



hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

GETTING HEALTH CARE YOU NEED

Here are some tips from the book *Navigating Canada's Health Care*, for when your medical needs are urgent:

1. Find out where to go for quick or better care, even if you have to go to a different hospital.
2. Ask if there is a faster way to get treated.
3. Search the Internet for care centres with fast service. News stories often feature them.
4. When you are sent to a specialist, get a copy of the referral. Check back at your GP's office to see if the referral went out. Check with the specialist's office to see if they received it, or take it to the specialist's office and chat with the nurse. See if you can get an earlier appointment, or get on a cancellation list. Tell them if you can come in early or late or on short notice. Make friends with the person who does the booking. Keep copies of your tests. Take copies to the specialist. Things can go missing.
5. Choose smaller hospitals for less important surgery, but large hospitals for complex surgery.
6. Knowing the acceptable waiting times for your procedure may give you leverage.
7. Find an ally among your friends or family to be your advocate.
8. Know why you want quicker care and how it helps you and society. People with jobs often get faster care. Your employer can be a good advocate. So can your health insurers and your family doctor.
9. Consider options to going to the doctor or emergency room. A pharmacist or a nurse call line may be able to help. A walk-in clinic may be quicker than the ER, if it's nothing serious, but err on the side of caution.
10. Offer to help to speed things up. Pick up things like X-rays and convey them to the doctor who needs them. If possible, store them yourself afterwards.
11. Get your blood tests done while you're waiting for an ultrasound. Look for ways to

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NEWS

GIRL "ADOPTS" DONOR'S IMMUNE SYSTEM

A 15-year-old Australian girl has made medical history. Demi-Lee Brennan had a liver transplant due to liver failure, and nine months after the transplant, her blood type changed to the donor's type. The stem cells from the donor's liver entered her bone marrow. Her immune system was also replaced by the donor's, so she no longer needs anti-rejection drugs, which can have many side effects and damage the new liver.

The doctors are trying to see how this happened, in hopes of replicating the process, but there may be many different issues, such as the kind of liver failure, some of the drugs and the presence of cytomegalovirus (which can suppress the immune system.)

There have been other patients who have been able to slowly stop the anti-rejection drugs without changing their whole immune system, but finding out who can do this can be dangerous.

Source : www.cbc.ca/health/story/2008/01/24/immune.html January 24, 2008

16-WEEK TREATMENT

Roche announced that a short, 16-week course of their Pegasys plus Copegus has been approved in Europe for some genotype 2 or 3 patients with low baseline viral load counts who show clearance of the virus

within the first 4 weeks of treatment. Their recent studies have shown that most patients with these characteristics will have the same benefit from the drugs as taking them for the previously recommended 24 weeks, and they will avoid unnecessary exposure to them. "The cure rates for 16 and 24 weeks of treatment were essentially identical (89% vs. 94%)."

This new concept, called "response-guided therapy", is based on how patients respond. This is possible, according to Roche, because of their new, more accurate product for testing HCV levels, called the automated COBAS AmpliPrep/COBAS TaqMan HCV, already being used in many countries, and awaiting approval in the US.

The company also announced the commencement of its clinical trial called NCORE, which will decide on the best treatment for genotype 2 and 3 patients who do not have viral clearance in the first four weeks of treatment. They will test close to 400 patients to see if extending their treatment to 48 weeks will help their response rates.

Source: http://www.hivandhepatitis.com/hep_c/news/2008/070408_b.html June 26 2008

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SPECIAL THANKS

HepCBC would like to thank the Shopper's Drug Marts of Greater Victoria, McGill & Orme Rexall Pharmacies, Sukhi Lalli Pharmacist, Dr. David Pearson, Fairfield Pharmacy, Victoria Country Grocer, and the Burnside Gorge Community Center for participating in our May Awareness Ribbon and Fundraising Campaign. We also thank the Thrifty Foods stores of Greater Victoria for hosting a HepCBC fundraising campaign during the month of July. We appreciate your support.

