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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

NEWS

RIBAPHARM SUES ROCHE

Ribapharm has filed an action against Hoffmann-La Roche, Inc. in the US to stop them from marketing their own ribavirin. Suits have also been filed in the Netherlands and Germany, and will be filed in Switzerland.

Roche has announced their plans to market their own ribavirin product Copegus, and Ribapharm believes that this violates their patent. As we know from the NIH Consensus Statement that came out this summer, the most effective treatment for HCV is pegylated IFN combined with ribavirin.

Roche says it should be allowed to market its own form of ribavirin, because it has done its own clinical trials of the drug and the existing patents have expired.

HCV activists worry that the lawsuit will delay the approval of Roche's Pegasys even more, which may be a better product than the one currently available. Furthermore, the lack of competition will keep prices for treatment high, and may result that patients may not be able to use Pegasys with ribavirin.

Sources: PRNewswire-FirstCall Aug. 26, 2002, Ribapharm Files Patent Infringement Lawsuit Against Hoffmann-La Roche, Inc. in the United States <http://www.prnewswire.com/> and Reuters, Aug 26, 2002 Ribapharm Sues to Block Roche Rival Drug

ANTIBODY TESTING: ENOUGH?

German researchers working with hemodialysis patients say screening for HCV antibodies isn't enough. People may test negative for the antibodies although they have the virus.

After testing 2796 patients from several dialysis centres, 7% were found to be HCV+. Only 6% were HCV-antibody positive. The virus was detected in 4% of the patients. In this



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BC Hep C COLLABORATIVE Circle

Skills, Communication, Education
and Support

By the time you probably read this, the BC Hep C Circle will have met for the second time—this time in Vancouver, from Friday, September 27th through Sunday, September 29th. The first meeting took place in Nanaimo last Spring.

Some of the topics covered will have been Setting Priorities; Skills Building; Community Development, Cooperation and Collaboration—a 3-part workshop given by Karen Muirhead, Deb Schmitz, and Collen Wickenheiser; Support, non-traditional support; Prevention/Education/Awareness, best practices by Katrina Gentes and Kari Hackett, Harm reduction, by Vancouver Area Network of Drug Users (VANDU); and Addiction: Challenging Social Myths by Mark Haden M.S.W.

The Circle Hub has been busy. It has put together two documents which can be found on the website at <http://casper.ca/hepcircle/>. One is the Hep Circle Draft Strategic Plan (PDF), and the other, a document that you can take to your local MP or MLA, is the Hep Circle Briefing Document (PDF).

We hope to publish more details about the meeting in the November issue of the *hepc.bull*.

NEW INTERFERON

Nautilus Biotech has engineered some IFN-alpha molecules so that they have a much longer half-life, thus minimizing side effects and making the treatment more effective and stable.

This is done without pegylation therapy so it may be less expensive to produce. The company has applied for a patent for the 2D-scanning technology used to create this new IFN. The company has a collection of improved IFN molecules, and is quickly moving them towards clinical trials.

Source: PRNewswire, Sept. 13, 2002 Nautilus Biotech Announces Advancement of Improved Interferon Alpha For Hepatitis C virus infection.

<http://tbutton.prnewswire.com/prn/11690X64523465>

<http://www.nautilusbiotech.com>

contact@nautilusbiotech.com

TREATMENT COVERAGE

Have you written to PharmaCare again today to get pegylated interferon covered? This is up to us. The medical profession is on our side, but can't help. Waiting in silence won't do a bit of good.

People to write to:

Honourable Colin Hansen
Minister of Health Services
PO BOX 9050 STN PROV GOVT
Victoria V8W9E2
Tel: 250 953-3547 Fax: 250 356-9587
colin.hansen.mla@leg.bc.ca

Marnie Mitchell
Executive Director, Pharmacare
RBB5-1, 5th Floor
1515 Blanshard St.
Victoria BC V8W3C8
Tel: 250 952-1706 Fax 250 952-2790

Gordon Campbell
Office of the Premier
PO BOX 9041 STN PROV GOVT
Victoria V8W9E1
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premier@gov.bc.ca

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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.

