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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

WOULD YOU RESPOND TO TREATMENT?

Researchers at the University of Toronto and University Health Network have discovered a group of genes that can indicate whether or not a person with Hep C will respond to standard treatments. The results might be used to create a new test for patients considering treatment, inspiring them to continue even though the side effects can be very difficult for some people.

The difference lies in a set of 18 genes, and whether they are turned on or off. Researchers speculate that they may be able to modify those genes to improve response to treatment.

Thirty-one HCV+ patients treated in Toronto between 2001 and 2004 were given biopsies before being treated and these were compared to biopsies of 20 health livers. 15 patients were treatment responders and 16 were not. The patterns of 19,000 genes were analyzed and compared, using a new technology involving "gene chips" the size of a postage stamp, to see which ones were activated.

The difference between responders and non-responders lay in a group of 18 genes. In non-responders, 16 were turned on, responding to the body's natural interferon, while 2 were turned off. Strangely, something about the "good" response just didn't work.

Soon we may be able to know, maybe with a little blood test, whether or not we will respond to treatment.

Source: www.prdirect.ca/en/view_release.aspx?TrafficID=2578 Specific genes predicts which patients respond to hep C treatment, May 2, 2005

LIVER CANCER NEWS

AVOIDING LIVER CANCER

Hep C is known to be the major cause of liver cancer (HCC or hepatocellular carcinoma). The risk of this cancer increases with age, being male, worsening of scarring (especially cirrhosis), and liver inflammation. Other factors are Hep B co-infection, abuse of alcohol, high levels of iron, diabetes and obesity.

The best way to prevent HCC is by getting rid of the virus, which would take care of the scarring and inflammation.

Prevention includes Hep B vaccination, avoiding alcohol, blood letting for excess iron, weight loss and prevention of diabetes.

Interferon has a definite effect on reducing the risk of liver cancer, especially in those who have a sustained response, and better yet, if treatment occurs before cirrhosis does. Once liver cancer tumors are removed, interferon or oral polyprenoic acid may help prevent recurrence.

There have been no long-term results reported from the standard treatment of pegylated IFN + ribavirin; no trials have control groups which include non-treated patients. There are trials with peg-IFN maintenance therapy in non-responders, to see if that decreases the risk of HCC.

(Continued on page 4)

INSIDE THIS ISSUE:

FATTY LIVER

NAFLD, non-alcoholic fatty liver disease, is any disease of the liver caused by fats in those who drink little or no alcohol. Some of the causes can be hepatitis B or C, obesity, diabetes, high cholesterol and/or triglycerides, and some medications.

This study shows where those fats come from, and shows that much of the fat in the liver comes from your diet, causing anything from relatively harmless "fatty liver" to NASH (non-alcoholic steatohepatitis), inflammation caused by fat build up, which in turn can hurt liver cells. It seems to be related to excess weight, diabetes and insulin resistance.

No one knows why NAFLD occurs, but it is treated by weight loss, as well as medicine, insulin and/or diet to control diabetes. NAFLD is now known to be a stepping stone to cirrhosis in 25% of people.

It is important to know if the fatty buildup comes from intake of fat, or from carbohydrates, to know which one to reduce. To find out, researchers gave CT scans to 9 patients scheduled for biopsy, and gave them a special diet and a special marker of fats that they consumed, to tell them apart from the fat already there.

Blood tests were used to measure fats, as well. They found that the patients had these factors in common: Elevated ALT/AST, high triglycerides, and insulin resistance (includes high blood pressure, high insulin levels, obesity and high cholesterol). The biopsies of these patients showed fatty liver in all of them, scarring in half, and inflammation in seven.

They concluded that fat from food is deposited into the liver, making it difficult for the liver to metabolize the fat resulting from carbohydrates. If the insulin levels are high, the fat synthesis is turned on 24/7, but it is not known if that is a cause or an effect.

The authors suggest diet and prescription drugs to correct the fat buildup. Another

(Continued on page 4)

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Victoria BC
V8W 1J6

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☐"I want to volunteer. Please contact me."

☐"I want to join a support group. Please call."

SUBMISSIONS: *The deadline for any contributions to the* **hepc.bull**© *is the 15th of each month. Please contact the editors at info@hepcbc.ca, (250) 595-3892. 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:*

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LETTERS TO THE EDITOR:

The *hepc.bull* welcomes and encourages letters to the editor. When writing to us, please let us know if you do not want your letter and/or name to appear in the bulletin.