SUBSCRIPTION/ORDER FORM

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

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

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Address: _____

City: _____ Prov. ____ PC _____

Home(____) _____ Work(____) _____

Email: _____

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(Doesn't include the *hepc.bull*)

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

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

Resource CD..... \$10.00

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

TOTAL: _____

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

"I want to volunteer. Please contact me."

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

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

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

SUBMISSIONS: The deadline for any contributions to the *hepc.bull*® is the 15th of each month. Please contact the editors at 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 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.

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

REPRINTS

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

DIAL-A-DIETITIAN

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

www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

THANKS!!

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Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Margison Bros. Printers, The Four Mile Restaurant, Roche Canada (for special support with our newsletter and phone line), Pacific Coast Net, Royal Bank, Schering Canada, Victoria Bridge Centre, the Victoria Conservatory, and the Victoria Symphony. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

CUPID'S CORNER



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

To place an ad, write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send a cheque payable to HepCBC, and mail to HepCBC, Attn. Joan, #306-620 View Street, Victoria, BC V8W 1J6, (250) 595-3892. Give us your name, tel. number, and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of \$2, if you can afford it. Mail to the address above.

Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.

Got Hep C? Single? Visit:

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

<http://groups.yahoo.com/group/PS-Hep/HepCingles2>

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

www.hcvanonymous.com/singles.html

www.hepc-match.com/

www.hepcinglesonline.com/

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

TIP OF THE MONTH:

Consider buying anti-HCV wipes for your household, to use for blood spills. Read the instructions. One swipe per surface!



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

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

GL60667

Since 2006, Genelabs and Novartis began to collaborate to find non-nucleoside HCV NS5b polymerase inhibitors. Genelabs does the research and Novartis takes care of the development and commercialization. The research was completed on June 2, 2008. They are monitoring the progress.

On June 6, 2008 a presentation was made at the 3rd International Workshop on Hepatitis C, Resistance and New Compounds in Boston, on their polymerase inhibitor called GL60667 (NVP-LDI133), one of the several candidates discovered by Genelabs. The *in vitro* trial lasted 20 days and resulted in a 4-5 log viral reduction.

"The data presented today from both Genelabs and Novartis scientists demonstrate potent antiviral activity for site 1 non-nucleoside HCV polymerase inhibitors alone or in combination with other HCV agents and a favorable resistance profile." "This data clearly support the further investigation of site 1 NNI inhibitors for the future treatment of HCV infection."

Source: www.streetinsider.com
More info: http://findarticles.com/p/articles/mi_m0EIN/is_2008_June_6/ai_n25488843

ANA598

Anadys Pharmaceuticals has begun a Phase I clinical trial of ANA598, an oral non-nucleoside polymerase inhibitor for the treatment of HCV, designed to inhibit the virus in genotypes 1a and 1b. It has proven to be highly potent in cell cultures.

The trial will study the safety, tolerability, and effectiveness against the virus by giving ANA598 to about 40 healthy subjects in single doses, each one stronger. If the trial is successful, a Phase Ib will be done in HCV+ patients in late 2008. The company plans to combine it with several anti-HCV agents in future studies.

Source: www.therapeuticsdaily.com/news/article.cfm?content=Value=1790693&contentType=sentryarticle&channelID=31 3 June 2008

SPC3649

Santaris Pharma, Denmark, has begun a Phase I trial of SPC3649 (LNA-anti-miRTM-122), the world's first microRNA drug to be tested in humans. The subjects are 48 healthy males, all volunteers. The first of six groups has completed the trial well. Each patient receives one 2-hour IV infusion with the drug

or a placebo. The doses will escalate. Volunteers will be followed for 3 months. Phase II trials are planned.

SPC3649 is designed to attack microRNA -122, which is RNA expressed by the liver. This RNA helps HCV replicate in liver cells. The substance has been used successfully in primates.

Source: www.natap.org/2008/HCV/052908_01.htm

VCH-916

VCH-916, a non-nucleoside polymerase inhibitor, was found to be safe and well tolerated in doses up to 600 mg per single oral dose in healthy volunteers. The drug's efficacy was slightly affected by high-fat food, but it should achieve the concentrations needed for anti-viral activity. The results support a further multiple-dose, 14-day study in naïve HCV+ genotype 1 subjects.