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HepCAN List <http://groups.yahoo.com/group/hepcan/messages>

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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.

Peppermint Patti's FAQ Version 5.6 Available NOW!!

Peppermint Patti's FAQ Version 5.6 is now available in English and Spanish. The English 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 1997-2002; 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!!

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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 15th 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. Joan, 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.

Got Hep C? Single? Visit:

<http://nationalhepatitis-c.org/singles/list.htm>

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

<http://www.positivesingles.com>

UBC: HCV TRANSMISSION STUDIES

Hi All,

I am happy to report news of the HCV Sexual Transmission study being conducted through UBC by a Health Canada grant. Lesley Cole is the RN study coordinator. The study enrollment cut off date was March 2002. Results are expected to be ready for publication and distribution next year (2003). I am personally excited to hear the results.

Study for HCV Transmission through Pregnancy. There are 93 women currently enrolled across BC. More pregnant women are needed to make this study comprehensive and effective. Please inform your community of this important study.

UBC HCV Transmission studies
Phone: 1-604-875-3054 or 1-800-839-3022

All the Best, Marjorie ("Amberose")



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.ca to place your order

BICYCLUM

Bicyclum, made in China, is a new drug to protect liver cells. It seems to be safe, and seems to help people with chronic Hep C. In a study with 39 chronic Hep C patients, some were given bicyclum and others a placebo for 3 months. ALT levels dropped from an average of 120 to 57 after treatment in those taking bicyclum, while the levels went from 126 to 127 in those taking the placebo. Treatment with bicyclum was then given to the placebo group, and after 6 months, their ALT levels dropped to 68. Two patients reported mild dizziness, one in each group.

Source: *PubMed/August 2002 Drug Said Effective and Safe in Treating Chronic Hepatitis C*

COPING TIPS

This article gives us important tips on how to improve our health, such as a good diet and plenty of rest. The author suggests not eating too much, and eating food that is easy to digest, with protein and carbohydrates for energy. Sleeping aids should be used with care, if they are necessary, and be non-narcotic, if possible, and taken with medical supervision. Regular exercise, even if only a daily walk, can help increase energy. Joining a support group, or forming one can be beneficial. Support from family and friends may be helpful, as well. Developing a positive attitude is important. Remember that HCV isn't a death sentence. Be careful with hygiene and grooming. Remember to laugh. Use antidepressants if absolutely necessary, especially if you are on IFN, and if possible, before you start, and advise your doctor if you're feeling depressed. Remember that they can harm the liver.

Source: <http://www.hepatitisaware.org/coping.html>
Coping: Diet and Rest

HYPNOSIS AND YOUR IMMUNE SYSTEM

You can strengthen your immune system with self-hypnosis and other relaxation techniques, according to some researchers in a study appearing in the *Journal of Consulting and Clinical Psychology*. The 33 subjects of the study, medical and dental students at Ohio State University, were about to take their major exams. Their blood was taken before anything was done, and taken again three days prior to the exams, by which time half of them had begun self-hypnosis, deep breathing, muscle relaxation imagery and hypnotic suggestions, lasting about 30 minutes every day for a

(Continued on page 5)

Hello from the 'Taking it to the Streets' Hepatitis C Project!

Who are we and what do we do?

- AIDS Vancouver Island's Street Outreach Services (the needle exchange) has had a **Hepatitis C Project** running for the past 2 years trying to get the word out there about Hepatitis C, HIV/Hepatitis co-infection, safer using, and Peer Education Training opportunities.
- We are three staff members (Hermione, Tracey and Rebecca) and a whole bunch of super great amazing volunteers. Volunteers include current and former drug users, people with Hep C and/or HIV, and local healthcare and service providers (Street Nurses and Outreach Workers).
- We have an **Advisory Committee** set up who help decide what direction the project should be going in, what our priorities should be, etc. We welcome new ideas, especially from people who are currently using drugs by injection, but all are welcome to participate. The next meeting of the Advisory Committee will be **MONDAY, SEPTEMBER 30**, at 1:30 in Street Outreach Services, 1601 Blanshard St. (the needle exchange entrance).
- We run **Peer Education Training** for people who shoot dope and are interested in learning more about hepatitis C, HIV, safer using, overdose prevention, communication skills, and more, and want to share what they learn with their community. This is usually three short training sessions; participants get food, honoraria, and a very lovely certificate for attending. We are also starting a **Speaker's Bureau** for Peer Ed grads. The Peer Education Training is offered in Wilkinson Road jail, too.
- We have a **Hepatitis C Support and Discussion group the 1st Wednesday of every month at 7pm**, held at the needle

exchange. Everyone is welcome; we do not request or require sobriety/clean time in order to attend.

