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Canada's Hepatitis C News Bulletin www.hepcbc.ca

CANADA MUST FULFILL ITS PROMISE

By Kelly Duda
November 2006

Finally the Canadian federal government has been forced to agree to compensate more victims of tainted blood. After nine years of trying to help these victims, I am glad to see some more money going their way.

However the truth about everything that happened and who is responsible still remains hidden and the powers that be are feeling a little more secure today, because they know that the vast majority of people will walk away once they've been paid off. And so the game goes on... Who says (white-collar) crime does not pay?

In late 1998, when Mark Kennedy of the Ottawa Citizen used my investigative work to break the Canada-Arkansas angle of the tainted blood story internationally, I had no idea how much hard work still lay ahead. Beginning in 1997, when I started looking into the blood plasma program at Cummins Prison in Arkansas I would've never guessed that I'd still be "uncovering" the subject today, and I certainly had no idea what I was getting myself into.

In the process of my investigation, and the making of my documentary, *Factor 8: The Arkansas Prison Blood Scandal*, I was sued, a federal judge blocked my Park City, Utah premiere, my wife left me, my tires were slashed, extensive, detailed notes of

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THE SIREN IS SILENCED

**Timothea Beckerman,
Siren of Soul
Dies at age 55**



It is with deep sorrow we report Timothea Beckerman, known to her friends as Timi, passed away Tuesday, November 14, 2006, at Columbia Presbyterian Hospital, NYC, from complications due to hepatitis C.

Her tireless efforts as a hepatitis C advocate will be remembered and admired by all.

Active in the New Orleans music scene for many years, Timothea's ashes will be returned to the city she loved so much. A memorial service is being planned for the near future. Please check www.Timothea.com for date, time and location.

Anyone who wishes to contribute much needed funds to help pay for the service can visit www.Timothea.com and click the link to make a donation through the Bluesoul Records PayPal account.

Status C Unknown would like to thank those who sent their well wishes and prayers. Each and every message was read to Timothea at her bedside.

*Shari Foster, Patty VanReenen, Monica Rickert
StatusCunknown.org*

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POWeR PROGRAM

Reporting on the largest ever Canadian study on hepatitis C, (POWeR [1] Program (PEGETRON® Prospective Optimal Weight-Based Dosing Response) from this past week's American Association for the Study of the Liver conference in Boston, two main points emerge: 1) Doctors in any small community in Canada treating Hep C can be encouraged by the results here. They too can duplicate the excellent sustained virological rates (SVR) reported across all weights as the study took place in actual community settings as well as institutional; 2) Hep C can be treated contrary to what patients and in some cases, physicians, have become accustomed to thinking. According to one Quebec investigator, 'Hep C has reached epidemic proportions over the last 10 years and will continue to spread if not treated'.

While body weight has been shown in previous hepatitis C studies to affect SVR, interim analysis collected on 1,820 patients from a total of 2,194 previously untreated patients enrolled in 138 sites across Canada suggests that weight-based dosing of both peginterferon alfa-2b and ribavirin (PEGETRON) can overcome the lower response rates in heavier patients previously reported with other therapies. In 1,820 patients with known outcomes, including discontinuations for AEs (adverse events) and non-response, PEGETRON SVR rates were predictable and consistent across all patient weight categories (52% - 57%, p=0.17, NS).

"This large-scale Canadian 'real-life' community and academic-based study demonstrates that...weight-based peginterferon alfa-2b and ribavirin dosing results in excellent and predictable SVR rates. This provides strong evidence that SVR rates are not impacted by body weight in patients receiving this treatment regimen. It also underscores for patients the value of seeking treat-

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

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Victoria BC
V8W 1J6

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

"I want to volunteer. Please contact me."

"I want to join a support group. Please call."

(Note: The *hepc.bull* is mailed with no reference to hepatitis on the envelope.)

You may also subscribe on line via PayPal at www.hepcbc.ca

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at 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 12th of each month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

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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!!! FAQ v7.1

Peppermint Patti's FAQ Version 7.1 is now available, and Version 7 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 125 pages of information for only \$7 each, plus postage. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the *hepc.bull* from 1997-2006; the FAQ V7.1; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

DISCLAIMER: The *hepc.bull* cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

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 thanks the following institutions and individuals for their generosity: The late John Crooks, Bruce Lemer, Health Canada, the Provincial Employees Community Services Fund, Brad Kane, Chris Foster, Judith Fry, the FitzGerald family, Erik, Irene, S. Segura and the newsletter team: Tanya, Beverly A., Diana Ludgate, Alp and Ernie. Please patronize the following businesses which have helped us: Chateau Victoria, The Four Mile Restaurant, Lexmark, Recollections, Margison Bros. Printers, Roche Canada, Pacific Coast Net, Patisserie Daniel, Preview Hair Studio, Royal Bank, Schering Canada, the Shark Club, Thrifty Foods, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com



BE PART OF THE TEAM!

