

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### NEWS

#### VANCOUVER SAFE SITE OPENS

Vancouver is the host of the first legal safe-injection site in North America. It is hoped that it will make a big difference for those who are addicted by preventing drug overdoses (37 in the Downtown Eastside so far this year), and reducing the spread of diseases such as HIV and HCV. They hope it will clean up the neighborhood, and provide counselors to the addicted. It will make sure people don't OD, and have clean needles. It will give people access to health treatment and rehabilitation, as proven by the safe-injection sites in around 50 cities in the Netherlands, Germany, Switzerland and Australia.

The Vancouver site, at 139 East Hastings St., has already been running as a Health Canada pilot project for three years. Some officials are opposed to the site, saying that it is "harm extension."

The site, staffed by four alcohol, drug and peer counselors, and 16 nurses, and operated by Vancouver Coastal Health Authority, will be open 18 hours a day. The nurses selected have been trained to help people through overdoses, and have been given a description of life in one of Canada's "most notorious slums." The nurses have been trained to forget previous lessons on preaching the evils of drugs to patients. Peer counselors have been hand picked from drug users and local residents known in the area. Of the IVDUs in Vancouver, 1/3 have HIV, and probably 90% per cent have HCV. Classes were given on intravenous wound care, disease transmission, mental illness and the federally funded 3-year research study to be done on the site, monitoring the health of those using the site, crime rates, and ER traffic at local hospitals.

How many people will use the site is being studied. *The Canadian Medical Association Journal* interviewed 458 IVDUs in Vancouver, and 92% said originally that they

would use the site, but when they were advised about 3 restrictions (registration, no drug sharing, no assisted injections), the willing dropped to 31%. The number fell to 22% with the supposition that police might be stationed nearby (to keep drug traffickers away).

Sources: [www.canada.com/](http://www.canada.com/), Jack Keating and Don Harrison, *The Province*, *Safe-injection site opens Monday. Site will offer addicts a route to healthier lives*, Sept. 15, 2003

[www.ctv.ca](http://www.ctv.ca), *Training begins for first safe injection site*, Aug. 27 2003

#### TAINTED BLOOD REVISITED

"Bloody Disgrace", a documentary broadcast this week on History Television as part of the series Turning Points of History, revealed new evidence contradicting the claim that nothing could have been done before 1986 to stop the spread of HCV through tainted blood.

It was revealed that top U.S. blood experts gave recommendations to test for elevated ALT levels at a meeting on August 9, 1981, according to an American Red Cross letter. The ALT test doesn't detect HCV directly, but is called a "surrogate marker",

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

SEPT. 14, 2003

by Darlene Morrow  
The Hague, Holland

Hi Everyone,

Just a short update:

Initially the hospital intended to do a PCR on my liver biopsy tissue. Unfortunately this has been delayed or cancelled due to lack of funding.

The results of the biopsy showed no significant change from the previous one, six months ago, however there were lymphocytic infiltrates, and those, I believe, indicate the presence of HCV, meaning that the virus is still in the liver. The PCR from the blood still showed undetectable virus, but they are using a test that has a lower limit of 600 copies. They are saving the tests with the lower limit of 50 copies for the end testing in September 2004. The hematology results from the genetic testing should be available in the next few weeks.

Apart from this, I have been ill, very nauseated, and actually following this through with action. The problems with my mouth increased, and an infection developed, making eating a hardship. I have been subsisting on 'meal replacement' shakes. Despite my efforts to the contrary, I have lost two and a

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#### SHARON METCALF

One of our fellow sufferers, Sharon Metcalf, passed away last May 27 at the age of 47. She was predeceased by a daughter and 3 siblings. Her youngest remaining daughter, age 16, is living with Sharon's mother in Victoria. Sharon was a talented songwriter, and will be missed by her family and friends.