Peppermint Patti's FAQ

Peppermint Patti's FAQ Version 6 is now available, and Version 5.6 is available in Spanish. The English version includes updated Canadian Links and includes the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only $6 each, plus postage. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2004; the FAQ V6; the slide presentations developed by Alan Francis-cus; and all of HepCBC's pamphlets. The Resource CD costs $10, including S&H. Please send cheque or money order to the address on the subscription/order form on this page.

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REPRINTS

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

THANKS!

HepCBC would like to thank the following institutions and individuals for their generosity: The late John Crooks, Bruce Lemer, Lexmark, Health Canada, Pacific Coast Net, Margison Bros Printers, Royal Bank, Schering Canada, Brad Kane, Chris Foster, Judith Fry, The Four Mile Restaurant, Victoria Bridge Centre, Erik, Irene, Chateau Victoria, the Victoria Symphony, the Victoria Conservatory, the Shark Club, Recollections, Thrifty Foods, Patisserie Daniel, Preview Hair Studio, and the newsletter team: Jack M., Diana Ludgate, and Beverly A. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com

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, #306-620 View Street, Victoria BC V8W 1J6, (250) 595-3892.**

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.

Want a mate? Your Cupid ad could go here!

Got Hep C? Single? Visit:

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http://groups.yahoo.com/group/PS-Hep/
http://groups.yahoo.com/group/HepCingles2
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CHAT: http://forums.delphiforums.com/hepatitiscen1/chat

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PRE-PLANNING YOUR FINAL ARRANGEMENTS?

Please consider arranging for donations to your local hepatitis C organization.

DIAL-A-DIETITIAN

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

RESULTS IN: VX 950

Vertex's Hep C protease inhibitor VX-950 has shown to have strong antiviral capability in its latest Phase Ib clinical trial. The protease is an enzyme vital to HCV replication. The study included 34 genotype 1 patients, who were given VX-950 or a placebo during 14 days. The patients receiving VX-950 were divided into three groups: One group received 750 mg every 8 hours, and there were two smaller-dose groups. The first group had a reduction of more than 4 log 10 at the end of the 14 days, while the other groups had a reduction of 2 log 10. Vertex plans to develop VX-950 both as a monotherapy and to use in combination with other drugs.

Source: drugresearcher.com, Vertex reports potency for Hep C treatment, May 11, 2005

IC41

Intercell AG announced today that it is ready to launch the next phase of clinical trials of the hepatitis C vaccine, IC41.

Intercell conducted Phase II trials with patients who did not respond to Interferon/ Ribavarin therapy. T-cell induction occurred after the vaccine was administered, coinciding with a short-term reduction in HCV RNA levels. Intercell reported the results of Phase I and II at the conference of the European Association for the Study of the Liver (EASL) on April 14th in Paris.

The next testing phase aims to optimize route and frequency of treatment methods to reduce the levels of infection further. Current testing involves applying the vaccine to healthy volunteers. However, if results from the study meet expectations, chronic HCV volunteers will be included in 2006. Entry into the EUR 3.5 billion market would follow in 2011.

Prof. Michael Manns from the Medical University in Hanover endorses Intercell's research: "I am convinced that the achieved induction of T-cells in chronic non-responders patients as shown in Intercell's Phase II study has paved the way to the development of a therapeutic vaccine for novel stand alone and combination treatments."

Alexander von Gabain, CEO of Intercell, discusses the significance of his company's research: "We belong to the few pioneers working on new treatments against Hepatitis C. Our therapeutic vaccine in this field of high medical need is latest state of the art vaccine technology".

Source: Intercell AG Press release, *Recruitment completed for optimization trial of therapeutic Hepatitis C vaccine,* May 3, 2005

TREATING CHILDREN

A recent study conducted by HELIOS Children's Hospital Wuppertal in Germany demonstrated that treatment with peginterferon-alfa-2b and ribavirin is a well-tolerated and effective therapy for children with HCV genotype 2 or 3. The level of sustained viral response among patients varied, dependent upon the HCV genotype, liver enzyme levels, and the mode of infection.

While receiving the therapy, 64 percent of patients had no detectable level of HCV RNA, and only five percent of patients relapsed during the follow-up period. The study also demonstrated the following:

- All children infected with genotype 2 or 3 achieved a sustained viral response; however, less than half of patients infected with genotype 1 had similar success.
- Children infected by their mothers did not respond as well as non-vertically infected children.
- Patients with normal liver enzyme levels before treatment responded better that those with above-normal levels.

Patients exhibited side effects that included mild, flu-like symptoms and leucopenia (low white blood cell count). There was one incident of diabetes mellitus in one patient.

