



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

MORE EASL 2007 SELECTIONS

42nd Annual Meeting of the European Association for the Study of the Liver (EASL) in Barcelona, Spain April 11-15, 2007

72 vs 48 Weeks Treatment for Slow Responders

This trial showed that genotype 1 "slow response" patients who didn't achieve HCV RNA negative status until week 12 had a **better SVR rate with 72 weeks rather than 48 weeks** of treatment (63% vs. 37%). The dropout rate for patients receiving 72 weeks of treatment is higher, though. It was noted that a **slower response was observed in older patients**. There were 694 enrolled, all treatment naïve.

14 vs 24 Weeks for Rapid Responders

This study compared responses in genotype 2 or 3 patients with RVR (Rapid Virological Response, virus-negative at week 4), taking either 14 or 24 weeks of treatment. These were treatment naïve patients. It was found that **90% of RVR patients with genotype 2/3 obtain SVR (Sustained Viral Response) after only 14 weeks of treatment**. Longer treatment, however, provides a 95% SVR.

Low-Dose PegIFN Maintenance Therapy

IFN stops the progression of fibrosis. This low-dose pegylated interferon-alpha 2b trial with 88 subjects, non-responders to standard therapy, lasted 3 years. Half were simply observed and tests were done periodically. **The results showed no HCC (liver cancer) cases in treated patients, but 6 cases among those not treated**. Complications such as encephalopathy, ascites and bleeds were fewer in the treatment arm. ALT and GGT levels got worse in the untreated

(Continued on page 4)

WHAT WE DID: MAY 2007, HEP C MONTH

The following awareness events were brought to my attention, or I found them randomly on the web. My apologies to those who weren't included.:

New York:

The 3rd Annual Hepatitis C Walk was probably the best-advertised event. It was planned for May 15th in New York City at Battery Park. Included on the program were such celebrities as Christopher Kennedy Lawford, HCV+, nephew of President John Kennedy, the musical group Del Patio, Debbie Delgado Vega of LOLA, Rich Ramirez, comedian, and the Hon. Joel Rivera. Its purpose was to raise awareness about the importance of getting tested. William of Del Patio, Debbie and Ramirez are all liver recipients. (Source: www.prnewswire.com/cgi-bin/stories.pl?ACCT=109&STORY=/www/story/05-08-2007/0004583405&EDATE=)

British Columbia:

Prince George's New Hope Society celebrated its first annual Hepatitis C Candlelight Vigil on May 1st. Community speakers, refreshment, and story sharing were planned. The keynote speaker was Dr. Lawrence Freedren. (Source: *Teresa Mallam, Free Press, Apr 25 2007*)

(Continued on page 3)

CROSS-CANADA MOTORCYCLE TOUR

On September 26, 2005, Robert E. Crawford gave his sister-in-law Marilyn Olivo-Crawford an important gift: 67% of his liver. The typical waiting time for a liver is 6 years or more. Many people can't wait that long, and many are dying. The donor/recipient duo has announced that they and Robert's 9 year old son will be raising awareness about organ donation by motorcycling across the country July 21st to August 18th. Their families are organizing the ride.

The travelers will be asking that people sign donor cards and advise their families of their choice to donate their organs. "It's important for every Canadian to understand that they can save a life," said Robert. On their travels, which will cover about 8000 km., they will be raising funds to purchase equipment for the transplant centres throughout Canada. They plan to stop in St. John's, NF; Sydney and Halifax, NS; Fredericton, NB; Quebec City and Montreal, QC; Kingston, Toronto, Oakville, Sudbury, Sault Ste. Marie, Thunder Bay, ON; Brandon, MB; Regina, SK; Medicine Hat, Calgary, AB; Kamloops and Vancouver, BC. Please show up to support them. Events and rallies are being scheduled all along the route.