We need people to summarize articles. HepCBC needs telephone buddies, a librarian and 2 people to help with our website. The HepCan list needs a moderator trainee. Please contact us at 250-595-3892 or info@hepcbc.ca

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. number, 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:

<http://forums.delphiforums.com/HepCingles/>

<http://groups.yahoo.com/group/PS-Hep/>

<http://groups.yahoo.com/group/HepCingles2>

<http://groups.yahoo.com/group/NewHepSingles/>

CHAT: <http://forums.delphiforums.com/hepatitisen1/chat>



DIAL-A-DIETITIAN

604-732-9191 (Vancouver Area)
1-800-667-3438 (Toll-free elsewhere in BC)

Hepatitis C - Are you at risk? Get tested...



For more information call:
250 595-3892

hepcbc
www.hepcbc.ca

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

FATTY LIVER

During my first visit with a new health nurse, she said to me, "At least you do not have a fatty liver." A what? Livers have fat? It turns out that excess fat can develop in the liver, and this is known as fatty liver disease. Research has shown that a fatty liver can speed up the damage cause by HCV and reduce the chances of a positive outcome for treatment. The question arises then: How do I reduce the chances of getting a fatty liver? In order to reduce the chances of a fatty liver or make it better, it is clear that a good diet and exercise is key, as well as avoiding alcohol. These are all good tips even for simply living with HCV.

www.hcvadvocate.org/hepatitis/Basics/steatosis.pdf

ANYBODY UP FOR A TRIAL DRUG?

I have thought in the past that I would do anything to get rid of my HCV and put it all behind me—move forward and forget it ever happened. In saying "anything", I mean even trying trial drugs.

Whenever I bring up this option to my husband, a brief look of panic crosses his face. He calmly points out that I am generally healthy. Why risk my good health to try an investigational drug that nobody knows the outcome of? True, true. But, what about my desire to put this all behind me? So I in turn calmly point out that if I did phase 3 trials, the safety has already been tested. His response is always, "But what about in 15 years? Are there long term side effects we don't know about?" Damn. He got me again. I am torn as to whether or not it is worth taking a trial drug. If I was not healthy then maybe my decision would not be so difficult. A trial drug might save me from it all. However I am healthy and strong. I truly have no idea as to whether or not I would agree to it. I think I would have to do a lot of research and soul searching before I could make a decision. It's a good thing I have not been offered a trial drug yet.

DO I MAKE YOU UNCOMFORTABLE?

I am the first to advocate that the people in my life and the general public need to be educated about HCV. They need to learn that we are not contagious or out to harm others. However, I do realize that in no way do I want to make others feel uncomfortable. When I visit the two year old baby of a long time friend of mine, he loves to give kisses. My sister noticed the last time I saw

him that when he kissed me I always gave him my cheek and not my lips and asked me why. I told her that I have not talked to his mother in depth about HCV and risk factors. My sister nodded and said that that made total sense. I have had a conversation with my friend about the fact that I have HCV and that I am not contagious to others. We have talked about my health, and she has offered to do anything for me that she can. However, I have not sworn up and down and brought documentation to her that kissing me on the lips is not a risk factor. It would make both of us very uncomfortable. She would stress that she believed me, and I would stress that it was the truth. So in the end it is easier to refrain from little things that may make another uncomfortable. For example, I will not simply take a sip out of a person's water bottle unless I am sure they are completely educated about HCV. Is this wrong? Should I be out there pushing on people the realities of HCV? Or should I start small by ensuring that the people around me are comfortable with me and realize bit by bit that I am in no way going to harm them or their children?

DO YOU NEED SOMEBODY TO TALK TO?

Do you need somebody to talk to but are uncomfortable going to a group meeting or session? Not comfortable in chat rooms? If you need a shoulder to cry on, a person to rant to, or somebody to understand, please feel free to e-mail me at tanyafrizzle@hotmail.com. Not only do I live with HCV and have been through failing treatment, I have also lived through my father passing away from HCV. So even if you do not have HCV and are a concerned friend or family member who has questions, feel free to contact me.