Source: www.natap.org/2008/EASL/EASL_55.htm April 23-27, 2008

ABT-333

Abbott's ABT-333, the company's first HCV drug, will be tested in a phase I study in both healthy and infected subjects. The drug is a polymerase inhibitor. The company has other HCV candidates in preclinical development, as well.

Source: [HCV Advocate Email Alert Jun 17, 2008 and natap.org](http://www.hcvadvocate.org)



(HEALTH CARE—Continued from page 1)

- save time.
- 12. Network. Find allies who will introduce you to their doctors. Keep a list of people who can help you in a health crisis.
- 13. Look for alternatives. By losing weight, you may avoid knee surgery, for example.
- 14. Keep a list of your allergies and your medications, along with the doses. Make sure your GP knows of medications prescribed by specialists. Go to only one pharmacy. It may be worthwhile to take all your meds and herbs to your pharmacist to have him check for interactions, etc.

Source: *Decter, Michael and Grosso, Francesca, Navigating Canada's Health Care, 2006, Penguin Canada*

MORE ON THE HEP C OUTBREAK IN NEVADA

In Southern Nevada unsafe injection practices may have caused 6 people to be infected with Hep C last February, and several medical centers were shut down. This sparked some surprise inspections of 50 centres.

Last April, Nevada's Lake Tahoe Surgery Center at Round Hill was ordered to stop caring for patients because of infection control deficiencies. 400 people have tested positive for HCV or HIV, and 84 of these cases have been linked to the Shadow Mountain Surgical Center, where Nevada state inspectors found more than 20 violations last March.

Among the unsafe practices, investigators saw the staff not cleaning their hands between patients. Some nurse anesthetists were observed not using gloves. Some nurses were pre-filling syringes with lidocaine, recapping them and storing them without labels or dates. Staff had to be instructed not to reuse detergent solution on several endoscopes. Investigators say some doctors ordered nurses to reuse syringes and single dose vials of propofol.

The facility wasn't shut down, but in May, when inspectors returned to see if their recommendations had been followed, they found 32 problems at the eye and foot surgery center, so surgery at the center has been banned.

"Deficiencies were identified in March; they submitted a plan of correction in April, and they just didn't bother doing anything about making those corrections," said a spokesman for the Department of Health.

Deficiencies included sterilization of equipment, lack of proof of immunization of staff against TB, and improper storage of drugs. Several of the surgical technicians had not received orientation about sterilization of instruments, nor did they know where the policy and procedure manual on sterilization was. 13 of the doctors' medical licenses had not been updated.

[Editor: At least there is an investigation.]

Sources: www.lvrj.com/news/19627409.html and www.lvrj.com/news/19039974.html

SHALL WE SWIPE?

Disinfectant wipes are becoming very popular, but doctors worry that they may be creating a serious problem, perhaps contributing to the spread of disease. Two recent studies give us two important messages:

1. Swipes must be used with only one swipe

(Continued on page 4)

The previous articles that I have submitted have focused on regular investments made outside of an RRSP account. Most of the discussion has revolved around strategies for individuals who are no longer working and require their compensation payments to create a monthly income to allow them to meet their day to day expenses and cash-flow needs.

What about investments that are designed specifically for retirement and are held in a Registered Retirement Savings Plan, RRSP? The term RRSP has been around for many years, and is simply a Revenue Canada endorsed savings plan that allows the account holder to make deposits into an account based upon the previous years income. This plan may not make sense for an individual who does not have any declared income, but for those who are still working, even on a part-time basis, this is a way to put investment dollars aside and let them grow without having to pay taxes on the growth until the funds are withdrawn. This type of plan differs from a Non-RRSP plan, where tax is payable each year on the growth realized. You may remember in previous articles I discussed the difference between interest, dividends and capital gain income. None of these have any effect on taxation within an RRSP, but do affect a Non-RRSP account.

Another benefit of a RRSP account is that, on top of the income being deferred until you withdraw the funds, the amount of the contribution you make is also deductible from your declared income, in effect reducing what you have earned over the course of a year and likely leading to a tax refund.