Although the response rate did not differ from response rates documented by studies using non-pegylated interferon-alfa-2b plus ribavirin therapies, researchers conclude that the treatment is a well-tolerated and effective treatment for children with HCV genotype 2 or 3. The authors emphasize that treatment should be available to children with normal liver enzyme levels, given the high viral response rate observed in this study. In addition, the authors submit that more research would determine if there is a link between mode of transmission and therapy response. Further, the research should focus primarily on vertically infected children with HCV genotype 1.

Source: *Treating Children with Chronic Hepatitis C: PegInterferon-alfa-2b with Ribavirin Shows Promise*
www.interscience.wiley.com/journal/hepatology

NM283 PHASE II TRIAL

NM283 (valopicitabine), an oral nucleoside analog, combined with Schering's PEG-Intron, is being tested in a Phase 2 clinical trial in a group of 30 genotype 1 patients, never before treated. The trial had two arms: NM283 alone, and in combination with PEG-Intron. The "combo" group is taking escalating doses of NM283 during the first week, after which the PEG-Intron is added. Preliminary findings were released last month at the EASL (European Association for the Study of the Liver) conference.

So far, 9 of the 30 patients have finished 24 weeks of treatment of a planned total of 48, and they have shown an average of almost 100% reduction of the virus, according to the most sensitive tests available, or a 4.5 log 10 reduction. Early Viral Response (EVR) means achieving a minimum of a 2 log 10 drop in viral load (levels). Researchers hope that this drug will provide a more effective treatment with fewer side effects for genotype 1 patients. So far, the combo is proving the more effective treatment, achieving 99.99% reduction in viral load compared to 86.5% in the mono-treatment group. Four patients have dropped out. A second Phase II trial will test NM283 combined with Pegasys in 171 genotype 1 patients. It is still not known if the response will be sustained 6 months after treatment ends.

Source: John C. Martin ww.hepatitisneighborhood.com/content/in_the_news/archive_2329.aspx Experimental Drug Combo Tested in Tough-to-Treat Patients, 04-27-05

MANAGING THE HCV EPIDEMIC

The Hepatitis C Council of BC has released a new document, "Managing the HCV Epidemic: A Practical and Cost-effective Approach for BC Communities."

This groundbreaking document--developed by the Hepatitis C Council of British Columbia--demonstrates that, far from being over, the medical and financial burdens of the HCV epidemic are increasing dramatically and creating a situation that urgently demands a response. The paper also sets out considerations and solutions intended to inform that response.

Click here <http://www.bchepcouncil.ca/downloads/hcv-renewedfocus-britishcolumbia.pdf> to download the document directly (PDF) or visit the Hepatitis C Council of BC website for more information at www.bchepcouncil.ca

QUALITY OF LIFE

John C. Martin, long-time health journalist, reviewed studies of gastroenterologists at UCLA, who write: "The vast majority of people with Hep C have no clinically significant liver disease, but still experience a diminished quality of life." Some of the reasons may include symptoms that occur outside the liver like cognitive dysfunction related to the hepatitis infection, or "co-morbid psychosocial disorders."

Many specialists are not experienced in interpreting the quality of life of their HCV+ patients, and tend to treat them like their other patients, or as they were taught to do traditionally. If they were to understand the impact of the infection on QOL, they might understand the whole health burden better, and that information might reach the general practitioner.

The authors make several suggestions:

1. That a patient be asked to fill out a QOL questionnaire, and then have him fill it out again at a subsequent visit, comparing the answers.
2. That a series of educational programs about QOL be presented.
3. That studies be done:

A. Comparing QOL in HCV+ and HCV– people.

B. Comparing QOL in responders and non-responders.

C. Categorizing QOL by the state of the liver, taking into account neurological, psychological and social factors.

D. Establishing the parameters of significant differences in QOL.

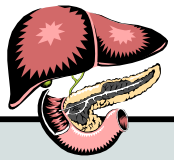
These studies might result in people being treated earlier.

Source: John C. Martin, Priority Healthcare, 04-06-05 Quality of Life Important in Hepatitis Management, Physicians Stress. Original article: Speigl, et al, Hepatology 2005 Mar 24;41(4):790-800.

(FATTY LIVER—Continued from page 1)

researcher suggests using antioxidants and insulin-sensitizing medicine. Exercise may help, too.

Source: John C. Martin, Fatty Liver: Your Diet is Partially to Blame, Says Study
http://www.hepatitisneighborhood.com/content/in_the_news/archive_2332.aspx
05-04-05



(LIVER CANCER NEWS—Continued from p. 1)

Source: Heathcote EJ, Gastroenterology. 2004 Nov;127(5 Suppl 1):S294-302. Prevention of hepatitis C virus-related hepatocellular carcinoma.