- We go out with Street Nurses on **outreach**...look for us; say hello....
- We provide '**Hep C 101**' training, **one-on-one support** for individuals, **community referrals and liaison**, and a ton of **resources**, such as pamphlets, booklets, videos, tapes, etc...
- We provide materials to make '**Safe Space**' mats and spoons...very cool, personalized harm reduction tools to add to your drug paraphernalia collection...ask at the needle exchange for more info.

If you want more information about the "**Taking it to the Streets**" Hepatitis C Project, please call Street Outreach Services at **384-2366**.

Try to keep safe and keep well. If you are a drug user remember:

- Use your own rigs, spoons or cookers, water, filters, piercing and tattooing needles, toothbrush, razor, nail clippers, etc... Don't use anything that might have someone else's blood on it, and if you do choose to share, use bleach to clean everything. Bleach **has not** been proven to kill Hep C, but it is better than nothing.
- Stay connected to a healthcare provider: if you don't have a doctor, talk to the street nurses about getting tested, having your Hep A and B vaccinations, and getting connected with a doctor...
- Try to eat well, drink lots of water, and get rest. Drinking alcohol is especially hard on your liver, and can make a real difference in how sick you get if you have Hep C; quit if you can.
- If you are worried or scared, attend a support group, talk to an Outreach worker at the needle exchange, a street nurse, your doctor, the Hep C workers, or someone else you can trust.



TREATMENT

by Karolyn Sweeting

HCV FURTHER CLARIFIED

Australian Professor Geoff Farrell's book is successful in translating complex and detailed medical information on hepatitis C into easily understandable concepts for a wide-ranging audience. The author uses his own clinical experience through the text, and demonstrates a balance of science, clinical practice and compassion. The book begins with a comprehensive introduction to virology and gastroenterology. The majority of the book focuses on acute and chronic HCV. Two chapters stand out. The chapter on 'good health messages for people with HCV' contains sensible, practical and achievable goals allowing people some level of control over their health. Secondly, the chapter on 'quality of life issues' reaffirms the effects of HCV – such as lethargy, exhaustion and depression. The book finishes on other liver disorders that reflect the variability and complexity of the epidemic and brings clarity to an issue that will dominate public health in Australia over the next few decades.

Source: Farrell, G. *Hepatitis C, liver disorders and liver health: a practical guide.* Maclennon and Petty. 2002.

TREATMENT FOR HEMOPHILIACS

A study conducted at the University of Turin, Italy on 30 patients affected by hemophilia A or B, or von-Willebrand's disease, and HCV who developed major side effects from recombinant interferon-alpha (IFN-alpha) treatment. Treatment was discontinued temporarily. After a washout period, patients were retreated with human leukocyte with IFN-alpha for 12 months. By the third month, 90% of patients had normal AST (??) and GGT (??) values and undetectable HCV-RNA and no longer developed severe reactions. Human leukocyte IFN-alpha looks to be an effective treatment for HCV patients who are also carriers of clotting disorders.

Source: Dughera, C. et al. *Human leukocyte interferon-alpha treatment for chronic HCV-related hepatitis in hemophilic patients previously intolerant to other interferons-alpha.* Dig Dis Sci. February 2002. 47(2): 427-31.

