

hepc . bull 1

Canada's Hepatitis C News Bulletin
www.hepcbc.ca

NEWS

RG7128

Roche, partnering with Pharmasset, has completed enrolment of 400 treatment-naïve genotype 1 and 4 subjects for a 12-week Phase 2b study (PROPEL) of RG7128, an oral polymerase inhibitor.

Roche has begun a 24-week clinical trial with RG7128 combined with standard treatment. This is a phase 2b, and enrolment is taking place in the US and Canada.

The company hopes to have another Phase 2b trial with that combination of drugs for genotypes 2 and 3 later this year. An earlier 28-day trial showed a 90% RVR (response at week 4) in previous non-responders with these genotypes.

Roche has cancelled its 28-day INFORM-2 study which would have used RG7128 with RG7227 (a protease inhibitor developed by InterMune), with and without standard treatment. Instead it will carry out studies of longer duration, which will include those combinations, boosting the RG7227 with ritonavir at a dosage to be determined from ongoing studies. INFORM-3 has consequently been delayed.

Source: www.medicalnewstoday.com/articles/179495.php Feb 17, 2010

SAFER SYRINGES

A study done at Yale School of Medicine shows that some syringes may be safer than others. Since infection through drug use is so common, this study, believed to be the first one to examine how long the virus can remain infectious in contaminated syringes, is very important. The researchers loaded HCV-infected blood into several syringes and pressed the plungers. The blood left over in the syringes was tested immediately, and again several times after being stored for as long as 9 weeks.

The researchers were able to find infectious HCV even at nine weeks in tuberculin syringes with detachable needles, but found much less infectious HCV in insulin syringes

with needles that were attached. Temperature of storage made no difference. They concluded that syringes with non-detachable needles are safer, and recommend that needle exchange programs make sure that those are the ones being offered in order to reduce transmission.

Source: <http://www.eatg.org/eatg/Global-HIV-News/Hepatitis/Certain-syringes-more-likely-to-spread-hepatitis-C-virus-among-drug-users> February 15, 2010

DIRTY SURGICAL TOOLS

Royal Inland Hospital has cancelled 250 elective surgeries this week. In fact, one surgery was stopped when orthopaedic surgeon Richard McLeod found bone pieces in a drill which had not been cleaned correctly. He said it had happened before, and that they have old equipment. He has previously found pieces of wood, not used in any implants, blood, and cement for implants. He stated, "This was the low point in my career. I was so embarrassed by this." Even though it is unlikely, unclean tools can transmit diseases like HIV and hepatitis. Since that incident, two other doctors reported finding dirty tools, as well. The administration had taken measures to remedy the situation, but apparently they have been ineffective. One of the doctors was quoted

(Continued on page 6)



DOREEN STALKER
1931-2010

Doreen Stalker passed away peacefully on January 28th, surrounded by the love of her family, just as she had surrounded them with her love through life.

She was born July 13, 1931 in New Westminister, BC, to Duncan and Florence Campbell, and married July 3, 1959 to Andrew Stalker in New Westminister, BC. Doreen and Andy moved to Smithers in July 1961.

Doreen was a teacher for 28 years, and taught at McBride Elementary School, New Westminister; Muheim Memorial Elementary School, Smithers and Walnut Park Elementary School, Smithers.

Doreen was involved with the Lion's Club and the Hospital Auxiliary. In 2002-2003 Doreen was awarded the Volunteer of the year Award from the Town of Smithers. She volunteered at New to You, collecting and restoring approximately 1000 stuffed toys for Christmas

(Continued on page 4)

INSIDE THIS ISSUE:

News / Doreen Stalker	1
Hep C on Facebook / Conference / Carly	3
Hep C & Children	4
Hep C & Me / Alpha-What? / Recipe	5
Prevention Tips / Did You Know?	6
Conferences / PegCARE / PegAssist	7
Compensation	7
Coming Up	8

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EDITOR: _____
PHONE: _____ (250) 595-3892
FAX: _____ (250) 595-3865
EMAIL: _____ info@hepcbc.ca
WEBSITE: _____ www.hepcbc.ca

HepCBC
306-620 View Street
Victoria BC V8W 1J6

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The *hepc.bull* welcomes and encourages
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FAQ version 8.3

Peppermint Patti's **FAQ Version 8.3** is
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HepCBC Resource CD

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the slide presentations developed by Alan
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phlets. The Resource CD costs \$10 includ-
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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.

