



Canada's Hepatitis C News Bulletin

www.hepcbc.org

HEP C CIRCLE UPDATE: NANAIMO 2002

The organizers of the Circle are delighted to report the interest being shown by so many groups in B.C. So far 54 individuals representing 30 different groups (see the list below) have enrolled for the inaugural meeting of the Circle in **Nanaimo on February 1-3**. Whilst the *hepc.bull* welcomes contributions from all of these groups, we wish to repeat that the bulletin itself does not necessarily represent the views of any one of them. In fact, the vice-president of the Hepatitis C Society of Canada has requested that we remind you that this bulletin is not published by that society or any of its chapters.

For full details of the conference, please visit the web site at <http://casper.ca/hepcircle>

—John Hasell, Facilitator

- Action Committee of People With Disabilities
- Action Society
- AIDS Resource Centre
- ANKORS
- Canadian Liver Foundation
- Castlegar Hep C Support
- First Nations Urban Community Society
- Gibbenhuck Consulting
- Hepatitis C Society of Canada—Comox Valley
- Hepatitis C Society of Canada—East Kootenay
- HepCBC
- HepCure
- Hep C VSG
- HepHIVE
- Lower Mainland Purpose Society
- Mid Island Hepatitis C Society
- Mid Island HIV/AIDS Society
- Nakusp Hep C Support Group
- National Association Friendship Centres
- NIAC Hep C Support Program
- NI Hep C Community Support Project
- North Island AIDS Coalition
- Positive Living North West
- Schering Canada—Caledonia Medical Surgical Clinic
- South Fraser AIDS Service Society
- Tillicum Haus Native Friendship Centre
- Thompson Health Region - Liver & Info Clinic
- Trail Support Group
- Vancouver Native Health Society
- Victoria Native Friendship Centre
- YouthCO AIDS Society

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NEWS

PEG-INTRON RATIONING

Since there is not enough to go around, Peg-Intron will be rationed, so a complete supply can be assured to each patient who begins the treatment. More than 60,000 patients have enrolled in the new Schering Access Assurance program, and there is now a waiting list of 10 to 12 weeks. There will be a special supply for those with urgent requests for treatment. Schering says that those who have already begun treatment are assured of having a complete supply to fill their needs, but problems have been reported.

Source: *Haac_sf@hotmail.com, January 15, 2002, Community Notice: Schering to Impose Wait List on PEG-Intron Access Assurance Program*

PEG-COMBO IN CANADA?

The combination of pegylated IFN plus ribavirin has not yet been approved by Health Canada. PEG monotherapy has been approved, but only if the patient can't take ribavirin. The PEG combo has now been approved in Europe, and the Peg-Intron Combo should be available in Canada as a reimbursed treatment in the latter part of 2002.

(Continued on page 8)

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ADVERSE REACTION HOTLINE

New toll-free telephone and fax lines to report ADRs

Effective August 1, 2001, an improvement to facilitate the receipt of drug safety information will be implemented, with the introduction of toll-free telephone and fax access. Health professionals and consumers may use these numbers to report adverse drug reactions (ADRs). Calls will be automatically routed to the appropriate regional or national ADR centre.

Health professionals/consumers contact us toll free at:

Telephone : 866 234-2345

Fax : 866 678-6789

Reporting access for manufacturers will continue to be through the existing national ADR centre direct lines.

Telephone : 613 957-0337

Fax : 613 957-0335

You can also report ADRs to the US FDA:
1-800-FDA-1088 (1-800-332-1088)

HEP C TV SERIES TO AIR

Hep-C ALERT raises awareness of chronic hepatitis C with the 12-week cable TV program "From the Streets to the Specialist." The show will air every Monday 8:00pm, Wednesday 9:00am and Friday 12:00pm, starting February 4, 2002 on Community Channel 36, which you may get via satellite. Hosting the show is Andi Thomas, Hep-C ALERT's founder and executive director. Joining her are renowned hepatologists Dr. Christopher O'Brien, Associate Professor of Clinical Medicine and Dr. Enrique Molina, Assistant Professor of Clinical Medicine, University of Miami's Center for Liver Diseases.

CONTACT:

Hep-C ALERT, North Miami
Andi Thomas, 305/893-7992 x101

SUBSCRIPTION/ MEMBERSHIP FORM

Please fill out & include a cheque made out to

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2741 Richmond Road
Victoria BC
V8R 4T3

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Membership + Subscription (1 year): \$20.00

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(for those already receiving the bulletin):

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(for those already members of HepCBC):

"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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SUBMISSIONS: The deadline for any contributions to the hepc.bull® is the 15th of each month. Please contact the editors at info@hepcbc.org, (250) 361-4808. 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.

HOW TO REACH US:

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WEBSITE:

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Victoria BC V8R 4T3

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.

NEW

Peppermint Patti's FAQ Version 5 Available NOW!!

Peppermint Patti's FAQ Version 5 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.

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2001; the FAQ V5; the Advocate's Guide; the Slide Presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs \$10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.



HepCBC would like to thank the following institutions and individuals for their generosity: Lexmark, David Klein, Bruce Lemer, Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, Margison Bros Printers, Carousel Computers, Arlene & Frank Darlington, Karolyn Sweeting; Alysna Mika; John Hasell & Gordon Mastine.

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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. Squeaky, 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. 20

Positive Attitude and Hepatitis C

Creative, independent, attractive 40-something woman, loving and living life, would like to meet active 35 to 40-something man. You have a sense of humor and enjoy the good things in life.

Ad No. 21

Hep C Positive Man 40+

Independent, active, caring, compassionate, romantic, would like to meet Hep C positive woman 30-40+ with positive attitude and similar traits.

Got Hep C?... Single?

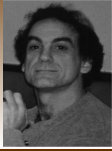
...Visit

<http://clubs.yahoo.com/clubs/ontariohepcingles>



Order Your "Hepper Bear" Now!

\$20 CDN each, including postage. This is a GREAT Fund-raiser for Support Groups! Call (250) 361-4808, or email info@hepcbc.org to place your order.



THE SQUEEKY WHEEL

Shame on you Schering-Plough!:

As many of you may remember, there is a wonderful organization in the United States called HAAC, Hepatitis Action & Advocacy Coalition, of which HepCBC is an associate member.

HAAC has been doing battle against Schering Plough in the United States, trying to bring down the price of treatment for all hepatitis C sufferers. And we in Canada have been trying to do the same. Darlene Morrow, Joan King and others tried to get the Health Protection Branch in Canada to unbundle Rebetrone, and thus lower treatment costs, making treatment more accessible.

Unfortunately, we didn't get very far. Our appeal made it as far as the Patented Medicine Prices Review Board, which found that the price for Rebetrone was not excessive.

Well now, along comes this report from Reuters: "Brazil Wages War on Hepatitis C Drug Pricing," which states that the government of Brazil is sick and tired of being held hostage by international pharmaceutical companies.

