



hepc.bull

BC's Hepatitis C News Bulletin

March 1999

Issue No. 10

CIRRHOSIS REVERSAL?

NEW YORK (AP) -- Scientists wiped out liver cirrhosis in rats by injecting their muscles with a human gene, raising early hopes for a new treatment for people.

The gene made the rats pump out high quantities of a protein that promotes liver regeneration while reducing cell death. That cleared up serious cirrhosis in the animals, researchers reported.

A liver expert called the work exciting and said such treatment might someday be able to prevent cirrhosis in people at risk for it, and possibly reverse the damage in patients who already have it.

The new work is reported in the February issue of the journal *Nature Medicine* by Dr. Jiro Fujimoto of the Hyogo College of Medicine in Nishinomiya, Japan, and others.

There's no guarantee the treatment would work in people. The researchers are studying it in dogs and hope to get permission for human testing, Fujimoto said.

The treatment was based on a protein called hepatocyte growth factor, or HGF. Previous work has shown HGF can promote liver regeneration and suppress cell death, while blocking a second protein that encourages scar formation.

The researchers created cirrhosis in the rats by injecting them with a drug. Once serious cirrhosis was established, they injected some of the rats weekly with the gene for human HGF, enclosed in fatty bubbles.

Treated rats showed human HGF in their blood, indicating that the gene had settled down to work and ordered muscle cells to make the protein. The animals started making more rat HGF too.

All 13 untreated rats in the experiment died of cirrhosis within 45 days. But the nine animals that got the highest dose of the HGF gene survived and were free of cirrhosis when removed from the study after 50 days.

Dr. George Michalopoulos of the University of Pittsburgh, who did not participate in the study, said he was excited because it is the strongest evidence yet that HGF might be able to treat chronic liver damage. He said he had never seen such extensive cirrhosis reversed in animals before.

VICTORIA VOLUNTEERS

Volunteers are needed for all stages of planning the 5 Km "Run For Life," scheduled to take place on July 18th at Lochside Park. Please sign up with Fatima at 652-8945 and help make this event a big success!



Hepatitis C Victims Give Thumbs Down To 1986 - 1990 Compensation Plan

Ottawa: January 27, 1999. The Hepatitis C Society of Canada finds the 1986 - 1990 compensation plan to be unacceptable for a number of reasons. Today the Society is making its position public and speaking out for the 6,600 Canadians who were infected by tainted blood through no fault of their own.

The Society urges the lawyers to remove the cloak of secrecy surrounding the negotiations and seek input from the victims whom they represent in developing an improved compensation plan that addresses their pain and suffering.

The Society has surveyed its forty-one chapters and also received the personal opinions of individual members in establishing its position. The overwhelming conclusion is that our governments have not allocated sufficient funding to compensate those infected between 1986 and 1990. There is grave concern that the opinions of victims will not be considered before the courts approve the plan. The victims are fearful that they will not be given sufficient time to make an informed decision on whether to accept the negotiated compensation plan or pursue alternative legal action.

The Society's position is outlined in the document "HeCSC: Assessment of the 1986 - 1990 Compensation Plan." Some of the highlights are as follows:

- the needs of hepatitis C infected children, who must live their whole lives with uncertain health, have not been considered.
- the victims are required to carry the full burden of risk that the fund will be sufficient to make all payments to the victims.
- Hepatitis C victims are being compensated less fairly than other blood infected victims, and,
- the initial payment is insufficient to cover the psycho-social and socio-economic impacts of the disease.

"Today the victims are finally giving their inputs to a compensation plan that was conceived behind closed doors without their participation.

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LIFE AFTER THE COMBO

by Darlene Morrow

Today is January 3rd and I am 45 years old. It seems like a good time for reflection; a time to consider what this life is all about.

Exactly five years ago I was attacked by a mysterious illness. In a matter of months I was struck down from a vibrant, healthy and active life to one teetering on the brink of disaster and uncertainty. Slowly I began to lose my life as I knew it.

My health quickly deteriorated. If this were not enough, I was forced to battle a medical system that I thought existed to protect and help me. I had to give up my job. I almost lost my faith. I almost lost my hope. But without hope, what are we?

Everyday was a struggle. I would often think—when did life get to be so hard? How do I go on? How can I drag my family down like this? Why must they live this life too? And then it was more for them than for me that I found the courage to go on the interferon and ribavirin therapy. I just wanted OUR life back.

For 21 months my life was indescribable. I won't try to soft sell you—I reacted badly to the drugs. At times I thought I was crazy! The response rate is only 42 percent—it's not even half. What chance was there? At times my husband would beg me to stop. And that's really what I wanted to do. But I couldn't stop hoping. I just wanted my LIFE back.

In September the therapy was finished. I wanted to feel life again NOW. Immediately I had a surge of energy, easily explainable as my hemoglobin rose from 97 to 125. And then it stopped. I was still tired. Very tired. Was this as good as it would get? 3 months went by. I was desperate. I didn't want this to be my life. But then something happened. I began to feel a little more energetic. I didn't want to get excited—this disease waxes and wanes—it could just be a part of the cycle. But I kept on feeling better. I kept on getting more energy.

I joined the gym. I started doing cardiovascular conditioning—the bicycle, then the treadmill, and yes—even the Stairmaster! I started lifting weights. And I kept on feeling better.