## SUBSCRIPTION/ MEMBERSHIP FORM

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**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.ca](mailto:info@hepcbc.ca), (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

**ADVERTISING:** The deadline for placing advertisements in the hepc.bull is the 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:

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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)

**HepCBC Resource CD:** The CD contains back issues of the *hepc.bull* from 1997-2003; the FAQ V5.6; 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: The late John Crooks, Bryce Brogan, Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Brad Kane, Arlene Darlington and friends, Chris Foster, Ian Campsall, Darlene Morrow, Will Lawson, Judith Fry, Rebekah Coopsie, Inar Hansen and D&D friends, Ron Comber, and Stacey Boal. Heartfelt thanks to Blackwell Science for a subscription renewal to [gastrohep.com](http://gastrohep.com)

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



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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/>



## WARNINGS

### HCV FOUND IN SALIVA

It is logical to think that, if one has bleeding gums, the blood can get into our saliva, and the saliva would test positive for hepatitis C. Therefore, **we should not share toothbrushes, or do any "romantic" kissing right after brushing or flossing.**

According to this study of 12 HCV+ patients, whose saliva samples were collected over 21 consecutive days, **infectious amounts of the virus can be found in saliva** especially if the person has a viral load over 1 million copies, and brushes his/her teeth **less than twice a day** (causing more gum bleeding). A major risk factor was gum disease. Of 248 samples collected, 21% tested positive for the virus. Five patients never had their saliva test positive, and of those who did, none tested positive every day.

Source: [www.aidsmap.com](http://www.aidsmap.com), Saliva may have infectious amounts of HCV  
Reference: 43rd ICAAC, abstract V-773, Chicago, September 14 - 17th, 2003.

### BODY MASS INDEX AND TREATMENT RESPONSE

Canadian researchers did a retrospective study on Hep C patients treated between 1989 and 2000. They divided the 253 subjects into 3 groups, normal (<25 kg/m<sup>2</sup>), overweight (25 to 30 kg/m<sup>2</sup>), and obese (>30 kg/m<sup>2</sup>), depending on their body mass index (BMI). Patients received either IFN alone, or the combo. They found that fatty liver was not a risk factor for treatment response. The doctors found differences in treatment response, according to BMI, genotype, and cirrhosis. "...obese patients had an OR of 0.23 compared with normal and overweight patients."

The researchers concluded that **obesity is a negative predictor of response to hepatitis C treatment.**

Source: [www.gastrohep.com/news/news.asp?id=2255](http://www.gastrohep.com/news/news.asp?id=2255), High body mass index is a risk factor for nonresponse to treatment in hepatitis C  
Reference: Hepatology 2003; 38: 639-44, 04 Sept. 2003

### ASK FOR LEFT LOBES

Investigators are finding **more complications in living donors of right-lobe liver grafts.** Both lobes are commonly used. Researchers from Japan studied 200 right-lobe

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## TREATMENT By Will Lawson

*(Editor's note: The first abstract below is saying that you can predict a response based on the viral load early in the treatment. The second is saying that not everyone should be treated immediately, because those who have a strong reaction, or acute case of Hep C, upon infection often get rid of the virus spontaneously. I think this article may be in response to an earlier study where more than 90% of patients just infected and treated immediately got rid of the virus. In other words, not all patients may need to be treated immediately.)*

### EARLY RESPONSE TO PEGINTRON AND REBETOL THERAPY ALLOWS ACCURATE PREDICTION OF TREATMENT SUCCESS

Early virologic response (EVR) in patients with chronic hepatitis C following 12 weeks of individualized, weight-based dosing of peginterferon alfa-2b and ribavirin combination therapy can accurately predict the likely outcome of a full, 48-week course of treatment.

In recent studies in Germany and the U.S., approximately 80 percent of early responders achieved sustained response (SVR) after the full 48-week treatment. Of the patients who failed to attain an EVR at 12 weeks, none achieved an SVR even after an additional 9 months of therapy.

EVR is defined as at least a 99 percent reduction in hepatitis C virus (HCV) load at week 12 of therapy. SVR is defined as the sustained undetectability of HCV six months following 48 weeks of treatment. It is the accepted indicator of a cure.

