

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

SO WHICH IS BETTER?

Both Schering and Roche are claiming victory as a result of the head-to-head IDEAL study. The results showed that both treatments were just as effective in this study that may answer the question Hep C sufferers have been asking for years: "Which one is better?" But does it?

The trial enrolled 3070 genotype 1 patients who had received no previous treatment. They were divided into three arms. All 3 arms received ribavirin. Arm 1 received 1.5 mcg/kg Peg-Intron weekly; arm 2 received 1.0 mcg/kg (low dose) of Peg-Intron weekly; arm 3 received the standard dose of 180 mcg of Pegasys weekly. All were treated for 48 weeks and observed for 6 months after treatment ended. Taking Pegasys resulted in SVR (sustained viral response, or maintaining undetectable status for at least 6 months). in 41% patients, versus 40% of the standard-dose Peg-Intron patients. The number of adverse events and dropouts was also similar.

What about relapse rates? 24% of the Peg-Intron patients suffered relapses compared to 20% of the low-dose Peg-Intron patients. The relapse rate among the Pegasys group was 32%. Even taking this into consideration, the final SVR rates were similar.

Roche's Pegasys is the better-selling drug, and the newer of the two. "We are convinced that physicians and patients will continue to choose Pegasys/ribavirin combination therapy based on positive experience and sound clinical evidence," said George Abercrombie, president and chief executive of Hoffmann-La Roche.

Schering pointed out that a lower dose of its product Peg-Intron was as effective as its standard dose, but the lower dose did not reduce side effects. The lower dose might cut costs.

Roche said the study design favoured

(Continued on page 5)

DON'T GIVE UP: Sue's Story

This is for Vikki, Sheryl, Brad and others (you know who you are) who are seriously ill and feel there's no hope. I never believed I'd get a liver transplant or that I'd live through one. Last March 10 proved me wrong. Never give up!

I got Hep C in 1962 after a motor vehicle accident. Two years before my liver transplant last March, I had double pneumonia, kidney and liver failure. I was in intensive care on full life support, kidney dialysis and all. My kids were called aside and told I had a 10% chance of survival. The doctors asked them what they thought they [the doctors] should do with me. In other words they wanted to pull the plug. My kids highly objected. Two months later I volunteered to go to Peru for a month to be used as a guinea pig for a medical corporation. They almost killed me with their tonic. I figured I was going to die anyway, but at least I'd get to see Peru. I'm not sorry now, but I came home and called an ambulance. I was hospitalized for a week. I fooled the doctors and here I am today. I'm 62.

The year before, I was kept in the hospital because I was dying, and the doctors thought they had lost me a few times. Then they kept me in to build me up for a transplant while I begged to go home. I hated the hospital, but I had to be submissive to show them I was a fighter and would trust their care.

(Continued on page 3)

INSIDE THIS ISSUE:

<i>So Which Is Better? / Don't Give Up</i>	1
<i>Monique Chase / Topanga Thibadeau</i>	1
<i>Meet Bob / Chris Laird</i>	3
<i>Get More Bang per Dollar/Research Matters</i>	4
<i>May Hepatitis C Month/ PegCare /PegAssist</i>	5
<i>Stop Sabotaging your Goals / To the Editor</i>	6
<i>TAP / Magic Mouthwash / Compensation</i>	7
<i>Coming Up</i>	8

MONIQUE CHASE

December 17, 2007

HepCBC has lost yet another previous board member. Monique died at the age of 59. She is survived by two daughters and a brother, her long time partner Andy Lenow, two sons-in-law, and her 5 grandchildren. Monique will be sadly missed by many other friends and family. She is fondly remembered for her love for, and work with, physically and mentally challenged adults and youth.

Monique was one of HepCBC's first board members, and our very first volunteer coordinator. Even when she could not continue coming to meetings, she would call to give encouragement and support. She went to our office for our last Meet & Greet.

"She taught us much about appreciating and loving the natural beauty that surrounds us, and she will always fill our hearts whenever we see a sunset, walk a forest trail, or hear the sound of the ocean's waves. Her family requests that in lieu of flowers donations be sent to HepCBC in her name."