TIPS VS. EVL FOR BLEEDS

Investigators from Heidelberg, Germany compared endoscopic variceal ligation (EVL) plus propranolol with transjugular intrahepatic portosystemic stent shunt

(TIPS--for the prevention of variceal rebleeding) in 85 patients. 42 received EVL and 43 TIPS and observed for 3 and 4 years, respectively. It was found that rebleeding was higher in the EVL group and 3 of 5 patients underwent TIPS placement after treatment failure. TIPS dysfunction requiring shunt revision occurred in almost 90% of cases and that hepatic encephalopathy was observed more often in the TIPS group. In conclusion, EVL is efficient and has a lower cost of treatment and is recommended as an initial procedure for hemorrhage prevention. However, TIPS is preferred for patients with recurrent bleeding after endoscopic and pharmacological treatment.

Source: *Researchers evaluate two options for treating recurrent variceal hemorrhage.* Endoscopy 2002; 34(9): 690-7. August 28, 2002.



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-a-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

(NEWS—Continued from page 1)

4%, 22% of them did not have antibodies. In other words, .8% of the patients were HCV+, but couldn't be diagnosed by antibody testing.

Those of you whose family members have tested negative to HCV antibodies may want to consider getting them tested for the virus, especially if they have symptoms.

Source: www.gastrohep.com/news/news.asp?id=1491.
Screening for antibodies alone does not exclude infection with hepatitis C virus Gut 2002; 51(3): 429-433, 13 August 2002

TRANSPLANT PROGRAM SUSPENDED

Mount Sinai Medical Center has been fined \$66,000 and has been forced to suspend live liver transplants because of several deaths, as well as 33 serious violations in the liver transplant unit. A plan must be developed to correct the problems, and a complete inspection and survey must be done before the program can start again. One of the requirements is that there be an independent panel consisting of a surgeon, nurse, ethicist, and an infectious disease specialist to approve each liver transplant before it is performed. The investigation was triggered by the death of a healthy man, Mike Hurewitz, who donated part of his liver to his brother, and then died, choking on his own blood in a ward with 34 other patients all being cared for by only one new doctor. Mr. Hurewitz's death was the cause for another fine of \$48,000. Among the problems was the lack of sufficient nurses.

Source: Polgreen, Lydia, *NY Times* August 31, 2002
State Fines Mount Sinai \$66,000 and Bans Live Liver Transplants Indefinitely

EVER WONDER ABOUT KISSING?

According to a study in the September Journal of Hepatology HCV can sometimes replicate in the mouth, especially if the person has oral lichen. This ailment is common among those with hepatitis C. Samples of mouth tissue were taken from 17 patients with HCV antibodies, and from 4 patients without antibodies. Of these 21 patients, 15 had oral lichen, 12 of whom were in the anti-HCV-positive group. The researchers found replicating HCV only in lichen tissues and not in normal tissue, and they suggest that this HCV may help cause damage to the mucosa.



Source: *J Hepatol* 2002; 37(3) 364-369, 15 August 2002, Molecular evidence suggests that the hepatitis C virus can replicate in the oral mucosa
www.gastrohep.com/news/news.asp?id=1496

APC0576

Researchers from Tsukuba University in Japan, together with researchers at Ajinomoto Co. (of MSG fame) have discovered a new anti-rejection drug for transplant recipients, called APC0576. The drugs actually used can prevent rejection in many cases, but harm the liver and kidneys. The drug has been successfully tested on two monkeys who received kidney transplants. It was administered twice a day for a month. More study is necessary.

Source: Reuters, Aug 24 2002, Japan Researchers Find New Transplant Drug

CHIRON & ENANTA

Enanta Pharmaceuticals, Inc., will join with Chiron Corporation to discover and develop small molecule therapy for HCV. Enanta's contribution will be its macrocyclic chemistry expertise. The company will design and synthesize compounds targeting important enzymes needed for the virus to replicate, using Chiron's HCV patents (Chiron "owns" the hepatitis C virus.) Chiron will have an exclusive license to the compounds. Enanta will receive funding for its research and royalties.