There are numerous benefits to holding a RRSP, but these two points are of importance, as they both lead to substantial tax savings, either by reducing income or else deferring income into the future.

Take a moment and look at your recent Revenue Canada Tax Assessment notice to see what your unused RRSP room is. It may surprise you to see how much it is. Take this information and meet with your financial advisor and see how you can utilize this opportunity with respect to your compensation payout.

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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(SHALL WE SWIPE—Continued from page 3)
per surface. Otherwise the bacteria can be spread to other surfaces. Hospital workers were cleaning many surfaces with only one swipe, and were contaminating everything it touched.

2. Used correctly, swipes reduce the spread of gastrointestinal viruses, but don't help against respiratory viruses. The use of hand sanitizers and swipes in elementary schools reduced missed school days due to stomach viruses.

Source: www.momsteam.com/node/1043

SANI-CLOTH®

Professional Disposables International, Inc., has produced a hospital-grade disinfectant called Sani-Cloth which is now available in the US. It is EPA-registered, and designed for hard, non-porous environmental surfaces found in health care settings.

The company claims it kills HCV HBV HIV, MRSA, Influenza, E. coli, TB, Herpes Simplex II, VRE, and Salmonella in 5 minutes. It is a 14.85% alcohol formula and is latex-free. For more information on this product, visit www.pdipi.com.

Source: http://findarticles.com/p/articles/mi_m1ANO/is_2_22/ai_n25019864 Feb, 2008

Everyone agrees that we need a national policy banning re-using single-use medical devices. Why isn't this practice illegal? How many more people have to be infected? As it is, hospitals can do what they wish. Some hospitals are reusing burrs and drill bits to drill through bones. They reuse membrane scrapers in eye surgeries, biopsy forceps, and breast pump kits, among other items.

The results of a recent survey of 398 hospitals showed 28% admitting to this practice. The authors of the survey suspect that the numbers are probably higher. The practice has not improved much since 1986, when 31% of hospitals reported reuse.

Why do they do it? Most of the guilty parties say that the devices can be reprocessed safely and that they are designated "single use" for economic reasons.

"If they can make it disposable, they can sell a hell of a lot more devices and it's actually a lot easier to bring it to market," explained the head of infection control for the University Health Network in Toronto. Besides, the company has to prove it is possible to reprocess the devices if they are for multiple use. Single-use devices, if really used only once, drive up health care costs and produce waste.

Health Canada representatives say that they don't regulate this practice, they don't have the authority to do so, and they have no plans to change, even though infection control experts have asked for this to happen. Apparently the problem must be resolved at the provincial level.

Source: http://health.lifestyle.yahoo.ca/channel_health_news_details.asp?news_id=15432&news_channel_id=2046&channel_id=2046 May. 25, 2008

**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.

PIOGLITAZONE ANOTHER OPTION?

NASH (Non-Alcoholic Fatty Liver Disease), is related to obesity and type 2 diabetes. Diabetes can progress to NASH (non-alcoholic steatohepatitis), which can progress to cirrhosis, liver cancer, and liver failure. Pioglitazone—a diabetes drug—has undergone a study where it is used to treat fatty liver disease. It helps insulin resistance and improves control of blood sugar. Both are major contributors to developing NASH. The drug, also known as Actos, is FDA approved but only for diabetes; the usual recommendation for fatty liver disease is only weight loss. The connection between diabetes and fatty liver disease has only recently been noticed. The two share metabolic similarities. We now know most diabetics have fatty livers, but without elevated liver enzymes.

In a 6 month clinical trial with 55 overweight or obese humans with NASH (confirmed by biopsy) and either diabetes or glucose intolerance, all subjects lowered their calories and then were randomly given either pioglitazone or a placebo. MRI spectroscopy measured liver fat pre- and post-treatment. The results showed 54% reduction in liver fat vs. 0% in the placebo group. Also improved were insulin sensitivity, metabolism of glucose, triglycerides and liver inflammation. Unfortunately the treated subjects gained an average of 2 or 3 pounds. "As long as patients are careful with diet...added weight should be more than offset by the benefits of treatment."