BBQ ONIONS

- 1 large onion per person
- 1 clove garlic per person
- salt & pepper
- Butter

Peel onions. Cut half way down crosswise and pry open a bit. Put a teaspoon of butter, salt & pepper and the garlic in the onion. Wrap in aluminum foil with opening tightly closed and positioned on the top. Put on grill (or toaster oven). Turn occasionally but NOT upside down. Takes about one hour (as long as baked potato) to be done.

These are simple to make but very good
Thanks, Lisa, for this recipe!!

mine were stolen and posted anonymously on the Net, my house was broken into, I was followed. I could go on.

Despite all of this, last November, *Factor 8* had its world premiere in Hollywood at the American Film Institute Los Angeles International Film Festival (AFI Fest) where it won a top documentary award and garnered a great review from the movie industry magazine *Variety*, which stated that *Factor 8* would probably win awards for outlets "with social agendas and nerve enough to air the appalling story."

So far, the film has never been screened in Canada, and *has* yet to be broadcast in the United States, although *Factor 8* won another prize at the Boston International Film Festival this past spring, and in September, premiered in London as part of the Raindance Film Festival.

The Canadian Broadcasting Corporation called the *Factor 8* "compelling" but cited budgetary problems as the reason why it couldn't show the film. I was even invited to appear on a CBC national interview show to talk about *Factor 8* before that invitation was suddenly dropped without explanation.

Most recently, in the United States, a screening that was supposed to take place at the Centers for Disease Control and Prevention in Atlanta was spiked. Four hours after receiving an e-mail about arrangements regarding the post-screening discussion panel, I received a phone call that the screening had been canceled.

Factor 8 was to have screened at 3 p.m. on Tuesday, October 24th at CDC Headquarters in Atlanta. The organizers of the Atlanta Film festival had volunteered to fly me into town at their expense, and a discussion panel (which included me) had

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(CANADA'S PROMISE—Continued from page 3)

been arranged for immediately after the CDC screening. The screening, screen time, airfare, and panel discussion were described as a "mistake".

Since when did trying to tell the truth become so dangerous and subversive?

Factor 8 explores how tainted blood from Arkansas prisoners infected thousands of people in Canada, Europe and Japan with viral hepatitis and HIV/AIDS, while Bill Clinton was governor.

If I had any idea of how difficult a process it would be to get the full story out to people, I doubt I would have bothered in the first place. But I did bother. I bothered because I believed in something called the greater good. I believed that if wrongdoing had occurred in my home state that had hurt people in Canada and elsewhere, that somebody should do something about it, that victims' voices should be heard, and those responsible should be held accountable.

Isn't that the duty of a citizen? And because the world has become a smaller place, aren't we all now, in a sense, global citizens?

More money is being doled out in Canada to compensate the so-called "forgotten" victims of tainted blood who were left out of the original package (meaning those whom were infected before 1986 and after 1990). However, no politicians should be patting themselves on the back over this, because it's not like the federal government had to make any tough choices as to where the money was going to come from. The cash left-over from the original compensation deal was already sitting in a pot collecting interest.

Remember when the government estimates of tainted blood victims far exceeded the victims' rights groups calculations by many thousands?

And critics cynically alleged that this "inflation" was an attempt by Ottawa to kill any potential deal? Meaning that with such large numbers of victims nothing could be done without "breaking the bank?" Well, after much wrangling, a compensation deal did get through Parliament, but was limited to those victims infected between 1986 and 1990.

Yet, when all the eligible applicants had been paid there was approximately one billion dollars remaining. Despite this amount, it still took a special election with the Conservatives battling the Liberals for ultimate power before the last "deal" could be reached. Now, a year after the national election, the cash still remains in the pot. How many more tainted blood victims died in the meantime?

The fact of the matter is, no matter how much money is paid out, those responsible for this crime have gotten away with it. Ultimately, the government has had to pick up the tab -- which gets back to the Canadian people as tax payers having to foot the bill. Regardless, nobody has been dragged out on the carpet yet.

When the fallout of Canada's blood system first became embarrassingly known to the world in mid-1990s and the Tainted Blood Scandal was born, your country's response to the problem was unique.

Canada was committed to getting to the bottom of what all happened, leaving no stones unturned. With that commitment, Canada would go from the back of the line to the head of the pack as global vanguards for blood safety. Canada would now serve as a shining example of what to do for other countries suffering from their own tainted blood scandals.

