hepc.bull

BC's Hepatitis C News Bulletin

"Promoting HCV Wellness"

OCTOBER 2000 **Issue No. 27**

ALFACON: HOPE FOR NON-RESPONDERS

By Joan King

Source: Patients NewsWire, September 12, 2000, "HCV Infections Resistant to Interferon Alpha-2b May Respond to High-Dose Interferon Alfacon-1"

The preliminary results of a recent study of 554 "difficult to treat" patients provide hope for non-responders to the "Combo," Schering's Rebetron. More that 90% of the patients were infected with genotype 1, and ¾ of them had relapsed from previous combo therapy. All patients began the study on Alfacon at 15 mcg. a day for 8 weeks, and then ½ continued with the same dose 3 times a week, while half received 9 mcg. daily.

At 24 weeks, those who did not respond were withdrawn from the study. The rest continued for another 24 weeks. More than 80% of previous relapsers tested negative after 8 weeks.

The daily dose proved more effective than the dose of 3 times a week, with 81% responders compared to 60%. For non-responders to previous therapy, 37% responded with the daily dose, and 22% with the thrice weekly dose. Only 11% of patients had to be withdrawn from the study because of side effects.

Patients with viral loads under 500,000 copies/ml responded better than those with higher viral loads, but in prior relapsers with high viral loads, 73% were negative at 8 weeks and 50% were negative at 24 weeks. In non-responders with higher viral loads, the rates were 40% and 27%, respectively.

In a letter to David Mazoff from the Director of Pharmacare, in May of this year, he stated, "With respect to interferon alfacon-1 (Infergen®), I can advise that Amgen submitted its application for Pharmacare's consideration of this drug on December 15, 1999; the Therapeutics and Pharmacoeconomics Initiatives are currently evaluating this drug. If the reviews of interferon alfacon-1 indicate that it provides a therapeutic or economic advantage over other Pharmacare approved medications used in the treatment of Hepatitis C, pharmacare may include this drug as a program benefit."

AN INTERVIEW WITH DR. MARTIN SCHECHTER

By David Hillman, Director, HepCBC

Dr. Martin Schechter, OBC, MD, PhD, FRCPC, is Professor and Acting Head, Dept. of Health Care and Epidemiology, Faculty of Medicine, University of British Columbia

Q: Dr. Schechter, according to the latest statistics, how many people in British Columbia have hepatitis C?

A: A national study report by Remis and colleagues in 1998 estimated that the total number of Canadians infected with HCV was in the neighbourhood of 240,000. However, to simply extrapolate this to the province of B.C. would likely lead to a low estimate for it appears that the prevalence in B. C. may be almost twice as high as the national average. A reasonable estimate for the number of HCV-infected people in British Columbia as of 1998 was 55,000.

Q: Of these, approximately how many have symptomatic or later-stage diagnosis?

A: Our understanding is that only a minority of people with this infection would have reached the stage of symptoms or advanced disease. It is very likely that the majority are unaware that they carry the virus.

Q: Is it possible for people living outside metro Vancouver to participate in trials?

A: There is no technical reason why people living outside the region cannot participate. The frequency of visits required during a typical clinical trial is not so great that people could not travel to them. To do this, the treating physician would need to contact the specialists who are involved in conducting the clinical trials.

Q: Why has research into Hep C treatments been so slow compared to HIV?

A: When HIV became an issue in the early 1980's, there was no real momentum to the research effort. The infected community and their supporters responded to this lack of

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HEPATITIS IMMUNIZATION FOR HEP C CLIENTS

By Sheila J Short, RN BScN PHN

There have been ongoing questions regarding the availability of hepatitis A and hepatitis B immunization for clients who are hepatitis C positive. The most concise answer is 'YES,' hepatitis C clients who are not already immune either by immunization or disease are entitled to free vaccine for both hepatitis A and hepatitis B under a provincial program. One of my roles is to assist physicians and clients in interpreting the provincial policy, so that clients are receiving the vaccine in a timely fashion.

Just to provide a little further explanation. Hepatitis A vaccine is recommended and provided free to Anti-HCV positive individuals who are Anti HAV IgG negative, in other words, individuals who do not have past evidence of Hepatitis A infection. This information is provided by a blood test. Hepatitis B vaccine is recommended and provided free to Anti-HCV positive individuals who are Anti Hepatitis B (core) negative and Hepatitis B surface Antigen negative, in other words, individuals who do not have past or current evidence of Hepatitis B infection. Again, this information is

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ASK THE ADVOCATE

ADVOCACY PROGRAM FOR CPP DISABILITY BENEFITS

The Advocacy Access program at the BC Coalition of People with Disabilities provides an expert Canada Pension Plan disability benefits advocacy service to people with all disabilities: mental health, physical, cognitive, and sensory.

It is worth finding out about CPP disability benefits because they offer a number of advantages:

- Unlike provincial Disability Benefits, CPP disability benefits are not asset or income tested.

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2741 Richmond Road
Victoria BC
V8R 4T3

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Address: _____

City: _____ **Prov.** ___ **PC**_____

Home(____)_____**Work**(____)_____

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

☐"I enclose a donation of $_____so that others may receive the bulletin."

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REPRINTS

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

This Space Available

Peppermint Patti's FAQ Version 4 Available NOW!!

Peppermint Patti's FAQ Version 4 is now available. The new version includes an HIV co-infection section as well as updated Canadian Links and the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only $5 each plus S&H—but if you can afford more we'll take it. Contact HepCBC

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity in the form of grants, personal donations, donations in kind, discounts, and donations of services, or equipment: Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, BC Transit, Margison Bros Printers, Carousel Computers and Island Collateral. Special thanks to Miss Danielle Creally for helping with the bulletin, and to Bruce Lemer for helping us purchase a much needed laser printer.

NEW VICTORIA WOMEN'S SUPPORT GROUPS

let's get together for tea. For more information call Joan: 595-3882

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 cheques payable to **HepCBC,** and mail to **HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3.** 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 cheque for a donation of $2, if you can afford it. Mail to the address above.

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

Ad No. 17

Attractive, young middle aged male 6'2," 180 lbs. Caring, compassionate, spiritually focused, very outdoors oriented, professional artisan, massage therapist. Loves canoeing, hiking, camping, old movies, beach barbecues. Hep C pos./minimal symptoms. Would love to meet similar adventurous woman for outings, friendship, potential life partner. Vancouver Island.

SINGLE? LONELY?

Alberta Hepatitis Singles web
http://clubs.yahoo.com/clubs/albertahepatitissingles

Got HepC?... Single?
...Visit
http://clubs.yahoo.com/clubs/ontariohepcsingles
We can't fix the Hep.. but we can help make sure you're not alone..
Drop by and say hello ...

SQUEEKY'S CORNER

Last Month David and I took a little trip and visited some of the member organisations of HepCBC.

Our first stop was Chilliwack, and the HepTAlk support group. They invited us to a picnic in the park, and we met Marla and Roy, the Burgers—Lynn and Barney, and the Halibens—Sandy and Collin.

