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Canada's Hepatitis C News Bulletin

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HCV AND DISORDERS OF THE BLOOD AND LYMPHATIC SYSTEMS

By Will Lawson

Infection with hepatitis C virus (HCV) is associated with type II mixed cryoglobulinemia (MC), a disorder of the lymphatic system which, in some patients, turns into overt B-cell non-Hodgkin's lymphoma (B-NHL). Recently, the association between HCV infection and B-NHL, which had long been controversial, was confirmed in a large case-control study.

As of 2003, little knowledge was available about possible associations between HCV infection and other lymphoid or myeloid (bone marrow) malignancies. The latest research appears to be establishing this link.

Four diverse studies over the past few years illustrate the work in this area – two in Italy, one in the U.S., and one in Spain:

1. National Cancer Institute, Naples

Researchers reported in 2001 on the results of a case-controlled study on tumours correlated with the immune system (MM, NHL and Hodgkin disease) and HCV, in a high-prevalence area.

Risks were greater for B-cell NHL and MM.

Because of a high prevalence of hepatitis C in southern Italy, public health officials there were advised to expect not only an increase of liver cancer, but also an increased incidence of great number of tumours correlated with the immune system.

2. National Cancer Institute, Bethesda, MD

Seemingly contrary results were reported in 2002, in a large study in northern California.

This study concluded that, although acquisition in later life cannot be ruled out, the data did not support a substantial role of chronic HCV infection in causing NHL and

(Continued on page 6)

PROGRESSION RATE

Have you ever wondered what would happen if you don't get treated? This is an interesting study using something called the Markov model, which simulates the natural progression of HCV in humans.

The study tracked 942 HCV+ patients who were examined once a year and never received antiviral treatment. Sex and age were considered.

Of 40-year-old males with no symptoms, when they reached 70 years of age, 2.6% would have still have no symptoms, 48.4% would have symptoms, 14.6% would develop cirrhosis, and 34.4% would have liver cancer. In females, the results would be 1.9%, 45.3%, 32.8%, and 20.0%, respectively.

Source: Tanaka, J, et al, *JOURNAL OF MEDICAL VIROLOGY*, JUL 2003; 70 (3) : 378-386, *Natural histories of hepatitis C virus infection in men and women simulated by the Markov model.*



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JEAN ANNE DAY

February 29, 1926-July 28, 2004

Jean moved to Victoria in 1942 from her native Alberta. She worked at Wool-



worths and in 1946, joined the war effort, counting rivets at VMD. After the war, she worked at Atherton's and other pharmacies, as well as at Grower's Winery. In 1987 she was transfused with tainted blood.

I never heard her

complain. Jean was a wonderful volunteer. Judith Fry says: "I remember her for her smile and humour. She always was concerned for others. She was always there to help. We shared in the hope for a cure for hepatitis C, and that there be justice for all tainted blood victims. She worked hard for the Hep C office. She was my best friend. She will always be with me in my heart." CFB Esquimalt Power Boat Club wrote: "Jean and Al were/are long serving members of our Club. Jean's wit and willingness to assist in all Club functions will be sorely missed by all."

Jean is survived by her husband Alan; children David, Brian (Marianne), and Patrice; granddaughter Tarot; siblings and their families; cousins, nephews, and nieces.

Condolences may be sent to her family at www.mccallbros.com, who ask that donations be made to HepCBC in lieu of flowers. Donations have been flowing into the office of HepCBC in Jean's name.

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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.

NEW!!!!

Peppermint Patti's FAQ

Peppermint Patti's FAQ Version 6 is now available, and Version 5.6 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only \$6 each, plus postage. Contact HepCBC: (250) 595-3892, info@hepcbc.ca

HepCBC Resource CD: The CD contains back issues of the hepc.bull from 1997-2003; the FAQ V6; the slide presentations developed by Alan Francis; 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.

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.

THANKS!

HepCBC would like to thank the following institutions and individuals for their generosity: The late John Crooks, The Ocean 98.5 for their Public Service Announcements, Durhane Wong-Rieger, Bryce Brogan, Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Royal Bank, Schering Canada, Brad Kane, Chris Foster, Darlene Morrow, Will Lawson, Judith Fry, and the newsletter team: Jeanie and Diana. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

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CUPID'S CORNER

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

To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send cheques payable to HepCBC, and mail to HepCBC, Attn. Joan, #306-620 View Street, Victoria BC V8W 1J6, (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.

Want a mate? Your Cupid ad could go here!

Got Hep C? Single? Visit:

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PRODUCT KILLS HCV

Veridien Corporation has announced that its Viraguard products – a hand spray, hand gel, and hand wipes – have been proven by independent testing to kill hepatitis A, B, and C, as well as HIV-1 and several other viruses and bacteria. The active ingredient in the products is isopropyl alcohol. The products are available to medical professionals through major distributors, and to consumers at <http://www.buyveridien.com>.

