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Canada's Hepatitis C News Bulletin

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HOW DO YOU GET AN SVR?

A large retrospective study looked for factors predicting sustained virologic response (SVR). The study was paid for by the US Department of Veterans Affairs. Results appeared in the July 2007 issue of *Hepatology*.

The study, done at Veterans Affairs in Palo Alto, CA, included 5,944 mostly male patients. 80% were genotype 1. The study showed that good indications of achieving SVR included having low viral levels, no cirrhosis, a genotype other than 1, elevated ALTs, not having a non-response to IFN (interferon), and being of any race other than black. In addition they found that patients treated with Pegylated IFN-2A (Roche) were 40% more likely to have an SVR than those treated with PegIFN-2B (Schering), and those with low cholesterol were less likely to respond. "Low cholesterol may indicate more severe liver disease and subsequent reduced treatment response," the researchers said.

The results suggest that genotype 2 patients are more likely to respond to HCV treatment than genotype 3 patients, and that response rates in everyday medical practice may be lower than those in clinical trials, maybe because some patients would have been excluded from clinical trials for factors that negatively predict an SVR, and because patients in trials may be very motivated and often agree to continue treatment no matter what their response.

www.sciencedaily.com/re-



SURVIVING THE HOLIDAYS WITH EFT

by Karen Hodson, BA, EFT-ADV
EFT Practitioner

This is the 4th part of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

The holiday season is meant to be a time of joy, love, peace and sharing the blessings of the year. For some, it is a magical time and they breeze through with delight. Others find the season a time of added pressures on top of an already stressful life.

Here are a few examples of when the holidays are no longer enjoyable:

- All of the emotional buttons getting pushed with visiting relatives;
- Having to socialize with people with whom you have absolutely nothing in common, and eating way too much, especially rich foods you are not accustomed to;
- Deciding who receives gifts, how much to spend, finding something suitable, and then spending too much on gifts that are often not used or appreciated.

With all the shopping, wrapping, socializing, baking, spending, cooking, cleaning, drinking, eating..... Whew! No wonder it's overwhelming.

Instead of saying, "bah-humbug" to it all, I have found that using EFT tapping for even a few rounds can reduce the negative feel-

(Continued on page 3)

KEN MILLEY OCTOBER 15, 2007

Leslie from the East Kootenays HepCSC client support is sorry to announce the passing of a dear client and friend :

Ken Milley, of Fernie, BC passed away after bravely fighting the Hep C battle for the last few years. He had undergone treatment with no success, had a liver transplant which failed after several months, then underwent a 2nd transplant a few months ago, and passed away Oct 15th.

I attended the funeral and handed out Hep C ribbons and transplant pins beforehand. I also performed the eulogy. It was very overwhelming to look out over the gathering of people and see the river of red and yellow that symbolizes this awful disease for many of us.

Ken was overflowing with information on Hep C, mainly due to his own experiences. He was always willing to share his knowledge with other clients or me. He always thought about others and documented his illness, treatments, transplants, etc., with pictures for me to use when speaking to teens at our local PARTY Program.

He leaves behind a wife, family, and many friends who will miss him dearly. God bless you, Ken.

— Leslie



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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.

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REPRINTS

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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



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.

Got Hep C? Single? Visit:

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

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

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

[http://groups.yahoo.com/group/](http://groups.yahoo.com/group/NewHepSingles/)

[NewHepSingles/](http://groups.yahoo.com/group/NewHepSingles/)

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: [http://forums.delphiforums.com/](http://forums.delphiforums.com/hepatitiscen1/chat)
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TIP OF THE MONTH

**SPEAK WITH A
UNITED VOICE:**

JOIN A SUPPORT GROUP!

