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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

REPORT ON THE AASLD 2002

This year the American Association for the Study of Liver Disease met in Boston from November 1-5. If you follow the postings on the internet, a lot of the reports were old news or rubber stamping of studies we'd already read about, but there were quite a few surprises.

Interferon:

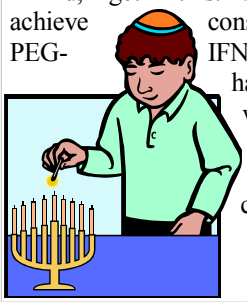
As everyone already knew, there were lots of studies showing that Roche's Pegasys clearly outperformed Schering's Peg-Intron. So why can't we get it in Canada? Clearly science isn't the bottom line, here.

Studies also showed that more community support, i.e., active involvement by nurses telephoning patients and following up led to improved adherence to therapy. In other words, less people quit treatment when they got better support. Duh? I wonder how much money they spent figuring that one out.

Don't ask me why they are still studying non-pegylated interferons, but studies show that the combination of consensus interferon and ribavirin results in a significantly higher sustained viral clearance than the combination of IFN alfa 2b and ribavirin, particularly in genotype-1-infected subjects. Now why don't they pegylate the consensus interferon?

Speaking of genotypes, apparently if you have genotype 2 or 3, pegylation doesn't make a difference. Studies with naïve patients showed the same results using standard combination therapy and pegylated combo therapy.

And, get this: studies show that to achieve constant blood levels of PEG-IFN a-2b (12KD), the drug has to be given twice weekly. Whether twice-weekly dosing will improve the results of combination therapy in



(Continued on page 6)

RULING ON HEP C DISCLOSURE

A judge in New Brunswick ruled that Darren Jason Jones did not commit aggravated assault when he failed to tell two male sex partners that he had hepatitis C. The 24-year-old was charged after having unprotected sex. Neither of the men has tested positive for the disease. The Crown said that Jones acted criminally.

In her ground-breaking ruling, the first involving Hep C and sex, Judge Paulette Garnett said Jones did not put his partners at significant risk. Canadian courts have ruled that people with HIV must tell their sexual partners.

Key to the ruling was the question of whether hepatitis C can be transmitted sexually.

An expert testified that it cannot be transmitted through bodily fluids, but only by blood or intravenous drug use, and the Crown's medical witness agreed.

Garnett said the decision hinged on the term "significant risk" and pointed out that the Crown's own expert witness said the risk of transmitting hepatitis C via sexual intercourse is quite low.

Crown Prosecutor Kevin Connell says his office will take the next 30 days to consider

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INSIDE THIS ISSUE:

NEWLY FORMED CANADIAN HEPATITIS C NETWORK SPEAKS OUT IN "UNITED VOICE" FOR FIRST TIME

- Network Says Government Isn't Honouring Krever Promise -

Toronto, Ontario – November 19, 2002 – Recognizing the need to speak with a strong, unified voice, hepatitis C groups from across Canada today announced the formation of the first-ever Canadian Hepatitis C Network. The Network, an umbrella organization for hepatitis C support groups, says governments haven't honoured their commitment to compensate those infected with hepatitis C between 1986 and 1990 and to provide "care not cash" for all Canadians living with hepatitis C.

The formation of the Canadian Hepatitis C Network comes exactly one week before the fifth anniversary of the release of Justice Krever's final report on the Canadian blood system. The Krever Commission Report called for no-fault compensation for anyone infected with hepatitis C through the tainted blood supply.

"We have come together as Canadians living with this 'silent killer' to let governments know that we will not be silenced any longer. We have united to let governments know that they have not delivered on their commitments and we will not tolerate this any longer," says Scott Hemming, executive director of Hepatitis Outreach Society in Nova Scotia and national spokesperson for the Canadian Hepatitis C Network.

Top Priority: Access To Treatment

The Network's most pressing concern is access to treatment. New combination treatments are shown to slow down, stop and even reverse the disease. Yet, only a very small percentage of Canadians infected with hepatitis C ever have access to treatment. In fact, pegylated interferons - what the hepatitis C community considers the next level in hepatitis treatment - have been made available in

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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.

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HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2002; the FAQ V5.6; 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.

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Arlene Darlington and friends, Karolyn Sweeting, John Hasell, Gordon Mastine, Chris Foster, Ian Campsall, Darlene Morrow, Will Lawson, Judith Fry, Ron Comber, and Stacey Boal. Heartfelt thanks to Dr. C.D. Mazoff for his continual guidance, troubleshooting and help with technical stuff.

Special thanks to Roche Canada for an unrestricted grant to help publish this newsletter!

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. Joan, 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.

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Contact: info@hepcbc.ca

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UNDERSTANDING HCV FROM A PATIENT'S POINT OF VIEW

by Brad Kane

Scientists say that HCV is the most sophisticated or advanced virus known to man. It's almost indestructible.

But first, I would like to talk about earth worms.

You know that earth worms have a band or a ring around their bodies close to the front. If you cut a piece off the earth worm, it will not die. It just grows a new piece back. But if you cut it on the ring, it dies.

HCV has a similar kind of feature called a "cleavage point." This cleavage point is one of the things that gives HCV the ability to change its code. I'll try to type a diagram to illustrate. It's not accurate, but it will do:

|1|2|3|4|><|5|6|7|8|9|10|11|12|13|

^

cleavage point

When the virus is identified by our immune system, an antibody is produced to target it, so the virus simply re-codes itself:

|1|2|3|8|><|5|6|7|4|9|10|11|12|13|

and then, our immune systems can't recognize it as the same virus. Yet this cleavage point is the only weakness that make scientists hopeful that there is a cure.