Supporters and corporate sponsors are needed to help with this project. All corporate sponsors will have their names included in Media Releases and "Cross Canada Ride" information packets. For more information please contact:

Robert E. Crawford 416-353-2106
Carolyn S. Crawford 905-465-2499
Marilyn Olivo-Crawford 613-928-2563
[E-mail Cross_Canada_Ride@yahoo.ca](mailto:Cross_Canada_Ride@yahoo.ca)

Donations: TD-Canada Trust: "Cross Canada Ride" Acct: 307093, Branch: 2456
Mail cheques, payable to:

"Cross Canada Ride"
2487 Wyatt Street
Oakville, ON L6L 2M7

Source: <http://mervsheppard.blogspot.com/2007/03/liver-donor-recipient-motorcycling.html>

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#306-620 View Street
Victoria BC
V8W 1J6

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Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

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

"I want to volunteer. Please contact me."

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

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

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

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at info@hepcbc.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

ADVERTISING: The deadline for placing advertisements in the *hepc.bull* is the 12th of each month. Rates are as follows:

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

HOW TO REACH US:

EDITOR: Joan King
PHONE: TEL: (250) 595-3892
FAX: (250) 483-3368
EMAIL: iking@hepcbc.ca
WEBSITE: www.hepcbc.ca
HepCan LIST: <http://health.groups.yahoo.com/group/hepcan/messages>

HepCBC
306-620 View Street
Victoria BC V8W 1J6

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.

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REPRINTS

Past articles are available at a low cost in hard copy and on CD ROM. For a list of articles and prices, write to HepCBC.

Do you Have Hepatitis C?

You may be eligible to participate in a Research Study.

TO QUALIFY

We are looking for people who have hepatitis C and had no prior treatment with Interferon.

DETAILS:

- You will be required to take investigational medication in combination with Peginterferon Alpha-2b and Ribavirin (Pegetron) for treatment of hepatitis C.
- You will be required to give blood samples.
- There will be 1 overnight stay with several out-patient visits.
- If you qualify, compensation will be available.

For more information, please contact the Recruitment Coordinator at 604-639-2608 Or E-mail volunteers@cantest.com



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.*

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>

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, 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, Ernie, and Bruce Lemer. Please patronize the following businesses which have helped us: Top Shelf Bookkeeping, Thrifty Foods, Margison Bros. Printers, The Four Mile Restaurant, Roche Canada (for special support with our newsletter and phone line), Pacific Coast Net, Royal Bank, Schering Canada, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

WHO WOULD DISCRIMINATE AGAINST ME?

I was recently asked if I had ever been discriminated against when a person found out that I have hepatitis C. I thought about it for a second and said that for the most part, no. I can only think of one clear case where a friend judged me without asking questions. Besides that all my family and friends have been supportive and comforting.

However, I have been discriminated against by people who are not friends or family, and from people who you would never dream would discriminate against you: Doctors.

I have had a few incidences where I have been labeled a drug addict as soon as a doctor found out I have HCV. Because I am young (29 to be exact), and not in the range of the tainted blood scandal, how else would I get it? When I went to the hospital with vertigo (I could not stand without falling over – apparently a virus of some sort), I was up front about having HCV. I figure, why go through hours of testing to find out the cause is the HCV, and if you had been honest in the beginning, it would have been figured out right away?

Anyway, I was up front about it and immediately I started getting questioned about whether I had done any drugs the night before or how much I had drunk. I thought it was a fair question and said I do not do drugs or drink. Five minutes later I was asked again, and I repeated my answer. A little time goes by and I am asked again. I am now getting irritated.

Suddenly the questioning turned from "Did you?" to "How much drugs did you do last night?"

"Pardon me? I have already told you three times that I did none."

This line of questioning went on another few times. I had to really hold my patience. I was scared that I was not being taken seriously in the emergency ward, as they obviously thought I was lying, and putting my condition down to drug use.

In another instance when I went into an appointment, I had a doctor say as her very first line, "Oh, I see you have Hep C. You had better be tested for all other blood-related diseases like AIDS and Hepatitis B." I had just found out about the HCV and now she's telling me I have to worry about AIDS and Hepatitis B, too? There was absolutely no bedside manner there. My stomach dropped out from under me.

She then proceeded to end the appointment, without addressing why I had come to it in the first place, with a snide comment about how she figured I would know the number for social services.