If you remember, Brazil has already managed to lower the costs of AIDS medications by ignoring international drug patents and producing the necessary drugs at home.

Now Brazil wants to do likewise with medication for hepatitis C. And get this: Brazil says it can produce pegylated interferon for **27.5 times less** than the current cost from Schering Plough. If, then, Brazil can produce Pegasys for 27.5 times less, that means that the cost of treatment in Canada, could be reduced, from the \$20,000 a year that the Canadian Patented Medicine Prices Review Board found to be reasonable, in 1999, to \$727, give or take a few pennies.

Now, I'm not going to squeek at you this time. I'm going to preach.

Many of you might know that I studied theology and ethics before I did semiotics, and that I hold a Graduate Diploma in Theological, Religious and Ethical studies, as well as my doctorate. Furthermore, if I had not loved God more than Religion, I would have wound up a minister, a direction in which I was heading at one time.

I am now going to speak from that position. It is simple, plain and clear. The people who do this, the politicians, the CEO's of the drug companies, are evil, selfish, sinners. There is no excuse. They are small and ugly people in the eyes of God. They fool only themselves when they look in the mirror at their strutting cadavers. For they are dead, already—dead to life, to love, to others and to themselves.

I remember one of Krishnamurti's parables about a man involved in the sale of Napalm. The conclusion was that when this man said he loved his wife or his children, he was a liar, for no man can sell death and live love. And Krishnamurti said as well that the wife, in accepting these lies, was as corrupt as the man, and that both knew what they were doing, only that they chose not to look.

Theodore Roszak, the American sociologist, and Rollo May, the psychologist made the same point when they spoke about the spiritual and psychological alienation brought about by our technology and rampant materialism. The Bible speaks always about the nature and condition of Man, his duties, obligations and the cost to his soul. Shame on you Schering. Shame on you Prime Minister Chretien. Shame on you Premier Gordon Campbell. Shame on you to all the complicitous civil servants and corporate executives who knowingly engage in unjust practices.

Look around you and see your reward, a world at the brink, brought there by greed. We thank you, so very much, for doing your jobs so well.

Dr. C.D. Mazoff, PhD, DipTh

From HeCSC-East Kootenay: LOCAL NEEDS FAR EXCEED EXPECTATIONS

As of May 1, 2001, our office has been in operation for one year. When we opened doors on that day, we had a pretty good idea what the local need would be, as our coordinator had worked as a volunteer for approximately one year prior. We could not have imagined what was about to take place.

During the first year of operation, we provided services to eighty clients who are either infected or affected by hepatitis C. We have been able to provide advocacy for ten clients by successfully aiding them with disability application forms. We have provided six educational workshops in three East Kootenay Hospitals and two Health Units within the East Kootenay Region. We have been able to provide answers to questions both by healthcare professionals, employers and the general public. We have conducted several media interviews on hepatitis C issues, designed and printed brochures, newsletters and fact sheets. We have also created a website which includes a chat room and a message board for discussions. We are in the process of submitting this site to all search engines. You may access it by typing www.hepceastkootenay.com in the address bar of your browser.

We were able to have the first week of May proclaimed as **Hepatitis C Awareness Week** by Mayor Ross Priest. As a result, we organize an annual Candlelight Healing Ceremony during the month of May to remember those who have died from hepatitis C and to encourage those who still live with the disease. This has been a wonderful experience for all who attended!

The program has been extremely productive, however, we see the need to expand to meet needs that we have not been able to, due to lack of staff, volunteers and program funding. We are in a position to start fundraising and are asking for volunteers to aid in this matter. If you have great fundraising ideas and skills, please contact our office or come to one of our monthly Steering Committee meetings to present a plan of action. This would be most appreciated, not only by our organization, but also by all who are directly affected by the hepatitis C virus!

HEPCBC NEWS

Positions have been chosen for HepCBC Board Members:

President: David Mazoff

Chair: Jerry Kruz

Secretary: Patricia Winram

Treasurer: Joan King

Directors at Large: Alex Olson, Kate Rhodes, Norma McClelland, Brian Brownrigg

HepCBC has finally been granted a charity number!



MEET THE MINI-PIG

“Mini-pigs” are being cloned to use for organ transplants into humans. These pigs are cloned, and lack a gene that triggers an immune response in humans. By using these pigs’ organs in humans, scientists hope to prevent rejection. Three of the seven piglets have died. The others look healthy, but have some abnormalities. Two have heart defects, including one among those that died. The scientists need to create pigs that lack still another gene, and hope they will succeed by breeding the cloned pigs. Xenotransplantation is the term used for transplanting animal organs into humans, and the pig is the prime candidate. One of the problems is that pigs can pass diseases on to humans, but there may not be a problem with the cloned pigs. The mini-pigs have organs of the correct size for humans. Animal rights activists are opposed to xenotransplantation.

For more details: Scienceexpress 2002;10.1126.

Source: Reuters Health Jan 03, 2002, Second group announces 'knock out' cloned pigs, by Merritt McKinney and Richard Woodman, and Cloned Knockout Mini-Pigs Hold Potential for Organ Xenotransplantation

REDUCING SCARRING

Cirrhosis is scarring of the liver. Scientists have been trying to reverse all types of scarring in people for years. They are targeting a protein which makes scarring take place. While viral hepatitis may be “cured”, and alcoholics can stop drinking, the damage done to the liver has formed scars that interfere with the circulation and detoxification processes.

By adjusting the genes of a protein to remove an amino acid that triggers excessive scarring, researchers have changed the way scars form in mice. Even existing scars can “melt,” as they call it. It will be a few years before they can try this on humans. Scarring can form all over the body, in lungs, the kidneys and the brain, for example, and hopefully this will work for all of them.

Source: HealthScoutNews, Oct. 29, 2001, Genetic tinkering turns back cirrhosis By Randy Dottinga

STUDIES MADE EASIER

Scientists at Pennsylvania State University in Hershey, PA, have developed a system to study the liver better, which may eventually produce improved treatments for hepatitis, cirrhosis or liver cancer. At this time, they are trying transfer genes into liver cells of rodents, and until now haven’t been able to get past the outside of the cell,

but by depleting calcium on the outside of the cell, they are able to disrupt the “islands” that form, allowing entry. (See Journal of Virology, October 2001;75 (20):9857-9871). Contact: Harriet C. Isom, hisom@psu.edu.

Source: Gene Therapy Weekly, NewsRx.com, November 8, 2001, Page 2 www.newsrx.com, Baculovirus Extends Study Of Gene Transfer In Hepatocytes

GENE THERAPY PROBLEMS

Although gene therapy holds promise for liver cancer patients, studies in models have not been successful, and researchers think that getting the treatment to the tumor may be the problem. Intravenous treatment vs. treatment directly into the liver was studied in mice, and it was found that the gene therapies can’t get into the liver tumors when delivered intravenously. When the therapies are delivered directly into the tumor, they not only go into the tumor, but also into normal liver cells. The problem is finding a way to control the therapy so it doesn’t reach the normal liver cells.