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, Health Canada, Community Living Victoria, The Provincial Employees Community Services Fund, Michael Yoder, Chris Foster, Judith Fry, the FitzGerald family, Erik, S. Segura and the newsletter team: Tanya, Beverly A., Diana Ludgate, Alp, Ernie, and Bruce Lemer. Please patronize the following businesses that 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 gastrohepc.com

MISSING LOVED ONES

As the Christmas season approaches, my mind turns towards my father who passed away from complications of HCV. As a matter of fact, every holiday brings reminders of him, as we always spent them together. They were always a time of love and laughter. When my father first passed on, each new holiday was very painful, and the family was almost mournful. It has taken some time, but he has been gone over two years, and I can now look at the holidays with a lot less pain. Now I can use the holidays as a time to focus on my father and remember all the good times that we had and the laughs that we shared. It is true that no holiday is ever the same as it was when he was with us. However, instead of dreading the holidays, I can now use them as a time to remember.

Merry Christmas, Dad
Love, Tanya
In memory of Ken Frizzle
1947-2005



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, but 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

(EFT: Cont'd from page 1)

ings that come up and may actually help to turn this year into a truly joyful holiday season.

Here is what an EFT tapping session for holiday triggers could be like:

(See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop Set-up (repeated up to 3 times) then the tapping phrase sequence (eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, top of head) is repeated for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

Karate Chop Set-up:

"Even though I am totally stressed with all of the holiday preparation and activities that I have to do, I deeply and completely love and accept myself."

Tapping a phrase on each point:

"I am so stressed", "There is too much to do", "I just don't have the time to get it all done", "I feel frustrated", "I'm angry that I have to do everything by myself", "Why do I put myself through this every year?", "I am so busy", "I resent it that everyone else is having fun but not me".

Karate Chop Set-up:

"Even though all my emotional buttons are being pushed by my family and they are driving me crazy, I deeply and completely love and accept myself."

Tapping a phrase on each point:

"I just can't deal with (name) and their irritating (issue)", "I feel so angry that (name) is telling me what to do", "I am frustrated with (name)", "Why are they so grating?" "I am feeling miserable", "They are driving me crazy", "I just want them to go away", "I am so frustrated".

Karate Chop Set-up:

"Even though I don't have a clue what to buy for presents, and I left it to the last minute to do my shopping and now I am panicking and spending way too much money, I deeply and completely love and accept myself."

Tapping a phrase on each point:

"I don't know what to buy", "They are not going to like anything anyway," "I am frustrated with too many people in busy shopping malls", "I am so irritated", "I just can't deal with the commercialism of everything", "I am so annoyed that I have to buy all that stuff," "I am spending way too much and I just don't have the extra money", "I am feeling angry".

These sequences can be repeated for as many rounds as needed until a more neutral

feeling is present, and then positive phrases can be introduced until it feels complete.

Tapping a phrase on each point:

"I will consider releasing this frustrated feeling", "I choose to release this anger", "It feels so good to let the anger melt away", "I am doing the best that I can", "They are doing the best that they can", "I choose to feel calm about all those tasks I have to complete", "I am willing to let go of this resentment", "I am grateful for this peaceful feeling", "I love feeling so calm".

We all have times where everything seems to go wrong or things pile up with no light at the end of the tunnel. Having those feelings is normal. We are all human and none of us is "perfect". Regardless of where you are at, the trick is being able to recognize when you have fallen and then make the choice to get back on track again.

EFT is a great tool to reduce the stress and anxiety that tends to surface when we are thrown off track, so that we can bring back the magic and joy of the season. Have a happy holiday season and blessings to all.

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with Hepatitis. You must mention this article and some restrictions apply. 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.