You know, I really do not care if you think I got HCV from drug use. I would not be ashamed if that is how I did get it. However, now that I have found out first hand how doctors treat people who they think are drug users it horrifies me. Obviously if you are a drug user, or a recovering drug user, you are not getting the treatment you or anybody deserves. And it scares me that one day I am going to have something seriously wrong with me and a doctor is going to put it down to drug use.

That all being said, I do have to say that not all doctors are this way. I have a wonderful family doctor, and my HCV specialist and his team are excellent. It has just been a couple that I have run across that have treated me this way. But one is too many.

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

PRINCE RUPERT LIVING WITH LIVER DISEASE WORKSHOPS

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.

(Hep C Awareness Events—Continued from page 1)

HepCBC Hepatitis C Education and Prevention Society (Victoria, Surrey) has been graced by A-Channel, who is running a 1-minute segment on Hep C and HepCBC during the month of May. (See it at www.hepcbc.ca/may%20awareness%20month.htm)

Celebrating their new office, HepCBC is holding an open house on May 30th. They have public service announcements running in May on 103.1 Jack FM and 98.5 The Ocean.

Brad Kane and Beverly Atlas of Princeton were instrumental in getting their Mayor to proclaim May as Hepatitis C Month and May 1st as Hep C Memorial Day there. Beverly, together with one of the community nurses, has put together a display board for awareness in the schools.

Ontario:

Sudbury's Circle C Support Group got their mayor to issue a proclamation, naming May as Hepatitis C Month in Sudbury. Other places in Ontario who celebrated were Durham, Ajax, Oshawa, Brock, Scugog and Clarington.

USA:

The Hepatitis C Caring Ambassadors Program (HCCAP) of Oregon and Washington announced that their mayors have recognized May as Hepatitis C Awareness Month. Austin, TX, has done the same. Wisconsin's mayor has issued a proclamation. Many chapters of The American Liver Foundation were involved in visits to their statehouses and requests for proclamations declaring May Hepatitis Awareness Month. May 2007 marks the twelfth anniversary of Hepatitis Awareness Month in Oklahoma.



FRIENDS' CLUB AT BLENZ, VANCOUVER

The Greater Vancouver Support Group holds drop in sessions at Blenz, 3297 Cambie Street, Vancouver (17th Ave and Cambie St.), 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 has moved from 1141 Main Street to 1199 Main Street (around the corner of the building south of 1141 Main Street).

patients. Viral load dropped in the treatment group, and stayed unchanged in the untreated group. Follow-up is still pending.

Some Statins May Improve Liver Fibrosis

Data has shown that statins can have antifibrotic (anti-scarring) properties apart from their ability to lower fats in the blood. This study compared the effects of two statins--fluvastatin (FLU) and simvastatin (SIM)--in rats who were given a drug (TAA) to cause fibrosis/cirrhosis. After the administration of the TAA, the rats were given the statins. **Only high-dose SIM improved the state of their livers.** No improvement was seen with low-dose combination of SIM and FLU. The study showed that even though statins may have similar fat-decreasing qualities, they may have different antifibrotic action.

Celecoxib May Prevent Liver Fibrosis

Data has shown that COX2-prostanoids system is actively involved in creating liver scarring.

At last year's EASL, COX2 selective inhibitor showed an anti-proliferative and pro-apoptotic effect on human liver cells. This study investigated the antifibrotic effects of celecoxib in rats who had TAA-induced fibrosis and had their bile ducts tied. Untreated rats served as controls. As a result, AST, ALT, and ALP levels were reduced in the TAA-rats but not in those with tied bile ducts. Celecoxib showed some antifibrotic effects in both groups of rats, but especially in those whose fibrosis was caused by TAA rather than bile duct blockage. The study suggests that **celecoxib may prevent liver fibrosis.**

SCH 503034 (Boceprevir) plus HCV-796

This study looked at the antiviral effects of combining two HCV drugs: Schering's SCH 503034 (Boceprevir), a protease inhibitor, and Wyeth/ViroPharma's HCV-796, a polymerase inhibitor. Because each product demonstrated good antiviral activity in early studies, researchers combined them in test tubes, since they target different areas of the virus, and **may have an enhanced antiviral effect when used together.** They were each tested against viruses resistant to the other product (cross-resistance studies). In the viruses resistant to one product, the virus was inhibited by the other product. By com-

binning the products, there were **fewer resistant viruses produced.**

SCH 503034 (Boceprevir) plus NM107 (Valopicitabine)

