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Canada's Hepatitis C News Bulletin

www.hepcbc.ca

VX-950 SHINES BRIGHTER

Editor's note: This article was released on some of the internet mailing lists prior to the printing of this month's hepc.bull, in hopes of getting people to talk to candidates about more clinical trials for Canadians. Some interesting discussion resulted, which I have received permission to publish.

Monday morning, 09 January 2006, I got out of bed and started my routine much like any other day in the last few months. I recently lost my job of 11 years; I have HCV and am symptomatic. It was 10:30 am; I just got off the phone to my health insurance claims department to follow up on some rejected claims. I settled in with a cup of tea to do my daily internet searches. During my routine searches I saw that stock prices for Vertex Pharmaceuticals had jumped up again by a substantial amount. This increase followed the release of data from a small Phase 1b clinical trial with very positive results. Absolutely stunning results, in fact...

The data showed a massive decrease in viral load in HCV genotype 1 infected test subjects over a 14 day period when treated with VX-950 and Pegasys. Genotype 1 is one of, if not THE most difficult to treat strains of the virus. The report stated that after just 14 days with the combination of the two drugs, the average decrease in viral load in subject plasma (blood) was 5.5 log10. This is a factor of over 300,000 or an elimination of 99.9997% of the virus!

To put this number into perspective, the average starting viral load of the 20 subjects in the trial was 6.65 log10 IU/mL of plasma or a little under 4.5 million IU/mL. Of the 8 subjects given the combination treatment, the average viral load at day 14 was 1.15 log10 or 14 IU/mL of plasma. 30 IU/mL is considered the limit of quantitation in this study, whereas 10 IU/mL is the limit of detection. The viral load of 6 of those 8 subjects went BELOW 30 IU/mL and in 4 of those 8 the viral load went below the limit of detection. This stunning data follows a previous VX-950 trial with, at the time, equally stunning results.

Back in November 2005, data from a phase 1b trial of VX-950 alone also created quite a stir. It was shown that subjects treated with VX-950 alone (750 mg every 8 hours) for 14 days achieved an average 4.4 log10 decrease in viral load (a factor of 25,000).

Following the release of the November trial data, the U.S. FDA granted VX-950 "fast track" designation, a special status given experimental treatments that allows the data to be submitted as it comes in rather than all at once, allowing faster time to market if the drug succeeds.

I have been following HCV research for several years. I do not believe I have ever seen such impressive results as those presented back in November 2005. My heart soared when I read that news. I truly thought a cure was in sight. I think today's news just plain blows everyone's mind, or at least, it SHOULD.

While there is hope, we must remember that this is an experimental treatment that has only been tested on a very small population of subjects. The development of an effective treatment to HCV is a long and diverse story. Over the last 10 years I have

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INSIDE THIS ISSUE:

RESEARCH

CHIMIGEN

ViRexx an Edmonton, Alberta based company said that pre-clinical data from their hepatitis C Chimigen vaccine candidate would be presented at the HepDART conference in December 2005. The abstract is titled "A Novel Dendritic Cell-Targeted Chimeric Therapeutic Vaccine for the Treatment of Chronic C Infection".

Source: 12/12/2005 www.genengnews.com/news/bnitem.aspx?name=1124489XSL_NEWSML_TO_NEWSML_WEB.xml

SIRNA-AV34

Sirna Therapeutics has chosen Sirna-AV34 for Phase I human testing against HCV, after preclinical testing in rodents and primates for toxicity and efficacy.

The compound consists of siRNA sequences which target highly conserved sequences in the HCV genome. It is designed to stop viral replication and unlike other approaches, reduce drug resistant variants.

Source: PRNewswire-FirstCall Dec 21, 2005 Sirna Therapeutics Selects Development Candidate for Its Hepatitis C Antiviral Program http://biz.yahoo.com/prnews/051221/law030.html?.v=42

VIDO VACCINE

Researchers at the U. of Saskatchewan hope they have found a vaccine for hepatitis C that will also help those already infected (therapeutic vaccine). To make the vaccine, researchers took dendritic (key immune) cells from mice, exposed them to one of the most common proteins occurring in all HCV genotypes, and treated the cells with an immune stimulator. They hope that by returning the activated cells, they can "teach" the original cells to activate an immune response. Researchers used another virus in the mice to simulate HCV.

