



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

PERIPHERAL NEUROPATHY

By Joan King

I confess: I have a personal reason for writing this article. I believe I have been infected with HCV for 37 years. I have just been diagnosed with peripheral neuropathy, by a neurologist, no less. I must admit, I have been suspecting it, since my toes have been feeling a bit numb for several months. It feels like I have socks on all the time. When the doctor tested my reflexes at my ankle and there was no response, and then tested my feet for sensibility, the diagnosis became obvious. Other tests can be done to confirm the diagnosis, such as blood tests, a nerve biopsy, urinalysis for glomerular injury, and a nerve conduction test.

Peripheral neuropathy is an inflammatory disease (-pathy) of the nerves (neuro-) and "peripheral" refers to the extremities: hands and feet. The problem may be related to many illnesses or disorders, such as diabetes, Sjogren's syndrome, vasculitis, rheumatoid arthritis, and especially to cryoglobulinemia in hepatitis C patients. It can be hereditary, or it can be an autoimmune problem. It can be caused by compression (like carpal tunnel), or can be caused by some drugs, but the inflammatory kind is the kind usually related to hepatitis C. The symptoms are numbness, pain and/or tingling in the feet or hands. It is the most common symptom in HCV patients who have mixed cryoglobulinemia. The cryo often responds to IFN treatment, but it doesn't always help the neuropathy.

Peripheral neuropathy may have the same cause as encephalopathy, which is also caused by inflammation of the small blood vessels, but in the brain. Some doctors believe that HCV causes our immune system to produce rheumatoid factors, which are deposited in the capillaries, causing inflammation called vasculitis, and may lead to a kidney disease called glomerulonephritis, or to arthralgias or skin lesions, and of course, neuropathy. Peripheral neuropathy can cause weakness and loss of productivity, even if the liver is not seriously damaged.

What can be done? My approach to any problem is to try to get rid of the cause, rather than just treat symptoms. Standard Hep C treatment helps some patients, so it may be worth a try. Others, however, develop the problem while on treatment, in which case, treatment may have to be stopped. Steroids may help some people, but may increase HCV viral load. Plasma exchange has been used successfully in serious cases.

I'm lucky so far. My symptoms don't include pain, but if you have pain because of neuropathy, please remember that most pain remedies can damage the liver, and eventually make the situation worse. Having said that, sometimes you just have to deal with the pain. Start out by talking to your doctor. My doctor recommended vitamin B. You may wish to start with alternative therapies, such as magnets, acupuncture, massage, visualization or biofeedback. A healthy diet and exercise may delay symptoms and prevent progression. TENS (transcutaneous electrical nerve stimulation) won't hurt your liver.

A simple remedy for pain is Tylenol or aspirin (not too much). You can try Capsaicin, from chilli peppers, in a cream form.

Neurontin has been used for the pain, with

(Continued on page 3)

THE BENEFITS OF EFT – EMOTIONAL FREEDOM TECHNIQUES

By Karen Hodson, BA, EFT-ADV
EFT Practitioner

Emotional Freedom Techniques or EFT is a blend of ancient Chinese acupuncture and modern talk therapy. However, instead of using needles, one "taps" on specific meridian points on the body while stating specific words or phrases about an issue.

The EFT tapping makes an important connection between the emotions and physical body, which helps to release anxiety and stress and has remarkable results.

The last time you had a "negative" emotion such as fear, anger or frustration what did you do—frown, yell, or just disappear? What did it feel like—a knot in your stomach or a headache?

The last time you felt a "positive" emotion such as joy, love or peace what did you do—smile, laugh, hug? What did it feel like—your heart opening up or giggling?

These are common emotions and reactions and often the negative emotions can result in the manifestation of a physical pain. Using EFT, through tapping while voicing the negative aspects of an issue, one can reduce or even eliminate the stress and anxiety linked with the issue. Once the issue is neutralized, this allows the opportunity and choice to then tap in positive words resulting in "emotional freedom".