Roy, Barney, Squeeky, Marla & Lynn

After a great meal and fabulous desserts, we went to the church where HepTalk usually meets, and Patrick O'Connor from the Mission group joined us. We talked about our experiences with Hep C and the political issues surrounding the disease, and spoke of the necessity for a provincial umbrella group. I told my story and explained how the newsletter, HepCan and the pamphlets began. I asked the group what their dreams were, and one particular one surfaced: The need for a 1-800-HepTalk line that would co-ordinate all the 1-800 lines in BC. They decided, since their name is "HepTalk," that they would take this on as a project, and we agreed that we could possibly fund it.

Ken Forsythe & Joan King

Other projects were mentioned: The unbundling of Rebetron, disability benefits, free herbs, home care, the bus ads, distribution of pamphlets, doctor education, a liver cleansing machine and perhaps most importantly, visibility. We gave the Mission Group a computer.

Brian & Merv

The next day we went to the AIDS Resource Center in Kelowna and met Merv McLeod, co-ordinator of the Hepatitis Information Project (HIPPO), Doreen Richardson from the local Hep C Support Group, and Brian Mairs, an advocate. Brian was full of all kinds of great ideas. We spoke about the Legal Education grant HepCBC received from the Legal Services Society, and Brian's knowledge of the situation was so good that we redesigned the project after listening to his ideas.

In the morning, we went to Leslie Gibbenhuck's house for breakfast. She showed us her new video from Hepatitis Foundation International, and the new pamphlets from the Children's Liver Alliance, including one that Jarad wrote. She gave us some, and we are distributing them for her. Jarad looked great (he's a real darling) and was a joy to see. We talked about the necessity of pulling the groups in BC together. Leslie said she would try to do something about that, and will work with me to heal the wounds, and David agreed to that.

At 4 PM, we had an interview with the ANKORS group in Nelson: Karen Muirhead, Dennis, Alex Sherstobitoff and Ken Forsythe, whom we knew from the HepCan List, and met in person for the first time. Ken is in charge of the Slocan group. Alex is their Hep C person, and is also on the HepCan List as a "lurker." Karen seemed especially well-versed in organizational methods, and was able to give us many hints—(*we have since adopted her!).* After dinner, we went to their very first support group meeting. There were 25 people present, including 2 doctors. Ken Forsythe opened the meeting and introduced us. David spoke to the group, as did I. Brian Brownrigg, our board member from Trail was there, and spoke to the group, as well. During the discussion that ensued, I asked the doctors if they had any suggestions about how we could better reach physicians, and they admitted that if they receive brochures from us in the mail, they would probably end up in the garbage. If, on the other hand, they received something from higher up, they would have to pay attention, so the way to do that would be through the BCMA and other physician organisations.

Afterwards, we mingled, and one person asked if we could help her out with information for her doctor about Hep C and rheumatoid arthritis. Luckily we had the laptop with us, with the database, and were able to pull up about 12 articles on the subject, including some on cryoglobulinemia, from which she also suffers.

The next morning, after breakfasting with our hostesses at the DragonFly—a delightful B&B which we highly recommend—we discussed hepatitis C and prevention measures, and the importance of Hep A and B vaccines. We spoke with Raylene Pruden, the Chair of ANKORS and explained more about HepCBC and what we are doing. We then spent the day with Brian Brownrigg and his family at Christina Lake. We talked about diagnostic tests and future possibilities for treatment, about the necessity of avoiding toxins, and about HepCBC and its structure. We all went fishing, and you wouldn't believe the size of the one that got away!

After a short rest, we were back at it on Monday, when we talked to Tom McGregor, the co-director of BCCPD (BC Coalition of Persons With Disabilities). He repeated at least three times a phrase that must be used in any doctor's letter regarding the patient's needs if

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*(**ADVOCACY**—Continued from page 1)*

- Receiving income from other sources (with the possible exception of employment income) will not disqualify you from receiving CPP disability benefits.
- Unlike provincial disability benefits, you can keep your CPP disability benefits if you become involved in a dependent relationship, for example if you get married.
- Most people receiving provincial disability benefits will still get a top-up from the Ministry of Social Development and economic Security. This means that you will not lose your medical coverage and annual bus pass when you qualify for CPP disability benefits.
- You do not have to apply for CPP early retirement benefits at age 60 if you are already receiving CPP disability benefits.
- You can attend school or do volunteer work without jeopardizing your CPP disability benefits.
- If you move to another province, your CPP disability benefits go with you.
- Although CPP income is taxable, recipients can apply for the disability tax credit from Revenue Canada (*Note from squeek: Yeah but try getting it. My doctor told me that deaf, dumb and blind doesn't even qualify. Apparently if you're still breathing, forget it!!)*
- Phone Advocacy Access for information about CPP disability benefits and for one-on-one assistance with applications, appeals, and tribunals. Local calls in Vancouver: (604) 872-1278. Toll-free: 1-800-663-1278.

Source: *The Long Haul*, Aug./Sept., 2000, p.9.

NATUROPATHIC PROTOCOL SHOWS PROMISE

By Will Lawson

Source: Alternative Medicine Review 5 (4) 2000, 355-357, W. B. Milliman et al.

Pending a guaranteed cure or treatment for hepatitis C, mainstream medical science must be receptive to the possibilities of treatment through alternative means. Meanwhile, there is a particular need for maintaining the health of interferon non-responders and patients with chronic hepatitis without elevated ALT levels, since no treatment is presently recommended for them.

This is the message of three naturopathic physicians after an informal study of the records of 41 patients with hepatitis C who followed a protocol of diet and certain non-prescription drugs.

After one month, the patients experienced an overall average reduction of ALT levels of 35 U/L. The 14 patients who had not undergone interferon therapy improved from an average baseline ALT level of 127 U/L to 92 U/L. Seven of these showed an ALT reduction of greater than 25 percent; the other 7 had unchanged or slightly increased ALT levels.

Most patients reported an increased sense of well-being. None developed symptoms indicating advancing liver disease.

The protocol included *colchicine* (1.2 mg/day, 5 days/week); *UDCA* (300 mg bid pc); *silymarin 80%* (150 mg 2x/day); *antioxidants* containing 400 IU *d-alpha tocopherol*, 500 mg *vitamin C*, 15 mg *beta carotene*, 50 mcg *selenium amino acid chelate* (1-2x/day); *N-acetyl-L-cysteine* (1 gm 2x/day ic); *cod liver oil* containing 2000-2500 IU *vitamin A*/tsp (1-2 tsp/day); and a breakfast muesli (4 oz/day—see below).

Some patients also took ayurvedic formula *Liv-52* (2x/day); a herbal mixture of *phyllanthus nigrum* or *amarus*, *picrorrhiza kurroa*, *zingiber officinale*, *boerhaavia diffusa*, *andrographis paniculata*, *cichorium intybus*, *emblica officinalis*, *embelia ribes*, *terminalia chebula*, *terminalia arjuna*, *piper longum*, and *eclipta alba* (2x/day); and *deglycyrrizinated licorice* as a digestive tonic (500 mg 2-4x/day).