VACCINE SETBACK

The search for a vaccine has suffered an important setback. It had been hoped that a "therapeutic" vaccine, to also cure those already infected, could be found. Therapeutic antibody treatments for hepatitis C haven't been working, and now we may know why. Usually a virus replicates inside a cell, and large numbers of the virus burst out and start over again. Some viruses don't have to leave the cell, but can infect it by traveling directly from cell to cell. It looks like HCV uses both mechanisms, so the virus does not need to be released by a cell before it infects another cell, but can travel directly to the next cell, avoiding the body's neutralizing antibodies and medical treatments. That may be why HCV antibodies often don't kill the virus. The cell-to-cell transfer, a faster "route" to infect new cells, could explain HCV's dramatic spread in acute cases. This is not great news, but it is important information which may show scientists where to look for new targets for antiviral therapy. It is still possible that an uninfected person might be protected by an HCV vaccine.

Source:

<http://news.bbc.co.uk/2/hi/health/7075569.stm>
and www.natap.com Nov 2, 2007

WHAT INTERESTS YOU?

Last month I described a client who was anticipating his compensation payment and we had discussed what his investment needs and wants were. The client's biggest need was to preserve the portfolio value while wanting to earn as much income as possible to assist with his day-to-day living expenses.

The client's need for income naturally led to a discussion regarding the different types of income and how each type is taxed. A non-registered investment account, an account outside of a RRSP, will have income that generally falls into 3 categories:

- Interest income
- Dividend income
- Capital gain income

We discussed the use of a term deposit as part of his investment solution. A term deposit earns interest and traditionally has a lower rate of return. It has little chance of fluctuation, is considered inefficient with respect to taxation, and may barely keep pace with inflation.

Let's use an example of an investor who has earned \$1000.00 in interest income and has a marginal tax rate of approximately 33%. This means that, of the \$1000.00 earned, \$330.00 ($\$1,000.00 \times .33 = \330.00) is payable to Revenue Canada and \$670.00 ($\$1,000.00 - \$330.00 = \670.00) is kept by the investor. Dividend and capital gain income allow the investor to retain more and pay less tax to Revenue Canada.

Another issue that has to be kept in mind is inflation. Inflation is the concept that a basket of items that are bought today will be more expensive this time next year. Let's continue with the term deposit as an example: If the rate of return on a term deposit is 4.00%, and 33% is lost to taxation, the real rate we receive is 2.68% ($4\% \times .67$). When inflation is factored in, currently at 2.5%, and deducted from the real rate, we see that a term deposit is paying less than .25%. This is not much of a return to generate income from. The term deposit has met the need to preserve the investment, but it has failed to address the desire to maximize income.

The other two types of income, dividend and capital gain, will be discussed next month so that we understand the benefits that are associated with each.

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.

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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.



CLINICAL TRIALS (AASLD)

Results released at the American Association for the Study of Liver Diseases Conference (AASLD) in Boston, MA, Nov. 2-6, 2007

Maintenance

A low-dose maintenance trial was done in Germany with 182 non-responders with significant liver scarring, who were compared to a control group that received no treatment. The patients were given peg-IFN alfa-2b at a dose of 0.5 ug/kg once a week for 36 months. In the control group, an increase in the fibrosis score from 3.71 to 4.79 at 6 months post-therapy was detectable. In the treatment group, a decrease from 3.83 at baseline to 2.05 at 6 months post-therapy was observed. Inflammation decreased during treatment, but returned to baseline levels when treatment ceased. Treatment was well tolerated. These researchers believe that this may be a good "salvage" therapy for non-responders.

(www.natap.org/2007/AASLD/AASLD_19.htm)

In another, larger trial, long-term maintenance therapy with peg-IFN alfa-2a (90 mcg/week) did not reduce the rate of progression of hepatitis C fibrosis for non-responders, according to the results of the 1,050-patient HALT-C (Hepatitis C Antiviral Long-Term Treatment against Cirrhosis) trial, released at the 2007 AASLD conference. After 3.5 years, 34.1% of the peg-IFN maintenance arm, and 33.8% of the group not taking additional treatment (control arm), showed disease progression, according to Adrian M. Di Bisceglie, M.D., of St. Louis University. In spite of an improvement in viral load, fibrosis and inflammation, there was no important difference in death, cancer, scarring, or liver decompensation. 6.6% of the treatment group died compared with 4.6% of the placebo controls; there was decompensation in 14.3% of the treatment group compared with 13.2% of controls; liver cancer developed in 2.8% of the treatment group compared with 3.2% of controls; there was an increase in fibrosis in 28.2% of the treatment group compared with 31.9% of controls. 53% were still on a full dose of treatment at 3.5 years, 10% were on a lower dose, and 37% stopped therapy.