The 100 percent negative predictive value of this combination therapy indicates that physicians can confidently predict which patients will not respond to further treatment, and ensure that therapy is not prematurely discontinued for any potential responders.

It was estimated that discontinuing treatment in early non-responders could reduce total overall drug treatment costs nearly 20 percent.

Source: Hepatology, Vol. 38, No. 3, 2003, 645-52  
<http://www2.ccnmatthews.com/scripts/ccn-release.pl?current/0827001N.html>



### HIGH RATE OF SPONTANEOUS AND TREATMENT-INDUCED CLEARANCE OF ACUTE HEPATITIS C INFECTION

A recent study by German researchers reports observing a high rate of viral clearance in patients with acute hepatitis C infection, both in patients who were not treated within 12 weeks of symptom onset and in patients who received antiviral therapy.

(Acute hepatitis C virus [HCV] accounts for nearly 20% of all current cases of acute hepatitis.)

Of the 60 patients in the study, 85% presented with symptoms that included jaundice (68%), flu-like symptoms (55%), dark urine and white stool (39%), nausea (34%), and abdominal pain (25%). Eight asymptomatic patients were diagnosed with acute HCV after physical examination for various other conditions.

Six patients were given immediate interferon therapy with or without ribavirin.

In 68% of the untreated patients, the virus spontaneously cleared between 1 and 26 weeks (mean of 8.4 weeks) after diagnosis. Forty-four per cent of these remained clear of the virus at a median of 27-month follow-up. Twenty-four per cent relapsed after a median of 18 weeks. Thirty-one per cent developed chronic HCV infection.

Overall, 24 patients achieved self-limited HCV infection (i.e., achieved spontaneous clearance) and 30 developed chronic disease. Women were significantly more likely than men to have self-limiting disease (18 vs. 6, respectively). Patients who presented with disease symptoms were also significantly more likely to achieve spontaneous viral clearance than asymptomatic patients.

For the patients treated with antiviral therapy, 6 immediately after diagnosis and 20 after 12 weeks of disease onset, 80% achieved sustained viral clearance.

Because of the high rate of spontaneous viral clearance within 12 weeks of symptomatic disease in this cohort of patients, the authors recommend that antiviral treatment should be initiated only in patients who remain HCV positive after 12 weeks of onset of symptomatic disease. For asymptomatic patients, treatment should begin as soon as possible, since they are unlikely to achieve spontaneous clearance.

Source: Gastroenterology 2003;125:1:80-

(Continued on page 5)



## ALTERNATIVE THERAPY

### DIET, EXERCISE AND VITAMIN E

Many of us with Hep C have NASH (nonalcoholic steatohepatitis), or fatty liver. This recent study shows that there are changes in diet and aerobic exercise that can improve the state of our liver, as indicated by liver enzymes, cholesterol, and hyaluronic acid (HA) levels in the blood. The study was done on 16 patients with NASH. Their liver functions, fat profiles and BMI improved during the first 6 weeks of the therapy and remained stable during the next 6 weeks, whether or not the patients received vitamin E supplements or lost weight. HA levels paralleled weight loss. Tumor necrosis factor levels and interleukin 8 were not affected, but interleukin 6 levels decreased with therapy.

"Lifestyle modifications--were associated with improvement in liver enzymes, cholesterol, and plasma HA levels in patients with NASH." The abstract doesn't mention what kind of diet was used.

Source: [www.gastrohep.com/news/](http://www.gastrohep.com/news/), *The effects of lifestyle modification and vitamin E on cytokines and NASH*. Reference: *Hepatology* 2003; 38: 413-19, 29 July 2003

### BCAA

The goal of this study was to see if a change in nutrition, namely supplementation with branched-chain amino acids (BCAA) compared to lactoalbumin and maltodextrins, could prevent progressive liver failure and improve quality of life. The subjects were 174 patients with advanced cirrhosis. Treatment with BCAA had more favorable outcomes than with lactoalbumin, and about the same as treatment with maltodextrins. Hospital admission rates were lower, liver function tests were stable or improved, as were anorexia and QOL. The Child-Pugh score decreased, but there were a lot of drop outs with BCAA. Researchers suggest new formulas to increase compliance.