Source: Business Wire, Sept. 4, 2002. Enanta Pharmaceuticals Signs Collaboration Agreement with Chiron Corporation for Hepatitis C Therapeutics (www.enanta.com)

RNA INTERFERENCE

RNA interference is a surveillance mechanism in our bodies that responds to double-stranded RNA in some viruses by "silencing" certain genes. These researchers say our cells can be protected against viruses by this mechanism. This process can be helped by pre-treating the cells with small, synthetic double-stranded RNAs which interfere with a specific virus, helping clear that virus from the infected cells. They proved that this response is not caused by antisense or interferon responses, and conclude that these RNAs cause antiviral resistance inside the cells, and may be a good therapy in humans in the future. Some scientists worked with the polio virus.

Another group of scientists tested HIV RNA, where the virus was inhibited in cells and lymphocytes by RNA interference, degrading the HIV RNA, and preventing it from replicating.

Sources: Gitlin, L, et al, *The Independent: Short interfering RNA confers intracellular antiviral immunity in human cells*,

http://argument.independent.co.uk/leading_articles/story.jsp?story=323007

Jacque, JM, et al, *Modulation of HIV-1 replication*

MORE ON TRIPLE THERAPY

New options are necessary for the majority of Hep C patients who do not respond to current therapy. In this European trial, 23 nonresponders to IFN monotherapy were compared to 23 nonresponders to standard combo therapy. Some of the patients were relapsers. All the patients were given IFN-alpha 2a, 6 MU three times a week, plus 1000-1200 mg ribavirin daily, and 200 mg of amantadine daily for 6 months. In responders, the therapy was continued for another 6 months. Results showed sustained responses in 35% of the patients. Response rates depended on the original outcome of therapy. In the first group none of the 9 monotherapy nonresponders obtained SVR. Of those who experienced breakthrough during monotherapy, 73% achieved SVR, and 71% of combo breakthrough patients achieved SVR. The triple therapy seems to give good results in patients who have experienced breakthrough or relapse in previous monotherapy or combo therapy.

Source: Zilly M, et al, *Eur J Med Res* 2002 Apr 30;7(4):149-54, *Triple Antiviral Re-Therapy for Chronic Hepatitis C with Interferon-alpha, Ribavirin and Amantadine in Nonresponders to Interferon-alpha and Ribavirin*. PMID: 12010649

HEPTAZYME TRIALS

Ribozyme Pharmaceuticals' product Heptazyme is in Phase II clinical trials with over 70 patients, and to date, has shown a reduction of HCV RNA levels in 10% of the patients enrolled, but due to an animal toxicity issue, the trial has been stopped. One of the animals lost its vision during the last month of a 12-month trial, but it has not been determined if Heptazyme is at fault. This possibility is being evaluated.

The company hopes that their product will be able to be used in combination with IFN and other antivirals to treat Hep C.

Source: PRNewswire-FirstCall . April 30, 2002, Ribozyme Pharmaceuticals Announces Clinical Trials Update and Conference Call <http://www.rpi.com>

(ALTERNATIVES—continued from page 3)

week. The other half did nothing special. Those using hypnosis and relaxation techniques showed a 26-39% rise in white blood cells, necessary for the good immune response. You can find instructions for self-hypnosis at Hypnosis Online, or Mental Help Net. Watch out for "quacks."

Ask the practitioner for proof showing that this is an effective treatment. Patient testimonials and reports of one case in doubtful journals is not acceptable. Check to find out if a practitioner is licensed.

Source: HealthScoutNews Oct. 19, 2002 *Ease on Down the Road to Health:Relaxing enhances the immune system, says a small study*, by Amanda Gardner <http://www.healthscout.com/template.asp?page=newsDetail&ap=132&id=502224>

by RNA interference, http://www.nature.com/cgi-taf/DynaPage.taf?file=/nature/journal/v418/n6896/abs/nature00896_fs.html

Carmichael, GG, *Silencing viruses with RNA* http://www.nature.com/cgi-taf/DynaPage.taf?file=/nature/journal/v418/n6896/full/418379a_fs.html

McCaffrey, AP, et al, *Nature* 418, 38 - 39 (2002); doi:10.1038/418038a

Gene expression: RNA interference in adult mice http://www.nature.com/cgi-taf/DynaPage.taf?file=/nature/journal/v418/n6893/abs/418038a_fs.html

HEALTH CANADA LAUNCHES
HEP C "GET THE FACTS"
CAMPAIGN

Health Canada has launched a national public awareness campaign designed to inform Canadians about hepatitis C. This infectious disease of the liver is caused by the hepatitis C virus (HCV). It is usually spread through direct contact with infected blood. An estimated 240,000 Canadians are infected with the hepatitis C virus and, because there are usually no symptoms, 70 per cent of them are unaware. The objective of the hepatitis C "Get the Facts" campaign is to raise awareness of the risk factors of this disease.

