hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

TEN YEARS AFTER

HepCBC recently asked readers for their feedback on the drug ribavirin, since it is still added to a number of the new (DAA) drug combos. One of our readers, Rob Bowie's, story follows. Note that the only symptom he had associated with ribavirin was temporary anemia, not the rash. While we have heard many stories of terrible rashes associated with interferon and some of the protease inhibitors, we do not know if Rob's rashes were due to hepatitis C, the interferon treatment, or some other cause. We wish Rob all the best and are glad he is now under the expert care of Dr Jordan Feld. Rob's story...

No, I'm not Alvin Lee, but ten years ago I was treated with IFN-ribavirin. After three different dermatologists, I was not any better off. My skin grew a rash on my chest and back. It would break out, and the rash has grown into a light 8-inch scar, but it's still a rash. When I came off the meds, it started growing, and I phoned the telephone number of the pharmaceutical company, because they wanted feedback from any symptoms. So I phoned and couldn't contact them with the phone number on their packet.

I felt like a leper.

So the rash isn't lupus, isn't pruritis…it's *morphea sclerosis*.

Four lawyers' offices told me I had no legal right to seek a claim for disfigurement, because it was listed on the side effects sidebar. Boo hoo!

The right to pursue any compensation, regardless of what your situation is, you have a two-year window to request any medical action. After that, tough luck! If you have these symptoms, stock up on pillow cases, sheets, and change your wardrobe to red, so as to blend in the blood stains you will be dealing with.

Hep C – The gift that keeps on giving. Cutaneous eruptions, toxic epidermal necrolysis, sarcoidosis, psoriatic lesions are reported.

Ribavirin-induced anemia was also attacking my system.

In closing, at present I am under the care of Dr. Jordan Feld at Toronto General and have a new hope and a brighter future.

Yours sincerely,
Rob Bowie

TREATMENT BY PRIMARY CARE PHYSICIANS AND NURSE PRACTITIONERS?

One of the greatest barriers to access to hepatitis C treatment is the lack of trained specialists able to provide it. This barrier is even more pronounced in rural and remote communities in which there may not even be a doctor, much less a liver specialist. The idea that specialists are the best people to treat hepatitis C patients was understandable in the past with all the terrible side effects. However is it time to change this model? US researchers in the ASCEND Study attempted to answer that question by evaluating hepatitis C treatment provided to 304 patients in three community health centers by a variety of healthcare professionals. The patients were 68.9% male, 96.5% black, 20.4% co-infected with HIV, and 18.6% cirrhotic. Treatment with new direct-acting antiviral drugs was given by nurse-practitioners (79 patients), primary care physicians (60 patients) and Hepatology or Infectious Disease specialists (165 patients). Success was measured by a patient getting cured (sustained viral response 12 weeks following treatment).

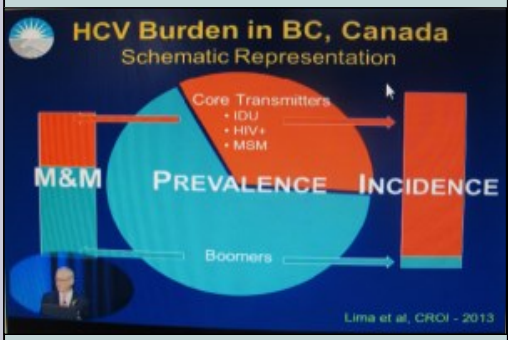
Who did the best? The primary care physicians (PCPs) achieved a 96.7% cure rate! This was followed by the nurse practitioners (NPs) who achieved a 94.9% cure rate!

(Continued on page 2)

INSIDE THIS ISSUE

TWO EPIDEMICS, TWO CASCADES OF CARE?

At an April 25, 2016 conference in Vancouver, Dr. Julio Montaner of BC Centre for Excellence in HIV/AIDS stressed the two very different sorts of HCV epidemic we are dealing with. In one, the Baby Boomer generation has the highest risk of morbidity and mortality (M&M), and the lowest chance of transmitting the disease to others. In the other, the Core Transmitters (Intravenous Drug Users [IDU], HIV+ people, and Men who have Sex with Men [MSM]) have a much lower risk of M&M, and a far greater chance of transmitting the disease to others. Dr. Mel Krajden expanded on this when he referred to these two populations as "Prevalent" (Baby Boomers) and "Incident" (Core Transmitters).



Dr. Krajden went on to describe them as two different "Case Types":

- "Prevalent" cases need a "Primary Care Response" in which they must be given specialist support and treatment prioritization.
- "Incident" cases need a "Public Health Response" in which they must be given harm reduction, mental health and addictions support, and possibly Treatment as Prevention (prevention of transmission to others).

This means that from the very beginning, these two very different case types must be identified. Dr. Krajden proposed that a good way of determining if a case is old (prevalent) or new (incident) is by determin-

(Continued on page 3)

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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.***

HOW TO REACH US:

ACTING EDITOR: *Joan King*
PHONE: *1-250-595-3892*
FAX: *1-604-424-4374*
EMAIL: *info@hepcbc.ca*
WEBSITE: *www.hepcbc.ca*

HepCBC
#20 1139 Yates St., Victoria, BC V8V 3N2

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.