Source: Victoria Times-Colonist 1/10/2008.

TOPANGA SUNSHINE THIBADEAU

Topanga died at home Saturday November 25, 2006. Feisty until the end, she now goes on a journey to find her beloved brother, Randy. Born in Victoria on Oct.29, 1952, she was always an Esquimalt girl at heart, and her happiest memories were of the years working at the Esquimalt Rec. Center. Topanga leaves behind her devoted husband, Alan, children, Ezra and Elicia, mother Mona Brown and sister, Kathy Deane and family. Mala and Zambuca will miss her greatly.

In lieu of flowers please make donations to Victoria Hospice.

Special thanks to the Westshore Community Care nurses and everyone involved with the Palliative Care Unit.

Editor: Topanga was a regular member of HepCBC, and a zany, delightful character! Thank you, Alan, for the obituary.

SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to **HepCBC** - Send to the following address:

HepCBC
#306-620 View Street
Victoria BC
V8W 1J6

Name: _____

Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

Please email me a PDF copy, free of charge.

Membership + Subscription (1 year)\$20.00

Membership Only \$10.00
(Doesn't include the *hepc.bull*)

Subscription Only\$10.00
(Doesn't include membership privileges)

Peppermint Patti's FAQ..... \$12.00

Resource CD..... \$10.00

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

TOTAL: _____

"I cannot afford to subscribe at this time, but I would like to receive the bulletin."

"I want to volunteer. Please contact me."

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

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

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

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

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

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

HOW TO REACH US:

EDITOR: Joan King
PHONE: (250) 595-3892
FAX: (250) 483-4041
EMAIL: iking@hepcbc.ca
WEBSITE: www.hepcbc.ca

HepCBC
306-620 View Street
Victoria BC V8W 1J6

LETTERS TO THE EDITOR:

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

FAQ version 8!!

Peppermint Patti's **NEW FAQ Version 8** is **NOW AVAILABLE**, and Version 7 is available in Spanish. The English version includes updated Canadian Links and includes the latest treatment information and research. Place your orders now. Over 140 pages of information for only \$12 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 V8; the slide presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

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

REPRINTS

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

DIAL-A-DIETITIAN

604-732-9191 or
1-800-667-3438

www.dialadietitian.org

Dietitians of Canada: 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 Victoria, Provincial Employees Community Services Fund, Pat Winram, Kate Rhodes, Lori FitzGerald, Fatima Jones, Michael Yoder, Chris Foster, Judith Fry, 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 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 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/NewHepSingles/>

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

CHAT: <http://forums.delphiforums.com/hepatitiscen1/chat>

TIP OF THE MONTH:

RECYCLE!

Take your old *hepc.bull* to your doctor's office or nearest pharmacy when you're done with it.

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



the
Godmother Group

Michael Yoder
Consultant
250.386.3458
myoder13@shaw.ca

MEET BOB

My name is Bob Cheeseman, I am 55 years old and I live in Waterloo, Ontario. I was diagnosed in 1998 as having Hep C. I was having a lot of nosebleeds, I felt I was always tired, and I noticed there was always a pain on my right side under the rib cage. In August of 1998, these symptoms were getting worse and my wife finally convinced me to go to the hospital. I was grateful, as I found out later that the gastro doctor who saw me had a lot of knowledge about Hep C.

A lot of blood tests were done and the red flag went up when he noticed my platelet level was really low. I had a 4-day stay at the hospital, and on the day I was discharged, he called me at home and told me I had Hep C. My wife and I were totally shocked. My genotype is 2a-2c.

I was introduced to a liver specialist at the London Health Science Centre. He put me on treatment in early 1999 and after 48 weeks of injecting interferon 3 times a week and taking capsules of ribavirin, I ended up being a non-responder. I worked the whole time even though I felt sick every day.

As the time went on, with many CT scans, studies on my digestive system and stomach, and lots of blood tests, I continued to keep working. I always felt, even though I was sick, that there were people who were sicker than me. I didn't meet the standards for experimental treatments because my platelets were too low. I was getting used to knowing my platelets always ranged from 30 to 50, and that was high for me.