(www.medpagetoday.com/MeetingCoverage/AASLDMeeting/tb/7279)

Albupferon

Final results of a Phase IIb clinical trial of Albupferon with ribavirin in 458 treatment naive genotype 1 patients demonstrated that, with injections only once every two weeks, Albupferon was just as effective in achieving

(Continued on page 5)

(AASLD: Continued from page 4)

SVR as standard therapy, with comparable safety and fewer side effects. There were four treatment arms: Albuferon 900 mcg every two weeks (72.3% SVR in patients who complied with treatment), Albuferon 1200 mcg every two weeks (70.6% SVR), Albuferon 1200 mcg once a month (62.0% SVR), and standard treatment once a week. All arms included weight-based ribavirin daily. Treatment lasted 48 weeks. Phase III trials to continue evaluation of the 900-mcg and 1200-mcg doses in larger numbers of patients have completed enrolment ahead of schedule, and data is expected by spring 2009. (<http://money.cnn.com/news/newsfeeds/articles/prnewswire/NEM05805112007-1.htm> Nov 5, 2007)

Alinia

Romark's Alinia is a thiazolide. The Phase II (STEALTH C-1) in Egypt treated 96 naive genotype 4 patients in three arms: (1) 12 weeks of Alinia followed by 36 weeks of Alinia-Pegasys or (2) 12 weeks of Alinia followed by 36 weeks of Alinia-Pegasys-Copegus for 36 weeks or (3) Standard therapy for 48 weeks. An additional 24 non-responders received either 12 weeks of Alinia followed by either the dual regimen or the triple regimen for 36 weeks.

At 12 weeks post-treatment, 79% of arm 2 patients had a negative PCR. The data from the trial suggested the possibility of replacing ribavirin in Hep C treatment. 25% of non-responder patients taking Alinia plus standard treatment had a negative viral load at week 12 post-treatment, compared to 8% taking standard treatment alone. The STEALTH C-2 in genotype 1 non-responders is underway in the US, and a Phase II trial in naive patients is planned for 2008. (www.natap.org/2007/AASLD/AASLD_04.htm)

Consensus Interferon and Ribavirin

Preliminary results were released at the about a trial studying 400 nonresponders, 92% with genotype 1. The patients took either C1FN (Consensus IFN) at 9 ug daily for 16 weeks, or C1FN 27 ug daily for 4 weeks, followed by 12 weeks of C1FN 18 ug daily. Both treatment groups then continued with C1FN at 9 ug daily plus weight-based RBV for 32 to 56 weeks, depending on the first PCR-negative result, to ensure 48 weeks of PCR-negative treatment. The sustained viral response rates (SVR) were 16% and 23% for Peg-IFN a-2b (Pegetron) and Peg-IFN a-2a (Pegasys), respectively. The results were better with the higher dose, but the higher dose was less tolerable during the high dose induction period. Drop out rates were the same in both groups. C1FN daily dosing/

induction therapy followed by RBV combination therapy shows promising response rates in non-responders. Peg-IFN a-2a non-responders especially seem to benefit from daily C1FN retreatment.