(TREATMENT BY PRIMARY CARE AND NURSE PRACTITIONERS*—from page 1)*

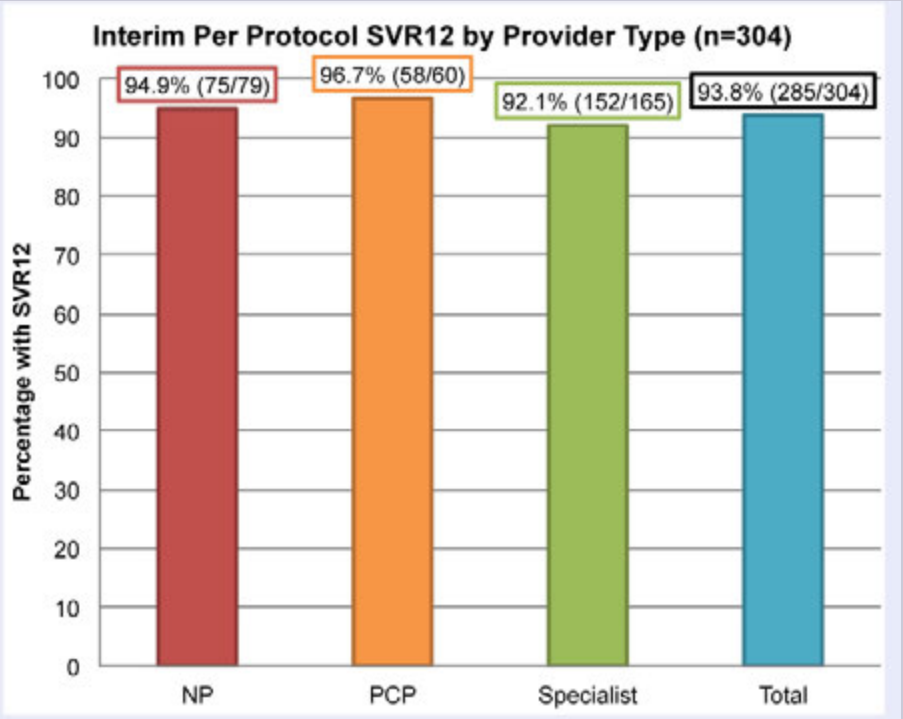

Figure 1. Interim Per Protocol SVR12 by Provider Type. Of 304 patients with available SVR12 results, 93.8% achieved SVR12. There was no significant difference in SVR12 between patients treated by NPs, PCPs, and specialist physicians

Last came the specialists with a still-respectable cure rate of 92.1%. Note that the NPs and the PCPs were provided with a uniform 3-hour training on IDSA-AASLD therapeutic guidelines.

Patients were more likely to attend all three of their scheduled visits when treated by NPs (51.4%) and PCPs (49%) than were the patients assigned to specialists (19.2%).

The Conclusion: "The ASCEND investigation demonstrates that HCV treatment administered independently by PCPs and NPs is safe and equally effective as care observed with experienced specialists…[and the] ASCEND model could increase the availability of community-based, non-specialist providers to significantly expand the scale of HCV therapy, and bridge existing gaps in the hepatitis C care cascade."

HepCBC Comments: It would be interesting to know more about how any serious side-effects or complications were handled. We assume these patients are the ones we should be referring to specialists if we move to a PCP-NP treatment model in Canada. We wonder if the day is coming when a hepatitis C patient living in the most remote corner of our province could be treated by their local Community Health Representative (CHR) – who can consult via Telehealth with a PCP when needed, and who in turn is connected by Telehealth with a liver specialist at an urban hospital. The ASCEND study should be of great interest to healthcare professionals in BC!

Source: http://goo.gl/xy0Btw and https://goo.gl/Io1C92

HepCBC OFFICES

PHONES:
1-250-595-3892
(Victoria Main office)
1-604-259-0500
(Vancouver Outreach office)

FAX (paperless, both offices):
1-604-424-4374

EMAIL: *info@hepcbc.ca*
WEBSITE: *www.hepcbc.ca*

VICTORIA (MAIN) OFFICE, #20- 1139 Yates Street: Mondays & Tuesdays 11 am-5 pm, Wednesdays 11 am-3 pm, Thursdays 1 pm-5:30 pm, OR other times by appointment (call or email to arrange).

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HBV AND HCC RE-ACTIVATION FOLLOWING DAA TREATMENT

Once a drug gets out into the 'real world' sometimes effects show up in the larger population, and over a greater period of time, than was possible during the far smaller and quicker clinical trials. This may be the case with two recently-discovered phenomena. These could affect you or someone you love, so pay close attention!

If you have ever been exposed to hepatitis B virus (HBV), even if you were not ill, treatment for hepatitis C virus (HCV) with direct-acting antivirals (DAAs) without any interferon can cause your HBV to become active. See: http://goo.gl/eVMElC . **We recommend that, if in doubt, you should ask your doctor about getting a test for HBV several months following interferon-free treatment with DAAs. People with known HBV/HCV co-infection should have their HBV closely monitored during treatment, even if the HBV is considered inactive or resolved. And anyone with HCV should get vaccinated for both HAV and HBV.**

Similarly, if you have ever had hepatocellular carcinoma (HCC) – liver cancer - the treatment for HCV can cause the HCC to return faster than it might have otherwise: http://goo.gl/bsQzT6 . **Therefore we recommend that if you have ever had HCC, or even if you haven't had HCC but have fibrosis or cirrhosis, that you get very closely monitored during and after treatment (doctors usually prescribe a liver ultrasound every six months until your liver has regenerated back to normal range).**

(Continued on page 5)

CALL FOR PATIENT INPUT INTO SOFOSBUVIR/ VELPATASVIR

We want – no, we NEED - to hear your voices! Patient input is requested by CADTH on Gilead's combo of sofosbuvir and velpatasvir for genotypes 1, 3 and 4. ANYONE AFFECTED BY HEPATITIS C CAN SUBMIT; it doesn't matter which genotype you are, or if you haven't had any experience with this new treatment. Gilead's combo is pan-genotypic (works for all genotypes). The cure rates across all genotypes are high: 95%+ in many of the clinical trials.