THANKS!!

HepCBC thanks the following
institutions and individuals for their
generosity: The late John Crooks, A-
Channel News, The Ocean, JackFM,
Community Living Victoria, Provincial
Employees Community Services Fund, Dr.
C. D. Mazoff, Lorie FitzGerald, Michael
Yoder, Chris Foster, Judith Fry, Ernie, Bruce
Lemer, United Way, and the newsletter
team: Beverly A., Diana Ludgate, Alp, Judy
Klassen, and S. J.

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Walk, Colwood, Central Saanich, and
Sidney. Lower Mainland: Tsawwassen,
Coquitlam, Port Moody. Also: Salt Spring
and Mill Bay.



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
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payable to **HepCBC**, and mail to **HepCBC**,
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To respond to an ad: Place your written
response in a separate, sealed envelope with
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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.*

Hello Fellow Hep C'ers, **Ad 29**

I am a single white female, 5' 10", approx.
140 lbs, with long auburn hair. I am in my
mid 50's, living in Metro Vancouver. I
would like to meet a single man of the
same persuasion, to share conversations
with, perhaps over coffee. Please, only seri-
ous inquiries—not interested in a one night
fling. I would prefer our meeting to focus
on other mutual interests between us.
Sincerely, A.

Got Hep C? Single? Visit:

<http://groups.yahoo.com/group/HepCingles2>
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NewHepSingles/](http://groups.yahoo.com/group/NewHepSingles/)
www.hcvanonymous.com/singles.html
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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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<http://bit.ly/cvXCGK>



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<http://twitter.com/hepcbc>

**The Combo Survival Guide
from A to Z**

[http://www.hepcsurvivalguide.org/
comboguide.htm](http://www.hepcsurvivalguide.org/comboguide.htm)

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CONFERENCE Hepatitis C Council of BC



Front: Jessica Chan, Joan King, Petra Hoffman
BACK: Gloria Adams, Fran Falconer, RN,
Stephen Farmer, Kelly O'Dell
at the HepCBC table.

The Hepatitis C Council of BC held a conference at the Marriott Hotel in Richmond, BC, on January 22-23. The welcoming session was facilitated by Maeve Chamberlain, YouthCO, and Jamie MacBeth, ANKORS, followed by Sheila Kerr, Hepatitis Services, BCCDC, presenting "Hep C 101". Liza McGuinness, BCCDC, imparted useful information in her talk "Self Advocacy and Hepatitis C", and Jeff Reinhart of CATIE filled us in on everything we wanted to know about "Hepatitis C Testing".

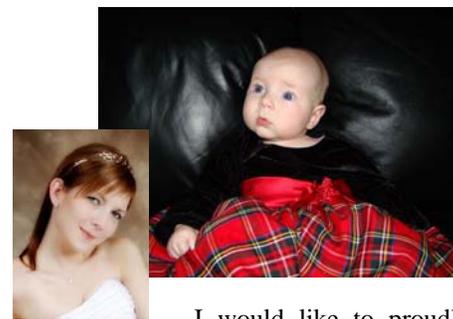
After breakfast, we were introduced to the new board members. HepCBC's own Fran Falconer (see photo above) spoke on "Hepatitis C Treatment".

Leading the afternoon agenda was Susan Dann, PHAC, who introduced a survey, after which Dr. Jane Buxton, epidemiologist from BCCDC, presented "Hepatitis C Epi Data: Hot Spots in Geography and Populations".

Following the break, we heard a panel of speakers on "Taking Action, Making Change: Community Development and Harm Reduction", including Ann Livingston, VANDU, Jane Buxton, BCCDC, and Barry Shantz, BC/ Yukon Association of Drug War Survivors, after which we were divided into small groups to brainstorm about what we can do in our own communities.

These conferences are a wonderful opportunity for all of us to go and meet others interested in making positive changes, and to learn about the latest treatments as well as some of the lesser-known basics about the disease. If you are interested in getting informed so that you can help others in your area, please consider attending the next conference.

MEET CARLY



I would like to proudly present my daughter Carly. She is a blessing in my life.

Having HCV I really struggled with my decision to have children. I was scared to pass the virus on to them as I was born with HCV. However, after much soul searching I realized that when you are born with HCV, like I was, the virus tends not to be hard to live with. If it was not for a positive blood test I would not know anything is wrong with me. Therefore, my life is not terrible, and if by some slight chance (5%) I pass the virus on to my children, it will not be the end of the world. Just like me they will one day be faced with treatment questions. Hopefully, by the time that happens there will be better treatments on the market.