Source: Janet French, The StarPhoenix (Saskatoon) Jan 11, 2006 Activated cells 'teach' other cells to kickstart body's immune system

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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.

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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 1997-2005; the FAQ V6; the slide presentations developed by Alan Franciscus; 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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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, S. Segura, 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: Beverly A. and Diana Ludgate. 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!

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

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. number, and address.

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

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

Ad 27

Just diagnosed. Minimal symptoms. Part-time father, mid-forties, enjoys outdoor activities, movies, dinners, talking and cuddling. Athletic, active, very positive. Fun sense of humor. Employed full time; financially stable. Respectful of others. Looking for female, similar interests, for friendship, maybe more. Victoria area. Willing to travel for the right person. Let's not live in isolation.

Want a mate? Your Cupid ad could go here!

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SHOULD I GET TREATMENT?

When I first found out I had HCV, I was asked a question that took me by surprise: "Do you want treatment?" Excuse me? I could not understand why this was a question. Of course I want treatment. I want to be cured! It was then explained to me that I was young and asymptomatic and therefore did not necessarily need treatment. I was told that the current standard of treatment has many side effects that could be much worse than the symptoms of HCV (which I did not have). It was also explained that there are many new drugs in the pipe-line that may have fewer side-effects and higher cure rates. When I asked how long we would wait for these new drugs I was told 2-6 years. It was also made clear that apparently many people in my situation accept they have HCV and then continue on with their lives without treatment. This was all very confusing. On the one hand I did not want the virus that had chosen to take up residence in my body to damage me any further than it already had, nor did I want to ever take the chance of passing the virus on to anybody else. On the other hand, a doctor is telling my I am generally healthy and can wait for new and better medication and my chance of passing the virus on to anybody near to 0. I decided I simply was not the type of person that could simply accept HCV and move on. I decided near to 0 was not good enough, and who says the virus might not do more damage than predicted over the next five years? Who says that a better drug will even make it through trials? I think it took me less than a week to decide I wanted treatment. In reality, I had probably made up my mind before I had left the doctors office. I admit, I am the type of person that once something is on my mind, I simply cannot push it aside. I needed to get HCV off of my mind, and I figured the only way to do that was to clear HCV from my blood. I thought that if a year of feeling ill would possibly get HCV off of my mind for the rest of my life, it was worth the chance. However, for some the decision is simply not that easy. During my travels on the internet I came across an article that I thought may help others make their decision on whether or not to do treatment. I hope the following link will help anybody that is agonizing over this very important question: http://www.hcvadvocate.org/news/newsLetter/2006/advocate0106.html#2

PEGETRON TO PEGASYS SWITCH—UPDATE

By Tanya Frizzle

I am sad to say that this will be my final entry regarding my switch. After being on Pegetron for approximately nine months and then doing a direct switch to Pegasys which lasted for around six months I am still HCV positive. I was not surprised, as I figured that since I was not clear at the three month mark of treatment on the Pegasys, I did not have much of a chance of clearing it at six months. I figured this as, by the three month mark on Pegasys, I had been on an interferon treatment for a year. I did not think three more months was going to make much of a difference. I was disappointed, but I accepted it. I still have faith that there will be a new treatment that will work for me. Who knows? Maybe trying interferon again in time might work for me. But for the moment my life will be living with HCV.

However, if this switch is an option for anybody I would not recommend against it. It has been found in a study that a large number of people who failed Pegetron do have an early viral response to Pegasys *(http://biz.yahoo.com/prnews/051114/nym258.html?.v=7).* Just because it did not work for me does not mean it will not work for you..

I AM GETTING MARRIED!