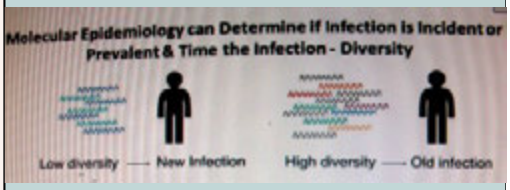
Check out the background information at http://goo.gl/O4jp8X and http://goo.gl/5ThFmz

The combo is being given priority review status by the FDA (in the US) and CADTH is advising and recommending on this combination to the Canadian Drug Expert Committee. Please give HepCBC your feedback on whether you'd like to see the combo recommended for inclusion on drug formularies such as PharmaCare. You have until midnight on May 8, 2016 to let us know what you think. Go to this page for the questions: http://wp.me/p7rc49-2pP Put your answers into the body of an email or email an attached Word file to: office.hepcbc@gmail.com.

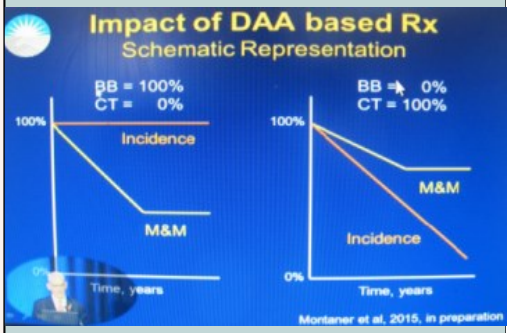
We'll include your views in our submission to CADTH about whether we think this combination of drugs should be recommended as a hepatitis C treatment. We are always looking for interesting stories, perspectives, and good quotes to include in our submissions. Thanks for sharing your voice!

(TWO EPIDEMICS—*Continued from page 1)*

ing the degree of diversity of the infection through "molecular epidemiology." Low diversity of the virus indicates new infection while high diversity indicates an older infection.



Dr. Montaner asked the audience to consider the impact of treating these two groups with the new DAA treatments. If we were to treat 100% of the Baby Boomers (BB), Morbidity and Mortality (M&M) would go down very rapidly, however treating BBs would not change the degree of transmission (Incidence) at all. On the other hand, if we were to treat 100% of the Core Transmitters (CT), there would be a slight decrease in morbidity and mortality, while the degree of transmission (Incidence) would decrease dramatically.



The implications for these two different HCV Case Types may mean two separate Cascades of Care for hepatitis C. We will explore this idea in coming issues of the bulletin and invite reader response to it as well.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Allison Crowe, Billie Wood and Adrian, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C.D. Mazoff, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, and S.J.

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Bristol-Myers Squibb, Roche Canada, Vertex, Gilead, Janssen, Boehringer-Ingelheim, AbbVie, Rx&D, VanCity, Country Grocer, and Thrifty Foods.

HepCBC has had "Hepatitis C Info Tables" an average of 2-3 events every month recently including a popular booth at the Vancouver "Zoomers" show March 19/20 (see pix). If you are interested in attending future events, check out "Upcoming Events" on our website. If you'd like to volunteer at an event, that would be great! Just let us know (through "Contact Us" page on website).

President Rosemary Plummer and Education Project Mgr. Shakuntala Soden greet visitors at Zoomer Show

SUNVEPRA (ASUNAPREVIR)™ GETS NOC

HepCBC is delighted to announce on March 9th one more great addition to the HCV treatment toolbox: Bristol-Myers Squibb's (BMS's) Sunvepra™ (asunaprevir) is now approved for sale in Canada for adult patients with chronic hepatitis C. This drug is taken as part of a combo. For now, it has been granted a Notice of Compliance (NOC) from Health Canada and is officially licensed for:

- GT1b, either treatment-naïve or treatment-experienced, either with or without compensated cirrhosis, as "DUAL" therapy with BMS's Daklinza™ (daclatasvir) for 24 weeks.
- GT 1 or 4, either treatment-naïve or treatment-experienced, either with or without compensated cirrhosis, as "QUAD" therapy with BMS's Daklinza™ (daclatasvir) plus peginterferon alfa and ribavirin for 24 weeks.

The Drug ID Number (DIN) is 02452294.

Sunvepra™ is not insured by any of the provincial PharmaCare programs yet.

WATCH FOR BUS ADS ACROSS NORTHERN BC

During the month of May, drivers, pedestrians, and bus riders in Northern British Columbia will get to see a new ad on local buses urging them to get tested for hepatitis C. Although May is Aboriginal Hepatitis Month, the ads show members of several different cultural groups and different ages, along with translations into several languages, to show that anyone can have hepatitis C. A grant to HepCBC from Northern Health Authority paid for the ads; we are proud to have Positive Living North as our local partner. The ads can be seen in Prince George, Kitimat, Prince Rupert, Terrace, Dawson Creek, and Fort St. John. Take a picture if you see one! Better yet, take a picture of yourself – or your Mayor – next to one! Send it to us for publishing.