In a Japanese study, 8 patients with advanced cirrhosis were given BCAA for over 3 months, administered in the late evening, resulting in improved blood albumin, cholin esterase activity and Fischer's ration. **Muscle cramps decreased**, an important benefit of BCAA supplementation in the evening.

Sources: G. Marchesini, et al, June 2003 *Liver Cirrhosis, Nutritional Supplementation with Branched-Chain Amino Acids in Advanced Cirrhosis: A Double-Blind, Randomized Trial* (*Gastroenterology*, 124, 1792-1801, 2003), and Sakoa, K et al, *Hepatology Research, Volume 26, Issue 4, August 2003, Pages 327-329*,

*Branched-chain amino acids supplements in the late evening decrease the frequency of muscle cramps with advanced hepatic cirrhosis*

### ANTIFIBROTIC THERAPY

In about 20-30% of Hep C patients, the disease progresses to cirrhosis in 20 years, while in others, it remains stable. The goal of these researchers was to find methods to prevent the formation of fibrosis in Hep C patients. They found that most patients progressed to fibrosis only when other factors were present, such as exposure to alcohol, a disorder such as fatty liver, co-infection with HIV or *Schistosoma mansoni* or other diseases.

Since even the best therapies with pegylated IFN and ribavirin is only effective in 50% of patients, antifibrotic therapies could be beneficial. The authors suggest more research into agents such as silymarin, shosaiko-to, halofuginone, phosphodiesterase inhibitors, and endothelin-A-receptor or angiotensin antagonists.

Source: Schuppan, D et al, *Cell Death and Differentiation* (2003) 10, S59-S67. *Hepatitis C and liver fibrosis*



## INSPIRING NEWS

Hi Everyone,

I just got back my latest HCV RNA Qualitative PCR this week. Good news--still undetectable!!!

I started 48 weeks of Rebetrone in November 1999 and my 12 week PCR was done in February 2000, and the virus was clear after 30 years (1970 - 2000). I had genotype 1a.

ALT 24 ("Surprisingly Normal," said Dr. Erb)  
AFP - 4 (Apparently no liver cancer)

Since starting treatment I have dropped from 240 lbs. of distended belly, etc., to 190 lbs of solid steel, and I am fit as a teenager and feel great!

I don't often share this info, but it just goes to show you that there is hope. For those of you who are thinking of treatment, I can offer you one important suggestion: Attitude is everything. There can be no doubt. Do everything you can to be well. Exercise if you can. Walk, bike, do strength training, go to extremes if you can before the treatment. Eat as if good food will save your life. It will. Take milk thistle compound (i.e., LG Cleanse, whatever), desiccated liver, and vitamins (without iron). Think positively about the virus leaving your body, and your chances of succeeding will be 100%!!! There can be no doubt!

As far as new treatments getting approved, my success and helping others achieve their own success at overcoming this virus is what drives me to push for treatment approval.

Together, we can beat this disease!

Be Well,

Bill Buckels



## BC Hep C Collaborative Circle Conference

### JOINING FORCES!

Fall 2003 Skills, Education & Advocacy Conference

A partnership meeting between the BC Network Project and the BC Hepatitis C Collaborative Circle

**SUNDAY & MONDAY, OCTOBER 19TH & 20TH 2003**

Marriott Vancouver Airport  
7571 Westminster Highway  
Richmond (Vancouver) British Columbia

### REGISTRATION INFORMATION WHO CAN ATTEND?

Delegates from the BC Hepatitis C Circle and BC Network Project member agencies, affected and interested individuals can attend the conference.

Coffee breaks, breakfast and lunches will be provided for all delegates. Hep C Circle scholarship delegates are also eligible for \$20 daily to assist with dinner costs and other incidentals.