I am afraid to say it out loud—I don't want

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SUBSCRIPTION FORM

Please fill out include a check made out to **HeCSC - Victoria Chapter**. Send to:

**Hepatitis C Society of Canada
Victoria Chapter
1611 Quadra St.
Victoria, BC V8W 2L5**

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Address: _____

City: _____ Prov. ____ PC _____

Home (____) _____ Work (____) _____

One Year Subscription: Donation **\$10.00**

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I am applying for a grant." _____

"I would like to make a donation so that others may receive the newsletter without charge" _____

(A limited number of newsletters will be available free of charge at group meetings, as well.)

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SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each month. Please contact: **Joan King-Diemecke** at (250) 388-4311, joan_king@bc.sympatico.ca, **Darlene Morrow** at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3, hepcbc@home.com or **C.D. Mazoff** at squeeky@pacificcoast.net
The editors reserve the right to edit and cut articles in the interest of space.

ADVERTISING: The deadline for placing advertisements in the hepc.bull is the 12th of each month. Rates are as follows:

Newsletter Ads:

\$20 for business card size ad, per issue

There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.



MISSING DONATION RECEIPTS?

If you have made a donation to HeCSC and haven't received a tax receipt, please call the head office at 1-800-652-HEPC

COMING UP IN BC:

Castlegar/Grand Forks/Trail Contact: Robin, 365-6137.

Chilliwack Contact: David, 792-3467.

Comox Valley Liver Disease Support Group Meetings: Third Tuesday of each month, 7 PM, downstairs, Island Health Unit building. NEXT MEETING: Mar. 16th. Contact: Ingrid or Nicky, 335-1711 or Jeanne Russell ebus96@island.net

Cowichan Valley Hepatitis C Support Services. Meetings: 1st Thursday 7-9 PM. 464 TCH. Duncan. NEXT MEETING: Mar. 4th. Contact: Debbie, 748-5450 or Leah 748-3432. vhepc@hotmail.com

Enderby HepCURE Meetings: Last Sunday of each month 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: Mar. 28th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Kelowna HeCSC Meetings: Last Saturday of each month, 1-3 PM, Rose Avenue Education Room in Kelowna General Hospital. NEXT MEETING: Mar. 27th. Contact: Michael, 860-8178 or eriseley@bcinternet.com

Nanaimo HeCSC Meetings: Second Thursday of each month, 7 PM, Health Unit-Central Vancouver Island, 1665 Grant St. NEXT MEETING: Mar. 11th. Contact: Helen, 245-8759.

New Westminster Support Group Meetings: Second Monday of each month, 7:00-8:30 PM, First Nation's Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. NEXT MEETING: Mar. 8th. Contact Dianne Morrissett 525-3790.

Parksville/Qualicum 1-291 East Island Hwy, Parksville. Open daily from 9 AM to 4 PM, M-F. Contact: (250) 248-5551. dbamford@island.net

Penticton HeCSC Meetings: Penticton HeCSC Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: Mar. 10th. Contact: Leslie, 490-9054,

bchepe@bc.sympatico.ca

Prince Rupert Contact: April, 627-7083.

Quesnel Contact: Elaine, 992-3640.

Richmond Meetings: Fourth Tuesday of each month, 7 to 9 PM, Westminster Health Unit, 7000 Westminster Hwy., main floor, room 3. NEXT MEETING: Mar. 23rd. Contact: Guy, 244-1704. gthisdelle@geocities.com or Carmel at Richmond Health Unit, 279-4069.

Sooke Contact: Ken Crews, 642-5394.

Sunshine Coast Meetings: First Thursday of each month, 7:30 PM, Coast Garibaldi Health Unit in Gibsons. NEXT MEETING: Mar. 4th. Contact: Karen, 885-6413. karen_felske@sunshine.net

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses' Residence of VGH (12th and Heather). Signs will direct you. NEXT MEETING: Mar. 11th. Contact: the CLF, 681-4588 or Herb, 241-7766. HMoeller@compuserve.com

Vernon HepCURE Meetings: 1st Tuesday 12-2 PM and 3rd Tuesday of each month, 6-8 PM, the People Place, 3402-27th Ave. NEXT MEETINGS: Mar. 2nd and 16th. Contact: Marjorie, 558-7488. www.junction.net/hepcure/index.html

Vernon HEPLIFE Meetings: 2nd and 4th Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27th Ave. NEXT MEETINGS: Mar. 10th and 24th. Contact: Sharon, 542-3092. sggrant@attcanada.net

Victoria HeCSC Meetings: Last Wednesday of each month, 1-3 PM (speaker: Dr. Peter Bennet—Helios Clinic), and at 7-9 PM, St. John the Divine Church Lounge, 1611 Quadra St. (Entrance through the rear, marked Annex) NEXT MEETING: Mar. 24th. Contact: 388-4311. hepcvic@pacificcoast.net

White Rock Support Group: Meeting Room #2, Peace Arch Hospital. Contact Lisa Peterson at 538-8704



REPRINTS

Past articles are available at a low cost. For a list of articles and prices, write to the hepc.bull, via Darlene Morrow at 1203 Plateau Drive, N. Vancouver, BC, V7P 2J3, hepcbc@iforward.com

THANKS!!

Victoria Chapter HeCSC acknowledges the personal donations, donations in kind and memorial donations received to date, and the following for discounts, donations of services, or equipment: Monk Office Supply, CFAX 1070 Radio, Apple Canada, Pacific Coast Net and Island Internet, Inc., Mid-Island Realty, Questar Holdings, Unity Business Machines Ltd., Microsoft of Canada, Jim Pattison Group, Society Press & Graphics, Paradox Computers, and CompuSmart. We also wish to acknowledge an anonymous agency which has generously supplied us with government surplus computer equipment. *Special thanks:* JJ Camp

HAVE YOU MADE OUT YOUR WILL? Everyone needs one!

