

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

RESEARCH

ON/OFF SWITCH

"Much like flipping a light switch," when HCV and other viruses invade our body, the RIG-I protein triggers an immune response. Once a virus has been cleared out, the LGP2 protein turns off the RIG-I signals. The RIG-I and LGP2 proteins both contain a repressor domain, a docking site that controls the action of each of the proteins and how they influence the immune system.. HCV can often hijack the signaling pathway to stop our immune system, allowing it to become overactive. With this knowledge, drugs can be designed to imitate the effects of the virus, to turn the "switch" on or off when necessary.

Sources: www.ccnmag.com/news.php?id=4682
2006-12-26 Key Discovery in Hepatitis C Research and www.webmd.com/content/article/4/1680_51404.htm

A-689

Arrow Therapeutics' NS5-inhibitor A-689 has entered preclinical development. The drug targets the NS5 section of the Hep C virus, which is essential for the virus to reproduce. Phase I trials are expected later in 2007.

The company has another drug, A-831, which also targets the NS5 section, and which is now in Phase I trails. The two drugs target the virus at different sites. They are expected to be safe, and effective in all genotypes.

Source: PRNewswire January 15, 2006 Arrow Therapeutics Selects a Further Hepatitis C Clinical Candidate www.arrowt.co.uk

RAPAMYCIN

Researchers have reported that rapamycin is an effective treatment for liver fibrosis in lab rats suffering from cirrhosis. By stopping the progression of fibrosis, the drug improved liver function and increased survival rates in low doses. The study shows a need for clinical trials for the drug as an anti-fibrotic. The drug is already marketed under the name of Sirolimus or Rapamune as an

immunosuppressant.

Sources: <http://natap.org/> Markus Neef, et al Journal of Hepatology Dec 2006, Low-dose oral rapamycin treatment reduces fibrogenesis, improves liver function, and prolongs survival in rats with established liver cirrhosis <http://jpet.aspetjournals.org/cgi/content/abstract/313/3/952>

ChronVac-C

Tripep, AB, of Sweden, has applied to the Swedish Medical Products Agency to do a phase I clinical trial of its DNA vaccine, ChronVac-C, which uses Inovio's delivery system called MedPulser. This treatment is meant to activate a T-cell response which will be able to get rid of HCV. The study will be done in healthy volunteers in Sweden early this year. This study is the first one involving a vaccine against an infectious disease which is delivered by electroporation. It is hoped that DNA vaccines may avoid the problems of conventional vaccines, but without improvement of delivery, the vaccine is not effective enough. The electroporation system improves the immune response and makes the vaccine more potent than the DNA plasmid alone by inducing more antibodies.

Source: NewsRx.com Vaccine Weekly January 1st, 2007 Inovio Biomedical partner Tripep applies for phase I study of hepatitis C DNA vaccine

(Continued on page 4)

LOW-COST IFN DEVELOPED

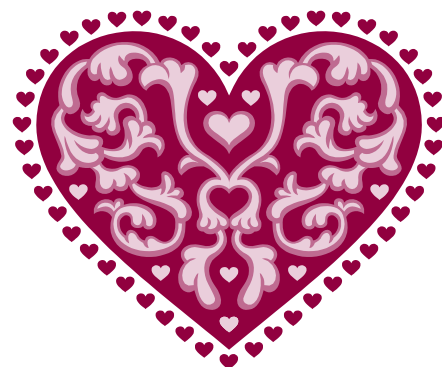
Two doctors, Sunil Shaunak, professor at the Imperial College, London, and Steve Brocchini from the London School of Pharmacy, have found a method of inventing new medicines and marketing them at a much lower cost than that charged by the monopoly of the big drug companies. They have begun clinical trials in India for a new form of interferon for Hep C. The present patent extends through the next decade. The doctors have changed the molecular structure, technically converting it into a new medicine, thus not yet patented. This research was funded by medical charities such as the Bill and Melinda Gates Foundation.