Source: *Business Wire* bw5033 Dec 23,2003 *Veridien Adds Hepatitis A, B and C Kill Claims to Its FDA Drug Listed Products.*

DIALYSIS PROBLEM

A malfunction in 10 of the 40 dialysis machines at the Royal Jubilee Hospital in Victoria, B.C. has prompted testing of about 300 patients on Vancouver Island for blood-borne diseases, among them, hepatitis C. It is not yet known whether any patients were actually infected, but the risk is thought to be low.

The problem, which was with the Baxter's Aurora machines, was mentioned in a medical abstract in the U.S. two years ago. Although it existed in Victoria between February and May, it was not discovered until one of the machines was sent for repair. All of the machines have now been fixed.

This machine is used throughout B.C., and other hospitals have been notified.

Source: *Kidney patients warned of possible infection, Jun 8 2004*

http://vancouver.cbc.ca/regional/servlet/View?filename=bc_renal20040608.

TEACHER FIRED

A U.S. high school teacher with diabetes and HCV was fired after one of his students found one of his used needles on the floor of a classroom and accidentally pricked her finger in May of 2003. It is not known whether the student contracted the virus.

The report from school officials said that the teacher did not inform anyone that he was using insulin in the classroom or that he suffered from HCV, and that he was negligent in leaving his needles within reach of the students. He admits to using poor judgment.

The parents are suing the teacher for negligence, and the town, school board, and officials for not training the teacher how to deal with "sharp and/or medical devices". The teacher had attended the school's training session

on blood-borne diseases in 2002.

Source: http://cbs4boston.com/ctnews/CT--TeacherFired-mn/resources_news.html June 09, 2004, *Teacher fired after student pricks finger on insulin needle.*

CANADIAN BOXING CHAMP DIAGNOSED

Joachim Alcine of Montreal, 28 year-old super-middleweight boxing champion, was scheduled to fight Carlos Candelo on August 13, but the event was cancelled because Alcine was diagnosed with Hep C earlier that day. The boxer had had a negative blood test last April, but two more recent tests showed positive.

Alcine and his team still believe that, since he has no risk factors, the tests must be mistaken. [Do they not know that boxing, because of the exposure to blood, is VERY risky?!! Let's hope that the tests are indeed, wrong.]



Source: *Canadian Press, August 14, 2004 Fight scratched after Canadian champion Alcine diagnosed with hepatitis C.*

FISTFIGHT TRANSMITS HIV & HCV

A U.S. police officer recently tested positive for HIV and HCV after being involved in a fight during an arrest.

The officer reportedly punched the man in the teeth, wounding his own hand, which was covered with blood which he did not immediately wash off. The officer's strains of the viruses matched those of the party he arrested, as did the genetic sequencing, proving the means of transmission.

This case proves that violent incidents can be a risk for transmission of both HIV and HCV, and that preventive measures should be taken.

Source: *Occupational transmission of HIV and hepatitis C virus after a punch,*

<http://www.journals.uchicago.edu/CID/journal/issues/v31n6/000049/000049.html>.

NEEDLESTICK INJURY TESTING

Legislation was introduced in May allowing police and other emergency health workers in Nova Scotia who receive needlestick injuries to demand that the person who last used the syringe undergo



a blood test.

The motivation for the new law was the case of police constable Shari Roberts, who was jabbed in the finger while frisking a robbery suspect, and infected with HCV. The suspect relented after a week and was finally tested. Some criminals have been using dirty syringes as weapons to threaten cashiers with.

With the new legislation, if a person refuses to give a blood sample, it would be the decision of the provincial cabinet as to what kind of punishment would be given. Justice Minister Michael Baker gave the bill qualified support, subject to a review to determine whether it meets the test of the *Charter of Rights*.

A similar bill came into effect in Ontario in September 2003.

Source: *Canadian Press May. 18, 2004, N.S. cops pricked by dirty needles could demand blood from suspects, by Murray Brewster, http://www.medbroadcast.com/health_news_details.asp?news_id=4109&news_channel_id=1030.*

TRIALS: RULES BROKEN

UBC's research centres are being reviewed for failing to warn their patients of the side-effects associated with their clinical trials. Federal officials were threatening to freeze funding and suspend the trials for many of the UBC projects because of the breach, which was resolved late last year.

Five hundred and twenty-three projects were not completely approved before they began treating patients.

The Canadian Institutes of Health Research and the Natural Sciences and Engineering Research Council threatened to freeze funding if UBC didn't get back to them in two weeks. Health Canada also insisted that UBC review their projects with new drugs.

UBC found out in May 2001 that its research ethics board had been "cutting corners", but did not notify Ottawa until 10 months later. The board was looking at summaries of projects, rather than complete reports, which often run to 100 or more pages.