In early 2006 my health really got worse, and I was put on the transplant list in July of 2006. I felt really discouraged, knowing I would have to wait 2 to 5 years for a new liver. I was rushed to the hospital December 2, 2006, and I ended up having a liver transplant on December 12, 2006. After a few complications, some I am still dealing with, I feel the best I have in over 15 years. On January 11, 2008, my doctor is going to do another biopsy and consider putting me on the Pegatron program to try to get rid of the virus, as I am showing no signs of organ rejection or Hep C attacking the new liver.

I have been the chairman of the Hep C support group in the Kitchener-Waterloo and surrounding area for a number of years now. My heart was always for the sufferers of this dreaded virus, and I always wanted to give encouragement because I knew how I felt. I am one of the lucky ones to have received a transplant. I always think of all of the people who are on treatment and those waiting for a transplant but pass away before one becomes available. We have had people in our chapter

who have passed away and that is hard to take.

I still am going to be chairman and I also want to do volunteer work for the Trillium Organ Donation Program to be able to encourage and share my experience with others, because I am so thankful to be alive today.

To all of those reading this, do not give up hope. With new research to discover a program to totally get rid of this virus that we have, we have a reason to keep on fighting the dragon.

If any of you are in the K-W area, we hold our chapter meetings the third Wednesday of the month except July and August. We hold our meetings at this address:

Laurentian Power Centre
Zehrs Community Room
750 Ottawa St. S Kitchener
7:30-9:00 PM (You are most welcome)

(DON'T GIVE UP—Cont'd from page 1)

I never thought I'd really get a liver transplant nor live through one, but here I am today. I'm still amazed and always will be.

Please put my favourite poem (below) on your fridge and read it every day. Stick to the fight when you're hardest hit. You can do it!

Hugs and prayers—*Sue White*

DON'T QUIT (Author Unknown)

**When things go wrong,
as they sometimes will,
When the road you're trudging
seems all uphill,
When the funds are low
and the debts are high,
And you want to smile,
but you have to sigh,
When care is pressing
you down a bit,
Rest if you must,
but don't you quit.**

**Success is failure
turned inside out,
The silver tint
of the clouds of doubt.
And you never can tell
how close you are.
It may be near
when it seems afar.
So, stick to the fight
when you're hardest hit.
It's when things go wrong
that you mustn't quit.**

CHRIS LAIRD

January 4, 2008

"Chris Laird, a popular community activist of the Downtown Eastside [Vancouver] passed away on January 4th, 2008. Chris cared about his community and was a board member of D.E.R.A., Carnegie Community Centre Association, for many years. The Diabetes Foundation invited Chris to attend and speak at many diabetes events."

—*Margaret Prevost*

Carnegie held a celebration and memorial of Chris Laird's life on January 30th, 2008 at 4 PM in the Carnegie Theatre.

From the Downtown Eastside Enquirer, Jan. 5, 2008:

"Chris deserves a lot of credit for a life time of always trying to make people's lives a little better. He always had time to tell a joke or a story, and he always noticed when you were down. As a long-standing volunteer, he was never abusive, and always positive.

He was, as the saying goes in Spanish, 'gente decente', decent people, and I have already missed him in his long stay in the hospital. Carnegie will put on a memorial I hope, and I hope to see all his friends there. Happy trails, until we meet again, Chris."—*Rachel Davis*

Source: downtowneastsideenquirer.blogspot.com/2008/01/chris-laird-passe-away.htm



Camping out at the Parliament Buildings, Victoria, BC



GET MORE BANG FOR YOUR DOLLAR...

In the December issue I began to discuss the different types of investment income that individuals can receive from their portfolios. It is important to make sure that the two radio knobs are adjusted correctly to create the proper portfolio mix, but of equal importance is to ensure the income is as tax efficient as possible.

Previously I discussed interest income. This month I am going to discuss two other types of income that are associated with investments: Dividend income and Capital Gains, both of which are more tax effective than simple interest income.