I am very happy to exclaim to the world that I am getting married this month. I am very excited, and the plans are all running very smoothly. However, it has been a rough road getting here, with the HCV diagnosis, my father passing on last year of HCV, and my treatment failing. I had to struggle with the decision as to whether or not I wanted to bring somebody along with me on my "HCV roller coaster". Treatments have failed twice for me and chances are I will be on some sort of treatment again. It can be a physical and emotional experience on treatment, and a spouse gets to deal with that first hand. Furthermore I have witnessed, and so has my fiancé, with the passing on of my father from HCV, how it can end, and I was not sure I wanted to possibly put somebody I love through that. Also, even though my doctor advised that there is only a 3% chance over a lifetime of transmitting HCV to a spouse, I was not sure I wanted to take that chance. All of these things have been a struggle in my mind, and I have shared them with my fiancé. My feeling and thoughts did make him waver. He is going to be with me and stand by my side and take care of me. He really and truly loves me, and that brings tears to my eyes. So yes, I am getting married this month, and I just can not wait.

TANYA'S TIDBITS

HOW LONG DOES SVR LAST?

A study done at the University of Calgary by M.G. Swain and colleagues looked at 901 patients who had been treated with Pegasys (monotherapy and in combination). The patient group included persons with chronic HCV, persons with normal ALT levels and co-infection with HIV. 99.2% (894) were still clear after five years. Notably, all patients treated with combination therapy were still clear, including the patients with normal ALT levels and HIV co-infection. It needs to be investigated as to whether the 7 relapsers were true relapsers or were re-infected.

www.hcvadvocate.org/news/newsLetter/2006/advocate0106.html#1

HCV AND CANCER LINK DISCOVERED

A study at the University of Texas Medical Branch at Galveston has found the link to HCV and cancer (hepatocellular carcinoma). It was found that a protein of HCV reduces a cell protein that is important for controlling the development of tumors, which in turn messes with its capability to manage cancer cell creation. This is important for all of those who simply cannot reach SVR. Even with new medications coming, they are not guaranteed to be a "cure all". For those who do not reach SVR, the next best thing would be to stop cancer from occurring.

www.hepatitisneighborhood.com/content/in_the_news/archive_2610.aspx

(RESEARCH—Continued from page 1)

ALINIA

Romark Laboratories announced the results of its Phase II 24-week international trial of Alinia (nitazoxanide) oral monotherapy. Alinia is a thiazolide. It inhibits synthesis of structural proteins of the virus. The study showed a viral response, and is seeking Fast-Track designation from the US FDA. A phase II clinical trail began in Egypt in early 2005, with genotype 4 subjects, of whom 10% were previous non-responders. At the end of 24 weeks, 50% of the subjects who took Alinia were undetectable, and it was well tolerated. SVR is still unknown.

The first clinical trial in the US will have a 500 mg/2X daily arm, for 24 weeks, vs. a placebo arm, and will involve PegIFN-RBV non-responders. Future trials will include Peg-IFN. Alinia is already under development in the US for treating some gastrointestinal problems (parasites, Crohn's, etc.)

Source: /PRNewswire/ Jan 10, 2006, Romark to Develop Alinia(R) (nitazoxanide) as New Treatment for Chronic Hepatitis C

ACTILON

Coley Pharmaceuticals announced results from their Phase Ia (with healthy volunteers) and Ib clinical studies of Actilon (CPG 10101), at the latest AASLD meeting. Actilon is a TLR agonist. The results of the Phase Ib trial, which included 60 HCV+ patients, showed an average 1.6 log reduction of the virus in the highest dose arm (0.75 mg/kg once weekly for four weeks), with mostly genotype 1 subjects, who were either naïve, intolerant, or relapsers on previous therapy. The product induced natural killer T-cells. The company has begun further Phase Ib combination trials with other antivirals in relapsers, and preliminary data is expected in the first half of 2006.

Source: *www.coleypharma.com/coley/pr_1131963260 November 14, 2005*

CELGOSIVIR (MX-3253)

Enrollment in a 12-week Phase IIb of Migenix's Celgosivir (MX-3253) combined with Pegetron has begun, in collaboration with Schering. Celgosivir is an oral alpha glucosidase 1 inhibitor. Results are expected in mid-2006. The drug has shown good effects when combined with IFN or IFN + ribavirin. In the Phase IIa monotherapy study, it was shown to be well-tolerated and had antiviral effects in naïve subjects. The new trial will have 3 arms and will enroll 20 HCV+ genotype 1 non-responders.

