

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

DDW 2003

### FATTY LIVER: BAD FOR TREATMENT RESPONSE?

This study looked at the presence of fatty liver in 46 Hispanic Hep C patients before and after treatment, to see how it affected response rates. Fat in the liver (steatosis) was compared to body mass index (BMI), genotype, and response to treatment. The results showed a high amount of fat in the livers of patients with chronic HCV, unrelated to genotype or BMI. Fat in the liver seems to decrease the response to therapy, regardless of whether it is mild, moderate or severe.

Source: Abstract 1269, Antunez, Ivan et al, Steatosis as a Predictive Factor for Treatment Response in Patients with Chronic Hepatitis C

### IS MILK THISTLE WORTH IT?

Silybum marianum (milk thistle) is often used by those with Hep C. This study examined the results of taking 600 mg and 1200 mg of milk thistle on ALT levels and quality of life (QOL), using 16 patients (10 with genotype 1). The study included a placebo branch.

The researchers concluded that milk thistle is safe, but does not affect QOL, anxiety, or ALT scores, so it is not very effective, but does seem to improve the STAI S-anxiety score.

Source: Abstract 1204, Gordon, Adam et al, Effect of Silybum Marianum on Serum ALT and Well Being in Chronic Hepatitis C

### EPOETIN FOR ANEMIA DURING TREATMENT

Ribavirin often causes anemia, even to the point that patients must stop treatment, or lower the dose of ribavirin, which lessens the chances of a sustained response. The study used Hep C patients who became anemic during treatment.

Some received 40,000-60,000 IU, SC QW epoetin alfa, while others received a placebo for 16 weeks, followed by epoetin for all for the remainder of their treatment.

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## News

### PEGETRON COVERED!

BC PharmaCare is now covering Pegetron for some patients here in BC, as of June 9, 2003. There may be requisites, such as an elevated ALT, so check with your pharmacy.

Source: Lisa Riehl, Hepatitis Care Specialist Representative, Schering Canada Inc, Cell: (250) 418-1534 Fax: (250) 383-9048

### GENERIC RIBAVIRIN

Three Rivers Pharmaceuticals has been involved in litigation with ICN Pharmaceuticals over producing a generic form of ribavirin. The court decided that the generic ribavirin did not violate any patent regulations, so soon Hep C patients will be able to get ribavirin at a lower cost, once Three Rivers gets approval from the US FDA and receives a final determination on a 180 day waiting period given to generic filers.

Web site: <http://www.3riverspharma.com>

Source: <http://www.prnewswire.com> PRNewswire July 16, 2003 Three Rivers Pharmaceuticals Announces Victory on Summary Judgment Motion in Case with ICN Pharmaceuticals

### HYPERTHERMIA PLUS PEG INTRON/RIBAVIRIN CLINICAL TRIAL:

WEEK 22/80

by Darlene Morrow  
The Hague, Holland

This clinical trial began with a 7 hour operation in which the entire body's blood volume was heated to 41.8C for a period of 4 hours. The trial's purpose was to test the machinery designed to heat the blood. Will the artificially induced fever cause the proteins in the immune system to fold correctly and thereby allow a proper response? Will retreating people with genotypes 1 that had responded to previous interferon/ribavirin drug therapy but then relapsed with PEG Intron/ribavirin further the percentage of sustained responses?

Six weeks following the hyperthermia surgery PEG Intron and ribavirin therapy began and dosage was based on weight. Drug treatment is for a duration of 52 weeks and began with induction dosing of 10million units of daily IntronA for 6 days, and then 5 million units for 6 days. Ribavirin treatment began immediately and will continue at 1000 mg per day for the 52 weeks of treatment. PEG Intron dosage is at 1.5 microgram/kg or 100micrograms per week.

2 weeks post-treatment an early response was noted as defined by a decrease in viral load of at least 2 log values. 1 week later the virus was undetectable and remains so. The ALT is 11 and AST 27.

White blood cells (WBC) continue to be a problem. In Canada I was unable to qualify for treatment (assuming availability of PEG Intron) because the neutrophils were below 2. The neutrophils are a subset of the WBCs.

The debate with respect to cut off values for WBC in Holland differs from that in Canada. First of all both countries had

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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 updated Canadian Links and both include 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: (250) 595-3892, [info@hepcbc.ca](mailto:info@hepcbc.ca)

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# 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 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. Joan, #5-915 Glen Vale Rd, Victoria BC V9A 6N1, (250) 595-3892.

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 24: SWM Hep C+ Never married. No kids, 40's, living in Pt. Alberni: Seeking pen pal (female). Maybe leading toward friendship and good company. Previously incarcerated and wish to leave that kind of lifestyle behind. Good looking, 6 ft. 2 inches, 220 lbs. I enjoy music, mountain biking, conversation, walks. Private school educated.

