

hepc .bulletin

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

MEET DOREEN



Hi. My name is Doreen Stalker, and I am a peer support person for hepatitis C sufferers. I was born in New Westminster, BC, and I moved to Smithers in 1946. My husband and I had 3 children. While in Smithers, I taught kindergarten for 18 years. I volunteer at New to You and Positive Living North West. In 2003 I was given the Volunteer of the Year Award which was presented by the Smithers Chamber of Commerce.

I had open heart surgery in 1984. It was not until 1997 that I found out that I had Hep C from tainted blood given to me during my surgery. At that time I did not know anything about hepatitis C. I felt alone and isolated because of the stigma surrounding the disease. I started conversations with people all over BC and soon had an abundance of information that I gave to anyone who wanted

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NEWS

POT SMOKERS: BEWARE!

Timothy Garon, a 56-year-old former lead singer for Nearly Dan, shared needles as a teen. While suffering from liver failure due to hepatitis C, he was given 10 days to live, and told only a liver transplant could save him, but he could not get on the transplant list. He had been taking prescribed marijuana to calm his nausea, improve his appetite, and relieve pain. The prescribing doctor didn't know the prescription would affect his patient's eligibility for a transplant. Garon was arrested for growing the drug last December.

A physician from the Medical University of South Carolina, explained, "[Marijuana is] a concern ... in that it's a potential indicator of an addictive personality." In the US, it's up to each hospital to decide, according to The United Network for Organ Sharing (UNOS). Sometimes transplants are refused even for those from states which permit medicinal marijuana. Some require candidates to abstain for 6 months before they can apply, as in Garon's case. Another hospital in Seattle required a 60-day enrolment in a drug treatment program.

"Many doctors agree that using marijuana—smoking it, especially—is out of the question post-transplant. The drugs patients take to help their bodies accept a new organ increase the risk of aspergillosis, a frequently fatal infection caused by a common mould found in marijuana and tobacco."

"I'm not angry, I'm not mad, I'm just confused," he said upon receiving the news late last month (April). A week later, Timothy Garon died.

The UW Medical Center released a statement saying: "Although medical marijuana may be an issue in rare cases, it is never the sole determinant in arriving at medical decisions about candidates for organ transplants, and whether a patient is listed. Patients with a reasonable chance of survival and a good outcome, given a variety of factors, are listed." They explained that there are not enough organs for the 98,000 on the waiting list. There are tough standards regarding other such things as health problems, probable compliance with the anti-rejection medications, family support and drug abuse.

Source: <http://seattletimes.nwsources.com/4/26/08>

TRANSPLANT DENIED

58-year-old Adolfo Flores was diagnosed with liver cancer in 1999, a result of hepatitis C from a transfusion he received during a routine surgery in 1973. Ontario refused him a transplant. What would you do? Mr. Flores decided to spend \$450,000.00 to go to Cromwell Hospital in London, England, to obtain the transplant that Ontario refused him. When he tried to get the procedure paid for by the Ontario Health Insurance Plan, his claim was denied. He lost a legal battle where he was told his rights were not violated when his claim was denied. It was decided that it was the doctors, not the government, who denied him treatment. The doctors said that the risks involved, since his cancer was advanced, were too great. Live donor transplants weren't being done back then, and it wasn't deemed a reasonable risk for the donor. The reimbursement for the procedure in England was denied because it involved chemoembolization, which was experimental in Ontario at the time.

Mr. Flores's brother donated part of his liver in February 2000. The patient is now cancer and hepatitis-C free. "People need to advocate for themselves, and they shouldn't be afraid to look for solutions," he said.

Source: www.thestar.com/article/296101
Jan 21, 2008

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

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

SUBMISSIONS: The deadline for any
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jking2005@shaw.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
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Newsletter Ads: Maximum 4 per issue, if space
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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages
letters to the editor. When writing to us,
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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 Fran-
ciscus; and all of HepCBC's pamphlets.
The Resource CD costs \$10, including
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your health practitioner before considering any therapy or therapy
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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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and individuals for their generosity: The late
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helped us: Top Shelf Bookkeeping, Thrifty
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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,
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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
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Got Hep C? Single? Visit:

[http://forums.delphiforums.com/
HepCingles/](http://forums.delphiforums.com/HepCingles/)

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CHAT: [http://forums.delphiforums.com/
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TIP OF THE MONTH:

**MAKE SURE YOUR DENTIST
PUTS BAGGIES ON THE LAMP
HANDLES. DON'T SPREAD
HEP C!**

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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



BE PART OF THE TEAM!