(www.hcvadvocate.org/news/reports/AASLD_2007/Abstracts/Tuesday%20posters.htm)

GS 9190

Gilead's GS 9190, a polymerase inhibitor, showed encouraging antiviral activity. Part 1 of the trial in 31 subjects involved single doses escalating from 40 mg to 480 mg of GS 9190 compared to placebo. Also tested were 120 mg and 240 mg with and without food. All single doses demonstrated antiviral activity. Part 2 included 23 subjects dosed twice daily with various strengths over 8 days, and was generally well tolerated, but this part of the trial showed a possible heart problem during a standard test for cardiac safety, which could put the drug on hold. "The company has begun a study to look at the possible cardiac risk, and will have results before the end of the year." Pending resolution of this safety concern, these encouraging preliminary Phase I trial data support further evaluation of GS 9190 in hepatitis C-infected patients," Gilead said. There were no other serious side effects. (www.hcvadvocate.org and www.natap.org/2007/AASLD/AASLD_17.htm)

Locteron (BLX-883)

A Phase IIa study evaluated the safety and effectiveness of 4 doses of Locteron (BLX-883), a controlled release interferon using OctoPlus NV technology, given by subcutaneous injection to naive genotype 1 patients every 2 weeks for 12 weeks. 32 patients were divided into 4 groups, receiving 160, 320, 480 and 640 µg of the drug, plus weight-based ribavirin. The group receiving the highest dose was treated after the first 3 doses were proven to be safe. After 12 weeks, the average viral reduction for the lower doses was 1.8, 4.5 and 4.2 logs, respectively. 63% of the second and third groups tested negative at 12 weeks (end of treatment). Side effects were mostly mild. (www.natap.org/2007/AASLD/AASLD_31.htm)

R1626

In a Phase IIa study, 81% of patients, all genotype 1, who were treated with Roche's nucleoside polymerase inhibitor, R1626, plus standard treatment had undetectable levels of HCV after four weeks, compared to only 5% who were treated with standard therapy.

"The amount of viral load decline...is beyond what we've seen with any other polymerase inhibitor and on par with even some of the protease inhibitor data we have seen," said the senior medical director. A Phase IIb

study called POLI 1 that will enroll 500 patients is now open. R1626 hasn't caused elevated liver enzymes or gastrointestinal side effects which have stopped the development of other polymerase inhibitors. There is a problem with neutropenia, possibly related to Pegasys, which will be modified in the next trial. There was no evidence for resistance selection to R1626 after 2 weeks of monotherapy or after 4 weeks in combination with standard therapy.

(www.natap.org/2007/AASLD/AASLD_06.htm)

Tibotec

Single, oral doses up to 600 mg of Tibotec (TMC435350), an HCV protease inhibitor, were well tolerated with no dose-limiting toxicity. A single dose of 200 mg given in fasting subjects was well tolerated and gave similar exposure to non-fasting subjects. The trial results suggest once a day dosing to be optimum. "There were no grade 3 or 4 adverse events and no clinically relevant changes from baseline on laboratory parameters, vital signs, ECG recordings and echocardiographic evaluations." There were a few minor gastrointestinal tract complaints, along with mild skin irritation after sun exposure in a few subjects. The data suggest that Tibotec is safe in a single dose up to 600 mg and in 5 days of dosing up to 400 mg daily. Earlier animal trials showed TMC435350 to be a potent and specific HCV protease inhibitor, with good oral bioavailability, and *in vitro* studies support the possible use of TMC435350 combined with other HCV inhibitors

(www.natap.org/2007/AASLD/AASLD_42.htm)

VCH-759

VCH-759 is an oral, non-nucleoside inhibitor of HCV polymerase, thought to be especially effective against genotypes 1a and 1b. This study assessed the effect on viral kinetics, viral resistance, pharmacokinetics, safety and tolerability of VCH-759 given as monotherapy for 10 days, with a follow-up 14 days later. 32 treatment naive genotype 1 patients received either placebo, 400 mg 3 times a day, (average drop 1.9 log₁₀), or 800 mg 3 times a day (average drop 2.3 log₁₀), or 800 mg twice a day, (average drop 2.5 log₁₀). VCH-759 was well tolerated. The most frequent adverse events were gastrointestinal disorders reported even in the placebo group. VCH 759 achieved a 2 log₁₀ or larger decline in HCV RNA at doses of 800 mg 3 times daily and twice daily. VCH-759 was well tolerated with no serious adverse events and no discontinuation. Further studies combining VCH-759 with current therapies are suggested.