Other treatments being investigated include other diabetes drugs, surgery for weight loss, vitamins, essential fatty acids, cinnamon and other herbs.

The drug combined with antivirals is being used in at least two clinical trials, one for patients with HCV/HIV and one for patients with HCV/insulin resistance.

In another trial with 5 HCV+ non-responders given standard treatment plus pioglitazone (The INSPIRED-HCV study), it was suggested that insulin resistance reduced treatment response, and that by improving the insulin sensitivity, treatment response might increase. None of the first 5 patients responded after 12 weeks, even though their insulin resistance score improved. There was no report on liver fat. According to the researchers, further studies are needed.

In yet another study, twenty-one patients with NASH were treated with pioglitazone (30 mg/day) for 48 weeks and underwent baseline and end-of-treatment evaluation including liver biopsy. Though good results were obtained, stopping pioglitazone was

associated with subsequent elevation of liver enzymes and an increase in hepatic fat. NASH returned. It works only as long as the medication is taken. (These were not Hep C patients.)

Even if pioglitazone isn't the answer, the investigation of this theory sounds interesting and the studies may prove fruitful in the future.

If you are considering taking pioglitazone, please note that it may rarely cause a heart problem or make it worse. It can sometimes cause lactic acidosis, which could prove fatal. This condition is more common in patients with liver or kidney disease, severe infections, recent surgery, low oxygen levels, poor circulation, alcohol abuse, recent heart attack or stroke, recent use of contrast dyes with iodine. It is more dangerous in those over 80 who haven't been tested for kidney and liver disease.

Sources: www.research.va.gov/news/features/fatty-liver.cfm
www.natap.org/2008/HCV/052708_10.htm
www.natap.org/2007/HCV/071607_04.htm

There are other drugs that are being investigated for hepatitis C that have also been already approved for other illness. It is hoped that they will prevent or get rid of fibrosis. You might want to investigate them. Here are some links:

Colchicine (an anti-inflammatory and anti-fibrotic drug)

www.hepatitis-central.com/mt/archives/2008/04/hepatitis_c_com_1.html

Nitazoxanide (already approved for the treatment of diarrhoea caused by Cryptosporidium and Giardia in children)

www.natap.org/2008/EASL/EASL_85.htm

Sulfasalazine www.hepcaustralia.com.au/index.php/news/treatment-news/31-treatment-news/659-sulfasalazines-potential-for-reversing-fibrosis

Ursodeoxycholic Acid (reported to lower liver enzymes.) www.hivandhepatitis.com/hep_c/news/2007/070607_a.html



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 11th segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Have you ever wanted to do something really important but come up against emotional roadblocks? Often it is a choice of either pushing through with sheer determination but wrapped in fear, or letting it go, pretending that it was not that important after all. EFT provides a third option of releasing the fears so that you can reach your goal with ease.

I was recently hiking in Lighthouse Park with my friend Toni. I wanted to show her a special spot that has a fabulous view. We soon came to the base of a big rock, which was our destination. It was only a quick scramble up the slightly inclined rock face, which meant about three rock-climbing type hand and foot holds and we would be on the top of the gently sloping dome-like summit. I turned to Toni and she had a worried look. "Want to tap?" She smiled.

We did EFT tapping on the emotions coming up - not being in control, fear of falling, disappointment of not having the flexibility/agility to maneuver up the rock, what if she hurt herself, etc. On a scale of 10, the anxiety went down from a 6 to a 3.

The tapping brought up a childhood memory of playing alone on the monkey bars and falling from the top rung, landing very hard and knocking the wind out of her. We tapped on the fears of that incident: being scared, abandonment, alone, no one to help, "what if" something really bad had happened, loss of control when falling, etc.

The anxiety was again reduced. To further test, I asked Toni to put her hands on the rock and visualize climbing up, and more was triggered which we tapped, until she felt calm enough to try going up. She still chose to maneuver up the rock in her own way, but was a lot more comfortable.