"EXPERT" DR. SAM LEE'S STATEMENT SHOCKS, OFFENDS PATIENTS

We were shocked and offended when we read a statement by Dr. Samuel S. Lee in his "expert witness" affidavit prepared in the Supreme Court of British Columbia on Jan. 26, 2016 in the 1986-1990 Blood Scandal Compensation Fund "Surplus" case. From Paragraph 31:

"The economic barrier to universal treatment of the estimated 260,000 to 300,000 HCV-infected persons in Canada is reflected in provincial formularies that all require at least the non-bridging fibrosis of disease stage F2 on the Metavir scale (roughly the upper half of Settlement Level 3) before they will consider funding a treatment regimen. This means that the chance of a patient at some less advanced stage of fibrosis receiving treatment is almost nil unless that patient happens to have a very generous private drug plan. It may be objected that **the only modest benefit of treatment of early-stage HCV infection may be psychological. Treatment offers no useful medical or public health benefits in such patients other than alleviating anxiety from the stress of knowing that they are infected.**"

For Dr. Lee, as a former President of the Canadian Association for the Study of the Liver to make such a statement in 2016, which totally ignores current research into the extrahepatic co-morbidities associated with asymptomatic and F0-F1 fibrosis level of hepatitis C, is beyond our comprehension as a patient group. We call on anyone who also takes strong exception to this statement to join HepCBC in confronting this testimony with scientific evidence whenever there is an opportunity. For more information:

(Continued on page 5)

GENERICS EQUIVALENT IN EFFICACY, SAFETY TO NAME-BRAND DAAs

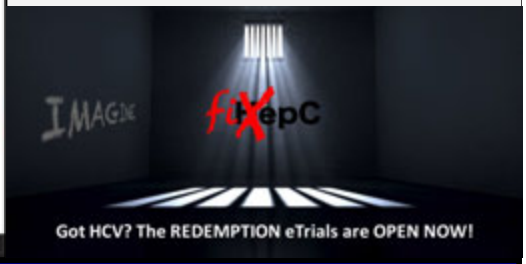
We were also happy to read reports about Dr. James Freeman and the "REDEMPTION e" project which is researching the efficacy of generic versions of sofosbuvir, ledipasvir, daclatasvir and ribavirin. Through this trial, people with HCV from Australia, USA, UK, Canada, Europe, SE Asia and Africa legally imported low-cost generic HCV treatments from a variety of manufacturers such as Cipla, Incepta, Hetero, Natco, Beacon and Julphar. The generics cost approximately 1% of the current retail price of the brand-name counterparts. Patients are monitored by healthcare professionals in their home country.

Interim results were presented April 16, 2016 in Barcelona at EASL, the European Association for the Study of the Liver. "Across all genotypes, the SVR rate was 94% after treatment with generic DAAs. This indicates that generic DAAs can deliver the same success rates as branded equivalents, but at a price which is 1/100th of the current cost," explained Dr. Freeman. He continued: "At the price level of generic direct-acting antivirals, treating the entire global Hepatitis C epidemic could be financially feasible. Furthermore, if a patient is cured of Hepatitis C, there is evidence for improved survival, and lower risks of liver cancer and liver cirrhosis and cured patients could return to work, delivering further economic benefits to society."

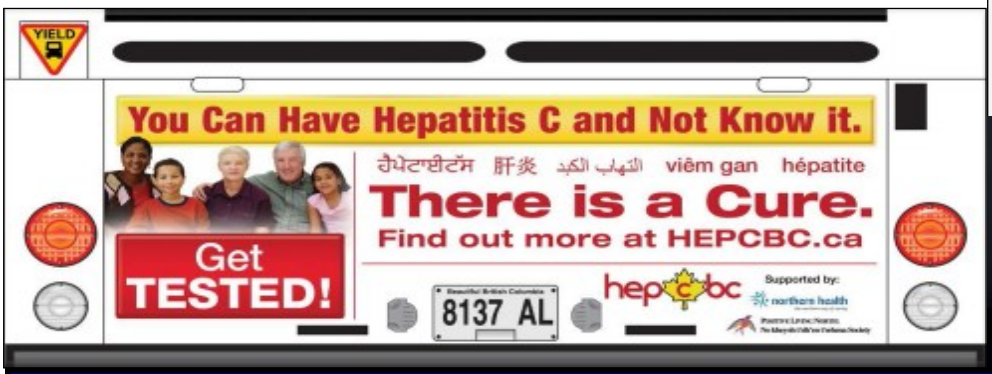
Professor Laurent Castera, EASL Secretary General agreed, commenting that "There is a clear role for generic treatments such as these for people with Hepatitis C across the world. The implications of increased availability of these drugs could be enormous, presenting more people with the possibility of a 'cure' for what is often a debilitating condition."

Source: http://goo.gl/zECM30

The first REDEMPTION e trial is over, but if you are interested in joining further REDEMPTION e Trials, go to:
http://fixhepc.com/



This ad will be behind a bus in Fort St. John soon!



(HBV REACTIVATION—*Continued from page 3)*

There are various theories out there about why this might be the case, but so far we do not know for sure why this happens. It likely has to do with the body's immune response. When we have active HCV in our blood, our immune system is on "full alert" 24/7. When HCV is killed off by the DAAs, suddenly our immune system is thrown into confusion, and ends up doing odd things. Back when patients used interferon, there was not such a sudden drop in viral load, and the immune system had longer to get accustomed to the lack of constant stimulation. Scientists are now studying this phenomenon and should have a better understanding of this mechanism soon. See: Lucinda Porter's take on this at: https://goo.gl/FZSQCT

("EXPERT" DR. LEE—*Continued from page 4)*

Action Hepatitis Canada's evidence-based Position Statement on the benefits of expanding Access to Treatment: http://actionhepatitiscanada.ca/2015/10/access-to-treatment-ahc-position-paper/

http://www.hepc8690.ca/PDFs/Joint%20Hearing/Federal%20Government's%20Notice%20of%20Motion%20re%20surplus%20allocation%20-%20FINAL.pdf (Dr. Lee's affidavit (#3) is mentioned as Documentary Evidence, though not shown on this website)

CONFERENCES

Digestive Disease Week
21-24 May 2016
San Diego, CA
www.ddw.org/attendees/registration

2016 APASL Single Topic Conference on Hepatitis C
10-12 June 2016
Kaohsiung, Taiwan
www.apasl-hcv-2016.org/

GEEW 2016
34th Gastroenterology and Endotherapy European Workshop
22 June 2016
Brussels, Belgium
www.live-endoscopy.com/

EASL - AASLD
Roadmap for Cure
23-24 September 2016
Paris, France
http://goo.gl/aVGERh

QUESTIONS ABOUT COMPENSATION?