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hepcvic@pacificcoast.net
http://www.pacificcoast.net/~hepcvic/hepcvic~1.htm

Reminder: Any change of address, phone number or postal code, please let your phone contact (in Victoria) or your chapter secretary know ASAP
HeCSC Victoria Tel. (250) 388-4311
hepcvic@pacificcoast.net



This Month in Victoria

This last month has been incredibly busy, and I'm glad to say that our membership is growing and participation is increasing. Thanks to all who continue to help.

For those of you who missed it, this last month JJ Camp and Bruce Lemer came to the meeting to explain the compensation framework agreement to the members. It was a good meeting and lots of questions were asked and answered. Because of the importance of the issue, our Steering Committee decided to find out *exactly* what everyone actually thought. Joan and the phone committee called just about all the transfused members to get their opinions, and the results were posted to the HepCAN list and to HeCSC in Toronto. We are very pleased to say that your opinions really mattered and that the national board of directors listened to your voices when they made a public statement rejecting the proposed agreement.

We have recently been able to publish an updated version of Peppermint Patti's FAQ. These 84 page books are spiral bound and contain every thing you wanted to know about HCV but were afraid to ask. We are asking for a \$7 donation + postage. As well, we have managed to print a series of 4 pamphlets (sex, drugs, pregnancy, beauty industry), and hope to distribute them shortly. They are, however, expensive, and we hope that we can get another grant to continue the work.

We have also been quite busy writing letters, and encourage you to keep up the good work yourselves. Peggy Daisley and Ron Thiel received replies from Preston Manning, and Ron Thiel had a letter published in the Globe & Mail, and possibly another one in the Canadian Medical Association Journal (CMAJ). Ron also emailed every politician in the land a copy of Dr. Brill-Edwards' assessment of the tainted blood issue.

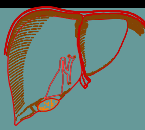
I have not been so lucky with my letters to Glen Clark and Penny Priddy, who have told us they are much too busy to speak to us—*ever*—and am waiting response to letters I wrote to the Deputy Minister of Health and to the BC College of Physicians and Surgeons about issuing an ibuprofen warning for persons with Hep C. Because they have not responded quickly, I have also sent out a press release to this effect.

This month I also held two information sessions for staff & others at the Mustard Seed Church and another at Wilkinson Road Jail with Joan and the Fitz. The response was excellent.

Also, Dave Fitzgerald and I officially set up a Disability Working Group with the Action Committee of Persons with Disabilities, so that our members could have more effective advocacy.

On January 25th, we held a special meeting

(Continued on page 4)



LIVER BIOPSY & PATHOLOGY OF HEPATITIS C

by Natalie Rock BSN, RN.

Liver Biopsies are indicated when there is evidence of chronic hepatitis based on elevated enzyme levels 1.5 to 2 times the upper limit of normal for greater than six months, if liver function tests are abnormal, if signs or symptoms of liver disease are present, and/or there is uncertainty about the diagnosis or disease activity. Liver biopsies are performed to assess the degree of activity (inflammation) and the extent of scarring (fibrosis and cirrhosis).

Microscopically the liver consists of units called **lobules**. Lobules consist of a central vein, radiating columns of liver cells, and portal tracts or triads. The portal triads consist of portal vein radicals, hepatic arterioles, and bile ducts. The intervening liver cells are supported by reticulin, and columns or spaces between the liver cells are referred to as sinusoids. The last row of cells adjacent to the portal triads is referred to as the limiting plate.

Hepatitis C, like other viruses causing hepatitis, results in the concentration of inflammatory cells in the liver, the destruction (necrosis) of liver cells, and the formation of scar tissue or fibrosis (collagen). The inflammation starts in the portal triads which consists of portal veins, arterioles, and bile ducts. The inflammation may be limited to this area and not cause any damage. As the inflammation progresses, the inflammatory cells extend out into the liver lobule and start to involve the liver cell cords. The liver cells that are the first to be damaged are those cells forming the limiting plate, and as the cells are affected by the inflammation they die or become necrotic. This destruction of the limiting plate is referred to as *piecemeal necrosis*. As the inflammation extends further outward the liver cells in progression are destroyed (or become necrotic) and all that is left is the reticulin supporting structure. The reticulin fibres collapse against other reticulin, and the liver cells are replaced by scar tissue (collagen). As the collagen and collapsed reticulin extend from the portal area to the central vein, *bridging fibrosis* occurs. The bridging may be from portal triad to central vein, but as more liver cells become necrotic the bridging may extend from portal area to portal area and form a nodular pattern. Once this occurs *cirrhosis* is present. The liver cells may attempt to regenerate, but they do so in a nodular pattern because they are fixed inside the fibrous bands, this nodular regeneration is also a feature of cirrhosis. The fibrous tissue may effect the central vein, causing a restriction of the flow of blood with resultant "back pressure." This back pressure is transmitted further back into the portal vein with the resultant *portal hypertension*. The pressure in the portal vein is transmitted back into the veins draining the upper stomach and lower oesophagus and form *oesophageal varices*. These varices may burst with the result that

a major haemorrhage occurs (there are procedures to deal with this complication such as banding or injecting the varices). As the liver cells are destroyed the ability of the liver to perform all its important functions becomes compromised and liver failure may start to occur.