The present standard treatment, pegylated interferon plus ribavirin, costs about \$15,000 in the US. This technique may mean that millions of people who can't afford the cost of expensive drugs may soon be cured of some diseases, and even reduce the bills of national health services. The doctors are planning to join with an Indian biotech company to produce the Hep C drug if the trials go well. These trials will cost \$600 million dollars. There are savings by doing the trials in a country like India.

www.dnaindia.com/report.asp?NewsID=1072434
<http://marketplace.publicradio.org/shows/2007/01/02/PM200701022.html>
January 02, 2007

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SUBSCRIPTION/ORDER FORM

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

HepCBC
#306-620 View Street
Victoria BC
V8W 1J6

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Membership + Subscription (1 year) **\$20.00**

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(Doesn't include membership privileges)

Peppermint Patti's FAQ **\$7.00**

Resource CD **\$10.00**

TOTAL: _____

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"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 \$8 each. 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 a cheque 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/](http://groups.yahoo.com/group/NewHepSingles/)

NewHepSingles/

CHAT: [http://forums.delphiforums.com/](http://forums.delphiforums.com/hepatitisen1/chat)

[hepatitisen1/chat](http://forums.delphiforums.com/hepatitisen1/chat)

STARTING TREATMENT?

SIGN UP WITH FAIR PHARMACARE:

[www.healthservices.gov.bc.ca/](http://www.healthservices.gov.bc.ca/pharme/plani/planiinfo.html)
[pharme/plani/planiinfo.html](http://www.healthservices.gov.bc.ca/pharme/plani/planiinfo.html)

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.

DO I HAVE TO TELL ANYBODY?

It can be a very nerve-racking decision about who to tell once you have been diagnosed with HCV. Do you have to tell everybody you meet? No. Do you have to tell anybody? No, you do not have to tell anybody. However, when the time comes that you need emotional support or somebody to talk to about it, there will be no close friends or family if nobody knows. Who did I tell upon diagnosis? I immediately told my husband. Following that I called my mom, dad and sister. They are the closest people to me in my life, and my strength. I knew I was going to need them to keep me strong. Following that I gathered my closest friends to me and told them. Again, I knew that support is what I was going to need, especially if I was going to go on treatment. Otherwise they would think strange things when I was not feeling well for a long period of time on treatment. Every single one of them has been so strong for me. They are all so supportive. It was not an easy task telling them. I knew that there was nobody in my close circle of friends that would shun me for having HCV. I was more afraid that they would take pity on me, or think that I was going to die soon. People tend to not be very educated about HCV and assume the worst when you tell them. I had a few family members and friends burst into tears when I told them, before I could even get out that I am currently healthy and not going anywhere anytime soon. Once I educated them about the virus and my current health status it calmed them down. And everybody around me rallied to be my support and strength when I went on treatment. I had my family, my husband's family, and close friends all there for me and letting me know they care. I sure found out that I was not alone in this world.

There were others that needed to know, too. I also told my bosses at work. I was definitely going to need their support and encouragement if treatment was in my future. I needed to know how they would feel if I needed a few days to a few months off of work. They were over-supportive and made it clear that they would accommodate anything I needed. In the end I took a week off work to begin treatment, as I did not know how it was going to feel. Once back at work I took a half-day off once a week to go to the doctors, and then half-day once every 2 weeks, then once a month. Now I

take half-day off once every three months to see my specialist and keep on top of my health.

Were there people that I did not tell? Yes. I did not tell my grandparents as my father was very ill from HCV at the time and I did not want to stress them out any further. If I ever get sick from HCV it will not be in their lifetime, and adding the stress of my illness on them did not seem the right thing to do. I took my time in telling other family members who were under incredible stress with my father being ill from HCV. My father has since passed on and there is now nobody in my family who does not know that I have HCV. If it had not been for my dad being sick I would have been more upfront with the rest of my family. For them HCV means sickness and death. It has taken a lot for me to assure them that is not the case for me.

How about new people in my life? This has niggled in the back of my mind. Do I tell new friends that I have HCV? I am not putting them in danger if they do not know. And how do you bring it up? "Just so you know, I have Hepatitis C". That just does not seem right. It is of no matter to the rest of the world if I have it, so I keep it to myself. There is no reason to broadcast it. However, if there is a reason that somebody should know, such as if I were going on treatment again and might be ill for a certain period of time, I would have no problem telling others. But if they do not need to know, then there is no point in yelling it from the rooftops. I have a support system around me now. I need no more.

CHEAPER TREATMENT?

The 20 year patent on pegylated interferon is ending. Due to this, a company in India is developing a similar drug at a fraction of the cost. This will allow more people who cannot afford treatment to receive it. I wonder if the cost will allow pegylated interferon to become a maintenance drug if therapy fails?

http://hepatitis-central.com/mt/archives/2007/01/coming_soon_mor.html

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 tanyafriz-

zle@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.