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis until December 31, 2007. This special fee is cash, cheque or money order only, and you must mention this article. Sessions can be over the phone. For more information please call Karen at (604) 913-3060 pivotpoint4u@gmail.com or visit the website www.pivotpoint4u.com. Karen is scheduled to speak at a Hep C Meet & Greet in Surrey, BC, on September 15 at 2 PM. See page 5.

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

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

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

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

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

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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.

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 1997-2007; the FAQ V7.1; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

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

REPRINTS

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

DIAL-A-DIETITIAN

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

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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



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. Please contact us at 250-595-3892 or info@hepcbc.ca

CONFERENCES, EVENTS AND WORKSHOPS

Issues of Substance
November 25-28
Edmonton, AB

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

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/hepatitiscen1/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*



MY HCV FEAR

I have learned to live with the fact that I have HCV. It has not been easy to accept and still not a day goes by that I do not think about it. However, my stomach does not do a summersault anymore when I do think about it, that is unless I think about having children. That is one hurdle left that I have not gotten over yet. I am young, only coming up to 30 (in fact this month) and I have no children yet. I do want children, and now seems to be the time to start thinking about it and planning it. But so many things nag at my mind. Currently I am very healthy and should stay that way, but what if I do not and start getting sick? Do I want to have that possibly happen while trying to raise children? Can I handle the fatigue of HCV and children combined? Can I get up all night long, raise children, go to work and deal with fatigue? I think I can. However, I will not know until I try.

That is only my first fear, my next being the risk of transmission. What if I pass it on to my child? I will have *knowingly* passed it on. Mothers who were unaware they had the virus and passed it on did it unknowingly. But I will essentially be taking that chance for my child.

My husband points out that the risk is small and even if we have a child born with it, by the time they are adults there will be a cure. He is right. It is just that the thought rattles me a bit. I will have children with or without HCV. These are just things that float around in my mind. Now I just have to convince myself that we are at the stage in our lives to have them! If there is anybody out there who has had these same feelings or has been through having children and HCV, I would love to hear from you. My email is tanyafrizzle@hotmail.com.

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

When chronic diseases cause the liver to become permanently injured and scarred, the condition is called cirrhosis. The scar tissue that forms in cirrhosis harms the structure of the liver, blocking the flow of blood through the organ. The loss of normal liver tissue slows the processing of nutrients, hormones, drugs, and toxins by the liver. Also slowed is production of proteins and other substances made by the liver.

People with liver cirrhosis may develop many problems beyond the liver. When the liver is scarred the blood cannot easily get through, and backs up under higher than normal pressure (portal hypertension). This often causes ascites, which is yellow fluid that leaks out of the bloodstream into the abdominal cavity.

If the ascites becomes tense, it can cause an umbilical hernia (a protruding belly button). The backed-up blood also often creates varices, in which the pressure causes the blood vessels around the esophagus to burst causing significant blood loss. Varices can be treated with beta blockers, using endoscopically-placed rubber bands to obliterate them, or by injections of liquid that cause the varices to scar. If endoscopy fails to stop bleeding, TIPS (transjugular intrahepatic portosystemic shunt) can be created by inserting a short metal mesh tube through a neck vein into the liver and connecting the portal vein in the liver to a regular vein in the liver. Another alternative is to surgically redirect some of the blood flow around the liver.

People with cirrhosis sometimes may develop jaundice (a yellowing of the whites of the eyes or the skin) due to an accumulation of bilirubin in the blood. If the bilirubin is excreted in the urine, the urine may turn dark.

People with cirrhosis are also at risk for hepatic encephalopathy, which is fatigue or confusion caused by ammonia and other products of protein digestion which are inadequately cleared from the bloodstream by the liver.

People with cirrhosis often bruise easily because the liver manufactures reduced amounts of clotting factors. Additionally, platelets may be lower than normal in the circulation if the spleen is enlarged.

A spleen enlarged from portal hypertension may hold onto too many platelets.