Combining SCH 503034 (boceprevir), a protease inhibitor, plus NM107 (valopicitabine), a polymerase inhibitor, **reduced RNA levels when tested with genotype 1b HCV cells. Fewer resistant viruses were produced** as a result of combining the two drugs, compared to using either drug alone. The combination was tested against viruses resistant to each of the drugs used alone (cross-resistance studies). The authors suggest that the results show the combination to be worthy of evaluation in Hep C patients.

ITMN-191 + Pegasys

ITMN-191 is a powerful HCV NS3/4A protease inhibitor. The authors of this study believe that HCV replicates principally in the liver, and that the concentrations of ITMN-191 found in liver tissue of lab animals are more than sufficient to get rid of the virus in vitro (test tube) when combined with Pegasys. In human plasma, **the combination resulted in undetectable virus after 14 days of treatment.** This combination should be investigated in clinical studies.

ITMN-191 + R1479

R1479 is a polymerase inhibitor. Combined with ITMN-191, **the two drugs show increased potency against HCV** in vitro. R1479 attacks the NS5B polymerase part of the virus, while ITMN-191 attacks the NS3/4A protease section. They work better together than either drug does alone. The combination may ensure that fewer viruses escape, and is a good candidate for future trials.

BILB 1941

BILB 1941 is a polymerase inhibitor which attacks the NS5B section of the virus. It was given orally in liquid form over 5 days to genotype 1 patients. Unfortunately, a higher dose could not be given due to temporary gastrointestinal problems in the patients. **The drug resulted in a promising reduction of viral load,** and should be investigated further.

HOW HIGH IS HIGH?

We are told that genotype 1 patients with low viral loads respond better to treatment, but how low is low, and how high is high? Until now, "high" has been considered to be over 2 million copies/mL (or over 600,000

IU/mL or 800,000 IU/mL, depending on the test). Since pegIFN is now standard treatment, producing improved responses, re-evaluation is necessary, and these researchers did that by analyzing data from Pegasys/Copegus trials. The data showed that patients generally **responded to treatment and sustained that response if their viral load was below 400,000 IU/mL.**

CHUNKY CHICKEN CHILI

- 1 T. vegetable oil
- 1¼ lbs boneless, skinless chicken breasts, in 1/2" cubes
- Chili powder
- 2 8 oz cans tomato sauce
- 1 14.5-oz can kidney beans, rinsed and drained
- 1 11-oz. can corn, undrained
- 1 t. ground cinnamon



- Heat oil over medium-high heat.
- Add chicken. Cook 5-6 minutes, stirring occasionally until lightly browned.
- Stir in remaining ingredients.
- Bring to a boil.
- Cover. Simmer 10-15 minutes, stirring occasionally.
- Serve with a pinch of chopped chives or a sprinkle of low-fat cheese.

Source: www.jennycraig.com/recipes/recipe.asp?SID=88

HepCBC ANNUAL GENERAL MEETING

**Wednesday, Sep 12, 2007
6:30 PM**

**Woodward Room
Begbie Bldg
Royal Jubilee Hospital
Victoria, BC
INFO: 250-595-3892 info@hepcbc.ca**

AGENDA:

1. Approve minutes of AGM 2006
 2. Set number of directors,
 3. Election of those directors
- AGM to be followed by a speaker (TBA) and refreshments.

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



For more information call:
250 595-3892
hepcbc
www.hepcbc.ca

ODDS & ENDS

THE p21-ACTIVATED KINASE PROTEIN

The hepatitis C virus spreads in your body by copying its genetic material, utilizing it to make proteins which form new viruses, and inactivating antiviral proteins inside your cells. By understanding these processes, scientists hope to stop the virus from spreading. Researchers found a protein which stops the virus from replicating. It's called p21-activated kinase 1, and its role in regulating the replication of HCV has just been discovered. Hopefully it will provide new drugs against Hep C.