In order to be as objective as possible, in order to standardise the interpretation of liver histology, and in order to determine the progression of hepatitis, a grading system for the inflammation and a staging system for the fibrosis has been developed. The system is as follows:

Portal inflammation:

Grade 0—no inflammatory cells

Grade 1— inflammatory cells limited to the portal triad with no piecemeal necrosis

Grade 2— inflammatory cells extending out from the portal triads with patchy piecemeal necrosis

Grade 3— heavy inflammation with marked piecemeal necrosis

Grade 4— inflammation and necrosis extending from the portal areas through the liver lobule

Lobular inflammation:

Grade 1— some inflammatory cells within the liver lobule but no obvious liver cell necrosis

Grade 2— inflammatory cells in small clusters within the lobule with necrosis of some adjacent liver cells

Grade 3— heavy collections of inflammatory cells within the liver lobule with marked areas of liver cell necrosis

Grade 4— extensive inflammation throughout the whole of the liver lobule, merging with grade 4 inflammation from the portal triads.

Fibrosis:

Stage 0—no fibrosis

Stage 1— a small amount of fibrosis around the portal triad but not extending outwards

Stage 2— fibrosis tissue extending out from the portal areas but not reaching the central vein

Stage 3— fibrous bands extending from portal triad to central vein but not to other portal triads (portal to central bridging)

Stage 4— fibrous bands from portal areas to portal areas with the formation of cirrhosis (portal to portal bridging with nodular regeneration)

Liver cell cancer usually develops after the establishment of cirrhosis. The factors causing the development of liver cell cancer are not completely understood, but the nodular regeneration seems to play a part. Liver cell cancer may occur in only one area of the liver, but in 50% of people it occurs in more than one area and is said to be multifocal.

Other features that occur in the liver in chronic hepatitis C are fat deposition within the liver cells, collection or aggregates of inflammatory cells into what are termed "lymphoid follicles" and damage to the tiny bile ducts, termed the "bile duct lesions."



NEW OFFICE IN PARKSVILLE

The new address for the Parksville/Qualicum Beach support group is 1-291 East Island Highway, Parksville, B.C. The phone number remains the same. This change came about because this group does not receive any government funding. Less than a month after volunteers announced the Allied Support Group might have to close its doors due to financial problems, Coast Realty group has stepped in to offer the charitable organisation free office space.

Manager Roland Wickett and his staff members have agreed to contribute a portion of their real estate commissions, and corporately they are making a monthly donation, as well as helping with the group's accommodation expense.

The new location is located in the Coast Realty Insurance office on the Island Highway, across from Quality Foods, in Parksville, and features a reception area, along with two rooms. During evening meetings, the office's board room will also be available for use.

Although this new facility is a bit smaller in size than the previous location, the services provided and information available will not change.

Gary Joneson

(THUMBS DOWN—Continued from page 1)

We are providing this assessment to all our members so they can make their own personal and individual decisions on whether to accept the negotiated settlement or take alternative legal action," said Jeremy Beaty, Chairman of the Hepatitis C Society of Canada.

The Hepatitis C Society of Canada's often-stated position on compensation is that all victims of tainted blood must be compensated on the same basis. The 1986-1990 plan in itself contradicts this position and is based on government acknowledged negligence only in this time period. The awful tragedy of illegal collections and shipment of prison blood to Canada from Arkansas and Louisiana is willful negligence by those managing the blood system. It is only one example that negligence occurred outside the time period. We will continue to speak out on behalf of all blood-infected victims until they are treated equally.

Subject to securing funding, the Hepatitis C Society of Canada will seek standing on behalf of its members in the courts when the final settlement terms are put forward for court approval.

For more information, call:
Tim McClemt, Executive Director
(416) 979-5855

DELIVERING SOME POINTED TIPS ON PIERCING AND TATTOOING

By Dr. Donna Reynolds

Whitby This Week, Sunday Edition, January 24, 1999

Body decoration in the forms of tattoos and multiple body piercings is becoming one of our most recent fads to express individual creativity.

As more and more people from all avenues of life take to the needle, the chance of becoming infected during or after the procedure is often overlooked or underestimated.

Whenever skin is broken, whether from a cut, a tattoo needle, or a piercing needle or gun, care is required to prevent infection and the spread of infectious diseases.

Infections that have occurred from piercing and tattooing include hepatitis B, hepatitis C, HIV/AIDS, tetanus, toxic shock syndrome and other minor to life-threatening skin infections.

The exact risk of acquiring one of these illnesses is not known. Allergic reactions to the tattoo dye or the metal in the jewellery, and development of large scars, called keloids, are some more commonly occurring health problems resulting from decorating our bodies.

Until recently, anyone could set up shop and perform tattoos or body piercing without ever knowing how to protect their clients from the spread of infectious diseases.

Many in the industry have learned how to perform their art safely since a clean business was good for business. Others may not be so safety-conscious.

If you choose to get a tattoo or be pierced, here are a few points to help assess the safety of the operator.

Before the procedure, watch the operator, check for cleanliness, and consider whether your blood might be mixing with any blood from clients before you. Above all, make sure needles and studs are sterile.

For safety, many places will use single-use needles or will have the customer buy or bring their own set.

Operators should wash their hands before they start. Gloves should be worn for both piercing and tattooing, and changed between customers.

