

hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

SO WHICH IS BETTER? IDEAL Trial Revisited

Here is some more information regarding the IDEAL Trial, which was the large, head-to-head study for genotype 1 hepatitis C positive patients, conducted in the US:

Summary: The trial enrolled 3070 genotype 1 patients who were treatment naïve. They were divided into three arms. Arm 1 received 1.5 mcg/kg of Peg-Intron weekly; arm 2 received 1.0 mcg/kg of Peg-Intron (low dose) weekly; arm 3 received the standard dose of 180mcg of Pegasys weekly. All three arms received daily Ribavirin. All were treated for 48 weeks and were tested 6 months after treatment ended for the final SVR (sustained viral response).

Results:

- SVR's for each arm are as follows: Pegatron 1.5 = 40%, Pegatron 1.0 = 38%, Pegasys = 41%.
- Relapse rates from end of treatment to 6 months post treatment: Pegatron 1.5 = 24%, Pegatron 1.0 = 20%, Pegasys = 32%.

Note: This is the only data that has been released so far. The remainder of the data, which will include the week 2, 4, 12 and 24 viral clearance comparisons, as well as actual patient demographic comparisons, won't be released until the end of April 2008, during an upcoming medical conference in Europe (EASL).

There is some misinformation that exists around this trial. Let's clarify a few points:

1. Why the IDEAL trial was done

- When Schering Plough (SP) received approval in the US for Peg-Intron + Ribavirin, the FDA asked SP to conduct a "post-approval" study (many other companies are also asked to do this type of study) to compare the approved 1.5 mcg/kg dose to a lower 1.0 mcg/kg dose, both in combination with ribavirin.
- Since there were no head-to-head data available comparing Pegatron to the only

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Canadian Digestive Diseases Week 4th Annual CASL February 29 – March 3, 2008 Montreal, Quebec

ALT & TREATMENT

Many Canadian HCV patients are not treated unless their ALT levels are 1.5 times the upper limit of normal (ULN), in spite of evidence showing that many of these patients have severe liver scarring. Drs. Farley and Chinybayeva performed a retrospective study of 230 patients treated at Dr. Farley's clinic in Vancouver, BC, between 2001 and 2007. The patients were divided into 4 groups according to pre-treatment ALT: (1) ALT over $1.5 \times$ ULN resulted in 54% SVR (Sustained viral response); (2) ALT between $1.5 - 1.0 \times$ ULN, 58 %; (3) ALT between $0.5 - 1.0 \times$ ULN, 45 %; (4) ALT level under $0.5 \times$ ULN, 75 %. The researchers concluded that those with normal ALTs respond as well as those with higher ALTs, so there is no valid reason to prevent these patients from being treated. "This should be revised promptly to address the important hepatitis C public health problem."

TREATMENT OF TRANSPLANT PATIENTS

Investigators at the Transplant Program in London, ON, studied Peg-IFN + ribavirin treatment of HCV+ liver transplant patients, comparing the response of genotype 1 pa-

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RALLY FOR HEPATITIS C



May 19, 2008, 2 PM
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750 Hornby Street, Vancouver, BC

Come let our voices be heard and our causes noticed. Celebrate Hepatitis C Day with us. Bring family, friends, neighbours, children and pets. Dress up. Dress down. Bring flowers, balloons, banners, placards, wheelchairs, scooters... Let us know how Hep C has affected YOU.

SPEAKERS: Dr. John Farley, others TBA.
SPECIAL GUEST: Mayor Sullivan, Vancouver.

MUSICAL PERFORMANCE: Dallas Shears, with the debut of the Hep C song he wrote for his mom, who contracted the disease at his birth.

We need volunteers and attendees. Help us ensure a huge turnout! If you are willing to speak to the media, please send me your story and contact info. If you or your group would like to participate and be represented, contact: Kelly@hepcanada.com

MAY IS HEPATITIS C MONTH



MAY 19th IS
WORLD
HEPATITIS
DAY

PLAN NOW!!