You can find your answers here:
http://goo.gl/8hbZ1b

SVR HONOUR ROLL

Have you been undetectable for at least 12 weeks after treatment? Encourage others. Add your name! Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks., Dr. Anderson /Natalie Rock, Vancouver, BC.
2. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
3. **Amberose** (GT2a/2c) - SVR 2000 - Schering IFN/RBV 24 wks.
4. **KG**-Transfused 1987 (treatment-naïve GT2A/2C) IFN/RBV 24 wks., 2003-2004, Toronto. SVR confirmed 2014
5. **[NEW] Murray Palmer** (GT1a) Transfused. SVR 2003 - Rebetron 48 wks (cleared at 24 wks.) SVR confirmed 2010.
6. **Darlene Morrow** (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
7. **Kirk Leavesley** (GT1) - 2004 - Roche
8. **Beverly Atlas** (GT1a) - 2005/2006 - Albuferon/RBV 44 wks.
9. **Steve Farmer** (Transplant Vancouver 2005) IFN/RBV 72 weeks. SVR 2008
10. **Gloria Adams†** (GT1b relapser) - Fall 2009 IFN/RBV/telaprevir 48 wks., Drs. Erb & Yoshida, Vancouver, BC)
11. **Don Crocock** (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 wks.
12. **Daryl Luster** (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
13. **Donna Krause** (GT1 partial responder) SVR Nov 2011- Pegasys/Copegus, danoprevir/ritonavir/R05024048 24 wks., Dr. Erb, Vancouver.
14. **Hermione Jefferis** (GT1a) - SVR 2011, PegIFN/RBV, 48 wks., Dr. Partlow, Victoria, BC
15. **Cheryl Reitz** (GT1b previous partial responder) SVR12 Mar 2013 - asunaprevir/daclatasvir 24 wks., Dr. Ghesquiere, Victoria, BC.
16. **Anita Thompson** (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
17. **Leon Anderson** (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 wks., Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
18. **Joan King** (GT1b treated 5 times) SVR24 June 2013 - asunaprevir/daclatasvir 24 wks., Dr. Ramji, Vancouver, BC
19. **Jackie (**GT1 relapser) SVR24 June 2013 - IFN/RBV/boceprevir 48 wks., Dr. Keith Bovell, Guelph, ON.
20. **Sandy J.** (GT1a treatment-naïve) Oct 31, 2013 - IFN/RBV/Victrellis 28 wks., Fran Faulkner, RN, Vancouver Island. SVR24.
21. **Andrew P.** (GT1a many previous treatment attempts over 10+ years, including Incivek Jan 2014.) Sofosbuvir/ledipasvir + RBV 24 wks.
22. **Peter A Walker** (GT1a, treatment-naïve) SVR Jan 2014 – PegIFN/RBV +boceprevir (Eprex–for low RBC count from RBV.)
23. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment-naïve) Feb 4 2014 - 12 wks. placebo, then 12 wks. on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC
24. **Coreen Kendrick** (GT1a treatment-naïve) Mar 10, 2014 MK5172/MK8742 12 wks., Dr. Ramji, Vancouver, BC.
25. **Jack Swartz** (Treated 3 times) Apr 2014 IFN/RBV/Victrelis, Dr. S. Wong, WHSC.
26. **Del Grimstad** July 2014, 12 weeks simeprevir/Sovaldi
27. **Linda May** (GT1b transfused, treatment-naïve) asunaprevir/daclatasvir 12 wks., Dr. Tam, LAIR Centre.
28. **Robin Tomlin** (GT1 treatment-naïve) SVR12 May 4, 2014 - Harvoni 12 wks., Dr. Yoshida VGH.
29. **Bob** (GT1a/HIV relapser) SVR24 Nov 2014 pegIFN/RBV/Incivek 24 wks., Dr. Montaner, Salt Spring Island, BC.
30. **Nancy Neel** (GT1a previous relapse IFN/RBV 48 wks.) SVR24 Mar 2015 MK-5172/MK 8742 12 wks., Dr. Ramji, Richmond, BC.
31. **Catherine Luke** GT3b, treatment-naïve) SVR 12 May 19, 2015 SOF/pegIFN/RBV 24 wks **[NEW]**
31. **Sandra Newton** (GT1a treatment-naïve, infected 1984) SVR12 Aug 2015. Harvoni 8 wks., Dr. David Pearson, Victoria, BC
32. **Wendy Mackay** Transfused 1971 (GT1a prev. 48 wks., Victrelis Triple) Cirrhosis. SVR24 Aug 2015, Harvoni 24 wks., Dr. Tam, LAIR Centre
33. **Wendy L** (GT1b pegIFN/RBV intolerant) SVR12 Sep 15, 2015, Harvoni 8 wks. Dr. Steve Brien, Peterborough ON.
34. **Nancy Dunham** Transplant patient. SVR 2015, Harvoni Toronto, ON.
35. **Chaim David Mazoff** (GT1a treated 5 times) SVR24 Mar 2 10 2016 Harvoni 12 wks. Dr. Ghesquiere, Victoria, BC **[NEW]**

Please send your name and info to Joan *info@hepcbc.ca*

HepCBC LIVER WARRIORS TEAM AT 2016 VICTORIA MARATHON

Yes, there will be a HepCBC Liver Warriors Team again at the 2016 Victoria Marathon! To register, go to: http://www.runvictoriamarathon.com/racing-events/registration/ If you want the Half Marathon, select "HepCBC Liver Warriors" team from the dropdown team list (if you choose a different event, you may have to type in that name in by hand). **May 15th is the deadline** for the early registration rate. Please let HepCBC know if you are joining this year so we can meet up with each other at the race. Hope to see you there!