Equipment should also be cleaned between customers so that microscopic drops of blood are removed. The body part to be pierced or tattooed should be placed on a clean paper or cloth.

Skin that is damaged by a rash, cut, wart or other lesion should not be pierced or tattooed since the risk of infection is high.

Procedures involving the belly-button, mouth, nose, hard cartilage of the ear, or genitals are also at high risk for infection. Every effort should be made to avoid piercing blood vessels, particularly in the mouth and genitals. Skin that is hairy should be shaved with a razor, and the razor should then be thrown out.

The skin should be cleaned using an anti-septic solution that is suitable for the area.

Dyes for tattoos should be sterilised and be placed in small containers for each customer. Where practical, a clean sterile dressing should be applied after tattooing or piercing.

Take care of your tattoo or piercing afterwards. Keep the area clean and dry, do not scratch or touch it, and see your family doctor at the first sign of infection.

The safety of tattoos and piercing procedure should improve in 1999.

The Durham Region Health Department will soon be inspecting all tattoo and piercing establishments to ensure operators protect their customers from infectious diseases.

Dr. Donna Reynolds is the Associate Medical Officer of Health, Durham Region Health Department.

Permission from Dr. Reynolds to include article in hepc.bull newsletter to Smilin' Sandi, Feb.12, 1999.

"Sandi's Crusade Against Hepatitis C"

URL: <http://webhome.idirect.com/~dusanm/smking/index.htm>

Email: smking@idirect.ca

(SQUEEKY—Continued from page 3)

with Jeff Potts of Health Canada, Hepatitis C Division, at the Royal Jubilee Hospital. Jeff explained that he does not speak for the Minister, but will report back his findings which will help distribute the 50 million dollars for hepatitis C announced by the Minister. He went on to say that this is federal money, and is intended to help the whole country over a period of 5 years. There were some monetary calculations discussed at this point. Jeff informed us that his purpose is to direct the federal funds and help put programs into effect. They want the money to flow as soon as possible, in tandem with the Treasury Board announcement on April 1st.

This month of course, was also Valentine's day—on which I bought Joan some flowers and she even offered me a kiss.

THIS JUST IN: "Reaper Sighted at the Victoria Conference Centre." Apparently Ron the Reaper crashed a Health Ministers' conference posing as Daffy the Duck—a deed most fowl. A near riot ensued and he was charged with quackery. Last we heard our dashing friend was able to fly the coop and got away with yet another feather in his cap.



Until next time, Squeeky



CUPID'S CORNER

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

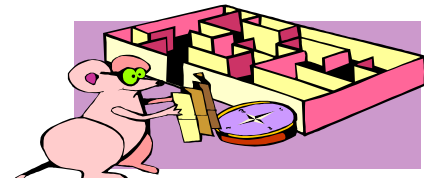
To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a \$10 donation, if you can afford it. Send checks payable to **HeCSC Victoria Chapter**, and mail to **HeCSC, Attn. Squeeky, 1611 Quadra St., Victoria, BC V8W 2L5**. Give us your name, tel. no., and address.

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

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

Ad No. 10

Respectful, respectable man (49) but looks younger who is very active and loves life. I'm 6' tall, 210 lbs. and considered nice looking, emotionally and financially secure and non-symptomatic. I won't let Hep C rule my life and am looking for a positive female to share a long-term happy life together. Vancouver area.



Letter to the Editors

I watched a program on the Knowledge Network about the compensation package. On this program were Leslie Gibbenhuck and Bruce Lemer. This so-called lawyer who's representing the Class Action suit stated that the Victoria Chapter's members were, and I quote, "very favourable" for the package.

Well, we all know from our survey that most of our members are *not* in favour of the deal. Why then did Mr. Lemer say this? Why? Probably to let people think that our members were for it, on condition that his clients would settle early. That's misrepresentation of ongoing litigation of this class action suit and its members, especially toward the members of our chapter. We all know he lied about all these issues.

This lawyer has had a lot of advertising in our newsletter—probably free of charge. He and Camp should be stricken from our newsletter and a letter should be sent to them explaining why. This Chapter should not recommend any more members to their firms. They get their fees regardless of the amount that's to be paid to the victims. People should definitely get a second opinion from another lawyer.

These sharks (lawyers) are definitely coming out ahead of the clients that they're supposed to be representing.

It's bad enough that the politicians of this country are treating all "tainted blood" victims like trash. Then the lawyers who are supposed to be looking out for their clients' best interest are shafting you, too. If this isn't a miscarriage of justice, then what is???

That's my opinion. What's yours???

Bill Tennant

From the editor: *Despite its harsh tone, this letter is quite typical of the sentiment voiced by many of our members—which is why we saw fit to publish it. The firm of Camp Church & Associates recently made a sizeable donation to the chapter—Squeeky.*



Highlights from the Ottawa Conference Part II

By Darlene Morrow

(Continued from the February 99 issue of the hepc.bull, page 6.)

11. PCR testing is too variable and there is a need to develop a better and more sensitive PCR.

12. I talked to several scientists working on the internal ribosomal site entry (IRES) for HCV. This site is necessary for HCV synthesis and blocking it blocks the virus. The GREAT part of this is that the IRES is NOT found in human cells and therefore there will not be side effects. :-) The work is very exciting and promising.

13. I saved the best for last. The Hepatitis Center for Excellence is a go again!!!!!! I spent the flight home with Mel Krajden from the LCDC and they want to involve the community at the onset. There were major problems with the original proposal, which we went over, and there will be a meeting either this week or next (he couldn't remember exactly) and they want us involved. They have a strong vision and it includes the internet, which is about time. :-) I volunteered for the steering committee. Anyway—they want more of us. They will come to a support group meeting and explain the plan. He will be in touch with me and I'll let everyone know.