HCV is a single stranded protein, and, as any wife/mother will tell you, the best way to break down protein stains is with enzymes (laundry spot remover). This is also how we digest the protein we eat. So, naturally, a few research companies immediately tried to develop an enzyme that would kill HCV. One company that had previously developed rybozomes, developed one called a Heptazyme. This Heptazyme would simply snip the virus at the cleavage point like a pair of scissors, and kill it. Their problems are in their technology. First, you can't let an enzyme that powerful loose in a human. It may destroy any proteins that have a similar structure, and it is really difficult to target HCV when it keeps on changing, so they have to find at least one area of the virus that does not change. The other problem is in the delivery of the enzyme. You need a vehicle to carry it to the site with the ability to identify the virus; otherwise it would just float around aimlessly, and they haven't developed a vehicle small enough to get into our systems and go to where the virus is.

So, in the mean time, other companies have decided to try to boost our immune systems with interferon so that we can kill the virus ourselves with our own cytokines

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RESEARCH

PEG-IFN + ZADAXIN

Complete data from a twelve week dose ranging study showed that groups of non-responders treated with SciClone's ZADAXIN combined with pegylated interferon alpha reported positive dose related early virologic response (EVR) rates ranging from 20 to 36%. Non-responders seldom have a sustained response to re-treatment.

Dr. Di Bisceglie stated, "These data suggest that ZADAXIN in combination with pegylated interferon may be able to treat a large subset of hepatitis C patients that have been extremely difficult to treat in the past -- non-responders infected with hepatitis C genotype 1." SciClone's two U.S. phase 3 hepatitis C clinical trials, currently enrolling 1,000 non-responders at multiple sites throughout the U.S., are using the 1.6 mg twice weekly doses.

Source: BUSINESS WIRE, Nov. 4, 2002, ZADAXIN Adds Benefit to Pegylated Interferon for HCV Non-Responders; Hepatitis C Patients Who Failed Prior Therapy Responding to ZADAXIN

INFERGEN COMBO BETTER THAN REBETRON

InterMune announced at the 53rd Annual Meeting of the American Association for the Study of Liver Diseases (AASLD) that positive preliminary results of a randomized Phase IV clinical trial comparing the use of Infergen (interferon alfacon-1) plus ribavirin versus interferon alfa-2b plus ribavirin (Rebetron) for the treatment of chronic Hep C infections.

The study's primary endpoint indicated that patients treated with Infergen in combination with ribavirin achieved a higher sustained virologic response (SVR), compared to those patients treated with Rebetron, (57% vs. 39%), and is similar to the results of PEG-IFN + ribavirin but with fewer side-effects. All patients in the study received the same dose of ribavirin. However, a retrospective analysis demonstrated those patients who received the appropriate dose of ribavirin based on their weight (i.e., greater than 10.6 mg/kg per day) achieved a higher sustained viral response rate in both treatment arms: 75% SVR for the Infergen/ribavirin treated patients and an SVR rate of 52% for the Rebetron arm of the study.

Source: Nov 5, 2002 /PRNewswire-FirstCall via COMTEX, Infergen Plus Ribavirin Produces Higher Sustained Viral Response Rates At 72 Weeks Than Rebetron(R), www.intermune.com

"C CLASS" CpG OLIGO

Coley Pharmaceuticals has a drug candidate among its "C Class Oligos" called CpG 10101, which strongly stimulates in vitro immune responses in cells isolated from individuals chronically infected with HCV. Robert L. Bratzler, Coley's president, says, "Instead of just shutting down viral replication, we are using this drug candidate to induce potent, long-lasting immunological anti-viral activity by both the innate and adaptive immune systems.

This study used human white blood cells (peripheral blood mononuclear cells, or PBMCs) from fifteen HCV chronic carriers and ten healthy volunteers. Since it is known that the HCV virus may infect the PBMCs of HCV chronic carriers, and that dendritic cells which normally produce IFN-alpha and control infections become disfunctional due to HCV infection, this candidate is truly exciting. The drug appears to work even better when combined with IFN.

Source: http://www.newswire.ca/releases/October2002/30/c6385.html, "C Class" CpG oligo shows potential to treat chronic viral infections (10/30/02) www.coleypharma.com.

INNOGENETICS' THERAPEUTIC VACCINE

Innogenetics, a Belgian company, is developing an E1-based therapeutic vaccine to treat, rather than prevent, hepatitis C. The vaccine is based on a protein found on the coat of the virus and has now been tested on 34 patients, most of whom are non-responders to previous IFN therapy, who have had hepatitis C for an average of 19 years. Although the vaccine doesn't change the viral load, according to biopsies done on 24 of the patients done before and after treatment with 5 injections of the vaccine every 3 weeks, and 6 more 6 months later, it appears to halt the progression of the disease. There is not yet enough evidence to prove the vaccine effective.

There are at least 4 other companies developing vaccines against Hep C.

Source: http://news.bbc.co.uk/1/hi/health/2376039.stm, November 4, 2002 and http://www.innogenetics.com/site/newspressrecent.asp?id=105

NEW LIVER SURGERY TECHNIQUE

Doctors at Hammersmith Hospital and Imperial College in London have developed a surgical technique that reduces bleeding during liver cancer operations. This could reduce operating time and make transfusions during the operation unnecessary.

