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Canada's Hepatitis C News Bulletin

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FACTOR 8: A FILM REVIEW

Factor 8: The Arkansas Prison Blood Scandal, a film by Kelly Duda

Review by
C.D. Mazoff, PhD, Managing Editor,
HCVAdvocate. Reprinted with permission of
the author.

That this film ever saw the light of day is a testament to the courage and heart for justice of Kelly Duda. . . Kelly who?

Well nobody can really blame you for not knowing who this person is if you are an American with hepatitis C, but if you're a Canadian or British hemophiliac and you received blood products from the US in the 1980's, chances are you got tainted blood harvested from the Arkansas prison system, and that you are already sadly familiar with this debacle.

Factor 8 is an award-winning documentary that investigates how it was that blood from prisoners, many of whom were not screened, was legally harvested in Arkansas and then sold to Canada and other countries, although the use of this blood and its products (clotting factors, gammaglobulin, etc.) in the United States was prohibited by American law.

As a result of what can only be seen as a ridiculously hideous affair, in which the greedy and the small-minded managed to outdo even themselves, thousands of people were infected with hepatitis C, hepatitis B and HIV. Many have since died; others linger on in pain and suffering. Few have been compensated as a result of this injustice; a suit in Canada is in the process of being settled for victims of the Arkansas blood, and as I remember, attempts in the UK to hold the blood brokers accountable has come to naught.

And no wonder why! Big names are involved. Former president Bill Clinton was governor of Arkansas at the time this was happening, and former Canadian Prime Minister Paul Martin sat on the board of directors of the Canadian Development Corpora-

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TAOIST TAI CHI CAN BENEFIT PEOPLE LIVING WITH HEPATITIS C.

How does one maintain any kind of exercise routine when living with hepatitis C? For some this is not an issue, as many do not experience symptoms that keep them from maintaining a reasonably active lifestyle. For those who are more symptomatic, experiencing a range of fatigue, muscle aches and pain and so on, finding a way to exercise can be a challenge.

The less active we are, the less we can be active. If you can't or don't use it, you lose it. Living with chronic fatigue (CFS) and liver damage often makes us so ill and tired we cannot get off the couch, let alone walk a block each day. Even if you have the ability to push yourself to exercise, it becomes counter productive, causing you to relapse and require recovery days before you can get off the couch again. We need to exercise to combat the fatigue and feel better, yet exercise can often cause more lethargy when dealing with CFS and liver disease.

This was my experience for several years as I became more tired and incapacitated. Any kind of mild walking was too much.

Using a cane did not help enough. The more I fought CFS by trying to walk or at least keep moving throughout the day, the worse it became. I was diagnosed with Hep C in 1999 because these symptoms had in-

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STUDY TAKES AIM AT CO-INFECTION SIDE EFFECTS

Anxiety and depression can be devastating side effects for people undergoing treatments for both HIV and hepatitis C (HCV). But this might not be the case for much longer. The innovative research of Canadian HIV Trials Network (CTN) investigator Dr. Marina Klein of the Montreal Chest Institute, is transforming treatments for co-infection.

The Peg-Interferon and Citalopram in Co-infection study (PICCO, CTN 194) will test whether the prevention of depression can improve adherence to HCV treatment. Currently, the most common course of treatment for those co-infected with HIV and HCV is with a Pegylated interferon/Ribavirin combination for their HIV and HCV. However, this mix of therapies has been shown to negatively affect the mental health of patients, thereby reducing the effectiveness of their HCV treatment.

"We're attempting to tackle anxiety and depression head on," says Dr. Klein, explaining the introduction of an anti-depressant called citalopram into the mix of standard treatment.

Enrolment for this clinical trial will target people co-infected with HIV and HCV who are about to begin HCV treatment for the first time. Researchers will evaluate the use of citalopram before starting and during treatment for HCV.

Nearly 80 participants at sites across the country will be randomly assigned to receive either citalopram or a placebo in this double-blinded trial. After receiving citalopram or a placebo for three weeks, they will then receive Pegatron/Ribavirin for 24 to 48 weeks depending on their HCV genotype. The study will compare adherence to HCV treatment and symptoms of depression between participants who receive citalopram and those who receive a placebo.

According to Dr. Klein, what makes this study particularly cutting-edge is the use of telemedicine for evaluating the mental health

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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.

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THANKS!!

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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.

