

# hepc . bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### CANADIAN HIV TRIALS NETWORK TAKES A SHOT AT HEPATITIS C

by Jennifer Chung

Pegylated interferon/ribavirin has long been the standard treatment for people infected with the hepatitis C virus (HCV). But a new HCV therapeutic vaccine study supported by the Canadian HIV Trials Network (CTN) and funded by the Canadian Institutes of Health Research (CIHR) may change the way the virus is treated. Dr. Jenny Heathcote, a hepatologist at Toronto Western Hospital, is leading a pilot study examining the safety and efficacy of the TG4040 vaccine in HCV treatment-experienced people who have experienced viral clearance while receiving therapy but have relapsed once off Pegylated IFN and ribavirin (CTN 227).

"We are seeking people who have relapsed after standard treatment because they have demonstrated that their immune system is capable of clearing the hepatitis C virus in the past. They may need a way to jump-start their immune system to fight the virus again," Heathcote says.

TG4040 (MVA-HCV) works by stimulating the immune system to bring about immune (T-cells) responses needed to purge the HCV virus from the body. As with any vaccine, a carrier virus is needed to guide treatment appropriately within the body. The carrier chosen for TG4040—modified vaccinia virus Ankara (MVA)—is based on another virus, which belongs to the poxvirus family. MVA was selected because of its safety profile and its success in inoculating high-risk people with conditions such as nervous system disorders and skin disease in the 1970s.

According to Heathcote, pegylated interferon/ribavirin has not been followed by sustained loss of virus in almost 50 percent of treatment-experienced people and can cause multiple side effects. Used alone or in combined regimens with existing or future therapies, this vaccine could achieve—with

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### HEPCBC: OUT WITH THE OLD, IN WITH THE NEW



Incoming Executive Director Mary Lucas (left) and Outgoing Executive Director Alana Kronstal. (right) Good luck with that thesis and all your future endeavors, Alana!

At this year's HepCBC office's Open House, we were saying goodbye and many, many thanks to Executive Director Alana Kronstal and hello to new Executive Director Mary Lucas. Alana is moving to the Yukon. We will truly miss Alana. She made many positive changes while she was with us. She kindly set up a search for her own replacement, and came up with a few excellent candidates. Our top choice was Mary Lucas. Mary's kind and warm personality, combined with her skills in writing, organization, and coordination made her ideal for the job. She has an MA in Art History, has worked in publishing for the past 5 years, and she has extensive knowledge of hepatitis

C since she has a close family member living with the condition.

Also at the Open House were our new President of the Board, Stephen Farmer, a transplant recipient, and our new Board Secretary, Cheryl Reitz, who is replacing Pat Winram, who has retired and is traveling all over the world. Thank you, Pat, for all your help over the years!

It's been an excellent transition period, and everyone is looking forward to a great new year of work in the area of Hepatitis C education, awareness, and prevention.



Recently elected HepCBC President Stephen Farmer, Secretary Cheryl Reitz, and new Executive Director Mary Lucas.



Andrea Sunderland  
Office Administrator



Ana Maria Medina  
Office assistant

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Both the Board and the office staff of HepCBC recently took part in a retreat at the Sleeping Dog Retreat Centre [www.sleepingdogfarm.ca/](http://www.sleepingdogfarm.ca/) where we reviewed the responsibilities of board members, had a discussion about our Strategic Plan, and reviewed the proposed budget. Our retreat was kindly facilitated by Michael

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Newsletter Ads: Maximum 4 per issue, if space  
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### HOW TO REACH US:

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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  
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[info@hepcbc.ca](mailto: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 pam-  
phlets. The Resource CD costs \$10, includ-  
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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 or  
1-800-667-3438

[www.dialadietitian.org](http://www.dialadietitian.org)

Dietitians of Canada: [www.dietitians.ca](http://www.dietitians.ca)

## 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  
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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  
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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](http://gastrohep.com)

## CUPID'S CORNER

This column is a response to requests  
for a personal classified section in  
our news bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words.  
Deadline is the 15<sup>th</sup> of each month and the ad  
will run for two months. We'd like a \$10  
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To respond to an ad: Place your written  
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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/>

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

[www.hcvanonymous.com/singles.html](http://www.hcvanonymous.com/singles.html)

[www.hepc-match.com/](http://www.hepc-match.com/)