The campaign's public education materials include a brochure with general information about the virus, a poster and bookmark as well as an information sheet for health professionals.

A website has also been developed to provide information on prevention, risk behaviours and treatment; it can be accessed at <http://healthcanada.ca/hepc>. For more information on the campaign, visit: www.hc-sc.gc.ca/english/media/releases/2002/2002_39.htm.

To access these materials, or to help distribute them, contact your local support group. In Victoria, call HepCBC at 595-3892.

WARNINGS

by Will Lawson

PIOGLITAZONE

A 49-year-old man experienced liver damage while taking the drug pioglitazone to treat type 2 diabetes, the *Annals of Internal Medicine* reported recently.

After taking the drug for 6 months—15 mg/day for 4 months, and 30 mg for 2 months—the man's health appeared to decline even though the results of his blood tests were normal. A few days after his dose had been increased to 45 mg/day, his health worsened, and tests showed signs of liver damage. He had no other risk factors for liver damage. The results of a liver biopsy suggested that the damage was caused by medication. When he was taken off pioglitazone his symptoms gradually improved, and his liver tests returned to normal within 6 weeks.

The report's authors say this case does not prove that the drug was to blame, but only that the man's liver returned to normal after he stopped taking the drug. Before the current report, only one instance of liver injury among users of pioglitazone had been reported.

The co-marketers, Lilly and Takeda, note that the drug's labeling recommends monitoring patients' liver enzymes when they begin taking the drug, and every 2 months during the first year of treatment, and that the drug should not be given to patients with active liver disease.

A researcher at Dartmouth Medical School said it is "highly probable" but not certain that pioglitazone can cause mild to moderate liver damage. Liver damage "almost certainly" occurs less frequently among people taking pioglitazone than it did among those who took troglitazone, a similar drug that was taken off the market. And rosiglitazone, which is still on the market, "has been shown to cause serious liver damage or liver failure," but such acute reactions appear to be rare.

Source: *Annals of Internal Medicine* 2002;136:449-452, 480-483.

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

LIPOKINETIX

The FDA warned consumers last November to stop using LipoKinetix, a non-prescription supplement touted for weight loss, and told the manufacturer, Syntrox, to take it off the market.

Researchers from the US Food and Drug Administration (FDA) and Cedars-Sinai

Medical studied 7 patients who developed liver inflammation between July and December 2000, including one whose liver failed. Symptoms had appeared in as little as 2 weeks after starting to use LipoKinetix. All of the patients recovered spontaneously after stopping the supplement. None was taking prescription or other over-the-counter drugs.

The study underlines the larger issue of whether it is time to tighten regulation of the dietary supplement industry. Unlike the prescription drug industry, supplement manufacturers do not have to show the FDA that their products are safe and effective, or report adverse events, before marketing them.

Consumers should discuss their supplement use with their doctors, and doctors should remember that patients might not mention such products when they are asked about medication use. "All natural" does not necessarily mean a product is safe.

Source: *Annals of Internal Medicine* 2002;136:590-595, 616-618.

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

ST. JOHN'S WORT

A recent study at the University of Exeter appears to confirm that chronic use of St. John's wort, a dietary supplement promoted as a natural antidepressant, can block the action of cyclosporine, an essential anti-rejection drug taken after organ transplants, and vital medications for HIV.

Among the 86 patients studied, all experienced a drop in blood levels of the drug cyclosporine by an average of roughly 50% after taking St. John's wort. Some experienced organ rejection, while others had to have their dosage of the expensive drug adjusted upward.

"Collectively these data leave little doubt that use of St. John's wort can lower cyclosporine levels, thus endangering the success of organ transplants...." the report of the study says.