May is Hepatitis C Month, and May 19th, World Hepatitis Day.

Please let us know about YOUR group's plans:

Contact jkjng@hepcbc.ca

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

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"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.

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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 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.

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REPRINTS

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

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THANKS!!

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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/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:

THANK YOUR DOCTOR WITH A SUBSCRIPTION TO THE HEP.CBULL

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
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250.386.3458
myoder13@shaw.ca

TRAVELLING WITH MEDICATION?

I am so excited as I am going on vacation. Hot and tropical. Beaches and sun. Finally some relaxation. Thinking about my upcoming trip got me to remembering about the time that I was going on a pre-paid vacation that somebody else bought for me. At the time I did not know whether or not I was going to still be on treatment at the time of the trip. I got panicky thinking of bringing needles on the plane. After talking to my nurse I found out that it is no problem travelling with my treatment. I just needed a letter from my doctor and there would be no problem at all. So if you're on treatment and somehow feel well enough - or feel like you deserve it after what you're going through - you can certainly travel to far away lands.

Bon voyage!

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 tanyafizzle@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.

tanyafizzleSt Patrick@hotmail.com

There is NO vaccine for hepatitis C!
 Hepatitis C is spread by blood-to-blood contact. 251,000 Canadians are infected with hepatitis C, and because there are often no symptoms, 95,000 of them don't know it.*



Are you Infected? It's a Simple Blood Test.
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*Stats from Public Health Agency of Canada Hepatitis C

by Jennifer Chung

HIV and hepatitis C virus (HCV) co-infection is climbing at an alarming rate among Aboriginal peoples in Canada. Despite this growing epidemic, limited research has been focused in this area. Access to care and awareness about clinical trials remain key obstacles for Aboriginal people living with co-infection. The Canadian HIV Trials Network (CTN) is collaborating with the Canadian Aboriginal AIDS Network (CAAN) and the University of Calgary to develop a culturally appropriate information package that will promote involvement of HIV-positive Aboriginal people in clinical trials.

According to CTN researcher Dr. John Gill, co-leader of the Concurrent Diseases & Vulnerable Populations Core (one of the four main areas of research within the CTN) and director of the Southern Alberta HIV Clinic in Calgary, the prevalence of HIV/HCV co-infection among the Aboriginal population varies across Canada, depending on the way HCV is transmitted. In some areas where there is high incidence of injection drug use, which is the main mode of transmission for HCV, the co-infection rate hovers between 35 to 40 per cent.

In his experience as a physician specializing in HIV, Gill says most of the HIV-positive Aboriginal patients he sees became infected with HCV through injection drug use. Gill believes that general education about HIV/HCV and support for those who are co-infected are two effective methods to encourage co-infected Aboriginal people as well as individuals within the general population to enter into and then stay in care for both their HIV and HCV infections.

"If there is any drop in vigilance, awareness or education, the rate of HIV/HCV co-infection may potentially accelerate. It is always wise to continue conveying the message not just of safe sex, but if individuals are using substances and injecting, then they really need to have clean equipment and, ideally, get the support they need to give up the habit. Education, support and more education on an ongoing basis is very important — it's how you get the message integrated into the regular awareness of any society," says Gill.

The CTN, CAAN, University of Calgary collaboration has already begun to tackle this complex issue. A committee has been set up consisting of Aboriginal people living with HIV, members of AIDS service organizations (ASOs) and researchers

trained in ethics tailored to the Aboriginal culture. They are reviewing and revising CTN public information materials using the OCAP principals (ownership, control, access, possession), a set of terms that describe the right of Aboriginal people to make decisions about why and how information is collected and shared in research. The project team plans to organize a focus group to determine the acceptability and cultural appropriateness of adapted clinical trial information sessions for the Aboriginal community.