[www.hepcinglesonline.com/](http://www.hepcinglesonline.com/)

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

**IT'S NEVER TOO SOON TO  
MAKE A WILL &  
HEALTHCARE  
DIRECTIVE**

### 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 arti-  
cles**. HepCBC needs **telephone buddies**, a  
**librarian** and 2 people to help with our  
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the  
Godmother Group

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## TANYA'S TIDBITS

by Tanya Frizzle

### RESOLUTIONS?

The Christmas season is over and with it, all the baking, drinks and merriment associated with it. Time for a New Year's resolution? I don't think so, at least not for me. I never ever stick to them. It seems they even make me do what I don't want to do more. So as per every year, I ring in the New Year without making one single promise to myself. Whew! That felt good. However, every year I remind myself that the most important thing I can do for myself is stay healthy and happy. I don't just remind myself of this on New Year's Eve. Every day of every year, I remind myself that my health and happiness are related. And staying happy helps me stay healthier. No, I'm not crazy and do not believe that staying happy will stop my HCV from progressing. I do believe that stress, anger and sadness can speed it up, though. I try not to focus on my virus and focus instead on what makes me happy, from family and friends right down to uplifting songs and my dog. I try to stop the feelings of anger and sadness before they start. I know this is easier said than done, but if you practice you will find you will feel tremendously better in mind and body. I have my own way of accomplishing this, and I really cannot explain it to others. However, there are many good books out there that focus on positive thinking. Maybe this year, start it off by reading a few of these books and see how this New Year progresses for you.

HAPPY NEW YEAR!

### 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](mailto: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](mailto:tanyafrizzle@hotmail.com)

(HEPCBC: OLD/NEW—Continued from page 1)

Yoder, a consultant with the Godmother Group. Please see his card on page 2.

Michael has been "turning pumpkins into carriages since 1992." He is very idealistic and fun to work with, and offers to work his magic with your agency, as well. His goal is to improve the community for everyone, and he was a very good guide for us throughout our retreat. HepCBC wishes you all a very Happy New Year!

(CANADIAN TRIALS-HEP C Cont'd from page 1)

good tolerance—a greater rate of viral clearance.

"The medical community is gradually realizing that we need a combination of treatments to lower viral load and which give the T-cells a 'kick in the rear' to maintain undetectable levels of virus. Unless you have some sort of immune response, the likelihood is if you stop antivirals too soon, the virus will come back," says Heathcote.

For the majority of HCV-infected people, it is the immune response that both damages the liver and gets rid of the virus. One challenge facing researchers will be to ensure that the immune system is not over stimulated, something that is rarely if ever seen in other situations when there is a change in immune responsiveness in chronic hepatitis C.

CTN 227 is recruiting 24 participants at sites in Toronto and Montreal. Other HCV therapies will not be allowed during the study. To date, this vaccine has been tested on only a few people. Heathcote says it's necessary to show that the vaccine is safe and effective in people with only HCV before considering its possible use in a group co-infected with HCV and HIV.

Although people with HIV will not be recruited for this study, José Sousa, chair of the CTN's Community Advisory Committee that reviewed and approved the study proposal, says any new approach to treating HCV will eventually benefit the HIV community.

"Currently there is no vaccine available for HCV. Research into a new treatment strategy will add valuable scientific knowledge that will help people with HCV and HIV/HCV co-infected people down the line," says Sousa.

Ultimately, Heathcote says an effective HCV therapeutic vaccine would be of worldwide interest.

"For people who have had successful treatment with pegylated interferon/ribavirin, only to relapse off treatment, TG4040 could help increase the effectiveness of the current standard of care."

In addition to Heathcote's study, the CTN is also enrolling an observational study examining why liver disease continues to progress in HIV/HCV co-infected people despite the use of highly active antiretroviral therapy (HAART) (CTN 222). Another study is testing whether the prevention of depression can improve adherence to HCV treatment in the co-infected population (CTN 194).

For more information on these studies, please visit [www.hivnet.ubc.ca](http://www.hivnet.ubc.ca) or call 1-800-661-4664 or 604-806-8327.

## CLINICAL TRIALS

A Primer

by Viola Vatter, Victoria, BC

There are several ways that research studies may be conducted. Some give better results than others.