(www.natap.org/2007/AASLD/AASLD_41.htm)

The Island Medical Program*, responsible for training new doctors on Vancouver Island, is recruiting people with chronic medical conditions and their families for at-home interviews with medical students. These sessions are part of the students' Doctor, Patient and Society course. You may be able to play a key role in this training.

Chronic illness is a growing health concern in Canada. The impact of long term illness on everyday activities, social and family relationships, and self identity is difficult to understand without looking beyond the clinic and into peoples' homes and families. Our students need to be aware of this and learn from personal experiences.

If you are someone with a chronic medical condition, or involved as a family member or caregiver of such a person, you may be able to help us to educate our student doctors about this important aspect of patient care.

The at-home interview

The goal of the at-home interview is to enable a first year medical student to talk to you in person about the social, rather than clinical, aspects of your life with a chronic condition. While you may spend considerable amounts of time in clinics or even hospitals, this is only one aspect of your life. Students also want to know:

- What are your experiences with a chronic condition in your everyday activities?
- How do parents of children with chronic medical conditions deal with the illness?
- How do health care professionals and informal caregivers assist you in dealing with your condition?

Students will spend a couple of hours with you, listening intently and learning about your medical condition and how it affects your life. They will ask the kind of questions that will enable them to write an in-depth report. Please be assured that any personal information that you give to the students will be kept strictly confidential. Also you don't have to answer any questions that you consider too personal or intrusive.

As a person with a chronic condition or a family member, likely you have a wealth of experience. Our students would benefit greatly from your knowledge and insight.

If you would be interested in helping us to educate tomorrow's doctors, we would like to hear from you. Please contact Deanna Stratford, volunteer coordinator, Island Medical Program at 370-8111 ext: 2323 email: patients@uvic.ca

*The University of British Columbia Faculty of Medicine MD Undergraduate Program delivered in collaboration with the University of Victoria.

Sunday October 27, 2006 NDP MP Libby Davies and Portland Hotel Society

A small (150) but dedicated and convinced group meet to hear several speakers discuss how and if Insite (an injection drug site in the Downtown East Side Vancouver) will continue to exist. The message, statistics, and community support seem to be very clear: Insite works! And it is of value, not only to the addicts it serves, but to the community at large. From the issue of needles being picked up to the health care savings costs, and 800 overdose deaths that have been prevented, it seems the evidence is in, but nonetheless ignored by the federal government.

Phillip Owen, former mayor of Vancouver, spoke about how he is now convinced that this is a vital service and spoke on Harper's "political gymnastics" regarding the closure. He spoke of the European sites he visited and of how they were almost invisible, how they were cost effective, and how they treated people who use drugs with dignity.

Law Enforcement against Prohibition:

Former BC Provincial court judge Jerry Paradis views hashish penalties as a backwards step towards prohibition.

<http://leap.cc/cms/index.php>

Shelly, a former drug addict who is pursuing a lawsuit against the federal government, sees Insite as a critical and life saving health care model. She felt she would be dead without them.

Insite could run without Feds' OK

Monique Pongracic-Speier

www.thestar.com/article/256965

Dr. Thomas Kerr: B.C. Center for Excellence in HIV/AIDS spoke on the statistics and research that has been done since InSite opened. In short, we have enough!

Six-month reprieve for Insite denounced as a stalling tactic

(Anyone can google, any of the above names for more answers and information.)

Can the Federal Government Close Insite:

What are the Legal and Ethical Issues?
Keeping the Doors Open

An interesting discussion, primarily because discussion was around the running of the site without the need for a section 56 exemption under the Canadian criminal code. A site has been run by nurses at the Dr.