No studies had to be cancelled, but consent forms needed to be amended in 37 studies. In only two cases did patients have to be "reconsented." The most common problem was "missed risks".

Source: *CanWest News Service February 25, 2004, UBC broke drug-trial rules for years, documents show, by Margaret Munro.*

TREATMENT

IS THE VIRUS GONE?

So you've gone through treatment and you still test negative 6 months later. Is the virus really gone? Can you stop worrying?

Researchers in this recent study examined the blood of randomly chosen patients who once had hep C and had either resolved it spontaneously (5 patients) or through treatment (11 patients).

They tested the peripheral blood mononuclear cells and in some cases, the monocyte-derived dendritic cells, using a very sensitive test (RT-PCR-NAH) and by real-time RT-PCR. Their results showed that "HCV RNA was carried in the convalescent-phase sera and/or PBMC in all 16 individuals investigated." Also, HCV RNA negative strand were found in most of the blood tested.

This suggests that the virus is multiplying, even in samples from patients who tested negative 5 years after treatment. The results suggest that HCV can remain in the blood and lymphoid cells at very low levels and an intermediate replicative form of the virus can remain in the body many years after the apparent resolution of the virus.

Source: Pham TN, et al, J Virol. 2004 Jun;78(11):5867-74. Hepatitis C virus persistence after spontaneous or treatment-induced resolution of hepatitis C.

GENOTYPE 3? WAIT AND SEE,

German investigators are reporting that HCV genotype 3 often goes away spontaneously, and that these patients may not need treatment. In most cases, early treatment has been shown to prevent chronic infection, but these doctors think that, in cases of genotype 3, the patient should wait and see.

Their study included blood from 92 men in a German prison who tested positive for HCV antibodies. Those who didn't have the actual virus were most often those with genotype 3. Even so, 63% of genotype 3 patients went on to have chronic infection. 93% of those with genotype 1 became chronically infected.

They concluded, "Wait and see for genotype 3, treat immediately for genotype 1."

Source: Reuters Health Jul 02, 2004 Hepatitis C Virus Genotype 3 Infection May Resolve Spontaneously by Will Boggs, MD, J Med Virol 2004;73:387-391.

HEP B BOOSTERS

As hep C sufferers, we are advised, and rightly so, to have Hep A and B vaccinations. Many of us do not respond to the vaccines,

and have been having booster shots, usually with no results.

Swiss researchers have found that the hep B vaccine causes the formation of both antibody-producing cells and memory cells. The antibodies diminish over time, but research shows that even if people have low or undetectable antibodies, they don't develop chronic hepatitis B. The researchers think that this is because of the persistence of hep B memory cells, and therefore that booster shots are unnecessary.

However, they don't discuss what this means to Hep C patients who have never developed antibodies even after vaccination.

Source: Rev Prat. 2004 Mar 15;54(5):509-11. Why are boosters no longer necessary for protection against hepatitis B? Centre de vaccinologie et d'immunologie neonatale, Universite de Geneve, C.M.U., 1211 Geneve 4, Suisse.

BIOPSY ACCURACY

As we all know, biopsy is the only way to really know what is going on inside the liver. Have you ever wondered if that tiny piece of liver they take in a biopsy really represents what is happening all over your liver? These scientists wondered that, too.

They took liver samples from Hep C patients for this study. Fibrosis (scarring) was measured using both image analysis and METAVIR score. Virtual specimens were produced, each one a bit longer, and the scarring was noted on each specimen. The results were compared according to the length of the specimen. The researchers concluded that a length of 25 mm or more is required to correctly evaluate fibrosis.

Source: Bedossa P, et al, Hepatology. 2003 Dec;38(6):1449-57. Sampling variability of liver fibrosis in chronic hepatitis C.



GET ORGANIZED : www.flylady.net

My daughter kindly (?) sent me to this cute and useful website. If she likes this, anyone will. Of course, I'm not so disorganized as she is, but still, I'm going to give this a try. "FlyLady will help you declutter your house using Hot Spot Fire Drills and the 27-Fling Boogie...It doesn't matter whether you are a male or female, single or married, working in or out of the home, have kids or not, this can work for you."

WHAT I DO TO SURVIVE AND COPE

by Squeeky

1. Get involved in something bigger than yourself... Try to save the world.
2. Go for walks and look at birds and meet some nice cats and dogs
3. Play music. I play accordion.....sometimes 4 hours a day if I can. It really lifts my spirits and keeps the mosquitoes away (unless they are German polka dancing mosquitoes, and then we have problems)
4. Be silly (but always be serious)
5. Pretend that the world is really a Mel Brooks film and it's okay to be meshugah.



TO THE MEMBERS of HepCBC

Hepatitis Education and Prevention Society:

NOTICE IS HEREBY GIVEN that the Annual General Meeting of the Members of **HepCBC Hepatitis Education and Prevention Society** for 2004 will be held on Tuesday, September 14, 2004, at 306-620 View Street, Victoria, BC at 7:00 P.M.

