMCA 255 Ash Ave. Contact John, 450-926-2237. <http://communities.msn.ca/Hepatitiscmontrealchapter>

•**Quebec City Region,** 1<sup>st</sup> Wed monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, [reneaaurio@hotmail.com](mailto:reneaaurio@hotmail.com)