We need people to **summarize arti-
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librarian and 2 people to help with our
website. Please contact us at 250-595-3892
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the
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IDEAL: FINAL RESULTS

IDEAL, the first large study comparing the two standard treatments, provides important data that may help guide physicians treating hepatitis C. 3070 naïve genotype 1 patients were treated with one of three regimens: (1) Peg-IFN 2b 1.5 mcg/kg/week + RBV 800-1400 mg/day; (2) Peg-IFN 2b 1.0 mcg/kg/week + RBV 800-1400 mg/day; or (3) Peg-IFN 2a 180 mcg/week + RBV 1000-1200 mg/day. The study used the FDA approved dosing of Peg-IFN 2a plus RBV combo therapy. Dosing of Peg-IFN 2b + RBV included an investigational combination dose of 1.0 mcg/kg/week in the lower-dose arm. Patient demographics across all three arms were similar.

- SVR was 40%, 38% and 41%, for arms 1, 2 and 3, respectively, and among patients who were given equivalent doses of ribavirin based on their weight group: 40%, 38% and 38%, respectively.
- Relapse after the end of treatment was 24%, 20% and 32%, respectively.
- Safety and tolerability were similar.
- Predictability of response at early treatment milestones was confirmed, providing an important assessment tool for physicians. More patients in the Peg-IFN 2b combination arms who had undetectable virus in plasma at treatment week 4 or treatment week 12 went on to achieve SVR than patients in the Peg-IFN 2a combination arm (92 vs. 87 vs. 80%, and 81 vs. 83 vs. 74 %, respectively).
- Ribavirin dose: Patients in the Peg-IFN 2a arm overall received a higher median ribavirin dose, including patients who experienced a dose reduction or discontinuation. Peg-IFN 2b patients experienced significantly lower relapse rates after the end of treatment than Peg-IFN 2a patients.

LOCTERON

Biolex presented results from their Phase 2a trial of Locteron, a drug designed to have fewer side effects compared to standard Hep C therapy and to Albuferon, by using a controlled-release mechanism. The clinical trial lasted 12 weeks, and studied 32 naïve, genotype 1 patients. 100% of the patients in the highest dose groups (640 and 480 µg) achieved EVR (early virologic response, in this case, a 2-log reduction in viral load). Most side effects were mild. ALT was reduced.

R7128

Pharmasset announced the results of their Phase 1 trial of R7128 combined with standard therapy (Roche products) in 50 naïve, genotype 1 patients who were treated for 4 weeks. 85% of the patients receiving the 1500mg dose of R7128 twice a day achieved

an undetectable viral level at the end of treatment. The arm of the trial with placebo rather than R7128 had only 10% of the patients achieve undetectable status.

The company will be starting up two more groups of patients in their new arms of Phase 1 trial. The 3rd arm will study 1000mg twice daily in naïve genotype 1 patients, and the 4th arm will use 1500mg twice daily combined with standard therapy in genotype 2 and 3 non-responders.

R7128, a polymerase inhibitor, is a pro-drug of PSI-6130. There was no evidence of the development of viral resistance in any dose cohort after 14 days of dosing.”

TELAPREVIR (VX-950)

This protease inhibitor is being developed by Tibotec and Vertex. Early results of a clinical trial of telaprevir show viral eradication in over 80% of the 60 non-responders. Dosing was three times a day, together with standard therapy. The response has been maintained in those who have continued to 8 and 12 weeks. There were 9 drop outs, including 5 who didn't respond and 2 who had viral breakthrough. This trial was designed to give access to the drug to patients who took part in the Phase 2b trial but were put in the arm without the telaprevir and didn't respond or relapsed.

Viral breakthrough has not been seen to date in the 36 patients who finished 4 weeks of treatment and continued to 8 weeks, nor in the 16 patients who have continued to 12 weeks of treatment. Usually only 10% to 15% of those re-treated with current therapies achieve SVR.

BOCEPREVIR

In this Phase II study of 595 naïve, genotype 1 patients, boceprevir (800 mg 3x/day), a protease inhibitor, is being evaluated in 3 treatment regimens:

- 1) 4 weeks of Peg-IFN+RBV followed by adding boceprevir totalling 28 or 48 weeks.
- 2) All three drugs combined, for 28 or 48 weeks (triple combination).
- 3) Boceprevir with Peg-IFN and low-dose RBV for 48 weeks, compared to a control of standard treatment.