The technique consists of using the heat from radiofrequency waves, delivered to the tumor through an electrode. This causes cells around the tumor to dehydrate and form a seal, making staples, ties, or sutures unnecessary.

The technique was tried on 40 patients with good results: little bleeding and reduced recovery time. There was no recurrence of the tumors at 20 months.

Source: www.reutershealth.com/archive/2002/11/04/eline/links/20021104elin024.html, New technique cuts blood loss in liver surgery

IFN DURING PREGNANCY

A 26 year old pregnant patient in Turkey developed acute hepatitis C during pregnancy. At 16 weeks she was treated with interferon alfa therapy for 2 ½ months, and had a sustained viral response. She stopped treatment because of adverse events. Her twins were premature, growth-restricted, but healthy, and tested negative for HCV at 18 months.

The authors of the study cited a total of 8 infants exposed to IFN with or without ribavirin during pregnancy, with no malformations. Even so, patients who can wait for therapy should not be treated with IFN because not enough studies have been done, but women may be encouraged to continue pregnancy if they become pregnant while undergoing IFN treatment.

Source: Ozaslan E, et al, Ann Pharmacother 2002 Nov;36(11):1715-8, Interferon therapy for acute hepatitis C during pregnancy.

ANTI-INFLAMMATORIES MAY SLOW PROGRESSION

Several studies have shown that liver cancer recurrence seems to be related to elevated ALT (alanine aminotransferase).

After studying 83 Hep C patients who were non-responders to IFN, with fibrosis scores of I to III, for 6 years, the researchers decided that patients with ALT over 80 IU for 2 years or more are at a greater risk of liver cancer. The authors believe it is necessary to lower ALT counts by treating the patient with anti-inflammatory drugs following initial IFN therapy to keep ALT below 80 IU in order to prevent more tumors, or to delay the onset of liver cancer.

Source: Mahmood, Sabina, et al, Elsevier Science B.V, Volume 24, Issue 3, November 2002, Pages 213-219, Long term follow-up of a group of chronic hepatitis C patients treated with anti-inflammatory drugs following initial interferon therapy, DOI: 10.1016/S1386-6346(02)00085-2, PII: S1386-6346(02)00085-2

HEALTH CANADA LAUNCHES HEP C "GET THE FACTS" CAMPAIGN

Health Canada has launched a national public awareness campaign designed to inform Canadians about hepatitis C. This infectious disease of the liver is caused by the hepatitis C virus (HCV). It is usually spread through direct contact with infected blood. An estimated 240,000 Canadians are infected with the hepatitis C virus and, because there are usually no symptoms, 70 per cent of them are unaware. The objective of the hepatitis C "Get the Facts" campaign is to raise awareness of the risk factors of this disease.

The campaign's public education materials include a brochure with general information about the virus, a poster and bookmark as well as an information sheet for health professionals.

A website has also been developed to provide information on prevention, risk behaviours and treatment; it can be accessed at http://healthcanada.ca/hepc. For more information on the campaign, visit: www.hc-sc.gc.ca/english/media/releases/2002/2002_39.htm.

To access these materials, or to help distribute them, contact your local support group. In Victoria, call HepCBC at 595-3892.

RETRACTION:

In the November issue of the *hepc.bull*, we stated that Ken Thomson, author of the **HEP, HEP, HOORAY!** article, was the president of the BC Hepatitis C Collaborative Circle. Ken has graciously pointed out that he is not the president, but in fact the chairperson (temporary occupant of a rotating responsibility) of the Hub Team. He reminds us that the Circle operates in the inverse to traditional organizations. The members set priorities and make decisions. The Hub Team does their bidding.

JEAN PATRICIA MEIER (NEE BARRELL)

MAR. 17, 1954-NOV. 10, 2002.

Family members of Jean Patricia Meier announced her passing on November 10, at the age of 48. Patty lived in Elko, British Columbia at the time of her death. She is survived by her mother, 2 sisters, 2 brothers, and several nieces and nephews, along with many other relatives, her best friend Rae Duthie, and several extended family members. Patty was predeceased by her father. The family wants to acknowledge the community support in the Elko, Fernie and Cranbrook region that Pat had throughout her illness.

A memorial service was to be held in Calgary, Alberta on Saturday, November 23rd 2002 at 11:00 at St. Mathews United Church. The family graciously declines all flowers and requests that donations be made in Patty's name to the Hepatitis C Society of Canada, East Kootenay Office #39 13th Ave, S. Cranbrook, B.C. V1C-2V4.

Thank You

The Steering Committee and Staff of the Hepatitis C Society of Canada - East Kootenay Office, would like to sincerely thank all people in the East Kootenay region who made donations of funds and in kind, for their generosity and kindness they showed to Patty Meier before her recent passing. She was deeply touched by all of you.

We will be allocating funds not used toward a memorial service in Elko, date and time to be determined.

Patty desperately wanted to help others by continued efforts in fundraising and other forms of support. Her wish was that any funds left over are to be used for the next person who must travel to receive life saving treatments for hepatitis C. Please contact our office if you do not wish your contribution to be used in this matter.

NEWS

PEGASYS APPROVED

Based on the results of three important Phase III trials, the US FDA has approved Roche's product Pegasys for the treatment of adults with hepatitis C who have not received prior treatment.