Chronic HCV infection leads to cirrhosis in at least 20 percent of patients within 2 decades of the onset of infection. Cirrhosis and end-stage liver disease may occasionally develop rapidly, especially among patients with concomitant alcohol use. - *National Institutes of Health Consensus Statement on*

Hepatitis C 1997

"Nearly 80 percent of chronic hepatitis C sufferers who have the disease for several decades will develop cirrhosis or end-stage liver disease later in life," according to a trial done on Asian patients infected for probably more than 60 years. (*Clin Gastroenterol Hepatology 2005;3:910-917.*)

Source: <http://www.hepcbc.ca/faqsenglish.htm>

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.



(*PERIPHERAL NEUROPATHY: Cont'd from page 1*) good results, but it has quite a list of side-effects, and is not good for people with kidney problems. Antidepressants such as Elavil, and anti-seizure medications, such as Tegretol may help the pain. If necessary, a nerve block may be considered.

Here are some things you can do:

- Check your feet every day for blisters, calluses or cuts.
- Throw away those tight shoes and socks.
- Use a hoop from the medical supply store to keep sheets and covers off your sensitive feet.
- Don't smoke
- Massage your hands and feet
- Don't cross your knees or lean on your elbows

Remember, if you go to a podiatrist for the care of your feet, take your own pedicure tools to avoid getting other people's infections, or spreading your own.

Sources:
<http://millercenter.uchicago.edu/learnaboutpn/typesofpn/inflammatory/index.shtml>
<http://www.med.ucla.edu/modules/wfsection/article.php?articleid=46>
<http://www.medscape.com/viewarticle/472992>
<http://www.hepatitis-central.com/hcv/cryo/connection.html>
<http://www.mayoclinic.com/health/peripheral-neuropathy/DS00131/DSECTION=10>

CELGOSIVIR

Celgosivir, an oral inhibitor of alpha-glucosidase I, involves once-daily oral dosing. It has a good safety profile, and has demonstrated synergy with other HCV treatments and other drugs in development for the treatment of HCV (e.g., polymerase inhibitors) Phase II with 57 genotype 1, non-responders showed benefits when celgosivir was added to standard treatment. This combination gave a 90% viral load reduction in 66% of the patients at the end of the 12 week trial.

Schering has decided it won't renew its agreement of exclusivity with Migenix for celgosivir, but may help with study design and drug supplies. That leaves Migenix free to discuss partnerships with other interested parties.

Source: <http://tsedb.globeinvestor.com/servlet/WireFeedRedirect?cf=GlobeInvestor/tsx/con-fig&date=20070627&archive=prnews&slug=TO434> June 27, 2007

CYTHERIS

Cytheris will start a phase I clinical trial of its CYT107 recombinant interleukin, injected once a week, four times, along with standard treatment, in non-responders to previous therapy. It is hoped that the drug will restore T cell function. Results should be published around the middle of 2008, and it is hoped that phase II studies will follow.

Source: www.medicalnewstoday.com/articles/72827.php Cytheris to start two phase I/IIa clinical trials of CYT107, its new recombinant Interleukin-7, in Hepatitis C and oncology 31 May 2007
www.cytheris.com.

ELTROMBOPAG

At the latest DDW conference, results were presented from a study in 74 HCV+ patients with low platelet counts (20-70,000/ μ L) who were given eltrombopag. 49 of those patients were then eligible for further treatment, half with and half without eltrombopag. The drug helped 81% of patients keep their platelet counts at more than 50,000/ μ L during the first 12 weeks PEG-IFN therapy. The researchers wish to investigate 48 weeks of treatment next.

www.natap.com Eltrombopag Maintains Platelet Counts During Myelosuppressive Pegylated Interferon Alpha Treatment of Chronic Hepatitis C Virus Infection reported by Jules Levin

PYN17

Phynova develops prescription drugs from Chinese herbal medications. They have just announced a Phase IIa clinical trial with PYN17 in the US, to be carried out in 36 HCV+ patients who are either non-responders or who can't tolerate standard treatment. They will be given a standardized quality of life (QOL) survey and liver function tests. The trial will assess safety and efficacy and confirm previous test results.