Migenix is a company based in Vancouver, BC. Contact: jburke@migenix.com

Source: November 22, 2005 Vancouver, BC www.migenix.com/newsreleases/112205.pdf

VIROSTAT

Bioenvision announced interim results from their Phase II trial of BIVN-401 (Virostat) with 25 genotype 4 non-responders. 65% of the participants had cirrhosis. The oral drug was taken for 100 days. Viral load was done at day 50, and showed that 88% of the subjects had reduced their viral load by more than 70%. 4 had total clearance. 7 people have completed the 100 days, and 6 have had further viral load reduction. The 7th, one of the original non-responders, had more than a 90% reduction at 100 days. There were no major side effects.

Source: www.pharmacychoice.com/News/article.cfm?Article_ID=13794 Bioenvision's Phase II Trial of Virostat Very Active in Hepatitis C September 28, 2005

PSI-6130

In October of 2004, Roche and Pharmasset partnered to develop nucleoside polymerase inhibitors for HCV. PSI-6130, a nucleoside analog in preclinical development, is their favorite candidate. It proves to be effective against the virus in the laboratory, and can probably be used orally. They hope that it will be effective when combined with Pegasys and Copegus for non-responders, and are planning a Phase I trial in healthy volunteers in 2006.

Source: www.pharmasset.com/psi-6130.asp

HCV-796

Pharmaceutical company partners ViroPharma and Wyeth have applied for an evaluation of HCV-796, a polymerase inhibitor. They are planning a clinical trial later this year in healthy volunteers to check for safety and side-effects. Studies so far have shown this to be probably the most powerful anti-HCV drug the two companies have. Their drug HCV-086 is already in clinical trials.

Sources: www.viropharma.com Feb. 14, 2005 and www.viropharma.com/healthcare/current3.html

VX-950 PHASE II

The Phase II trial of VX-950 in the US will be tried for 28 days in 12 naïve test subjects to ensure safety, and will combine VX-950 with Peg-IFN and ribavirin. Those subjects will continue to receive standard therapy after that part of the trial. The trial is planned to broaden to include a 3 month study in about 200 naïve subjects, hopefully in early 2006. The tablet form will be used in the Phase II trials.

Source: www.vpharm.com/Pressreleases2005/pr120505.html

MINI-GLOSSARY

ALT: Alanine Aminotransferase. An enzyme made in the liver when the membranes of liver cells break down. These levels help assess liver damage and how well treatment is working.
ARM: A group of participants in a clinical trial who receive the same treatment.
AST: Aspartate Aminotransferase. An enzyme produced in the liver. When liver cells are damaged, AST is released.
CIRRHOSIS: Liver scarring
CLEARANCE: Elimination of a virus or drug from the body.
CLINICAL TRIAL: A procedure for determining the effectiveness of a new drug or therapy by giving the substance to volunteers under controlled conditions.
CO-INFECTION: Infection at the same time with more than one disease (e.g., HCV and HIV)
COMBINATION THERAPY: Use of two or more drugs together to improve the effectiveness of treatment. In HCV treatment, the term usually refers to interferon plus ribavirin.
END-OF-TREATMENT (EOT) RESPONSE: The disappearance of detectable HCV RNA from the blood at the end of a course of treatment.
GENOTYPE: The genetic makeup of an organism. HCV has six major genotypes (designated by the numbers 1 through 6)
HCV: Hepatitis C Virus
HCV RNA: The genetic makeup of the hepatitis C virus. A detectable level of HCV RNA on a viral load test shows that HCV is replicating.
IFN: Interferon. A cytokine (messenger protein) that plays a role in immune response. The three major classes of interferon are alpha, beta, and gamma.
IVDU: Intravenous drug use or user.
LIVER FUNCTION TESTS (Hepatic Panel): A set of blood tests that measure levels of liver enzymes, proteins, and various other substances.
LOG: A measure based on the logarithmic scale that refers to quantities in factors of ten. A log change is an exponential, or 10-fold, increase or decrease (e.g., a change from 10 to 100 is a 1-log increase; a change from 1,000,000 to 10,000 is a 2-log decrease). Viral load is sometimes expressed in logs.
PCR: Polymerase Chain Reaction. A highly sensitive test that uses an amplification technique to detect small amounts of genetic material (DNA or RNA) in a blood or tissue sample.
PEGYLATED INTERFERON: A form of interferon that has a long half-life in the body and can be injected less often (usually once a week). Pegylated interferon (brand names PegIntron and Pegasys) appears to be superior to standard IFN.
SVR: Sustained Viral Response. Continued lack of detectable HCV RNA in the blood six months after ending treatment.
VIRAL LOAD: The amount of virus in the blood or other tissues, usually expressed in terms of copies of viral genetic material (RNA or DNA).