I have to say there were several things that impressed me:

They really want us to be involved. They were sincere and kind. They recognize the bad start we have had and want to change things. That's a good feeling to come away with—not just talk, but action.

They have a lot of hope (in fact strong belief) that we can BEAT this thing. :-)

The effect of Chinese hepato-protective medicines on experimental liver injury in mice

From a report by Liu J; Liu Y; Klaassen CD, Department of Pharmacology, Toxicology and Therapeutics, University of Kansas Medical Center, Kansas City 66160-7417, J Ethnopharmacol 1994 May;42(3):183-91, PMID: 7934088 UI: 95019730

The purpose of this study was to compare the protective effects of seven Chinese herbal mixtures on the livers of mice which were given four known substances known to cause liver damage. The herbal mixtures included **fulvotomentosides**, **oleanolic acid**, **total saponins of Panax japonicus (Jgs)**, **total saponins of Panax notoginseng (Ngs)**, **sweroside**, **oxymatrine**, and **dimethyl dicarboxylate biphenyl (DDB)**. All these mixtures had earlier been reported to produce good effects. Severe liver injury was caused in the mice by the substances CCl4, acetaminophen (Tylenol), cadmium chloride and allyl alcohol. Liver damage was calculated by measuring sorbitol dehydrogenase and AST in the blood, and by biopsy. **Fulvotomentosides** decreased the damage produced by all four toxins; **oleanolic acid** also decreased the damage done by acetaminophen, CCl4 and Cd, but had no effect on allyl alcohol damage. **Jgs** and **Ngs** had only moderate protective effects on the mice, except that **Jgs** markedly decreased allyl alcohol toxicity; **sweroside** decreased Cd and CCl4 toxicity but had no effect on the other two toxins; **oxymatrine** only decreased allyl alcohol toxicity; whereas **DDB** did not protect against any of the toxins. In conclusion, of the seven compounds examined, **fulvotomentoside** and **oleanolic acid** seem to offer the best protection against chemical-induced liver injury.





Ottawa Conference Notes Part III

By Darlene Morrow

This series is based on notes that I took when I attended the Medical Research Council (MRC) HCV Conference in Ottawa on January 15 & 16, 1999. While every attempt has been made to maintain accuracy, you must keep in mind that these are only my personal notes.

What are the Gaps in Our Knowledge? The Biology and Pathology of Hepatitis C

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HCV is very similar to yellow fever. We have found that the virus is not capped but rather has an internal ribosomal entry site (IRES). This site may be key, as it is unique to hepatitis C and does not occur in humans.

Genotypes 1 and 2 are very different in genetic analysis compared to the other genotypes. If we compare this to other systems, this genetic variance would be classified as a separate species. The quasispecies development shows the error-prone nature of the RNA virus and its ability to mutate, which may be responsible for the chronicity of infection.

At present we know that there is no HCV replication in Kupffer cells. HCV in liver cells is sufficient to cause disease. HCV can grow in transformed T cells. This has been shown to be real in vitro culture, as we can inoculate chimps which then get acute HCV, which becomes chronic.

We have also seen extra hepatic replication in peripheral blood cells (PBMC) in patients. The detection is very difficult because of lower limits of the PCR. Instead we have to look for the negative strand HCV RNA and then it is possible to detect. We can see that the virus multiplies in PBMC through RT-PCR specific for negative strand.

The E2 portion of HCV binds to CD 81. Neutralising antibodies will prevent this. It is possible for patients to clear HCV. If we infect with another strain, it is possible that chronicity will develop. Challenging with the same strain can also lead to chronicity. Therefore, previous infection does not lead to immunological protection. Yet there are antibodies that will neutralise the virus. Chronic infected individuals exposed to another strain can show antibody neutralisation. We believe that HCV escapes immune detection through the E2 generation of mutants.

Chronic HCV with ALT Normalised: We see many patients with low histopathology, but we also see high. We cannot correlate a normal ALT with a histological index. ALT is not a good marker of histopathology. There are other pathways of clearance that do not lead to the increase in ALT.

Interferon Resistance: In genotype 1b NS5A sequence binds PKR (in the pathway of interferon binding) and this prevents the utilisation of the interferon. If this mutant protein NS5A can also block apoptosis we can see Hepatocellular Carcinoma. HCV itself does not carry the oncogene. We feel that it accelerates the development of Hepatocellular Carcinoma due to a shortened telomere length.

HCV and non-Hodgkin's Lymphomas: HCV has been linked to both non-Hodgkin's Lymphomas and cryoglobulinemia. It has not been positively proven. Is it possible for HCV to cause this or is it due to increased immune responses? We are not sure.



Some of our members have been worried about places to stay in Vancouver when they are undergoing surgical treatment there. Hotels are usually expensive, but some have hospital rates. Bed and Breakfast rooms can be found for \$45.00 a night and up.

One person reported staying at the hospital at Shaughnessy, and mentioned a place called Heather House. This member says that, if one is on Social Assistance, the room will be paid for, and food vouchers are usually given.

There is a special resource. The Easter Seal House rents rooms at \$14.00 per night. There is free parking. They don't charge tax, and the price includes a private bath and kitchenette, and chambermaid service. Coin operated laundry facilities are available. Most rooms are double. Single guests are usually placed in a double room and required to share with a same sex guest.