The doctors conclude that, until there is a safe and effective means of reliably eliminating viremia in HCV, this disease should be managed as a chronic condition to restrict liver damage and the effect on daily living. A comprehensive program of diet and lifestyle modification combined with certain inexpensive herbs and drugs can reduce and even normalize liver enzyme levels. Treatment must be tailored to the clinical severity of the disease and the response of the patient.

However, further study through prospective and controlled trials with measurement of serial liver biopsy is necessary to clarify their findings.

Breakfast muesli to emulsify bile salts

Combine rolled oats (8 oz), oat bran (4 oz), fresh ground flax (2 oz), granulated lecithin (2 oz), fresh ground milk thistle (2 oz), wheat germ (2 oz), whole raw almonds (1 oz), whole raw sunflower seeds (1 oz). Refrigerate. Eat 4 oz/day with diluted fruit juice and live yoghurt.

THE PRICE OF SUPPLEMENTS

To the Hepatitis C News Bulletin,

I was diagnosed with Hepatitis C in about 1994. Last year my roommate, who is very talented and supportive, provided me with information about, and got me started on, a vitamin regime. Here is a list of the vitamins, amount, approximate cost, and places to purchase them:

Vitamin C: 1 lb., $16.00 at Gonzales Pharmacy, 1845 Fairfield Road, Victoria, BC, tel. 598-5512, daily dosage 2 tablespoons per day. This lasts about 2 months and is in the pure powder form.

MORNING

Vitamin E: 800mg capsules, 90 caps., $20.00 at The Vitamin Shop, 1212 Broad St., Victoria, BC, tel. 386-1212, daily dos.1 cap./day.

Vitamin B1 (Thiamin), Vitamin B3 (Niacinamide), Vitamin B6 (Pyridoxine), Vitamin Mega B12:: Prices vary according to the amount of pure powder purchased at Kripps Pharmacy Ltd., 994 Granville St., Vancouver, BC, tel. (604) 687-2564, fax (604) 685-9721, mail order or in person. I take 1 T./day, except for niacinamide, which should only be taken maximum approximately ¼ teaspoon/day.

EVENING, after dinner:

Calcium: 1 heaping tablespoon, mixed in water or juice or with 1 teaspoon Vitamin C powder and water, bulk calcium powder at McGill and Orme Rexall Pharmacies, Main Dispensary, tel. 384-1195 or Medical Arts Building, downtown Victoria, tel. 382-8191.

Magnesium: 300mg, 60 caps, daily dosage.1/day, $8.28, The Vitamin Shop

Selenium: 100mcg, 90 tablets, daily dosage 1/day, $3.78, The Vitamin Shop

Zinc: 50mg,180 tabs., daily dosage 1/day, $6.75, The Vitamin Shop

Chromium: 500mcg 90 tabs., daily dosage 2-3/day, $3.88 The Vitamin Shop

Vitamins purchased at The Vitamin Shop may vary according to regular and sale prices. Generally Vitamins should be taken at a different time of the day or evening from minerals, which is why I have grouped them in a particular way.

Also for my arthritis:

GLS-500 (Glucosamine Sulfate): 500mg, 120 caps., daily dos. 2-3/day, $10.48 at The Vitamin Shop, and **MSM (Methyl-Sulfonyl-Methane):** 500mg, 120 caps., daily dos. 2/day, $19.98 at The Vitamin Shop.

In total I have estimated that I spend **$60.00 per month** total on all these vitamins and minerals. I have noticed a significant improvement in my energy level. I also adhere to a fairly regular and strict diet about which I will provide more details in another letter. I hope that others will benefit from this information.

Sincerely,
Ms. Jerry-Lee Cerny
2660 Island View Rd.
Saanich, B.C.
V8M 1W3

Happy New Year

WHAT'S IN YOUR HERBS?

Source: Sanjay Kumar, Reuters Health, Sep 15, India called a global 'dumping ground' for toxic waste

Even though India banned toxic waste imports in 1997, more than 100,000 tons of potentially toxic waste entered the country in 1998-1999, according to Greenpeace who analyzed data from the government's own statistics. The data indicates this has been occurring for years. The waste includes zinc ash, used batteries, brass dross, copper cables, and toxic metals. The waste comes principally from the US, but also from Europe.

Note from the editors: Beware non-regulated Ayurvedic concoctions. Liv 52 was pulled a few years ago because of the presence of heavy metals. Which other herbs do you take? Do you know how they are grown?

CLINICAL TRIALS

PEG NAÏVE TRIAL IN VANCOUVER

Dr. Frank Anderson's office in Vancouver has just received funding and approval for a new study. The criteria to meet the study is as follows:

1. **NORMAL ALT** for **six months** is **required**.
2. **Treatment naïve**. The patient should **never** have received interferon or ribavirin treatment.
3. Patients from the lower mainland area are preferred, since a lot of blood work must be done during the first two months.

The study uses pegylated interferon and ribavirin, and the duration of the trial is 48 weeks. Both drugs are FREE to participants.

Please call **(604) 876-5122** and leave your full name and phone number for the **PEG NAIVE** study. Once the required number of patients is reached, no more names will be accepted.

VP50406

Source: www.viropharma.com/Pipeline/HepC.htm

ViroPharma and the Wyeth-Ayerst Laboratories is recruiting candidates for a phase I trial, using HCV+ volunteers. The trial is being conducted by the University of Florida. The study will evaluate the safety of product candidate VP50406, a polymerase inhibitor, given by mouth, which has been shown to stop the HCV in test tubes. Call Robert Thompson, Director Phase I, or Tom Crawford, Study Nurse toll free at 1-888-635-0763

IP-501

Source: www.veritasmedicine.com

IP-501 by Interneuron, is currently in phase 3 clinical trials. IP-501 is a drug taken orally, and is related to lecithin, which is found in cell membranes. The trial is determining whether or not the product is effective in treating Hep C. No information is yet available about side effects.

VANCOUVER TRIAL FOR RELAPSERS/NON-RESPONDERS DELAYED

Source: Fax from Natalie Rock, RN, from Dr. Anderson's office, Vancouver.

Dr. Anderson has received approval from the Canadian Pharmaceutical sponsor for a high dose pegylated interferon plus ribavirin study for hepatitis C patients who relapsed after previous Rebetron therapy or who failed to respond to Rebetron therapy. Although approved, there has been a delay due to the US Governmental Regulatory Agency. The drug is to be supplied from the US Pharmaceutical office. At this point we do not know when the study will start, however, there will be an announcement when the study is able to begin.

THERAPORE

Source: Source: www.veritasmedicine.com

Therapore, by Avant Immunotherapeutics, is currently under trial, its status considered "pre-trial." Therapore is a system to carry viral proteins into human cells to create an immune response. It is thought that this may be effective against the hepatitis C virus, and the company is enthusiastic. No information is yet available about side effects.

BETA LT

Source: Biotech Week

LifeTime Pharmaceuticals, has begun clinical trials in August on this drug that it thinks will stimulate the immune system. It is hoped that the drug will be indicated for HCV and HIV, and trials are taking place in Rockville, MD, and Boulder, CO. Toxic side-effects are thought to be minimal if any, according to results of prior trials in Canada which treated late stage patients with weak immune systems. The US trials are being done on lymphoma and myeloma patients. The Canadian CAT scans showed dramatic shrinkage of cancers after administration of Beta LT.