We did more tapping on the top, with her feelings of vulnerability in the wind, no handholds, letting go of control and choosing to feel safe and connected to nature. Toni said she could feel the shifts in her body with each round of tapping, and became quite calm. The issue was dealt with in the moment when the anxiety was triggered. We enjoyed the afternoon having our picnic lunch with an amazing view of the ocean.

EFT is a great way to shift from being stopped by the fear roadblocks to moving forward in life. This does not mean that fear is eliminated. When there is real danger you

want that to keep you safe. You don't walk to the edge of an unstable cliff and put your toes over the rim just to prove you have no fear. That is just silly. EFT reduces the "perceived fears" that are based on old beliefs that worked for you as a child but are no longer valid as an adult. EFT provides you with the opportunity to release or re-frame those old beliefs and choose new beliefs that are true for you now.

Here is what an EFT tapping session on stepping into the unknown 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 all these fears of moving forward in my life, I deeply and profoundly love and accept myself."

Tapping a phrase on each point:

I am so scared; I can't take that step forward; I didn't really want that goal; What if I fail?; What if I get hurt again?; It's too scary to even try; I have hepatitis C - I could never be successful; It's too big if a step; It's just not safe.

Karate Chop Set-up:

"Even though I am feeling frozen and it's just too scary to take that step, I deeply and completely love and accept myself anyway."

Tapping a phrase on each point:

I can't move; I'm feeling so stuck; What if I can take safe baby steps?; I can't do that; I am too frozen to move; I don't know how to take that step; I was doing the best that I could; It's the only way I knew how; I'm grown up - I made it!

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 fear; It feels so good to let this peaceful feeling in; I love all this joy inside of me; I release these stuck feelings; I choose to feel calm and balanced, I allow bliss to flood my body; It feels won-

derful to be free; I am filled with love and light; I am so grateful for this joyful feeling.

We all hit roadblocks in life. It can be seen as a barrier to stop you from reaching your goals or an opportunity to release, learn and grow. EFT is a fabulous tool to help move through the roadblocks and build a stronger path towards what you want in life. EFT tapping can bring to light the underlying, and often hidden, fears that keep you stuck. You then have the choice to release the old beliefs and replace them with beliefs that are now true for you. EFT helps you to step into the unknown with ease and grace.

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*



HCV, DIABETES & LIVER CANCER

Researchers in the Netherlands followed 541 HCV+ patients with an average age of 50 and advanced fibrosis or cirrhosis (Ishak score of 4 to 6). 85 of those patients had diabetes mellitus (DM). An average of 4 years later, 13% of those with diabetes and 5% without developed liver cancer (HCC). The researchers concluded that diabetes was associated with development of HCC. More DM is found among Hep C patients than the general population because liver disease impairs insulin secretion and induces hepatic insulin resistance. So patients with both diseases have two ways that HCC can develop: by the carcinogenic effect of the virus and by the metabolic pathway.

Source: <http://www.modernmedicine.com/modernmedicine/Endocrinology/Diabetes-Addsto-Risk-for-Liver-Cancer-in-Hepatitis/ArticleNewsFeed/Article/detail/522009?contextCategoryId=40141> June 5 2008

COMMUNITY NEEDED TO HELP RESEARCHERS TACKLE DEPRESSION IN CO-INFECTION

By Jennifer Chung

Depression is an all too common side effect for people undergoing HIV and hepatitis C virus (HCV) therapy. As a consequence, those affected often stop taking their medication or interrupt important cycles of dosing. But what if the prevention of depression could improve adherence to therapy? According to James Kreppner, who has been living with HIV and HCV for more than 20 years, a new study gives community members an opportunity to help researchers find the answer.

"Not only can this study shed light on how best to treat HIV/HCV therapy-related depression, but participants will have the advantage of receiving medical and psychiatric support on a regular basis for their treatment during the study," explains Kreppner.

Kreppner, a founding member of the Canadian HIV Trials Network's (CTN) Community Advisory Committee - which must give its stamp of approval in order for a study to go ahead - is referring to CTN 194. Led by Dr. Marina Klein of the Montreal Chest Institute, the study adds the antidepressant citalopram to the standard HIV/HCV therapy of pegylated interferon.