Peter centre under the Nurses' Code of Ethics to Prevent Harm. How refreshing to see something that exists because people feel they have a moral obligation to provide a service and do true harm reduction! (I felt like they had been listening to Ann Livingston and VANDU and had gotten the message.) Maxine Davis spoke of how and why it had evolved and the need for Insite and the Dr. Peter site to continue, and for there to be more like it.

www.mapinc.org/drugnews/v07/n1200/a03.html

Couple that with 327 Carrol St, run by a caring group of people, and you can see that it is not a small problem, but can be less of a problem with some thinking and by stopping what amounts to criminalization by society and enforcement officials.

Vandu <vandu@vandu.org>

<http://stopthedrugwar.org/chronicle-old/384/livingston.shtml>

www.vandu.org/

Bernie Pauly, BSN, MN, PhD (University of Alberta)

http://nursing.uvic.ca/people/bpauly_06.php

Dr. Bernie Pauly is an assistant professor in the School of Nursing at the University of Victoria. Being an RN ethicist, she presented an interesting ideology on how and why nurses may be obligated to run injection sites without the Section 56 exemption.

www.mapinc.org/news/cfdp/v07/n1256/a01.html

There is much more to all of this and more likely a larger spread to be found in the newspapers than what I could summarize here, and I encourage people to look. The people who use such sites are someone's children, mother, father, or some relative. It is time we viewed the human potential being lost, marginalized and criminalized and view the health care component in the decriminalization and regulation of addictive drugs. The one thing I did note a lack of is the issue of hepatitis and the lack of funding or discussion of an epidemic affecting some 55,000 people in BC. Shame on us.

<http://health.groups.yahoo.com/group/hepcan/>

Carol Romanov



Dear Joan King,

I hope you are fine and enjoying a nice time. Thanks for sending me the *hepc.bull* regularly. I wanted to write to you earlier but could not do so due to some extra busy routine, as I have joined the local Homeopathic Medical College as a lecturer.

I received the September issue, with the article "Peripheral Neuropathy". In the article, names of some alternative therapies were suggested by the concerned author in this regard, but homeopathy was missing. What can homeopathy do in this regard? I would be pleased to share my experience.

Note: It is advisable for the general readers/patients to discuss the complete case and symptomology with a qualified homeopathic physician before using these remedies.

In homeopathy there are a number of remedies to cope with this situation, like *Kalium Phosphoricum*, *Gelsimium*, *Picricum Acidum*, *Strychninum*, *Oxalicum Acidum* and *Zincum Phosphoricum*. These are very effective to tone the weak nerves, and for whenever the symptoms of numbness, weakness and pain are present in the extremities.

Among these remedies I have found the remedy *Oxalicum Acidum* to be an excellent one. This remedy has helped me a lot, with the mercy of the Almighty, in a number of cases, especially when the above symptoms are associated with hepatitis and diabetes. Positive symptoms appear in just a few days, and after the treatment for 3-5 weeks, the patient feels so much improved without having any toxic or side effects. For the detailed study of symptomology of these remedies you may consult the *Materia Medica of Homeopathic Remedies*, by Dr William Boericke.

Dosage Direction: *Oxalicum Acidum* 30 (4 times a day).

For severe conditions: *Oxalicum Acidum* 200 (1 dose on alternate days for the first week and then continue the treatment with 30 potency.)

It's better not to touch the pills to avoid contamination. The container cap can be used for dispensing the medicines without touching the pills or globules. Homeopathic medicines should be taken with a clean tongue, so it's better to avoid taking anything (food or drinks) 10 minutes before and after taking the medicine.

Homeopathic remedies can also be used with other medicines, especially in the cases where it is hard to drop or stop the other medicines, like in diabetes. But generally it

is recommended to have only one treatment at a time.