You are invited to a
HepCBC "Meet and Greet"

Purpose: To connect people living with Hep C and their families with others in the Victoria and Surrey regions. This event is particularly geared towards people starting Hep C treatment in 2007, but everyone infected or affected by Hep C is encouraged to attend.

VICTORIA, BC

When: February 7, 2007 from 7-9 PM

Where: Woodward Room, Begbie Building, Royal Jubilee Hospital (2101 Richmond Road), Victoria, BC.

A short presentation will be given on "Keeping Healthy through Hep C Treatment/Living Well with Hep C".

Refreshments will be provided.

Note: Parking can sometimes be a challenge. There is pay parking behind the building. Please allow yourself time to find a spot!

Victoria Info 250-595-3892 or email info@hepcbc.ca

SURREY, BC

When: February 7, 2007 from 7-9 PM

Where: To be confirmed, depending on attendance.

Refreshments will be provided.

Surrey Info and/or registration, 604-582-3843 or email info@hepcbc.ca



Dear Editor:

"I have had chances to get close to someone of the opposite sex on a personal basis, but I have never gotten involved, as I don't know if I could tell someone about it. I can't imagine not telling someone, if I got involved."

—James

Dear James:

There is an excellent leaflet on the Internet called "Disclosure and HCV" at www.hepatitisc.org.au/quickref/documents/Disclose.pdf which discusses who you should tell, what you might say, when and where, and possible outcomes. It also gives some good conversation openers:

- ♦ "I have something I'd like to discuss with you. Last year I found out that I have hepatitis C. Can we talk about it now?"
- ♦ "I feel as though we are really starting to get to know each other and I would like to tell you something personal. I have a virus called hepatitis C. Do you know much about it?"
- ♦ "I feel our relationship is strong and that I can tell you anything. I found out recently that I have hepatitis C."

Have HepCBC's pamphlet "Hep C and Sex" on hand, along with other information. www.hepcbc.ca/pamphlets.htm

Dear Editor:

"I don't have Hep C, but my partner does. I am worried about having a baby. Could I get infected? Could our baby be infected?"

—Elena

Dear Elena,

You cannot infect your baby if you are not infected.

I suggest that couples go with the decision of the non-infected party about protection during sex. Sexual transmission is very rare, and only happens if there is contact with blood, as far as we know. Theoretically, it could happen. Sperm, in about 12% of cases, contains HCV, and sperm donors, for example, are not accepted if they are HCV+.

Having said that, I was married the first time for 5 years, and the second, for 20 years. I have been with my boyfriend for 4 years. None of them contracted HCV, nor did my two children, and I unwittingly, shared personal items with the first two, such as razors and nail clippers. I have many friends who share this experience, and I have

heard of very few cases of mother-to-child transmission.

Studies have been done on artificial insemination and I haven't been able to find any proven case of transmission of HCV by that method. I wish someone would do a serious investigation.

It is possible for you two to have a baby by means of artificial insemination, if you are still worried. The sperm can be "washed". This is done in cases of fathers with HIV. It is also possible for your husband to get treated now, in hopes he will get rid of the virus. Do NOT try to get pregnant until 6 months after finishing treatment!

The truth is that we are all susceptible to hepatitis C, any time we have a break in our skin or tissues. More than a little bit of the virus is probably necessary to cause infection, because a strong immune systems should take care of the small amounts of the virus. Our best defense besides avoiding exposure to blood is to keep our immune system strong, and staying as healthy as possible. Make sure you and your partner are monogamous, and have no open sores if you choose to have unprotected sex. My opinion? (It might be different if you were the one infected) Please have your baby!

More info:

<http://humrep.oxfordjournals.org/cgi/content/full/15/5/1083>

<http://www.nature.com/labinvest/journal/v81/n3/full/3780234a.html>

www.hepatitis-central.com/hcv/hepatitis/consensusstatement99.html

www.phac-aspc.gc.ca/hepc/hepatitis_c/pdf/careGuideWomen/access.html

<http://humupd.oxfordjournals.org/cgi/content/abstract/6/5/432>

Dear Editor:

"I took the peg-IFN for 6 months, since I am genotype 3, and was undetectable after finishing the meds. It has been almost 4 years now. Am I still contagious? I haven't dated in 4 years, because I cannot get a decent answer about this. Can you tell me?"