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Ad 28

Got the sustained responder blues? Nobody really believes you're clear? Are you socially stigmatized as well? Am looking for a slender female (30-40) sustained responder for a long-term relationship. I'm an "empty-nester", love more kids. Am open-minded, like to laugh, 185 lbs., 6 ft tall, handsome, ski, tennis, financially secure.

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/hepatiscen1/chat>

DIAL-A-DIETITIAN

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

WHAT ARE YOU DOING FOR MAY, HEP C AWARENESS MONTH?

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

SPRING REJUVENATION

Spring has sprung and rejuvenation and revitalization are in the air. Spring cleaning is on our minds, and doing some gardening sounds refreshing. However, what about our bodies and spirits? Our spirits are lifted with the spring fever, but somehow our bodies are still dragging. Maybe with spring we can do something for our bodies that will help invigorate and revitalize them. When you have HCV it is common to feel tired, worn out and possibly depressed. But with spring in the air maybe we can do some things to change that.

There are three main things that help how you feel when you have HCV. These include reduction in the intake of alcohol, good diet, and exercise. If you can do these three things during spring, maybe you will realize what a difference they make and will want to continue all year round.

To begin with, let's touch on alcohol. The best is to not drink at all. However, nobody is perfect and don't beat yourself up if you have an indiscretion. I have drunk twice since I was diagnosed—once, for my wedding and once, for New Years. Other than that I have not drunk in over three years, and my body and spirit thank me for it.

Next is diet. "Everything in moderation" is a slogan I lived by before diagnosis. I still believe it, however I have added more and more healthy things to my diet. I realize the importance of feeling strong and alive and therefore need the vegetables, fruit and protein. I also need water. Never let yourself get dehydrated.

And finally, exercise. This is to me the most important. I know it can also be the hardest. Something that helps me is my dog. If I don't walk him every night, he makes my life miserable. It is better to walk him than put up with his "temper tantrums". If that does not work for you, get a walking buddy, or a gym membership, or a morning routine. It takes time but once you do something repetitively, it gets easier and you will find you will miss it when you don't do it. Soon enough you will find you have more energy and less depression.

If you can add more healthful options to your diet, cut down (if not eliminate) alcohol and exercise your way through spring, you will get the fuller benefits that come with the spring rejuvenation the rest of the world is feeling.

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. tanyafrizzle@hotmail.com

(CO-INFECTION STUDY—Continued from page 1) of participants from across the country. Participants will complete questionnaires and take part in video conferencing with a psychiatric nurse.

PICCO is expected to begin enrolling participants before April 2007 at St. Paul's Hospital and the Downtown Infectious Diseases Clinic. Researchers are eager to see this trial go ahead in regions like BC, which has the highest rates of co-infection in the country.

"The population we study and care for could really benefit from this kind of study," says Dr. Marianne Harris, Pacific Regional Director of the CTN and clinical researcher at the BC Centre for Excellence in HIV/AIDS in Vancouver. "New approaches for treating hepatitis C that take mental health into account could greatly improve the overall health status of our co-infected patients."

In addition to PICCO, Dr. Klein is leading another study that will examine why liver disease continues to progress in HIV/HCV co-infected people despite the use of highly active antiretroviral therapy (HAART) (CTN 222). This national cohort study is looking to recruit 950 participants.

To learn more about PICCO and new developments in Dr. Klein's cohort study, visit www.hivnet.ubc.ca

PRINCE RUPERT LIVING WITH LIVER DISEASE WORKSHOPS

Mon. April 16 Hepatitis C Essentials: Dr. Steve Sullivan

Mon. June 18 Diet and Nutrition for a Healthy Liver: Speaker TBA

Mon. July 16 (tentative) Integrative Health Perspectives on Liver Disease: Speaker TBA

All workshops are FREE. Registration is required. To register or for more information, please contact the Canadian Liver Foundation toll free at 1.800.856.7266 or email cwong@liver.ca.

Things that are happening in Sudbury Ontario: On April 30, 2007 at 10:30 A.M. our Sudbury Mayor John Rodriguez will be declaring the month of May as Hepatitis C Month in Sudbury by proclamation. This event will take place at the Civic Square, 200 Brady Street, Sudbury, Ontario. Last week I attended a committee sponsored by the Ontario Hepatitis C Secretariat. I feel that these were very productive meetings as I believe the Ontario Government may be planning that Sudbury will be one of five cities in Ontario to have a centre earmarked for the needs of people living with hepatitis C. Granted it is only in the planning stage and may take a while to become reality, but it is a step in the right direction.