16% of the subjects are African-Americans and 7% are cirrhotic, some of the most difficult patients to treat. The trial has a 28-week and a 48-week treatment length.

These are interim results. In arm 1 (above) the SVR (sustained viral response) at 12 weeks after the end of treatment was 57%. Those with a negative viral load at 4 weeks of treatment had an SVR rate of 86% at 12 weeks. In arm 2, the SVR rates were 55%,

and in early responders, 74%. Treatment was stopped due to adverse events in 11% and 15% of those in the boceprevir arms, compared to 8% of those in the control arm.

The strategy is to reach an optimum concentration of interferon and ribavirin to prime the immune system, and then add boceprevir, potentially minimizing the chance of developing resistance. Final results from the study are anticipated to be available in early 2009.

DEBIO 025

Debiopharm presented results of a phase IIa study with Debio 025, a selective cyclophilin inhibitor. Data shows that Debio 025 works better when used with Peg-IFN alpha-2a in treatment-naïve patients.

This study enrolled 90 naïve patients and randomized them into 3 treatment groups, giving them different dose regimens of Debio 025 combined with alpha-2a Peg-IFN 180 µg/week during 29 days, (1) Peg-IFN with placebo; Peg-IFN with Debio 025 200 mg/day, (2) Peg-IFN with Debio 025 600 mg/day; Peg-IFN with Debio 025 1000 mg/day, and (3) Debio 025 1000 mg/day. At day 29, results in Genotypes 1 and 4:

- Arm 1 (Peg-IFN alone) had a 2.49 log viral reduction, with 25% of subjects undetectable at 29 days.
- Arm 2 (Peg-IFN + Debio 600mg.) had a 4.6 log₁₀ reduction.
- Arm 2 (Peg-IFN + Debio 1000mg) produced a 4.8 log₁₀ reduction, with 66% undetectable at 29 days.
- Arm 3 (Debio alone 1000mg) had a 2.20 log₁₀ reduction, with 25% undetectable at 29 days.

R1626

A Phase IIa clinical trial of Roche's polymerase inhibitor R1626 which treated 104 naïve genotype 1 patients for 4 weeks followed by 44 weeks of standard treatment (Peg-IFN + ribavirin), led to 84% of genotype 1 patients achieving undetectable viral loads in those receiving the 1,500 mg dose twice daily, compared to 65% with standard treatment alone. The drug has shown no development of resistance. SVR rates are not yet available. A IIb trial began in November and is fully enrolled with about 500 patients.

COLCHICINE VS LOW-DOSE Peg-IFN

A large, four-year study (COPILOT or Colchicine versus Peg-Intron Long-Term), with low-dose (0.5 mcg/kg/wk) peg-IFN alfa-2b has been shown to stop progression of liver damage. The trial studied 555 non-responders with advanced fibrosis. This

(Continued on page 4)

I wrote last month about the volatility in the market place and the poor returns offered by term deposits. This month I thought that it would be valuable to understand the investment term "fixed income", why it is a good option for a conservative investor, and how we can benefit from this strategy given the current investment markets.

"Fixed income" refers to a segment of the investment market that generally pays us interest and is set for a specific period of time, with a maturity date, much like a term deposit. One of the most common forms of a fixed income investment is a bond. A bond investment is a situation where you, as the investor, are offering your funds to a borrower, usually a corporation or some level of government, in exchange for the repayment of these funds over a period of time along with a preset amount of interest.

The rate of interest offered for the duration of the bond will vary depending upon the size and the financial stability of the borrower. The smaller and less financially sound the company, the higher the return. The return is higher to offset the fact that there is some risk and the possibility of non-payment. A large company with greater financial stability will usually offer a lower rate of return as there is less risk and less likelihood of default.

The benefit of holding fixed income investments is that traditionally there is limited change in the value, which means for the conservative investor, the large swings and fluctuations that we are currently experiencing in the market will have limited effect on the portfolio. This is not to say that bonds are immune to the effects in the marketplace, but they do reduce our chance of loss. These are the two main concerns most clients have. They want income generation with limited risk. A fixed income portfolio will satisfy both of these investment needs.

One last point: Bonds will grow in value when interest rates decline. Let's be clear on this point. The amount of income you receive stays constant for the term of the bond, but as interest rates fall, bonds become more attractive and their values rise. Given that we are in a falling interest rate market, a bond could add growth to the portfolio balance.

Don't let the market scare you; this is a time when there are investment opportunities that will allow you to meet your needs

vs. wants. Just make sure you are not doing it alone. Speak with me or your financial planner.