—Sandra

Dear Sandra,

If your PCR results are negative 6 months after finishing treatment, you have no virus in your blood and cannot give it to anyone else who comes in contact with it. The doctor will usually test again 1 year after finishing treatment. If you are still negative, the virus rarely re-appears after that. This is essentially a cure. Congratulations!

TELAPREVIR (VX 950)

Results have been announced from Tibotec and Vertex about their phase 2b clinical trial called PROVE 1, involving the protease inhibitor telaprevir (VX-950). 250 patients in 35 centres in the US were enrolled. They received standard therapy (peg-IFN 2a plus RBV) and at least one dose of telaprevir or a placebo. The results for the 100 patients who completed 12 weeks of treatment showed that those taking the telaprevir, 88% tested undetectable, compared to 52% of those who took the placebo. 9% of the telaprevir patients had to discontinue therapy due to adverse events, compared to 3% of the placebo group. Other than the common side effects of standard treatment, there were more rashes, gastrointestinal problems and anemia in those who took the telaprevir. The results still need to be confirmed.

Source: *NewsRx.com. Hepatitis Weekly January 17th, 2007 Results of first interim safety, antiviral analysis of HCV protease inhibitor reported*

MCT-465

MultiCell Technologies has found that its cancer drug not only destroys cancerous tumors and prevents recurrences in animal models, but it also reduced an influenza virus, HIV and hepatitis C virus, as well, when combined with its antigen-presenting immunoglobulin product, an epitope-based T-Cell Immunotherapy. MCT-465 is a dsRNA molecule.

Sources: www.tradingmarkets.com/site/news/TOP%20STORY/497423/

<http://hum-molgen.org/companies/profile.php3/392>

CELGOSIVIR

A 12-week phase II study of Migenix's Celgosivir with non-responders began in late 2005. Results were released in November 2006. Patients took a) Celgosivir + peg-IFN* + RBV** b) ceglosivir + peg-IFN, or c) placebo + peg-IFN + RBV. The triple combination showed a reduction of HCV of 1.2 log₁₀. The placebo group showed a 0.4 log₁₀ drop. The celgosivir was well tolerated. A phase II combination study with genotype 1 naïve patients began in October 2006. Results are expected later this year (2007).

* **pegylated interferon**

** **ribavirin**

Source: <http://natap.org/> *New HCV Drug Celgosivir/MX-3253, oral alpha-glucosidase I inhibitor Dec 13, 2006*



TRAVEL COST COMPENSATION About TAP:

The Travel Assistance Program is sponsored by the BC Ministry of Health and Ministry Responsible for Seniors.

TAP was created to help residents of BC to access health care services that they cannot obtain unless they travel.

In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed.

Please ask your doctor for a form to complete. You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel (Phone number below).

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are regulations such as arriving at the ferry, for example, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 PM, Monday through Friday. You may also call 387-8277 in Victoria.



I'VE BEEN DIAGNOSED. NOW WHAT ?

If you're diagnosed with hepatitis C, get informed. Check with your local support group. (If in doubt, call 1-800-652-HEPC)

Make sure that you:

- Get re-tested to confirm the diagnosis.
- Get vaccinated against hepatitis A and B.
- Are sent to a specialist.
- Get copies of all tests.

The specialist should:

- Order an ultrasound yearly, if your family doctor didn't.
- Order an alpha-fetoprotein test yearly.
- Order a liver biopsy. (This is usually done by needle aspiration, but there are other options if there is a bleeding problem, for example.)
- Discuss treatment options with you. (Get a second or even a third opinion if you don't agree.)

Your Mouth and HCV - Some Things You Should Know

by Darlene Morrow

A frequent side effect of interferon treatment is the lowering of the white blood cells (WBC). These cells are especially important in the fighting of bacterial infections. It is not uncommon for the release of bacteria to occur during teeth cleaning. It is also not uncommon for the mouth to bleed in which case the open wound could provide an access route for the bacteria to enter your system. In a healthy person this would not have an effect but in the case of someone with a low WBC count, it could lead to problems. For this reason it is advised that you contact both your liver specialist and your dentist in regards to any scheduled visits while you are on drug treatment.