— Ernie Zivny hepc.support@persona.ca

MANITOBA SPEAKER

The Manitoba Hepatitis C Support Community, Inc., is proud to announce that Claudia Watson, RN, with the VHIU (Viral Hepatitis Investigation Unit) at Health Science, will be doing a presentation on treatment at our meeting on March 27.

For information, contact: Kirk Leavesley, Chairperson, www.mbhepc.org (204) 772-8925

JOIN US FOR COFFEE AT BLENZ, VANCOUVER

Blenz at 3297 Cambie Street, Vancouver (17th Ave and Cambie St.), has invited all people who are affected by liver disease, their families and their medical staff to join the Cambie Blenz Friends Club. All members will receive a discount on their purchase when they show their card.

Please call the Vancouver Support Group at 778-898-7211 to submit your name for a membership card or obtain it at Blenz at 17th and Cambie Street.

The Greater Vancouver Support Group will hold special drop in at Blenz on the 1st and 4th Monday monthly from 3 PM to 7 PM. Members of the group will be in Blenz many days of the week, and if you wish to call ahead to see if any members are having coffee, please call Gordon 778-898-7211.

The Greater Vancouver Support Group is advising everyone that the 2nd Thursday meeting is moving from 1141 Main Street to 1199 Main Street (around the corner of the building south of 1141 Main Street).

FATTY LIVER AND SCARRING

Two studies presented at the DDW conference supported evidence that fatty liver (steatosis) is a major risk factor for fibrosis progression and liver cancer.

Fatty liver acts differently according to genotypes. In genotype 3 patients, the virus is thought to cause fatty liver, but in genotype 1 patients, the fatty deposits seem to come from abnormal metabolism.

Study 1 (K. Corey, et al) looked at the relationship between steatosis and fibrosis in 223 genotype 1 patients by analyzing and grading their biopsies on a 0-4 scale. The average steatosis score was 0.99 and fibrosis was present in 77% of patients, with an average score of 2.51. 66% had grade 1 or more steatosis, while 27% had grade 2 or higher. The corresponding results for genotype 3 were 78% with grade 1 and 30% with grade 2 steatosis. Looking at stages 0-2 and stages 3-6, a relationship between fibrosis and steatosis was obvious, as it was also in genotype 1 patients. The researchers found a direct relationship between more steatosis and worse fibrosis, especially in genotype 1 patients, so controlling fatty liver may be important to stop the progression of Hep C, especially in non-responders.

Study 2 (J. Pekow, et al) looked at the relationship between steatosis and liver cancer (HCC). Researchers examined the old livers of 94 cirrhotic patients who had been transplanted and found that 34% had liver cancer. All were graded for steatosis using the same 0-4 scale as above. 60% of those with cancer and 50% of those without had steatosis. There was a definite association between increased steatosis and the risk of liver cancer. Also affecting the chance of liver cancer were advanced age, higher ALT and AST levels, higher viral load and a higher MELD score. The authors concluded that having fatty liver increases the risk of liver cancer and that those with HCV and fatty liver should be followed carefully and may have an urgent need for treatment.

Research in the past has shown that advanced scarring, fibrosis and liver cancer can develop over 10 to 40 years. These researchers studied 214 patients with compensated cirrhosis who were followed for 17 years. They had Child-Pugh class A cirrhosis, and had regular ultrasound exams. Over 114 months, 32% developed liver cancer. 23% developed ascites. 17% became jaundiced. 6% had upper g.i. bleeding. Encephalopathy occurred in 1% of patients. 72% of patients remained stable. 14% progressed to Child-Pugh class B, and 7%, to class C. Liver can-

cer was the cause of 44% of the deaths. The annual death rate was 4% per year. The authors concluded that Hep C-related cirrhosis progresses slowly but can progress faster if other causes for liver disease are present.

Sources: http://www.hivandhepatitis.com/2006icr/ddw/docs/061606_c.html Steatosis Linked to Severe Fibrosis and Liver Cancer in Patients with Hepatitis C
http://www.hivandhepatitis.com/hep_c/news/2006/061606_a.html
Natural History of Liver Cirrhosis Due to Hepatitis C

STUDY LINKS OBESITY TO LIVER FAILURE

May 24, 2006

Obesity can be deadly if you have acute liver failure, according to a report presented at the Digestive Disease Week 2006 (DDW). We know that there is a link between diabetes and obesity and the development of non-alcoholic fatty liver disease (NAFLD), but there was little known about the relationship of those things to acute liver failure (ALF), a condition where the liver becomes so damaged it can no longer function. 572 patients with ALF were studied, and body mass index (BMI) was noted, as well as whether or not diabetes was present, and the outcome of the ALF.