You can have the following remedies in the following order and there are no warnings associated with them. These are absolutely harmless:

Oxalicum Acidum 30 (2 or 3 pills) + *Kalium Phosphoricum* 30 (2 or 3 pills) combined together, 4 times a day. After taking the medicine for 15 days, please check with your homeopathic physician, as the potency may be changed if desired.

Kalium Phosphoricum is an excellent nerve remedy, specially for those people who have a lot of mental work also.

So thanks for your positive response and for having an interest in homeopathy. I am really so encouraged and glad to know that you are going to publish it in the *hepc.bull*. It's an honour and a source of satisfaction for me. I hope this humble effort will serve to relieve my fellow humans.

I would like you to excuse my poor English. If you have any comments and questions in this regard, please discuss them with me. I would feel pleasure.

Best wishes and regards,
Homeopathic Dr. Naseem Iqbal Ghuman
B.Sc,D.H.M.S,R.H.M.P.
Lahore-Pakistan

GARLIC MASHED POTATOES

You don't need all that fattening butter and cream. Try this version as a side dish for any dinner.

Ingredients:

- 2 pounds Yukon Gold potatoes, peeled and cut into pieces
- 6 garlic cloves, peeled
- 1/3 cup fat-free milk, warmed
- 1/3 cup fat -free sour cream
- 1/2 tsp black pepper
- Chives, freshly chopped



Boil potatoes and garlic cloves for 20 minutes. Drain and return to pan. Add heated milk plus sour cream to potatoes and garlic, and mash with a potato masher until smooth. Add black pepper to taste. Garnish with chopped chives.

Serves 6. 124 calories per serving; total fat 0.2g (Sat 0g)

Source: <http://lowfatcooking.about.com/od/holidayrecipes/r/garlicmash1104.htm>

LAW FIRMS



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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

Canadian Blood Services Lookback/Traceback & Info
Line: 1-888-462-4056

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

Canadian Blood Services, Vancouver, BC

1-888-332-5663 (local 3467) or 604-707-3467

Lookback Programs, BC: 1-888-770-4800

Hema-Quebec Lookback/Traceback & Info Line:

1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

1-800-701-7803 ext 4480 (Irene)

Irene.dines@Blood.ca

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_settlement.pdf

UPDATES

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

www.hepcce.ca/

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact: 1-888-437-2873 Phone support.

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** Info: 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
♦ **Fraser Valley:** 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. ljmorte@shaw.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

Mt Waddington Harm Reduction Each Tues. 10-12 8635 Granville, Pt. Hardy. Contact Dan 250-902-2238 mtwreduc@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, information@ankors.bc.ca, [alex@ankors.bc.ca](http://www.ankors.bc.ca/)

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

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving

Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dcenet.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 Beverly at (250) 295-0075 batlas@telus.net

Prince Rupert Hep C Support Group 3rd Mon. monthly, 7-8:30 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, aws@telus.net

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 Sassafras Cafe, Jim Pattison Pavilion, South.

4th Wed. monthly, St Paul's Hospital, meeting room across from gift shop. Drop-in sessions at Blenz have been suspended. Contact Gordon 778-898-7211, ohmygodyes@canada.com if you want to talk or meet for coffee.

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Program Coordinator: Sara Young, saray@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 jeanievilleneuve@hotmail.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 Dei Hospital). Contact 519-967-0490, amonkman@hepcnetwork.net, www.hepcnetwork.net

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

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

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

Owen Sound Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca

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

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

Sudbury Circle C Support Group Contact Ernie 705-522-5156. hepc.support@persona.ca

Toronto CLF 1st Mon. monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Dec. 3rd Guest speaker: Dr. Elka-shab, liver specialist. "ABC's of Liver Disease." Contact Catherine 416-491-3353, cgalgozci@liver.ca

Thunder Bay Hep C support. Contact 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, 1-800-361-5653 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 hepc-regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-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 wahas@telus.net www.wahas.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