Please contact the office at (250) 595-3892 and leave your mailing address for a copy of the Agenda for the Annual General Meeting and a list of candidates for the Board, and for an absentee ballot if you need one. You may email us, if you prefer, at info@hepcbc.ca

HEMO-MODULATOR

Energex Systems has received FDA conditional approval for its Hemo-Modulator to be used in a clinical trial for patients with hep C. Stage I will include 10 non-responders. The study will take place at Eisenhower Medical Center in California.

The machine takes an exact percentage of the patient's blood, but no more than 250 cc's, and sends it through a coil where it is exposed to UV light for an exact amount of time. The blood is then returned to the patient's body. The process takes 6 – 8 minutes. In the trial, patients will receive 5 treatments per week for 2 or 3 weeks. It is hoped that the light will both boost the immune system and disturb the viral cell so that it can't replicate and will die off.

The technology was developed in the 1930s to kill viruses, but was dropped because of the advent of antibiotics. There was a lot of anecdotal information, but no research. It has been tested on blood samples, but not on animals or humans. It may be effective against other viruses as well.

Source: Medical Device Daily June 18, 2004, 'Old' light tech gets update in Energex hepatitis C fight, by Don Long.

TRIED AND TRUE THERAPIES

Complementary therapies are popular among Hep C patients because of the expense, side effects, and poor efficacy of the usual medical treatments. Systematic assessment of complementary therapies is lacking.

These researchers searched six databases, checked references for relevant publications, and consulted experts for further information. They were able to find 27 eligible clinical trials which had been randomized. Patients had taken IFN along with the complimentary treatment in 14 of the trials. Good methodology was lacking in more than half of the 27 trials.

The therapies that showed significant benefit were the trials of vitamin E, thymic extract, zinc, traditional Chinese medicine, Glycyrrhiza glabra and oxymatrine. These and other therapies deserve more research.

Source: Coon J. T., Ernst E. J Hepatol. 2004; 40(3): 491-500, Complementary and alternative therapies in the treatment of chronic hepatitis C: a systematic review. PMID: 15123365.

BCAA FOR CIRRHOSIS

In this trial, researchers looked at the effects of oral branched-chain amino acids

(BCAA) on the function of neutrophils in the peripheral blood of patients with end-stage cirrhosis.

Five of these patients took 12g of BCAA daily for 3 months. "Phagocytic function of neutrophils was significantly improved by 3-month BCAA oral supplementation. NK activity of lymphocytes was improved in four of five patients at 3 months of BCAA supplementation, although the changes were not statistically different."

The researchers concluded that supplementation with BCAA may help cirrhotic end-stage patients avoid bacterial infection due to low neutrophils.

Source: Nakamura, Ikuo, et al, Hepatology Research, Volume 29, Issue 4, Pages 207-211 (August 2004) Phagocytic function of neutrophils of patients with decompensated liver cirrhosis is restored by oral supplementation of branched-chain amino acids.



THINK YOURSELF HEALTHY

Newfoundlanders live in Canada's least-healthy province, according to Statistics Canada, with the highest rates of diabetes, overweight people, and inactivity. However, its residents rate their own health as good, or better than, those of other provinces.

They are the most satisfied with their lives. They don't eat the necessary fruits and veggies, but have the least amount of stress.

Some experts think that the mind-body connection – the person's perception of his/her own health – is extremely important, as long as important symptoms aren't ignored. A sense of community and social support may also have an important positive effect on attitudes about health.



Source: Newfoundland statistics help prove health in the eye of beholder: experts 03/07/2004

<http://healthandfitness.sympatico.msn.ca/Home/ContentPosting.aspx?contentid=0feb44bda4074c5d8dcf317b8cadcd1d0&show=True&number=6&howbyline=False&subtitle=&abc=abc>

The European Association for the Study of Liver Disease had its annual conference in Berlin this year. Here is some news about some of the experimental therapies:

Albuzeron (XTL Biopharmaceuticals Ltd) is an interferon mixed with human albumin so it will stay in the body longer. In a clinical study with non-responders, 97% genotype 1, it was found to have mild to moderate side effects. It stayed in the body an average of 143 hours. 25 out of 40 patients had a reduced viral load.

Merimepodib (MPB) (VX-497) is an IMPDH inhibitor. In a clinical trial involving 31 genotype 1 non-responders, one group received a placebo, another, 25 or 50 mg of VX-497 twice a day with pegylated IFN plus ribavirin during 24 weeks, plus an extra 24 weeks for responders. Not surprisingly, the higher dose produced the best results—85% at 24 weeks.

Viramidine is a ribavirin-like drug that directly affects the liver. In a trial with 180 patients who were given Pegasys plus either 400, 600, or 800 mg of viramidine twice a day, or ribavirin, there was no significant difference between the effects of the highest dose of viramidine and that of ribavirin, but the viramidine patients suffered less anaemia.