LY466700 RESULTS

Source: Ribozyme Pharmaceuticals, Inc. and Eli Lilly and Company, Sept. 11 , Anti-Hepatitis C Ribozyme Safety and Pharmacokinetics Trial Successfully Completed

Ribozyme Pharmaceuticals, Inc. and Eli Lilly and Company have just completed their phase I clinical trial of LY466700, an Anti-Hepatitis C ribozyme compound, like molecular scissors, which patients injected for 28 days, and was determined to be well tolerated. It is not yet known whether or not it is effective against HCV.

BTI-322 PREVENTED REJECTION

Source: MedscapeWire September 1, 2000, BTI-322 Shown Effective in Preventing Rejection in Liver Transplant Patients

A Belgian phase I/II clinical trial on 40 patients showed that adding BioTransplant's BTI-322 monoclonal antibody to common immunosuppressive therapy, including tacrolimus (Prograf), reduced rejection immediately after liver transplantation in adults by 70%, compared with tacrolimus protocol alone. Investigators think it may be possible to reduce immunosuppressive drugs by early treatment with BTI-322.

TIP FROM BRIAN:

Keep Copies of your medical records handy. You don't want to have the hospital trying to find them when you're in the middle of a crisis.

TRIPLE ANTIVIRAL THERAPY AS A NEW OPTION FOR PATIENTS WITH INTERFERON NONRESPONSIVE CHRONIC HEPATITIS C

Combination interferon alfa/ribavirin therapy is effective in the initial treatment and retreatment of disease relapse in patients with chronic hepatitis C. However, for those patients who fail to respond to interferon monotherapy, retreatment is not currently recommended because neither interferon alone nor in combination with ribavirin has achieved significant results in interferon nonresponders.

Results of a previous pilot study have suggested that amantadine, an antiviral agent active against influenza A virus, may have a role in the treatment of patients with chronic hepatitis C. Preliminary results of a small pilot study conducted by the study authors on the use of triple combination therapy (with interferon alfa, ribavirin, and amantadine) as a retreatment regimen in interferon nonresponders with chronic hepatitis C were promising and showed an absence of significant additional toxicity.

Therefore, Brillanti and coworkers conducted this larger prospective randomized controlled trial to assess the effectiveness and safety of this triple antiviral protocol in the retreatment of patients with chronic hepatitis C who had failed to respond to interferon alfa. The study involved 60 consecutive elected adult interferon nonresponders with chronic hepatitis C; 40 patients received interferon alfa (5 megaunits on alternate days), ribavirin (800-1000

(Continued on page 6)

(Q & A—*Continued from page 1)*
momentum with unprecedented outrage aimed at the federal government, the body responsible for medical research in Canada. They staged sit-ins and demonstrations, launched petitions, conducted phone-in and write-in campaigns—all of which caught the attention of their members of parliament and the health minister. By the late 1980's, the government was forced to respond with a comprehensive National AIDS Strategy that put cold, hard cash toward the research effort. This initial cash infusion and further sustained funding both in Canada and other parts of the world have accounted for the huge advances we've made in HIV research to date.

Q: Is there an infrastructure in place, similar to CTN (Canadian Trials Network, for HIV/AIDS) that is (or will be) used for HCV?

A: There is no Hep C trials network in Canada. The reasons why are not clear. In France and other countries, they've chosen to expand the mandate of the existing HIV clinical trials network to include HCV trials. The Canadian HIV Trials Network has made a similar offer to the federal government to expand to cover HCV infection and, of course, the increasing problem of people infected with both viruses. This would, of course, involve expanding the people conducting and reviewing the research to include HCV specialists such as gastroenterologists and hepatologists as well as people living with HCV. And this approach has the advantage of being cheaper and quicker than a completely separate Hep C infrastructure.

Q: Which pharmaceutical companies and/or research institutes in Canada are currently investigating HCV treatments?

A: The main companies that have pursued HCV clinical research to date are Schering and Roche. Smaller biotechnology companies are involved in trying to develop new products. The federal government announced $10 million dollars in annual research funding which is being coordinated by the Canadian Institutes of Health Research (formerly the Medical Research Council).

Q: Are there any options (now or in the near future) beyond ribavirin, interferon and pegylated interferon?

A: Unfortunately, these are the only drugs that are either in use or expected to be released in the near future. There are two enzymes that are now being targeted for new drug development. The first, RNA polymerase, is an enzyme that HCV needs to reproduce. Drugs which attack this enzyme are in the early stages of development. Similarly, drugs which attack an enzyme known as inosine 5'-monophosphate dehydrogenase (IMPDH) are also being investigated. Regrettably, it will be a number of years before we can anticipate these being ready for widespread use.

Q: Is there anything on the horizon for non-responders?

A: Some physicians are trying higher doses of the existing drugs for these people but the evidence supporting this is not clear. I wish I had some better advice to offer these people, but it may be best to wait for new drugs to be developed (as in the answer above).

Q: How could HepCBC and other HepC groups help accelerate the rate of progress of research into treatments for HCV?

A: From my experience with many people on the front lines of AIDS activism, I know it is difficult to be politically active when you're tired and feeling sick all the time. The easy answer for me to offer would be "lobby! lobby! lobby! write! write! write! call! call! call!" But I think it is more complicated than that. Somehow I think all the stakeholders must find a way to form a united front to present to the political decision makers. Researchers, physicians, people infected with HCV and their healthy family members and friends must come together to plan a course of action. Perhaps seed money could be found to launch such a campaign. But it requires a considerable effort.

(TRIPLE THERAPY—*Continued from page 5)*
mg daily), and amantadine (200 mg daily) for 12 months, and 20 patients received the same treatment without amantadine (double therapy).

At the end of follow-up, normalization of serum alanine transaminase levels (biochemical response) was sustained in 23 of 40 patients who received the triple therapy regimen, but in only 2 of 20 patients who received double therapy. Additionally, clearance of serum hepatitis C virus RNA (virologic response) persisted in 19 of 40 patients on triple therapy and in only 1 of 20 patients on double therapy. The safety profile of the 2 therapeutic regimens was similar among both treatment groups.

Overall then, results showed that the addition of amantadine to the combination of interferon alfa and ribavirin appeared to significantly increase the probability of a sustained biochemical and virologic response in this patient population (difficult-to-treat patients with interferon-nonresponsive chronic disease).

This article is a review of Brillanti S, Levantesi F, Masi L, et al Hepatology. 2000;32630-634

Source: http//gastroenterology.medscape.com/Medscape/features/JournalScan/gastroenterology/2000/js-gas0309.html

THE CO-INFECTION SECTION

RESEARCH LEADS TO FIRST GUIDELINES ON HOW TO TREAT PATIENTS WITH HIV AND HCV

Source: Medscape Wire, September 11, 2000

The more than 300,000 Americans infected with the potentially deadly combination of HIV and the hepatitis C virus (HCV) are a focus at this year's Infectious Diseases Society of America meeting. HCV has become a leading cause of death in HIV patients, and new solutions to the problem were unveiled at the meeting.