Because mental health is one of the main focuses of this study, participants will also receive psychiatric care support through telemedicine, where they will be able to communicate with a psychiatric nurse via videoconferrence.

Enrolment for this clinical trial is targeting people co-infected with HIV and HCV who are about to begin HCV treatment for the first time. Researchers are evaluating the use of citalopram before starting and during treatment for HCV.

"I think [that] it's important for people in the co-infected community to participate in this study for a couple of reasons. The study could be beneficial to you because it will help to establish whether an antidepressant should be used as a preventative measure before you start pegylated interferon/ribavirin, which we know causes depression in a lot of cases," says Kreppner. "Also, you will be helping your friends and colleagues because data from this study will help co-infected people get better treatment now and in the future."

Nearly 80 participants at sites across the country will be randomly assigned to receive either citalopram or a placebo in this double-blinded trial. After receiving citalopram or a placebo for three weeks, they will then receive Pegatron/Ribavirin for 24 to 48 weeks depending on their HCV genotype. The study

will compare adherence to HCV treatment and symptoms of depression between participants who receive citalopram and those who receive a placebo.

"If a co-infected person is going to seek HCV treatment, they're going to have to face the risk of depression in any case. So the only real question is: is it better to do it under a closely monitored study or is it better to do it on your own separately just as conventional treatment? I would strongly suggest that you're better off doing it under a strictly monitored study," says Kreppner.

To learn more about this study, visit www.hivnet.ubc.ca

ENROLLING CTN CO-INFECTION TRIALS

CTN 227

Hepatitis C therapeutic vaccine

Sites: Toronto Western Hospital (Toronto), St-Luc Hospital (Montreal)

CTN 222

Canadian Co-infection Cohort

Sites: Capital District Health Authority (Halifax), Southern Alberta HIV Clinic (Calgary), Notre-Dame Hospital (Montreal), Montreal Chest Institute/Royal Victoria Hospital (Montreal), Montreal General Hospital (Montreal), Clinique du Quartier Latin (Montreal), HAVEN Program (Sudbury), Toronto General Hospital (Toronto), Ottawa General Hospital (Ottawa), McMaster University (Hamilton), St. Paul's Hospital (Vancouver), Downtown Infectious Diseases Clinic (Vancouver)

CTN 194

Peg-Interferon and Citalopram in Co-infection (PICCO)

Sites: Montreal Chest Institute/Royal Victoria Hospital (Montreal), Notre-Dame Hospital (Montreal), Montreal General (Montreal), Centre hospitalier universitaire de Sherbrooke (Sherbrooke), Ottawa General Hospital (Ottawa), Toronto General Hospital (Toronto), McMaster University (Hamilton), St. Boniface General Hospital (Winnipeg), St. Paul's Hospital (Vancouver), Downtown Infectious Diseases Clinic (Vancouver)

To find out more about these and other trials, check out the Canadian HIV Trials Network database at www.hivnet.ubc.ca or call 1 800 661 4664.



COMPENSATION

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Bruce Lemer/Grant Kovacs Norell
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Fax: 1-604-609-6688

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1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

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

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

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

Other:

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

LOOKBACK/TRACEBACK

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

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

Canadian Blood Services, Vancouver, BC

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

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

Hema-Quebec Lookback/Traceback & Info Line:

1-888-666-4362

Manitoba Traceback: 1-866-357-0196

Canadian Blood Services, Ontario

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

Irene.dines@Blood.ca

RCMP Blood Probe Task Force TIPS Hotline

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

Mon-Fri 7 AM-10 PM EST

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

CLASS ACTION/ COMPENSATION

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

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

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

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

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

ADMINISTRATOR

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Administrator 1-877- 434-0944
www.hepc8690.com info@hepc8690.com
www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

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

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 Sarah 250-338-7400 sarah.sullivan@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-l-attig@shaw.ca

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

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

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

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

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

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

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM. Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact 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 Monissette, 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 NEW ADDRESS: 900 Helmcken St, 1st floor, 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 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 2nd & last Tues. monthly, 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 betty2@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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