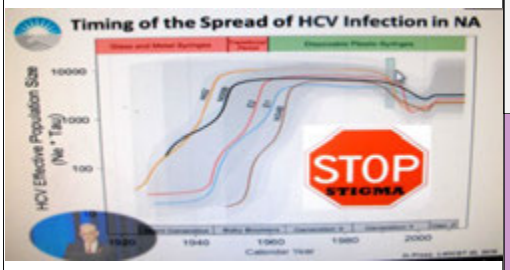
GT1a PEAKED IN 1950s: NEW RESEARCH

On March 30, 2016, *The Lancet* published a ground-breaking genetic sequencing research study done in BC about how and when the HCV genotype 1a strain spread in North America. Using 45,316 publicly available "sequences" of HCV in which both time and place of origin were known, the researchers were able to trace the spread of five HCV genes (E1, E2, NS2, NS4B, and NS5B) over time and place. They determined that, "Most of the spread of genotype 1a in North America occurred before 1965, and the HCV epidemic has undergone relatively little expansion since then."

This result suggests that medical-transmission (also called 'nosocomial or iatrogenic') factors rather than behavioural-risk factors such as IV drug use, tattoos, etc., were key in the initial spread of the HCV epidemic in North. America. As the authors of the study say, "Our results might reduce stigmatisation around screening and diagnosis, potentially increasing rates of screening and treatment for hepatitis C virus."

On April 1, 2016 the Victoria Times Colonist noted that in the recent study, "the peak infection rate for people born between 1945 and 1965 has been found to coincide with five-year-olds in 1950 who were infected by inadequately sterilized needles used in healthcare settings." As Dr. Montaner explained: "Any baby boomer could be living with HCV even in the absence of symptoms or any history of high risk behaviours, and as such they should be encouraged to proactively seek HCV testing."

On April 25, 2016 Drs. Julio Montaner of the BC Centre for Excellence in HIV/AIDS and Mel Krajden of the BC Centre for Disease Control, two of the eleven co-authors of the study, presented the following graph showing how the genetic expansion of the five HCV genes grew exponentially from the 1920s and the 1940s, along with the spread of the use of glass and metal syringes, and leveled off in the 1950s and 1960s as disposable plastic syringes were used.



(Click on image for larger version)

Sources: http://goo.gl/mzerPO and Victoria *Times Colonist*, April 1, 2016, page 1 "Hepatitis C tests urged for all baby boomers"

MONEY GRAB FROM BLOOD SCANDAL VICTIM FUND

There is still a lot of money left in both the 1986-1990 and the pre1986-post1990 Blood Scandal Victim Compensation funds. But there are still many undiagnosed people out there who would be eligible for compensation if only they be found through a broader national HCV screening program. Right now the federal government is trying to take over $250 million from the 1986-1990 fund. They are not making any attempt to find the remaining victims so they can be compensated and cured. If they are allowed to do this for the 1986-1990 fund, it will set a terrible precedent for the pre-1986 post-1990 fund as well. HepCBC has joined the Canadian Hemophilia Society, Action Hepatitis Canada, and other organizations throughout Canada in endorsing the following statement:

LIBERAL GOVERNMENT'S CASH GRAB COMPOUNDING CANADA'S WORST PUBLIC HEALTH DISASTER

March 2016 – In direct contradiction to the promise made by the Liberal Party of Canada during the 2015 election campaign not to attempt to recover the quarter-billion dollar surplus in the Trust Fund for the 1986-1990 Hepatitis C Settlement Agreement, the Attorney General of Canada has requested that the entire surplus be allocated to "Canada."

Given the many unmet needs, and as the fund was created with a predetermined amount, and not based on the total projected needs of class members, allocation of the surplus to enhance benefits to class members according to the spirit of the original settlement should be at the core of the position of the Government of Canada.

It is our view that no portion of the Trust Fund projected surplus should be returned to any level of government at this time. The recommendation to allow applications from those infected who missed the first claim deadline should also be supported by the Government of Canada.

The orders approving the settlement allow the Joint Committee, which has the mandate to implement the 1986-1990 Hepatitis C Settlement Agreement and to supervise the ongoing administration of claims, and the governments to apply to the courts when there is a surplus. The courts have discretion to decide what to do with the surplus in light of the recommendations, including deciding that all or a portion of it should be kept in the Trust Fund. Applications regarding the surplus will be considered by the courts at a Joint Hearing that will take place in Toronto on June 20-22, 2016.

We strongly object to the surplus being paid out to the federal government. We strongly support the Joint Committee's Notice of Motion to enhance the benefits to claimants

For more information, see March 30 Press Release at: http://goo.gl/zGEwBW

We invite individuals and organizations to take further action such as writing or e-mailing your Member of Parliament and Health Minister Philpott and Health Critics from all parties. You can also use FACEBOOK and TWITTER to let people know about this travesty.

For ideas of what to write, see http://goo.gl/rBJ6Kn

Peppermint Patti's FAQs, V 10.1 !!

Do you have questions about Hep C or about treatment? Do you want to know how to make healthier choices for your liver?

Download for FREE:
http://wp.me/P7rc49-1T7

HOLKIRA PAK™ UPDATE

On April 11, 2016, the use of AbbVie's Holkira Pak™ was approved by Health Canada for patients co-infected with HIV and for post-liver transplant recipients. Specifically, efficacy and safety has been established for:

- Holkira Pak™ for patients with HCV genotype 1 co-infected with HIV-1
- Holkira Pak™ with ribavirin for liver transplant recipients with normal hepatic function and Metavir fibrosis score of ≤ 2, regardless of the HCV genotype 1 subtype.