"This is a good, first step to include more Aboriginal people in clinical trials because the project will provide more education about the virus and information about the risks and benefits of being in a clinical trial," says Anita Benoit, who was nominated by CAAN to sit on the CTN's Community Advisory Committee, which reviews all protocols and informed consents submitted to the Network. "By involving more Aboriginal communities in the project, it gives people a sense of ownership and pride that you are part of something that will benefit not just your community, but a lot of others."

Over the course of this ongoing project, Gill emphasizes that the team will continue to be respectful of cultural differences between Aboriginal communities.

"Aboriginal people are not homogeneous and we understand that one size does not fit all and must recognize the individual circumstances. This is an important initiative that we need to keep driving because there are challenges that we need to address," says Gill.

CURRENTLY ENROLLING CTN HIV/HCV CO-INFECTION STUDIES:

CTN 227 – Hepatitis C therapeutic vaccine

Objective:

To investigate the safety and efficacy of TG4040 [MVA-HCV], a hepatitis C (HCV) therapeutic vaccine for the treatment of HCV in people who have already been diagnosed and treated and have experienced a relapse.

Eligibility:

- Chronic infection with HCV
- Be between 18 and 65 years of age
- Have experienced relapse following treatment with full-dose pegylated interferon/ribavirin

Note: Other criteria may apply.

Sites: Montreal and Toronto

(Continued on page 4)

WHAT GOES UP.....



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.

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Last month I wrote about the idea of taking the funds from the compensation payouts and putting them into an account to let things cool off, to take a step back and review one's needs versus wants.

This month I want to relay a conversation that I had with a lady who is expecting part of her payout in the near future but was very concerned over the fact that interest rates were lower today by 1.50% than they were in the fall of last year, as well as the turmoil that is being experienced in the investment market. How was she going to manage her needs, given these changes?

I replied by referring back to a plan that we had discussed earlier last year. The plan was designed to expect some fluctuation, but it also did not assure 100% protection. The plan was diversified so that these bumps along the way could be absorbed without sacrificing her investment portfolio. I also pointed out a few important points to remember:

- There are cycles to investments, sometimes up, sometimes down. It is not always clear what part of the cycle we may be in, so trying to time the market (buy low/sell high) is all but impossible, but to be committed to a plan and have time in the market is key.
- I reminded her that we had to remain disciplined and follow the plan that provides the diversification to prevent against big swings in the value.

• I asked her to look at this current point in the cycle as a time when the “glass was half full and not half empty”. The costs to buy some investments last summer were 10% to 20% more expensive than they are today. So with the same dollars to invest we can buy 10% to 20% more of the investment which can increase the income. (She liked the idea of more income.)

The old saying of what goes up must come down is currently being realized in today's investment market. The alternative is that markets do not remain down forever and will eventually rise. When this will occur is unknown, and my crystal ball is still in the shop. Market fluctuation is inevitable, and a key point to note is how we deal with it in regard to our investment portfolios. If we have a plan in place, then it makes it easier to deal with the ups and downs, instead of having no plan and running for cover at the first sign of trouble.

Do you have a plan?

If you have questions and wish to discuss your current situation or would like the name of a local BMO Financial Planner please contact me directly by email at ross.charlesworth@bmo.com or by phone at 604-665-7187.

*Ross Charlesworth BA CFP
Financial Planner
Investment and Retirement Planning*

(CTN—Continued from page 3)

CTN 222 – Canadian co-infection cohort

Objective:

To determine the effect of highly active anti-retroviral therapy (HAART) on liver disease progression in people co-infected with HIV and HCV.

Eligibility:

- Must be over 16 years of age (or as per provincial guideline)
- Be HIV seropositive and have HCV

Note: Other criteria may apply.

Sites: Calgary, Halifax, Hamilton, Montreal, Ottawa, Sudbury, Toronto and Vancouver

CTN 194 – Peg-interferon and citalopram in co-infection [PICCO]

Objective:

To test whether the prevention of depression can improve adherence to hepatitis C treatment among people who are co-infected with HIV and HCV.