CYCLOSPORINE VS TUMOR RECURRENCE

This new study indicates that cyclosporine, the medicine given to transplant recipients to avoid rejection, can lead to recurrence of liver cancer tumors if given in higher than necessary doses. Lower levels of the drug did not cause more rejection. Because of this tendency for the anti-rejection drug to cause tumors to re-appear, often liver cancer patients are not transplanted, but this Italian study gives possible strategies for these patients.

Researchers looked at 70 patients taking cyclosporine after their transplants, between 1991 and 2002. The dose was not adjusted according to blood levels after the drug was taken. The cancer recurred in 7 of the patients 2 to 40 months after transplantation. In the other patients, the levels of the drug in the blood was lower. Sex, previous liver disease, and the use of other anti-rejection drugs or steroids at the same time did not affect the recurrence of the cancer. The researchers recommend strongly that patients transplanted for liver cancer (HCC) should not take higher doses than those indicated by the daily blood levels that they identified, and suggest using minimum doses, especially in high-risk patients. There are new drugs with anti-cancer properties that may be better still.

Source: http://www.interscience.wiley.com/journal/livertransplantation
April 22, 2005 High Levels of Immunosuppressant May Lead to Tumor Recurrence
Original article: Vivarelli, M. et al, Liver Transplantation; May 2005; Volume 11, Issue 5. "Analysis of Risk Factors for Tumor Recurrence After Liver Transplantation for Hepatocellular Carcinoma

CHEMOEMBOLIZATION

The only possible cure for liver cancer is surgery. If the surgery removes the cancer completely, survival is longer, but this isn't always possible, or patients may not be candidates for surgery because the tumor is too large, or it has invaded blood vessels or other organs, or many small tumors are found throughout the liver, or the cancer treatment would cause more liver damage.

For those who can't have surgery, there is an option called chemoembolization, which has been the object of two recent studies which treated 150 patients over 5 years. It is believed by the authors to be beneficial in increasing survival.

Chemotherapy drugs like doxorubicin and cisplatin, together with little sand-like particles, are inserted through a catheter in the skin of the groin into the artery that feeds the tumors. Since the treatment goes directly to the tumor, it is less toxic, and causes little change in liver enzymes. The particles prevent the blood from reaching the tumor, taking away its "food," and keeping the drugs at the site.

The second study treated 31 patients with portal vein blood clots (PVT) over 4 years. Blocking the liver's blood supply is considered dangerous in these patients, but the doctors wanted to confirm this.

The clots are usually caused by liver cancer, but can also be caused by cirrhosis or bile duct inflammation. The fear was proven unfounded,. There were no complications, and recovery was equivalent to that of patients without PVT.

One patient died less that a month afterwards from a hemorrhage. The others lived between 5 months and a year, in spite of complications from advanced liver disease. Usually, with no treatment, survival rates average 3½ months.

Regular chemotherapy boosts survival to 5 months at the most. This treatment doesn't involve surgery, doesn't remove healthy tissue, is easily tolerated, and recovery time is short. It can be repeated, thus increasing life expectancy in most cases.

Source: Martin, J C. http://www.hepatitisneighborhood.com/content/in_the_news/archive_2312.aspx Treatment Option for Inoperable Liver Cancer Validated, 04-13-05

MAY AWARENESS CAMPAIGN PRINCETON, BC

We are pleased to announce that the May HCV Awareness campaign is underway in Princeton, BC.

It started off with the official proclamation from Keith Olsen, Mayor of Princeton, BC, proclaiming May 2005 as Hepatitis C Awareness Month and May 1st as Hepatitis C Memorial Day.
http://health.groups.yahoo.com/group/hepcan/message/30513

There was a small Candlelight Memorial Ceremony on May 1st in remembrance of those who have lost their lives due to this virus.

An information kiosk was set up at the busiest corner of town to promote awareness and prevention of HCV with support and encouragement from local health officials, the Town Hall, Public Health, doctors and nurses and community volunteers. This event will be repeated during the month.

A very fine display of awareness posters was presented with pamphlets provided by HepCBC and information handouts. It has been a very successful and worthwhile endeavor that leaves a sense of satisfaction that this kind of event is needed to educate our fellow citizens to the facts about HCV. There was a lot of confusion and general misunderstanding on the part of the general public about HCV.

We encourage all rural or urban locations in BC to do the same.