The connection between diabetes and obesity in the development of non-alcoholic fatty liver disease (NAFLD) has been well established; however, little is known about the possible link between these factors and acute liver failure (ALF). Investigators from Massachusetts General Hospital and the National Institutes of Health-funded Acute Liver Failure Study Group researched this connection and found that although obesity does not appear more prevalent in ALF cases, patients who are obese or morbidly obese have significantly poorer outcomes with ALF. ALF is a serious medical condition in which large portions of the liver quickly become so damaged that the liver is no longer able to function, putting patients at risk of severe complications and death. The number of obese patients was proportionate to the general US population, but the BMI score was 28.8 vs. 26.6 for ALF patients who died or received transplants, and the obese patients were about twice as likely to need a transplant or die as those who weren't obese. The researchers believe that many obese patients have NAFLD, which stops their livers from recovering from acute liver failure when compared to those of their non-obese counterparts.

"While obesity may not be a risk factor for the development of ALF, obese ALF patients are at serious risk of major liver-related complications and death," said Anna Rutherford, M.D., Massachusetts General Hospital and lead study author. "Physicians should encourage patients to maintain a healthy weight to help improve their health and outcome."

Source: <http://www.ddw.org/wmspage.cfm?parm1=452>

TREATING PATIENTS WITH PRE-EXISTING PSYCHIATRIC CONDITIONS

JUNE 16, 2006

Many Hep C patients traditionally are not treated if they have psychiatric problems, because the IFN can sometimes cause severe depression in those suffering from such conditions. Three studies were presented at the DDW, which showed that these patients can be successfully treated with proper monitoring and management.

Study 1 (J. Nelligan, et al) These researchers looked at medical records of 82 U.S. veterans who took IFN-based treatment between 2002 and 2005. Veterans are about three times more likely to have Hep C than the general population, and they also have a large proportion of psychiatric diagnoses. In this case 66% were diagnosed with a psychiatric or substance use problem more than 1 year before starting treatment, 10% were diagnosed less than 1 year before, and 24% had no such diagnoses. Of those last patients, 6 out of the 20 began psychotropic medication during IFN therapy, as did 6 of 22 with a psychiatric history who had not used such medication previously. At least half of the patients finished therapy. Sustained virological response (SVR) rates were similar, with or without psychiatric history (38-45%). Although 39% discontinued treatment, only one stopped because of psychiatric symptoms.

"...These findings suggest that with routine mental health screening and coordinated care involving mental health, chemical dependency, and medical professionals, patients with co-morbid psychiatric diagnoses can successfully complete interferon therapy and achieve response rates comparable to those [of] patients without psychiatric disorders."

Study 2 (A. Knott, et al) These researchers studied the safety and efficacy of peg-IFN in Hep C patients with active depression by reviewing records of 91 Hep C patients with

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symptoms of depression. 96% were men, 87% were white, and 64% had genotype 1. About 50% had fibrosis/cirrhosis stage F3-F4. All were given peg-IFN plus weight-based ribavirin. 33% were diagnosed with moderate to severe depression. 75% suffered depression, 47% suffered anxiety disorders, 22% had problems with alcohol, and 16% had substance abuse problems. 26% used recreational drugs in the previous year. 71% were taking antidepressants before beginning therapy and 10% began during therapy. Patients who were moderately or severely depressed and who used drugs during the year prior to treatment were more likely to discontinue treatment, and those with more advanced disease were less likely to stop. Of the 72 patients who could be evaluated, 37% had an SVR.

Hep C patients with moderate to severe depression and a history of recent use of recreational drugs have a higher risk of stopping treatment, and need close follow up before and during treatment. Stable patients with less depression may be effectively treated. The researchers say that substance use and psychiatric problems are not a valid reason to withhold treatment.