I also forgot to mention that there is a natural product available for treating the cold sores that come up from the combo. (Thanks Ken!) It is called Zostrix and it is found in the drugstore (usually in the arthritic cream section—I have no idea why). It contains capsaicin (from the hot peppers) and is effective for both pain and the treatment of the herpes virus which causes cold sores.

For those of you who suffer from Oral Lichen Planus (OLP) there is a very effective treatment available called Topsy (you need a prescription). This is a corticosteroid that is usually used on skin only. But it is very powerful in the treatment of OLP as I myself can testify. It is a little bit of an unorthodox use of the drug but my dentist prescribed it for me and I know of specialists that also prescribe it. Heather phoned me just this week to say that she had experienced almost immediate relief from the pain after starting to use the Topsy. For best use dry the area with gauze pads and apply sparingly 3-4 times a day.

[hepc.bull 11/98]

REMEMBER WHEN?

* When someone talked about blue-green algae, you thought it was about pond scum, not the Spirulina dietary supplement.

* If someone mentioned Alpha-Lipoic Acid you thought it was Timothy Leary's latest experiment.

* St. John's Wort was probably what John got for not praying enough

* Interferon sounded like the name of a Klingon starship Kirk wanted to phaser out of existence.

* Phase III Clinical Studies was probably a mid-semester exam only worth cramming for and promptly forgetting.

* An "injection site" sounded like a new housing development

* A nap was a seldom available luxury, not a sometime requirement

* 12 steps was a two story house

Bill Ruttman, Lansdale, PA
[hepc.bull 4/99]

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

Pender Assisted Therapy (PATH) - Prospective Study of the Treatment of HCV
Sponsors and Collaborators: University of British Columbia

Canadian Institutes of Health Research (CIHR)
ClinicalTrials.gov Identifier: NCT00247884
Contact: Jason Grebely (604) 875-4111
Pender Community Health Centre, Vancouver, BC
Cool-Aid Community Health Centre, Victoria, British Columbia

Antiretroviral Switch From Didanosine to Tenofovir in HIV/HCV Co-Infected Patients

Sponsors and Collaborators: University of British Columbia, Health Canada
ClinicalTrials.gov Identifier: NCT00358696
Contact: Lesley Gallagher, RN lgallagher@interchange.ubc.ca
Pender Community Health Centre, Vancouver, BC

A Study to Evaluate the Safety, Antiviral Effect, and Pharmacokinetics of Celgosivir in Combination With Peginterferon Alfa-2b and Ribavirin in Treatment-Naïve Patients With Chronic Hepatitis C

ClinicalTrials.gov Identifier: NCT00332176
Contact: Jim Pankovich 604-221-9666 Ext. 259
Vancouver, BC

Evaluation of a Multi-Disciplinary Approach for the Treatment of Hepatitis C in IDUs (HI-LO Study)

Sponsors and Collaborators: University of British Columbia, Canadian Institutes of Health Research (CIHR)
ClinicalTrials.gov Identifier: NCT00399672
Contact: Michelle Storms 604-669-9181
Brian Conway, MD 604-642-6429
Pender Community Health Centre, Vancouver, BC

Effect of Influximab on the Efficacy of Peg-Intron/Ribavirin in Patients With Hepatitis C (Study P04257AM1)

Sponsors and Collaborators: Schering-Plough
ClinicalTrials.gov Identifier: NCT00237484
Contact: SP Clinical Trial Registry Call Center 1-888-772-8734
Investigational Sites: Ottawa, Edmonton, Toronto, Vancouver

An Extension Study to Evaluate the Safety and Efficacy of Celgosivir and Peginterferon Alfa-2b, With or Without Ribavirin, in Patients With Chronic Hepatitis C Genotype 1 Infection

Sponsored by: MIGENIX Inc.
ClinicalTrials.gov identifier NCT00292084
Contact: Jim Pankovich (604) 221-9666 Ext. 259, Vancouver, BC

Screening for Hepatitis C During Pregnancy at a Toronto Inner City Prenatal Clinic

Sponsored by: St. Michael's Hospital
ClinicalTrials.gov Identifier: NCT00348660
Contact: Catherine C Moravac, BSc (416) 867-7460 Ext. 8047

MoravacC@smh.toronto.on.ca
Mark H Yudin, MD MSc (416) 864-6060 Ext. 5384

St Michael's Hospital - Women's Health Care Centre, Toronto, Ontario

Tolerability of Peginterferon Plus Ribavirin for Chronic Hepatitis C and HIV for Patients Receiving Antiretroviral Medication Vs Not Receiving Antiretroviral Medication