Carly is truly wonderful, and I am very proud to be her Mom.

—Tanya Kupferschmid

This darling little girl, above, is part of our *hepc.bull* family. Some of you may remember Tanya Frizzle, who wrote articles for us from August 2005 through April 2008. You can read them in our past issues on our website at www.hepcbc.ca. Some of her most poignant articles for me were the ones where she questioned her future with hepatitis C, and how it would affect any future relationship and her possibility of having a family. Well! Now we can see the answer for ourselves.

One of her wedding pictures appeared in April 2006 edition. Above is one we hadn't published.

We are proud to present yet another photo from Tanya, marking a great event in her life. Little Carly is now 6 months old.

—The Editor

From one of Tanya's early articles:

"I remember having a conversation with my sister shortly after I found out I had HCV regarding what would happen if my boyfriend and I broke up. I felt that it would be to difficult to date. I felt that people would not give me the time of day let alone listen to the facts about HCV. "

PREGNANCY

If a baby is born to an HCV+ mother and its blood is tested at birth for hepatitis C antibodies, the test would come back positive. This is because the baby has some of its mother's antibodies. The antibodies clear naturally over time. A test at 12 months usually confirms whether or not a toddler has the virus.

About one third of babies test positive for the virus when tested at the age of 3 days. Method of delivery made little or no difference. The rate of fetal infections in HCV+ can be zero and up to 10%. The rate goes up if the mother is co-infected with HIV. Present information shows that transmission may be more likely in infants born to mothers with genotype 1. (*Obstet Gynecol Surv.* 2005 Sep;60(9):572-574)

Any woman, or partner of a man, who has taken ribavirin must wait 6 months after the end of treatment before becoming pregnant to avoid birth defects.

BREASTFEEDING

There has been no documented case of HCV being transmitted by breastfeeding, and the rates of infant infection are identical in both breastfed and bottle-fed infants. There are many advantages to breastfeeding. Breastfeeding mothers should check their nipples before each feed and avoid breastfeeding if they are cracked or bleeding. They may want to consider using breast shields.

It is not known if interferon or ribavirin is passed on to the baby through breast milk.

Circulating HCV RNA does not increase pregnancy complications.

A substantial proportion of pregnant women with hepatitis C virus infection have circulating HCV RNA, even when they are asymptomatic, however these women do not have an increased risk of obstetric complications and pregnancy does not appear to induce symptomatic liver disease. "There is no risk to the outcome of pregnancy in an anti-HCV positive pregnant mother. The majority of pregnant women have normal transaminase levels during the course of pregnancy, although a substantial proportion has circulating HCV RNA. Pregnancy does not induce deterioration of liver disease, and HCV infection does not increase the risk of obstetric complications." (*HCV Infection in Pregnancy, British Journal of Obstetrics and Gynecology, 1996;103:325-329*)

There is a high mortality rate among pregnant patients infected with hepatitis E, which sometimes accompanies hepatitis C. There have been no studies on pregnant women taking interferon.

HOW DOES HCV AFFECT CHILDREN?

Children with chronic hepatitis cannot be treated simply like miniature adults. Specific issues and questions need to be addressed when dealing with the pediatric age group. Pediatric patients are less likely than adults to have symptoms of infection with hepatitis C, leaving the viruses undetected and possibly unknowingly spread. According to information available on the natural history of HCV, children have a higher rate of spontaneous viral clearance than adults, and generally a slower progression rate during the first 20 years of infection. Children who are chronic carriers of HCV have normal growth patterns.

In 16 HCV children followed for up to 14 years, encephalopathy (mental confusion), ascites (swollen stomach), or bleeding did not develop. The lack of cirrhosis in children with HCV is consistent with the fact that a time period of 10 to 20 years or more is required for cirrhosis to occur. Hepatocellular carcinoma occurs very rarely in the pediatric group.

A recent study (2005) conducted by HELIOS Children's Hospital Wuppertal in Germany demonstrated that treatment with peginterferon-alfa-2b and ribavirin is a well-tolerated and effective therapy for children with HCV genotype 2 or 3. The level of sustained viral response among patients varied, dependent upon the HCV genotype, liver enzyme levels, and the mode of infection.