Another two possibilities for reasonable accommodations are the following:

- (1) Mrs. Caldwell: 731-0030 - 2024 West 13th Ave. Single and double accommodation is available, with parking, and is suitable for a short term.
- (2) Helen Siemens: 733-7280 - 1049 West 32nd - near Children's Hospital. The rates are according to the length of stay. This is a private cottage, fully furnished.

Thanks to Darlene Nicolaas, Heather F., Debbie D., and Gordon K. for their investigation into this matter.

If you would like a longer list of accommodations, please contact the BC Transplant Society at 1 (800) 877-2100. They have kindly furnished HeCSC Victoria with transplant information, including an accommodation list, as well. It is now in our library.

If you live in Vancouver and would like to help people from out of town with accommodations, please contact HeCSC Victoria (250) 388-4311 with the details.

(COMBO—Continued from page 1)

to tempt the gods. BUT I FEEL BETTER!!!! I am about 80% of normal! I HAVE my life back. I feel as though I am blessed. I don't know how long this will last but I am going to enjoy every single second. Every day of that therapy was worth having my life back. And this could be you. You might get your life back. How will you know if you never try?

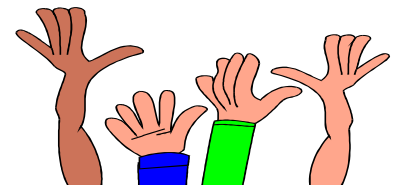
Forty-two per cent respond. How many will relapse? We need to continue to push for the research to find a cure, to help those people that can't take the combo, to help those people who don't have a sustained response.

Do I think I'm cured???? No, I don't think it will be that easy. But it may be possible that my own immune system can keep the virus at bay. It is one school of thought that it may be the number of liver cells that are infected that is most important. Is it possible for the immune system to have an effect on those infected cells—to keep the virus in the cell from reaching critical levels? Once the population of virus in the cell reaches that level—as they spill out of the cell into the blood—the cell is no longer able to keep up repairs and is destroyed. Liver enzymes rise. Viral load rises (PCR). The more cells that are infected, the more damage occurs. This is where we don't want to be. As the damage continues, the immune system is overwhelmed. And that is where the HCV may win the battle.

So perhaps this therapy has given me the edge. I like to think that it has. I like to think that I'll feel this way for a very long time. I like to think we'll find the cure. Soon.

Post script February 9, 1999: There is more to the story. Unfortunately, 2 1/2 months post treatment, I am PCR positive again., but I had a repeat biopsy and it showed a reduction in the scarring from Stage 2 to Stage 1, and the inflammation, from Grade 2 to grade 1!!!! There is NO piecemeal necrosis present! The therapy stopped the HCV in its track and the liver is powerful enough to destroy the scar tissue and regenerate new healthy tissue. The official biopsy report read "SUSPENDED HCV."

I still feel great. I am now discussing the option of going on low dosage maintenance therapy interferon. The combination therapy bought me time—time to find a cure. Time to live my life. :-)



**VOLUNTEERS
NEEDED**

CALL YOUR LOCAL
SUPPORT GROUP



FROM THE OKANAGAN

Hi All —

As you are aware I am taking a step back from class action, compensation or anything to do with these matters. I am sure a few lawyers, as well as people at HeCSC, will be heaving some collective sighs of relief!!

Hepatitis C Compensation

I had another wonderful visit to Victoria (thanks, Ron and Barbara) and I was really pleased to be able to attend the chapter meetings on January 27th, 1999. I was disappointed to miss the whole afternoon meeting, but was really glad to have been able to spend some time speaking with both JJ Camp and Bruce Lemer. Thanks to Squeeky for getting this thing going.

The one thing I came away with, that seemed to be the answer of the day, was “you can always apply to the ‘referee.’” (It sort of reminds me of a fight, and I certainly did not like what that implied!) I do not know where this fellow will be found, but if I was accepting the compensation, I could see myself making many applications to the “referee.” My understanding is that each visit to the “referee,” would **not** be without some risk. I also understand if you do not like what the “referee” says, you can go to court(?).

I am very unhappy about the section that discusses what will happen with excesses/shortfalls in the compensation fund—especially the line that states “the courts may adjust the compensation plan . . .”

I believe the explanation I received was that the courts have the right to **roll back the different level payouts across the board!** should the plan look like it is running low and there not be sufficient monies to satisfy all claims. For example, if you qualify for level 6—(cancer/transplant)—\$100,000, and because so many claimants have applied, there may not be enough money to go around, and the court may request a rollback. The rollback *could* be 50%—which means that instead of \$100,000 one could get just \$50,000 and, at level 1, \$5000 instead of \$10,000.

I am disillusioned by the fact that the class action lawyers think our case is “risky,” but I do understand how some cases, may be so considered.

I urge everyone to get **all your information lined up and prepared. I have been asked by many—“What should I do?”** But I am not a lawyer. What I offer individuals, I hope, is food for thought. I hope that all blood injured read all the paperwork they get from their lawyers, and understand the entire picture before making a decision. This is your life. You must take time, out of your busy schedule, to understand this entire issue.

If there are things about the framework you are unhappy with, JJ Camp says you can go to court and explain your displeasure to the courts during the approval process (April 9?).

My best advice to all regarding compensation? **Do not opt out unless you understand fully the consequences of your actions!** Ask the class ac-

tion lawyers, and seek independent legal counsel, regarding your individual case. Should you opt out, you will have to commence an action on your own and prove your case.