Source: www.hcvadvocate.org

(VX-950 SHINES BRIGHTER—Continued from page 1)
watched, and participated in, the slow progress being made in treatments to combat HCV. There have been mushroom extracts, milk thistle, herbal concoctions, and various pharmaceutical products with little or no potential. Several times in the last few years research has brought potential treatments into the spotlight for a short time, teasing HCV sufferers, medical investigators and investors with hope before having that spotlight turned away to shine on a new target. Pegylated, albumin linked, nucleoside analogues, protease, helicase and polymerase inhibitors, ribozymes, histamine modifiers and vaccines—all have had their share of the spotlight.

Last November the spotlight shone on VX-950, a HCV protease inhibitor. Today, 09 January 2006, the light has not turned away. It has gotten brighter.

I hope very strongly that the steps needed to bring clinical trials of this drug and others like it to research centers in Canada are being taken. I may be wrong, but I think it is safe to say that we tend to be a year or two behind the U.S. when it comes to new drug approvals in Canada. I hope today's data prompts Health Canada to become proactive in fighting HCV in Canada and to commit to accelerating the commencement of Canadian clinical trials for this and similar anti-HCV agents.

—Alp.

Source: http://biz.yahoo.com/prnews/060109/nem011.html?.v=36

Comment from Andy Aitken:

This drug (VX-950) was tested with a cohort of 8 people for 2 weeks. Most of the razzle dazzle has much to do with raising capital than the actual medication. When I see this: DURABILITY OF SUSTAINED VIROLOGICAL RESPONSE (SVR) AFTER VX-950 TREATMENT, then I will be excited. As for Health Canada, while important, it is in the domain of the applicant to apply for approval.

ALL of the protease inhibitors, without exception, are capable of producing PI resistant replicons.

All HCV protease inhibitors must meet the following criteria. A - exclusively human serine protease; B - the result must be a non-electrophilic molecule. C - the result must also be a non-GABA agonist, all of which mean the PI must be able to permeate capillary walls. The point of PI monotherapy is this: If you inhibit NS3 enough, the interferon made by your own body will kill the virus, eliminating the need for injected interferon.

Lower potency means the addition of injected interferon; lower potency means injected interferon, but maybe at reduced dosages, and no doubt with a nuke. It also means some interesting times with whatever regulatory agency is responsible for giving a thumbs up on a safety efficiency,

All the protease inhibitor folks all hype the same thing: Log drop, log drop, log drop. And they ALL are in a battle of whose "Logs" drop farther and faster. But since what ALL these drugs do is "inhibit replication" of the HCV, they rarely clear the HCV in you! So when you finish this HCV med, the HCV comes right back at you!

The ultimate goal of any hepatitis therapy is a "sustained viral response". You can have all the log drops you want, but if that log drop response is not durable when you stop drug therapy, what good did it really do you?

To date that is, Vertex has typed in meaningless data; they will probably avoid 48 week data. EVR means squat! LONG term SVR is key. They probably will not do any off therapy follow-up up either, and because of that, their therapy will not show sustained viral response, only a massive halt in replication of viral levels' log drop.

Personally I believe that Valopicitabine (NM283) will come to market sooner than VX-950, as the biotech is about a year ahead in trials. Novartis is a majority stockholder (57%). Novartis also owns 32% of Roche (Pegasys) and 100% of Chiron (HCV patent). Schering also has a PI in development. All the PI's will need interferon to be effective.