Pegasys is made when interferon alfa-2a undergoes the process of attaching one or more chains of polyethylene glycol, also known as PEG, to another molecule to make it stay in the bloodstream longer and at a more constant level than regular interferon. It was demonstrated to be effective even in patients with compensated cirrhosis. The response rate was up to 38% vs. 19% in the IFN alfa-2a group. In genotype 1 patients, the response rate was 23% vs. 6%. Better results will be obtained combining Pegasys with ribavirin or similar products.

The product should be on sale in the US in November. Hopefully, it will soon be approved in Canada.

Source: FDA Approves Pegasys(R) (peginterferon alfa-2a) For the Treatment of Hepatitis C, http://www.prnewswire.com 10/16/2002

BLEED RISK?

A Spanish research team investigated the effects of intra-abdominal pressure (IAP) on varicose veins in the esophagus based on the size of the veins and of the tension on the walls. They took a baseline measurement, and then, using an inflatable girdle, increased the abdominal pressure by 10 mm Hg.

They found that increases in pressure may cause progressive dilation that comes before the rupture of the varicose veins in cases of portal hypertension.

Many daily activities can cause pressure in the abdomen. Excess of such activity might be a problem in people with cirrhosis.

Source: Hepatology 2002; 36: 936-40, 24 October 2002
http://www.gastrohep.com/news/news.asp?id=1635
Increasing intra-abdominal pressure increases pressure, volume, and wall tension in esophageal varices

HCV MAY NOT PROGRESS SO QUICKLY

Based on a computer simulation using liver disease statistics in the US, investigators think Hep C may not develop into serious liver disease as often as previously thought. The problem still lies in predicting which patients will progress quickly, and deciding which patients to treat, if, in truth, their disease may not progress rapidly.

Earlier estimates saying when patients could expect to develop cirrhosis, for example, were based on patients with advanced disease. Data was included that took into account death records and surveys.

According to the report "The new calculation suggested that half of men infected at age 25 would develop cirrhosis within the next 46 years, and that fewer than 30% of women infected at this age 'would ever develop cirrhosis.'"

SOURCE: American Journal of Epidemiology 2002;156:761-773.
http://www.reutershealth.com/archive/2002/10/25/eline/links/20021025elin011.html, Hepatitis C may not progress as often as believed

(DISCLOSURE—Continued from page 1)
an appeal. It seems that there is a need for legislation that makes clear the requirements of disclosure between consenting partners.

Sources:
http://ca.news.yahoo.com/021029/6/pwpm.html
http://www.cbc.ca/stories/2002/10/29/hepC_sex021029
Fredericton, NB, CP 29 Oct 2002

UBC: HCV TRANSMISSION STUDIES

A study for HCV Transmission through pregnancy is seeking subjects. There are 93 women currently enrolled across BC. More pregnant women are needed to make this study comprehensive and effective.

Contact:

Lesley Cole, RN; BSN
Research Nurse
Hepatitis C Transmission Study
Children's & Women's Health Centre of BC
Tel. (604) 875-3054
Fax. (604) 875-3212
Toll Free 1-800-839-3022

DIAL-A-DIETITIAN

732-9191 (Vancouver Area)
1-800-667-3438 (Toll-free elsewhere in BC)

DEAR EDITORS:

I was hoping to see more articles regarding people who are still struggling with alcohol and drug use. I was a subscriber but found that the articles covered mostly people that contracted Hep C by transfusion or an unknown cause.

I am a 47 year old woman who probably contracted the disease in my late teens through IV drug use and found out just a few years ago. I haven't used needles since being a teen. The disease has progressed, and my doctor says I should do the treatment, but I have had a hard time letting go of my lifestyle of drinking and cocaine use once or twice a week. This doctor has told me that the treatment I require will take 18 months and be unpleasant. My liver will start to "decompensate" in approximately 5 years. I'm also of a mind that to use 1 ½ years feeling crappy and not have very good odds at success might not be up my alley. I had thought that I wouldn't have any trouble stopping my bad habits. I'm a responsible grandmother and take care of my daughter (rheumatoid arthritis) and grandson, and also my mother, who is in acute care now.

I would be interested to hear of others that have similar problems or suggestions.

Sincerely,

Karen

YOU MAY BE ELIGIBLE TO PARTICIPATE IN A **CLINICAL RESEARCH STUDY** IF YOU:

Have chronic hepatitis C infection

Are between the age of 19 and 75 years of age

Have already been treated with but not benefited by interferon-a-based **THERAPIES** or such therapy is contraindicated

Are willing to undergo pre and post treatment liver biopsies

IF YOU ARE INTERESTED, PLEASE CONTACT: The Research Co-ordinator Viridae Clinical Sciences, Inc.

(604) 689-9404

(AASLD—Continued from page 1)

patients with HCV genotype 1 has to be explored. Hey why not just go back to M-W-F?

There is a new kid on the block: Albuferon. Albuferon™ is a novel, 85.7 kD protein consisting of recombinant IFNα genetically fused to recombinant human serum albumin. Like PEG, this fusion protein was designed to delay clearance and extend the half-life compared to IFNα. It is only in phase 1 and further studies are needed.

Children:

Studies showed that combination therapy was well tolerated in children and that they were able to endure higher doses of ribavirin than adults were, without developing anemia. Whether they will later glow in the dark remains to be seen.

Transplant:

The biggest problem with liver transplants, other than finding enough livers, is the recurrence of HCV. Monotherapy has not been successful, and ribavirin is not well-tolerated. However, studies with peginterferon alfa-2a show that it has a "significant antiviral effect," on newly grafted livers.

Furthermore 3-year studies show that whether you got your new liver from a live or a dead donor doesn't make a difference with respect to rejection.