Eligibility:

- Be HIV-Hepatitis C co-infected
- Be at least 18 years of age
- Be eligible for initiating therapy with PEG-Interferon/Ribavirin

Note: Other criteria may apply.

Sites: Hamilton, Montreal, Ottawa, Sherbrooke, Toronto, Vancouver and Winnipeg

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

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**This workshop is made possible through an unrestricted educational grant courtesy of BC's Gaming Policy and Enforcement Branch.*

LIVING WITH LIVER DISEASE

Part One : Fifty Ways to Love Your Liver by Douglas Laird

The Canadian Liver Foundation has followed up this year with the second Living with Liver Disease series of lectures at the Health Sciences Centre in Calgary. There were a number of direct and indirect lessons that I learned at the first lecture, with enough over the top scientific evidence that I can only present a somewhat rudimentary synopsis. Simple lessons for me at this first session include stuff like being prepared with a pen that doesn't skip on the point notes, or how cooperation, if not affiliation, will be absolutely necessary for us to move ahead with new research in the rapidly evolving area of liver health and political footballs.

The Health Sciences Building is a new addition to the Foothills Hospital in Calgary. As you walk into the foyer under a five story glass terrarium, there is a giant white marble statue of a Greek clad in a toga. Since my mythology is blurred with my history, and philosophy is conflicted with my personal anthropology (the study of my ruins), I thought it must be Aristotle. As the brain fog lifted, I remembered that Hypocrites is the other stoic (besides me) that should stand in a modern medical community. After hearing the lecture I mused that perhaps it was Sisyphus, the tragic figure in Greek mythology doomed to roll a boulder up a hill in Hades eternally. This would fit best for me with all the new information I heard that night. It would also fit better as a metaphor for our present medical system that in my opinion has not had any real leadership since Tommy Douglas, although there have been rather a lot of hot potato handlers.

Leadership is hardly the issue when it comes to the rapidly growing research team at the University Health Sciences Centre. The first two lecturers are the longest serving members. Dr Samuel Lee delivered *Fifty Ways to Love Your Liver* with much hilarity, and Dr Mark Swain talked about Fatty Liver Disease which is epidemic. However, the biggest message that I took home was that there are many causes for cirrhosis beyond alcoholism which HCV medicinal consumers should become familiar with as potent pitfalls.

Dr Samuel Lee is a funny and warm hearted fellow. He recently helped raise \$40,000 for research by subjecting his lengthy career to a roast by his peers. His topic "Introduction to the Liver and its Diseases" was full of allegory and anecdotes. His research is focused on cardiovascular abnormalities in cirrhosis, and clinical re-

search on viral hepatitis. He made a point on the tainted blood scandal although he was more interested in history and care of liver disease with an ever present eye brow lifting the crowd with humor.

Anyone who has read the Krever Commission Report would know that there were mitigating circumstances to the tainted blood scandal in Canada. Dr Lee pointed out the reason the case fell apart. In order to screen suspect blood out of the system they would have had to destroy 800 to 1,000 units of concentrated plasma, or nine percent of the total volume. Destroying this blood would have presented other problems including short supply. Also, while the blood screening practices were tighter by US institutions during the same time, the surrogate blood supply was still safer in Canada. Seven people were infected per 4,500 transfusions on average during that time. Perhaps the blame rests with the Norwegians.

Dr Lee's anecdote was presented on a map of northern Europe, showing the areas that were invaded by Norwegians, which coincided with elevated rates of hemochromatosis in those areas. Hemochromatosis is a blood iron disorder characterized by too much serum iron. The remedy was letting in the old days, or draining blood to reduce the iron level today. So back in the days of rape and pillage by these Viking raiders, a cut from a defending sword was actually beneficial for genetic homeostasis. Hence this pathway to cirrhosis can now be blamed on blonds with blue eyes. Further to his comic relief Dr Lee presented other facts including:

- One third of the world population has evidence of HBV contact or antibodies.
- There are over one million unsafe medical drug injections in the world every day.
- The liver handles one third of the cardiac output, or 1.8L of blood flow per minute.
- The liver is responsible for two separate enzymes systems and weighs 2 kg or 5.5 lbs.
- Egypt has the highest prevalence of HCV in the world.
- The liver is about the size of a football (my favourite).