PYN17 is a mixture of extracts from four plants. The product is designed to reduce inflammation, fatigue, muscle aches, loss of appetite and abdominal discomfort. Preliminary results should be available by the end of the year.

Source: www.phynova.com/PressDetail.asp?ID=56 Phynova - Start of US Phase II Clinical Trial for Lead product PYN17 June 1, 2007
Contact: Phynova Group PLC 07775 920 963
www.phynova.com

CHRON VAC-C

Inovio Biomedical's partner, Tripep will apply with the MPA for a Phase I/II clinical trial for its DNA vaccine, Chron Vac-C on HCV+ patients, rather than with healthy volunteers. The trial will take place in Sweden later this year.

Source: [NewsRx.com](http://www.newsrx.com) Hepatitis Weekly June 7, 2007 Inovio Biomedical Partner Tripep Provides Update on its Hepatitis C DNA Vaccine Program

NEXAVAR

Onyx Pharmaceutical and Bayer's Nexavar, a treatment already approved for kidney cancer, was shown to extend the lives of liver cancer patients by almost 3 months, or 35 percent. Although not a cure, it is considered a breakthrough, after 100 unsuccessful trials in the last 30 years. The drug may now be prescribed "off label", but insurance companies may not pay for such unapproved treatment. This trial involved 602 patients with fairly healthy livers except for the cancer, and the product only applies to primary liver cancer (HCC). It costs \$4,500 a month. Four pills are taken each day. The drug stops the blood supply to the tumour and blocks the cancer cells' proteins so it can't grow. [Editor: This might give people on a transplant list more time to find a liver.]

Source: www.iht.com/bin/print.php?id=5985821 Drug appears to be first effective medication for liver cancer By Andrew Pollack, June 4, 2007

ITMN-191

The Phase Ia clinical trial of InterMune's ITMN-191, a protease inhibitor, was completed in healthy humans in May 2007, and reported no serious adverse events. The next study will test the product on HCV+ patients later this year, with initial data being released by the end of 2007.

Other companies developing protease inhibitors include Vertex, Johnson & Johnson (telaprevir), and Schering (boceprevir). InterMune and Roche believe that their product may have advantages over the others. It may be given just twice, rather than 3 times a day. It has been found that a lower dose may be given effectively, if it is taken with food, perhaps making the product safer. "Preclinical studies have also shown that ITMN-191 is over 100 times more potent than other protease inhibitors in clinical development," said InterMune's CEO. He explained that their product targets the HCV protease more exclusively, without inhibiting the other proteases in the body, compared to other less selective compounds.

ITMN-191 seems to attack mutant strains of HCV better than other products. Also, the Vertex product causes a rash in some of its patients, but the Schering product doesn't. It is too soon to tell about a rash with ITMN-191.

<http://www.fool.com/investing/high-growth/2007/07/20/intermunes-sharp-focus.aspx> July 20, 2007.

HCV-796 TRIAL SUSPENDED

ViroPharma and Wyeth made a decision early last month to stop giving the experimental drug HCV-796 [a polymerase inhibitor], which was given in combination with standard treatment. About 8% of the patients began to show higher liver enzyme levels. Elevated enzymes normally affect only about 1% of patients on standard treatment. Two of the patients suffered serious adverse reactions, and were taken off the triple combo. The trial participants may choose to continue to take the standard treatment if the investigators approve. The data will be analyzed further.

www.prnewswire.com/cgi-bin/stories.pl?ACCT=109&STORY=/www/story/08-10-2007/0004643347&EDATE= Potential Safety Issue Identified in Ongoing Phase 2 Clinical Study of HCV- 796



CANADIAN LIVER FOUNDATION TO HONOUR BC'S LIVER TRANSPLANT TEAM

August 13, 2007

VANCOUVER, BC – The Canadian Liver Foundation will honour the BC Transplant Society's Liver Transplant Team this year. The Fourth Annual Canadian Liver Foundation Tribute Event will be held November 15, 2007 at the Plaza 500 Hotel & Conference Centre in Vancouver, BC. This is a first for the Canadian Liver Foundation, honouring an entire team of specialists who work day to day enhancing and saving the lives of British Columbians with end-stage liver disease.