Sponsors and Collaborators: University Health Network, Toronto, Hoffmann-La Roche

ClinicalTrials.gov Identifier: NCT00296972
Contact: Sharon Walmsley, MD

sharon.walmsley@uhn.on.ca
Lidia Casciaro, RN
lidia.casciaro@uhn.on.ca
University Health Network, Toronto General Hospital, Toronto, Ontario

Insulin Resistance Associated With Chronic Hepatitis C (CHC) and the Effect of Antiviral Therapy

Sponsored by: University Health Network, Toronto
ClinicalTrials.gov Identifier: NCT00188240
Contact: Tharini Ganeshram 416-603-5839
Liver Clinic, Toronto Western Hospital

Neurocognitive Functioning in Patients With Hepatitis C Pre- and Post-Treatment With Antiviral Medication

Sponsored by: University Health Network, Toronto
ClinicalTrials.gov Identifier: NCT00188201
Contact: Mirela Mrkonjic 416-603-5800 Ext. 3217
Liver Clinic, Toronto Western Hospital, UHN., Toronto, Ontario

Pegylated Interferon Plus Ribavirin in the Treatment of Active and Past Intravenous Drug Users Infected With Hepatitis C

Sponsors and Collaborators: University of Calgary. Canadian Institutes of Health Research (CIHR), Hoffmann-La Roche

ClinicalTrials.gov Identifier: NCT00203606
Contact Robert J Hilsden, MD PhD 403-210-9355 rhilsden@ucalgary.ca
Sam Lee, MD 403-944-4555 sam-lee@ucalgary.ca

University of Calgary, Calgary, Alberta, T2N4N1, Canada;

Antifibrotic Activity Of G1262570 In Chronic Hepatitis C Subjects

Sponsored by: GlaxoSmithKline
ClinicalTrials.gov Identifier: NCT00244751
Contact GSK Clinical Trials Call Center 877-379-3718

Calgary, AB, Victoria, BC. Toronto, ON, Halifax, ON, London, ON, Ottawa, ON, Montreal, QC

A Proof-of-Concept Study of VCH-759 for the Treatment of Hepatitis C-Infection.

Sponsored by: ViroChem Pharma
ClinicalTrials.gov Identifier: NCT00389298
Contact: Natalie Rock, RN 604-876-5122 Ext. 2224 nrock@laircentre.com

Lori Lee Walston, RN 604-876-5122 Ext. 2224 lwalston@laircentre.com
Liver and Intestinal Research Centre, Vancouver, BC

Other centres are not yet recruiting

Differential Gene Expression of Liver Tissue and Blood From Individuals With Chronic Viral Hepatitis

Sponsored by: University Health Network, Toronto
ClinicalTrials.gov Identifier: NCT00160940
Contact Catalina Coltescu 416-603-5832
Liver Clinic, Toronto Western Hospital, UHN, Toronto, ON
E.J.L. (Jenny) Heathcote, MD 416-603-5914

Many thanks to Alp for compiling this information.

FOR KIDS

“What is this hep C thing?” is a new Hep C cartoon and quiz for school students, designed with a focus group of young people. Follow the story of Zoe, Matt and Sam and decide what happens to them.

Go to <http://www.hepc.com.au/>



Opposition to the Pre 86/Post 90 Hepatitis C class action Settlement with the Government of Canada

Hepatitis C contaminated blood transfusion: December 16, 1955 Vancouver General Hospital

I am opposing the Settlement because: I received the small Pre 86/post 90 settlements from the Red Cross and the Government of British Columbia which deemed the material time of transfusion, when testing could reasonably have been done, as after January 1955 .

I am shocked, sickened and feeling completely blindsided that the Government of Canada has chosen a cut off date of January 1958.

I was infected as a child in 1955. I have only been able to be fully employed from 1967-1968. I have received no disability pension because I was not able to work long enough to qualify and the doctor was unable to diagnose my illness at that time. I was diagnosed in 1994. My total income is a Canada Pension of \$38.36/month. I am completely dependent on another person for my support and medical needs. This person is now living on a pension. I have not responded to treatment and have been counting on this compensation to help me through my final years. It would be a gross injustice if healthy dependants and estates are able to claim compensation while the few sick living victims from 1955-1958 are not compensated.