Source: NewsRx.com OCT 16, 2001, Sonia Nichols, Intratumoral Gene Therapy Delivery Best Approach In Primary Liver Cancer

TAILOR-MADE THERAPY

CellExSys, Inc., hopes to begin human testing of its product, “patient-specific” cellular therapy, which takes T-cells out each patient’s body and exposes them to hepatitis C, for example, causing them to make antibodies to fight the virus. The resulting T-cells are then cloned and injected back into the patient. The treatment has worked in studies with chimpanzees. The first human trials will be done with hepatitis B, and then with hepatitis C in 2003.

Reach Joel Ozretich at 425-709-6178 ext. 104 or jozretich@bizjournals.com.

Source: April 6, 2001 print edition Joel Ozretich, Targeted Genetics starts new cycle with CellExSys http://seattle.bcentral.com/seattle/stories/2001/04/09/story3.html

INCARA: STEM CELL RESEARCH

Incara Pharmaceuticals has been discussing clinical studies with the US FDA for transplantation of liver cells containing progenitor and stem cells to treat liver failure. Both parties have been reviewing pre-clinical studies. Progenitor cells can develop into mature liver cells. The donor cells are obtained from organ donors whose livers are not appropriate to donate whole. Incara hopes to start trials in human adults with chronic liver failure upon FDA ap-

proval. (www.incara.com)

Source: PRNewswire Dec. 5, 2001

GENOTYPE SUBTYPES

A subtype of genotype 1b has recently been identified. How well people with Hep C respond to treatment depends, on part, to what genotype, or “family,” their particular Hep C virus belongs to. Genotype 1b patients generally respond poorly to IFN treatment. Now genotype 1b has been found to have 2 sub-types: subtype W (worldwide) or subtype J (mainly in Japan). Researchers found that women with W-type responded better than men, especially if their viral load was low. Patients with J-type responded better when they had a history of transfusion, a low viral load, or a mutated region of the virus that determines sensitivity to IFN. Neither the genotype nor the subtype alone made a difference in the response rate, but combining that knowledge with other factors (age, sex, etc.) could help predict response to treatment.

(See Gut 2001;49:263-267)

Source: Reuters Health, Aug 14, 2001, Hepatitis C Subtype Determines Interferon Responsiveness Factors

1F7 ANTIBODY


Researchers think that Immune Network’s IF7 antibody reacts with antibodies from both HIV and HCV, hopefully improving the immune system’s response to infection. Both viruses’ antibodies share a com-

(Continued on page 7)

FIRST NATIONAL ABORIGINAL HEPATITIS C CONFERENCE

EDMONTON, ALBERTA
April 30 - May 3, 2002

WHO SHOULD ATTEND?
 Aboriginal people living with hepatitis C, their families and support networks.
 Those working with Aboriginal people in community health, corrections, human services, addictions, etc.
 Elders, youth, political leaders and decision makers

 More info: www.visions.ab.ca
 Box 34007 Kingsway Mall
 PO
 Edmonton, Alberta T5G 3G4
 780) 459-1884 or 458-1883

BAM-205

BAM-205 was approved for use in treating acute and chronic hepatitis by the Russian Federation in July 2001 and is the second Novelos Therapeutics, Inc., drug to be approved for use in Russia. Clinical trials will begin soon in Russia, and will later be sold in China, Hong Kong and Taiwan.

BAM-205 is a form of a peptide found in all human cells in two forms, oxidized and reduced. BAM-205 stabilizes the peptide in its oxidized form, so it can be used therapeutically.

Novelos is launching an HIV clinical development program in the United States for BAM-205.

Source: PRNewswire, Oct. 24, 2001 Russian-Approved Hepatitis Drug to Be Clinically Developed in China

BETAINE

Betaine is a naturally occurring byproduct of choline metabolism, and has been shown to raise SAM levels, which may reduce fatty liver, which is common in patients with Hep C. This study was done to find out about the safety of betaine and its effects on people with fatty liver. Seven out of the original ten patients completed the study, taking an oral solution (Cystadane) twice a day for a year. Cystadane is usually used for treating patients with high levels of the amino acid homocysteine in the blood. Liver biopsies at the end of the study indicated improved status for fibrosis, inflammation, and fat deposition. Side effects included gastrointestinal distress in 4 patients, but didn't require dose reduction.

Source: Abdelmalek MF, et al, Am J Gastroenterol. 2001 Sep;96(9):2534-6 Betaine, a promising new agent for patients with nonalcoholic steatohepatitis: results of a pilot study, and Obesity, Fitness & Wellness Week, November 17, 2001, Page 2, Fatty Liver Metabolite Betaine Improves Liver Status In Nonalcoholic Steatohepatitis

NEW HEP B VACCINE

In a double-blind, randomized, controlled study, healthcare workers who had not previously responded to Hep B vaccines as determined by measuring surface antibody titers, were vaccinated again with 20-µg of either the new triple antigen recombinant vaccine, or the present single antigen vaccine.

One dose of the triple-antigen hepatitis B vaccine (Hepacare) produced was successful in more than 75% of previous vac-

cine non-responders, much better than the response in those re-vaccinated with the previous vaccine.

Source: Jane N. Zuckerman et al, HEPATOLOGY 2001;34:798-802, Evaluation of a new hepatitis B triple-antigen vaccine in inadequate responders to current vaccines

ORAL PROTEASE INHIBITOR FOR HEP C

Eli Lilly and Company and Vertex have selected LY570310 (VX-950), a protease inhibitor to develop as a treatment of HCV infection. LY570310 is designed to inhibit the hepatitis C NS3-4A protease that the virus needs to replicate.

Phase I clinical trials are being prepared for early 2003.

Vertex reports that the HCV protease has been an difficult target, since the "flat active site of the enzyme" and the problem of replicating the virus in the lab were problematic.

Source: Lilly and Vertex Pharmaceuticals Select Novel Oral Anti-Hepatitis C Compound, www.vrtx.com, www.lilly.com.

VIRAMIDINE

ICN Pharmaceuticals, who produced ribavirin, has applied to the US FDA for approval to begin Phase I clinical trials of viramidine combined with interferon alpha.