"The public continues to believe that herbal medicines are safe....The truth is, however, that numerous herb-drug interactions must be considered....[A] lack of communication between patients and health professionals was an important part of the problem."

Source: *Archives of Surgery* 2002;137:316-319. <http://www.reutershealth.com/archive/2002/03/18/eline/links/200203>

RECIPE CORNER

CURRIED BROCCOLI SOUP

1 head broccoli
2 potatoes, unpeeled
2 cloves garlic
6 cups bouillon
1 teaspoon curry powder
1/2 teaspoon grated orange rind
Orange slices

Chop the broccoli, potatoes and garlic. Simmer in the bouillon until the vegetables are soft, about 20 minutes. Add the curry powder and the orange rind; cook 5 more minutes. Puree in a blender and serve warm or chilled. Garnish with the orange slices.
4 to 6 servings

Source: www.drmirkin.com

PEACHY THAI SOUP

5 cups bouillon (Chicken, fish or vegetable; include liquid from cooking shrimp)
1 stalk lemon grass -- bottom 6" peeled, cut in 1/2" pieces and crushed slightly
1/4" slice fresh ginger
1 t. Thai Spice Mix
1 t. Coconut extract
1 cup cooked brown rice
1 cup Chinese cabbage, slivered
2 ripe peaches, peeled and chopped
cilantro leaves, chopped for garnish

Bring bouillon and seasonings to a boil; simmer gently for 15 minutes. Remove the lemon grass and ginger; stir in the rice and cabbage and cook an additional 5 minutes. Remove from the heat; add peaches. Serve warm or chilled, garnished with chopped cilantro leaves.

Source: www.drmirkin.com

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
Internet: www.tourhosts.com.au/isvhld

TIP OF THE MONTH

"Biotène" toothpaste, mouthwash and gum, although expensive, are good for dry mouth symptoms and lesions, especially during ribavirin therapy. Ask your pharmacist to order some.



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.ca

LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter to appear in the bulletin.

**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)

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

Hepatitis C Settlement Fund—KPMG Inc.
Claims Administrator
2000 McGill College Avenue, Suite 1900
Montreal (Quebec) H3A 3H8
1-888-840-5764 (1-888-840-kpmg)

HepatitisC@kpmg.ca

www.kpmg.ca/microsite/hepatitisc/english/forms.html

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

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

Goodman and Carr LLP

pre86hepc@goodmancarr.com
www.goodmancarr.com

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: 1-888-668-2866

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: 1-877-222-4977

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/

ADMINISTRATOR

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

www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

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

DIAL-A-DIETITIAN

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

LEXMARK

Passion for printing ideas.™

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

COMING UP IN BC/YUKON:

Armstrong HepCure Office and library, by appointment. Contact: Marjorie, 546-2953, ambrrose@sunwave.net, www.junction.net/hepcure

Campbell River Hep C Support Group 2nd and 4th Tues. 1180 Ironwood Street Suite 215 Next meetings: Oct. 8th and 22nd. Contact: Kari karishann@hotmail.com

Castlegar Contact: Robin, 365-6137

Chilliwack BC HepTalk Contact: 856-6880.

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church, Fitzgerald St. Next meeting Oct. 15th 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: 1st & 3rd Tues. monthly, 1-3 PM, #39 13th Ave South, Lower Level. Next meetings Oct. 1st & 15th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, 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, & 1st Mon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

Kamloops (People in Motion) 1st and 3rd Tues monthly 12:30pm, 6E-750 Cottonwood Ave, North Kamloops. Contact Pam: 851-7300, pamela.zulyniak@interiorhealth.ca.