While receiving the therapy, 64 percent of patients had no detectable level of HCV RNA, and only five percent of patients relapsed during the follow-up period. The study also demonstrated the following:

- All children infected with genotype 2 or 3 achieved a sustained viral response; however, less than half of patients infected with genotype 1 had similar success
- Children infected by their mothers did not respond as well as non-vertically infected children
- Patients with normal liver enzyme levels before treatment responded better than those with above normal levels.

(*Hepatology Volume 41, Issue 5, Date: May 2005, Pages: 1013-1018 Peginterferon alfa-2b plus ribavirin treatment in children and adolescents with chronic hepatitis C.*)

Children have surprisingly few side-effects from treatment, compared to adults.

RECOMMENDATIONS

1. Diagnosis, testing, and liver biopsy of children thought to have HCV.
2. Because of the high spontaneous clearance rate during the first year of life, testing for children of HCV-infected mothers is recommended at 18 months or later.
3. Otherwise healthy children aged 3-17 may receive therapy with interferon alfa-2b and ribavirin, administered by specialists in treating children
4. Children under the age of 3 should not be treated.

(*Doris B. Strader, DB, et al, HEPATOLOGY, April 2004 AASLD PRACTICE GUIDELINE, Diagnosis, Management, and Treatment of Hepatitis C p 1157-1158*)



(**DOREEN STALKER**—Continued from page 1)

hampers a year.

Doreen loved line dancing, scrapbooking, good friends and loved all types of animals. Because of contracting hepatitis C during her first heart surgery, in 1984, Doreen was instrumental in organizing a support group for people with hepatitis C.

She is survived by: husband Andrew Stalker, children Cindy (Vernon), Elliott of Smithers, Nancy Saunders of Vernon, Glen Stalker of Castlegar; grandchildren Clint, Jason, Samantha, Holly, Kelsey, Amy, Drew; sister Bev Lacey (Gerry) of Port Alberni.

A Celebration of Life will be held May 15, 2010, time and location to be announced. In lieu of flowers, donations can be made to The Bulkley Valley District Hospital Auxiliary. Donations can be made through the Bulkley Valley Credit Union, Smithers, B.C.

Source: www.legacy.com/CAN/Obituaries.asp?Page=LifeStory&PersonID=139315974

Lunch With the Right Person

I can't say that I've known it my whole life, but I have known it for a very long time now, and how I knew, exactly, that it was to be lunch, I am not sure either. I just did.

It had been a year since my initial diagnosis, when I was pulled out of my warm and fuzzy bubble of self denial, and then I realized that I really needed some sort of help. I simply could not do this alone anymore, and I felt as though no one else really understood. Being quite computer literate, I set about the task of finding a support group for hepatitis C. I searched for weeks, and came up completely empty handed. Living in Vancouver, BC, I simply could not believe this to be true. The closest group or foundation to me I could find online was HepCBC, and they were located in Victoria. I decided to email them with all of my contact information, all the while wondering if I should. A while later, I received an email back. I was so elated. Someone had heard my scream for help. Strange as it sounds, it also just so happened that the lady in question stated that she did not live far from me, and would I like to meet with her for lunch?

So, a few days later, I found myself sitting across the table from a very warm and understanding personality, who really did want to hear my story. And so I began. We talked and talked, as though I had known her forever. I was completely comfortable, and poured out my sorry tale. It was such a relief to actually talk to someone who got it, who had been through it—an indescribable feeling. I had no idea of how long we had been sitting there, until I noticed her glance at her watch. Time had not existed for a while. As I realized that she had to go, I felt a warm panic begin to build.

I simply had to talk to her about what I had actually had come here to discuss. So, without further ado, I started a little rampage about how I had looked and looked, and where were all the support groups when one needed them? I went and on and on about how appalled I was, and how deflated I felt, and how, if I needed help, there must be tons of other people out there who need help, also. She let me go on for a while, allowing me to get it out of my system, and then with a little grin, she said, "Maybe I didn't tell you who I am?" Long and short of it is that this wonderful woman has a lot of pull within the Hep C community.

"I have been here for 3 years now, and

have been looking for someone like you to help me," she said. "I have wanted to do this here for so long, but have not been able to do it alone." "Well," I stated, "You have just found your girl."

And so, without further ado, we started the first Hep C support group out here in Surrey, BC, and thus far it has been a great success. We are about to hold our 4th meeting, and have come to realize that people are depending on these meetings to get through their own journeys.