Still, as of 2006, Canada's job is not done. The Canadian hemophiliacs are not getting their due, because justice has not been served. And those officials facing trials related to

the Armour incident don't count, in my opinion, because those three-year-old charges amount to nothing more than a scapegoat case so that the rest of the tainted blood offenders (of which there are many) can disappear, and the whole sordid mess can be finally laid to rest and forgotten.

The powers that be are hoping that the victims can be bought off, and if this happens it's the victims' fault.

I understand that some people may be too sick to fight on, and this is of course understandable. But as for the others ... personal gain must submit to the greater good so that Canada's motto, *Esiderantes Meliorem Patriam* ("They desire a better country") can be realized.

Right now, elsewhere in the world, British victims are fighting their government for a public inquiry; while tainted blood victims in Japan have taken their national government to court.

I urge you, as Canadians, to continue the fight so that something like this never happens again, so that those institutional racketeers can't get away with it any longer, and so that the whole truth can be known. And remember, the rest of the world is still watching.



Kelly Duda is the producer and director of Factor 8: The Arkansas Prison Blood Scandal. For more information this award-winning film, visit the website at:

www.factor8movie.com

President's Message

After our AGM this past October, the board met to appoint the new directors:

President	Rock
Vice-President	Joan
Secretary	Pat
Treasurer	Allan
Interim Executive Director	Alana

The other directors at large are involved on many different committees that I'll be speaking more of with future messages in our newsletter.

I would like to take this opportunity to thank Joan King for all her work as president of HepCBC. Joan has been nothing short of exceptional, with all the dealings which matter and relate to HepCBC and other groups and organizations that are affiliated with us.

Joan will remain on the board, as her experience and expertise are invaluable to the growth and strength of HepCBC. I'm sure I speak on behalf of many people when I say thank you, Joan, and good luck with your move to the mainland.

Regards,

Rock Boisvenu, President



HepCBC Has a New Interim Executive Director!

HepCBC is pleased to introduce Alana Kronstal, who will be spearheading the organization's daily operations as the Interim Executive Director for the next six months. Alana hails from Yellowknife, Northwest Territories, but is now residing in Victoria while she completes a Masters in Policy and Practise in Health and Social Services at the University of Victoria.

Alana's professional background is in Community Health Promotion, including Hep C education. She has a particular passion for HCV education with youth, a demographic that is particularly at risk for contracting the virus.

Alana is excited to be involved with a grassroots organization like HepCBC, which is driven by the passion and commitment of individuals whose lives have been impacted by hepatitis C. She looks forward to getting to know the membership over the next few months and welcomes you all to drop by our office for a coffee and a chat.

CANNABIS CORRECTION

Last month I challenged results from a cannabis study which was printed in the November 2006 issue of the *hepc.bull*.

Some of my argument was incorrect. I confused relapse rate with overall failure rate.

To quote from my article, "The claim 18% of the NC [non-cannabis] achieve SVR implies that 82% did not. But the researchers only report a 61% relapse rate for this group. Again with the C group, 54% achieve SVR which implies 46% did not, but they only report a 14% relapse rate for the C group."

This is invalid. Relapse and failure to attain SVR are two different things.

In the C group 14 attained EOT (end of treatment response). Of those 14, 12 attained SVR. 2 patients relapsed. $(2/14) * 100 = 14.28\%$ The researchers claimed a relapse rate of 14%, this is correct.

For the NC group the researchers claim a relapse rate of 61%. 23 attained EOT. 9 attained SVR. 23-9 or 14 relapsed. $(14/23) * 100 = 60.87\%$. The researchers claimed a 61% relapse rate for the NC group, which is correct.

I also used EVR where I should have used EOT (end of treatment response). EVR is used to describe Early Viral Response, whereas end of treatment response means viral undetectable at end of treatment. Replacing EVR with EOT in my argument last issue would be the correct thing to do. My other arguments and comments stand.

I would like to say that I applaud the authors for their research on such a controversial subject. There is no doubt in my mind that cannabis use can help those with chronic illnesses. It is a shame more serious research is not done on the matter. Getting serious unbiased scientific research on cannabis for medical use is difficult, perhaps because most researchers do not have the courage to oppose the current way of things and risk having their budgets cut. It is for the reason that these sorts of studies are not taken seriously by policy makers that extra effort should be taken to ensure the results are as clear and unarguable as possible.