The first type of income, Dividend, is simply an income payout that is received by the investor. Traditionally dividend income is paid out by a corporation and received periodically throughout the year, maybe monthly, quarterly or annually. The dividend payout is a result of the corporation declaring a profit and passing some of these profits along to the investor.

Let's do an easy calculation to illustrate the net tax efficiency of \$1000.00 in dividend income that has been earned by an individual who has a marginal tax rate of approximately 33%. Due to the fact that roughly 2/3 of dividend income is exposed to tax, the amount of tax owing is estimated to be \$220.00 [$(\$1000.00 * 2/3) * 33\%$]. This is an improvement over the interest income scenario where \$330.00 was paid in tax. This also means that the investor receives \$780.00 from the dividend portfolio versus \$670.00 from the interest paying investment.

The second type of income, Capital Gains, is simply the growth in the value of an investment, with the gain being the difference between the price at which you bought the investment and the price you at which you sold it. This type of gain is usually associated with shares in a company or a mutual fund.

Let's do another calculation to highlight the net tax effectiveness of \$1000.00 in capital gain income that has been earned by an individual who has a marginal tax rate of approximately 33%. Due to the fact that only 1/2 of the capital gains realized are exposed to tax, the tax owing is estimated to be \$165.00 [$(\$1000.00 * 1/2) * 33\%$]. The tax owing is an improvement over both the dividend and interest income scenarios and means that the investor retains \$835.00 from the capital gain.

It is important to understand both the composition of the portfolio and the way that the investment returns will be taxed so that a suitable and tax effective portfolio can be offered.

If you have questions and wish to discuss your current situation or would like the name

RESEARCH MATTERS IN HIV/HCV CO-INFECTION

by Jennifer Chung

More than 30 per cent of HIV-positive people are co-infected with HCV in developed countries including Canada. As this number continues to rise, so does the need for more research to better understand and improve treatments for this condition. But studies are not possible without volunteers, who play a key role in helping researchers fill in some of the gaps in information about HIV/HCV co-infection.

"Clinical trials help scientists figure out the best approach to treat individuals who have these very serious infections that in many cases we might be able to cure, especially for hepatitis C," says Canadian HIV Trials Network (CTN) researcher Dr. Brian Conway, president of the Canadian Association for HIV Research (CAHR) and director of the Downtown Infectious Diseases Clinic (DIDC) in Vancouver.

According to Conway, the DIDC and its affiliated clinics in Vancouver and Victoria see between 200 to 300 people co-infected

with HIV and HCV, many of whom are current and former injection drug users as well as those who were infected through blood transfusions. HIV/HCV is a growing health problem in BC and the rising rates of infection are happening in other areas of the country as well. But despite the fact that HIV/HCV is an increasing area of concern, Conway says little research is being done in this field due to lack of interest as well as to the significant challenges and barriers to recruiting co-infected individuals into treatment and research.

"Unless you are seeing co-infected patients in your clinic, it is difficult to attract and retain participants for HIV/HCV studies. The key is structure – to have a system in place that allows individuals to enter into care and keep them engaged in care as well," says Conway.

Conway believes the future of HIV/HCV research lies in developing ways to get more people involved in treatment for co-infection.

"We need to figure out the best way of managing HIV infection in individuals with HCV and how much we need to invest in directly-observed therapy programs," Conway says.

More research in HIV/HCV means an ever-growing call for volunteers. And although study participants must understand that taking part in a trial does not guarantee a personal benefit, Conway says volunteering holds other advantages.

"If you enter into a clinical trial, you will get as good care as you would if you weren't in a trial and, in some cases, you might actually get better care," says Conway, who stresses that enrolment in a trial can never be a condition of receiving optimal patient care in his clinic, or in any other setting. "Participants will also be helping researchers develop ways of providing better care to people who might also be carrying HIV/HCV infections."

The CTN is currently testing the use of the antidepressant citalopram in the prevention of depression before and during HCV treatment (CTN 194). The Network is also enrolling volunteers in a cohort examining the effect of highly active antiretroviral therapy (HAART) on liver disease progression in HIV/HCV co-infection (CTN 222).

For more information, please visit www.hivnet.ubc.ca or call 1-800-661-4664



Financial plan
need tuning?