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

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When a patient is prescribed Pegatron for their Hep C treatment, they will use the Pegatron Redipen to inject their once-a-week dose of pegylated interferon. (Patients will also take their regular daily dose of ribavirin capsules with food). The Redipen is a specially engineered medical delivery system that does not appear or feel like a syringe! It is also specifically designed to give patients control over their Hep C treatment by being user friendly and by allowing them to give an accurate dose of pegylated interferon each week. The injection is given just under the skin, usually in the abdomen or outer thigh area. The needle-tip on the Redipen is so fine that it doesn't feel painful as needles can sometimes be.

Teaching of the Pegatron Redipen is usually given by a hepatitis support nurse, doctor, or pharmacist. There are 4 easy steps that will be taught with a Redipen: Mix, Attach, Dial, and Deliver. You could also think of it as getting M.A.D.D. at your Hep C!

The first step is to "Mix" the powder with the sterile water. This is done automatically by the Redipen. The needle-tip is then "Attached" by being screwed onto the tip of the Redipen, just like you would screw a cap onto a tube of toothpaste. You then "Dial" the dose by gently pulling out the dial on the end opposite the needle and you turn the dial to volume you were instructed to inject. Finally, you "Deliver" or inject subcutaneously just under your skin.

Don't worry if this sounds complicated. It's not once you have done it a few times. The nurses have lots of practice demonstration pens that you can use to make you feel comfortable and ready for the real thing! If you ever need help with using your Pegatron Redipen, you can talk to your nurse, doctor or pharmacist, or you can also call the PegCARE toll free number 1-866-872-5773 which is available 24 hrs a day! Help is always available if you need it.

So get M.A.D.D. at your Hep C - and get rid of it!

(EASL—Continued from page 3)

method was more effective than treatment with colchicine for patients with cirrhosis and portal hypertension who stayed on the treatment. Colchicine is an anti-inflammatory and antifibrotic drug. Patients without these conditions did not benefit from Peg-IFN over colchicine, however.

NITAZOXANIDE

Nitazoxanide is already approved for the treatment of diarrhoea caused by Cryptosporidium and Giardia in children. Nitazoxanide is administered orally. 120 genotype 4 patients were randomised to 1 of 3 treatment arms. (1) standard treatment arm: 48 weeks. (2) nitazoxanide for 12 weeks followed by nitazoxanide plus Peg-IFN alfa-2a for 36 weeks. (3) nitazoxanide for 12 weeks followed by nitazoxanide combined with Peg-IFN alfa-2a plus RBV for 36 weeks (triple therapy). All but 12 were treatment-naïve. Among the naïve patients, SVR was as follows: Arm 1 50%; Arm 2 61%; Arm 3 79% The rapid viral response (RVR) was 38% in arm 1, and 64% in arm 3.

Source: hcvadvocate.org

WORLD HEPATITIS DAY IN BRITISH COLUMBIA



Thanks to the tireless labour of Kelly O'Dell and members of the Canadian Liver Foundation, the generosity of Rossini's Restaurant and the talent of the musical group DAYJOB, the first annual celebration of World Hepatitis Day was a big success in Vancouver.

HepCBC



HepCBC proudly took part in World Hepatitis Day 2008 in Victoria, by entering a float in the Victoria Day Parade.

LAIR CENTRE ANNOUNCES FIBROSCAN

The Liver and Intestinal Research Centre has leapt forward again with the addition of FibroScan technology in its Vancouver Clinic. The FibroScan technique is used to quantify hepatic fibrosis in a non-invasive and painless manner. The FibroScan indicates the stiffness of the liver and thereby determines the degree of fibrosis. Fibrosis information assists physicians in the diagnosis and management of patients with liver ailments. The FibroScan form of testing may be particularly useful in populations where biopsies are difficult or impossible, such as with hemophiliacs and transplant recipients.

The LAIR Centre has six staff trained on the FibroScan device, which looks like a normal sized computer terminal with a non-invasive hand-held probe. The FibroScan uses ultrasound and audible vibrations that produce waves that travel through the skin and provide velocity readings. Initially, as part of a research study comparing the FibroScan and liver biopsies, the LAIR Centre is part of a very select group of hospitals and universities in Canada to own one of the machines. In Europe the device is in more common usage.

The LAIR Centre is excited to be at the forefront of technology and treatment innovation and takes pride in consistently offering patients the most up to date medical care.