<http://casper.ca/hepcircle/>  
BC Hepatitis C Collaborative Circle  
Tel: 250.704.2990  
Fax: 250.920.4221

(NEWS—Continued from page 1)

indicating liver damage, possibly because of the presence of the virus. In the letter, the experts agreed "that we should prepare to test all units and not transfuse units with abnormal ALT." Research since then has indicated that the use of ALT testing in the early 1980s could have avoided an enormous number of infections.

The 1981 meeting was attended by people from the NIH and the American Association of Blood Banks, among others. The information never reached those involved in the Krever inquiry into the scandal. The letter doesn't mention any Canadian presence at the meeting, but the documentary indicates that Canada had to have been aware of the information. The US delayed ALT testing until 1986, and Canada, until 1990. Canada has only offered benefits to those infected in the 1986 to 1990 window, based on the fact that supposedly nothing could have been done before 1986 to prevent the spread of the disease. Ontario and Quebec have since compensated pre-1986 victims. Activists continue to ask for compensation for all tainted-blood victims.

Source: Dennis Bueckert, *The Canadian Press*, Documentary contradicts federal claims about tainted-blood crisis at 16:40 on September 11, 2003, EST

[www.hispeed.rogers.com/news/national/pf\\_story.jsp?cid=n091123A](http://www.hispeed.rogers.com/news/national/pf_story.jsp?cid=n091123A)

## TRANSPLANT FRAUD

Three Chicago hospitals have been accused of falsifying diagnoses of patients waiting for liver transplants. Two of the hospitals settled by paying fines without admitting or denying guilt. Some patients were apparently placed unnecessarily in intensive care so they would appear sicker than they were. Hospitalized patients, automatically given urgent status, are eligible for transplants ahead of others waiting for organs.

The University of Illinois Hospital, accused of using the improper diagnoses to meet a quota for government health insurance programs, was sued for \$3 million.

Almost 20,000 Americans are waiting for livers, and only about 5,000 transplants are performed each year.

Source:

[www.reutershealth.com/archive/2003/07/29/eline/links/20030729elin001.html](http://www.reutershealth.com/archive/2003/07/29/eline/links/20030729elin001.html), Chicago hospitals accused of transplant fraud, July 29, 2003



(WARNINGS—Cont'd from page 3)

graft donors over 28.7 months, looking for complications. In the 69 donors, 75 complications were found, including biliary complications such as bile leakage and biliary strictures. None of the complications led to death or long-term problems. Problems occurred more frequently in older donors, and in donors with fatty livers. The researchers concluded, "Living-liver donor surgery requires more care in right-lobe transplants."

Source: *Surgery-related morbidity in living donors of right-lobe liver graft*  
[www.gastrohep.com/news/news.asp?id=2162](http://www.gastrohep.com/news/news.asp?id=2162),  
Reference: *Transplantation* 2003; 76(1): 158-63, 21 July 2003

## CHASO AND ONSHIDO

Chaso and Onshido are supplements used for weight loss. Researchers found 6 patients who took Chaso, and 6 who took Onshido, all of whom suffered damage to their livers while taking the herbs. One of the patients required a transplant, and another died.

The team discovered that the products contained N-nitroso-fenfluramine, related to the drug fenfluramine, an appetite-depressant.

"The use of the weight loss aids Chaso and Onshido may be associated with acute liver injury", concluded the researchers.

Source: *Hepatic injury in patients taking the herbal weight loss aids*.  
[www.gastrohep.com/news/news.asp?id=2281](http://www.gastrohep.com/news/news.asp?id=2281),

(DARLENE—Continued from page 1)

half pounds.

In September the Dutch legalized medicinal marijuana. My doctor has prescribed this for me, and we are waiting to see if it is really effective. I had one really good night with no side effects, but then when I increased the dosage, I was having more nausea. I am also on a course of antibiotics for an infection which has nausea as a side effect, as does the ribavirin, so ..... ?

My peg interferon will be reduced by one third on September 26<sup>th</sup>. Hopefully the side effects will be reduced as a result.

I will be coming back to Vancouver in October and staying home for three months. Needless to say, Bill and I are over the moon about that.