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

This is the 8th segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Just be happy. Think positive thoughts and your life will be wonderful. It sounds so simple, but when your body is wrenched in pain, those happy thoughts are rare or non-existent. The pain is what feels real, and that elusive happiness is nowhere to be found.

Pain can be looked at as a part of living on this planet. We sometimes stumble; we could fall down and even hurt ourselves. Those one time events seem easier to deal with because they usually happen when we are not paying attention. We learn the lesson, course correct, and are back on track.

However, the ongoing and long term pain can feel like a completely different story. It is emotionally and energetically draining for the person who is experiencing the pain. It can also be this way for people in their lives, as both can experience anger, frustration and helplessness. If there is no break from the pain, it can feel like a downward spiral that may seem impossible to shift to anywhere near a positive direction.

The pain is the doorway to get to the underlying emotion behind it. EFT tapping allows that pain to have a voice. For many people, the painful “negative” feelings and thoughts were never allowed to be heard. That old saying, “good children are to be seen but not heard” fits here. The pain can be felt, but “good” people don’t talk about it and “strong” people just soldier on and take it. The unfortunate part is that the pain just gets louder.

Being very clear about where you are in the moment is the first step in using EFT. I am in pain. I hurt everywhere. Nothing I do is working. Tapping on those statements gives the pain a “voice”. Although it sounds really corny, it is as if the pain is finally being heard, and once that happens, the pain does not have a job anymore and it releases. The Truth shall set you free....

Stating out loud that you have hepatitis C, and that it is a terrible disease, can be a great relief in itself because you are acknowledging and stating the truth. Tapping with EFT while stating your truth, and all the feeling and emotions associated with it, helps to release the blocks that have been stuck in your energy system.

Here is what an EFT tapping session on dealing with pain 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), the Set-up phrase (repeated up to 3 times), and 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 have this terrible pain in my body, I deeply and profoundly love and accept myself.”

Tapping a phrase on each point:

I am in terrible pain; I hurt everywhere, Nothing I do is working; I am so angry at this pain; This pain is so frustrating, I am discouraged that I have hepatitis C; It’s holding me back; I feel so helpless; Every part of my body hurts.

Karate Chop Set-up:

“Even though I am frustrated that nothing I do is relieving this pain and it just seems to get worse, I deeply and completely love and accept myself anyway.”

Tapping a phrase on each point:

Nothing is working to release this pain; This fear of never being well again; It just seems to be getting worse; I am so angry that I have all this pain; This pain is taking over my life; I’m overwhelmed; I don’t know what to do anymore; I feel so depressed; I can’t get better; This pain is exhausting.

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 pain; It feels so good to let this pain in my body melt away; I love the feeling of releasing this aching feeling; I am doing the best that I can; I choose to feel calm; I am willing to let go of this painful ache in my body; I am choosing to feel happy, healthy and peaceful; I am so grateful for this peaceful feeling.

When I can accept the truth of where I am at without judgment, it is the first step towards self acceptance. If I continue tapping on the pain, and all the emotions that come up, I can start feeling lighter because I have released the burden of the painful emotions that have been pushed down inside me and not allowed to be heard. When these emotions are released, I can experience peace, even if it is momentarily. I can then build and expand on

the moments of peace until there are longer and longer periods. It all starts with choosing to speak my truth in this very moment.

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.