Quality of Life: QOL studies showed that, regardless of the high incidence of recurrent disease and attendant morbidity among liver transplantation recipients with HCV, the substantially improved quality of life seen at one-year post transplantation is maintained for several years in most domains. Despite perception of deteriorating health in general, there was no evidence of increased distress caused by disease or psychological symptoms. Neither personal nor social and role functioning worsened over time.

Methadone: Many liver transplant programs consider pre-transplant use of methadone and other narcotics a contraindication to liver transplantation. However, the data shows that patients on chronic narcotics can be successfully transplanted, and that many patients using narcotics pre-liver transplantation are acceptable candidates for liver transplantation.

Co-infection:

Studies show that the combination of PEG-IFN plus RBV is relatively well tolerated and provides SR in nearly 30% of coinfected patients. This rate of SR seems to be lower than observed in HIV-negative subjects.

Other Treatments:

The Mayo Clinic conducted a study with the tumor necrosis factor antagonist Etanercept, (Enbrel®) as an adjuvant to interferon and ribavirin in naïve patients with chronic hepatitis C. The study showed a decrease in side-effects as well as a decrease in fibrosis.

Then there is BILN: BILN 2061 is a small, selective and potent inhibitor of the NS3 serine protease. Several studies have been ongoing. One study concluded that BILN 2061, given 200mg b.i.d.(twice a day) orally over 2 days, demonstrated antiviral activity against HCV genotype 1 in patients with advanced liver fibrosis.

ISIS: ISIS 14803 is a 20-base phosphorothioate oligodeoxynucleotide that inhibits its HCV replication and protein expression. ISIS is administered subcutaneously and targets plasma RNA. However, it looks like any reductions in plasma HCV RNA appear to be transient.

Extra hepatic considerations:

Steatosis

Studies showed that the overall degree of pretreatment steatosis is not associated with sustained virological response following interferon-based therapies for chronic HCV infection. However, the authors did conclude that the influence of steatosis on treatment response appears to be specific to patients with genotype 1 and, among the patients with HCV genotype 1 infection, those with lesser degrees of steatosis were more likely to achieve a sustained virological response.

Another study showed that there is a tenfold greater decrease in hepatic steatosis following antiviral therapy for HCV when a sustained response is achieved. The decrease in steatosis following antiviral therapy is not accompanied by a decrease in BMI, and is predominantly observed in patients with HCV genotype 3 infection.

Last, another study showed that in patients with CHC the prevalence of hepatic steatosis is as high as 66.0%, and is associated with a series of clinical parameters related to chronic HCV progression and advanced fibrosis.

BMI ≥25 kg/m2 is an independent risk for steatosis, especially grade II/III steatosis

Diabetes and hypertriglyceridemia are not associated with steatosis

Grade II/III steatosis is significantly associated with III/IV fibrosis and active chronic HCV

Diabetes:

It is becoming more and more evident that HCV infection increases the risk of type 2 diabetes in persons with recognized diabetes risk factors. What is also clear is that development of type 2 diabetes in the setting of HCV is strongly enhanced by the presence of advanced histological stage of fibrosis.

Depression: And from the "as if we didn't already know this department": Studies show that the combination of IFN/Ribavirin or PEG-IFN/Ribavirin significantly increases the depression induced by therapy; that compliance is dramatically affected by severe depression, resulting in an increase in early dropout and thus in poor viral response; that the degree of depression at baseline may predict the severity of depression during HCV treatment; and that better control of depression at the initiation of therapy might improve compliance with therapy and subsequently viral response.

Source: www.hcvadvocate.org.

(Continued from page 1)

over 40 countries, but have not yet been approved by Health Canada.

"Given the long-term benefits to patients and to the healthcare system, it is unforgivable to not make treatment available as soon as possible to all patients," says Alexander Aitken, resident of Quebec and the chairperson for the newly formed Network. "Compared to those with chronic diseases, patients with hepatitis C are treated like third-class citizens."

Disparity in Hepatitis C Care Across Canada

Aitken says the distribution of healthcare further points to the disparity in the treatment of hepatitis C in Canada.

"Newly diagnosed patients wait up to six months for their first appointment with a liver specialist and there is approximately one nurse for every 1,000 patients diagnosed with hepatitis C."

Hemming adds that five years after Krever delivered his final report, most Canadians with hepatitis C eligible for compensation are struggling through a mountain of red tape and bureaucratic delays, still waiting for their money. "There has been little cash and even less care. We are deeply committed to working together to raise public awareness and to ensure that governments follow through on promises to the hepatitis C community."

Members from the Canadian Hepatitis C Network will come together in their first official meeting at an upcoming forum entitled "Renewing Canada's Commitment to a Blood System for the 21st Century". This forum is taking place at the Sheraton Gateway Hotel in Toronto from Friday, November 22 to Saturday, November 23.

Network support groups include the Hepatitis Outreach Society, Hep CURE, Canadian Hepatitis C Health Consortium, Hepatitis C Foundation of Quebec, Hepatitis C Society of Canada and Anemia Institute for Research & Education.

ANNUAL ALBERTA HARM REDUCTION CONFERENCE

The conference is being held at the Banff Centre in Banff, Alberta, Canada, March 3 - 4, 2003. Please consider joining us for this important Harm Reduction Conference.

Conference registration and website information will be available soon.