Alp



PegCARE

PegCARE is a reimbursement program to help people who don't have third party coverage pay for their Pharmacare deductible for hepatitis C treatment. It is pro-rated, so the less someone's net family income is, the more help they get. Basically, if someone's net family income is less than \$30,000, they will get 100% reimbursement. The more they make, the less of a percent is reimbursed, up to a max of \$100,000 income.

The patients must be signed up for Fair Pharmacare to qualify, and they also need to provide a copy of their last year's T4 form to show income level.

Each treating physician and hepatitis support nurse has these forms available to them. There is a toll free number that can be called if there are any questions or if help is needed. It's only a single page, a simple form to fill out.

PegCARE: 1-800-603-2754

PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain a program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

COMPETITION!

HepCBC is looking for writers for the next issue of the *hepc.bull*, and is willing to pay \$50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15th of next month, **stating interest in the bonus**. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

CPG10101

I saw some results for a study of CPG10101 in different combinations with pegylated interferon and ribavirin. There were a small number of test subjects (about 15 each) in each group .

The data indicates that CPG10101 (C) plus pegylated interferon (P) plus ribavirin (R) given together (C+P+R) allowed more test subjects to attain less than 50 IU/mL of virus at week 12 than with C alone, C+P, C+R and P+R arms of the study. The mean viral load reduction was 3.26 log. C+P+R enabled 50% of the test subjects to attain less than 50 IU /ml of virus compared to 13% in the P+R and C+P arms. The results also showed that the week 12 mean viral load drop for C+P+R, C+P and P+R were all between 2 and 3.3 log.

I have to wonder, if the average viral load drop for the C+P+R group was 3.26 log and 50% of these test subjects attain less than 50 IU/mL viral load, then the starting average viral load might not have been too high. I calculate that a 3.26 log drop represents a factor of 1820 meaning that the final average viral load for the group was 1820 times less than the starting average viral load.

Overall, I don't see anything earth shattering in the data. It is encouraging however. At least it indicates some added benefit from the addition of cpg10101 to standard treatment.

Read more: www.hivandhepatitis.com/2006icr/aasld/docs/111006_a.html

Valopicitabine

Results from a study of Valopicitabine (NM283) have shown that dosages from 200 to 800 mg/mL all seem to give about the same result over time.

This study had 5 arms with different dosing schemes each. Each arm was some form of NM283 and pegylated interferon. About 35 subjects were enlisted in each arm.

The mean viral load drop at week 12 and week 24 were all about 4 log (3.86 to 4.55 log for 12 week, 3.9 to 4.56 log for week 24). Lower doses of NM283 resulted in a lower incidence of side effects (usually gastrointestinal).

The percentage of subjects attaining a viral load lower than 20 IU/mL (about undetectable) at week 24 ranged from 49% to 68% in the 5 arms.

In this study participants had at least a 5 log viral load at baseline (greater than

100000 IU/mL before dosing). To give an idea of the responses listed above, a 4 log decrease represents 99.99% of the viral load, or a factor of 10,000.

It is interesting to note that some of the data indicates the response was better at week 12 than week 24 for some of the dosing schemes.

I have no idea if all subjects were genotype 1 or if any (if all) were previous non-responders. These are tougher to treat. Still the data looks good. A previous study with this compound indicated a significantly greater viral reduction when NM283 was combined with pegylated interferon vs pegylated interferon alone.

Read more: www.hivandhepatitis.com/2006icr/aasld/docs/111006_b.html

PF-03491390

A study has shown that the pancaspase inhibitor PF-03491390 can reduce (or even normalise) certain liver enzyme markers associated with liver damage in subjects with HCV. An increase in apoptosis of liver cells (injured cells commit self destruct) and higher levels of caspases ("executioner proteins") are often seen in people with HCV. Caspases play a role in inflammation and apoptosis. Inhibition of caspases might help prevent liver damage.

The study enlisted 204 subjects with documented histories of HCV and liver fibrosis who did not respond to or could not tolerate interferon treatments.

Average reductions in AST in the range of 28 to 36% and in ALT in the range of 37%-48% were observed. By Week 10, ALT levels normalized in 15% of patients receiving the 5 mg dose, 35% in the 25 mg arm, and 19% in the 50 mg arm, compared with 3% in the placebo group.

Lead investigator Mitchell Shiffman, MD, of Virginia Commonwealth University suggested that PF-03491390 might also reduce liver inflammation associated with other conditions such as chronic hepatitis B or non-alcoholic fatty liver disease, but noted that there is a theoretical concern that inhibiting apoptosis could impair the immune system's response to cancerous cells.