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Oct. 26th. Contact Elaine Risely (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silks.net

Kimberley Support Group 2nd Tue. monthly, 7-9 PM. Next meeting Oct. 8th Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Oct. 8th. For individual support, info & materials, contact: Brian Reinhard, (250) 364-1112, reiny57@yahoo.ca

Mid Island Hepatitis C Society Contact Sue for info 245-7635. mihepc@shaw.ca

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

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

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Oct. 16th. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Oct. 15th. Contact: Vivian, 265-0073 or Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Oct. 3rd. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, 623 Agnus Street, New Westminster. Next meeting: Oct. 14th. Contact:

Dianne Morrisette, (604)517-6120, dmorrisette@excite.com

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

Penticton Hep C Family Support Group Contact: Leslie, 490-9054, bchepc@telus.net

Powell River Hep C Support Group 2nd Wed. monthly, 7 PM., at the Health Unit Next meeting: Oct. 9th Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Oct. 8th. Contact: Gina, 963-9756, gina1444@yahoo.ca or Ilse, ikuelper@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Oct. 12th. Contact: Brad, 295-6510, citizenk@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy: 557-9362, e-mail: wmm@island.net, www.island.net/~wmm/

Quesnel HeCSC Last Mon. evening every other month. Contact Elaine Barry, 992-3640, 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

Smithers: Positive Living North West 2nd Wed. monthly, 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: Oct. 9th. Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

Sunshine Coast—Sechelt: Contact: Kathy, 886-3211, kathy.nietze@uniserve.com—**Gibsons:** Contact Bill, page 740-9042

Vancouver: For information please call HepHIVE at 604-254-9949 ext 232.

VANDU Vancouver Area Network of Drug Users Each Mon., 2 PM, 327 Carrall St. (off Pigeon Park) Bus fare & snack. Contact: Crissy or Ann, 683-8595, space limited so come early. vandu@vcn.bc.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Oct. 9th & 23rd. Contact: Sharon, 542-3092, sgrant@telus.net

Victoria HeCSC Last Wed. monthly. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Information Each Wed., 7-11 PM, or weekdays 9-4, Street Outreach Services. Contact 384-2366, hermione.jeffers@avi.org

Victoria HepCBC & INFO line General Meetings quarterly, 1st Tues., 7-9 PM, 541 Herald St. Next meeting: Dec. 3rd. Contact: (250) 595-3892, jking@hepcbc.ca, www.hepcbc.ca

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 Leahann Garbutt, (604) 688-1441, (604) 808-7209, information@youthco.org, or www.youthco.org

Yukon Positive Lives 3rd Wed. monthly, Whitehorse. Next meeting Oct. 16th. Contact Heather 660-4808, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

Cape Breton HeCSC 2nd Tues. monthly. Contact 564-4258

Cape Breton-HepC-CB 2nd 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: Sept 26, Dec 5, 7 PM, Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@hotmail.com

• **Saint John & Area:** 3rd Thurs. bi-monthly, with speakers. 7 PM, Community Health Centre, 116 Coburg Street. Contact Allan Kerr 672-4372

Hepatitis C Moncton Inc. of N.B. 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, hepcmmon@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, www.ahcc.ca

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

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

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

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

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

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

ONTARIO:

Barrie HepSEE Chapter 3rd Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepsee-barrie@rogers.com

Durham Region, GTA and Peterborough, ON support. Contact: Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" <http://members.rogers.com/smking/>

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (519) 880-8596 [\[pop@golden.net\]\(mailto:pop@golden.net\)](mailto:lolli-</p>
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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 jcolan-gelo@cogeco.ca or hepcnf@becon.org

Trenton ON support. Contact: Eileen Carlton 394-2924 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

PRAIRIE PROVINCES:

HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.

HepC Edmonton Support Group: Contact Fox, 473-7600, or Cell 690-4076, fox@kihewcarvings.com

HepSEE WPG: Last Mon monthly, 7 PM, Crossways and Common United Church, corner Broadway & Maryland, Winnipeg. Contact David: HepSee@shaw.ca or 1(204)897-9105 for updates.

Winnipeg Hepatitis C Resource Centre 1st Tues. monthly 7-9 PM. #204-825 Sherbrook St. (south entrance—parking at rear) Contact: 975-3279, hcc@smd.mb.ca

QUEBEC:

Hepatitis C Foundation of Quebec, Contact Eileen, 769-9040 or hcc@qc.aibn.com. Meetings:

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

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

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

HeCSC

• **Quebec City Region,** 1st Wed monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneedaurio@hotmail.com