(NEWS—Continued from page 1)

tients to that of genotypes 2 or 3. Only 43% of genotype 1 patients were able to tolerate 48 weeks of treatment, compared to 67% of genotype 2 or 3 patients, who were treated for only 24 weeks. SVR was 6% in genotype 1 patients and 83% in genotype 2 or 3. The only SVR in the genotype 1 group occurred in a recipient from a live donor. Patients receiving treatment within 6 months after transplant were less likely to complete treatment, and had a lower SVR.

OBESITY CAUSED BY HCV?

Researchers at the University of Toronto looked retrospectively at patients’ records at a local liver clinic between 1990 and 2006. They compared the cases of obesity in the patients to members the general population of the same age and sex. Then they looked at the factors leading to obesity in the patients. They compared the prevalence of obesity among HCV positive and negative patients at the clinic with the same risk factors. 1118 patients were selected. 28.8% were obese—almost double the percentage in Canada in 2001. The risk factors were older age and HCV infection. “The presence of HCV viremia may be associated with increased risk of obesity.”

BMI AND WEIGHT DON’T PREDICT RVR

In another retrospective study, U. of Toronto researchers reviewed 140 patients at a Toronto clinic who were treated between August 2005 to July 2007, to see if weight affected RVR (Rapid Virologic Response or undetectable HCV at 4 weeks of treatment.) Taken into account were age, sex, genotype, viral load at the start of treatment, biopsy fibrosis score or clinical diagnosis of cirrhosis, presence of diabetes type 2, body mass index (BMI), weight, and RNA testing at 4 weeks and 6 months after stopping treatment. Cirrhosis and genotype 1 were factors

(Continued on page 7)

(NEWS—Continued from page 6)

in not responding at 4 weeks. Heavier patients responded equally at 4 weeks, but were more unlikely to have SVR. "As in previous studies, lower body weight (<85 kg), genotype 2 and 3 infection and absence of cirrhosis were positively associated with SVR."

PREDICTORS OF RELAPSE

Some Canadian clinicians who took part in the Pegatron POWeR (Prospective Optimal Weight-Based Dosing Response) Program did an additional study "in 'real-life' clinical settings" between 2002 and 2007. The patients were treated with PEG-IFN 2b (1.5µg/kg/wk) + weight-based RBV (800-1200mg/d). Relapse rates, genotype, baseline viral load, fibrosis score and weight were analyzed. SVR rates were 42% for genotype 1 (G1), 79% for G2, and 72% for G3. Viral load and weight made no significant difference in relapse rates in the weight-based Ribavirin (RBV) patients. Relapse rates did not correlate to fibrosis scores in G2 and G3 patients, but they were higher in G1 patients with advanced scarring. Researchers concluded that investigation is needed for genotype 1 patients as to dose and duration of therapy.

SELF REFERRAL

Even though about 250,000 people in Canada are infected with HCV, not even 10% have received treatment. This may be because patients can only access specialists through a referral from a doctor. A clinic who receives patients by self-referral was studied by K. Doucette, et al (University of Alberta.) Between 2003 and 2006, 236 patients were self referred, and 971 were referred through MDs. Those who were self referred said either that they had no MD, were told by their MD that there was no treatment available, or were told by their MD that their HCV was "dormant". Characteristics of the self-referred and MD-referred patients, such as age, gender, risk factors, IVDU, genotype, biopsy cores, and completion of initial evaluation were similar. Self-referred patients, however, were less likely to complete lab tests, and were less likely to be treated. In those who were treated, SVR was similar in both groups. Even though many self-referred patients were not treated, they received education about HCV and risk-reduction information. "Facilitating self referral to an HCV clinic can improve access to risk reduction education and HCV treatment."

Source: <http://www.pulsus.com/journals/JnlSupToc.jsp>
origPg=JnlSupToc.jsp&sCurrPg=journal&jnlKy=2&supKy=428&&Hctype=Consumer

(CLINICAL TRIALS—Continued from page 1)

other approved treatment, Pegasys, and since there was a huge demand from the world wide medical community to know this information, it was decided to add a third arm to this trial – Pegasys. As genotype 1 patients were the most difficult to treat and the most common, only genotype 1 patients were included in this trial.