**URGENT:** Would the gentleman mentioned in the above ad please contact Joan with his name and address. He has received a reply, and his info was lost in a recent computer crash. Sorry! Responder: Please be patient.

AD 25: SF, Indo-Cdn., 35 years old. 5'7", heavy-set. Hep C+, but I still enjoy life, and try to stay active. I love movies, pets, music, traveling, and reading. I occasionally take self-improvement courses. Searching for SM who is confident, caring, would benefit from my company, and can keep me happy. Richmond.

Ad 26: SWF 33, HepC+, nonsymptomatic. College student, gardener. Interests: camping, country/rock music, concerts, nutrition, tattoos, reading, herbs.. Clean & sober, pretty, sensitive, caring. Looking for guy to correspond with; prefer big guy, strong--possibly relationship later--any age. I'm in the Lower Mainland. Must be drug/alcohol free.

## Got Hep C? Single? Visit:

<http://nationalhepatitis-c.org/singles/list.htm>  
<http://clubs.yahoo.com/clubs/ontariohepcingles>  
<http://groups.yahoo.com/group/hepcingles-1/>  
<http://forums.delphiforums.com/HepCingles/start>  
<http://clubs.yahoo.com/clubs/hepcingles>  
<http://groups.yahoo.com/group/PS-Hep/>

**REPEAT**

Non-responders to Pegatron are being recruited for a new clinical trial of Pegasys (peginterferon alfa-2b) + ribavirin. Roche expects to treat 1000 patients from Europe, North America and Latin America, and the trial will be called REPEAT (REtreatment with Pegasys in pATients not responding to prior Peginterferon alfa-2b/Ribavirin combination therapy). The REPEAT program treats patients for 72 weeks, and uses an induction regimen, as well.

*Source: Roche, New Pegasys Trial to Enroll Hepatitis C Patients Not Helped by PEG-Intron*

**NEW DISCOVERIES**

Separate research done by a team in Canada (McGill University) and another in the US has made some new discoveries about how hepatitis C infects the body and the way the body attacks the virus. The Canadian team discovered how the virus blocks the cell's production of interferon regulatory factors 3 and 7 (IRF3 and IRF7), allowing the virus to become chronic, unlike the influenza virus. IRF3 activates genes in the cell to protect it. The team plans to find out what the genes are.

Schering and Boehringer Ingelheim have new compounds as well. Schering has found its product, SCH-6, can protect the defenses of the cell. This protease inhibitor stops the virus from blocking the immune response.

Boehringer's Phase I clinical trials are showing that its protease inhibitor is safe and effective in reducing (not eliminating) the virus.

**INNOGETICS' HEP C VACCINE**

Innogenetics' Hep C E1 therapeutic vaccine is showing that it halts the virus and reverses related liver disease in Phase II clinical trials., involving 35 patients. The vaccine is designed to treat those already infected. The company plans to market the product by 2008.

*Source: [www.reuters.com](http://www.reuters.com), Jul 03, 2003, Gets Positive Hepatitis Trial Results*

**INFERGEN TRIALS**

InterMune's Infergen is showing "high early virologic response rates" in their daily dosing and their induction dosing clinical trials in Peg-combo nonresponders. Reports show 52% of nonresponders clearing the virus. The induction part of the trial has patients taking 27 mcg of IFN alone for 4

*(Continued on page 4)*

**ITCHING**

Many people with Hep C suffer from pruritus, more commonly known as itching, especially those in whom the disease has advanced significantly. Experts think itching is caused by the build up of toxins because they are filtered out by the malfunctioning liver. If the liver doesn't produce bile, fat isn't digested, and bile and bilirubin collect in the blood. Itching can be a side effect of combo treatment, too.

Itching may disturb sleep and cause skin infection. Things that can help are lotion, baby oil, or petroleum jelly used after a bath or shower to retain moisture. Oatmeal baths may help. Drinking lots of water can prevent skin dryness. Wearing soft, loose clothing can help, as can keeping your house neither too hot nor too cold. Any infection should be reported to your physician. You may need antibiotics.

As a last resort, antihistamines like Benadryl or Atarax, can help. If you have a build up of bile, Questran or Colestid may help. Studies have shown Narcan, Revia, and Revex, used to block the effects of opiates-can reduce severe itching. Rifampin, phenobarbital, Zofran), and Actigall can be used. Other drugs are being studied. Experiments are being done that involve removing blood plasma, filtering it, and returning it to the body. UV light therapy is another promising technique. In extreme cases, there is liver transplant for those with advanced disease.

*Source: Pruritus: Dealing with that Itch by Liz Highleyman- March 2003, Hepatitis C Support Project*



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**NORMAL ALT**

Should patients with normal ALT levels be treated? And what IS "normal"?