Study 3 (E. Dieperink, et al) Approximately 1/3 of veterans with Hep C have PTSD (Post-Traumatic Stress Disorder), and because of that, are sometimes not treated, in spite of a lack of knowledge about IFN and PTSD. This study looked at the symptoms of five Hep C patients with PTSD on standard treatment. Of these patients, 4 were genotype 1 and 4 had stage 3 fibrosis. They were compared to a group of 11 PTSD patients who didn't receive treatment, most without advanced fibrosis. Both groups were screened with two tests throughout treatment. The results showed that PTSD increased during treatment, with no important difference between the groups. They also showed those on treatment were more irritable than untreated patients. There was no important difference in factors such as suspicion, assault, indirect hostility or verbal hostility. Depression was worse over time in those on treatment than in those not treated. All patients took a full course of standard treatment. 40% achieved SVR (2 out of 5). The study showed that depression worsens during treatment, but not PTSD or hostility, so PTSD alone should not be a reason for not treating these patients if they are treated with the collaboration of a psychiatrist.

These three studies show that patients with psychiatric and substance abuse problems can be treated and can respond to treatment if they are monitored and given appropriate psychiatric medications.

HEPATITIS C TREATMENT FROM THE 2006 AASLD CONFERENCE

Pegylated Interferon

Standard treatment for Hep C is peg-IFN plus RBV (ribavirin), which results in SVR (sustained viral response) in about 50% of patients treated. There are not many options for the other 50% or so who do not respond, who relapse, or who can't continue treatment due to side-effects.

Researchers have been gathering information about how to predict which patients won't respond to therapy, such as not achieving a 2-log or more drop in the viral load by week 12. Now we know that those who have not shown a negative viral load at 4 weeks have higher relapse rates. This indicator is called RVR (rapid viral response). Using these rules, doctors can stop therapy in the patients who are less likely to respond, thus avoiding unnecessary side effects.

Results from the ACCELERATE trial with 1463 genotype 2 and 3 patients showed that therapy can be reduced to 16 weeks in those who have an RVR. The researchers studied longer treatment with weight-based RBV in some genotype 1 patients, who hadn't responded by week 24. These "slower responders" were treated for a total either of 48 weeks, or 72 weeks. The 48 week group had an SVR of 18%, vs. 39% in the 72 week group. Dose reductions and discontinuations were similar in the 2 groups.

New Therapies

There are new therapies that target steps in the reproduction cycle of HCV. Standard treatment is an immunomodulator and an antiviral.

VX-950: A promising protease inhibitor, VX-950 reduces viral loads to undetectable within 2 to 4 weeks, but some mutated viruses (variants) emerge. There was a report at the AASLD meeting analyzing the variants. In a trial with 16 patients, 6 of 8 patients treated with VX-950 alone had mutations at the end of 14 days. 4 of 8 patients given peg-IFN plus VX-950 tested undetectable at 14 days. All 16 went on standard treatment and 15 of the 16 patients tested negative by week 24. This suggests that adding peg-IFN and RBV to VX-950 successfully treats the mutated viruses.

R1626: This substance is a nucleoside analog polymerase inhibitor. It was studied in a Phase 1b clinical trial with 47 naïve

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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

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tion, the holding company for the private company, Connaught Laboratories, the major supplier of blood products in Canada, specifically Factor VIII, used by hemophiliacs. The Canadian Red Cross got a slap on the wrist for trying to save a few pennies by not testing the blood for elevated ALT's, although this test was used in the US in the late 1980's — but that's neither here nor there, since the US was smart enough to ban Arkansas blood from distribution within US borders.

What can one say? The film is excellent, well-photographed, well-told and extremely unsettling. It is depressing as heck, but necessary for the soul. How Mr. Duda persisted through all the personal harassment he underwent as various agencies tried to stop him from making this film, I don't know. A man with a great soul and a bigger heart!

Even now Mr. Duda has troubles having the film aired — even on PBS in the US and in Canada, despite the fact that it has received rave reviews from the major independent film critics and even *Variety* magazine. The political pressure to keep this film SILENT is very strong. It makes you wonder what else there is they haven't told us.

As Kelly told the audience in a recent screening of his film at the King Center in Atlanta, Georgia, "Make no mistake about it; evil men did evil things in Arkansas. Their motivation was greed. But these men were relatively few. However, what made them powerful was the silence of many, many others that stood by and did nothing while the crimes were continuing and lives were being destroyed."

If you have hepatitis C, this movie is for you. If you are a community advocate, this movie is even more for you because it is a real inspiration and a reminder of what advocacy entails, as well as of the many battles that still lay before us. This is something that should be in every hepatitis C support group's library.