—Andy

Rebuttle from Alp:

There are several studies out there which indicate that if you have not achieved at least a 2 log10 drop by week 12, you probably will not achieve SVR. Being viral undetectable by this time (12 weeks) highly favors SVR. I leave it to the reader to look up all the stats on this.

This is from another part of Andy's reply to my post.:

"As you can see ... in treatment-naïve study, after 24 weeks NM283 monotherapy resulted in -1.9 log IU/mL HCV RNA reduction, and in combination with peginterferon HCV RNA reduction was -3.58 log IU/mL. In phase IIb study in peginterferon/RBV nonresponders HCV RNA reduction was -0.78 for highest dose of NM283 800mg/day (4 200mg tablets) after 12 weeks, and for combination therapy with peginterferon plus NM283 800mg/day the HCV RNA reduction after 12 weeks was -2.77 log. Re-treatment with Pegasys plus ribavirin (1000-1200mg/day) reduced HCV RNA by -1.92 log in the study after 12 weeks."

What I have to add…I do not want to sound like I am against any drug in development. There are many people working very hard to beat this HCV thing, and they have my respect, however, treatment with VX-950/peg has shown about 100 times the efficiency of the above at eliminating virus in 1/12th the time. 5.5 log at 2 weeks. Period.

Imagine a protease inhibitor/peg treatment that gets you to the undetectable level in 2 weeks. Would YOU take those chances or try with a compound/peg that produces a 2.7 or 3.6 log drop by week 12 or week 36 knowing that the longer you have high viral counts the more likely you will develop resistant mutations?

VX-950 works FAST! It gets that number down so the chances of mutation are far less. Whether it can keep them there is not seen yet, but I think combo with VX-950/pegylated interferon will do the trick nicely. Should any of the other inhibitors work, great! A future therapy would likely consist of them also, but for now, there are people who will not "make it" to see some of these cocktails. They need the best we have as soon as possible and frankly, what I have seen looks pretty good.

—Alp

BUS SERVICE TO CRANBROOK HOSPITAL

Those living in Kimberley and Creston, in the East Kootenays (BC) now have a bus service twice a week for those with appointments at the Cranbrook hospital. The passengers will pay $5.00 for a round trip. If there are seats still available, the remainder will be sold to other passengers. The service hopes to expand to Golden and Sparwood in March. The provincial government closed the Kimberley hospital a few years ago, and it is often difficult for patients to get to Cranbrook.

Source: www.cbc.ca/bc/story/bc_medical-bus20060103.html Jan 3 2006, New medical bus service in B.C. Interior

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Should an emergency occur – anywhere in the world – one call to the MedicAlert® 24-hour Emergency Hotline will immediately provide first responders and medical professionals with your complete medical record. Along with your medical information, MedicAlert also provides the names and telephone numbers of your doctor and family contacts. All this information is critical in assisting health care professionals with quick diagnoses and appropriate treatment quickly.

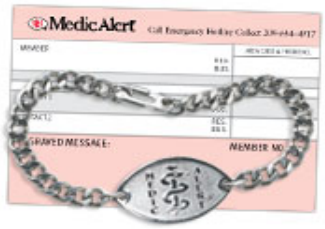
Many people think that carrying their list of medications, medical conditions and emergency contacts in their wallet or purse is all the protection they need to alert emergency responders to their situation. Unfortunately, you can't be guaranteed an emergency responder will have time to search for your list and there is the possibility that you may be separated from this vital information.

The heart of the MedicAlert service is the internationally recognized symbol and custom-engraved information worn as a bracelet or a necklet. Paramedics and other health care professionals are trained to look for MedicAlert® products. In fact, 90 percent of emergency health care professionals surveyed stated that MedicAlert helped save them time, and 94 percent said it helps them establish a diagnosis and determine treatment. These are critical factors in emergency situations when every second counts!

There are more than one million people across Canada who rely on MedicAlert to protect their lives every single day. No other body-worn personal medical identification also provides a portable emergency medical record service. No other medical identification service is more respected and trusted than the Canadian MedicAlert® Foundation.