—Beverly Atlas

MAY AWARENESS IN VICTORIA, BC

On May 15th HepCBC held a bridge tournament at the Victoria Bridge Centre, where pamphlets and newsletters were offered and business cards were made available. Several people came forward to ask for more information and to say that they had friends or relatives who had contracted HCV.

In the past, turnout at awareness events at the Parliament Buildings have had poor turnout, causing embarrassment rather than a show of solidarity. We have opted to buy a park bench this year, instead, to commemorate the lives of our fallen friends.

We suppose that people are either too sick to show up, or that they don't want their neighbors and friends to know they are infected. Unfortunately, we must put faces to this disease to get anywhere as far as new treatments and research go. Hopefully next year, we can try again, and honour our lost friends as they should be honoured: with a true show of force.

Left: Ron "the Reaper" Thiel, 1991.

MAY AWARENESS IN WINDSOR/ESSEX, ON

In June, July and August the Hepatitis C Network will continue to hold the monthly support groups on the last Thursday of the month.

Our Hep C Network held its 3rd Annual Candlelight Vigil on Tuesday, May 10th. The theme was "Gone But Not Forgotten" It was a great success, and very heartfelt, as we remembered Claudette Dugas, one of our cofounders.

On Wednesday, May 11th we held a free training workshop for the service providers in our city, titled "Hepatitis C in Our Community". This was also a great success. I must share that, for both events, we had news coverage which gave us the much needed exposure.

I just wanted to share with you what our Hep C Network had done for Hep C awareness in the City of Windsor & Essex County. We also did a ribbon campaign on Saturday, May 7th, which was a great success as well.

In friendship, peace & unity,

Andrea Monkman

OUR JANE O'BRIEN?

I received a call the other day from the mother of two teen-agers. This mother has Rh-negative blood. She received a letter from the hospital a few years back saying that, after the birth of her children, she may have received virus-tainted anti-D immunoglobulin, and that she should be tested. Her test came back positive for hepatitis C.

She has been getting sicker and sicker, but is unwilling to go on treatment because she fears she will not be able to care for her home and children. She is now a single mother, and can't work. She takes pain medication to help her continue her day-to-day life. That medication, of course, hurts her liver and causes more pain. It just doesn't seem fair to me that she would be denied compensation. She was injured by the blood system just as much as those who received transfusions, and is just as innocent.

There is a woman in Ireland who found herself in similar circumstances. She is Jane O'Brien, who represented over 1000 women infected with HCV by anti-D immunoglobulin. These women were discovered through a look-back program launched by the Irish government in early 1994 for women treated between 1970 and 1994, and the women quickly bonded together, and obtained good advice from a legal team. Even though the government tried to give them money, they took their time over 4 years and developed a plan that would deal well with the complexities of the disease, a plan so well established in law that no Government in the future could overturn it.

There is no class action in Ireland, so each woman began her own law suit. They each developed a strong public profile. One of these women, Brigid McCole, age 52, farming mother of 12, was found scrubbing the floor by her family. She was hemorrhaging and cleaning up the mess herself. She used to have to go to Dublin for treatment at 4:30 AM to be treated in the afternoon. Brigid, who remained anonymous in those days, died just days before her case was to be heard, causing public outrage.

Ms. O'Brien said these things helped them win their case:

- Regular media features and hard news stories on the personal plights of their members
- Strong lobbying, helped by key opposition spokespersons accosting the Government at every opportunity
- Giving the opposition points for debate, background information
- Reading parliamentary transcripts and picking up on Government "ducking and diving"
- Providing answers to the opposition.
- Maintaining a strong professional organisation – avoiding being proven wrong on an issue if at all possible
- Presenting written submissions outlining their concerns and points to politicians and backroom advisors
- Maintaining regular mail and/or phone contact with the members all over the country.

We Canadian women have a potential "Jane O'Brien" in our midst. That woman would like to contact you. If you think you have been infected through anti-D immunoglobulin, please send me your contact info, which I shall pass on to her.

Joan King
250-595-3882
jking@hepcbc.ca

CONFERENCES

June 17, 2005

National March for Awareness
Washington, DC
HMAwareness@aol.com
www.march-on-dc.com 540-248-7324

November 3, 2005

Royal College of Physicians of Edinburgh - Hepatitis C, Edinburgh, Scotland
www.sign.ac.uk/events/index.html

November 11-15, 2005

56th Annual Meeting of the American Society for the Study of Liver Diseases (AASLD)
San Francisco, CA
www.aasld.org/eweb/DynamicPage.aspx?webcode=05_Annualmeeting

March 25--28, 2006

Shanghai - Hong Kong International Liver Congress 2006, Shanghai, China
www.livercongress.org/en/news/20041015.htm

LOBBYING TIPS FROM AN INSIDER:

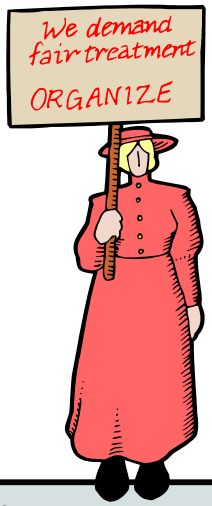
What can you do if you were one of those forgotten victims who were infected with a tainted blood product such as the Rh-negative ladies in Ireland who received contaminated anti-D immunoglobulin, but you live in Canada, not Ireland?