**Randomized Clinical Trial:** This is one of the best ways to conduct research and is considered the Gold Standard. Investigators randomly assign participants to one of two groups. One group receives the experimental drug/treatment, while the other gets a placebo. When the participants do not know which treatment they receive, this is called a blind study. This is to prevent any influence of the expectations of the treatment. A double-blind study is when neither researchers nor participants know who receives which treatment.

**Non-randomized Study:** Sometimes a randomized trial is not feasible. This may occur when one treatment is compared to another, and the participants do know which drug they are taking. This would be used when the participants don't want to discontinue all treatment.

**Retrospective Study:** Information is gathered from looking back on participants' histories to study the risk factors that may have led to the onset of the disease.

**Meta-Analysis Study:** Results are pooled from several smaller studies that have examined the same issue, to reach a larger and more statistically relevant conclusion. This will only be as good as the original studies. The Cochrane Library does reviews like this. This is an excellent site for researchers as it can be time-consuming to keep up on research in any one field. Here is their site:

[www.cochrane.org/index.htm](http://www.cochrane.org/index.htm)

The US National Institutes of Health (NIH) divides clinical trials into groups according to their purpose: diagnostic, prevention, treatment, screening and quality of life. Clinical trials are also divided into phases. After a drug/treatment is studied on animal models in the lab (preclinical), it becomes a clinical study for exploring on people. This could be called Phase 0, which is not a widely-used term. A single dose or even a microdose is given to a few people to see if it does anything, good or bad, or nothing at all.

**Phase I** is considered the first stage of human testing. The size of the study is generally a small number of volunteers. The participants are usually watched full-time by medical staff as they receive several half-lives of the drug. Dosing is fine-tuned from this. It is based on the half-life of the drug:

(Continued on page 5)

## CIRRHOSIS

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: *Peppermint Patti's FAQ, version 7.1 at www.hepcbc.ca*

## ASCITES

Usually associated with cirrhosis, ascites is the accumulation of fluid in the abdominal cavity, or ascites, is related to portal hypertension, significant reduction in serum albumin, and renal retention of sodium. The volume of abdominal ascites in adults with cirrhosis may reach levels as great as 10 to 12 litres (10.6 to 12.7 quarts).

Ascitic fluid may accumulate in the scrotum and in the chest cavity, where its presence, combined with the upward pressure on the diaphragm from the abdominal fluid, may severely affect breathing. Appetite also is often reduced by the abdominal distension. Ascites is treated by the removal of enough fluid directly from the abdomen by needle puncture to ease discomfort and breathing.

Patients are placed on diets low in salt, and they are given diuretic drugs to increase the output of water by the kidneys. If these measures do not control massive ascites, ascites can be drained internally into the general venous blood system by running a plastic tube from the abdominal cavity, under the skin of the chest, into the right internal jugular vein of the neck (peritoneovenous shunt of LeVeen).

Source: *Peppermint Patti's FAQ, version 7.1, at www.hepcbc.ca*

If you have this condition, please request a referral from your specialist or GP to the nearest transplant centre for a transplant evaluation.



## PORTAL HYPERTENSION / VARICES and HEPATIC ENCEPHALOPATHY

Sometimes associated with cirrhosis, portal hypertension is the increased pressure in the portal vein and its tributaries resulting from restricted blood flow through the liver. It is usually caused by the scarring processes of cirrhosis. The increased pressure causes varices, or dilations of the veins leading into the portal vein. When varices are located in superficial tissues, they may rupture and bleed profusely. Two such locations are the lower esophagus and the perianal region.

Esophageal varices are likely to bleed most heavily, and this bleeding is frequently associated with the onset of hepatic encephalopathy or coma. Because of their location at the lower end of the esophagus, or the upper portion of the stomach, bleeding from varices is often difficult to control. If variceal bleeding persists, surgical formation of a shunt, or artificial passageway, from the portal vein to an abdominal vein may be done.

Hepatic encephalopathy is a neuropsychiatric abnormality in the brain that can occur in patients with advanced acute or chronic liver disease. If liver cells are damaged, certain substances that are normally cleansed from the blood by the healthy liver are not removed (mainly ammonia, or possibly certain fatty acids). A patient with chronic hepatic encephalopathy may develop progressive loss of memory, disorientation, untidiness, and muscular tremors, leading to a form of chronic dementia. The ingestion of protein invariably aggravates these symptoms. The condition can be reversible.