The team of honourees encompasses pre-transplant coordinators, surgeons, hepatologists, and support staff, all involved in the liver transplantation process. Tickets for the Tribute Event are on sale now, starting at \$150 each, with tables of ten going for \$3,000. Please call the Canadian Liver Foundation at 604-707-6430 for more information or to order your tickets today.

Liver disease affects 1 in 10 Canadians. Liver transplantation is the only form of treatment for patients with end stage liver failure. The first liver transplant in BC was performed in 1989 and since that time BC's Liver Transplant Team has performed over 500 liver transplants. The program has been an international pioneer in the area of liver transplantation for hepatitis B, by developing a cost-effective protocol that has allowed hepatitis B patients to successfully receive liver transplants.

Since 1969, the Canadian Liver Foundation's mandate has been to reduce the incidence and impact of all liver diseases by providing support for research and education into the causes, diagnosis, prevention and treatment of liver disease. Besides raising much needed funds for cutting-edge Canadian research into the causes and potential cures for over 100 diseases of the liver, the Canadian Liver Foundation, BC/Yukon Region is directly involved in providing services for 400,000 people in British Columbia and Yukon who have liver disease.

Since this event's inception three years ago, nearly \$150,000 has been raised for the Canadian Liver Foundation. All proceeds will help raise vital funds for research, education and services for people with liver disease. The Canadian Liver Foundation, BC/Yukon Region provides essential services such as a toll-free Helpline, "Living With Liver Disease" workshops, and an information mail-out service for those recently

diagnosed with a liver disease.

We hope you will join us in celebrating the BC Transplant Society's Liver Transplant Team's achievements and honouring their important contributions to BC's fight against liver disease!

For more information:

Development Coordinator
Canadian Liver Foundation, BC/Yukon Region, Tel: 604-707-6430 E-mail: amolson@liver.ca

You are invited to a HepCBC "Meet and Greet" SURREY, BC

Purpose: To connect people living with Hep C and their families with others in the Vancouver and Surrey regions.

We will have a speaker, Karen Hodson, Emotional Freedom Techniques or EFT practitioner. (See more on page 1, column 3)

When: Saturday,
Sept. 15, 2007
2:00-4:00 PM

Where: Fleetwood area.



Please call to register.

Refreshments will be provided.

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



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 talk by **Dr. Wayne Ghesquiere** and refreshments.

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

HCV LINKED TO DIABETES

If you are infected with Hep C, you have a greater chance of developing type 2 (adult-onset) diabetes, according to researchers from Taiwan, especially if you are a younger, overweight person. They found that the diagnosis of diabetes was 70 percent higher in those with HCV. Other studies have similar findings. They suggest that HCV+ individuals be screened for diabetes, especially if they have other risk factors.

www.reuters.com/article/healthNews/idUSLAU37878920070723?feedType=RSS
Hepatitis C strongly linked to type 2 diabetes
Jul 23, 2007

DOCTOR A RISK?

New York's Health Department attempted to mail letters to 4,500 patients treated by a Manhattan anesthesiologist when three of them were diagnosed with HCV. The doctor worked at outpatient centres, but not in hospitals, between 2003 and May 1, 2007, and is no longer practicing. It was pointed out that the risk factor common to all was the doctor, not the procedure. When asked why authorities are not saying more about the doctor, the reply was, "It would be unfair to say something until we know for sure. And it would be unfair not to let people know that this was going on."