At present there is no class action suit or compensation package for these victims. The options remain of suing privately, starting a class action suit, or doing nothing.

If you should choose activism, here are some tips:

- Letters written to ministers usually receive a response, but are often read by others. Be direct. Say, "I would like assurance that you have personally read my letter and would like to know your personal thoughts on this matter." Even say you would like to have a response from the minister's office, with a personal signature, rather than have a signature machine sign it.
- Target ministers with a health background, like Keith Martin, a former doctor.
- Write to the members of the opposition and ask that the issue be raised in question period
- Publicity is very undesirable. Say that you have heard that individual compensation packages have been arranged in special circumstances before.
- The most important people to contact are the President of the Treasury Board, Minister of Finance, and the Prime Minister's office. The health minister is unable to do anything in comparison.
- Call the analyst in the Privy Council office who is responsible for health (in the Domestic Affairs and Social policy group).

Basically, you have to lobby. The difficult part is determining whom you have to lobby.



YES TO THOSE OUTSIDE THE WINDOW

A recommendation by US blood experts in 1981 to use a screening test for blood to be transfused was ignored to save money. Canadian officials were aware of the recommendation.

Since our last issue, 5000 forgotten victims transfused outside the 1986-90 "window" received a unanimous vote in favour of a motion to compensate them immediately. A similar motion in 1998 was voted down, with Chretien calling it a question of confidence.

Even though the motion was approved, payments may take a long time. Dosanj said that they must see if there is a surplus in the existing $1.1 billion set in 1998 for those inside the "window". No deadline has been set, and compensated 1986-90 victims may take the matter to court, since there would be an eligibility change. Right now 20,000 people are covered by compensation. Hundreds of people who would have been eligible under the new requirements have died since 1998.

How do you feel about this issue? You may sign a petition at http://www.PetitionOnline.com/hcvcomp/

Sources: CTV.ca, Opposition motion on Hep C compensation passes, Apr. 21 2005; CBC News, Tainted blood compensation expanded, payment delayed, 20 Apr 2005

This recipe is perfect for those who never know exactly when poultry is completely cooked, but not too dry.

AUNT DORRIE'S BAKED STUFFED CHICKEN

6-7 lb. chicken
1 cup melted butter
1 cup stuffing
1 cup uncooked popcorn
Salt/pepper to taste

Preheat oven to 350 degrees. Brush chicken well with melted butter, salt, and pepper. Fill cavity with stuffing and popcorn. Place in baking pan with the neck end toward the back of the oven. Listen for the popping sounds.

When the chicken's butt blows the oven door open and the chicken flies across the room, it is done.

http://www.sinsleystuff.info/Recipes/meats.html

TAP

TAP (Travel Assistance Program) 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.

CARE-LINE

A limited patient assistance program, called CARE-Line, is available in Canada for some people receiving Pegetron. Patients can call 1-800-603-2754 extension 2121 to find out if they are eligible for help from this program. Health care providers who wish to make inquiries about their patients access to CARE-Line may call 1-800-463-4636 extension 346.

Source: http://www.hepcyorkregion.org/docs/352,1,Slide 1

COMPETITION!

HepCBC is looking for writers for the August issue of the *hepc.bull*, and is willing to pay $50.00 for a featured article. The article should be original, consist of 500 to 800 words, and of course, be about hepatitis C. It may be, for example, about the author's experience with hepatitis C, a study (with references) on some aspect of the disease, or a call for action. Submissions should be in by the 15th of the July, stating interest in the bonus. If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

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
http://www.kpmg.ca/en/ms/hepatitisc/forms.html

Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/hepc/intro.html

David Harvey
Toronto, ON
Phone 416-362-1989; Fax 416-362-6204

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

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

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780.489.5003 Fax: 780.486.2107
kkoltham@telusplanet.net

Other:

William Dermody/Dempster, Dermody, Riley & Buntain
Hamilton, ON 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
Look back 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, ON 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 1-877- 434-0944.
www.hepc8690.com info@hepc8690.com
http://www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