The treatment of hepatic encephalopathy involves, first, the removal of all drugs that require detoxification in the liver and, second, the reduction of the intake of protein. Restricting the amount of protein in the diet will generally lower the levels of amino acids and ammonia in the bloodstream and brain. Most physicians advise their patients with this condition to eat only about 40 grams of protein a day, and will prescribe lactulose or neomycin to lower amino acid production. Non-meat proteins, such as those found in vegetables and milk, are also recommended. Certain amino acids are used in treatment, since they are considered less likely to cause mental impairment. A dietary supplement rich in these amino acids is used at many liver treatment centers.

Source: *Peppermint Patti's FAQ, version 7.1, at www.hepcbc.ca*

If you have either of these conditions please request a referral from your specialist or GP to the nearest transplant centre for a transplant evaluation.

(CLINICAL TRIALS: A PRIMER Cont'd from page 3)

how long it takes for the body to get rid of 50% of the drug. This phase can be very risky, and is offered sometimes to people who are healthy, but sometimes to who are infected or those who have no other treatment choices, such as those with a metastatic cancer, considered terminal otherwise.

Phase II usually treats more people than Phase I, and studies the drug further in infected people. Dosing is figured out from this and how well the drug works (efficacy) is observed. This is when new drugs are noted for other effects, including toxic effects, and the drug may be scrapped.

Phase III is the most exciting and expensive. A new drug can be given to several hundreds or even thousands of participants. If successful, the study will be written up and submitted for publication, and to regulatory agencies for their approval. Phase III trials are very expensive. If the drug proves to be working well, the study will continue while approval is sought. This is when many of the clinical trials for Hep C are offered to patients who qualify. The clinical trial is "open" when new participants are actively recruited. The trial is "closed" when the study has the maximum number of participants. The new drug is offered free of charge, which can be a big draw to anyone on a limited income.

Phase IV trials are ongoing, studying long term effects after the drug has been approved. As people who consume unknown mixtures of foods and medication take this new medication, the side-effects are noted. This is when Vioxx was found to have detrimental long term effects and pulled from the market. So be aware that even after a drug is released into general population usage, long term effects are not known. When there is a call for Phase IV participants, it is a good time to participate, as the medication has been officially approved and the medication is provided free.

Many sites can be found on the Internet that actively recruit for clinical studies. There are websites available on the internet with further information and with questions to ask yourself and the researchers about clinical trials that you may be considering. See the references listed at the end of this article. Discuss your comfort level with your doctor and decide for yourself which phases you may be willing to try.

[www.cancer.org/docroot/ETO/content/ETO\\_6\\_3\\_Clinical\\_Trials\\_-\\_Patient\\_Participation.asp#C4](http://www.cancer.org/docroot/ETO/content/ETO_6_3_Clinical_Trials_-_Patient_Participation.asp#C4)

<http://www.clinicaltrials.gov/>



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## THE CAREGIVER'S STORY

by Michelle Scarpino

*The hepc.bull wishes to thank all our caregivers and wish them a Happy New Year!*

The caregiver needs to be a stage performer. Put on that smile. Tell the sufferer he can go that extra mile, all the while you are holding back the tears and telling yourself you can not go on. You play your own mind games, and try to remember what the good ole days were like.

You are afraid to go to bed, because you have to face the same music the following day, but you want to run to bed because you hope a couple hours of sleep will erase the emotional pain. Then it really hurts when the sufferer blames himself—tells you that you do not deserve the pain he is inflicting. Imagine, feeling guilty about something he has no control over.

Until real life stories of pain and suffering, emotional loss, financial hardship and total ignorance are out in the open, we will continue to be forgotten victims. The truth is that the pain is real.

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



For more information call:  
**250 595-3892**  
**hepcbc**  
[www.hepcbc.ca](http://www.hepcbc.ca)

## 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 lower the percentage 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 15<sup>th</sup> 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](mailto:info@hepcbc.ca)

# USING EFT FOR HEPATITIS C FEARS AND “WHY ME” ISSUES?

By Karen Hodson, BA, EFT-ADV

This is the 5<sup>th</sup> segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

You were handed a life changing statement: “You have hepatitis”. There it is—the harsh truth staring at you in black and white. Some people go into shock, disbelief or rage. Fears come up.