Ask yourself, “Do I have all my hospital records? Do I have Red Cross confirmation of my transfusion? Do I have proof my donor tested positive?” The more you have, the stronger your case. Your case will be difficult to “prove” (and thus “risky”) if you cannot get this information.

There are many good points to the Framework Agreement. This agreement will help many severely affected and poverty stricken by hepatitis C to get on with their lives. Many will accept it, but it is not for everyone. Please make this decision very carefully.

While JJ Camp assured us there would be sufficient funds to last “a hundred years,” we were told by John Dossiter (Allan Rock’s right hand man) that the “fund is only anticipated to last 15 years.”

Why the contradiction? Why the secrecy?

I invite any parents with hepatitis C infected children to call me for more information on the Children’s Lawsuits across Canada.

Regards,
Leslie (250)490-9054



Looking for Children Infected with Hepatitis C

“Mass tort” action has been launched in British Columbia and Ontario. We have determined that children infected with Hepatitis C have special needs. We feel that each case should be heard on its own merit. Should you require more information on these, please contact either:

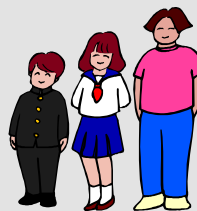
Poyner Baxter Blaxland
Jim Poyner or Ken Baxter
Tel. (604) 988-6321
Fax (604) 988-3632
poyner.baxter@bc.sympatico.ca

Or

Siskind, Cromarty, Ivey and Dowler
Michael Eiazenga
Tel. (519)672- 2121 Local 332
Tel. 1-(800) 461-6166

For all other provinces, we are in the process of setting up associate law firms in each province. Please call me for further information, or the law firms listed above.

Leslie Gibbenhuck
(250)490-9054
(250)490-0620 Fax
bchepec@bc.sympatico.ca



CLASS ACTION SUITS:

BRITISH COLUMBIA

Camp Church and Associates
Sharon Matthews / Kim Graham
4th Floor, Randall Building
Vancouver, BC V6B 1Z5
1-(888)-236-7797

Grant Kovacs Norell
Bruce Lemer
Grosvenor Building
930-1040 West Georgia Street
Vancouver, BC, V6E 4H1
Phone: (604) 609-6699 Fax: (604) 609-6688

Before August 1, 1986
Klein Lyons
David A Klein
805 West Broadway, Suite 500
Vancouver, BC V5Z 1K1
(604) 874-7171 or 1-(800) 468-4466
(604) 874-7180 (FAX)

also:

Dempster, Dermody, Riley and Buntain
William Dermody
4 Hughson Street South, 2nd Floor
Hamilton, Ontario L8N 3Z1
(905) 572- 6688

The toll free number to get you in touch with the Hepatitis C Counsel is 1-(800)-229-LEAD (5323).

ONTARIO AND OTHER PROVINCES

Pre 1986/post 1990
Mr. David Harvey
Goodman & Carr
200 King Street West
Suite 2300
Toronto, Ontario, M5H 3W5
Phone: (416) 595-2300
Fax: (416) 595-0527

CLASS ACTION FOR CHILDREN

Poyner Baxter Blaxland
Jim Poyner or Ken Baxter
Tel. (604) 988-6321
Fax (604) 988-3632
poyner.baxter@bc.sympatico.ca

or

Siskind, Cromarty, Ivey and Dowler
Michael Eiazenga
Tel. (519)672- 2121 Local 332
Tel. 1-(800) 461-6166

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Red Cross Society
4750 Oak Street
Vancouver, BC, V6H 2N9
1-(888) 332-5663 (local 207)

This information is for anyone who has received blood transfusions in Canada, if they wish to find out if their donors were Hep C positive.

CLASS ACTION/COMPENSATION

If you would like more information about class action/compensation, you can contact:
Trisha Plunkett Tel. (250) 479-5369
E-mail: plunket@islandnet.com

National Compensation Hotline
Tel. 1-(888) 780-1111



WERE YOU INFECTED WITH HEPATITIS C AS A RESULT OF A BLOOD TRANSFUSION IN BC BETWEEN JANUARY 1, 1955 AND JULY 31, 1986?

If so, please read this information:

A class action lawsuit has been certified by the Supreme Court of British Columbia seeking compensation for persons who were infected with Hepatitis C through a blood transfusion*. A trial date is anticipated to be set for early in the year 2000.

To be considered a class member, you must:

- be a BC resident;
- have received a blood transfusion* in BC between January 1, 1955 and July 31, 1986;
- have been infected with Hepatitis C as a result of your blood transfusion*; and
- have tested positive to the antibody to the
- hepatitis C virus.

Class members will be bound by the judgment of the Court **unless they have opted out of the class.**

If you fall within the definition of the class, but do not want to become a member of the class action, you must opt out of the class by June 30, 1999.

**of whole blood or blood products, including packed red cells, platelets, plasma (both fresh frozen and banked) or white blood cells.*

In order to:

- receive a copy of the Notice to Class Members;
- opt out of the class action; or
- learn more about the class action;

Please contact:

Lisa Porteous
Klein, Lyons
500 - 805 West Broadway
Vancouver, BC V5Z 1K1

Telephone: (604) 874-7171
Facsimile: (604) 874-7180
Toll-Free: 1 800 468-4466
Website: www.kleinlyons.com

(If you have already contacted the class action lawyers, there is no need to contact them again.)

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