Are there others of you in this situation or am I the last one? Please support us by sending an email similar to the below to: Minister_Ministre@hc-sc.gc.ca, and/or to Clement.T@parl.gc.ca , or to

Tony Clement MP
House of Commons
Ottawa, Ontario
K1A 0A6

You may also phone him:

1-866-375-TONY. (1-866-375-8669). His website assures that he will return all calls.

You must add your name and address to any email or letter.

It is urgent that this be done immediately as the first agreement will be settled on February 5th.

Sincerely ,

Diana Ludgate
email: jdludgate@uniserve.com

Sample letter:

Honourable Tony Clement,

The Conservative Government of Canada has publicly pledged to compensate all victims infected by Hepatitis C as a result of blood transfusions in Canada. The Red Cross deemed the "Material Time", due to the failure to ensure that the whole blood and blood products were tested for signs of the hepatitis C virus, to be January 1, 1955 through July 31, 1986, however, the Government Settlement about to be presented to the Courts has moved this period up to January 1958 thereby eliminating from compensation the longest suffering victims. It will be grossly unjust if healthy estate members are compensated while the few surviving sick victims from 1955-1958 are not. Thank you for your consideration of this matter.

[Your name and address and signature if sending by regular post.]

SETTLEMENT AGREEMENT

You can read and/or download the pre-'86/post-'90 Settlement Agreement online at http://www.reko.ca/html/hepc_settleagreement.pdf

It is 91 pages long. Here is a brief version of the Table of Contents:

- Article 1** – General (includes Final Order)
- Article 2** – Compensation to HCV Infected Class Members (mentions primarily and secondarily infected, proof, lost income, lost services in the home, dependants fund)
- Article 3** – Compensation for Members who have Died
- Article 4** – Compensation to Dependants and Family Members
- Article 5** – Miscellaneous (includes deadlines, deductions, traceback procedures, etc.)
- Article 6** – Funding (Monthly payments, claims by Opt-out Persons, payments for Class Counsel)
- Article 7** – Trustee and Trust Fund
- Article 8** – Administration
- Article 9** – Character of Payment (Canadian Income Tax, Federal Social Benefits)
- Article 10** – Approval Orders
- Article 11** – Court Materials
- Article 12** – Notice
- Article 13** – Releases (Dismissal of Actions, Cessation of Litigation)

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
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
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://hepccc.blogspot.com/>
www.hepccc.ca/
<http://ca.groups.yahoo.com/group/TaintedBlood-TrialsandProceedings/>

COMING UP IN BC/YUKON:

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

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dgrimstad@shaw.ca

Cowichan Valley Hepatitis C Support 751 Whamcliff Rd. Duncan BC. Contact Leah 250-748-3432 r-lattig@shaw.ca

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 1-866-637-5144. ljmorte@telus.net

Kootenay Boundary: Individual support & info Contact Brian Reinhard 250-364-1112 reimy57@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 midisland-hepc@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/

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 Morrissett, 604-525-3790 before 9 PM. dmorrissett@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 Powell River Community Health, 3rd Floor—5000 Joyce Ave. Contact: 604-485-3310 karen.peel@vch.ca

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 300 3th Ave. W Contact 250-624-7480 andrea.hill@northernhealth.ca

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 <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 & snacks. Contact VANDU 604-683-6061; 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 Sassafra 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, 604-582-3843, info@hepcbc.ca, www.hepcbc.ca

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

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. Jan. 11th: Volunteers Needed! Feb. 8th Dr. Fung, "Current Treatments for Hepatitis C" Contacts: Smilin' Sandi <http://creativeintensity.com/smking/> 1-800-841-2729

Hamilton Hepatitis C Network Support Group 4th Thur. monthly 6:-7:45 PM. 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 Dei Hospital). 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, hepcnfi@becon.org

Owen Sound — 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 icolangelo3@cogeco.ca

Sudbury Circle C Support Group meets each Tues. 2-5 PM. Contact Cathy 705-522-3352 or Ernie hepc.support@persona.ca 705-522-5156 for location.

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 Renée 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 hosecb@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 690-4076

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

Manitoba Hepatitis C Support Community Inc. Meets every Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby Street, side door, corner of Furby & Broadway, Main Floor. Look for signs) Last Tues. monthly is a Speaker Meeting. 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 betty2@hivnetwork.ca

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.

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