One study took 949 subjects who didn't use alcohol often and didn't have Hep C. It also treated 19 Hep C patients with normal ALT levels, of which 14 responded to 6 to 10 million units of IFN three times a week for 6 months, and 8 of them sustained their response. The authors concluded that Hep C patients with normal ALTs should be treated with high doses of IFN if they have a favorable response.

Another study evaluated ALT values as a screening tool to discover which of their 125 hemodialysis patients had been infected with hepatitis C. They compared ALT scores to actual viral tests, which showed that, according to antibody tests, 23% of the patients were infected, while 3.7% of those who actually had the virus did not show antibodies. Using the upper end of "normal" for ALTs as 37 IU, there was no real difference between those infected with HCV and those not infected. If, however, they lowered the number to 27 IU, there was a significant difference, but 60% of patients with HCV still fell below normal. They concluded that ALT is not useful as a screening method in hemodialysis patients.

*Sources: Sakugawa H, et al, Alanine aminotransferase (ALT) levels in a normal population and interferon therapy in chronic hepatitis C patients with normal ALT. Hepatogastroenterology. 2003 Jan-Feb;50(49):165-9. PMID: 12630015 and Milotic I, et al, Scand J Urol Nephrol 2002;36(6):447-9, Modified Range of Alanine Aminotransferase is Insufficient for Screening of Hepatitis C Virus Infection in Hemodialysis Patients. PMID: 12623510*

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**LETTERS TO THE EDITOR:**

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



## WARNINGS

### BIOPSY BLEEDS

Some Hep C patients have bleeding problems which complicate performing a biopsy. This study looked at 629 biopsies, and found that 58% of those where bleeding occurred took place in patients with prior bleeding problems. Risk factors included a drop in serum hemoglobin concentration greater than 2 g/dl, the presence of a hematoma diagnosed through ultrasound, mycobacterial infection, pre-biopsy platelet substitution, acute liver failure, heparin received the day of the biopsy, advanced cirrhosis, steroid therapy, metamizole treatment, and the presence of leukemia or lymphoma. About 70% of the bleeding cases took place more than 24 hours after the biopsy. Mortality rate in the biopsies was 0.48% (Germany). The researchers believe that noticing these risk factors can reduce the rate of complications.

Source: <http://www.gastrohep.com/news/news.asp?id=2146>, *Digestion* 2003; 67(3): 138-45, 14 July 2003, *Bleeding complications after percutaneous liver biopsy*

(TREATMENT—Continued from page 3)

### ANEMIA

Some people with anemia actually have too much iron in their bodies, especially in their livers, where it can cause damage. Unfortunately, our bodies do not remove excess iron naturally. This article tells of a new kind of iron chelation therapy to remove excess iron in people who are anemic. The results were presented at the annual meeting of the American Society of Hematology in Philadelphia. The therapy used was ICL670, taken orally, which is much more convenient than the standard treatment with deferoxamine. The study done with 71 anemic patients with iron overload gave them one of the two treatments. The patients' iron content in the liver was tested every 3 months. The researchers found that ICL670 reduced iron in the liver.

Source: *HealthScoutNews* Dec. 19, 2002 *Fighting Anemia's Side Effects. Study looks at new kind of iron chelation therapy* <http://www.healthscout.com/template.asp?page=newsDetail&ap=419&id=510806>



(CLINICAL TRIALS—Continued from page 3)

weeks, and then adding on a daily combo therapy with 18 mcg of Infergen plus ribavirin for 12 weeks. Then the patients take 9 mcg. of IFN and ribavirin for another 8 weeks, continuing on, depending on the trial arm to which they were assigned, for 24 to 64 weeks more. Most of the patients on the trial have genotype 1 and a high viral load.

The company hopes that Infergen will become the number one product for treating non-responders.

At week 24, viral clearance was seen in 40% and 52% of patients with the daily dosing and induction dosing, respectively.

Source: *PRNewswire-FirstCall* May 19, 2003 *InterMune (ITMN) Announces Interim Data Showing High Early Virologic Response To Infergen In Peg-Interferon Non-Responders With Chronic Hepatitis C* <http://www.intermune.com/>

### PEGINTRON VS PEGASYS

Finally—a trial comparing Schering's Pegintron to Roche's Pegasys!

The two drugs have different pharmacokinetic profiles. This trial was done with 30 naïve Hep C patients. They received either 180 mcg of Pegasys once a week, or 1.0 mcg/kg of PEG-intron once a week. The amount of the medicine in the blood was measured at the start of the trial, and 24, 48, 120 and 168 hours after the first dose, as was the viral load.

The results showed that PEG-Intron reached its highest concentration at 24 hours and then decreased rapidly until 120 hours; it became undetectable between 120 and 168 hours after injection.