The Hepatitis Resource Network (HRN), a nonprofit alliance for research, treatment, and prevention of viral hepatitis, held a pre-IDSA symposium. HRN President Douglas Dieterich, MD, chief of gastroenterology and hepatology at Cabrini Medical Center, presented the results of a new clinical study that found hepatitis C treatment to be just as effective in patients with HIV as in those without it. Symposium presenters also addressed the treatment guidelines for coinfection, recently formulated by a panel of experts to meet what physicians have described as "an overwhelming need."

"Now that HIV patients are living longer thanks to better treatments, slower-developing hepatitis C is an emerging threat," said Dr. Dieterich. "The good news is that we can effectively manage hepatitis C in many coinfected patients, and that new treatment guidelines offer a common-sense approach."

Dr. Dieterich's retrospective study evaluated the effect of standard combination therapy for HCV, interferon alfa-2b, with ribavirin in patients with HIV and hepatitis C. Patients received a standard dosage (3 million units of interferon injected twice weekly with 800 to 1200 mg of oral ribavirin daily) for 6 to 14 months. Most patients (85%) also received highly active antiretroviral therapy (HAART) for HIV treatment.

In coinfected patients receiving the combination therapy for hepatitis C, 40% had a sustained virologic response, defined as HCV viral levels too low to be detected at 3 and 6 months after the end of treatment. Median HIV RNA levels remained at less than detectable levels (less than 400 copies/mL) as well.

Study results also show that ribavirin, part of the combination therapy for hepatitis C, does not interfere with the action of some HIV medications, such as zidovudine (AZT or Retrovir) or stavudine (d4T or Zerit). HIV viral loads remained under control with ribavirin present in the body. The most com-

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CAESARIANS SAFER

Source: D M Gibb, et al, Lancet 2000; 356: 904 - 907 Mother-to-child transmission of hepatitis C virus: evidence for preventable peripartum transmission

In a recent study of 441 HCV positive mothers and their babies in the UK and Ireland, researchers attempted to discover how many babies were infected and exactly when their babies were infected. Results showed 50% of uninfected babies were HCV-antibody negative by 8 months, and 95% by 13 months. Delivery by C-section before membrane rupture occurred resulted in less HCV transmission than vaginal or emergency C-sections. The researchers believe that HCV transmission from mother to child occurs usually around the time of delivery, and that all mothers-to-be should be tested for HCV.

SELENIUM

Source: Hans Ãrskov, Allan Flyvbjerg, Lancet 2000; 356: 938 - 946 Selenium and human health

A letter from some Danish scientists appearing in *Lancet* this month reviewed a collection of studies which show that "although selenium is an important trace element, it is also toxic, with a narrow therapeutic window, and some individuals are more sensitive than others." Selenium toxicity has been studied in animals for several decades, and can include liver and nervous system damage, as well as stunting of growth. The authors warn against too much selenium, especially in children, and suggest it may be cancer causing, calling for more testing. At the same time, other writers stressed the importance of selenium for the heart and immune system, especially in areas where there is not enough naturally-occurring selenium in the soil.

A DIRECT APPROACH

Source: Kawakami S, et al., J Drug Target 2000;8 (3):137-42, "Targeted delivery of prostaglandin E1 to hepatocytes using galactosylated liposomes." PMID: 10938523, UI: 20398378

In this study, the scientists are trying to develop **a way of getting medicine directly into liver cells**. Seemingly successful tests done with mice with serious hepatitis caused by carbon tetrachloride showed that prostaglandin E(1) or PGE(1), built into certain liposomes intended to invade only liver cells, showed that those special liposomes, called galactosylated liposomes, had collected in the liver 10 minutes after the substance was injected into the vein. PGE(1) dissolved in saline into other types of liposomes had little effect.

NEW PARTNERSHIP

Source: PRNewswire, Sept. 4, 2000, XTL Biopharmaceuticals and Hybrigenics S.A. Join Forces to Co-Develop Novel Hepatitis C Therapeutics

Hybrigenics S.A. and XTL Biopharmaceuticals, Ltd. Will be **partnering to develop new Hep C drugs,** using Hybrigenics' PIMRider technology and software to identify and specify protein interactions and XTL's Trimera mouse model of HCV infection.

(SQUEEKY—*Continued from page 3)*

that letter is to be successful: "imminent and substantial danger to health." Tom mentioned the necessity of lobbying the Ministry of Health, reminded us of the importance of teaching ourselves how to teach our caregivers, and had lots of great suggestions. We are looking forward to working with Tom on our advocacy project and to hearing him speak.

We then met with Rachel Rosen, of ELP (End Legislated Poverty) and Brenda Rose, of the Legal Services Society. We explained how we are setting up contacts with our member groups who have disability advocates. We pointed out that we have appropriate medical articles, and the funds necessary to unite strategic people, such as Tom McGregor, Brian Mairs, and others advocates. David talked about the possibility of having 3 or 4 forums in different regions involving Ministry reps, advocates and community members, and about the materials to be developed, i.e., pamphlets, or a booklet. We spoke about the feedback from our associate member organisations, and the need to make the advocacy project work.

Finally we met with Hamid Taghavi from Health Canada, and talked about the upcoming workshops in Vancouver.

All in all we had a great time. The weather was great, and our mission was successful. HepCBC now has eleven associate member organisations committed to working together to help our communities and develop a strong voice.

Joan King
President, HepCBC

PS: the real reason we went on the trip, was to visit Joan's grandson, Pranav—squeeky.

On Sept 19, 2000 at the Eric Martin Pavilion Theatre in Victoria, David Klein spoke to us about the status of the Red Cross settlement and the pre 86/ post 90 class actions against the provincial and federal governments.

Red Cross

The Canadian Red Cross, faced with many law suits, filed for insolvency in July 1998. The government and other creditors who were suing the Canadian Red Cross (CRC) had to settle, and after 2 years of negotiation, came up with a proposal called "Amended Plan of Compromise and Arrangement," which created four funds out of the total fund of $77-79 million

1. $3.7 million for HIV victims
2. $600,000 for those infected with Creutzfield-Jacobs ("Mad Cow" Disease)
3. $1 million for those infected from prison blood from the Arkansas prisons.
4. $63 million for those Hep C victims transfused outside the "window".

Any leftover monies from the other funds would be given to Hep C victims. About $63 to 65 million will be available, divided up amongst the victims. It will be nowhere near enough to compensate for the hardships these people have had to suffer. Given an estimated 5000 eligible victims, the amount twill be about $8-10,000 per person, after legal costs, etc., are deducted.

There are delays, however. Although a settlement was reached at the end of July, 2000, and was approved in Ontario solvency court in September, it still has to be approved in 3 other provinces to become final. It should take about 4 months for people to get their papers filled out and turned in. Then it will have to wait 30 days during the approval period so that any appeals can be submitted, etc. Sometime next summer, people should start to get their money.