There may be the fear of being abandoned or even shunned by your friends, family or co-workers. There could be fear of losing a job or not being given the opportunity for a great promotion. There can be fears of having to cope alone or of potentially losing a spouse or partner, or even the fear of never finding anyone to love or accept you because you now are “contaminated”.

The anger! Why me? Why would my body betray my immune system and me? It should have fought off the virus. What did I do wrong to deserve this?

What often happens is we stuff down these raw and very real emotions, pretending that they are not there or even telling yourself to just deal with it and get on with life. Those emotions, unless acknowledged and then released, can build and fester inside making things even worse.

By using EFT tapping for even a few rounds, it can reduce the fears and negative feelings that come up, enabling you to reach a place of calmness, even if its just a few degrees less anxiety to begin with. It doesn't change the fact that you have hepatitis C, but it does release the emotions that are impacting and often sabotaging other areas of your life.

Here is what an EFT tapping session on some of the hepatitis fears could be like:

(See [www.pivotpoint4u.com](http://www.pivotpoint4u.com) for tapping points and a full description of how EFT works)

Tap the Karate Chop (*side of the hand*) 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 angry at my body for not fighting off this virus and now my body feels like it's contaminated, I deeply and profoundly love and accept myself.”

## Tapping a phrase on each point:

“I am so angry at my body”, “Why didn't my body fight off this virus?”, “I feel so frustrated”, “I'm angry at this virus for invading my body”, “Why did this happen to me?”, “This contaminated body”, “Why me?”, “This humiliating feeling”.

## Karate Chop Set-up:

“Even though I fear being abandoned and shunned by my friends, family and co-workers and I may never find anyone to love or accept me, I deeply and completely love and accept myself.”

## Tapping a phrase on each point:

“This fear of being abandoned”, “Nobody would want to love me”, “They are afraid of me now”, “I might contaminate them”, “I feel so ashamed”, “What if I do infect them?”, “I feel shunned by them all”, “Why can't they accept that I'm still me, I haven't changed?”.

## Karate Chop Set-up:

“Even though I fear losing my job because of this disease and I may never get that promotion I want, I deeply and completely love and accept myself”.

## Tapping a phrase on each point:

“I may lose my job because of this disease”, “I resent it that they can't see my positive qualities”, “They only want to see this contagious virus”, “I am so angry at this virus”. “I am doing the best that I can”, “This virus is getting in the way of my life.” “I am frustrated with this hepatitis and it's ruining my career”, “I am so feeling angry”.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present, the following 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 about this disease”, “It feels so good to let the fears melt away”, “I am doing the best that I can”, “They are doing the best that they can”, “I choose to feel calm”, “I am willing to let go of this virus resentment”, “I am grateful for this peaceful feeling”, “I love feeling so calm”.

EFT is a great tool to reduce the stress and anxiety that may surface when something traumatic happens, like being diagnosed with a life-threatening disease. Instead of hiding the fears and emotions, they are given the opportunity to be heard then they can be

released.

Why Me? Nobody has the answer for why one person gets a disease and another doesn't. The fact is that in this moment you have hepatitis C. EFT tapping can be a great method to deal with the fears and anger that comes up with living with this disease. With EFT you can begin to take back your power and start believing in yourself again.

Have a wonderful New Year, and may all your dreams and goals manifest in 2008!

*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](mailto:pivotpoint4u@gmail.com) or visit the website [www.pivotpoint4u.com](http://www.pivotpoint4u.com).*

## TAOIST TAI CHI

For those with symptoms of Hep C, such as fatigue and muscle aches, doing exercise can be a problem, but it is so important to our health. When Wendy Mackay of British Columbia found that even walking was too much, she decided to try Tai Chi in 2004, and was able, with the help of the instructors, to participate in class, sitting out most of it at first, and even then, battling migraines and feeling sicker for a while.

Gradually, she was able to participate more and more, and she built up her strength and stamina.

During the second year, the pain started going away. She can now stay awake longer. Her digestion and respiratory function have improved. The more she does, the more she can do, and the better she feels. She says it helps her concentration and gets rid of the “brain fog.” Cognitive function improves as one focuses on learning and remembering the moves in the Taoist Tai Chi set. This form of movement also provides a calming meditative effect on the mind, which helps reduce stress and anxiety often associated with chronic illness.