SOURCE PRNewswire Jan. 7, 2001, ICN Pharmaceuticals Files Viramidine IND, http://www.icnpharm.com

INFERGEN COMBO

InterMune, Inc. has announced good results from its Phase IV clinical trial which compares Infergen (consensus IFN) + ribavirin to Rebetrone (IFN + ribavirin) to treat Hep C infections. 56% of patients treated with the Infergen combo had a sustained virologic response (no detectable virus 6 months after finishing treatment) compared to 31% treated with Rebetrone. The rates among the genotype 1 patients were 41% with the Infergen-combo group, and 18% in the Rebetrone group. (Note: This trial was NOT done with Peg-Intron). The trials shows that the Infergen combo is safe, well tolerated and possibly more effective than Rebetrone, according to one of the lead investigators.

Source: PRNewswire Nov. 12, 2001, Intermune Announces Positive Clinical Data Using Infergen(R) For the Treatment of Hepatitis C - Infergen Combination Therapy May Be More Effective Than Rebetrone(TM)

HEPTAZYME

Heptazyme, a type of ribozyme, or RNA molecule, has been designed to cleave the HCV 5-UTR and can stop the virus from reproducing in test tubes. The goal of the current trial was to evaluate the safety of Heptazyme in individuals with chronic HCV infection.

In a phase I clinical trial lasting 28 days, patients, not infected with Hep C, were divided into 4 groups, receiving doses ranging from 3 mg. to 90 mg. of Heptazyme. Most of the patients reported adverse events, especially gastrointestinal and emotional side effects. Even so, Heptazyme was safe and well-tolerated. A phase II study has been arranged for patients with Hep C.

Source: NATAP - www.natap.org, Abstract #646: Safety analysis of a phase I study of heptazyme, a nuclease resistant ribozyme targeting hepatitis C (HCV) RNA, AASLD conference, Dallas, Nov 2001

Canadian Liver Foundation and HepCBC

LIVING WITH LIVER DISEASE

The Living with Liver Disease Program will commence on March 5, 2002 from 7 to 9 PM each Tuesday evening at the PWA Office, 541 Herald St., Victoria, BC.

March 5- General info on viral hepatitis and how the liver works

March 12- Diet/nutrition and naturopathic protocol

March 19- Co-infection HIV/HCV and wellness tips

March 26- TCM and Acupuncture

April 2- Family issues and emotional stress

Contact the CLF at 1-800-856-7266 for registration.



HEP 101 FOR SENIORS

By Joan King

Sometimes seniors are not diagnosed with hepatitis C because the symptoms are similar to what we tend to expect from the aging process. For instance, tiredness, achy joints, sleep problems, stomach and digestive problems, strange rashes, and memory loss are also symptoms experienced by those with hepatitis C

Who gets hepatitis? At risk are:

- Those who received blood transfusions or blood products before 1990;
- Those who have shared blood injecting equipment for drugs; and
- Those who have been tattooed, had body piercing or a needlestick injury.
- Those exposed to mass inoculations such as persons serving in the armed forces (Veterans have a high infection rate).
- Those coming from places that share home-injection equipment for antibiotics or other prescription drugs or where sterilization procedures are not effective.

How is it diagnosed?

Three major blood tests can determine if you have hepatitis: 1) ELISA, 2) RIBA, 3) HCV PCR.

I've Been Diagnosed. Now What?

If you are diagnosed with hepatitis C, get informed. Check with your local support group. *Make sure that you:*

- Get re-tested to confirm the diagnosis. Ask to see a specialist, such as a hepatologist (liver), gastroenterologist (stomach & intestine), hemotologist (blood), infectious disease specialists, or nephrologist (kidneys).
- Get vaccinated against hepatitis A and B, and get tested by your family doctor or at the health clinic to see if the vaccinations took.
- Ask about the pneumonia and flu vaccines. Hepatitis C compromises the immune system and people can get even sicker with flu or pneumonia than a normal person does.
- Ask that the following tests be done: ultrasound (yearly); alphafetoprotein test (yearly) to check for cancer; liver biopsy. (This is usually done by needle aspiration. If there is a bleeding problem, there are other options).
- Ask the doctor for copies of all tests.

Am I Contagious?

You may hug and kiss your grandchildren. Sexual transmission occurs rarely, and long-time couples are not advised to change their normal habits. All family members should be tested, just in case.

How can I avoid spreading Hep C?

Keep your toothbrush, toothpaste, razors and nail clippers where no one can use them by mistake. Clean the sink personally every time you brush your teeth. Use a plastic spray bottle containing a bleach/water mixture along with paper towels, or wipes. Wipe up any blood spills carefully, using vinyl or rubber gloves, first with water and paper towels, and then with a 10% household bleach solution. If any glass is involved in the cleanup, pick up the pieces first and wrap them in newspaper before placing them in a plastic bag. Wrap the soiled towels in a plastic bag and put it in the trash. Do not use bleach on skin (or pets' claws). Use 70% Alcohol (rubbing alcohol) on skin. (This can also be used on colour-sensitive fabrics.) Remove and discard gloves. Wash your hands when you are done.

Will I die from Hep C?

Hepatitis C can remain "dormant" for decades, but can also result in liver cancer, cirrhosis, liver failure, and serious bleeds. About 80-85% of people infected with HCV will develop chronic hepatitis; of those, 20-30% will progress to cirrhosis. Once cirrhosis begins, the chance of liver cancer is 1 to 4% a year. (*National Institutes of Health Consensus Statement on Hepatitis C 1997*) Another 20-30% may develop chronic HCV infection without abnormal elevations of liver enzymes in the blood. (*Prevention, Diagnosis, and Management of Viral Hepatitis*, AMA)

Some doctors think that most people who are infected during middle age will probably die of some other underlying disease or of old age, rather than hepatitis C. (*Source: Natural History and Clinical Aspects of HCV Infection*, H.J. Alter, MD.) Other doctors think that progression of the disease is faster in older patients.

Should I be treated?

Recent studies are being done on people with cirrhosis, with good results. Several things affect treatment results: age, sex (women respond better than men), mode of transmission (transfused patients are harder to treat), enzyme levels, genotype, viral load, and the amount of interferon taken. *Source: Kim SR, et al, Prediction of efficacy of interferon treatment of chronic hepatitis C by Pathol Int 1998 Mar;48(3): 215-220*

The most effective, approved treatment at this time is pegylated interferon, by injection, combined with ribavirin capsules. Response rates are lower the older a person is, but even so, seniors can and do respond. Some doctors have been heard to say they

WARNINGS

ALCOHOL

Researchers in France studied 97 patients, either deceased or transplanted, and found that "HCV-infected patients who die of liver disease lose 5 to 10 years of life expectancy, and 10 years more if they drink 80 g or more of alcohol daily."

Source: The characteristics of anti-HCV positive patients who have died in France PMID: 11449122

SERZONE

Cases of liver failure resulting in transplantations or deaths have occurred in patients treated with Serzone. The US FDA says that patients with active liver disease or with elevated liver enzymes should not take Serzone. Patients who do take it should have their AST and ALT monitored, and treatment should be stopped if the levels increase to 3 times the upper limit of normal.