Pegasys reached its highest concentration between 48 to 168 hours. Five days after the injection, PEG-Intron is almost undetectable. Pegasys remains more stable, according to this study. The authors suggest that PEG-Intron should be given twice a week to avoid gaps which could allow the virus to multiply.

Sources: Bruno, R et al, *Pharmacokinetics of Peginterferon Alfa-2A (40KD, Pegasys) compared to Peginterferon Alfa-2B (12KD, Pegintron) in naïve patients with chronic hepatitis C (CHC)* Abstract Number: 4203.00 and [www.reutershealth.com/archive/2003/04/17/eline/links/200304\\_17elin026.html](http://www.reutershealth.com/archive/2003/04/17/eline/links/200304_17elin026.html), *Experimental drugs block hepatitis C virus*, by Maggie Fox

### IL-12: SAD NEWS

For those of you who have been sitting with your fingers crossed, awaiting the results of the interleukin 12 (IL-12) trials, you can uncross them now. Unfortunately, the latest

(Continued on page 5)

## ALTERNATIVE TREATMENT

### NEW WEBSITE

If you are in doubt about herbs and supplements, or perhaps their interaction with drugs you may be taking, you can now check them out at a new website by the people at Memorial Sloan-Kettering Cancer Center in New York. The entries include links to any research at MedLine, as well. Beware. Herbs, just because they are "natural", aren't necessarily safe, or may not be safe in some circumstances. They also may not be effective, or the product may not contain a sufficient dose. Here is the website address:

<http://www.mskcc.org/mskcc/html/11570.cfm>

Source:

<http://www.hon.ch/News/HSN/511204.htm> *HealthScoutNews*, Jan. 10, 2003, *Straight Talk About Herbal Supplements* by Jennifer Thomas

### ZINC + ORANGES

A study based on a questionnaire done in 1986 with almost 30,000 shows that zinc and an antioxidant, beta-cryptoxanthin, found in citrus fruit, may lower the risk for rheumatoid arthritis (RA). [Many people with hepatitis C have muscle and joint pains, some mimicking RA, which is possibly caused in part by an overactive immune system.] Years later, the investigators checked back and found 158 cases of RA in the women, and compared their diets with the other women who remained RA-free. Women who got less than 40 mcg of beta-cryptoxanthin had more risk of getting RA than those who got more than 40 mcg. They also found that the women who took zinc supplements got less RA, but taking the same amount of zinc from food didn't decrease the risk. The authors of the study say that the results must be verified through more studies before they can tell people "to take zinc and eat oranges."

Source:

<http://www.reutershealth.com/archive/2003/02/19/eline/links/20030219elin001.html>, Feb 19, 2003, *Citrus, zinc may cut rheumatoid arthritis risk*, by Stephanie Riesenman  
Original Source: *American Journal of Epidemiology* 2003;157:345-354.

### MEDITERRANEAN DIET

A new study done with 51 people suggests that a Mediterranean diet, including lots of fruits, vegetables, legumes and olive oil, more fish and less red meat can help those

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## STOWAWAY GENE

The scientists doing this research say that the key to their new gene therapy is a "suicide" gene, delivered as a stowaway on a harmless virus. The gene is set off when it enters a cell where HCV is living. There is a weak spot in the HCV, a protease enzyme, which can cause the cell to commit suicide. The scientists modified a protein by taking away the genetic code by which the protein recognizes the protease and substituted the code for the Hep C protease. They then sneaked the protein into cells using a harmless virus. The cells then destroyed themselves. This therapy has been tried in mice and in human cells. The results look favorable, and the virus did not return for at least 28 days. The question is what happens in the liver, where many, if not most, cells can be infected. The authors suggest that they could find healthy liver cells, treat them outside the body, and return them back to the liver.

Source:

[www.newscientist.com/news/news.jsp?id=ns99993642](http://www.newscientist.com/news/news.jsp?id=ns99993642), Genetic "smart bomb" knocks out hepatitis April 03, 2003

## ALFACON + ACTIMMUNE

InterMune released the results of its interferons Infergen (IFN alfacon-1) and Actimmune (IFN gamma 1b) recently. The company has found that combining the two substances results in eliminating more HCV in infected cells than with either product alone. Their product PEG-Infergen is now in Phase I clinical trials. Their IFN gamma-1b is being tested in a Phase II clinical trial for treating severe fibrosis or cirrhosis caused by HCV.

<http://www.infergen.com>  
<http://www.intermune.com>

Source: <http://www.prnewswire.com/news/> March 31, 2003, Infergen and Actimmune Combination Produces Synergistic Antiviral Effects In Preclinical Models of Hepatitis C

(CLINICAL TRIALS—Continued from page 4)

news is that of the 160 people completing at least 8 weeks of treatment, only 2 of them (1.2%) had a sustained virologic response (SVR). The biopsies from before and after treatment were not significantly different. There were 14 adverse events reported, of which 7 were probably a result of the IL-12. Also, 22% of the original subjects stopped treatment due to side effects. The results are disappointing to many.