LAIR Centre

HepCBC

ANNUAL GENERAL MEETING

**Wednesday, Sep 10, 2008
6:30 PM**

**Woodward Room
Begbie Bldg
Royal Jubilee Hospital
Victoria, BC**

INFO: 250-595-3892 info@hepcbc.ca

AGENDA:

1. Approve minutes of AGM 2006
2. Set number of directors,
3. Election of those directors

AGM to be followed by a speaker (TBA) and refreshments.

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-pay they might have, whether through their provincial coverage (i.e.: Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimbursement. The income maximum is \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 1-866-872-5773

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 10th segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Some days can start out with great intentions of getting lots done and yet at the end of the day there is nothing checked off the “to do” list. It seems worse when the time becomes filled with “stuff” that just doesn’t matter.

Procrastination is a great tool for not getting things done. There are many excuses: “I’m too tired, I will do it later, I’m just taking a peak at the TV, only one more chapter, just a short rest, etc.” Unfortunately those few minutes expand and before you know it the day is over.

A multitude of distractions can pull you onto an obscure path. The Internet is a great place where quickly checking e-mails leads to glancing at a web site, which turns into drilling down then exploring links and hours later..... Sound familiar?

Finding a balance of rest and action in life is important. However, if you are spending too much time avoiding then it is important to look at the core reasons of why the Sabotage Sniper is attacking and you are not reaching the goals you set out.

Tapping with EFT is a great way to shift from procrastination into motivation. By tapping on the underlying reasons of avoidance it clears the path to getting what you want done. The negative emotions can be released opening up the space for positive emotions and energetic actions to take their place.

It may be that there is too much to do and the overwhelm leads to a frozen feeling which results in doing nothing. Tapping on the feelings and then breaking large tasks and projects into baby steps can help.

On the other hand, tapping may open up to a realization that a guilt free break from stress is needed. For most of Western society, where production and accomplishment is praised, time is rarely taken to truly rest and heal. Overwork and burn out may be showing up as apathy and avoidance. For those who are going flat out all the time, true rest may be what is required rather than trying to gear up to do even more. This is especially important when dealing with symptoms from hepatitis C.

Each person processes things differently. EFT tapping helps to bring clarity to determine what the issues are and what you really need. Once clear, you can then tap for taking

motivational steps. For some it may mean tapping to clear out the sluggish feeling that is blocking movement to get things done. For others it may be tapping to allow and give permission to take a restful and healing afternoon nap or a walk.

Here is what an EFT tapping session on shifting motivation 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) then the tapping phrase sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm) 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 no motivation to do anything, I deeply and profoundly love and accept myself.”

Tapping a phrase on each point:

I am just so tired; I don’t have any energy to do anything; I can’t get motivated; this sluggish feeling; nothing is getting done; I have so much to do; all these mindless distractions,; I keep procrastinating; this hepatitis C is slowing me down.

Karate Chop Set-up:

“Even though I am feeling overwhelmed and can’t seem to get anything done, I deeply and completely love and accept myself anyway.”

Tapping a phrase on each point:

I don’t have any energy; I am so busy at doing nothing; it’s just not working; I’m so tired; I’m always procrastinating; I don’t have any balance in my life; I’m wasting so much time; this overwhelming feeling; I don’t know what guilt-free rest would be like.

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 all this guilt; It feels so good to let this peaceful feeling in; I love the feeling of harmony inside of me; I release all these overwhelmed feelings,; I choose to feel calm and balanced; I release this feeling of apathy; I allow bliss to flood my body; I am

filled with joy and enthusiasm; I am so grateful for this loving feeling.

We all need to have a healthy balance of physical action and soulful rest. Being overwhelmed with options or dealing with stress and being overworked can lead to apathy, lack of energy and procrastination. EFT tapping can bring clarity of what the true underlying needs are. You can then tap on the emotions that come up which allows the shift into action or rest. EFT helps you to become motivated to make healthy choices to take the right steps to restore your natural balance.

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.



Dear HepCBC Volunteer:

Please cancel my subscription to the Bull as I am a Pegasys success story. I was declared HCV-free in July of 2006 (6 months after completion of treatment) despite being genotype 1, with nearly 40 years since I contracted the disease, and with only 30 % of my liver left before I began treatment, etc.

At any rate, though the information I receive in the Bull is interesting, it is no longer very useful to me personally. Thanks for the years of helpful info, but I think the money would be more helpful to someone else.

Thanks again,

J.



(DOREEN—Continued from page 1)
it.