NM283 is a polymerase inhibitor. In this trial, it was found that that NM283 was well absorbed and side-effects were low. The next study will combine NM28e with peg-IFN.

Treatment of Acute Hepatitis C: Recent studies have shown that treatment of acute Hep C (right after infection) has given response rates of up to 98%. This study used 1.5 meg/kg of Peg-Intron for 3 months in 15 patients. There was one drop-out. Thirteen of the remaining 14 were non-detectable 3 months after therapy. Eight sustained the response, relapsers being mostly genotype 1 patients. It was suggested that longer therapy and treatment with ribavirin be used in genotype 1 patients.



Source: Alan Francis, HCV Advocate, Updates on New Experimental Therapies for Treating Chronic Hepatitis C

DEAR EDITOR: DISCLOSURE

We thought that this would be an appropriate place to discuss *disclosure* issues.

My partner and I are involved in an alternative lifestyle often referred to as “swinging”. We met a couple through an internet site and got along with them very well. As happens, we ended up having a sexual experience with them. As most couples do, and should, in this lifestyle, we were responsible and used condoms. What happened next we think will be of interest to your readers.

Through a certain twist of fate, we learned that one of the couple has hepatitis C. We considered that we had been put at risk, and felt deceived and that our right to choose had been denied.

They tried to reassure us that we were safe because we had used condoms. But they failed to grasp a few points: Although use of condoms makes sexual activity safer, it is not 100 per cent safe – only abstinence is. Birth control experts will attest that accidents happen. In the throes of passion, not everything or everybody is in total control of the situation.

They could not understand that trust had been broken and took offence at our hesitation over resuming our relationship. This ultimately led to a breakdown of the friendship, and that need not have happened.

In a lifestyle in which trust is paramount, this couple had failed to trust in the relationship we had with them. Otherwise, they would have realized that they could have explained the situation and let us choose whether to continue a sexual relationship or just keep things at a platonic level. In fact, we could have had a more in-depth discussion about what was safe to do. Probably they would have been more relaxed about things too.

At what point should disclosure take place? In relationships with multiple partners, the decision to not disclose is obviously much different from decisions made in a monogamous relationship. Yes, some people will run the other way should disclosure take place, but would you really want to be with them anyway?

We hope that your readers take careful, careful, consideration of to whom they do or do not disclose.

— Halifax Couple



(HCV & BLOOD DISORDERS—Continued from p. 1)
other B-cell lymphoproliferative disorders.

3 School of Medicine, University of Barcelona

Reported in 2003, this study concluded that HCV infection is the main causative factor associated with hematologic (blood-born) malignancies in patients with cryoglobulinemia, followed by specific systemic autoimmune diseases such as Sjogren syndrome and systemic lupus erythematosus, highlighting the close relationship between lymphoproliferation, autoimmunity, and viruses.

607 patients diagnosed with cryoglobulinemia in a single institution were retrospectively analyzed for the occurrence of hematologic malignancies.

Hematologic malignancy was diagnosed in 27 patients (5%), including 24 (89%) lymphoproliferative and 3 (11%) myeloid malignancies. Fifteen (56%) were men and 12 (44%) women, with a median age at diagnosis of hematologic malignancy of 67 years (range, 44 to 88 years). The identified hematologic malignancies were non-Hodgkin lymphoma (n = 18), Hodgkin lymphoma (n = 2), chronic lymphocytic leukemia (n = 2), and 1 case each of multiple myeloma, Waldenstrom macroglobulinemia, Castleman disease, chronic myeloid leukemia and myelodysplastic syndrome. Of the 18 patients with non-Hodgkin lymphoma, there was a predilection for specific histologic types (diffuse large B-cell lymphoma in 8 cases and small lymphocytic lymphoma in 4) and a higher frequency of a

primary extranodal origin in 6 (33%) cases.

Conditions associated with hematologic malignancies were HCV infection in 14 patients (52%) and systemic autoimmune diseases in 13 (48%), with both HCV and systemic autoimmune disease in 6 cases (22%).

4 Istituto Superiore di Sanita, Rome, Italy

The data from this 2004 study suggest that HCV infection may be associated not only with B-NHL but also with some other lymphoid and myeloid (bone marrow) malignancies.

The study was conducted in hematology departments of 10 hospitals in different Italian cities. The cases consisted of consecutive patients with a new diagnosis of B-NHL, Hodgkin's disease (HD), chronic lymphocytic leukemia (CLL), acute lymphoblastic leukemia (ALL), multiple myeloma (MM), acute myeloid leukemia (AML), and chronic myeloid leukemia (CML). The controls were patients in other departments of the same hospitals. HCV infection was investigated by testing for HCV antibodies and HCV-RNA in serum samples.

