



***August, 1996***

I'm encouraged to know that our Group is very functional, due to the many volunteers which have come forward to help run the Group, and I, along with my co-chairpersons, say thanks to each one of you. It hoves good for the future of our Group. We will continue to ask for volunteers to help where needed, and I feel sure your responses will be positive.

A note again about Membership in Hepatitis C Survivor's Society:

On becoming a member, the expiry date now runs for a year from the date one made application for membership. A reminder, that your membership has expired or is about to will be highlighted on your Victoria Chapter Newsletter label each month. Please renew promptly, thank you.

To become a member of HeCSS, a membership application form has to be completed and, with the minimum dues of \$15.00 per year, forwarded to the National Office in Toronto. Application forms are available at each meeting or on request. Benefits through the National Office are an Income Tax Receipt, a membership card (good for twelve months), plus receiving the National News Letter. Your Victoria Chapter benefits, too, by a portion of the dues being returned, to help with our Chapter operating expenses.

Reminder:- Any change of address, phone number or Postal Code please let me know at your earliest. Thanks.

386-8227

Jim Lodge,

Co-chairperson.      Membership Chair.

#### **NEED SUPPORT?**

Margaret Parry recently lost her husband, Robert, to Hepatitis C. Through her sad experience, she has gained a lot of knowledge about the disease, and a great desire to help our group. Margaret has kindly offered her support. If you need to talk, or need information, please call her at 380-1851.

**The deadline for any contributions to next issue of hepc.bull is September 23rd. Please contact Joan Diemecke at Tel. 479-5290.**

**NEXT MEETING: September , 1996**

1 - 3 PM, and again at 7-9 PM

We are pleased to have **Dr. Frank Anderson** to discuss treatments at both meetings. Bring your questions!

### **NOTE:**

HeCSS cannot endorse any physician, product or treatment. The guests invited to our group 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 therapy protocol.

## **RECIPE CORNER**

### **Couscous**

From: teresa on the HEPV-L List, Internet

I make this a lot and eat it for days. I hope everything I put in it is ok for you. This is how I make it, anyway and you can do many variations to your liking.

Follow directions on the couscous package. I like Casbah brand best. It's usually found in the health food section of regular stores. When done, I fluff it with a fork, then let it sit out at room temp for 10 - 20 minutes to cool down. Then I put it in a tupperware thingy in the fridge to chill while I make the rest of the stuff.

Rest of the Stuff:

large tomato, diced real fine  
green onions ,sliced real fine  
cuke (japanese preferably), diced real fine  
parsley or cilantro, minced fine

1 cob fresh corn, cut from cob  
1 head broccolli, stems and flowers  
2 small carrots, cut in tiny li'l pieces

Okay, the first four ingredients, you just add to couscous as you go along.

The next three veggies I steam lightly or par boil. Then let them cool.

(The broccolli is easier to deal with cut up after you steam it.)

I just add this all together and mix it good. You can season with pepper, garlic powder, salt, lemon, vinegar or whatever. I like to get Good Seasons Lite or Fat Free Italian Dressing. Good Seasons is my fave. I hope you like it. It was a hit at my Superbowl party and that surprised me. Hope all is well with you. My life is a continuous journey of acceptance.

## **CANADIAN LIVER FOUNDATION**

### **LOCAL CHAPTER**

The Canadian Liver Foundation's (CLF) mandate is "to reduce the incidence and impact of all liver diseases." To ensure we can meet this mandate in the Victoria community, the CLF will be establishing a local volunteer chapter board. Your local chapter will implement health promotion, patient education and fundraising programs within the Greater Victoria community. If you are interested in becoming a volunteer, please call Kevin Webster in Vancouver at 1-800-856-7266.

## Effects of Glucose on Liver Injury from Hepatotoxicants (1995)

Nutritional impact on the final outcome of liver injury inflicted by model hepatotoxicants: effect of glucose loading.

S. Chanda & H. M. Mehendale

Division of Pharmacology and Toxicology, College of Pharmacy and Health Sciences, Northeast Louisiana University Monroe, 71209-0470, USA.