Read more: www.hivandhepatitis.com/2006icr/aasld/docs/111006_e.html

R1626

In a recent study 47 genotype 1 subjects were given R1626 (500, 1500, 3000, or 4500 mg twice daily) or placebo for 14 days.

Viral load reductions of 2.64 and 3.47

log were seen at the 3000 and 4500 mg doses.

R1626 has shown viral reductions greater than those described for other polymerase inhibitors, according to data presented at the 57th Annual Meeting of the American Association for the Study of Liver Diseases (AASLD) in Boston last month.

I'd like to point out that another promising compound, VX-950, is a protease inhibitor not a polymerase inhibitor like R1626.

Read more: www.hivandhepatitis.com/2006icr/aasld/docs/111006_c.html

BRAIN FOG REMEDY?

This may be important news for those of us suffering from Hep C "brain fog".

A study was done by having people complete a food frequency questionnaire and at least 2 out of 3 tests for cognitive function. 3718 residents of CHAP (Chicago Health and Aging Project) over the age of 65 took part. The results showed that those who ate 2.8 servings or more of vegetables a day had 40% less cognitive decline than those who ate less than one serving a day. The researchers say that is like being 5 years younger, mentally.

The kinds of vegetable that "worked" best were green leafy (lettuce, spinach, kale, etc.), so eat your salads! They suggested that vitamin E might be the beneficial ingredient. Legumes (peas, beans, lentils, etc.) didn't help. Cruciferous vegetables were also good (broccoli, cauliflower, Brussels sprouts, etc.)

For those of you who think, "I'm getting my five fruits and vegetables each day. I'm fine," you may have to think again. Yes, fruits are good for you, especially berries. They have antioxidants that protect the brain, but in general, the study showed that eating other fruits didn't help the brain.

The researchers said more studies are necessary before they can recommend eating veggies to protect the brain. I don't think it can hurt to try.

Original article: *Neurology*. 2006;67:1370-1376.



(POWER—Continued from page 1) ment for hepatitis C," said Paul Marotta, M.D., lead investigator, London (Ontario) Health Sciences Centre.

Sources: American Association for the Study of Liver Diseases (AASLD) October 28, 2006. (Press release. More info: julie.wu@spcorp.com)

TO THE EDITOR



Dear Joan King, President, HEPCBC:

Thank you very much for supplying me with your organization's letter of support indicating the importance behind early detection and diagnosis of hepatitis C, and also pointing out how Hep C could inflict considerable effects on a person having the disease and cause a major threat to the general public who come in contact with the virus.

I know first hand what horrible circumstances one goes through having this disease. For the past 6 years I have been asking for help from the Liberal Government. All I met was a deaf ear, yet I told them exactly what my quality of life was.

I have determined that I'm not just one of the forgotten victims of the Tainted Blood of the 80's (October 1985) but also the victim of mental and physical abuse at the hands of the Government of Canada.

This form of abuse has gone on for more than 12 years now. It has been most cruel and demeaning. I was forced to leave my career in the Armed Forces behind. During my Release Medical (June 1994), my liver enzymes were through the roof (ALT 757 and AST 308), but no one told me they were 20 times the upper limit of normal, nor did anything about it.

I have felt weak and fatigued since 1993 and never knew the cause, but I kept on getting up each day and trying to do my best. I can't believe that the Navy would do this to me only weeks after returning home from serving 6 months active duty in the Adriatic during the Bosnia conflict.

This case has been going on for 3 years and 10 months. I've tried to get to the bottom of my Release Medical from the Canadian Armed Forces but I am told that there was no error in law or fact, so nothing is going to change. Veterans Affairs hired an Independent Medical Advisor, Dr. Gulati, who said, "Further testing could have been done, which would have lead to an earlier diagnosis."

We all know about the tainted blood scandal of the 80's and how the government treated innocent victims who did nothing but receive something evil they never asked for. The government was counting on me dying just as so many unfortunate Hep C victims have. They were counting on my lack of knowledge and the lifestyle I was accus-

tomed to, coming from the Canadian Navy. I believe they thought I wouldn't make it past 5 years, never mind 12.