Have a super day,

Jennifer Vanderschaeghe
ACCH Administrative Coordinator
4611 Gaetz Ave., Red Deer, AB T4N 3Z9
Phone: (403) 314-0892
E-Mail: acch@shaw.ca

GoGirlsMusicFest "Get Hip to Hep C" Concert Tour 2002

GoGirlsMusic.com is proud to present the GoGirlsMusicFest "Get Hip to Hep C" concert tour benefiting the American Liver Foundation. We'll have great music and lots of fun at each show and we'll be giving away the official GoGirlsMusicFest 2002 compilation CD! Our goal? To bring you the best local and regional indie women in music while supporting a great cause. See you at the shows!

Tour dates remaining:

December
6 Albany, NY Northern Lights
7 Rochester, NY
8 Rochester, NY

Date, time and artists are subject to change. Please call ahead to confirm!

CANADIAN LIVER FOUNDATION'S LIVER DISEASE UPDATE – 2002:

PATHOLOGY AND TREATMENTS
Wednesday, October 30, 2002
Kitchener, On

Topic: Liver Transplantation - Dr. Paul Greig, the Toronto Hospital, G.I. Transplant Unit

A typical Liver Transplant takes 5 to 6 hours, of which 1-1/2 hours is taken to hook up the anesthetic and tubes.

Transfused blood given is between 3-4 bags. Most of it is just fluid to replace the volume.

The stay in the hospital is 7 to 10 days.

In Toronto, on October 28 2002, 194 people were on the waiting list.

The transplant team has a surgery booked every Monday until Christmas.

If more livers were available, they could do more surgeries.

2 weeks ago, which is odd, 2 blood type AB transplants were done, but 2 are still on the list since November 2001.

Type A: 99 patients waiting since November 2000

Type B: 45 patients waiting for 2 years

Type O: 163 patients waiting for 3 years.

The numbers don't add up, but those are the numbers Dr. Greig gave from the computer list.

Dr. Greig also said there is no difference in organ compatibility between some races. Black and white are compatible.

There are problems using Oriental livers (They don't know why).

Kidney transplants do need to use white to white, black to black.

237 patients were referred to the transplant team, and the number was pared down to 144 after the first round of interviews. Only 38 donors were available.

Split Liver transplants--1996
Left lobe: 15 transplants
Right lobe, segments 5, 6, 7, and 8: 44 transplants. These have better success. You get more of the hepatic artery.

Waiting List statistics:
37% have Hep C-related disease
27% have alcohol-related disease

Of the Hep C patients, the proportion could be relatively higher, as many were alcohol abusers, which made the Hep C replicate and progress faster.

Hep C liver transplantees do not do as well as Hep B transplantees, for unknown reasons.

In 1995, 20-30 patients were on the waiting list in Toronto when Dr. Leslie Lilly started keeping records.

(Editor's Note: The Liver transplant program at the University of Toronto began in 1985.)

There were 400 donors in one year in Canada.

Toronto has the lowest number of donors in Canada.

Split-Organ transplants done in Canada:
Vancouver-1
Edmonton-2
London Ontario-4
Toronto Ontario-6

Thanks to Rhonda Kavanaugh-Kehl for this report.

(Continued from page 3)
(almost like an acid or venom that dissolves the virus.)

The other thing about HCV that makes it so sophisticated is its envelope of human glycoproteins. (eg: E1 & E2) These glycoproteins are like giving the virus the keys to the whole hotel. They can enter any room they want. It also makes the virus undetectable as an intruder (as if it actually was part of our bodies) until it replicates. Then all hell breaks loose and the alarm bells and whistles of our immune system go off, because, when it replicates, it steals our DNA to make babies (HCV is an RNA virus).

I hope this helps a little bit and you don't think I'm just trying to be a big shot. I really have to work hard at trying to understand and boil down all of the medical and scientific stuff into terms that I can understand.

WANTED:

VOLUNTEER BOARD MEMBERS FOR HEPCBC.

Contact: info@hepcbc.ca

HepCBC gives special thanks to Lexmark for printing out our Treatment pamphlets!

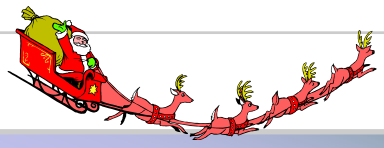
ANNOUNCING:
New Products to Help Raise Money for HepCBC

Metrin is a scientific skin care program formulated by pharmacist motivated by his own skin care concerns. Together with specialists and biochemists, he researched the chemical laws that govern the skin. The result? A synergistic step program that, when used as directed, works with the skin's natural balance systems to cleanse, nourish and protect all skin types - a proven effective skin care program since 1932. For 70 years, Metrin has provided quality skincare products to women and men around the world. Our customers trust Metrin to help keep their skin clean, healthy and younger-looking.

But healthy skin is only one step towards overall good health. Our health products are designed to promote good health and well-being. With Metrin Life's M3 Nutrient Complex and Herbal BeauTEA, you have health products with the same reliability and proven effectiveness as Metrin Scientific Skin Care.

METRIN Life's M3 Nutrient Complex is an extremely nutritious health supplement designed to help improve your energy level, memory function, skin & physical condition, strength, vitality, appetite, and quality of sleep. Its unique blend of ingredients will help to expedite recovery from illness and prevent the effects of aging. The ingredients in M3 are multi-functional, formulated to bring your internal system into balance.

Your Metrin representative will make a donation of 10% to HepCBC on all products sold to customers through this bulletin. (Please mention this ad!) SUPPORT HEPATITIS C! Call now: (250) 744-3500 or 1-866-375-3500 or e-mail: metrin@shaw.ca



DID YOU KNOW..... About TAP

Travel Assistance Program, sponsored by the BC Ministry of Health and Ministry Responsible for Seniors.