MISCELLANEOUS

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

COMING UP IN BC/YUKON:

Armstrong Hepatitis C United Resource Exchange Contact: 1-888-HepCURE ambe-rose@sunwave.net www.hepcure.ca

AIDS Vancouver Island Hep C support:
♦**Campbell River:** Mon-Thu 9AM-4 PM, 1249 Ironwood. Contact Jeanette or Leanne: 830-0787, jeanette.reinhardt@avi.org leanne.cunningham@avi.org
♦**Comox Valley** 355 6th St. Courtenay Contact:Phyllis 338-7400 phyllis.wood@avi.org
♦**Nanaimo** Drop-In **as of June 1st,** each Wed 2-4PM, #201-55 Victoria Rd. Contact Sara 753-2437 sara.screaton@avi.org

Castlegar Contact Robin 365-6137

Cowichan Valley Hepatitis C Support Contact Leah 748-3432

Cranbrook HeCSC-EK Contact Katerina 417-2010, hecsc-ek@shaw.ca Leslie 426-6078, ldlong@shaw.ca

Kamloops AIDS Society of Kamloops (ASK) 372-7585 for support or referral. ask@telus.net

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 768-3573, erise-ley@shaw.ca or Lisa 766-5132 lmor-tell@silk.net or 1-866-766-5132.

Kootenay Boundary: Individual support & info Contact Brian Reinhard 364-1112 reiny57@yahoo.ca

Mid Island Hepatitis C Society 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo. Contact Sue 245-7635, mihepc@shaw.ca

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Contact Vivian 265-0073

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St. Contact Alex 1-800-421-2437, 505-5506, info@ankors.bc.ca www.ankors.bc.ca/

Boundary Hep C Support. Contact Ken 250-442-1280 ksthomson@direct.ca

Mt Waddington Harm Reduction Each Tues. 10-12 8635 Granville, Pt. Hardy. Contact Dan 250-902-2238 mtwreduc@hotmail.com

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations Urban Community Society, 623 Agnes Street, New Westminster. Contact Dianne Morrissettie, 604-517-6120 dmorrissettie@excite.com

Powell River Hep C Support Group Next meeting: Contact the Health Unit 485-8850

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 107. Contact Gina 963-9756, or Ilse 565-7387 ilse.kuepper@northernhealth.ca

Prince Rupert Hepatitis C Support Contact Ted 624-7480 Ted.Rogers@northernhealth.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Contact Brad 295-6510, kane@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy 557-2487, wmm@island.net, www.island.net/~wmm/ http://health.groups.yahoo.com/group/CANhepc/

Salmo Hep C Support Group 2nd Wed. monthly 6 PM, 311 Railway, Contact Giselle Rogers 357-9511, Carol 357-9293 or alex@ankors.bc.ca

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

Smithers: Positive Living North West 2nd Wed. monthly, 12 noon, 3862F Broadway Contact 1-866-877-0042 or Doreen 847-2132, deb@plnw.org

Sunshine Coast-Sechelt Healthy Livers Support Group 2nd Thurs. monthly, 3-5 PM, Sechelt Health Unit, 5571 Inlet. Contact Brent or Bill 604-740-9042 brent.fitzsimmons@cgh.bc.ca

Pender Harbour Hep C Support & Info Contact Myrtle Winchester 604-883-9911 or 604-883-0010

Vancouver: Healing Our Spirit—HCV and HIV education, support for Aboriginal People in BC. 100 - 2425 Quebec St. Contact 1-800 336-9726, info@healingourspirit.org www.healingourspirit.org

VANDU Vancouver Area Network of Drug Users: Satelite Hep-C group, each Thurs. 2 PM, HCC, 166 E. Hastings,. Bus fare & snack. 604-658-1224. **H.A.R.M. group** each Mon., 10 AM, 50 East Hasting St. Bus fare & snack. Contact 604-683-8595 vandu@vandu.org www.vandu.org

Vancouver: Pre/post liver transplant support Contact Gordon Kerr sd.gk@shaw.ca

Vancouver Hepatitis C Support Group Meetings: 3rd Tues monthly, 7-9 PM, Lauener Room JPP 2809, Sassafras Cafeteria, Jim Pattison Pavilion, South Level 2, Vancouver General Hospital, and 1st Tues monthly, 5-8 PM, Java Express, 3420 Cambie St. Contact Robert, CLF: 1-800-856-7266