Class Action

At the present moment there is no settlement with the BC or federal governments, however, Mr. Klein said he feels the provinces are ready to settle, and that there should be more information in a week or two. Nevertheless, he did caution that settlements have been known to dissolve at the last minute. He mentioned that the deal for those outside the window in BC will not be as good as the deal in Ontario or Quebec, and that this lies totally with each province. Klein said that a decision had to be made whether the victims wanted their money now, and accept a deal, or sue and wait years.

There has been no progress so far with the federal government, and the battle continues, and will continue, however long it takes.

Q What is the claim against the government based on?
A From a legal stand point, CRC should have been testing. One kind of test was available in the 1950s. Another kind was available in the 70s, but was used by few. Tests were used in New York in 1982, so there is a half-decent chance of legal redress for those transfused between 1982 and 1986, but before that, people transfused do not have a strong case.

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NO HIV/HCV TESTING UNLESS PATIENT AGREES

Source: WebMD Canada Medical News, Aug. 16, 2000 Doctors Refuse to Call for Testing Patients Against Their Will, Catherine Teasdale

At the recent Canadian Medical Association Annual Meeting, it was proposed that some patients be tested for HIV or hepatitis against their will. For instance, if a nurse were exposed to the blood of a patient, can that patient refuse to be tested for blood-borne diseases? It was mentioned that few patients refuse testing when asked. It was suggested that testing could be done on blood already drawn for other tests. The motion was defeated by 82 to 61.

TAINTED IMMUNOGLOBULIN

Source: Transfus Sci 1998 Jun;19(2):115-7 Alavantic D, et al, Hepatitis C virus RNA testing by nested PCR in blood preparations in Yugoslavia.

Many products are made from blood, for instance gamma-globulin, albumin, anti-tetanus and anti-rabies. Anyone who has received these products should be tested for Hep C and other blood-borne diseases. In Yugoslavia, it was discovered that 7 out of 19 batches of these preparations were positive for hepatitis C when tested by PCR. Unfortunately, the test is too expensive to use all the time. (Does this sound familiar?)

MORE LIVERS

Source: MedscapeWire August 25, 2000, Unique Program Increases Organ Donation Consent Rate

Mothers of organ donors are banding together to form a group called the MOD (Mothers of Donors) Squad, established in 1997. The mothers help families facing the loss of a loved one with the decision about organ donation. In Rome, as study showed that, of the families assisted by the Squad, 91% consented, compared to 50% of those not assisted. These mothers could comfort the families. Do you have a MOD Squad in your town?

EUROCEL LIVER FORMULA

Source: BUSINESS WIRE, Aug. 25, 2000, Scottsdale Scientific Corrects and Replaces Announcement of Introduction of `Eurocel' Release

A new dietary supplement has been developed by the Allergy Research Group, called Eurocel. It is an herbal-based product developed by an Asian company, using traditional ingredients. A 2 year clinical survey was done on Hep C patients which showed a "dramatic decrease in viral titers…in the first 1-2 months of use." Upon completion of the 2 year treatment, the patients' viral load had decreased, and liver enzyme levels normalized. For further information, please contact Allergy Research Group at 1-800-545-9960.

(Note from the editors: the above product has not been approved by the US FDA, and no proper clinical trials have been done. We have requested information on the study, and will apprise you when we get some.)

AVOIDING HEP C IN TRANSPLANTS

Source: Liver Transplant 2000;6:407-414, Clavien et al., "Prolonged Graft Rewarming Increases Risk of Severe HCV Recurrence After Liver Transplant"

Studies in Switzerland on 56 patients have recently shown that in liver transplant patients with hepatitis C, the severity of recurrence is directly associated with the time from the implantation of the liver to the attachment to the portal vein ("duration of ischemic rewarming").

"The estimated chances of severe disease within the first year [after liver transplantation] after 30, 60 or 90 minutes of ischemic rewarming time were 19%, 40% and 65%, respectively," according to the investigators. Other variables did not seem to matter. Improvement in surgical technique was suggested.

METFORMIN FOR FATTY LIVER

SOURCE: Diehl et al, Nature Medicine 2000;6:998-1003, Diabetes drug may treat common liver disorder

A drug already used to treat type 2 diabetes may help patients with fatty liver, a common problem found in Hep C patients. Researchers say that results from a study in obese mice suggest that metformin, a diabetes drug, may help get rid of excess fat in the liver. Many doctors consider the condition harmless, but the author of the study says they are beginning to think again, since fatty liver seems to be the beginning of such diseases as liver inflammation and cirrhosis in many people. Also, the drug has been proven safe and is not expensive.

(CO-INFECTION—*Continued from page 6*)

mon adverse effect seen with ribavirin was anemia, which was effectively treated with epoetin alfa or EPO therapy in most cases.

"Our study found that combination therapy for hepatitis C may be just as effective in coinfected patients as it is in patients with hepatitis alone," Dr. Dieterich said. "By lowering liver toxicity, hepatitis C treatment also allows physicians to treat HIV more aggressively. Some of the most effective and widely used HIV treatments may cause liver toxicity, which can halt treatment in coinfected patients unless we stop hepatitis C from attacking the liver at the same time."

Dr. Dieterich's study is an early example of several studies that are currently exploring treatment for HIV and HCV. The HRN is sponsoring 2 large-scale clinical trials using the standard of care interferon alfa-2b and ribavirin in combination to treat HCV and coinfection with HIV. Additional trials will soon begin that will explore the efficacy of a new monotherapy, pegylated interferon (PEG) a modified version of interferon. Researchers anticipate that PEG will be twice as effective as standard interferon monotherapy with fewer adverse effects and require fewer injections per week. Clinical trials are also underway to determine the efficacy of PEG in combination with ribavirin.

Dr. Dieterich and HRN Vice President Mark S. Sulkowski, MD, assistant professor of medicine at Johns Hopkins, recently co-chaired a meeting at which 16 researchers and leading experts in HIV and HCV convened to develop guidelines for management of HIV and HCV coinfected patients. The guidelines focus on how to identify candidates for treatment, manage the unique challenges faced by coinfected patients, and the best use of HAART while using interferon alfa and ribavirin to treat HCV infection. The guidelines are available online in a CME monograph at www.projectsinknowledge.com.

While many physicians still hesitate to treat HCV in HIV patients, the guidelines stress that combination therapies for HIV and HCV may be used simultaneously. They recommend that physicians treat both viruses as if the patient had one or the other by staggering the initiation of treatments and carefully monitoring liver function.

"The management of chronic hepatitis C infection in persons infected with HIV, who are often taking multiple anti-HIV medications, can be quite complicated and, to date, there has been little information to guide physicians," Dr. Sulkowski said. "Nonetheless, it is clear that hepatitis C is a major problem, leading to liver failure and death in some

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(IMMUNIZATION—*Continued from page 1)*
provided by a blood test.

In order for clients to access this immunization program, it is necessary to have recent blood work available in order for a determination to be made regarding which vaccines are appropriate, either hepatitis A vaccine or hepatitis B vaccine or both. The client makes contact with their family physician and requests the following blood work if these particular tests have not been done within a 6 month period:

Anti HAV (IgG or Total)
HepBc Ab
HepBs Ag.