Friends and family are more than welcome, and we even have spouses of those enduring treatment at home, come to learn more about the hardships and the successes of the ones they love. I believe that here, at these sorts of meetings, life-long friendships are being formed as we speak.

ST PATRICK'S DAY STEW

Ingredients:

- 1 T cooking oil
- 1 lb lean lamb, cubed
- 1 med onion, chopped
- 3 C chicken broth
- 1/2 t. dried thyme, crumbled
- 1 bay leaf
- 6 red potatoes
- 15 oz small onions
- 1 cup alcohol-free beer
- 1 t. salt
- 2 T cornstarch
- Parsley, chopped



Preparation:

- Heat 1/2 of the oil in a large saucepan. Add 1/2 of the lamb and brown on one side (5-7 min). Stir. Cook 1 minute more. Remove meat and set aside.
- Add remaining oil and lamb, and the chopped onion to the pan. Brown (8-10 min). Add remaining meat to pan.
- Add broth and boil (medium heat). Add thyme and bay leaf; simmer for 1 hour.
- Add potatoes, onions, beer, and salt. Cover. Simmer 30-40 min.
- Add cornstarch to 1/4 cup cold water in a small bowl; stir until smooth. Add to stew and stir gently. Garnish with parsley.

Yield: 6 servings

The blood test called alpha-fetoprotein or AFP is recommended by many specialists at least once a year for those with Hep C, and more often if you have cirrhosis.

The AFP is a protein and is most often used in pregnancy to detect birth defects, but is also used in liver disease as warning of possible liver cancer or other tumours (tumour marker). Levels of AFP over 500 nanograms per millilitre of blood are found only in patients with hepatocellular carcinoma (HCC—a type of liver cancer), germ cell tumours, and cancer in the liver coming from tumours in another part of the body.

Like a PCR, the AFP can be qualitative or quantitative. It can indicate normal or normal (less expensive), or it can say how much. This is the test usually used for us with Hep C. The report should state the method and equipment used, and if it's a quantitative test, it should give a normal range, because it can vary from lab to lab.

Keep a record and notice if the results are changing from your baseline, or original test. An elevated AFP only suggests there may be a problem.

Some research indicates that AFP is not useful for screening patients with cirrhosis or hepatitis C, since the levels can be elevated due to chronic liver disease alone. But the test may indicate a problem if the levels are increasing, and if other tests, such as an ultrasound, show a possible problem, as well.

So let's say you have a high level of AFP. Your doctor orders other tests, and your CAT scan shows that your liver is fine. What then? As we've seen above, it may be that your liver disease is causing the elevated AFP. There are other possibilities. HCC is just one possible cause of an elevated AFP. There are other conditions that can produce AFP but they are rare. ([endodermal sinus tumor](#), [mixed Müllerian tumor](#) (females only), [Sertoli-Leydig cell tumor](#), [Wilms tumor](#), [teratoma](#) (usually benign), nonseminomatous germ cell tumors, [Citrullinemia](#), [Argininosuccinate synthetase deficiency](#), etc.).

Source: <http://en.wikipedia.org/wiki/Alpha-fetoprotein>

ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems and serious adverse events.

www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm

(NEWS—Continued from page 1)

as saying, "I shouldn't have to worry about whether my equipment is clean or not. I should have to worry about my operation. I should have to worry about my patient - not whether there's bone in my instruments."

Jon Slater, medical director for the Thompson Cariboo Shuswap health services area, stated, "This is a problem that we've identified here and this is something that should never happen."

Apparently the sterilization area is not a priority for the hospital. The top priorities were a new computerized mammography system, a second CT scanner, a new intensive-care unit and an improved emergency room. The sterilization area is on the list, but the timeframe is unclear.

An audit is being performed by the Interior Health Authority (IHA). Surgeries are being rescheduled, and the initial audit should be completed by the end of this week.

Source: www.bcclocalnews.com/news/84654902.html February 17, 2010

RIBAVIRIN PRIMING

Less than 50% of genotype 1 infections respond to standard therapy, and retreating those non-responders is effective in only 15% of the patients. The preliminary data from this study shows that priming, or taking ribavirin before standard treatment, improves response rates. This small study treated 10 non-responder, genotype 1 patients, who were first given 1000-1200 mg of ribavirin alone for 1 month, followed by standard treatment for 12 months. 5 of the 10 patients had a sustained viral response (SVR) after this study, and the treatment was well tolerated. The ribavirin seem to act as an interferon "sensitizer."