Let one of our Financial Planners, Investment & Retirement Planning, help you fine-tune your plan to meet your financial needs now – and as they change.

Visit a BMO Bank of Montreal® branch today for a confidential, complimentary financial review.

BMO Financial Group

® Registered trademark of Bank of Montreal.
Financial Planners are representatives of BMO Investments Inc., a financial services firm and a separate legal entity from Bank of Montreal.

of a local BMO Financial Planner please contact me directly by email at ross.charlesworth@bmo.com or by phone at 604-665-7187.

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

(SO WHICH IS BETTER?— *Cont'd from page 1*)

the Schering product, and suggested that patients and their doctors should receive more information to fully understand the results. Schering devised the trial when Roche's product became more popular.

Schering's spokesperson said that more data will be made available.

Buyer beware. Dr. Douglas T. Dietrich, MD, warns patients to be careful while judging the results of clinical trials. There may be more information than what is apparent. He suggests always looking at how the drug was tested, what it was compared to, how large the study was, and whether or not the results were due to chance. Did the participants know what treatment was received? Were the subjects assigned randomly? How reasonable was the endpoint (in our case, SVR)? These questions, he says, are especially relevant in head-to-head trials which judge one drug against another. The doctor used as an example the recent trial comparing two drugs for osteoporosis: Fosamax and Actonel. He goes on to say that the IDEAL trial results should benefit patients by finding the correct dose of Peg-Intron. However, he says that the trial, sponsored by Schering, can't really compare the drugs because the starting dose of ribavirin was different, as was the way the ribavirin was reduced in the case of side effects. "The trial can't tell us anything about the differences between the two interferons." Also, in this trial, both patients and their doctors knew what drug was taken.

There were more problems with the trial design. Peg-Intron patients who weighed more were given higher doses of ribavirin. Their ribavirin was reduced gradually if they had side effects. Patients taking Pegasys did not receive higher doses of ribavirin. The study design called for a greater ribavirin dose reduction for side effect management of most patients in the Pegasys arm compared to patients in the Peg-Intron arms. Erythropoetin, given to treat ribavirin-related anemia to maintain a higher ribavirin dose, was allowed only after the first dose ribavirin reduction. Patients in the Schering arms generally were given small dose reductions, so those patients may have been able to maintain a higher dose of ribavirin compared to the Roche patients.

Patients should talk to their doctors and take into account their experience as well as the results of trials.

Schering's Robert J. Consalvo said,

"The study results will undergo a robust analysis with an independent review board and alignment with key stakeholders to minimize the perception of bias."

Sources—www.natap.org, based on the following:

Reuters "Schering Says Hepatitis Drug Matches Roche Brand" by R. Pierson and L. Krauskopf, Jan 14, 2008

"Roche affirms value of Pegasys for hepatitis C following IDEAL study results" Jan 14, 2008

"A Healthy Dose of Curiosity. Clinical trial results require careful interpretation: Commentary on the IDEAL Study", *Liver Health Today* (Jan-Mar 2008 Issue) by Dr. D. T. Dieterich, MD

"IDEAL' Study Affirms Roche's Pegasys As Effective Treatment For Hepatitis C"

MAY IS HEPATITIS C MONTH



MAY 19th IS
WORLD
HEPATITIS
DAY

PLAN NOW!!

The newly formed Hepatitis C Association of Canada, as its first official project, is compiling a free listing of the various events in North America celebrating May Hepatitis C Month, and May 19th, World Hepatitis Day. The events will be published in an e-newsletter, to be sent out to participants and anyone else interested on the 1st and 15th of each month, from February 1 through June 1, 2008.

Please let us know about YOUR group's plans:

Contact jking@hepcbc.ca as soon as possible.