Established in 1961, the Canadian MedicAlert® Foundation is a national member-based registered charity. The services provided by MedicAlert are also recognized by the Canadian healthcare community. Canadian MedicAlert Foundation is endorsed by CAEP (Canadian Association of Emergency Physicians) and NENA (National Emergency Nurses Affiliation), and works in partnership with a Canada-wide network of health organizations, hospitals, pharmacies, doctors' offices, medical clinics and public health centres.

For a special offer for subscribers, contact HepCBC: 250-595-3882, or info@hepcbc.ca



VANCOUVER LIVING WITH LIVER DISEASE WORKSHOPS 2006

Feb 16th Treatments, Medications and the Latest Liver Disease Research; General Liver Health Management: Preventing, Slowing and Reversing Liver Damage—Dr. Frank Anderson and Natalie Rock

Feb 23rd Navigating the Healthcare System, Personal Advocacy and Important Resources for Liver Disease Patients—Gail Butt

Living with Chronic Illness: Personal Psychosocial Management—Dr. Gary Poole

Mar 2nd Pain and Fatigue Management, Exercise, Energy Conservation: TBA; Diet and Nutrition for Liver Disease Patients—Karen Mornin

Mar 9th Emerging Treatments for Hepatitis B and C: Current/Upcoming Clinical Trials— Dr. Frank Anderson and Natalie Rock; Hepatitis C: Current Treatments, Managing Side Effects and Self Care—Dr. Frank Anderson and Natalie Rock

Roundhouse Community Centre: 181 Roundhouse Mews (Davie and Pacific Blvd), Multimedia Room: 7-9pm. All workshops are free. To register, please contact the Canadian Liver Foundation at 604.707.6430.

This workshop series was made possible through an unrestricted educational grant courtesy of Schering Canada.

CONFERENCES

Feb. 21-22, 2006
Sault Ste. Marie, Ontario
&
Mar. 21-21, 2006
Sudbury, Ontario

Giving Voice to the Silent Epidemic: Hepatitis C. Sponsorship possible for those with HCV. Contact: Claire Cressey-Forsyth, (705) 670-9682, ccf@vianet.ca

March 25--28, 2006
Shanghai - Hong Kong
International Liver Congress 2006
Shanghai, China
www.livercongress.org/en/news/20041015.htm

March 31 - April 2 2006
The Toronto Hilton
CASL
2nd Annual CASL
Winter Meeting
Updates in Hepatology
www.hepatology.ca/cm/

PegCARE

PegCARE is a reimbursement program to help people who don't have third party coverage pay for their Pharmacare deductible for hepatitis C treatment. It is pro-rated, so the less someone's net family income is, the more help they get. Basically, if someone's net family income is less that $30,000, they will get 100% reimbursement. The more they make, the less of a percent is reimbursed, up to a max of $100,000 income.

The patients must be signed up for Fair Pharmacare to qualify, and they also need to provide a copy of their last year's T4 form to show income level.

Each treating physician and Hepatitis Support Nurse has these forms available to them. There is a toll free number that can be called if there are any questions or if help is needed. It's only a single page, a simple form to fill out.

PegCARE: 1-800-603-2754

Victoria and Area S.O.L.I.D.
Society of Living Intravenous Drug Users, Consumers Support Group
Wednesdays (except welfare week) 7-9 PM
1947 Cook St, Health Unit
(Cook and Pembroke)
Past and Current IDU's welcome, support, info, & referrals
Contact: momma@vcn.bc.ca

MIDNIGHT MUSINGS III

It's a jagged little pill
Or so it would seem
For the cure for this disease
Has a very double edge

"They" say it will make you better
"They" say it is a cure
What makes us such skeptics?
Could it be that the cure is worse than the disease?

Could it also be that you
May have to re-mortgage your home
Just to take the medications.

I wonder if it would work
For more of the thousands who need it
If only it were affordable
And not only for the rich

Puff

COMPETITION!

HepCBC is looking for writers for the next 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 next month, ***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.