Source: 3 NYC Hepatitis Cases Linked to M.D. from NY times by ANTHONY RAMIREZ, June 15, 2007
www.natap.org/2007/newsUpdates/062107_08.htm



TREATING OLDER PATIENTS

Researchers reviewed the cases of 153 HCV+ patients treated with standard therapy. Almost 20% of them were 65 or older. They found that those over 40 with genotypes 1 or 4 had less chance of achieving SVR (sustained viral response) than their younger counterparts, but the response of those over 65 was similar to that of those aged 40. In patients with genotypes 2 or 3, age didn't matter. They concluded, "Combination treatment may be safely extended to elderly patients with no major contraindications."

Source: <http://www.hcvadvocate.org/news/newsRev/2007/HJR-4.14.html#2>

Last month I discussed the idea of the shopping list: understanding the difference between your own personal financial needs, those items which are necessary, and your financial wants, all those other items that you would put on a wish list. This balance of "need" versus "want" was the first of 3 questions that form the foundation of the analysis phase.

The other 2 questions address an investor's profile and his investment portfolio expectations. Think of these two ideas as control knobs on a radio: one controls the volume and the other controls the bass/treble. The correct mix of the two knobs will provide the greatest listening pleasure—not too loud or too quiet, not too much bass nor too little treble.

This same concept is true in financial planning: How conservative or aggressive does the investor wish to be? That's the volume knob. Does the investor require her portfolio to grow to a certain dollar value for future use or does she require the funds right now to support a regular monthly income stream? That's the bass/treble knob. An investor who understands the balance between needs and wants can, with the assistance of a financial planner, create the right portfolio mix.

A common theme that I have discovered in talking with individuals who are anticipating compensation payments is their "need" for regular income, but they also "want" security and flexibility. By understanding the individual's complete financial situation, as well as their needs and wants, a suitable portfolio solution is presented and implemented. By using the right mix of income earning investment funds and term deposits, even the most conservative individual can realize an income that will allow him to improve his income "need" and standard of living while at the same time satisfying his "want" for security.

The goal is to get the portfolio to match his investment profile and expectations, ensuring that the portfolio is not too aggressive nor too conservative. As well as the right balance between income generation and growth, we have now created the correct investment mix. In the end, the portfolio mix that meets an investor's needs and wants is just like your favorite song on the radio.

Next month I will discuss the third concept: synthesis, the idea of bringing all the pieces together. Now that we have a plan, let's put the wheels in motion.

If you have questions and wish to discuss

your current situation or would like the name of a local BMO Financial Planner, please contact me directly by email at ross.charlesworth@bmo.com or by phone at 604-665-7187.

Ross Charlesworth BA CFP
Financial Planner
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ASPARAGUS SOUP

- 2 T. butter
- 2 T. flour
- 1/2 t. salt
- 1/8 t. pepper
- 2 C. milk
- 3/4 lb. fresh asparagus, washed
- boiling water
- salt and pepper to taste



White sauce: Melt butter in a saucepan over low heat. Blend in flour, 1/2 t. salt and 1/8 t. pepper. Stir until smooth. Add milk; cook, stirring constantly, until mixture thickens and begins to bubble. Set aside.

Cut asparagus in 1/2-inch pieces. Boil until tender, about 5 minutes. Drain, reserving the liquid. Set aside a few asparagus tips for garnish, if desired. Mash or blend remaining asparagus; set aside. Add enough boiling water to cooking liquid to make 1 cup; add white sauce and pureed asparagus. Heat thoroughly; add salt and pepper. Add whole asparagus pieces and serve. Serves 4 to 6.

http://salems-den.com/Kitchen_Soups2.html

[Editor: Thank you, Beverly, for submitting this low-cal , no cream, version of a favourite soup.]

TALK IT OVER FIRST

Vancity is here to help with your financial planning

When you receive your tax-free lump sum settlement from the federal government – or maybe even before then – you may find yourself wondering what to do with it. You may ask yourself: “What shall I buy?” or “Perhaps I should save or invest it?”