Take a look at this brochure:

[http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5d-d785256499006b15a4/7121441eb7702855862573c5006515f4/\\$FILE/Dec2007.pdf](http://krhis.kdhe.state.ks.us/olrh/Notices.nsf/bf25ab0f47ba5d-d785256499006b15a4/7121441eb7702855862573c5006515f4/$FILE/Dec2007.pdf)

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 15th of next month, **stating interest in the bonus**. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

STOP SABOTAGING YOUR GOALS WITH EFT

by Karen Hodson, BA, EFT-ADV, EFT Practitioner

This is the 6th segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

The New Year usually starts out with people setting goals. We create a list of what we want to accomplish over the next twelve months in the key areas of life. Each January I get enthusiastic about what I want to accomplish and feel confident that “this is the year” that will make a difference. My goals have tangible measurable results. Some will stretch beyond my comfort zone and some are more easily attainable.

The first couple of weeks tend to be positive as I take steps towards what I am confident I will achieve. However, by mid February most of the initial enthusiasm has disappeared as the real work sets in. It’s suddenly no longer fun. I start finding ways that sabotage (consciously or unconsciously) all of those great plans I made.

Common New Year resolutions are: losing weight, stopping smoking, exercising more and completing/starting a project. The gyms tend to be jammed-packed like sardines the first week of January and six weeks later, it’s back down to just the regulars. There are a million excuses out there and we can be very creative in making up new ones that justify why we do not follow through with our commitments.

Having hepatitis C itself can be a great excuse for not reaching goals or for some, not even setting them. Sabotaging lines like “I have this terrible disease, so why even bother” can stop you before you get out the gate, never mind winning in life.

That’s where EFT comes in. When I am feeling stuck and do not have the energy to even think of changing, I start tapping on those feelings. If I can move from a place of stuck to even the possibility of moving forward, then the first half of the battle is won. I continue tapping on the emotions that come up and I start feeling lighter because I have released the burden of guilt, shame, fear or whatever emotions come up. When I can accept where I am and that it’s OK, it is easier to get back on track and take another step, however small or large, towards my goal.

Here is what an EFT tapping session on sabotaging goals could be like: (See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand) and

the Set-up phrase (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 on to the next set-up and tapping phrase.

Karate Chop Set-up:

“Even though I keep sabotaging my goals and dreams, I deeply and profoundly love and accept myself.”

Tapping a phrase on each point:

I can’t keep commitments I made to myself; I constantly procrastinate and will never reach my goals; I’m so busy with more important things; I’m too tired; I really didn’t want that goal after all; I have hepatitis C so I can’t reach my goals; It’s too hard; I’m not worth it.

Karate Chop Set-up:

“Even though I am frustrated that I can’t reach my goals because I keep sabotaging myself, I deeply and completely love and accept myself.”

Tapping a phrase on each point:

This fear of NOT reaching my goal; This fear of reaching my goal; Nobody understands what I am going through; I will never win; They always accomplish all of their goals but I can’t; I always fail; I can’t be successful—I have hepatitis C; I don’t deserve to reach my goals.

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 choose to release my need to sabotage; It feels so good to let my unworthiness melt away; I will consider releasing this discouraged feeling; I am doing the best that I can; I choose to feel calm; I am willing to let go of my sabotaging patterns; I am grateful for this peaceful feeling; I am back on track and I feel great.

We have all fallen off track at some point in our lives. When sabotage comes up, it is an opportunity to decide between choosing failure, staying stuck and giving up or choosing success, releasing the emotions and moving forward. EFT is a great tool to get back on track. Instead of hiding our fears and emotions, we give them the opportunity to be heard and be released. We are making the

choice to move towards winning life – one battle at a time.

It is up to us if we reach our goals or continue to sabotage. The following quote by General Omar Bradley sums it up nicely: “This is as true in everyday life as it is in battle: we are given one life and the decision is ours whether to wait for circumstances to make up our mind, or whether to act, and in acting, to live.”

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, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information: (604) 913-3060

pivotpoint4u@gmail.com
or www.pivotpoint4u.com



TO THE EDITOR: TELECHATS

Hello,

I want to invite Canadians with Hep C to our weekly Hep C Telechats, held every Tuesday from 7-9 PM (Central Time). The call is toll-free, and it’s a community of people who are giving and receiving support on their Hep C journey.

All you have to do is go to www.hepcmo.org, and click on the "Telechat/Discussion" button at the top of the webpage. Once you fill out the registration form and send it in, we will send you the free phone number and code to enter our rooms.