“The reality of this disease is that many of us are unable to continue working or perform manual labour, let alone enjoy any sort of social life. By focusing on what we can do, rather than on what we can no longer do, we provide our body and mind with the tools to help us feel well,” says Wendy.

Wendy is now an accredited Taoist Tai Chi instructor! You can read her story at [www.hepcaustralia.com.au/symptoms-news/hep-c-and-exercise-experience-tips.html](http://www.hepcaustralia.com.au/symptoms-news/hep-c-and-exercise-experience-tips.html), and please visit her website at [www.wendyswellness.ca](http://www.wendyswellness.ca)

## HOW TO EXERCISE WHEN YOU'RE TIRED

Exercise can help release tension and improve your level of health. It can help you increase your fitness level. You can do it even if you suffer from fatigue, but remember not to tire yourself too much. That can be bad for your immune system. Try these suggestions:

- Bicycle riding—Ride a little further each day/week.
- Commuting—Get off the bus one stop earlier and walk the rest of the way home.
- Walking—Increase the distance you walk each day/week. Invite a friend or get a dog.
- Swim or do water aerobics.
- Play a game of golf
- Practice yoga.
- Gardening—plant some herbs that are good for your liver. (Dandelion, milk thistle, artichokes...)
- Kick a ball around with kids or grandkids.
- Walk on escalators instead of standing.
- Choose an activity you enjoy and can participate in on a regular basis.

*Please consult with your doctor before beginning any exercise program.*

Source: [www.hepcawareness.net.au/lifestyle/be\\_active.htm](http://www.hepcawareness.net.au/lifestyle/be_active.htm)

## BIKRAM YOGA

People with Hep C may find benefits from Bikram Yoga. This type of yoga is being used at the Hepatitis C Clinic at the Bastyr Center for Natural Health in Seattle, Washington, as a regular part of treatment for hepatitis C as of about a year ago.

Bikram Yoga is performed in rooms heated to 85-105 degrees Fahrenheit with humidity of 60 to 70 percent. It incorporates a sequence of 26 poses, and is supposed to flush out the toxins accumulated in the body.

Bikram Yoga is to be used by hepatitis C patients combined with—not instead of—standard treatment for hepatitis C. The heavy sweating that occurs may detoxify the body and is also used at the clinic for post-chemo cancer patients. It is hoped that the yoga will increase blood circulation in the liver, thus reducing immune substances that react to the virus and cause liver inflammation.

"This is still hypothetical," says Standish, director of the Centre. "But the kind of aerobic exercise that would be most valuable to flushing the liver would be yoga, and especially yoga where there is increased blood flow as well as sweating."

One of the benefits of yoga is that it stills the mind, and this may help boost the immune system, reduce fatigue, and alleviate depres-

sion. The yoga won't get rid of the virus by itself, but it may help keep the liver healthy until a cure can be found.

*Please consult with your doctor before beginning any exercise program.*

Source: [www.yogajournal.com/health/585](http://www.yogajournal.com/health/585)

## UDDYANA BANDHA FOR DUMMIES

*[I think this is a great way to give your liver and other internal organs a massage, but ask your doctor first.—Joan]*



- Stand straight with your feet spread apart.
- Bend the knees, place palms on thighs, fingers facing in as shown.
- Exhale deeply through the mouth, even the last bit of air, close your throat, hold your breath and expand your chest, just like trying to breathe, but without letting any air in.
- While still holding your breath, move your abdominal muscles in and out rapidly as many times (10-50) as possible.
- Repeat three times.

Sources: <http://spirituality.indiatimes.com/articleshow/1538797.cms>  
<http://ashtangayoga.info/ujjayi-bandha-dristi.html>

## Pre-'86/Post-'90 UPDATES

**September 19, 2007:** The Protocols are now posted on the Web site. They have been approved by all the Courts.

**November 15, 2007:** The Administrator is actively evaluating a large volume of claims. The Settlement Agreement does not provide deadlines on processing; however, the Administrator will begin issuing approval letters in November 2007. Approval letters and Releases will be issued on all approved claims. Once the Administrator has received a completed Full and Final Release by the third business day of the month, compensation will be issued within the last ten (10) business days of said month. Claims approved and compensated in 2008 will be indexed.