Source: Pockros PJ et al. A multicenter study of recombinant interleukin 12 for the treatment of chronic hepatitis C virus infection in patients nonresponsive to previous therapy. *Hepatology*; 37: 1368-1374(2003).

## NM283

NM283, a ribonucleoside analog, is Idenix Pharmaceuticals' Hep C drug candidate. It is an oral, once-a-day treatment. It reduced the viral load in a primate model by over 90% in one week. The animals were given either 8.3 or 16.6 mg/kg or a placebo. A clinical phase I/II trial in Hep C patients has now begun in the US. Its purpose is to study the safety and effectiveness in adults with genotype 1.

Source:

<http://www.stockhouse.com/news/news.asp?tick=NVS&newsid=1623595> Apr 9, 2003, Idenix Presents Positive Hepatitis C and Hepatitis B Results <http://www.idenix.com>

## ARTIFICIAL LIVER

There are just too few livers to go around. Many people die each year waiting for organs. Kidney patients can go on dialysis while they are waiting. There are mechanical filters for liver patients, but more effective means are needed. Other filters involve pig liver cells, but there are fears about transmitting animal diseases into humans. The ELAD system is the first to use human liver cells. Patients are hooked up to the machine through a vein in their neck, and their blood goes first to a mechanical filter. It then goes through cartridges that use human liver cells, and then back into the body. This can help the patient survive until a liver is available. A clinical trial is being organized by Dr Roshan Shresta, at the University of North Carolina at Chapel Hill. A small study has been done, involving 16 patients, of which 13 improved.

Source: BBC NEWS, March 12, 2003, Artificial human liver created



(DDW—Continued from page 1)

The authors concluded that epoetin helps anemic patients maintain their ribavirin dose and improves anemia and QOL. When patients stay on treatment longer, there should be better response rates.

Source: Abstract 505, Nezam H. et al, *Epoetin alfa Treatment of Anemic HCV-infected Patients Allows for Maintenance of Ribavirin Dose, Increases Hemoglobin Levels, and Improves Quality of Life Vs Placebo*:

## CAROTENOIDS HELP ANEMIA DURING TREATMENT

Normally, 8-9% of patients withdraw from ribavirin therapy because of anemia. These researchers did a study to see if a diet of tomato-based antioxidant-rich food would reduce anemia during PEG-IFN + ribavirin treatment. The subjects were 92 Hep C patients on the PEG combo. The study lasted 6 months. The patients were divided into 2 groups: Group 1 received the tomato based food, and group 2 didn't. Only 4 patients in group 1 had to reduce their RBV dose, but 14 patients in group 2 had to have a RBV reduction. Dose reductions were prescribed when Hb went down below 10 g/dl. The antioxidant-rich diet helped reduce anemia and improved tolerance of ribavirin.

Spaghetti, anyone?

Source: Abstract 234, Morisco, Filomena, et al, *Use of Carotenoid-Based Functional Food Minimizes the Severity of Ribavirin-Induced Anemia in Patients with Chronic Hepatitis C: a Randomized Study*

## NEUTROPENIA

Many Hep C patients are taken off treatment if their neutrophils drop below normal. This study examined cases of neutropenia and serious infections during combination therapy. Out of 4243 patients in the study, 30 became infected with illnesses such as pneumonia, UTI, cellulites, URTI, abscesses, cat scratch disease, salmonella, colitis, furuncle, meningitis, appendicitis, tibial hardware infection, bacteremia, and invasive C jejuni diarrhea. One of the patients with pneumonia died.

The study found that the patients who had serious infections during therapy did not have lower neutrophil levels than other patients, and the infections did not occur at the time of the lowest neutrophil level.

The authors believe that further assessment is needed to decide if treatment doses should be reduced and granulocyte stimulating factor should be used in the case of low neutrophils.

Source: Abstract 213, Ahmed, Furqaan et al, *Clinical Significance of Pegylated Interferon Induced Neutropenia: Results from the WIN-R Trial*

(DARLENE—Continued from page 1)

originally used data gathered from chemotherapy patients to set the cut off values. The Dutch, however, believe that the situations between cancer patients and hepatitis C patients are completely different. And data supports this in that while the drug treatment for HCV lowers WBC, the cells that remain are healthy, functioning cells which is not the case with cancer. The data shows that there is no increase in infections in patients with low WBC up to a value of 1 for the WBC (of which the neutrophils must be around 0.43). At that point dose reduction is usually necessary. Naturally there will be exceptions.