YouthCO AIDS Society HepCATS #205-1104 Hornby St., Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Program Coordinator: Brandy Svendson brandys@youthco.org Support Worker: Matt Lovic mattl@youthco.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Contact Sharon 542-3092, sggrant@telus.net http://www.hepc.vernon.bc.ca/

Victoria Support & Info Contact the Needle Exchange 384-2366

Victoria HepCBC Support 1st Wed. monthly, 7-9 PM, 1611 Quadra St. **AGM this month!!** Library open M-F 306-620 View St. Phone support or private interviews. Contact 595-3892 info@hepcbc.ca, www.hepcbc.ca

Works Without Words Yukon Hep C Support Group Every Thurs. at 7 PM., Grace Community Church, 8th & Wheeler St. Contacts: Harry & Debbie 867-667-2402 harry.mckenzie@klondiker.com. Brian: 867-668-4483 P.O Box 31216, Whitehorse,YK.

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact: Jeanie for information/ appointment hepcsupportbarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7-9 PM, St. Mark's United Church, 201 Centre St. South, Whitby. Contacts: Smilin' Sandi smking@rogers.com Sandi's Crusade Against Hepatitis C http://creativeintensity.com/smking/ http://health.groups.yahoo.com/group/hepc-info/ 1-800-841-2729 ext. 2919

Hepatitis C Network of Windsor & Essex County, Last Thurs. monthly, 7-9 PM. Contact (519) 562-1741 Fax (519) 256-1383 hepc@hepcnetwork.net, http://hepcnetwork.net

Kingston Hep C Support Group 1st Wed. monthly, 5:30-9 PM St. George's Cathedral, King and Johnson St. (Wellington St. entrance) Contact: HIV/AIDS Regional Service 613-545-3698

Unified Networkers of Drug Users Nationally undun@sympatico.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob bc.cats-sens@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda (905) 295-4260, hepcnf@becon.org

North Bay HCV Support Group 2nd Monday monthly 7 PM, 269 Main St. West, Suite 201, North Bay. Contact: Gabe Giroux, Hep C Education and Support Coordinator 705-497-3560 ggiroux@vianet.ca

Peel Region (Brampton Mississauga, Caledon) Contact (905) 799-7700 healthlinepeel@peelregion.ca

St. Catharines Contact Joe (905) 682-6194 jcolangelo3@cogeco.ca

York Chapter HeCSC 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact (905) 940-1333, 1-800-461-2135. info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

Arundel Contact Andy Aitken chcn.alexander@sympatico.ca
Canadian Hepatitis C Network http://www.canhepc.net/

Quebec City Region Contact Renée Daurio 418-836-2467 reneedaurio@hotmail.com

ATLANTIC PROVINCES:

Saint John & Area: Information and Support. Contact Allan Kerr kerrs@nbnet.nb.ca

Cape Breton Island, N.S. The Hepatitis Outreach Society Support Group 2nd Tues. monthly 150 Bentinck Street, Sydney, N.S. 7-9 PM. Call Cindy Coles 1-800-521-0572, (902) 539-2871 FAX (902) 539-2657 hoscb@ns.aliantzinc.ca

PRAIRIE PROVINCES:

Regina, Saskatchewan Contact Doug 306-565-8593 hep-c.regina@accesscomm.ca http://nonprofits.accesscomm.ca/hep-c.regina/

HeCSC Edmonton Contact Jackie Neufeld 939-3379.

Hep C Edmonton HCV, pre/post liver transplant support Contact Fox 473-7600, or cell 690-4076, fox@kihewcarvings.com

Fort McMurray, Alberta Hepatitis C Support Network—Info and support. #205, 10012A Franklin Ave. Contact Lyn, (780) 743-9200 Fax (780) 943-9254 wbhas@telus.net

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact (403) 527-7099 bettyc2@hivnetwork.ca

The Life with Hepatitis Society of Central Alberta Support group meets each Wed. 7 PM Turning Point Agencies 4611-50th Ave., Red Deer. Contact: Chris (403) 341-6026 crthomas@shaw.ca

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

If you have a Canadian HCV support group to list on this page, please send the name of the group, day, time, place, contact name/phone, and email address to info@hepcbc.ca Please inform us of any changes by the 15th of the month —*Joan King*

THIS IS A COMBINED JUNE/JULY ISSUE. SORRY— NO BULLETIN UNTIL AUGUST. WE ARE ON OUR SUMMER VACATION. THANKS FOR YOUR SUPPORT!

HepC BC

BE PART OF THE TEAM!
We need people to summarize articles. HepCBC needs office staff and 6 people to help with our website. The HepCAN list needs a moderator trainee. Please contact Joan at 250-595-3892 or info@hepcbc.ca