Fifteen percent glucose in drinking water for 7 days increased lethality of four structurally and mechanistically different model centrilobular hepatotoxicants acetaminophen, thioacetamide, chloroform, and carbon tetrachloride) in male Sprague-Dawley rats (n = 10/group). A nonlethal injection of thioacetamide was lethal in glucose loaded rats and therefore was chosen for further studies. Serum enzyme elevations and liver histopathology revealed that actual infliction of liver injury peaked between 36 to 48 h after thioacetamide injection; however, the liver injury progressed in rats receiving glucose, whereas it regressed in rats maintained on normal diet and drinking water without glucose supplement. Glucose loading did not increase the hepatic microsomal cytochrome P450. Thymidine incorporation studies along with proliferating cell nuclear antigen immunohistochemical analysis of liver sections revealed inhibition of S-phase stimulation and decelerated cell cycle progression. These findings suggest that glucose loading inhibits cellular regeneration and tissue repair resulting in accelerated progression of liver injury inflicted by thioacetamide culminating in increased death of animals receiving a moderately hepatotoxic dose of thioacetamide.

### COORDINATING COMMITTEE -- VICTORIA CHAPTER

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THERE IS STRENGTH IN NUMBERS, AND WE ENCOURAGE YOU TO JOIN THE NATIONAL HeCSS ORGANIZATION. THIS AUTOMATICALLY MAKES YOU A MEMBER OF THE VICTORIA CHAPTER, WHICH IN TURN RECEIVES A PART OF YOUR DUES FOR EXPENSES.

July 19, 1996

### SUCCESSFUL ARTIFICIAL LIVER SUPPORT

Biotechnology Business News via Individual Inc. : BERLIN - Acute liver failure is a disease with a very high mortality - an estimated 2,000 people die each year in the US alone. Despite improvements in intensive care therapy, mortality from acute fulminant liver failure is still around 80 per cent. The primary therapy of choice is liver transplantation, but the availability of this choice is limited by a severe shortage of suitable organs and the short time available to locate, transport and implant a

suitably matched liver. To bridge the gap between liver failure and pinpointing a suitable donor organ, hybrid liver support systems are being developed to maintain the patient until a transplant is available. In most systems proposed liver cells are cultivated in bioreactors of varying designs.

Jorg Gerlach and his team at the Virchow-Klinikum at Berlin's Humboldt University have developed a bioreactor system with four separate interwoven capillary networks, each with its own function. The interweaving is so designed that porcine hepatocytes in the extracapillary space in the bioreactor all find all four types of capillary close by. Hepatocytes reorganise themselves three-dimensionally in a micro-environment closer to the normal physiological situation.

In March 1996, pig hepatocytes produced in the Gerlach bioreactors were used for the first clinical application in a live extracorporeal hybrid liver support system trial. The 45-year old female patient was in a hepatic coma, with no liver transplant immediately available. The liver support system maintained the patient's hepatic function satisfactorily for two days until a transplant procedure could be carried out. The patient has recovered well, has been discharged from hospital and plans to start work again next month.

The first live use of a hybrid liver support was by Matsumura in Berkeley, California, in 1987, and the second by Margalis in Riga, Latvia, in 1990. Among companies actively working to develop hybrid liver support systems are WR Grace, Hepatix and Regenerex in the US. The Gerlach bioreactor was developed with the backing of Braun (Melsungen, Germany) and Akzo Nobel (Arnhem, the Netherlands).

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### **MAY MEETING HIGHLIGHTS**

Leslie Gibbenhuck and her lawyer, David Butcher, spoke to us. The contents of the lawyer's talk are included in the "script" he was kind enough to give us, which has been attached to these minutes.

Jarad, Leslie's son, will be involved in the Class Action Suit to get compensation for Hepatitis C patients who contracted the disease through tainted blood. Mr. Butcher brought his discourse to a close by answering the many questions brought to him by the group.

### **JUNE MEETING HIGHLIGHTS**

(Thanks to Joanne B.)

The Hepatitis C-related death of Les, a member of our group, who was only 38, was announced. His family requested that friends and relatives send donations to the support group as the group had been very kind and comforting to him.

Rita gave the group some excellent information about the outcome of her trip to Toronto with some very promising news : an initial amount of \$8,000 will be provided to set up a HepC office. Another amount somewhere in the vicinity of \$200,000 will be given to HeCSS to initiate a nationwide awareness program, to start up groups in more remote communities, to educate school children about Hepatitis C, to reach out to street kids and people in the prison system, and to give information to government health officials. At present there are approximately 415 members throughout Canada with close to half in British Columbia - thus national meeting of HeCSS in September will be held in Victoria. We also received the news that medical benefit plans may be modified to include and pay for acceptable alternative therapies