TAP was created to help residents of BC to access health care services that they cannot obtain unless they travel.

In other words, if you have to travel to get access to specialists in Vancouver, for example, the TAP program will pay for, or give you discounts for your travel costs, such as ferry fares, for you, your vehicle, and for an escort, if one is needed.

Please ask your doctor for a form to complete. You also need to contact MSP to verify your eligibility and to receive a confirmation number before you travel. (Phone number below)

You are eligible if you are a BC resident enrolled in the Medical Services Plan, and your travel expenses aren't covered by other insurance policies. There are regulations such as arriving at the ferry, for example, one hour before departure.

This program doesn't include meals, accommodations, car expenses, or local transportation. You must make your own travel and accommodation arrangements. You may obtain more information by calling MSP at 1-800-661-2668 from 8:30 am to 4:30 pm, Monday through Friday. You may also call 387-8277 in Victoria.

SPECIAL ACCESS PROGRAMME

The Special Access Programme (SAP) provides access to nonmarketed drugs for practitioners treating patients with serious or life-threatening conditions when conventional therapies have failed, are unsuitable, or unavailable. The SAP authorizes a manufacturer to sell a drug that cannot otherwise be sold or distributed in Canada. Drugs considered for release by the SAP include pharmaceutical, biologic, and radio-pharmaceutical products not approved for sale in Canada.

http://www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/sap.html

http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/sap/sap_requestform_e.html

SHOULD I BE TREATED?

Hepatitis C is generally a slow-moving disease. You have time to think about what you want to do.

You should get these tests:

1. A liver panel (blood test)
2. An HCV-antibody test
3. A PCR test
4. Genotype test
5. Alpha-fetoprotein test
6. Ultrasound
7. Biopsy

The first 5 are blood tests. They will give you and your doctor some important information, but the only way to know how much damage has been done to your liver is from a biopsy. You may have a lot of virus, but no damage to your liver, or the other way around. You may have a high ALT, and no damage to your liver, or a low ALT and quite a bit of damage. If your liver is not damaged, you may wish to wait before being treated. On the other hand, if your liver is damaged, and you have signs of rapid progression, you may wish to be treated as soon as possible. Remember:

1. The earlier you start treatment, the more likely you are to respond.
2. The younger you are, the more likely you will respond.
3. Men progress faster than women.
4. The genotype test will tell you how likely you are to respond. Genotypes 1 don't respond so well as other genotypes. People with genotype 1 need longer treatment.

What else can I do?

- Stop drinking
- Get vaccinated for hepatitis A and B
- Get a pneumonia vaccine
- Get a flu shot each year
- Avoid toxins like paints, gasoline, insecticide
- Check out all medications, even non-prescription medications, with your pharmacist.
- Exercise regularly, even if you're tired.
- Eat a balanced diet
- Join a support group
- Read all you can about Hep C
- Be careful with any herbs. Some may hurt your liver.
- Ask your doctor about vitamins. Avoid mega-doses.

VICTORIA HepCBC ANNUAL GENERAL MEETING
JANUARY 7, 2003
7 PM, 541 Herald St.
Nominations to the Board requested
Contact: 595-3892

CHARGES LAID IN TAINTED BLOOD SCANDAL

TORONTO - The RCMP is laying charges against the Canadian Red Cross, a U.S.-based pharmaceutical company and some doctors in the tainted blood scandal that rocked Canada in the 1980s.

Thousands of Canadians were infected with HIV, the virus that causes AIDS, and with hepatitis after tainted blood was circulated in the blood system.

Charges laid by the RCMP include criminal negligence and common nuisance by endangering the public.

The RCMP blood task force charged:

- The Canadian Red Cross Society,
- Dr. John Furesz, former director of the bureau of biologics at the federal government's health protection branch,
- Dr. Wark Boucher, former chief of the blood products division of the bureau of biologics at the health protection branch,
- Dr. Roger Perrault, former director of the Canadian Red Cross Society's blood transfusion service,
- Armour, a Bridgewater, N.J., pharmaceutical company,
- Dr. Michael Rodell, former vice-president of Armour

The Canadian Red Cross used tainted blood products even after tests were available to detect the infections.

The Mounties have been investigating the scandal for five years.

The charges allege that the accused failed to properly screen blood donors, failed to test blood properly, and failed to warn the public that there were risks associated with blood products.

The accused will appear in court on Dec. 10 in Hamilton and on Dec. 11 in Toronto.

Source: http//groups.yahoo.com/ group/hepcan/ messages

Are you in the 86-90 Window?
Are you having any problems?