It's taken me a very long time to piece this all together but I'm not going to let them get away with this. I want to see some real justice shown by today's government. I'm asking for the support of every Hepatitis C Group and Association in Canada to raise hell over what transpired. This story could be YOURS or YOUR CHILD'S next time! No elected Federal Government should have the right to play God at the expense of any individual. In my case I came to get tested and the Navy doctors didn't diagnose me properly, given the test results I had at the time. They didn't meet the medical standards equal to that of a civilian hospital. The Federal Liberal Party of Canada took it upon themselves on June 28, 1994 to decide should Leading Seaman Anderson live or die. They chose that I should die!

We all know the government did us wrong over the hepatitis C issue. This is an opportunity for all of us to have a voice. Please show me your support and call or write your Member of Parliament and indicate how you feel regarding my case. The Conservative Minister of Veterans Affairs is working hard at trying to piece everything together, but as you know, it's just not soon enough for anyone who has lost their quality of life to Hep C.

I hope I can count on your support and the support of people who visit your organization's website. At a time where we have our young men and women overseas in active duty in Afghanistan, I would like to be reassured that what happened to me will not happen to them.

It seems my life was not worth very much to the government or the Navy. I would love to know how the Canadian public feels about what happened to me. After all these years of battling the Liberal Party concerning my Hepatitis C Veterans Affairs Disability Pension, it all had to do with the Tainted Blood Scandal of the 80's!

Thank you once again. God Bless!

Sincerely,

Leading Seaman Anderson (Retired)
3-100 Fairview Ave London, Ont. N6C 4T5



COMPENSATION

LAW FIRMS

1986-1990

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

Pre-1986/ Post-1990

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

David Harvey
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204

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

Roy Elliot
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 - 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

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

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

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

Look back 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, ON L3Y 8P6
Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296

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

Quebec Compensation: 1-888-840-5764

ca/en/ms/hepatitisc/forms.html

ADMINISTRATOR

1986-1990

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

www.hepc8690.com info@hepc8690.com

<http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf>

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

<http://www.kpmg.ca>

UPDATES

<http://hepcbc.blogspot.com/>

www.hepcbc.ca/

<http://ca.groups.yahoo.com/group/TaintedBlood-TrialsandProceedings/>

COMING UP IN BC/YUKON:

Armstrong Hepatitis C United Resource Exchange Contact: 1-888-HepCURE

AIDS Vancouver Island HCV support
♦ Campbell River: Drop in, harm reduction, support, education. Contact: 250-830-0787, jeanette.reinhardt@avi.org
leanne.cunningham@avi.org

♦ Comox Valley 355 6th St. Courtenay; Contact Phyllis 250-338-7400 phyllis.wood@avi.org Drop in, harm reduction, support, education.

♦ Nanaimo Each Wed 2-4 PM #201-55 Victoria Rd. Contact Anita 250-753-2437 anita.mcleod@avi.org,

♦ Port Hardy (Sayward, Port McNeil, Alert Bay, Sointula and Woss) 7070 Shorcliffe Ave, Contact Shane, 250-926-3293 shane.thomas@avi.org. Education, mobile harm reduction, and support.

♦ Victoria 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

Kamloops AIDS Society of Kamloops (ASK) 433 Tranquille Rd. Office 250-376-7558 Support/ Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa ljmortell@cablelan.net or 1-866-637-5144.

Kootenay Boundary: Individual support & info Contact Brian Reinhard 250-364-1112 reinv57@yahoo.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Cindy 250-756-4771 midislandhepc@hotmail.com

Nakusp Support Contact. Contact Vivian 250-265-0073 Claire@columbiacable.net

Nelson Hepatitis C Support Group 1st Thurs. monthly 7-8:30 PM. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex 1-800-421-2437, 250-505-5506, info@ankors.bc.ca www.ankors.bc.ca/ alex@ankors.bc.ca

Mt Waddington Harm Reduction Each Tues. 10-12 8635 Granville, Pt. Hardy. Contact Dan 250-902-2238 mtwreduc@hotmail.com

New Westminster Support Contact Dianne Morrisette, 604-525-3790 before 9 PM. dmorrisette@excite.com

Pender Harbour Hep C Support & Info Contact Myrtle Winchester 604-883-9911 or 604-883-0010 myrwin@telus.net

Powell River Hep C Support Group Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Gina 250-963-9756, ilse.250-565-7387 ilse.kuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Public Health Unit 250-624-7480

Princeton Contact the Health Unit (Princeton General Hospital) or Brad at 250-295-6510 CitizenKane@hepcan.ca

Queen Charlotte Islands/Haida Gwaii & Northern BC support. Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca Northern BC discussion & info: <http://groups.yahoo.com/group/Network-NW/>