Factor 8: The Arkansas Prison Blood Scandal, a film by Kelly Duda, can be ordered at www.factor8movie.com

(TAI CHI — Continued from page 1)

creased over the years to the point where I was too ill to function at work or home. At that time I had been infected with HCV for 30 years and was not optimistic about improving my health as it was rapidly worsening no matter what I tried.

If I hadn't ventured to a Taoist Tai Chi class two years ago, I would still be in that state of illness, experiencing fatigue, muscle pain and other ongoing symptoms associated with hepatitis C. With support from friends and

Taoist Tai Chi instructors I was able to participate in the classes. At first I sat out most of the sessions. Even the little movement I could do would result in several days of recovery time with increased feelings of illness and migraine headaches. I went into Tai Chi not expecting anything and not understanding what this form of movement could do for someone in poor health. Very gradually over the course of the first year I was able to attend more of each class and learn the moves. Slowly I began to build up some strength and stamina and regain balance. During the second year most of the migrating muscle and joint pain, including severe and frequent migraine headaches, were gone for increasingly longer periods of time. Circulatory, respiratory, immune and digestive functions improved and I could stay awake most of each day without requiring naps. At this time after 2 1/2 years of practice, the symptoms I experience are no longer as severe or frequent. Flare ups happen less often and last for a shorter time span.

There are medical studies showing that Tai Chi is a beneficial method of movement for people living with chronic fatigue syndrome. The more I persevere with Tai Chi, the more I am able to do and the better I feel. It was and is not easy to persevere, but it is fun and so rewarding on many levels. Often people with liver disease experience loss of cognitive function or "brain fog" as we call it. The concentration required when one is practicing can help considerably, as we use our brain as well as our bodies to learn the form of Tai Chi. The meditative, calming aspect of this practice assists the body, mind and spirit to find a healthy, happier balance which in turn helps our whole system to function better and improve our daily quality of living. The reality of this disease is that many of us are unable to continue working or perform manual labour let alone enjoy any sort of social life. By focusing on what we can do rather than on what we can no longer do we provide our body and mind with the tools to help us feel well.

Taoist Tai Chi is offered throughout the province (and world). People with a variety of health and mobility issues practice. Drop into a class near you and watch — ask questions — and try. Be patient and stay with it. Give the form of Taoist Tai Chi a chance to help you.

Wendy Mackay
Tlell, Haida Gwaii,
Queen Charlotte Islands, B.C.



MAGICAL DANCER

(poetry is best when read aloud)

**Magical dancer in the street of Dreams
Transcendence abounds with flowing ease,
Around and round twirling free
Like the mountain air, or a memory.**

**Shawls of rainbows with colored hue
Adorn the dancer like one so true
Forever deemed to spin and turn
Like the consciousness for which we yearn.**

**Above, below, the music sounds
As if all the Angels had come to town
To grace the earth and teach us well
They rescue us from a cold, cold, hell.**

**Gypsy dancer, celestial queen, your dance
a reoccurring dream
As twilight dawns the day begins with
sunshine oh so bright.**

**You dance and dance with eyes of light
Continuing into the soft moonlight.**

**The great and small are your audience
As you do your dance so well
Then suddenly you fade away
Like the echo of a ringing bell.**

S. Tara Balduf (Ane)
Support for patients and educational materials
regarding all forms of liver disease.
<http://frontline-hepatitis-awareness.com>

(AASLD CONFERENCE—Continued from page 5)

genotype 1 patients at different doses. The highest dose resulted in 5 of 9 patients having undetectable HCV at day 15. Side effects included anemia, headaches and gastrointestinal discomforts in some of the patients.

Consensus Interferon: Studies have shown that HCV progresses faster after liver transplantation, with 20% of patients progressing to cirrhosis in 5 years, so it is important to treat the disease aggressively after the operation. Another option is treating the patient before transplantation, but this is difficult due to anemia, bleeding disorders and low neutrophils.

In a clinical trial of consensus IFN + RBV in non-responders vs. no treatment showed 29% end-of-treatment response in the higher does (15 mcg/day), even though 50% of the patients had bridging fibrosis or cirrhosis. The cirrhotic patients had less than 8% response rate. The study showed "some moderate success in the very difficult-to-treat group of patients who have nonresponse to combination pegylated interferon plus ribavirin." The more advanced the disease, the lower chance of response to treatment.