There has been a wide variance in my WBC count from 1 to 3.7. The single time the count was 1, it was re-checked in 2 days. The WBC had increased to 2.4 in that short time, so no reduction in medication was necessary. My weekly, and now twice a month, blood tests continue to show fluctuation in the WBCs between 1.6 and 3.7. An appointment with a haematologist has been scheduled for August 1 to get a second opinion on the safety of the long term decrease in WBC. Plus an additional liver biopsy and ultrasound will be done July 31 as per the study protocol.

The other area of concern is the reduction in haemoglobin due to the high dosage of ribavirin. These values have varied between 5.3 and 7.2 (normal would be between 7 and 9 for a female). The most notable side effect is a high degree of both fatigue and sleepiness plus shortness of breath while climbing stairs, etc. Regular activity can be quite difficult as the fatigue can come out of nowhere. Short term memory loss and some mental confusion can occur when the fatigue gets too bad. The haematologist will assess the reduction on haemoglobin as well.

In addition, I have found that there has been no increase in my neuropathy problems. This issue was debated in Canada and several neurologists could not agree on whether or not they thought the PEG Intron would worsen the existing neuropathic condition (small fibre polyneuropathy). This was used as another reason to exclude me from treatment. The neuropathy was particularly debilitating and the final neurologist that I saw believed that the hepatitis C virus was responsible for the condition, and it would only worsen if the HCV went untreated. This was my chief concern and because of the significant decrease in QOL I was willing to undergo extreme measures.

I must say that the treatment has been very difficult. Two notable differences between the regular interferon and the pegylated form were the absence of an increase in neurological problems with the PEG, and the number of times I have had a fever (which never happened on the regular interferon). I don't know if this is due to the drugs, the low white count, the hyperthermia treatment, or a combination of all three. In any case, the fever has never been higher than 39C.

I have also had significant problems with dry mouth, cold sores, and sores inside the mouth. This has limited what I can eat and is very unpleasant. I am concerned about the extent of the dry mouth and worry about losing teeth.

I just recently began using the Biotene system and have found some relief from that. Despite the mouth problems and the nausea, I have managed to maintain my weight.

My appointments switch to once every 3 months beginning mid October. I am hoping that I can come back to Canada in between the next year's appointments. I sincerely miss all my friends, my husband, and Canada--not necessarily in that order :-)

Wishing everyone success and I hope that people are able to enjoy the summer months. Think of me when you are walking the seawall, looking at the mountains or hiking. :-)



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(ALTERNATIVE TREATMENT—Cont'd from page 4)

with RA, in spite of their old dietary habits, in just 3 months. The patients also drank a moderate amount of wine. (Don't do this if you have Hep C!!) Previous studies have shown the Mediterranean diet to lower risk of heart disease, cancer and memory loss.

Source:

[www.reutershealth.com/archive/2003/02/19/eline/links/20030219elin003.html](http://www.reutershealth.com/archive/2003/02/19/eline/links/20030219elin003.html), Feb 19, 2003, Mediterranean diet keeps arthritis symptoms at bay. Original source: *Annals of the Rheumatic Diseases* 2003;62:208-214.

## TEA

A substance called L-theanine, found in black tea, may help the body fight infection from bacteria, viruses and fungi, say the authors of these new studies. Coffee doesn't contain that substance. The studies show that tea drinkers' immune systems responded 5 times faster to germs than those of coffee drinkers. The study used 5 cups of tea daily. L-theanine primes the gamma-delta T cells, part of the immune system. Black tea may have some anti-tumor qualities, and may prevent heart disease, allergies and osteoporosis, according to other studies. It also promotes the body's interferon. Researchers say the results need to be confirmed in a larger study. This one involved 11 tea drinkers and 10 coffee drinkers, over a period of 4 weeks. The subjects were exposed to E-coli during the trial.

Source:

<http://go1.warp9ems.com/go.pl?tu=26710340-12960>, Apr 28, 2003, *New Study Shows Tea Boosts the Body's Defenses*

## FATIGUE

What causes fatigue in people with HCV? It may be a result of depression, in which case antidepressants might help. It may be a result of medicines like interferon (IFN), so things like changing the hour of injection to bedtime, reducing the dose, eating healthful foods, drinking enough fluids, and getting enough rest and exercise may help. Other strategies may include Traditional Chinese Medicine: acupuncture, massage, herbs, diet, and Qi Gong. Patients with fatigue should be checked for thyroid disease and anemia. They should consider their intake of medications and drugs, caffeine and alcohol, amount of exercise (too much or too little), and lack of sleep.

Source: [www.hcvadvocate.org](http://www.hcvadvocate.org), *Managing Symptoms of Fatigue*. Original source:

[www.hepatitisc.org.au/reviews/reviews.htm](http://www.hepatitisc.org.au/reviews/reviews.htm)

## HepCBC's LIBRARY

Many of you might not be aware that HepCBC has a library, located at 541 Herald Street in Victoria. The library has several books, many handouts, a collection of audio and video tapes, along with a VCR where you can watch them comfortably. We also have a computer you can use for research. Please contact VPWA at 382-7927 for hours.



## PREPLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to your local hepatitis C organization.



## ARE YOU A GOOD SPELLER? GOOD AT GRAMMAR?

The hepc.bull needs a proofreader. This is an opportunity for fame for the qualified individual. Please contact Joan at 250-595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)

## DO YOU HAVE NICE HANDWRITING?

HepCBC needs a Volunteer thank you note writer. Please contact Joan at 250-595-3882 or [info@hepcbc.ca](mailto:info@hepcbc.ca)



## 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

#5-915 Glen Vale Rd

Victoria BC V9A 6N1

Tel. 595-3892 or

Email:

[info@hepcbc.ca](mailto:info@hepcbc.ca)



## TIP OF THE MONTH:

**On treatment?**  
**Sore mouth? Try Biotene**  
**Toothpaste.**  
**Nausea? Try Sea Bands**

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

#### 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:** 1-877-222-4977

**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/](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.

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

### MISCELLANEOUS

**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, [ambrose@sunwave.net](mailto:ambrose@sunwave.net), [www.junction.net/hepcure](http://www.junction.net/hepcure)

**Campbell River Hep C Support Group** Support and information, call 830-0787 or 1-877-650-8787 or email [niac\\_hepc@hotmail.com](mailto:niac_hepc@hotmail.com)

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

**Comox Valley:** Contact 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 June 3<sup>rd</sup> & 17<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—Closed due to lack of funding.** Contact Ken, 1-800-421-2437

**Kamloops** (People in Motion) 1<sup>st</sup> & 3<sup>rd</sup> Tues. monthly 12:30 PM, 6E-750 Cottonwood Ave, North Kamloops. Next meetings June 3<sup>rd</sup> & 17<sup>th</sup> Contact Pam: 851-7300, [pamela.zulyniak@interiorhealth.ca](mailto:pamela.zulyniak@interiorhealth.ca).

**Kelowna Hepkop:** Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Next Meeting: June 28<sup>th</sup>. Contact Elaine Risely (250) 768-3573, [eriseley@shaw.ca](mailto:eriseley@shaw.ca) or Lisa Mortell 766-5132 [lmortell@silks.net](mailto:lmortell@silks.net) or toll-free 1-866-766-5132.

**Kimberley Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM. Next meeting June 10<sup>th</sup> Contact Katerina 426-5277

**Kootenay Boundary** 2<sup>nd</sup> Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: June 10<sup>th</sup>. For individual support, info & materials, contact: Brian Reinhard, (250) 364-1112, [reiny57@yahoo.ca](mailto:reiny57@yahoo.ca)

**Mid Island Hepatitis C Society** Friendship and support group, 2<sup>nd</sup> Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Next meeting: June 12<sup>th</sup>. Contact Sue for info 245-7635. [mihepc@shaw.ca](mailto:mihepc@shaw.ca)

**Mission Hepatitis C and Liver Disease Support Group** 3<sup>rd</sup> Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting June 18<sup>th</sup>. Contact Gina, 826-6582 or Patrick, 820-5576. [missionsupport@eudoramail.com](mailto:missionsupport@eudoramail.com)

**Nakusp Support Group Meetings:** 3<sup>rd</sup> Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: June 17<sup>th</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: June 6<sup>th</sup>. Contact: Ken Thomson, 1-800-421-2437, 505-5506, [info@ankors.bc.ca](mailto:info@ankors.bc.ca)

**New Westminster Support Group** 2<sup>nd</sup> Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, 623 Agnes Street, New Westminster. Next meeting: June 9<sup>th</sup>. Speaker: Dr. John D. Farley on Hepatitis. Contact: Dianne Morrisette, (604)517-6120, [dmorrisette@excite.com](mailto: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](mailto:sasg@island.net)

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

**Powell River Hep C Support Group** Next meeting: 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 June 10<sup>th</sup>, Contact: Gina, 963-9756, [gina1444@yanhoo.ca](mailto:gina1444@yanhoo.ca) or Ilse, [ikueper@northernhealth.ca](mailto:ikueper@northernhealth.ca)

**Princeton** 2<sup>nd</sup> Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting June 14<sup>th</sup>. Contact: Brad, 295-6510. [kane@nethop.net](mailto:kane@nethop.net)

**Queen Charlotte Islands/Haida Gwaii:** Phone support. Contact Wendy: 557-2487, 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, 12 noon, 3862 Broadway (back door) Next meeting: June 11<sup>th</sup>. 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—Sehelt:** Contact: Kathy, 886-3211, [kathy\\_rietz@uniserve.com](mailto:kathy_rietz@uniserve.com)—Gibsons: Contact Bill, pager 740-9042