(See www.pharmcarenet.com/publications-dtc.asp)

Source: PRNewswire Jan. 15, 2002 PCN Issues Drug Safety Alert to Physicians Warning of Cases of Hepatotoxicity With the Use of Serzone

EKG CAN TRANSMIT HEPATITIS

An EEG technologist with a very infectious case of Hep B didn't wear surgical gloves, and infected up to 1000 people in the Toronto area about 6 years ago. The doctor used unsterilized needles, inserted into his patients' scalps during electroencephalogram brain exams, or EEGs. These tests, used to diagnose conditions like epilepsy, are supposed to be performed with disposable paddles and tape.

A joint lawsuit was filed against neurologist Ronald Wilson. More than 14,000 patients are entitled to a share of \$27.5 million under an agreement reached in Ontario Superior Court. Compensation will range from \$100 to more than \$130,000 per person.

Source: http://www.cbc.ca/cgi-bin/templates/view.cgi?/news/2001/12/08/hepatitis_suit011208, Hepatitis outbreak leads to record settlement Dec 9, 2001

wish to protect their patients from the uncomfortable side-effects of interferon, but in many cases, the disease itself causes more discomfort than the treatment. Most patients have had to fight to be treated in Canada. This is especially true for seniors. Many peo-

(Continued on page 7)

PREVENTING LIVER CANCER

Most cases of hepatocellular carcinoma (liver cancer, or HCC) could be prevented by use of hepatitis B vaccines. Interferon (IFN) can prevent HCC in those with hepatitis C, even in non-responders. Avoiding the contamination of food with aflatoxins with quality control and modulation of the aflatoxin metabolism are possible ways to prevent HCC. A recent Phase II trial showed that administration of oltipraz significantly increased biomarkers of aflatoxin detoxification. With new and more effective antiviral therapies, the number of HCC cases can be reduced. Through screening with alpha-fetoprotein tests and ultrasound, and with surveillance, the disease may be discovered early, thus improving survival, according to a recent article. [Gut 2001, 48, 251-9.]

Source: Acalovschi M, http://www.gastrohep.com/freespeech/Hepatocellular_carcinoma_-_a_preventable_disease, November 9, 2001

CHLOROPHYLLIN & AFLATOXINS

According to a recent double-blind study, daily supplements of chlorophyllin can reduce damage caused by aflatoxins in the diet, preventing thousands of cases of liver cancer. 180 healthy adults in China took part in the study, which lasted 4 months. Half took 100 mg tablets of chlorophyllin three times a day with meals, and half took a placebo. Those receiving chlorophyllin had 55% less DNA damage related to the aflatoxin exposure in their normal diet.

Chlorophyllin, available as a dietary supplement, comes from the chlorophyll found in green vegetables. Aflatoxins, known to cause cancer, especially in people with hepatitis, are produced by a fungus that attacks foods like corn, peanuts and soybeans. Levels of aflatoxin are monitored in the US, but not in some other countries.

It is not known if chlorophyll, found naturally in foods like spinach and broccoli, will provide the same protection from aflatoxins as the supplements did, and there is no evidence that chlorophyll can cure already existing cancer.

People who have had both hepatitis and continued exposure to dietary aflatoxin have 60 times the normal rate of liver cancer.

Source: <http://osu.orst.edu/dept/ncs/newsarch/2001/Nov01/liver.htm> Supplement reduces risk of aflatoxin-related liver cancer; Oregon State University, George Bailey, 541-737-3164

ELECTROLYSIS FOR LIVER CANCER

A surgical team at Adelaide University is using electrolysis on liver tumors after removing what they can with surgery, and then placing electrodes into the remaining cancer tissue and surrounding liver tissue and passing a small electrical current to destroy it, changing the pH and poisoning the tumor. This can treat tumors even if they are next to large blood vessels. So far, they have treated 10 patients and followed them for 9 to 43 months afterwards. Nine of the patients had colorectal cancer which spread to the liver, while one had primary liver cancer. They had no other untreatable tumors and were healthy enough to withstand surgery. Scans showed tumors which were of a favorable size and number, in spite of extensive liver disease. Eight of the patients show no leftover tumor at the treatment site, but 5 have developed new areas of cancer. Three remain apparently free of new tumor growth. Even after traditional surgery, 60% would probably develop new tumors. This technique increases the number of candidates for surgery by about 5%.

Source: Reuters Health, Nov 08, 2001 *Electrolysis Seen as Helpful in the Management of Liver Cancer*

(SENIORS—Continued from page 6)

ple, senior citizens or otherwise, resort to expensive alternative treatments, which are mostly a waste of money.

Check with your doctor before taking any alternative medicine. Some herbs are safe, and may help. Others can be toxic. It's best to consult with a reputable naturopath or health food store, and have your blood monitored for possible liver damage any time you try a new treatment.

Those over 65 are usually not transplanted. Exceptions are made.

Special diets are not recommended unless you have cirrhosis, but most people find they feel better on low fat diets.

Alcohol may cause more rapid development of cirrhosis and liver cancer for those with chronic HCV infection. To be safe, don't drink. Tobacco use makes liver cancer more likely in Hep C sufferers. Avoid all toxins.



(RESEARCH—Continued from page 4)

mon structural characteristics which is recognized by 1F7. This may mean that the immune system may be boosted when either or both viruses are present. The 1F7 works even if the viruses have mutated, so hopefully the virus can't "escape." The company is developing a plan to evaluate and commercialize this product.

(See <http://www3.interscience.wiley.com/cgi-bin/abstract/88511251/START> and www.immunenetwork.com)

Source: BUSINESS WIRE, Jan. 8, 2002 *1F7 Shows Positive Data for Hepatitis C: Data published in Journal of Medical Virology*

HCV INFECTION IN THE CENTRAL NERVOUS SYSTEM

This report indicates that the HCV can affect the central nervous system. The researchers, studying 6 Hep C-infected patients, looked for the negative-strand HCV RNA with a special PCR, and found them in brain tissue of 3 of the patients. Two of those patients had viruses with different genotypes, one genotype in their blood and another in their brain. One of these two patients had HCV detected in lymph nodes which was the same genotype as that found in the subject's brain. This study suggests that HCV can multiply in the central nervous system.

Source: Radkowski, Marek, et al, *Journal of Virology*, January 2002, p. 600-608, Vol. 76, No. 2 *Search for Hepatitis C Virus Negative-Strand RNA Sequences and Analysis of Viral Sequences in the Central Nervous System: Evidence of Replication*

REALLY UNDETECTABLE?