**November 20, 2007:** The administrator is now issuing Approval Letters.

[http://www.pre86post90settlement.ca/english/eng\\_home.htm](http://www.pre86post90settlement.ca/english/eng_home.htm)

## 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](http://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](http://www.lauzonbelanger.qc.ca)

Roy Elliot  
Roy Elliott Kim O'Connor LLP.  
[hepc@reko.ca](mailto:hepc@reko.ca) [www.reko.ca](http://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](mailto: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](mailto: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](http://www.phac-aspc.gc.ca/hepc/comp-indem_e.html)

## ADMINISTRATOR

#### 1986-1990

Administrator 1-877- 434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)  
[www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf](http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf)

#### Pre-86/Post-90

Administrator 1-866-334-3361  
[preposthepc@crawlco.ca](mailto:preposthepc@crawlco.ca)  
[www.pre86post90settlement.ca](http://www.pre86post90settlement.ca)  
**Settlement Agreement:** [http://www.reko.ca/html/hepc\\_settlement.pdf](http://www.reko.ca/html/hepc_settlement.pdf)

## 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](mailto: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](mailto:ldlong@shaw.ca)

**HepCBC** [info@hepcbc.ca](http://info@hepcbc.ca), [www.hepcbc.ca](http://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](mailto:ask@telus.net) 1-800-661-7541 [www.aidskamloops.bc.ca](http://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](mailto:eriseley@shaw.ca), Lisa 1-866-637-5144. [ljmorrell@shaw.ca](mailto:ljmorrell@shaw.ca)

**Mid Island Hepatitis C Society** 2<sup>nd</sup> 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** 1<sup>st</sup> 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](mailto:information@ankors.bc.ca) alex@ankors.bc.ca [www.ankors.bc.ca/](http://www.ankors.bc.ca/)

**New Westminster Support** Contact Dianne Monrissette, 604-525-3790 before 9 PM. [dmmonrissette@excite.com](mailto:dmmonrissette@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@dccnet.com

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

**Prince George Hep C Support Group** 2<sup>nd</sup> Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 [ilse.kuepper@northernhealth.ca](mailto: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** 3<sup>rd</sup> Mon. monthly, 7-8:30 PM, boardroom at Northern Health's Public Health Unit. Contact: [hepcprincerupert@citytel.net](mailto:hepcprincerupert@citytel.net)

**Queen Charlotte Islands/Haida Gwaii & Northern BC** support. Contact Wendy 250-557-2487, 1-888-557-2487, [wendy@wendyswellness.ca](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca) <http://health.groups.yahoo.com/group/Network-BC/>

**Slocan Valley Support Group** Contact Ken 250-355-2732, [ken.forsythe@gmail.com](mailto:ken.forsythe@gmail.com)

**Smithers: Positive Living North West** 2<sup>nd</sup> Wed monthly, 12 PM, 3862 Broadway Ave. Contact 1-866-877-0042 or Doreen 250-847-2132, [aws@telus.net](mailto:aws@telus.net)

**Sunshine Coast-Sechelt Healthy Livers Support Group** Information/resources, contact Catriona, 604-886-5613 [catriona.hardwick@vch.ca](mailto:catriona.hardwick@vch.ca) or Brent, 604-740-9042 [brent.fitzsimmons@vch.ca](mailto: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](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver:** Pre/post liver transplant support Contact Gordon Kerr [sd.gk@shaw.ca](mailto:sd.gk@shaw.ca)

**Vancouver Hepatitis C Support Group 7-9 PM:**

2<sup>nd</sup> Thurs. monthly, 1199 Main St. near Sky Train -Terminal & Main,

3<sup>rd</sup> Wed. monthly, VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South.

4<sup>th</sup> 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](mailto:ohmygodyes@canada.com) if you want to talk or meet for coffee.