Contact: Terry Waller
(250) 642-6766

(Terry is not a lawyer but a concerned victim)

HepC BC

VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____
_____

CITY: _____

PC: _____ **PROV:** _____

TEL: ( ) _____

FAX: ( ) _____

EMAIL: _____

ABILITIES OR AREA OF INTEREST:

Library Printing Copying Phoning Fundraising Counseling Research Refreshments Special Events Publications Computer Help Errands Grant Applications Board Member Other

Experience:
_____
_____
_____
_____

Time available:
_____
_____

SEX M F

Date of Birth: ____/____/_____
Mo Day Year

Contact: HepCBC
2741 Richmond Rd, Victoria, BC V8R 4T3
Tel. 595-3892 or Email: info@hepcbc.ca

DISABILITIES HELP SHEET

The BC Coalition of People with Disabilities has created a 'help sheet' for filling out the new Disability Benefits forms. Please pass this information on to anyone who is having to reapply for benefits. Hopefully it will reduce some of the confusion and anxiety that this process has created for some people. Here is the link, and another **useful** page:
www.bccpd.bc.ca/commalert/helpsheets/DesignationReview.pdf

http://www.bccdc.org/content.php?item=29

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
Hepatitis C Settlement Fund—KPMG Inc.
Claims Administrator
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

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

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: 1-877-222-4977
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.
www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

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

COMING UP IN BC/YUKON:

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

Campbell River Hep C Support Group Support and information, call 830-0787 or 1-877-650-8787 or email niac_hepc@hotmail.com

Castlegar Contact: Robin, 365-6137

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church, Fitzgerald St. Next meeting Dec. 17th 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 & 3rdTues. monthly, 1-3 PM, #39 13th Ave South, Lower Level. Next meetings Dec. 3th & 17th. 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, & 1stMon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

Kamloops (People in Motion) 1st and 3rd Tues monthly 12:30 PM, 6E-750 Cottonwood Ave, North Kamloops. Next meetings Dec. 3th & 17thContact Pam: 851-7300, pamela.zulyniak@interiorhealth.ca.

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Next meeting Dec. 28th. Contact Elaine Risely (250) 768-3573, eriseley@shaw.ca or Lisa Mortell 766-5132 lmortell@silk.net

Kimberley Support Group 2ndTue. monthly, 7-9 PM. Next meeting Dec. 10thContact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Dec. 10th . For individual support, info & materials, contact: Brian Reinhard, (250) 364-1112, reiny57@yahoo.ca

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

•**Ladysmith** Friendship & Support Group meets monthly, Ladysmith Health, Centre. 224 High St

•**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 Nov. 20th. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Dec. 17th. Contact: Vivian, 265-0073 or Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Dec. 5th. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, 623 Agnes Street, New Westminster. Next meeting: Dec. 9th. Speaker: Dr. John D. Farley on Hepatitis. Contact: Dianne Morrissettie, (604)517-6120, dmorrissettie@excite.com

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, sasg@island.net

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

Powell River Hep C Support Group 2nd Wed. monthly, 7 PM., at the Health Unit Next meeting: Dec. 11th Contact: Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Dec. 10th. Contact: Gina, 963-9756, gina1444@yanhoo.ca or Ilse, ikueper@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Dec. 7th. Contact: Brad, 295-6510. kane@nethop.net

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

Quesnel HeCSC 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: Dec. 11th. 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: For information please call HepHIVE at 604-254-9949 ext 232.

VANDU Vancouver Area Network of Drug Users Each Mon., 2 PM, 327 Carrall St. (off Pigeon Park) Bus fare & snack. Contact: Cristy or Ann, 683-8595, space limited, so come early. 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 Dec. 11th & 25th. Contact: Sharon, 542-3092, sggrant@telus.net

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

Victoria Support and Information 1st Wed. monthly, 7 PM. Hep C Outreach Workers avail. each Wed. 7-11 PM, or weekdays 9-4, Street Outreach Services (needle exchange). Contact 384-2366, hermione.jefferis@avi.org

Victoria HepCBC & INFO line General Meetings quarterly, 1stTues., 7-9 PM, 541 Herald St. Next meeting: Dec. 3rd**. AGM: Jan 7th.** Contact: (250) 595-3892, info@hepcbc.ca, www.hepcbc.ca

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 Leahann Garbutt, (604)688-1441, (604) 808-7209, information@youthco.org, or www.youthco.org

Yukon Positive Lives 3rd Wed. monthly, Whitehorse. Next meeting Dec. 18th. Contact Heather 660-4808, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

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 MacIntosh at 567-1312 http://www.accb.ns.ca/

HeCSC NB Meetings:

- **Fredericton, NB** Next meeting: Dec 5th, 7 PM, Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@hotmail.com
- **Saint John & Area**: Telephone support line: Contact Allan Kerr 672-4372, kerrs@nbnet.nb.ca

Hepatitis C Moncton Inc. of N.B. 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, hepcmonc@rogers.com

Hepatitis Outreach Society, Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box l004, NS, B2Y 3Z9. l-800-52l-0572, or 902-420-1767, r.ahcc@ns.sympatico.ca, www.ahcc.ca **Meetings:**

- **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, Kings Tech Campus, 236 Belcher St, Conference Room A-226
- **New Glasgow:** 3rd Mon. monthly, Aberdeen Hospital, Conference room #l 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

ONTARIO:

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

Durham Region, GTA and Peterborough, ON support. Contact: Smilin' Sandi smking@rogers.com "Sandi's Crusade Against Hepatitis C" http://members.rogers.com/smking/

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

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact: Rhonda, (905) 295-4260, Joe (905) 682-6194 jcolangelo3@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, truds@MNSi.Net

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 monthly, 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 7-9 PM. # 204-825 Sherbrook St. (south entrance—parking at rear) Contact: 975-3279, hcrc@smd.mb.ca

QUEBEC:

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

- **Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.
- **Sherbrooke** 2nd Monday monthly, 7-9 PM, Les Grandes Coeurs D'Artichauts Au Centre Jean-Patrice Chiasson (2e etage) 1270 Galt Street West. Contact: 820-7432
- **Verdun:** 3rd Wed. monthly, 7-9 PM (English), 1st Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.

HeCSC

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