**Vancouver: Healing Our Spirit—** Offering Hep C and HIV education and support to Aboriginal People in BC. 100 - 2425 Quebec St. Contact: 1 800 336-9726 [info@healingourspirit.org](mailto:info@healingourspirit.org) [www.healingourspirit.org](http://www.healingourspirit.org)

**VANDU Vancouver Area Network of Drug Users** Each Mon., 2 PM, 412 East Cordova Bus fare & snack. Contact: Cristy or Ann, 604-719-5313, or 604-216-2776 (ask for VANDU). Space limited—come early. [vandu@vcn.bc.ca](mailto: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 June 11<sup>th</sup> & 25<sup>th</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** Information about support groups and other services: Contact the Needle Exchange, 384-2366, [hermione.jeffers@avi.org](mailto:hermione.jeffers@avi.org)

**Victoria HepCBC & INFO line** —Contact: (250) 595-3892, [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://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 Caitlin Padgett (604) 688-1441, (604) 808-7209, [information@youthco.org](mailto:information@youthco.org), or [www.youthco.org](http://www.youthco.org)

**Yukon Positive Lives** 3<sup>rd</sup> Wed. monthly, Whitehorse. Next meeting June 18<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:

#### HeCSC NB Meetings:

• **Fredericton, NB** Contact: Bob, 453-1340, [bobc215@hotmail.com](mailto:bobc215@hotmail.com)

• **Saint John & Area:** Information and Support. Contact: Allan Kerr at [kerrs@nbnet.nb.ca](mailto:kerrs@nbnet.nb.ca)

**Hepatitis C Moncton Inc. of N.B.** Contact Debi, [hepcmonc@rogers.com](mailto:hepcmonc@rogers.com)

The Hepatitis Outreach Society is under reconstruction. Please call for support group information for Bridgewater, Halifax, Kentville, New Glasgow, Truro and Yarmouth. Contact (902)733-2214, Fax (902) 733-2043, 1-800-521-0572, [www.hepatitisoutreach.ca](http://www.hepatitisoutreach.ca). Meetings:

### 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 [hepcseebarrie@rogers.com](mailto:hepcseebarrie@rogers.com)

**Durham Region, GTA and Peterborough, ON support.** Contact: Smilin' Sandi [smking@rogers.com](mailto:smking@rogers.com) "Sandi's Smking Against Hepatitis C" <http://members.rogers.com/smking/>

**Kitchener Area Chapter** 3<sup>rd</sup> Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S. **NO MEETINGS JULY OR AUGUST.** 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 [jcolange103@cogeco.ca](mailto:jcolange103@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)

**Hepatitis C Network of Windsor & Essex County** 3<sup>rd</sup> Thurs. monthly, 7 PM, 1100 University Ave. W. and 1<sup>st</sup> Mon. monthly, 491 Victoria Ave, 11 AM. Contact Andrea 250-5399 or Michelle, 256-1878, [hepcnet@cogeco.ca](mailto:hepcnet@cogeco.ca) <http://home.cogeco.ca/~hepcnet/>

### 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:** Contact David: [hepsee@shaw.ca](mailto:hepsee@shaw.ca) or 1(204)897-9105 for updates on meeting schedules.

**Winnipeg Hepatitis C Resource Centre** 1<sup>st</sup> Tues. monthly 7-9 PM. #204-825 Sherbrook St. (south entrance—parking at rear) Contact: 975-3279, [hcre@smd.mb.ca](mailto:hcre@smd.mb.ca)

### QUEBEC:

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

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

• **Sherbrooke** 2<sup>nd</sup> Mon. 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:** 1st Tues. (French) & 3rd Tues (Eng) monthly, 7-9 PM. Verdun General Hospital, Room 3121.

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

### MILK THISTLE COOKIES

1/2 C butter, softened  
1/2 C applesauce  
1 C packed light brown sugar  
1/2 C white sugar  
2 eggs  
1 t. vanilla extract  
1 1/2 Cs all-purpose flour  
3-4 capsules of Milk Thistle extract (about 600mg.)  
1 t. baking soda  
1 t. ground cinnamon  
1/2 t. ground cloves  
1/2 t. salt  
3 C rolled oats  
1 C raisins

1. Preheat oven to 350 F  
2. In a large bowl, cream together butter, applesauce, brown sugar, white sugar, eggs, and vanilla until smooth. Combine flour, milk thistle, baking soda, cinnamon, cloves, and salt; stir into the sugar mixture. Stir in oats and raisins. Drop by rounded teaspoonfuls onto ungreased cookie sheets.  
3. Bake 10 to 12 min. until light and golden. Let cool for 2 min., then removed from cookie sheets to cool completely. Makes 36 cookies