**YouthCO AIDS Society HepCATS** #205-1104 Homby St., Vancouver 604-688-1441 or 1-877-YOUTHCO [www.youthco.org](http://www.youthco.org) Program Coordinator: Sara Young, [saray@youthco.org](mailto:saray@youthco.org) Support Program Coordinator: Brandy Svendsen [brandys@youthco.org](mailto:brandys@youthco.org)

**Vernon HeCSC HEPLIFE** 2<sup>nd</sup> & 4<sup>th</sup> Wed. monthly, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Contact 250-542-3092, [hepsc@hepc.vernon.bc.ca](mailto:hepsc@hepc.vernon.bc.ca)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 [bloodties@klondiker.com](mailto:bloodties@klondiker.com)

## OTHER PROVINCES:

### ONTARIO:

**Barrie Hepatitis Support** Contact Jeanie [info/appointment](mailto:info/appointment) [jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

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

**Durham Hepatitis C Support Group** 2<sup>nd</sup> Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact [smking@rogers.com](mailto:smking@rogers.com) <http://creativeintensity.com/smking/> <http://health.groups.yahoo.com/group/CANHepC/>

**Hamilton Hepatitis C Network** Support Group 4<sup>th</sup> 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](mailto:hepc@sprc.hamilton.on.ca) [hamiltonhepc.net](http://hamiltonhepc.net)

**Hepatitis C Network of Windsor & Essex County** Last Thurs. monthly, 7 PM, 1078 Goyeau Street (across from Hotel Dieu Hospital). Contact 519-967-0490, [amonkman@hepcnetwork.net](mailto:amonkman@hepcnetwork.net), [www.hepcnetwork.net](http://www.hepcnetwork.net)

**Kingston Hep C Info HIV/AIDS** Regional Service. Contact 613- 545-3698, [hars@kingston.net](mailto:hars@kingston.net), [www.hars.ca](http://www.hars.ca)

**Kitchener Area Chapter** 3<sup>rd</sup> 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](mailto:bc.cats-sens@rogers.com) or Mavis 519-743-1922 [elroy222@rogers.com](mailto:elroy222@rogers.com)

**Niagara Falls Hep C Support Group** Contact Rhonda 905-295-4260, [kehl@talkwireless.ca](mailto:kehl@talkwireless.ca)

**Owen Sound** Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, [www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca/dminielly@publichealthgreybruce.on.ca)

**Peel Region** (Brampton, Mississauga, Caledon) Contact 905-799-7700 [healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194 [jcolangelo3@copeco.ca](mailto:jcolangelo3@copeco.ca)

**Sudbury Circle C Support Group** Contact Ernie 705-522-5156. [hepc.support@persona.ca](mailto:hepc.support@persona.ca)

**Toronto CLF** No meetings in January. Contact Catherine 416-491-3353, [cgalgoczi@liver.ca](mailto:cgalgoczi@liver.ca)

**Thunder Bay Hep C** support. Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

**Unified Networkers of Drug Users** Nationally [undun@sympatico.ca](http://undun@sympatico.ca)

**York Region Hepatitis C Education Group** 3<sup>rd</sup> 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](mailto:info@hepcyorkregion.org) [www.hepcyorkregion.org](http://www.hepcyorkregion.org)

### QUEBEC:

**Quebec City Region** Contact Renée Daurio 418-836-2307

### ATLANTIC PROVINCES:

**Saint John & Area:** Information and Support. Contact Allan Kerr 506-633-4817 [kerrs@nbnet.nb.ca](mailto:kerrs@nbnet.nb.ca)

**Cape Breton Island, NS** The Hepatitis Outreach Society Support Group 2<sup>nd</sup> Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486 [info@hepatitisoutreachsociety.com](mailto:info@hepatitisoutreachsociety.com).

### PRAIRIE PROVINCES:

**Regina, Saskatchewan HepC SK** Contact Doug 306-545-1628 [hepc-c.regina@accesscomm.ca](mailto:hepc-c.regina@accesscomm.ca) <http://nonprofits.accesscomm.ca/hepc-c.regina/>

**HeCSC Edmonton** Contact: Jackie Neufeld 780-939-3379.

**Wood Buffalo HIV & AIDS Society** #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 [wbbas@telus.net](mailto:wbbas@telus.net) [www.wbbas.ca](http://www.wbbas.ca)

**Manitoba Hepatitis C Support Community Inc.** Closed Dec 25 and Jan 1st. 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](mailto:info@mbhepc.org) [www.mbhepc.org](http://www.mbhepc.org)

**Medicine Hat, AB Hep C Support Group** 1<sup>st</sup> & 3<sup>rd</sup> Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 [bettyc2@hivnetwork.ca](mailto:bettyc2@hivnetwork.ca)



If you have a Canadian HCV support group to list here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> 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](mailto:momma@vcn.bc.ca)