HepCBC applauds the wider use of this excellent treatment option. Further info is available in AbbVie's updated product monograph.

ABBVIE CARE

With the approval of HOLKIRA PAK™, AbbVie is launching AbbVie Care, which is a program that will provide best-in-class solutions to improve outcomes for people living with hepatitis C.

Canadians prescribed HOLKIRA PAK™ will have the opportunity to request to be enrolled in AbbVie Care. The signature care program is designed to provide a wide range of customized services including reimbursement assistance, education and ongoing disease management support. AbbVie Care will not only support health care professionals but people living with genotype 1 hepatitis C throughout their treatment journey to achieve high cure rates in the real world.

For enquiries: 1-844-471-2273.

CLAIRE

Bristol-Myers Squibb Canada has created Claire, a patient support program designed to provide patient health information and reimbursement assistance for patients who have been prescribed DAKLINZA™ (daclatasvir). This personalized patient support program is now available, and represents a service offered at no cost to the patient and is fully confidential. It is set up so you will have a single person to take care of you during your treatment. You can call the information line for more details at: 1-844-428-2559. Should you have medical enquiries regarding DAKLINZA™, please contact our Medical Information Department at 1-866-463-6267 or email *info@claireprogram.ca*

MOMENTUM™ SUPPORT

To learn more about SOVALDI™, HARVONI™ or the Momentum Program™ in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1 855 447 7977. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/ reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™/HARVONI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.
- Compliance and adherence programs.

MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, or ZEPATIER™ . The program provides:

- assistance with reimbursement and/or insurance claims.
- financial assistance for co-pay/
- deductible for people who qualify.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge.

To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

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 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.

HEALTH BENEFITS 1ST NATIONS AND INUIT

There are a number of health-related goods and services that are not insured by provinces and territories or other private insurance plans. To support First Nations people and Inuit in reaching an overall health status that is comparable with other Canadians, Health Canada's Non-Insured Health Benefits (NIHB) Program found at *http://goo.gl/8K9ODK* provides coverage for a limited range of these goods and services when they are not insured elsewhere. Their number in BC is 604-666-3331 or 1-800-317-7878 (toll-free).

IBAVYR™

Pendopharm has established the IBAVYR™ Patient Support Program. The program will assist patients who have been prescribed IBAVYR™ (ribavirin tablets) with reimbursement navigation, financial assistance and pharmacy services. Case managers will support patients with insurance-related matters and assess eligibility for financial support. Pharmacy services include adherence support, medication delivery and counselling.

To enquire or to enroll, you may call 1-844-602-6858 Monday–Friday 7am to 11pm EST.

BIOADVANCE®

JANSSEN's GALEXOS™ (simeprevir) BioAdvance® program can assist you in many ways during your treatment. This includes compiling and submitting, on your behalf, all the forms and documents required by your insurance company to request coverage of GALEXOS™, and following up with your insurer to get you the best coverage possible. If you don't have private insurance, the GALEXOS™: BioAdvance® program will investigate public assistance programs that can help pay for your treatment. Whichever type of coverage you have, if your insurance does not fully cover the cost of treatment, the GALEXOS™: BioAdvance® program can usually coordinate and provide financial assistance to help you get treated. Finally, the program can offer many other types of support and your doctor and members of your healthcare team will work with the GALEXOS™: BioAdvance® Program to develop a customized approach to best support you throughout the course of your treatment. Contact: 1-855-512-3740.

COMPENSATION

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
1986-1990 Compensation Line: 1-877-434-0944
Red Cross Compensation pre-86/post-90 (Federal) Administrator: 1-866-334-3361
preposthepc@crawco.ca
Ontario Compensation: 1-877-222-4977
Quebec Compensation: 1-800-561-9749

CLAIMS ADMINISTRATOR 1986-1990

Claimants may be reimbursed for costs of treatments and accepted hepatitis C medications not covered by public or private healthcare plan while they wait for reimbursement from the 1986-1990 plan.

Administrator 1-877- 434-0944
www.hepc8690.ca
info@hepc8690.ca

Pre-86/Post-90

Administrator 1-866-334-3361
preposthepc@crawco.ca
www.pre86post90settlement.ca

Settlement Agreement:
www.pre86post90settlement.ca/english/eng_home.htm

SUPPORT BC/YUKON

Armstrong HepCURE Phone support 1-888-437-2873

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

- **Campbell River**: Positive Wellness program and counseling, harm reduction, needle exchange, advocacy. 1371 C - Cedar St.
  Contact *leanne.wingert@avi.org* 250-830-0787
- **Comox Valley** Harm reduction, counselling, advocacy. 355 6th St., Courtenay. Contact Sarah *sarah.sullivan@avi.org* 250-338-7400
- **Nanaimo AVI Health Centre**. Counseling, advocacy. **NEW: 102-**55 Victoria Rd Contact Michelle for details. 250-753-2437 *michelle.latour@avi.org*
- **Victoria** Access Health Centre, Tuesday lunch, disability applications, peer training. Support group Tues 12:30-1:30 PM, 713 Johnson St., 3rd floor, 250-384-2366, ext 3112 *leslie.robinson@avi.org*.

ANKORS Hepatitis C Project
Hep C Info, support for prevention, testing, treatment and living well with Hep C.