The prevalence of HCV infection was not higher in patients with HD (3.2%, 5 out of 157 cases) or MM (4.7%, 5 out of 107) than in controls. On the other hand, it was consistently higher in B-NHL (13.8%, 4 out of 30), CLL (9.0%, 9 out of 100), ALL (7.6%, 5 out of 54), AML (7.9%, 11 out of 140), and CML (12.2%, 6 out of 49) patients. These groups were not, however, large enough to render statistically significant results.

(1) *Leuk Res.* 2001 Sep;25(9):775-81.

www.ncbi.nlm.nih.gov/80/entrez/query.fcgi?db=pubmed&cmd=Display&dopt=pubmed_pubmed&from_uid

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PMID: 11489471 [PubMed - indexed for MEDLINE].

(2) *Blood.* 2002 Jun 1;99(11):4240-2.

PMID: 12010836 [PubMed - indexed for MEDLINE].

(3) *Semin Arthritis Rheum.* 2003 Aug;33(1):19-28.

[www.ncbi.nlm.nih.gov/80/entrez/query.fcgi?db=pubmed&cmd=Display&dopt=pubmed_pubmed&from_uid=12920693.](http://www.ncbi.nlm.nih.gov/80/entrez/query.fcgi?db=pubmed&cmd=Display&dopt=pubmed_pubmed&from_uid=12920693)

Related Article:

[www.ncbi.nlm.nih.gov/80/Menu12920693.](http://www.ncbi.nlm.nih.gov/80/Menu12920693)

Link:

[www.ncbi.nlm.nih.gov/80/entrez/utills/lofref.fcgi?PrId=3048&uid=12920693&db=pubmed&url=http://linkinghub.elsevier.com/retrieve/pii/S0049017203500324.](http://www.ncbi.nlm.nih.gov/80/entrez/utills/lofref.fcgi?PrId=3048&uid=12920693&db=pubmed&url=http://linkinghub.elsevier.com/retrieve/pii/S0049017203500324)

PMID: 12920693 [PubMed - indexed for MEDLINE].

(4) *Haematologica.* 2004 Jan;89(1):70-6.

[www.ncbi.nlm.nih.gov/80/entrez/query.fcgi?db=pubmed&cmd=Display&dopt=pubmed_pubmed&from_uid=14754608.](http://www.ncbi.nlm.nih.gov/80/entrez/query.fcgi?db=pubmed&cmd=Display&dopt=pubmed_pubmed&from_uid=14754608)

Related Article:

[www.ncbi.nlm.nih.gov/80/Menu14754608.](http://www.ncbi.nlm.nih.gov/80/Menu14754608)

Link:

[www.ncbi.nlm.nih.gov/80/entrez/utills/lofref.fcgi?PrId=3073&uid=14754608&db=pubmed&url=http://www.haematologica.org/journal/2004/1/70.](http://www.ncbi.nlm.nih.gov/80/entrez/utills/lofref.fcgi?PrId=3073&uid=14754608&db=pubmed&url=http://www.haematologica.org/journal/2004/1/70)

PMID: 14754608 [PubMed - in process].

HELP WANTED: E.D.

HepCBC, a non-profit organization, is searching for an Executive Director. This is a part-time position for an enthusiastic individual with vision. For more information, or to submit a resume, please contact info@hepcbc.ca. Candidates should live in the Victoria area.

HEPCBC INFO SESSIONS

HepCBC in Victoria, BC, is planning a moderated 8-session pilot group in early October for those who are infected with hepatitis C. Please sign up, leaving your name and phone number at 250-595-3892, or email info@hepcbc.ca. Space will be limited.



www.virology-education.com/announcement1stCoinfection.html

info@virology-education.com

TIPS

Demand a biopsy, even if your enzymes are normal.

Stop smoking



Stop drinking alcohol

Improve your diet.

See your doctor regularly.

WHAT THE HECK IS.....?

Below is a link to a page with a several easy-to-read short articles that try to put complicated scientific information into a more reader friendly format. Did you ever wonder what a PCR is, exactly, or antibodies, DNA vaccines, enzymes, genes, protease inhibitors, and receptors, for that matter? You can find the information on this web-site.

Thanks to Wendy and Ken for passing this on..

<http://people.ku.edu/~jbrown/whatheck.html>

RCMP



Royal Canadian Mounted Police / Gendarmerie royale du Canada

RCMP Blood Task Force
Project Oleander
345 Harry Walker Parkway S.
Newmarket ON L3Y 8P6

To whom it may concern,
2004-06-17

RCMP Blood Task Force - Toronto North

The RCMP Blood Task Force would like to update you on the court appearances for those who were charged with criminal offences relating to the Canadian blood system.