You’ll probably want to talk your decision over with someone. That’s where Vancity’s advisors (including our investment professionals with CFP designations) come in. They can help you think it through, and will even suggest options you may not have thought of. Investing may be new to you, or perhaps you would like a second opinion. Either way, our investment professionals will sit down with you before you make any decisions, and chat with you about your options. Some of the key topics we’ll discuss with you include:

A look at your overall financial picture

- Weight up your assets and any debts
- Look at your income sources
- Review your expenses
- Figure out a budget that works for you

Uncover your goals

- Will you have any lifestyle changes?
- Are there any urgent expenditures that must come first?
- What are your short- and longer-term financial goals?

For example:

- Will you be moving?
- Do you have debts that you could pay off or reduce?
- Should you set money aside for the future?

Keep it simple

Once you have a clear picture of your goals and expenses, we’ll work with you to come up with an investment plan that considers:

- how long you want to invest or save
- what your investment objectives are
- what your income needs are

We’ll set it all down for you in plain English, and are available to answer any questions you have, now or in the future. For more information, please contact one of the following Vancity branches for more details:

Janette Hunter
Branch Manager
Vancity Centre Community Branch
100 - 183 Terminal Ave
Vancouver, BC V6A 4G2
T 604-877-7010

Duncan McGuffie
Branch Manager
Fairview Community Branch
501 W.10th Ave
Vancouver, BC V5Z 1K9
T.604-877-7080

Rup Sumal
Branch Manager
Guildford Community Branch
108-15175 101st Ave.
Surrey, BC V3R 7Z1
T.604-877-7300

Charleen Dunn
Branch Manager
Victoria Community Branch
3075 Douglas St.
Victoria, BC V8T 3N3
T.604-877-7420

IN CASE YOU MISSED IT...

The courts have approved the Settlement Agreement for those infected by the blood system before January 1, 1986, and from July 1, 1990, to September 28, 1998. The fund will be handled by Crawford Class Actions Services. Class members should contact their class lawyer for details and application forms. *[Note: While you may wish to have a lawyer help you fill out the forms, you may decide to fill them out by yourself.]*

Erik Waddell, Office of the Federal Minister of Health(613) 957-0200

Public Enquiries:(613) 957-2991, 1-866 225-0709

FORMS READY



The Compensation forms are ready. If you have requested one, it should have arrived by the time you read this. If you have signed up with a lawyer, contact him/her for the form. If you have not registered, you may download the 60-page form from the internet at

www.pre86post90settlement.ca/english/eng_home.htm or you can call the Administrator at 1-866-334-3361 to have it mailed to you and to receive your claim number. If you haven’t registered, DO NOT send the form in without a claim number. If you need help filling out your claim, call the Administrator, or if you prefer, call your lawyer or advocate.

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

http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html

ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crowco.ca
www.pre86post90settlement.ca
Settlement Agreement: http://www.reko.ca/html/hepc_settleagreement.pdf

UPDATES

<http://hepc.blogspot.com/>
www.hepc.ca/

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 604-597-3881

Kamloops AIDS Society of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 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, ljmorrell@shaw.ca

Kootenay Boundary: Support & info Contact Brian Reinhard reiny57@yahoo.com

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

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

Prince Rupert Hep C Support Group 3rd Mon. monthly, 7 PM, boardroom at Northern Health's Public Health Unit. Contact: hepcprincerupert@citytel.net

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 2nd Wed monthly, 12 PM, 3862 Broadway Ave. 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@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 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 7-9 PM:
 2nd Thurs. monthly, 1199 Main St. near Sky Train -Terminal & Main,
 3rd Wed. monthly, VGH, Lauener Room, LP2809, near Sassafra Cafe, Jim Pattison Pavilion, South.
 4th Wed. monthly, St Paul's Hospital, meeting room across from gift shop. Contact Gordon 778-898-7211, ohmygodyes@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, hepsc@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. 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, hepcnf@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 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-ton@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) hepc thunderbay@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 wbhas@telus.net www.wbhas.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