Many patients who finish IFN therapy "undetectable" later revert to "detectable." Finding negative strands of HCV RNA in liver cells is considered to be an indication of viral replication. Therefore, these researchers studied the changes in the negative strand HCV RNA in the liver following IFN treatment to see if they could predict the response. 27 patients were studied. In those who remained HCV-undetectable one year after treatment, the negative-strand RNA was not found in the liver, neither 2 weeks nor 12 months after treatment. In the others, the negative strand was found, and they all relapsed. The researchers concluded that they could predict long-term results by detecting negative-strand HCV-RNA in liver tissue 2 weeks after finishing IFN therapy.

Source: Tomimatsu M, et al, *J Gastroenterol Hepatol* 1997 Oct;12(9-10):629-32 *Negative strand of hepatitis C virus RNA in the liver of patients with chronic hepatitis C after interferon treatment.* PMID: 9407324

PREDICTING NON-RESPONSE

In a study involving 912 naïve (never before treated) patients given IFN + Ribavirin or placebo for either 24 or 48 weeks, researchers did RNA tests at 4 and 12 weeks, and at 24 weeks for those treated during 48 weeks, then again 24 weeks post-treatment. Of those patients treated for 48 weeks who still had the virus at 24 weeks, 99% were non-responders (still positive 24 weeks post-treatment.) In patients treated for 24 weeks, non-response at week 12 was more effective than testing at 4 weeks for patients on the combo only.

The researchers concluded, "For combination therapy, testing for serum HCV RNA as a predictor of nonresponse is most accurate at week 24 of therapy. A positive test correctly identified 99% of nonresponders."

Source: *J Viral Hepat* 2001; 8 (6): 414-20, Serum HCV RNA levels accurately predict chronic hepatitis C treatment response

WILL I RESPOND?

Soluble Fas antigen (a cell surface protein that controls programmed cell death) may have something to do with whether or not Hep C patients respond to IFN.

Kazuyoshi Ohkawa, Osaka University, believes that liver injury may be due to the Fas system, so he and his colleagues studied 67 Hep C patients divided into 3 groups: responders, relapsers, and non-responders to 24 weeks of IFN. The patients were divided according to ALT measurements. Also noted were viral loads, genotypes, hyper-variable region diversity and Fas antigen levels at baseline.

Non-responders had the highest levels of Fas antigen (>11 ng/mL), and also had higher ALT levels. (*J Gastroenterol Hepatol*, 2001;1009-1014).

"High production levels of soluble Fas antigen may be associated with a poor response to interferon therapy in chronic hepatitis C patients," Ohkawa and coauthors proposed.

(Contact: N. Hayashi, Department of Molecular Therapeutics, Osaka University Graduate School of Medicine, Osaka, Japan.hayashin@moltx.med.osaka-u.ac.jp)

Source: *NewsRx.com*, 2001 NOV 20, Soluble Fas Antigen Predicts Poor Response To Interferon In Hepatitis C by Sonia Nichols

COMPUTERIZED TREATMENT

Toshiba (yes, THAT Toshiba) has developed a DNA chip that can determine if the patient will respond to IFN and will identify

better treatment regimes. It should be on the market this April. For those who can benefit from IFN, the chip will indicate progressive doses for maximum effectiveness.

Source: *Reuters*, October 18, 2001, Toshiba says develops DNA chip for Hepatitis C

CIRRHOSIS? BLOOD TESTS WILL TELL

Scientists in Italy have discovered that they can tell with 90% accuracy if a person has cirrhosis or not through six tests. They studied 103 patients, half of whom were cirrhotic. None of the tests alone can distinguish between chronic hepatitis and cirrhosis. The markers evaluated are fibronectin, prothrombin, pseudocholinesterase, alanine aminotransferase, manganese superoxide dismutase, and N-acetyl-beta-glucosaminidase. Together, these tests can tell doctors a lot about the disease progression.

(For more information, see *Clinical Chemistry*, September 2001;47[9]:1696-1700.)

Source: *Sonia Nichols, Hepatitis Weekly*, October 22 & 29, 2001, Page 3, Biochemical Panel Differentiates Chronic Hepatitis And Cirrhosis

BETTER TRANSPLANT TECHNIQUE

Surgeons now have a technique, developed in 1996 by Dr. Elmahdi Elkhammas and Dr. Mitchell Henry (Ohio State University Medical Center), that reduces operating time for liver transplantations by 1 hour, and reduces the amount of transfusions needed by around 25%.

The technique consists in rebuilding the inferior vena cava, facilitating vascular anastomosis (a surgically created opening or shunt) and avoiding bypass, rather than removing the entire liver, including the inferior vena cava, and removing the liver from the inferior vena cava, leaving it intact.

"Side-to-side anastomoses between the recipient and donor inferior vena cavae are then created without ever interrupting blood return to the heart," says Dr. Elkhammas.

The technique has been used now in more than 140 operations, with survival rates comparable to those of the traditional method.

The Ohio surgeons weren't aware until afterwards that, interestingly, the technique was discovered 3 or 4 years earlier by a French surgeon, to whom no one paid attention.

Source: *www.reutershealth.com*, New liver transplantation technique reduces time and transfusion requirements, By Anthony J. Brown, MD

(NEWS—Continued from page 1)
Source: Canadian Liver Foundation www.liver.ca

FREDDY FENDER NEEDS KIDNEY TRANSPLANT

Freddy Fender, 64, is suffering from hepatitis C, which has caused not only cirrhosis, but kidney problems and diabetes. His most urgent need is a kidney transplant, which has been scheduled for January 24 at the University of Texas at San Antonio. The liver will be donated by his 21-year-old daughter.

Freddy Fender was born Baldemar Huerta. His newest album, *La Musica de Baldemar Huerta*, comes out Feb. 12. He is best known for his '70s hits "Before the Next Teardrop Falls" and "Wasted Days and Wasted Nights."

Fender lives in Corpus Christi, Texas.

Sources: *Entertainment News Wire*, www.freddyfender.com, www.myinky.com

LANCE LOUD DIES OF HEP C

Lance Loud, 50, the eldest son in the 12-part 1973 public television documentary, "An American Family," died last Dec. 22 from complications of hepatitis C.

A free-lance journalist and leader of the New York rock band "The Mumps," back in the 1970s, Loud shocked viewers of the documentary with scenes of his "coming out." That show was the progenitor of "reality television," programs which display private lives for a national audience. The series was put together using 300 hours of film taken when the Loud family agreed to open their home.

Source: www.startribune.com Published Dec 30 2001

LIVING DONORS

Interesting strategies are being used to increase the number of organs for transplantation. Three methods are used with living donors: living donor/cadaveric exchanges, paired exchanges, and non-directed donations.

A living donor/cadaveric exchange takes place when a donor has a family member who needs an organ. That family member's organ is not compatible, so he gives it to someone else, which results in his/her family member being put on the top of the list for that blood type.