2. Why the dosing of Ribavirin was different between the arms

Pegatron's arms had 800–1400mg of ribavirin, whereas the Pegasys arm had 1000 – 1200mg. These doses all depended on the weight of the patient. In order for the study coordinators to use Roche's product in this study, they had to trial it *as it was indicated in the US*. Pegasys' approved dosing (both for the PegIFN and for the Ribavirin) has always been a little different from Pegatron's.

About Relapse

Is relapse important? Yes! Relapse is the difference between success and failure. Relapse occurs when a patient is viral negative at the end of treatment, but 6 months later if the virus comes back – the treatment didn't work! For a patient, relapsing after responding to 48 weeks of a really tough treatment can be absolutely devastating.

So far, from the data we know about right now, the main difference between the two treatments is in relapse rates. In the IDEAL trial, Pegatron showed a much lower rate of relapse (24% vs. 32% for Pegasys). The benefit of a lower relapse rate is that fewer patients will go through terrible disappointment after working so hard through their long 48 weeks of therapy.

Dr. Stephen Shafran, Professor and Director of Infectious Diseases in Edmonton: "The IDEAL study results provide Canadian physicians with, for the first time, a large body of well-controlled clinical data comparing the two leading combination therapies for hepatitis C. In my clinical experience, a low rate of relapse can also play an important role in the patient's overall 48-week treatment."

The remainder of the data from the IDEAL Study will be released at the EASL conference at the end of April 2008. The Canadian medical community is eagerly looking forward to knowing more of the details...as are all the people in Canada who are living with hepatitis C! So stay tuned.



COMPENSATION

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Fax: 1-604-609-6688

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

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

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

Other:

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

LOOKBACK/TRACEBACK

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

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

Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 3467) or 604-707-3467

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

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

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

Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST

345 Harry Walker Parkway, South Newmarket, ON L3Y 8P6
Fax: 1-905-953-7747

CLASS ACTION/ COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

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

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www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

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

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** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) 7070 Shorncliffe Rd, Contact Tom, 250-949-0432 tom.fenton@avi.org. Education, harm reduction, support, drop-in kitchen.

♦ **Victoria** 1601 Blanshard St., 250-384-2366 info@avi.org Harm Reduction.

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 250-748-3432 r-lattig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

♦ **Victoria:** Drop-in/Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 250-595-3892

♦ **Fraser Valley:** Support/info 604-597-3881

Kamloops AIDS Society of Kamloops (ASK) Living Well HIV/HEPC Peer Support Group, each Thurs. 11-2 PM, 433 Tranquille Rd. Office 250-376-7558 Support/ Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144, ljmor-tell@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

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 www.ankors.bc.ca/

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

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

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

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) (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 Lucy 1-866-877-0042

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 Sassafrafs Cafe, Jim Pattison Pavilion, South.

4th Wed. monthly, St Paul's Hospital, meeting room across from gift shop.

Drop-in sessions at Blenz have been suspended. Contact Gordon 778-898-7211, ohmygodyes@canada.com if you want to talk or meet for coffee.

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact 250-542-3092, hecsc@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

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contact Sandi smking@rogers.com <http://creativeintensity.com/smking/>

Hamilton Hepatitis C Support Group Contact Maciej Kowalksi, Health Promoter, Hamilton Urban Core Community Health Centre, 905-522-3233 mkowalski@hucchc.com

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman: (519) 967-0490 or hepcnetwork@gmail.com. <http://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, dminielly@publichealthgreybruce.on.ca www.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 1st Tues. monthly. Contact Ernie (705) 522-5156, hepc.support@persona.ca or Monique (Hep C nurse) 705-691-4507.

Toronto CLF First Mon. monthly through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjaki@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 hepc-regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-regina/>

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

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 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

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