The clinical trial continues until September 2004, with checkups every twelve weeks. Depending on how difficult I find the travel, I intend to fly back and forth for those appointments.

Take care,  
Darlene

(TREATMENT—Continued from page 3)

88; [www.docguide.com](http://www.docguide.com)

## AN ANAESTHETIST'S GUIDE TO VIRAL HEPATITIS

Elective surgery should be postponed and any medications that could be harmful to the liver should be disregarded in patients suspected of having acute viral hepatitis.

Extrahepatic manifestations resulting mainly from small- and medium-sized vessel alteration, and adverse effects caused by specific drug therapy may occur. A prothrombin (blood coagulant factor) time decrease to less than 50 percent (INR > 1.75) is the first sign of acute severe liver failure.

A titrated anaesthesia should be provided and agents not eliminated by the liver should be favoured. Vasopressor therapy should be administered early to counteract the blood-pressure decrease associated with a high cardiac output.

The use of antibiotics should take into consideration the risk of gut bacteria moving into the circulatory system, with possible consequent infection.

Source: *Acta Anaesthesiologica Scandinavica*. Aug 2003; 47 (7): 794-803.

## TRANSNASAL DIAGNOSTIC UPPER GASTROINTESTINAL ENDOSCOPY

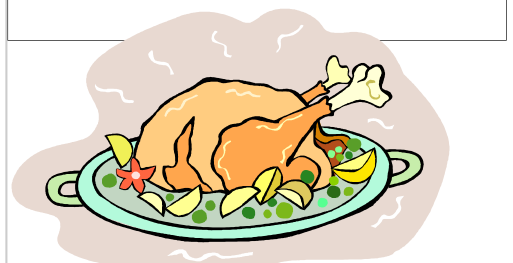
Transnasal (through the nose), small-calibre, diagnostic upper gastrointestinal endoscopy appears to be a promising alternative to peroral (through the mouth) upper endoscopy.

In a German study, transnasal upper endoscopy was well tolerated and safe. It was associated with less gagging (and less sedation) than peroral endoscopy, although it was initially more painful on insertion.

The procedure is considered safe and results in less time spent in the recovery room.

Endoscopies are performed generally to examine the upper duodenum and take biopsy samples.

Source: *Endoscopy*, 641-46, 22 August 2003; <http://www.gastrohep.com/news/news.asp?id=2234>



## LETTERS TO THE EDITOR

Toronto, Sept. 12, 2003

Hi HepCBC—

I have been receiving the hepc.bull for years.

I start Pegatron today.

Keep up the good work. I look forward to reading all the med info regarding trials, etc. It certainly helps coping with this disease. I do not use a computer.

Like many others, I am so frustrated dealing with Ottawa re: compensation. I have to lay out somehow my drug money because of all the red tape with forms, doctors, etc. My first 2-week Pegatron box cost me \$923.00.

All the best.

Sincerely,

Karen G.

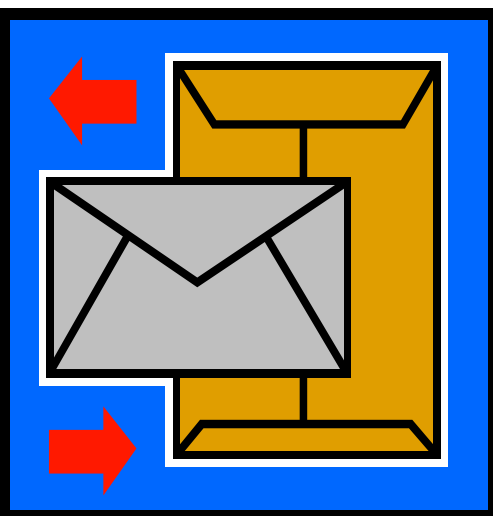
Dear Karen:

Thank you for your support and appreciation. You might want to try contacting Schering Canada. They have a program called **C.A.R.E. (The Canadian Advisory Reimbursement Exchange)** for people who have too much income to qualify for welfare, but not enough to pay for treatment with Schering products. Their number is **1-800-603-2754**. Good luck!