A paired exchange happens when there is a willing donor for a friend or family member, but the donor has an incompatible blood type. Another patient is found who is compatible, and who has a friend or family mem-

(Continued on page 9)

ORAL QUESTION PERIOD

Wednesday, May 10, 1995
KREVER COMMISSION

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, my question is for the Minister of Health. According to a midday report by the CBC's Johanne McDuff, the Krever Commission was told that, in the 1980s, Connaught Laboratories, the Canadian blood fractionation centre, got their blood product supplies from the United States and that most of the blood came from prison inmates in Pine Bluff, Arkansas, who are very high risk donors. To hide this fact, Connaught Laboratories put Canadian Red Cross labels on these products. Given the seriousness of these revelations, does the minister intend to intercede with her colleague, the Minister of Justice and Attorney General of Canada, to get him to lay criminal charges against those who falsified products knowingly or were involved in these manipulations which had tragic consequences?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, we are taking these matters very seriously. We put aside \$12 million for the Krever inquiry commission, and we want to wait for Justice Krever's report on the problems experienced with the blood supply system in the 1980s.

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, we have had enough of the minister's irresponsible, thoughtless rhetoric in this matter.

Some hon. members: Hear, hear.

Mrs. Picard: Given the seriousness of this morning's revelations, does the minister not realize that she must take immediate action against those responsible for this scandal?

Hon. Diane Marleau (Minister of Health, Lib.): Mr. Speaker, the hon. member does not seem to understand how serious it is to ask a judge to conduct an inquiry. We must not interfere in these proceedings. It is up to Justice Krever to reach these decisions and to make representations to us before submitting his final report if he sees fit to do so.

http://www.parl.gc.ca/english/hansard/previous/198_95-05-10/198OQ1E.html

(NEWS—Continued from page 8)

ber with a blood type compatible with the first patient.

Thankfully, there are people who, for seemingly no reason, donate their organs to strangers, and choose to remain anonymous. Theirs are the non-directed donations.

Some of the agencies who help carry out these strategies are the Washington Regional Transplant Consortium (WRTC), the United Network for Organ Sharing (UNOS), and the New England Organ Bank (NEOB).

Source: *Progress in Transplantation* 11(3):160-161, 2001 Expanding the Donor Pool with Living Donors

FROM BRUCE

I had a letter published just before Christmas. One of the HepCan members, after reading it, said he felt motivated to write one of his own. With what the government has done to those inside the imaginary window and what they did to, and continue to do to, those outside the window, and the manner in which this disease is being ignored by all levels of government in this country, you shouldn't need anybody else's letters to motivate you. You should all be writing on a regular basis. Look at history. Nobody got anywhere without voices speaking out.

How about a group New Year's resolution to raise our voices daily where ever possible to get this issue the publicity it needs?

Let's hear from those of you who are ready to stand up and stand out.

Bruce Devenne

KPMG CONTACT INFO

Application to Pre-1986/Post-1990
Hepatitis C Settlement Fund
KPMG Inc.

Claims Administrator - Hepatitis C
2000 McGill College Avenue
Suite 1900
Montreal (Quebec)
H3A 3H8

1-888-840-5764 (1-888-840-kpmg)
HepatitisC@kpmg.ca
www.kpmg.ca/microsite/hepatitisc/english/forms.html

Have You Been Tested?



Hepatitis C
The Silent



KILLER 361-4808

COMPENSATION

LEGAL ACTION

Hepatitis C Class Action Suit Line:
1-800-229-LEAD (5323)

1986-1990

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

Pre-86/Post-90

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/pages/class_actions/Hepatitis_C.htm

Mr. David Harvey/ Goodman & Carr
Toronto, Ontario
Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)
1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Forms: www.kpmg.ca/microsite/hepatitisc/english/forms.html

Other:

William Dermody/Dempster, Dermody, Riley
and Buntain
Hamilton, Ontario L8N 3Z1
1-905-572-6688

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 207)

Lookback Programs, Canada: 1-800-668-2866

Lookback Programs, BC: 1-888-770-4800

Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056

Hema-Quebec Lookback/Traceback & Info Line:
1-888-666-4362

Manitoba Traceback: 1-866-357-0196

RCMP Blood Probe Task Force TIPS Hotline

1-888-530-1111 or 1-905-953-7388

Mon-Fri 7 AM-10 PM EST

345 Harry Walker Parkway, South Newmarket, Ontario L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

National Compensation Hotline: 1-888-726-2656

Health Canada Compensation Line: 1-888-780-1111

Red Cross Compensation pre-86/ post-90 Registration: 1-888-840-5764

Ontario Compensation: 1-877-222-3977

Toronto Compensation: 1-416-327-0539, 1-877-434-0944

Quebec Red Cross Compensation: 1-888-840-5764

1986-1990 Hepatitis C Class Actions Settlement
6/15/99 www.hepc8690.ca/

ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1-888-726-2656 or 1-877-434-0944, or 1-888-840-5764

www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

Questions about the status of your claim (86-90)? Please contact the administrator. If you still have questions, please contact Bruce Lemer who has promised me he would answer your questions at no charge.—C.D. Mazoff

Excellent Website!: HCV Tainted Blood, Canada:
<http://members.rogers.com/smkimg/tainted.htm>



COMING UP IN BC:

Armstrong HepCure Office and library, by appointment. Contact: Marjorie, 546-2953, ambrrose@sunwave.net, www.vjunction.net/hepcure

Castlegar Contact: Robin, 365-6137

Chilliwack BC HepTalk Contact: 856-6880.

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church, Fitzgerald St. Next meeting Feb. 19th Contact: Rae Supeene 334-2434 or the North Island Hep C Community Support Project 1-877-650-8787

Cowichan Valley Hepatitis C Support Contact: Leah, 748-3432.

Cranbrook HeCSC-EK: 1st & 3rd Tues. monthly, 1-3 PM, #39 13th Ave South, Lower Level. Next meetings Feb. 5th & 19th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, www.hepceastkootenay.com

Creston/Golden/Invermere Educational presentation and appointments: Contact Katerina 426-5277

Grand Forks Hep C Support Centre Each Mon, 3:30-5:30 PM, & 1st Mon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

HepCBC INFO Line. Free medical articles & other info. Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

Kelowna HeCSC: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Feb. 23rd. Contact Elaine Risely (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silks.net

Kimberley Support Group 1st Mon. monthly, 1-3 PM. Next meeting Feb. 4th. Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Feb. 12th For individual support, info & materials, contact: Brian, 368-1141, k-9@direct.ca.

Maple Ridge Last Wed. monthly, 7-8:30 PM, 22470 Dewdney Trunk Road. Meet in underground parkade before 6:50. Next meeting: Feb. 27th. Contact Peter (604) 463-0223 or madelark@telus.net

Mid Island Hepatitis C Society Contact Sue 245-7635. mihepc@shaw.ca

• **Ladysmith** Friendship & Support Group. 2nd Fri. monthly, 7 PM, Ladysmith Resource Centre.