Our teleconference is open to all topics of conversation Hep C related, and the moderator is there to help keep the conversation positive and constructive. If there are any questions, please contact us at 1-(816) 516-8578 for teleconference information/instructions. If you don’t have computer access, but would like to participate, call (816) 516-8578 and we’ll provide you with the info either by phone or mail.

We hope to see you there!

Johanna Blanding-Koskinen
Executive Director
Hepatitis C Multicultural Outreach
Website: <http://www.hepcmo>

TRAVEL COST COMPENSATION

About TAP:

The Travel Assistance Program is sponsored by the BC Ministry of Health and Ministry Responsible for Seniors.

TAP was created to help residents of BC to access health care services that they cannot obtain unless they travel.

In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed.

Please ask your doctor for a form to complete. You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel (Phone number below).

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are regulations such as arriving at the ferry, for example, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 PM, Monday through Friday. You may also call 387-8277 in Victoria.

OTHER CHARGES DROPPED

On Friday, January 18, six nuisance charges remaining in the tainted blood scandal against Dr. Roger Perrault were dropped. The prosecution decided that conviction was unlikely after his acquittal of criminal negligence last October. John Pearson, the Crown prosecutor, announced that a review was conducted which led to that conclusion. Eddie Greenspan, the defence lawyer, said that Perrault should never have been charged or even named. It was alleged that the doctor failed to have donors properly screened and didn't warn the public of the danger, resulting in the infection of about 20,000 people with HCV from tainted blood products, and creating one of the biggest public health scandals in the history of Canada. The decision has left victims across the county upset, confused, and angry.

Source: www.ffmpeg.com/National/Remaining-charges-in-tainted-blood-scandal-dropped/18-Jan-2008

COMPENSATION

LAW FIRMS



1986-1990

Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688

Pre-1986/ Post-1990

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

David Harvey
Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca

Roy Elliot
Roy Elliott Kim O'Connor LLP.
hepc@reko.ca www.reko.ca

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON L8N 3Z1 1-905-572-6688

LOOKBACK/TRACEBACK

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-asp.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_settlementagreement.pdf

MAGIC MOUTH- WASH RECIPES



Many of us tend to get mouth sores when we're on treatment. Here are some solutions:

Magic Mouthwash was developed at Duke University, and consists of the following ingredients (any pharmacist can do this):

NDC Number	Metric	Quantity
00143-1254-01	6.00	Hydrocortisone 20 mg tablet
000536-1220-85	60.00	Nystatin 100000 U/ML Susp
99999-9999-99	420.00	Benedryl

More mixtures from Peppermint Patti and her FAQs:

First Magic Mouthwash Recipe

1/3 Maalox

1/3 liquid Benadryl

1/3 lidocaine viscose 2% solution

Second Magic Mouthwash Recipe

1/3 liquid prednisone syrup 5mg/5ml

1/3 liquid Benadryl

1/3 liquid Nystatin



DO YOUR FRIENDS KNOW
Who's at Risk for
HEPATITIS C?
You May Be Surprised!

Hepatitis C, the "Silent Killer," is a blood-borne liver ailment which can often be treated. It can go undetected for decades while doing irreversible damage and affects people of all ages, races and lifestyles.

Are you at risk? It's a simple blood test!

For more info or support
hepcbc
Call HepCBC
595-3892
www.hepcbc.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 r1-attig@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. ljmorrell@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 Monrissette, 604-525-3790 before 9 PM. 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, 3rd Floor-5000 Joyce Ave. Contact: karen.peel@vchca 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) (250) 295-4442 or Beverly at (250) 499-8877 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 www.wendyswellness.ca <http://health.groups.yahoo.com/group/Network-BC/>

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 Homby 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 Support Contact Zsuzsi Trim, Public Health Nurse, Infectious Diseases Program 905-546-2063 ztrim@hamilton.ca

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

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

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

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

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

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

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

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

Toronto CLF No meetings in January. 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)

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

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr 506-633-4817 kerrs@nbnet.nb.ca

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

PRAIRIE PROVINCES:

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

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

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