The legal counsel for the Canadian Red Cross and Dr. Roger Perrault appeared in Hamilton on April 28th and on May 21st, 2004 in Superior court. On April 28th, a Judicial Pretrial was held before The Honourable Regional Senior Justice Kent. Counsels also appeared in Hamilton on May 21st, 2004. They are scheduled to return to the Superior Court at 9:30 on September 17th, 2004. The Superior Court in the City of Hamilton is located at 45 Main Street East.

The legal counsel for Dr. Roger Perrault, Dr. John Furesz, Dr. Wark Boucher, Armour Pharmaceutical Company, and Dr. Michael Rodell appeared in the Superior Court in Toronto on March 26th, 2004. They are scheduled to return to Superior Court at 9:30 a.m. on June 28th and 29th, 2004, for a change of venue application. In addition, the parties will attend the Superior Court at 9:30 in Toronto for a Judicial Pretrial on June 30th, 2004. The Superior Court in the City of Toronto is located at 361 University Avenue, Toronto, Ontario.

The toll free line and the web site are still available for those who wish to contact the Blood Task Force.

1-888-530-1111

www.rcmp-grc.bc.ca/html/bloodtaskforce_e.htm (English)
www.rcmp-grc.bc.ca/html/bloodtaskforce_f.htm (French)

Sincerely,

D.O. Hvidston, Cst
BTF Liaison Officer

B.W. Fair, Insp.
OIC RCMP Blood Task Force

COMPENSATION

LEGAL ACTION

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



1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699 Fax: 1-604-609-6688

Pre-86/Post-90

Hepatitis C Settlement Fund—KPMG Inc.
Claims Administrator
2000 McGill College Avenue, Suite 1900
Montreal (Quebec) H3A 3H8
1-888-840-5764 (1-888-840-kpmg)
HepatitisC@kpmg.ca
www.kpmg.ca/microsite/hepatitisc/english/forms.html

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

Mr. David Harvey/ Goodman & Carr
Toronto, Ontario
Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)
1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Other:

William Dermody/Dempster, Dermody, Riley and Buntain
Hamilton, Ontario L8N 3Z1
1-905-572-6688

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 207)

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

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/

ADMINISTRATOR

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

www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

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

COMING UP IN BC/YUKON:

Armstrong HepCure Office and library, by appointment. Contact Marjorie 546-2953, amberose@sunwave.net, www.hepcure.ca

Campbell River/Comox Valley Hep C Support and information. Contact 830-0787 or 1-877-650-8787, P.O. Box 52, Port Hardy. Contact Dan Webb (250) 902-2238 or 1-866-902-2238 niacph@hotmail.com

Castlegar Contact Robin 365-6137

Comox Valley Mon.-Thurs. drop-in support 9-4 PM. Contact AIDS Vancouver Island Hep C Community Support (250) 338-7400 355 6th St. Courtenay or Del: deggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 748-3432

Cranbrook HeCSC-EK Support Group Monthly meetings. Call for details: Katerina (250) 417-2010, hepsc-ek@shaw.ca or Leslie (250) 426-6078, ldlong@shaw.ca

Kamloops Call the AIDS Society of Kamloops (ASK) at (250) 372-7585 for support or referral. ask@telus.net

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine Riseley (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silk.net or toll-free 1-866-766-5132.

Kootenay Boundary: Individual support & info Contact Brian Reinhard (250) 364-1112 lmortell@silk.net

Mid Island Hepatitis C Society Friendship and support group, 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Sue 245-7635, mihepc@shaw.ca

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Contact Vivian 265-0073

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St. Contact Alex Sherstobitoff, 1-800-421-2437, 505-5506, info@ankors.bc.ca <http://www.ankors.bc.ca/>

Boundary Hep C Support. Contact Ken 250-442-1280 ksthomson@direct.ca

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations Urban Community Society, 623 Agnes Street, New Westminster. Contact Dianne Morrissett, 604-517-6120 dmorrissett@excite.com

Powell River Hep C Support Group Next meeting: Contact the Health Unit 485-8850

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, room 107. Contact Gina 963-9756, gina1444@yahoo.ca or Ilse 565-7387 ikuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Contact Ted Rogers (250) 624-7480, Ted.Rogers@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Contact Brad 295-6510, kane@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy 557-2487, wmm@island.net, www.island.net/~wmm/ <http://health.groups.yahoo.com/group/CANhepc/>

Slocan Valley Support Group Contact Ken 355-2732, keen@netidea.com

Smithers: Positive Living North West 2nd Wed. monthly, 12 noon, **3862 Broadway (behind Panago)**. Contact Deb 877-0042 or Doreen 847-2132, deb@plnw.org

Sunshine Coast—Sechelt: 1st Wed. monthly, 6:30 PM at Sechelt Indian Band Health Unit. Contact 604-885-9404

Pender Harbour – 3rd Thurs. monthly, 6:30 PM at Pender Harbour Paper Mill. Contact Myrtle 604-883-0010 or Bill, pager 604-740-9042