- **Boundary, Nelson, West Kootenay** Women's gathering monthly. 101 Baker St, Nelson. Contact Laura 1-800-421-2437 250-505-5506 *ankorshepc@ankors.bc.ca*
- **East Kootenay** 209 16th Ave N, Cranbrook, Contact Michelle 250-426-3383 1-800-421-2437 *ankorshcv@gmail.com*

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

Chilliwack PCRS Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. *lbirdsall@pcrs.ca* *www.pcrs.ca*

Comox Valley Positive Wellness North Island Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, **Courtenay**. Lunch. Contact Cheryl 250-331-8524. *Cheryl.taylor@viha.ca*

CoolAid Community Health Centre, **Victoria.** Meetings each Wed 10 AM and Thu 1:30 PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz *rmilne@coolaid.org* for treatment or group info.

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

Cowichan Valley HCV Support Contact Leah 250-748-3432 *r-l-attig@shaw.ca*

Haida Gwaii support. Contact Wendy *wendy@wendyswellness.ca* *www.wendyswellness.ca*

HepCBC *info@hepcbc.ca, www.hepcbc.ca* Call for office hours. Email support through website form. Peer phone support through:

- **Lower Mainland:** 1-604-259-0501
  Fraser Valley Support/Info: 604-576-2022 (9 am-10 pm)
- **The rest of BC:** 1-778-655-8000

Kamloops ASK Wellness Centre. Chronic illness health navigation/support.
info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing & counseling 250-315-0098
www.askwellness.ca

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: Phone support, meeting info. Contact Lisa 1-866-637-5144 *ljmortell@shaw.ca*

Nanaimo - Central Island Hepatitis Service: Nurses & doctors available for info, support, treatment. Clinic located in Nanaimo. Doctor or self-referral. Contact 1-855-740-2607, *sarah.hughes@viha.ca* or *shelby.munk@viha.ca*

New Westminster Stride with Purpose "HepC" Support Group **1st & 3rd Wed monthly 1-2:30pm** Refreshments.
Contact: Stride Workers
604-526-2522, *mail@purposesociety.org*

Positive Wellness North Island-North Island Liver Service Info, support, treatment/pre-post treatment groups. Doctor or self-referral. 1-877-215-7005 250-850-2605.

- **Courtenay**: 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)
- **Campbell River:** Treatment/pre&post-treatment support group 1st&3rd Thu monthly 10-12 noon, Discovery Room, Sunshine Wellness Centre, Campbell River Hospital. Jody Crombie at 850-2620, jody.crombie@viha.ca

Penticton & District Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 250-488-1376 or 250-492-5814

Positive Haven Info, harm reduction, support, drop in, clinic. 10697 135A St. Surrey. Contact Monika 604-589-9004.

Positive Living Fraser Valley (Abbotsford) Hep C support, Drop-in centre #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or *plfvcentre@plfv.org*

Powell River Hepatology Service Powell River Community Health, 3rd Floor–5000 Joyce Ave. Contact Melinda 604-485-3310 *Melinda.herceg@vch.ca*

Prince George Hep C Support Contact Ilse *ilse.kuepper@northernhealth.ca*

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

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

Vancouver: YouthCO HIV and Hep C Society of BC. Call for appts or drop in M-F 10-6. 205-568 Seymour St, Vancouver 604-688-1441, 1-855-YOUTHCO Stewart *info@youthco.org*, *www.youthco.org*

VIDC HCV Support Group 9:30AM-12PM Every Friday 200-1200 Burrard St., Vancouver.
Contact 604-642-6429 *info@vidc.ca*

Vernon telephone buddy, M-F 10-6 Contact Peter, *pvanbo@gmail.com* Tel. 250-309-1358.

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 *admin@bloodties.ca*

OTHER PROVINCES

ONTARIO:

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

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

Hep C Team, AIDS Committee of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560, 1-800-387-3701 or *hepccommcoord@gmail.com*, *www.aidsnorthbay.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. 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

London Hepatitis Hep C Support 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601,
1-866-920-1601
www.hivaidsconnection.com

Niagara Health System – Hepatitis C Care Clinic (HCCC) Clinics:
New Port Centre-Port Colborne, 4 Adams Street - St Catharines, Niagara Falls Hospital. Education, counseling, individual/group support, treatment, outreach, and harm reduction. Contact 905-378-4647 ext 32554 and HCCC@niagarahealth.on.ca
www.niagarahealth.on.ca/services/hepatitis-c-care

Oshawa Community Health Centre Hepatitis C Team Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. *www.ochc.ca*
Contact 1-855-808-6242

Owen Sound Info, 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)
905-799-7700
healthlinepeel@peelregion.ca

St. Catharines Contact Joe 905- 682-6194

Toronto CLF "Living with Liver Disease" group 1st Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932 or 1-800-563-5483 ext. 4932..
bpotkonjak@liver.ca
www.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
reneedaurio@hotmail.com

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 032-2065, rue Parthenais, Montreal. Contact 514-521-0444 or 1-866-522-0444

ATLANTIC PROVINCES

Hepatitis Outreach Society of NS. Info and support line for the entire province.
Call 1-800-521-0572, 902-420-1767
Online Peer Support:
info@hepns.ca
www.hepns.ca

PRAIRIE PROVINCES:

Calgary Hep C support group meets 1st & 3rd Wed. monthly, 11:45am-1pm, CUPS 1001-10th Ave, SW. Contact Lynda 403-991-1930
www.cupscalgary.com
lyndaw@cupscalgary.com

Manitoba Hepatitis C phone and email support and outreach. Contact Kirk at info@mbhepc.org.
Direct line: 1-204-231-1437

Manitoba CLF each Thu 1:30-3. 375 York Avenue, Suite 210, Winnipeg, Contact Bianca 204-831-6231 bpengelly@liver.ca

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

To list Canadian groups here, please send your details to *info@hepcbc.ca* It's free!