Source: www.natap.org from AASLD Oct 31-Nov 3 2009, Boston, MA

CANCER SURVIVORS UNAWARE

Survivors of childhood cancer who were treated before 1992 may be at risk for transfusion-acquired HCV. A questionnaire was sent out to 9242 such patients who were treated between 1970 and 1986. Over 41% reported having had no HCV testing, 31% were unsure, and only 29% had undergone testing. 50% remembered having a blood transfusion. Those who had no testing were usually older and had received no care at a cancer centre in the past two years. These patients could benefit from programs that increase awareness and knowledge, and promote screening.

Source: www.ncbi.nlm.nih.gov/pubmed/20041485?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_Res ultsPanel.Pubmed_RVDocSum&ordinalpos=7 Dec 29, 2009

NOVARTIS BUYS DEBIO 025

Novartis now has exclusive rights to develop the antiviral cyclophilin inhibitor Debio 025, also known as alisporivir. The drug is in Phase IIb trials, where it is being combined with standard treatment and administered to genotype 1 non-responders. Monotherapy with Debio 025 at 400mg showed no antiviral effect in non-responders.

Source: www.pharmatimes.com 09 February 2010

REMINDER:

If you are starting treatment in BC, make sure that you have filed your taxes, even if you can't pay them, and even if you owe nothing.

Pharmacare may stop your treatment and welfare may cancel your payments if you have not fulfilled your obligation to file your taxes.



PREVENTING HEP C INFECTION

- Wear gloves and use bleach when you clean up blood spills.
- Keep your cuts and sores bandaged while they heal.
- Have your own grooming supplies (razors, toothbrushes and nail clippers) and don't use other people's.
- Use only your own needles and other drug-use equipment.
- Get tattoos and piercings in shops with good reputations who take the right steps to prevent exposure (single-use tattoo needles, proper sterilization equipment and practices)
- Use condoms when blood may be present during sex.

Source: *Hepatitis C Council of BC's Resource Directory*



We hope to see YOU at the next meeting. Remember: Family, friends and caregivers are always welcome.

**HepCBC Happening
Wednesday March 10, 2010
7:15 – 8:45pm**

**North Surrey Recreation Centre,
Meeting Room, 10275 - 135th St, Surrey
SkyTrain: Surrey Central**

RSVP: 604-576-2022, jking2005@shaw.ca or Petra at 778-855-6074

**HepCBC Peer Support
Tuesday March 29, 2010
7-8:30pm**

**Victoria Health Unit
1947 Cook St, Victoria
Across the street from Royal Athletic
Park**

RSVP: 250-595-3892

COMPETITION!

HepCBC needs writers for the *hepc.bull*, and will pay \$50.00 for a featured article. The article should be original, 500 to 800 words, and 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 Hep C, or a call for action. Submissions must 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

DID YOU KNOW?

A low immune system (for instance, from HIV or from cancer treatment) can allow the hepatitis C antibodies to hide. If you...:

- have a low immune system
- have had a risk for hepatitis exposure in the last three months but your HCV antibody test was negative (non-reactive)

...then, ask for the PCR test to see if the HCV virus is present in your blood.

Having the HCV antibodies doesn't protect you from getting the virus again.

You will always have the HCV antibodies even if you clear the virus, either on your own or through successful treatment.

Source: *Hepatitis C Council of BC's Resource Directory*

CONFERENCES 2010

Hepatitis C 2010:

Strategies for the New Decade
16 March 2010
City University of New York-
Graduate Center
New York, NY
More info in January

5th International Workshop on Clinical Pharmacology of Hepatitis Therapy

23 - 24 June 2010, Boston, MA, USA
Marriott Courtyard Boston Hotel, Boston
Registration and Abstract submission open on
1 March 2010

[http://www.virology-education.com/
index.cfm/t/Registration/vid/09F5AE11-B857-
1BE3-4F9A34758693B81E](http://www.virology-education.com/index.cfm/t/Registration/vid/09F5AE11-B857-1BE3-4F9A34758693B81E)

The International Liver Congress 2010

45th Annual Meeting of the EASL
14-18 April 2010
Vienna, Austria
www.easl.eu/liver-congress

Australasian Viral Hepatitis Conference 2010

6 - 8 September 2010
Sebel Albert Park
Melbourne, Victoria, Australia
Phone: +61 2 8204 0770
Fax: + 61 2 9212 4670
Email: info@hepatitis.org.au

The Liver Meeting 2010

AASLD's 61st Annual Meeting
29 October -2 November 2010
John B. Hynes Convention Center
Boston, Massachusetts
Registration: Mid-July

If you are receiving this newsletter by snail mail but have a computer and/or internet access, please consider switching to our pdf version. All you need is Adobe Acrobat Reader, free at this site: www.adobe.com/products/acrobat/readstep2.html

Just send your email address to info@hepcbc.ca and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.