Vancouver: Healing Our Spirit—HCV and HIV education, support for Aboriginal People in BC. 100 - 2425 Quebec St. Contact 1-800 336-9726, info@healingourspirit.org www.healingourspirit.org

VANDU Vancouver Area Network of Drug Users Each Mon., 2 PM, 50 East Hasting St. Bus fare & snack. Contact Crisy or Ann 604-683-8595 (ask for VANDU). Space limited. vandu@vandu.org www.vandu.org

Vancouver: Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver. For info, contact Caitlin Padgett cailin@youthco.org For support, contact Matt Lovick 604-688-1441 or 1-877-YOUTHCO www.youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave.. Contact Sharon 542-3092, sgrant@telus.net <http://www.hepc.vernon.bc.ca/>

Victoria Support & Info Contact The Needle Exchange 384-2366

Victoria HepCBC & INFO line —Contact (250) 595-3892 info@hepcbc.ca, www.hepcbc.ca Library open M-F 306-620 View St. Phone support or private appointment for interviews.

Works Without Words Yukon Hep C Support Group Every Thurs. at 7 p.m., Grace Community Church, 8th & Wheeler St. Contacts: Harry & Debbie 867-667-2402 harry.mckenzie@klondiker.com Brian: 867-668-4483 P.O. Box 31216, Whitehorse, YK.

OTHER PROVINCES:

ATLANTIC PROVINCES:

Fredericton, NB Contact: Bob, 453-1340

Saint John & Area: Information and Support. Contact Allan Kerr kerrs@nbn.net.nb

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Ben-tinck Street, Sydney, N.S. 7-9 PM. Call Cindy Coles 1-800-521-0572, (902) 539-2871 FAX (902) 539-2657 hoscb@ns.aliantzinc.ca

ONTARIO:

Barrie Hepatitis Support Contact: Jeanie for information/ appointment 705-735-8153 hepcsupportbarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. mthly, 7- 9 p.m., St. Mark's United Church, 201 Centre St. South, Whitby. Contacts: Smilin' Sandi smking@rogers.com Sandi's Crusade Against Hepatitis C <http://creativeintensity.com/smking/> 1-800-841-2729 ext. 2919 re: HCV testing, free Hep A and Hep B Vaccines and group info. Sept. 9th Speaker: Dr. Durhane Wong-Rieger, PhD "Living Well with Hepatitis C" <http://health.groups.yahoo.com/group/hepc-info/>

Kingston Hep C Support Group 1st Wed. monthly, 5:30 PM, - 9 p.m. St. George's Cathedral, King and Johnson St. (Wellington St. entrance) Contact: HIV/AIDS Regional Service 613-545-3698

Unified Networkers of Drug Users Nationally undun@sympatico.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn (519) 880-8596 lollipop@golden.net No meetings in July or August.

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM excluding July and Dec., Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact Rhonda (905) 295-4260, hepcnf@becon.org

AIDS Committee of North Bay Bi-weekly HCV Support meetings Shannon (705) 497-3560

Peel Region Hep C Support Group www.peel-hepc.com Contact (905) 799-7700 healthlinepeel@region.peel.on.ca

QUEBEC:

Arundel Contact Andy Aitken chen.alexander@sympatico.ca Canadian Hepatitis C Network <http://www.canhepc.net/>

Quebec City Region Contact Renée Daurio 418-836-2467 reneeaurio@hotmail.com

St. Catharines Contact Joe (905) 682-6194 jcolangelo3@cogeco.ca

Hepatitis C Network of Windsor & Essex County Contact Andrea 250-5399 or Michelle 256-1878, hepcnetwork@mailcan.com <http://hepcnetwork.cjb.net>

York Chapter HeCSC 3rd 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 www.hepcyorkregion.org **No meetings in July or August.**

PRAIRIE PROVINCES:

HeCSC Edmonton Contact Jackie Neufeld 939-3379.

Hep C Edmonton HCV, pre/post liver transplant support Contact Fox 473-7600, or cell 690-4076, fox@kihewcarvings.com

Fort McMurray, Alberta Hepatitis C Support Network—Info and support. #205, 10012A Franklin Ave. Contact Lyn, (780) 743-9200 Fax (780) 943-9254 wahas@telus.net

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 7 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact (403)527-7099 betty2@hivnetwork.ca

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

Note* Some support groups do not have meetings in the summer months or other seasonal holidays. Contact the group for clarification.

If you have a Canadian HCV Support Group to list on this page, please send the name of the group, day, time, place, contact name/phone, and email address to smking@rogers.com PLEASE inform me of any changes, or of any special events/speakers, etc., in your area, well in advance of the date. —Smilin' Sandi



BE PART OF THE TEAM!

We need people to summarize articles, and HepCBC needs office staff. The HepCAN list needs a moderator trainee. Please contact Joan at 250-595-3892 or info@hepcbc.ca