In 2000 we were invited to a meeting by Health Canada (held in Prince George). In 2001 we received our funding and Positive Living North West Society became a reality. Debbie Schmitz became Executive Director and I started up the Positive Living Support Group as Peer Support Person. I felt committed to make sure that people with hepatitis C would receive the information and support that they needed.

In 2002, with the help of the health unit, we started up our own hepatitis C newsletter. Debbie and I travelled to a lot of the small communities, hoping to spark interest in starting up their own support groups. We travelled from the Queen Charlottes to Houston, spreading the word about hepatitis C.

In 2002, Positive Living, the Health Unit and Health Canada worked together to bring Dr. Anderson and his assistant, Natalie, up to Smithers, where they spoke to the doctors and presented two sessions open to the public. They travelled to the North West hospitals, as well. We have also had several speakers attend our support meetings. Debbie and I travelled to Prince George, Vancouver, Cowichan Valley, and Nanaimo to attend hepatitis C conferences. For the last 5 years I have set up a display in our mall, where we also handed out information on hepatitis C to the public. I set up displays at the post office and in other communities that we visited, as well. The support group has a lunch meeting the second Wednesday of each month. If there is any current information, it is given out at that meeting. I have also put together several information books where anyone can get information when needed. I put up signs advertising our meetings. There are more than 100 newsletters mailed or hand delivered as far away as the Queen Charlottes, to Vancouver, Victoria, Surrey, Terrace, Kitimat, Prince Rupert, Prince George, Castlegar, Powell River, Campbell River, Houston, Hazelton, Kispiox, Chase, and some I haven't mentioned. I am sure there are other efforts that I have overlooked, as well. (They call it "brain drain.")

I have made a commitment to make sure Hep C-infected people have information and support. I feel that one of the biggest challenges to overcome with hepatitis is the stigma in the communities due to lack of information.

I personally know how difficult it is to deal with hepatitis C, which can often remain undiagnosed for years. My husband and I gathered some information and visited friends to explain how it could affect them. They were very understanding.

Now I find that my heart and liver are as tired as I am. I can no longer keep up my volunteer work. I hope that in some way I have

helped my community and lived up to my commitment.

I have said in the past that I will keep doing what I normally do until I am too sick to do it, but I may be too old to do those things by then, anyway.

Lots of love,



DEAR EDITOR

I just finished reading my complimentary edition of the *hepc.bull*. What a wonderful paper, with some very touching, inspirational stories. I feel like someone has opened a door to a whole new field of knowledge on the subject of Hep C.

Since my diagnosis back in the early mid-nineties, the only info I've had is whatever I could pick up at the Kelowna Hospital Hep C Clinic. Whereas I live some 50 miles from there, it's too long of a drive to go to any of the meetings held between September and May, as the roads can be very bad. Actually I wasn't even aware they held them.

I suffer from genotype 1b and had a liver biopsy done in June 2007. The results showed the portal tracts to be infiltrated by lymphoplasma cells with piecemeal necrosis in most of the tracts. The special stain showed increased fibrous tissue in the portal tracts with occasional interlobular septae. The morphological findings were consistent with a moderate activity, grade 3/4 and periportal fibrosis stage 2/4.

I am going to be starting treatment within the next few months. Although I have been advised that genotype 1b is the least responsive, I feel it's still worth a try.

My doctors are a bit worried because I also suffer from angina, COPD, IBS and Graves disease. The side effects may be too hard on me, but I still tell them I'll be OK.

Unfortunately I do not have a computer, so I can't go on line to find anything out. That is why I'm so excited to come on board for membership and subscription. Now I will have this wonderful paper to keep me informed with news in the Hep C circuit. So please add my name to your list of members as well as readers. I look forward to my next issue. I will keep you updated on my progress.

Sincerely,
"Hopeful"

COMPENSATION

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Fax: 1-604-609-6688

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David Harvey
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Phone 416-362-1989; Fax 416-362-6204
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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. ljmorte@shaw.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Cindy 250-756-4771 midislandhepc@hotmail.com

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 Morrisette, 604-525-3790 before 9 PM. dmorrisette@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 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.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, suspended until further notice.

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 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, hesc@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 1st Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 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 icolangelo3@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 Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@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-c.regina@accesscomm.ca <http://nonprofits.accesscomm.ca/hepc-c.regina/>

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

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

Manitoba Hepatitis C Support Community Inc. Each Tues. 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Last Tues. monthly: Speaker Meeting. Everyone is welcome. Contact Kirk: 204-772-8925 info@mbhepc.org www.mbhepc.org

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

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca by the 15th of the month.

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