Source: www.sciencedaily.com/releases/2007/04/070421211409.htm

HIGH DOSE VITAMINS A & E

Anemia is often responsible for patients on treatment having to reduce doses of ribavirin. In this small study, 21 patients were studied between 2003 and 2004. They were given 2000 mg each of vitamins E and A daily, together with IFN alfa-2b and ribavirin combo treatment. A matched control group was selected from patients treated without the vitamins between 2001 and 2003. Anemia was prevented in the vitamin-treated group. No patient had to stop treatment due to anemia, while 3 had to discontinue treatment in the control group.

Source: *Hepatology Res.* 2007 May;37(5):317-24.

AGE AND CIRRHOSIS

Several factors are involved in progression to cirrhosis, such as the age at infection, body mass index, enzyme levels, and aging. In an attempt to predict when each patient will get cirrhosis, these researchers studied 247 untreated patients and calculated their expected age for developing cirrhosis. It was found that those infected after age 37 progressed faster than those infected at a younger age. Body mass index over 25 kg/m² may be associated with faster progression, as are higher ALT levels. They found that a person infected earlier than age 19 would develop cirrhosis at age 65.4, while infection between ages 20-24 resulted in cirrhosis at 64.6; between 25-36, cirrhosis at 64.8, and over 37, cirrhosis at 69.4. The authors concluded that most HCV patients get cirrhosis at around 65 years of age, no matter how old they were when they contracted HCV, so actual age seems to be more important than age at infection in predicting the onset of cirrhosis. **Careful monitoring of older patients to prevent complications and fibrosis progression is necessary.**

Source: www.medscape.com/viewarticle/554637

HEP C+ CELEBRITIES

*How many do you recognize?
Can you add to this list?*

Pamela Anderson
Dharmachari Aryadaka
Laurie Bembenek
Rolf Benirschke
Ray Benson
Sarah Elizabeth Campbell
Ray Charles
Peter Coyote
Danny Crooks
David Crosby
Willie Dixon
Alejandro Escovedo
Erik Estrada



Stanley Fafara
Freddy Fender
Danny Galinda
Diamanda Galas
Allen Ginsberg
Billy Graham
Larry Hagman
Chet Helms



Dusty Hill
Tom House
Naomi Judd
Stormie Jones
Ken Kesey



Jack Kevorkian
Evel Knievel
Henry Knowles
Yohei Kono
Mel Lastman
Christopher Kennedy Lawford
Phil Lesh

Lance Loud
Linda Lovelace
Mickey Mantle
David Marks
Joe Moakley
Michael Morra



Benito Mussolini
Jim Nabors
Chuck Negron
Rocco Prestia
James Earl Ray
Keray Regan
Frank Reynolds



Anita Roddick
Tony Scalzo
Timothea Randy "Biscuit" Turner
Steven Tyler
Kenneth Zebrowski



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

CANNABIS WARNING

Although a recent study (Oct 2006) showed that use of cannabis might help some Hep C patients stay on treatment, some experts voiced their worries, basing their concern on a French study of untreated Hep C patients showing those who used cannabis daily had more liver scarring and were more likely to have their fibrosis progress than those who used marijuana little or not at all. At the EASL meeting in Barcelona, that team reported that cannabis sativa binds to two receptors, one of which activates the accumulation of fat, according to a study of 311 treatment-naïve patients, of whom 59% were non-users, 15% smoked fewer than 1 joint daily, and 26% were daily users. Fatty liver was found in 16.3% of non-users, 10.9% in occasional users, and 30.9% of daily users. Steatosis was also linked to body mass index of 27 kg/m², use of maintenance treatment, alcohol consumption of 30 g/day, genotype 3, hyperglycemia, and fibrosis stage 2 or more. Still, the authors report “a strong link between daily cannabis use and steatosis severity in patients with chronic hepatitis C,” and state, “**Patients with untreated chronic hepatitis C should be advised to refrain from daily cannabis use.**”

Source: *Cannabis Use Predicts Severe Liver Steatosis in Patients with Chronic Hepatitis C*
By Liz Highleyman
(www.hivandhepatitis.com/aboutus2.html#liz)

DOCTOR RECEIVES 2000-YEAR SENTENCE

Juan Maeso, age 65, anesthetist and drug addict, received a 2000-year sentence for infecting 275 of his patients with HCV in Valencia, Spain, between 1988 and 1997. He was also convicted of 4 counts of manslaughter. He will serve only 20 years in jail, but must pay each victim or the family over 1 million Euros.