Source www.msedscape.com/viewarticle/548122
AASLD 2006 - Clinical Advances in Hepatitis B and Hepatitis C



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To read a complete version of the Pre '86-Post '90 Settlement Agreement, and for more information, please visit:
www.reko.ca/html/hepc_settlement.pdf



LIFE-CHANGING EVENTS

The fact that you are reading this newsletter suggests that either you or your family have been directly or indirectly impacted by the hepatitis C virus.

For many of those affected by this tragedy, there will be another life changing event that will occur over the next several months: the compensation application process and ultimately the distribution of compensation payments to affected individuals.

After having been introduced to a client about his particular situation, it became apparent that there was a need for in depth financial consultation and advice.

Once the compensation payments have been received, the issue at hand will be much more complex than "What is your best interest rate?" This gentleman found there were larger issues that need to be addressed including taxation, income needs, the use of trusts, disability and medical costs and lastly estate planning.

Although many who have been affected by this situation have yet to receive any compensation, the months that lead up to these payments are critical. It is imperative to meet with a professional financial planner and discuss these and other related financial issues.

There is no single approach to financial planning, but these basic components remain constant:

- Collection
- Analysis
- Synthesis

In the coming months I will discuss the different aspects of the financial planning process so that decisions made today allow you to maximize your future objectives.

BMO Bank of Montreal has Financial Planners, Investment and Retirement Planners in most of its retail branch locations who are available to meet and discuss your needs at no cost and provide 100% solution neutral advice.

If you have further questions please feel free to contact me directly, 604-665-7187, or via email at ross.charlesworth@bmo.com

*Ross Charlesworth BA CFP,
Financial Planner
Investment and Retirement Planning
BMO Financial Group*



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
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://hepc8690.blogspot.com/>
www.hepc8690.ca/
Agreement: www.reko.ca/html/hepc_settlement.pdf

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 dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432 r-lattig@shaw.ca

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

HepCBC info@hepcbc.ca, www.hepcbc.ca

• **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892

• **Surrey:** Support/info 604-582-3843

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. lmortell@cablelan.net

Kootenay Boundary: Support & info Contact Brian Reinhard reiny57@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 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 alex@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

North Island Contact Sharon Spencer at 949-6735 or Shane Thomas at 949-0432 shane.thomas@avi.org

Pender Harbour Contact Myrtle Winchester 604-883-0010 or 604-883-0010 myrwin@dccnet.com

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 250-963-9756, Ilse250-565-7387 ilse.kuepper@northernhealth.ca

Prince Rupert HCV Support Group 7-8:30 PM 3rd Mon. monthly, board room, Public Health Unit, 300-3rd. Ave. W. Contact: hepcprincerupert@citytel.net

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 604-683-6061; vandu@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group 2nd Thurs. monthly 7-9 PM, 1199 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 stephaniegrant@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

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

OTHER PROVINCES:

ONTARIO:

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

"Choices" Peer Support Group for those co-infected with HCV/HIV. Survivor trauma, addictions. Every 2nd Wed 5-7 PM, AIDS Committee of Ottawa, 251 Bank St, 7th Floor. Contact: Colleen Price 613-563-0851 coinfection@sympatico.ca www.aco-cso.ca/supportgroups.htm

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. March 8, 2007 Speaker from Heart and Stroke Foundation: "Healthy Heart/Healthy You". Contact: smking@rogers.com <http://createiveintensity.com/smking/> <http://health.groups.yahoo.com/group/CANHepC/>

Hamilton Hepatitis C Network Support Group 4th Thurs. 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 Dieu 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, hepcnfb@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 jcolangelo3@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, glip-ton@liver.ca

Thunder Bay Hep C support. Contact Kevin Larson 807-475-8210, klarson@tbaytel.net, Janet Adams 1-800-488-5840, jadams@aidsthunderbay.org

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Region Hepatitis C Education Group 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, NS The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 info@hepatitisoutreachsociety.com.

PRAIRIE PROVINCES:

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

HeCSC Edmonton Contact Jackie Neufeld 780-939-3379.

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

Manitoba Hepatitis C Support Community Inc. Meets every Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby Street, side door, Furby & Broadway, Main Floor. Look for signs) Last Tues. monthly is a Speaker Meeting. Contact Kirk: 204-772-8925 info@mbhepc.org www.mbhepc.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

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month.

Victoria & Area S.O.L.I.D. Society of Living Intravenous Drug Users, Wed. (except welfare week) 7-9 PM, 1947 Cook St, Support, info, & referrals Contact: momma@vcn.bc.ca