PegCARE

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any co-payment 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.

J. Lemmon

Contact:

hcvresearch@rogers.com

Experienced in medical
and legal research
Assistance with HCV compensa-
tion claims and appeals
High success rate
Low payment rate
References are available

COMPENSATION

LAW FIRMS

1986-1990

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



Pre-1986/ Post-1990

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

Lauzon Belanger S.E.N.C. (Quebec)
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204
www.lauzonbelanger.qc.ca/cms/index.php?page=108

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

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 HepatitisC@kpmg.ca

Ontario Compensation: 1-877-222-4977

Quebec Compensation: 1-888-840-5764

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

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944

www.hepc8690.com info@hepc8690.com

www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

Pre-86/Post-90

Administrator 1-866-334-3361

preposthepc@crowco.ca

www.pre86post90settlement.ca

Settlement Agreement: [http://www.reko.ca/html/
hepc_settleagreement.pdf](http://www.reko.ca/html/hepc_settleagreement.pdf)

COMING UP IN BC/YUKON:

Armstrong HepCURE Contact 1-888-437-2873 Phone support.

AIDS Vancouver Island The following groups provide HCV info, harm reduction, support, education and more:

♦ **Campbell River:** Drop in, 1371 C - Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

♦ **Comox Valley** Drop in, needle exchange. 355 6th St. Courtenay. Contact Sarah 250-338-7400

sarah.sullivan@avi.org

♦ **Nanaimo** Contact Anita 250-753-2437 anita.rosewall@avi.org

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

♦ **Victoria** Access Health Centre, drop in, disability applications. 713 Johnson St., 3rd floor, 250-384-2366 Hermione.jeffers@avi.org

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

Burnaby HCV Support Contact Beverly at 604-435-3717 batlas@telus.net

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 HCV Support Contact Leah 250-748-3432 r-lattig@shaw.ca

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

♦ **Victoria** Peer Support: 4th Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/Library, 306-620 View St. Contact 250-595-3892 Phone support 9AM-10PM. 250-595-3891

♦ **Fraser Valley** Meeting 3rd Wed monthly 7PM, N. Surrey Rec Centre Meeting room 10275-135th St Info: 604-576-2022, petrabilities@aol.com.

Kamloops ASK Wellness Centre. Chronic illness health navigation/support. info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232

www.askwellness.ca or Merritt health housing and counseling 250-315-0098.

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-376-2275

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

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepcxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs. every 2nd month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

New Westminster Support Contact Diane Morrissett, 604-525-3790 before 9 PM. dmorrissett@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 Ilse 250-565-7387

ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442

Prince Rupert Hep C Support Contact: Dolly 250-627-7942 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 Contact the Prince George group, please.

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent, 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061 vandu@vandu.org www.vandu.org

Vancouver Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group Contact 604-454-1347 or 778-898-7211, or call 604-522-1714 (Shelley), 604-454-1347 (Terry), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Call Peter, Tel. 250-308-7756

YouthCO AIDS Society 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support program manager: Sasha Bennett sashab@youthco.org

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/ Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com www.creativeintensity.com/smking/ <http://health.groups.yahoo.com/group/CANHepC/>

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, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Menonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

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

Owen Sound Info and support. Contact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257, 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 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 Sarah Tycholiz 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 reneeaurio@hotmail.com

ATLANTIC PROVINCES:

Halifax, NS Hepatitis Outreach Society. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767

info@hepatitisoutreach.com. www.hepatitisoutreach.com

PRAIRIE PROVINCES:

Edmonton Contact Jackie Neufeld 780-939-3379.

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

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, LOCATION CHANGE – Effective March 9, 2010: 595 Broadway Ave. Everyone 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. It's free!

TIP OF THE MONTH:

Going for a biopsy? Ask your doctor to prescribe Ativan (a tranquilizer). You may not be able to get it at the hospital anymore.