The doctor was convicted of injecting his patients' drugs first into himself, and then into his patients, but he denies this. "If I have used needles they were those used on patients first—not the other way around," said the doctor. He was diagnosed in 1998.

Source: www.expatica.com Spanish Doctor Convicted for Infecting HCV in People with Dirty Needles 15 May 2007

PREDICTING CIRRHOSIS

Are you likely to get cirrhosis? The answer, if you have Hep C, seems to depend on your genes. If the answer is yes, you might want to get treated early, so it would be nice to know. On the other hand, if your

risk is low, you may wish to wait for better treatment options.

Important factors are age, sex, use of alcohol, and age when infected, but these details make up only part of the picture. In this study, 420 white patients were tested, and it was found that there are 7 markers from a genome scan that predict the risk, now called the Cirrhosis Risk Score (CRS). The CRS was tested in 154 white patients. It was found to be more accurate than just clinical factors (age, sex, etc.) The test costs about \$500 in Valencia, California.

Source: *Laurie Barclay, MD Medscape Medical News 2007. 7-Gene Signature Predicts Cirrhosis Risk in Patients With Chronic Hepatitis C*

CHEAP CURE

Could a pact made in a London pub result in a cheap cure? Sunil Shaunak of Imperial College London, and Steve Brocchini of the University of London's School of Pharmacy, while having a drink together a few years ago, decided to challenge themselves, and may have succeeded in finding a cheap version of IFN-alfa, which is being produced in India. Clinical trials are expected to start in 2008. The plan was to avoid the restrictions due to patents held by Roche and Schering, and to find a new IFN that actually cures, rather than just reduces the amount of the virus. To get around the patent, they have anchored the PEG molecule inside the IFN, instead of onto the surface, resulting in a drug that seems to be just as effective, but lasts 12 times longer than IFN without PEG in mice. The technology may even work with other drugs, such as those for HIV, as well.

Source: www.newscientist.com/article.ns?id=dn10873

CONFERENCES, EVENTS AND WORKSHOPS

4th National Aboriginal Hepatitis C Conference

June 17-20
Yellowknife, NT

For more information please visit: http://www.hepc.cpha.ca/english/new_e/index.htm

Issues of Substance

November 25-28
Edmonton, AB

For more information please visit: <http://www.issuesofsubstance.ca/IOS/EN/>

For a more complete listing of conferences, events and workshops locally and internationally, please visit our website: http://www.hepc.cpha.ca/english/new_e/index.htm

VANCITY IS HERE TO HELP HEP C VICTIMS

If you are one of the thousands of Canadians who contracted hepatitis C from tainted blood and are receiving payment under the Federal Government's compensation plan, **Vancity Credit Union** is here to help you manage your payment.

In collaboration with the **Greater Vancouver Support Group for Hepatitis C**, Vancity will provide a number of options for you to consider when receiving settlement payouts, including options for banking, investments and trust services.

Please contact one of the following Vancity branches for more details:

Vancity Centre Community Branch (Vancouver) 183 Terminal Ave

Janette Hunter, Branch Manager
604-877-7010

Fairview Community Branch (Vancouver) 501 West 10th Avenue

Duncan McGuffie, Branch Manager
604-877-7080

Guildford Community Branch (Surrey)

108-15175 101st Avenue
Rup Sumal, Branch Manager
604-877-7300

Victoria Community Branch (Victoria)

3075 Douglas Street
Charleen Dunn, Branch Manager
604-877-7420

New members must provide two forms of government-issued identification, including one with a photo.