• **Nanaimo** Friendship and Support Group 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo.

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Feb. 20th. Contact Gina, 826-6582 or Patrick, 820-5576. mission-support@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Feb. 19th. Contact: Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Feb. 7th. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca, or Ken Forsythe 355-2732, keen@netidea.com

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Camarvon St, New Westminster. Next meeting Feb. 11th. Contact Dianne Morrissett, 525-3790.

Parksville Support Group Contact Ria, 248-6072

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

Penticton Hep C Family Support Group Contact: Leslie, 490-9054, bchepc@telus.net

Powell River Hep C Support Group 2nd Wed. monthly. Next meeting: Feb. 13th : Registered Nutritionist Dania Matiation: "Maximize Your Health on a Minimum Budget" Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Feb. 12th. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikuepper@nirhb.bc.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Feb. 9th. Contact: Brad, 295-6510, citizenk@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy: 557-9362, e-mail: wmm@island.net, www.island.net/~wmm/

Quesnel: Last Mon. evening every other month. Contact Elaine Barry, 992-3640, ebarry@goldcity.net

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/drop-in dinner each Mon. 7-9 PM. Contact Phil or Joe, 276-9273.

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

Smithers: Positive Living North West 2nd Wed. monthly, 7-9 PM, 3731 1st Avenue, Upstairs. Next meeting: Feb. 13th. Contact: Deb, 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

Sunshine Coast—Sechelt: Contact: Kathy, 886-3211, kathy_rietze@uniserve.com—**Gibsons:** Contact Bill, pager 740-9042

Vancouver HepHIVE and HepC VSG 1st Wed. monthly, 10:30-12:30, BCCDC Building, 655 W. 12th Tom Cox Boardroom 2nd floor. Next meeting Feb. 6th. Contact: Ken (604)254-9949 local 232 hepcvsg@shaw.ca

VANDU Vancouver Area Network of Drug Users Each Mon., 1 PM, 327 Carrall St. (off Pigeon Park) Bus fare and snack. Contact: Ed or Ann, 683-8595, vandu@vcn.bc.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Feb. 13th & 27th. Contact: Sharon, 542-3092, sgrant@telus.net

Victoria HeCSC Last Wed. monthly. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Discussion Group 1st Wed. monthly, 7-9 PM, Next meeting Feb. 6th. Contact Hermione, Street Outreach Services 384-2366, hermione.jeffers@zavi.org

Victoria HepCBC Support Groups Small support groups for men or women. Men, contact David at 361-4808, cdm@hepcbc.org Women, contact Joan at 595-3882, or jking@hepcbc.org

YouthCO AIDS Society HepCATS Hep C advocacy, training and support for youth 15-29 living with Hep C or co-infected with HIV. #203-319 W Pender St., Vancouver. Contact Shane, (604)688-1441, (604)808-7209 or shanet@youthco.org

OTHER PROVINCES

ATLANTIC PROVINCES:

Cape Breton HeCSC 2nd Tues. monthly. Contact 564-4258

Cape Breton-HepC-CB 2nd Wed. monthly, 7 PM YMCA Board Room, Charlotte St., Sydney. Contact: Maria Mac Intosh at 567-1312 http://www.acb.ns.ca/

Fredericton, NB HeCSC Jan 24th, 7 PM Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@netscape.net

Hepatitis C Moncton, (NB) formerly Moncton Hepatitis C Society, Meetings 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, monchepc@nbnet.nb.ca

Hepatitis Outreach Society, Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box 1004, NS, B2Y 3Z9. 1-800-521-0572, or 902-420-1767, rahcc@ns.sympatico.ca, www.ahcc.ca **Meetings:**

• **Antigonish:** 2nd Wed. monthly, 7 PM, St. Martha's Health Centre, 25 Bay St, Level 1 Conference Room

• **Bridgewater:** Last Wed. monthly, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room

• **Halifax:** 3rd Tues. monthly, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110

• **Kentville:** 2nd Tues. monthly, 6:30 PM, King'sTech Campus, 236 Belcher St, Rm 214

• **New Glasgow:** 3rd Mon. monthly, Aberdeen Hospital, Conference room #1 South.

• **Truro:** Last Tues. monthly, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room

• **Yarmouth:** 1st Tues. monthly, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

Saint John & Area/HeCSC: 3rd Thurs. monthly, 7 PM, Community Health Centre, 116 Coburg Street. Contact Allan Kerr 653-5637, hepcsj@nb.aibn.com, www.isainjohn.com/hepc/

ONTARIO:

Barrie HepSEE Chapter 3rd Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepcseeb@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Next Meeting: Feb. 14. Speaker on Overview of Viral Hepatitis. Valentine's Day Party with fellowship and snacks and labyrinth walk. (**Meeting: Stage Room. Enter south parking lot back door, upstairs, 1st door on left.) Contact: Smilin Sandi, smking@rogers.com, http://members.rogers.com/smking/ Ken Ng, (905) 723-8521 or 1 (800) 841-2729 (Ext. 2170)

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (519) 880-8596 lolliopp@golden.net

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. Davids Road, Thorold. Contact: Rhonda, (905) 295-4260, Joe (905) 682-

6194 jcolangelo@cogeco.ca or hepcnf@becon.org

Trenton ON support. Contact: Eileen Carlton 394-2924 carfam@quintenet.com

Windsor Support Group Each Thurs., 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, truds99@hotmail.com

PRAIRIE PROVINCES:

HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.

HepC Edmonton Support Group: Contact Fox, 473-7600, or Cell 690-4076, fox@kihewcarvings.com

HepSEE WPG: Last Mon of the month, 7 PM, Crossways and Common United Church, corner Broadway & Maryland, Winnipeg. Contact David: HepSee@shaw.ca or 1(204) 897-9105 for updates.

Winnipeg Hepatitis C Resource Centre 1st Tues. monthly 7-9PM, Next meeting: Feb. 5th. Speaker: Dr. Evasio, combo treatment survivor and SVR. RM# 203, 825 Sherbrook St. (south entrance—parking at rear) Contact: (204) 975-3279

QUEBEC:

Hepatitis C Foundation of Quebec, Contact Eileen, 769-9040 or fhq@qc.aibn.com. **Meetings:**

• **Montreal:** 4th Tues. monthly, 7-9 PM, Montreal General Hospital, room A1.109, 1650 Cedar Ave.

• **Verdun:** 3rd Wed. monthly, 7-9 PM (English), 1st Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.

• **Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.

HeCSC

• **Montreal** 3rd Wed. monthly, 7 PM, YMCA 255 Ash Ave. Contact John, 450-926-2237. http://communities.msn.ca/Hepatitiscmontrealchapter

• **Quebec City Region,** 1st Wed. monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneedaurio@hotmail.com

"Why should I jog when I can afford to drive" is not a good attitude towards exercise, Mr. Hobson.