The editor

## ERROR IN THE AUGUST ISSUE

Please note: Page 3, column one, Clinical Trials, 3rd line, should read "2a," not "2b." IFN alfa-2a is Roche's product, and 2b is Schering's product. Apologies! And thank you to Mike Betel for his call, pointing out the error.



## RECIPE

### Apple Ginger Muffins



- 1/4 cup golden raisins
- 1/2 cup orange juice
- 2 tbs minced crystallized ginger
- 1 tsp cinnamon
- 1/2 cup grated apple
- 1/2 cup mashed banana
- 1/3 cup frozen orange juice concentrate
- 1 tbs lemon juice
- 1/2 cup milk or dairy-free milk
- 1 egg or equivalent egg substitute
- 1-1/2 cup whole wheat flour
- 1/2 cup soy flour
- 1 tbs baking powder

- ◆ Combine raisins, orange juice, crystallized ginger, cinnamon, apple, banana, orange juice concentrate, and lemon juice in a large bowl.
- ◆ Let sit at least 1 hour.
- ◆ Add milk and egg.
- ◆ Combine whole wheat and soy flours and baking powder.
- ◆ Add to liquid mixture.
- ◆ Fill muffin tins 2/3 full.
- ◆ Bake at 375 degrees for 15-18 minutes. Makes 1 dozen muffins.

*Many thanks to Liz W for this submission!*

## CONFERENCES

### October 19-20, 2003

BC Hep C Collaborative Circle  
Vancouver, BC (See page 4)

### November 14-15, 2003

CLF: HEPATITIS- MEETING THE CHALLENGE

Centurion Conference & Event Centre  
170 Colonnade Road South  
Ottawa, Ontario  
(613) 733-1433 or (613) 489-5208

### February 27-March 1, 2004

Canadian Digestive Disease Week  
Banff Springs Hotel, Banff, Alberta

### February 26 - March 5, 2005

Canadian Digestive Disease Week  
Banff, Alberta

### September 12, 2005

WCOG Conference - 14th Annual Meeting -  
World Congress of Gastroenterology:  
Montreal, Quebec

### March 4 - 12, 2006

Canadian Digestive Disease Week  
Quebec City, Quebec



## Order Your "Hepper Bear" Now!

\$20 CDN each, including postage. This is a GREAT Fundraiser for Support Groups! Call (250) 595-3892 or email [info@hepcbc.ca](mailto:info@hepcbc.ca) to place your order

## DIAL-A-DIETITIAN

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

## 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.

## 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 250-595-3892 or [info@hepcbc.ca](mailto:info@hepcbc.ca)



## GOOD IDEA, VIKKI!

Mar, Gary The Hon., Q.C., MLA  
 Minister, Health and Wellness  
 323 Legislature Building 10800 - 97 Avenue  
 Edmonton, AB T5K 2B6  
 Phone: 780 427-3665  
 Fax: 780 415-0961  
 E-mail: [gary.mar@gov.ab.ca](mailto:gary.mar@gov.ab.ca)

August 25, 2003

Dear Mr. Mar,

I am writing to request that the Care Not Cash Program monies that Alberta receives from the federal government, be used in part to refund my out-of-pocket medical expenses. Under the terms of the announcement by then Health Minister Alan Rock, no one outside the 1986 – 1990 window will have to suffer out of pocket medical expenses.

My medical expenses are listed here for the each year the government has received money from this program. I have only listed those which were accepted by Canada Customs and Revenue Agency in those years.

1999 - \$ 8,489.64  
 2000 - \$ 8,652.79  
 2001 - \$ 10,794.13  
 2002 - \$ 10,800.00  
 2003 - \$ 12,565.00  
 Total - \$ 51,301.56

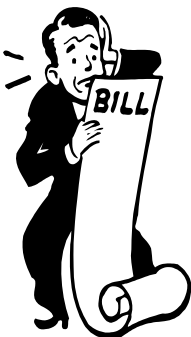
If there is a specific form I should be using, please let me know. I will be happy to fill it out. The bill would be twice that but I can't afford my medication all year.