Acceptable ID:

- BC or Other Province Driver's License with photo (not interim)
- BC Identification issued by the Department of Motor Vehicles (BC ID issued by anyone else not accepted)
- Canadian Armed Forces Identification Card
- Canadian Passport
- Passports from other countries
- Permanent Residence Card

Secondary ID:

- Canadian Birth Certificate
- Canadian Citizenship Card
- Certificate of Indian Status
- Credit Card: Visa, MasterCard, American Express, Department Store (i.e., Bay, Sears)
- Other Province Drivers License without Photo
- Provincial Health Insurance (BC Care Card)
- Student Identification

Visit vancity.com for more information.

WHERE ARE YOU COMING FROM, NOT WHERE ARE YOU GOING ...

Last month I wrote about the requirements one must achieve to be considered a CFP, an important building block in the financial planning process.

Let's move away from the person and focus on the process: Think of the last time you asked for directions to a store that you had not shopped at before. The clerk's first question should be, "Where are you coming from?". If the starting point is not known, how can directions be provided that are useful?

This is the same scenario for financial planning. Wishing to generate a certain level of income, reduce taxes, or grow an investment portfolio to a certain value are all important goals, so long as we know what the starting point is. This process of collecting financial information is important so that there is an understanding of the current situation. The better prepared you are for the first meeting, the greater the benefit you will receive.

The initial meeting with the financial planner is a fact-finding discussion. You will want to learn about the financial planner and his/her background, just as the financial planner will want to learn about your current financial situation.

In the lead up to the compensation payouts for affected HCV+ individuals, people should make arrangements to meet with a financial planner to determine what their starting point looks like: What is your current income, what are your current portfolio values for RRSP and Non-RRSP funds, and are pension benefits available? In addition, other financial factors that impact on your current lifestyle should be considered: expenses, dependents, liabilities, estate issues, pre-existing insurance coverage, and beneficiary designations. These pieces of information are important, but the list goes well beyond this. I have a checklist that I use with my clients for initial meetings.

All of this information helps develop a picture of the current financial landscape. This is the starting point on our financial road map. If we know where we are coming from, we can develop and follow a route to the financial goal.

Next month, I will discuss another step in the financial planning process: Analysis. Once the pieces of information are collected what does this say about our current financial situation?

If you have questions or wish to receive a

copy of the checklist please contact me directly by email at ross.charlesworth@bmo.com or by phone 604-665-7187.

Ross Charlesworth, BA CFP
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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

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

DIAL-A-DIETITIAN

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

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://hepcbc.blogspot.com/>
www.hepcbc.ca/
Agreement: www.reko.ca/html/hepc_settlementagreement.pdf

COMING UP IN BC/YUKON:

AIDS Vancouver Island HCV support
 • **Campbell River:** Drop in, harm reduction, support, education. Contact: 250-830-0787, 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 Mon. 2-4 PM #201-55 Victoria Rd. Contact Anita 250-753-2437 anita.rosewall@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. ljimortell@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 midislandhepc@hotmail.com

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

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

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

New Westminster Support Contact Dianne 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 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact: karen.peel@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 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. **June 18th: Cheryn Wong, CLF: Nutrition for a Healthy Liver.** Pre-register: cwong@liver.ca or 1-800-856-7266. Contact: hepcprince-rupert@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 <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 Sassafras Cafe, Jim Pattison Pavilion, South. Contact Gordon 778-898-7211, ohmygod-yes@canada.com

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, heesc@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. June 14 Speaker: Carolyn Tutchner, Canadian Diabetes Assoc. Contact: smking@rogers.com <http://creativeintensity.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 Deiu 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 No meetings in the summer. Contact Cathy 705-522-3352 or Ernie hepc.support@persona.ca 705-522-5156.

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

Thunder Bay Hep C support. Contact Kevin Larson 807-475-8210, Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840) hepcthunderbay@yahoo.ca

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 reneeaurio@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 HepC SK Contact Doug 306-545-1628 hep-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hep-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 wbbas@telus.net www.wbbas.ca

Manitoba Hepatitis C Support Community Inc. Each Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs) Last Tues. monthly; Speaker Meeting. Everyone is welcome. 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