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West Contact 1-866-877-0042 or Doreen 250-847-2132, deb@plnw.org

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona, 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@cgh.bc.ca

VANDU The Vancouver Area Network of Drug Users: Satellite Hep C group at Health Contact Centre (HCC), 166 E. Hastings, each Thurs. 2 PM. Bus fare & snack provided. Contact VANDU 604-683-6061; Fax 604-683-6199 vandu@vandu.org www.vandu.org

Vancouver HepCBC: Info and support Contact 604-582-3843 www.hepcbc.ca

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

Vancouver Hepatitis C Support Group 2nd Thurs. monthly 7-9 PM, 1141 Main St. near Sky Train -Terminal & Main, and 3rd Wed. monthly, 7-9 PM VGH, Lauener Room, LP2809, near Sassafrafs Cafe, Jim Pattison Pavilion, South. Contact Robert, CLF: 1-800-856-7266, 778-898-7211, radmin@liver.ca www.liver.ca

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Program Coordinator: Stephanie Grant stephanieg@youthco.org Support Program Coordinator: Brandy Svendsen brandys@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca <http://www.hepc.vernon.bc.ca/>

Victoria HepCBC Drop-in Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892 info@hepcbc.ca, www.hepcbc.ca

Whitehorse, Yukon—Blood Ties Four Directions Contact: 867-633-2437 bloodties@klondiker.com

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca Please inform us of any changes by the 15th of the month —Joan

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact: Jeanie for information/ appointment hepcsupportbarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. **Nov. 9:** Stephanie Ruiters, RN (EC), UHN, Liver Transplant Program. Dec.: No meeting. Contacts: Smilin' Sandi <http://creativeintensity.com/smking/> 1-800-841-2729

Hamilton Hepatitis C Network Support Group 4th Thur. monthly 6-7:45 PM. **NOTE: Sept. meeting is on Tues., Sept. 26th.** Hamilton Urban Core Community Health Centre—Ask reception for the room. Contact Shannon Lane 905-522-1148 ext 312. hepc@sprc.hamilton.on.ca hamiltonhepc.net

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, 1078 Goyeau Street (across from Hotel Dieu Hospital). The **DECEMBER MEETING** will be Thurs. Dec. 21st Contact 519-967-0490, amonkman@hepcnetwork.net, www.hepcnetwork.net

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, hars@kingston.net, www.hars.ca.

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob 519-886-5706 bc.cats-sens@rogers.com or Mavis (519) 743-1922 elroy222@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, hepcnfb@becon.org

Owen Sound — Nov. 14th: Peer support. Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca

Peel Region (Brampton Mississauga, Caledon) Contact 905-799-7700 healthlinepeel@peelregion.ca

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

Sudbury Circle C Support Group 1st & 3rd Thurs. Contact Nancy 705-983-4396, Cathy 705-522-3352 or Ernie hepc.support@persona.ca 705-522-5156

Toronto CLF 1st Mon monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Contact Gina 416-491-3353 glipton@liver.ca

Unified Networkers of Drug Users **Nationally** undun@sympatico.ca

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

QUEBEC:

Quebec City Region Contact Renee Daurio 418-836-2307 reneedaurio@hotmail.com

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr 506-633-4817 kerrs@nbnet.nb.ca

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, N.S. 7-9 PM. Call Cindy Coles 1-800-521-0572, 902-733-2486 Fax: 902-733-2487 hosc@ns.aliantzinc.ca

PRAIRIE PROVINCES:

Regina, Saskatchewan Contact Doug 306-545-1628 hepc-regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-regina/>

HeCSC Edmonton Contact Jackie Neufeld 780-939-3379.

Hep C Edmonton HCV, pre/post liver transplant support Contact Fox 780-473-7600, or cell 690-4076

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wahas@telus.net www.wahas.ca

Manitoba Hepatitis C Support Community Inc. Meets every Tues. 7:00 PM, United Church Crossways-in-Common, 222 Furby Street, side door, corner of Furby and Broadway, Main Floor - look for the signs) Contact Kirk: 204-772-8925 info@mbhepc.org www.mbhhepc.org

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca



Victoria & Area S.O.L.I.D. Society of Living Intravenous Drug Users, Consumers Support Group

Wednesdays (except welfare week) 7-9 PM

1947 Cook St, Health Unit (Cook and Pembroke)

Past and Current IDU's welcome, support, info, & referrals
 Contact: momma@vcn.bc.ca