These blood tests take only a few days to complete and then the vaccine can be released for the individual as soon afterward as the physician's office is able to contact the public health regional office. For clients in the Capital Health Region the Epidemiology and Disease Control Centre supplies the vaccine to the physicians. Vaccine is only released to the physician's office since proper refrigeration must be maintained in order to assure that it is safe. For information on the management of vaccine in other health regions, contact the public health regional office.

Post immunization blood testing to assess antibody levels is not necessary.

Clients in the Capital Health Region who require assistance either with interpretation of the provincial policy or interpretation of blood work are welcome to contact me by phone at the Epidemiology and Disease Control Centre. Clients residing outside CHR, should contact their regional public health office.

Sheila J Short RN BScN PHN
Nurse Consultant
Epidemiology and Disease Control Centre
(250) 388-2220

Editor: Recent studies have shown that vaccination may not take if you are on interferon at the time. If this is the case, we recommend that you be re-tested once you finish treatment.

(CO-INFECTION—Continued from page 8)

HIV-infected persons. More importantly, effective HCV treatments are available, and it's essential that persons co-infected with HIV and HCV be considered for treatment with combination interferon and ribavirin.

In a recent "Dear Citizen" letter to the American public, US Surgeon General David Satcher, MD, described hepatitis C as a "silent epidemic" because so few of those infected are aware of it. This letter marks only the second time in history that a health crisis has warranted this type of national warning. The first time was for AIDS.

(Continued from page 7)

Q What can I do? I had surgery, but they can't find my records?
A You can be compensated if there is circumstantial evidence. You need one of the following :

- Hospital records showing you were transfused (this is the best proof) .
- A letter from your surgeon saying he administered blood. Your word is not enough.
- Proof of a transfusion can be as simple as a doctor writing a letter saying, "This patient had open heart surgery. All open heart surgery requires blood, so this patient received blood."

Q. Have you found records?
A. I have about 800 clients. We have proof for about 50-550 of them. Access to Provincial records is being sought. We know that there is a separate database, and we're hoping for confirmation for another 50 clients.

Q Where can I get copies of the records?
A Ask the hospital. You don't need to prove that the blood was infected in this Class Action Suit, unlike the 1986-1990 Suit. The prerequisites are not so strict. All you need pre-1986 is proof that you received blood and are diagnosed with Hep C after you received blood.

- You must sign that you are not and have never been an IV drug user
- You must sign a release so that your doctor may write a letter saying that you are not, nor ever have been, an IV drug user.
- If you are or were and IV drug user, you must prove that the blood you received was tainted with Hep C.

(At this point IDA Chong, MLA ,said if anyone has problems getting information, she'll try to help if the hospitals refuse. She said that sometimes even MLA's can't get information, especially if even lawyers can't get it, but if you tell her where to write, or where to get the information, she'll help. Please contact HepCBC if you need help.)

Q I was transfused 31 years ago. What can I do?
A If you can't prove you got blood, you can't do anything, but if you are my client, I will do everything possible to get proof.

Q Can you narrow down the time for the deadline to get papers in?
A There will be a reserve fund for latecomers.
Q And the first deadline?
A April, probably about 6 months from now.

When asked why he had not chosen other strategies—suing Connaught or others— Mr. Klein reminded us that it was a judgment call he had to make. He reminded us that if we do not like the way he is handling the matter, we are free to start our own action, and sue whomever we will.

Mr. Klein repeatedly stressed that he felt that the course he took was the best one to get money to the victims before they die, since the government is adamant in its resistance to our plight.

Last, Mr. Klein reminded us that although the opt out date for the action has passed, they are thinking of extending it for those who wish to reconsider and opt out of this action. Should you need any more information on these matters, please feel free to call Mr. Klein's office.

COMPENSATION

BRITISH COLUMBIA

1986-1990
Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: (604) 609-6699 Fax: (604) 609-6688

Before August 1, 1986 or 1990-1991
David A Klein/ Klein Lyons
Legal Assistants: Lisa Porteous and & Candace Wall
Vancouver, BC (604) 874-7171, 1-(800) 468-4466, Fax (604) 874-7180

also:

William Dermody/Dempster, Dermody, Riley and Buntain
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
Toronto, Ontario
Phone: (416) 595-2300, Fax: (416) 595-0527

TRACEBACK PROCEDURES:

INQUIRIES-CONTACT:

The Canadian Blood Services
Vancouver, BC
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.

RCMP Task Force TIPS Hotline
(Toll free) 1-(888) 530-1111 or 1 (905) 953-7388
Mon-Fri 7 AM-10 PM EST

CLASS ACTION/COMPENSATION

If you would like more information about class action/compensation, or help with a lookback, contact:
Leslie Gibbenhuck Tel. (250) 490-9054
E-mail: bchepc@telus.net
She needs your name, address, birth date, transfusion dates, and traceback number.

National Compensation Hotline: 1-(888) 726- 2656

ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1(888) 726-2656 or 1 (877) 434-0944.
www.hepc8690.com info@hepc8690.com

***Should you have any questions about the status of your claim (86-90), please contact the administrator. They should answer all of your questions. If, however, they do not, then please contact Bruce Lemer who has promised me that he would answer your questions at no charge.—C.D. Mazoff*

COMING UP IN BC:

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

Chilliwack BC HepTalk Meetings: 2nd and 4th Wednesdays of each month, 7-9 PM, Chilliwack United Church, 45835 Spadina. NEXT MEETINGS: Oct 11th and 25th. Contact: HepTalk@fraservalleydir.every1.net, or 795-4320

Comox Valley Liver Disease Support Group Meetings: Third Tuesday of each month, 6-8 PM, St. George's United Church on Fitzgerald. NEXT MEETING: Oct 17th. Drop in daily for coffee. Contact: Jayne, 336-2485 or Dan, 338-0913, Rhagen@mars.ark.com

Cowichan Valley Hepatitis C Support Contact: Debbie, 715-1307, or Leah, 748-3432.

Cranbrook HeCSC : Meetings: 1st and 3rd Tuesday of each month, 2-4 PM, #39 13th Ave South, Lower Level. NEXT MEETINGS: Oct 3rd and 17th. Contact: 426-5277, hepc@cyberling.bc.ca

Creston Educational presentation and appointments: Contact Katerina 426-5277

Downtown Eastside Hep C Support Group Meetings: Each Monday, 6 to 8 PM, Carnegie Center, 401 Main St., Vancouver. Contact: Carolyn, momma@vcn.bc.ca

Enderby HepCURE Meetings: Last Sunday of each month, 2-4 PM, for High Tea, The Raven Gallery, 701 George St. NEXT MEETING: Oct 29th. Contact: Marjorie, 558-7488, amberose@sunwave.net

Golden Client Support Services & Healthcare Professional and Service Providers Educational presentation and appointments: Golden Health Unit. Contact Katerina 426-5277

HepCBC Hepatitis C Education and Prevention INFO Line. Need free medical articles or other info? Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

Invermere Educational presentation and appointments: Invermere Hospital. Contact Katerina 426-5277

Kelowna HeCSC Meetings: First Saturday of each month, 2-4 PM, Rose Avenue Education Room, Kelowna General Hospital. NEXT MEETING: Oct 7th. Contact: Doreen, 769-6809 or erisley@bcinternet.com

Kootenay Boundary Meetings: Second and fourth Tuesday of each month, 7 PM, 1159 Pine Ave, Trail. NEXT MEETING: Oct 10th and 24th. Contact: Brian, 368-1141, k-9@direct.ca. Meeting for September 2nd Tuesday of the month only

Mid Island Hepatitis C Society Meetings: Second Thursday of each month, 7PM, Central Vancouver Island Health Centre, 1665 Grant Street, Nanaimo. NEXT MEETING: Oct 12th. Contact: Sue 245-7635, Floyd 741-1595, or mihepc@home.com **Parksville/Qualicum MIHepCS** support and contact: Ria 248-6072

Mission Hepatitis C and Liver Disease Support Group Contact: Patrick, 820-5576.