Thank you for your time and attention. I look forward to hearing from you.

Sincerely,  
 Victoria L. Boddy

*(Note from the author: I am hoping that if enough people actually start submitting bills for payment to the Health Ministers under the program, that we can shake loose what the money was intended for, or at least find out why the federal government has no interest...)*

*(Editor's note: If anyone else has done this and has received a response, please let us know at [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)



## 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 Oct. 7<sup>th</sup> & 21<sup>st</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** Phone support. Contact Susan, 554-7055, or the Liver Clinic, 851-7300.

**Kelowna Hepkop:** Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Next Meeting: Oct. 25<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> Tue. monthly, 7-9 PM. Next meeting Oct. 14<sup>th</sup> Contact Katerina 426-5277

**Kootenay Boundary** 2<sup>nd</sup> Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Oct. 14<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: Oct. 9<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 Oct. 15<sup>th</sup>. Contact Gina, 826-6582 or Patrick, 820-5576. [mission-support@eudoramail.com](mailto:mission-support@eudoramail.com)

**Nakusp Support Group Meetings:** 3<sup>rd</sup> Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Oct. 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: Oct. 2<sup>nd</sup>. Contact: **Alex Sherstobitoff**, 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: Oct. 13<sup>th</sup>. Contact: Dianne Morrissett, (604)517-6120, [dmorrissett@excite.com](mailto:dmorrissett@excite.com)

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

**Parkville/Qualicum** 102a-156 Morison Avenue, PO Box 157, Parkville, BC V9P 2G4. Open daily 9 to 4, M-F. Contact: 248-5551, [sags@island.net](mailto:sags@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 the Health Unit, 485-8850.

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, room 105-107 Next meeting Oct. 14<sup>th</sup>, Contact: Gina, 963-9756, [gina1444@yahoo.ca](mailto:gina1444@yahoo.ca) or Ilse, 565-7387 [ikueper@northernhealth.ca](mailto:ikueper@northernhealth.ca)

**Princeton** 2<sup>nd</sup> Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Oct. 18<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: Oct. 8<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—Sechelt:** Contact: Kathy, 886-3211, [kathy\\_riete@uniserve.com](mailto:kathy_riete@uniserve.com)—**Gibsons:** Contact Bill, page 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](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 Oct. 8<sup>th</sup> & 22<sup>nd</sup>. Contact: Sharon, 542-3092, [sgrgrant@telus.net](mailto:sgrgrant@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** Education and information to youth infected or affected with hepatitis C. #205- 1104 Hornby St., Vancouver. Contact Caitlin Padgett 604-688-1441 or 1-877-YOUTHCO

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

#### 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](http://kerrs@nbnet.nb.ca)

**Moncton, N.B.** Contact Debi, email support only: [hepcmonc@rogers.com](mailto:hepcmonc@rogers.com)

**The Hepatitis Outreach Society** The organization is undergoing reconstruction, for telephone support call: 1-800-521-0572 (902) 733-2214 Fax (902) 733-2043

### 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 Hepatitis C Support Group** 2<sup>nd</sup> Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Next meeting: Oct. 9<sup>th</sup>. Speaker: Karen Marks, RN on Therapeutic Touch. Complimentary treatments! Contact: Smilin' Sandi [smking@rogers.com](mailto:smking@rogers.com) "Sandi's Crusade Against Hepatitis C" <http://members.rogers.com/smking/> or 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 [jcolangel03@cogeco.ca](mailto:jcolangel03@cogeco.ca) or [hepcnfi@becon.org](mailto:hepcnfi@becon.org)

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

**York Chapter HeCSC** 3<sup>rd</sup> Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact: (905) 940-1333, 1-800-461-2135. [info@hepcyorkregion.org](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

**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, [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.

• **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)

## TIP OF THE MONTH:

**You don't fail treatment. Treatment fails YOU.**