Nelson Hepatitis C Support Group Meetings: 2nd Floor 333 Victoria St., Multi-Purpose Room NEXT MEETING: Contact: Alex at ANKORS 1-800-421-2437 or 505-5506, or Ken 355-2732, keen@netidea.com

New Westminster Support Group Meetings: Second Monday of each month, 7:00-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. NEXT MEETING: Oct 9th. Contact: Dianne Morrissettie, 525-3790.

Parksville/Qualicum 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: 248-5551, sasg@island.net

Penticton Hep C Family Support Group Meetings: Second Wednesday of each month, 7-9 PM, Penticton Health Unit, Board rooms. NEXT MEETING: Oct 11th. Contact: Leslie, 490-9054, bchepc@telus.net

Powell River HepC Information and Support: Contact: Cheryl Morgan, 483-3804.

Prince George Hep C Support Group Meetings: Second Tuesday of each month, 7-9 PM, Health Unit Auditorium. Next Meeting: Oct 10th. Contact: Gina, 963-9756, or Ilse, ikuepper@pgrhosp.hnet.bc.ca

Prince Rupert Contact: April, 627-7083.

Princeton Meetings: Second Saturday of each Month, 2 PM, Health Unit, 47 Harold St. NEXT MEETING: Oct 14th. Contact: Brad, 295-6510, citizenk@nethop.net

Slocan Valley Support Group Meetings: Contact: Ken, 355-2732, keen@netidea.com

Smithers Contact: Doreen, 847-2132 or aws@mail.bulkley.net

Sunshine Coast — Sechelt: First Wednesday of each month. NEXT MEETING: Oct 4th—**Gibsons**: Last Thursday of each month. NEXT MEETING: Oct 26th. Both meetings—Health Units, 7 PM. Contact: Kathy, 886-3211, kathy_rietze@uniserve.com

Vancouver CLF Meetings: Second Thursday of each month, 7:30 PM, Nurses Residence, VGH (12th & Heather). Next Meeting: Oct . 12th. Contact: CLF, 681-4588, or Herb, 241-7766, herbmoeller@cs.com

Vancouver Morning Support Group Meetings: Last Wednesday of each month, 10:30-12:30, BC CDC Building, 655 West 12th (Park in Cambie St. City Square Mall). NEXT MEETING: Oct 25th. Contact: Darlene, 608-3544, djnicol@attglobal.net, or info@hepcvsg.org

Vernon HepCURE Contact: Marjorie, 546-2953 for Hep C information. amberose@sunwave.net

Vernon HeCSC HEPLIFE Meetings: Second and fourth Wednesday of each month, 10 AM-1 PM, The People Place, 3402-27th Ave. NEXT MEETINGS: Oct 11th and 25th. Contact: Sharon, 542-3092, sggrant@netcom.ca

Victoria HeCSC Contact: 388-4311, hepcvic@idmail.com

Victoria HepCBC Support Groups We have small support groups for men and for women. For men, contact Guy at 382-9888, kidsturn@home.com; for women, contact Joan at 595-3882, or jking@hepcbc.org

OTHER PROVINCES

ALBERTA:

Central Alberta CLF Hepatitis C Support Group Meetings: Last Thursday of each month, 6-8 PM, Provincial Building, Room 109, 4920 51 St., Red Deer. Enter at southeast entrance. NEXT MEETING: Oct 26th. Contact: Shane, 309-5483, shanehepc@hotmail.com

Edmonton, AB Hepatitis C Informal Support Group Meetings: Third Thursday of each month, 6-8 PM, 10230-111 Avenue, Conference Room "A" (basement) NEXT MEETING: Oct 19st. Contact: Cathy Gommerud, yzcat@telusplanet.net or Jackie Neufeld, 939-3379

ATLANTIC PROVINCES:

Cape Breton Hepatitis C Society Meetings: Second Tuesday of each month. NEXT MEETING: Oct 10th. Contact: 564-4258 (Collect calls accepted from institutions) Call toll free in Nova Scotia 1 (877) 727-6622

Fredericton, NB HeCSC Meetings: 7 PM Odell Park Lodge. NEXT MEETING: Contact: Sandi, 452-1982 sandik@learnstream.com

Greater Moncton, N.B. HeCSC Meetings: First Thursday of each month, 7 PM. NEXT METING: Oct 5th. Contact Debi, 1 (888) 461-4372 or 858-8519, monchepc@nbnet.nb.ca

Halifax Atlantic Hep C Coalition Meetings: Third Saturday of each month, 1-3 PM, Dickson Centre, VG Hospital, Rm 5110. NEXT MEETING: Oct 21st Contact: 420-1767 or 1-800-521-0572 or ahcc@ns.sympatico.ca

Kentville Atlantic Hep C Coalition Meetings: Second Tuesday of each month, 6:30-8 PM, Kingstec Campus, Rm 214. NEXT MEETING: Oct 10th. Contact: 1-800-521-0572 or ahcc@ns.sympatico.ca

ONTARIO:

Durham Hepatitis C Support Group Meetings: Second Thursday of each month, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby, ON. NEXT MEETING: Oct 12th. Contact: Smilin' Sandi, smking@home.com http://members.home.net/smking/ or Durham Region Health Department (905) 723-8521 or 1-800-841-2729 Ext. 2170 (Ken Ng)

Kitchener Area Chapter Meetings: Third Wednesday of each month, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. NEXT MEETING: Oct 18th. Contact: Carolyn, 893-9136 lollipop@golden.net

Hep C Niagara Falls Support Group Meetings: Last Thursday of each month, 7-9 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thurold, ON. NEXT MEETING: Oct 26th. Contact: Rhonda, 295- 4260 or hepcnf@becon.org

Hepatitis C Society of Ottawa-Carleton Meetings: Centertown Comm. Health Centre, 420 Cooper St. (Ottawa) between Bank and Kent St. One on one peer counselling Mon. afternoons. NEXT MEETING: Contact 233-9703 or ronlee@attcanada.ca

QUEBEC:

Hepatitis C Foundation of Quebec Meetings: Dawson Community Centre, 666 Woodland Ave., Verdun. NEXT MEETING: Contact Eileen: 769-9040 or fhcq@qc.aibn.com