SPICY FRUIT SALAD

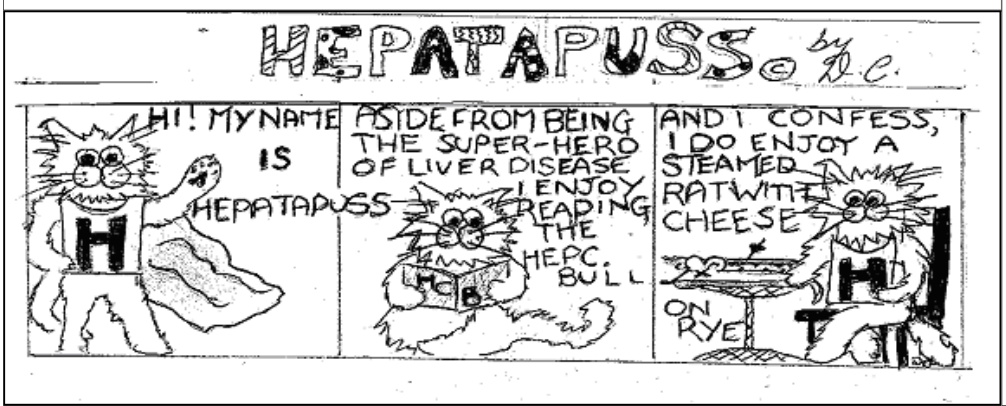
1 16 oz can peaches
2 3" long cinnamon sticks
3/4 t. of allspice
2 large navel oranges
2 large pink grapefruits
1 small pineapple
2 pints of strawberries
3 kiwifruits
2 T. of crystallized gingerroot

Drain syrup from peaches into small saucepan. Put peaches in large bowl. Over medium-high heat, heat syrup, cinnamon, and ground allspice to boiling. Reduce heat; cover and simmer 10 mins. Set aside to cool. Grate peel from 1 orange, set aside. Cut peel from oranges and grapefruits. Cut sections between membranes; drop sections into bowl, saving juice. Peel and core pineapple; cut fruit into 1/2 inch chunks. Add to fruit in bowl. Pour syrup mixture over fruit. Add grated orange peel; toss. Cover and refrigerate. Just before serving, hull strawberries; cut strawberries in half if large. Cut peel from kiwifruits. Slice each kiwifruit lengthwise into 6 wedges. Toss strawberries and kiwifruits with fruit mixture, and place in serving bowl. Sprinkle with crystallized ginger. A good dessert or breakfast dish. 100 calories per portion.

Source: www.homeschoolzone.com/cook/spicyfruitsalad.htm

INTRODUCING HEPATAPUSS!

Daniella Cicconi is a person living with hepatitis C. Below is her first cartoon strip about a cat called Hepatapuss © who fights liver disease. She is hoping that her feline super-hero will appeal to both adults and children, and Daniella and Hepatapuss have some fun plans for future strips.



COMPENSATION

LAW FIRMS

1986-1990
Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699 Fax: 1-604-609-6688

Pre-1986/ Post-1990

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

Class Action Suit Hotline: 1-800-229-5323 ext. 8296
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
Quebec Compensation: 1-888-840-5764
ca/en/ms/hepatitisc/forms.html

ADMINISTRATOR

1986-1990
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

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

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 HCV support
- **Campbell River**: 1st Mon. monthly, 1-3PM 1249 Ironwood 830-0787, jeanette.reinhardt@avi.org leanne.cunningham@avi.org Drop In; Harm Reduction
- **Comox Valley** 355 6th St. Courtenay; Contact Phyllis 338-7400 phyllis.wood@avi.org Drop In; Harm Reduction
- **Nanaimo** Each Wed 2-4 PM #201-55 Victoria Rd. Contact Anita 753-2437 anita.mcleod@avi.org ,
- **Port Hardy** (Sayward, Port McNeil, Alert Bay, Sointula and Woss) 7070 Shorcliffe Ave, Contact Andrea 949-0432 andrea.walters@viha.ca Mobile harm reduction, support
- **Victoria** 1601 Blanshard St., 384-2366 info@avi.org Harm Reduction.

Boundary HCV Support and Education. Support, education, presentations. Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 365-6137 eor@shaw.ca

Cowichan Valley Hepatitis C Support Contact Leah 748-3432

Cranbrook HeCSC-EK Educational sessions/ Phone support. Contact Katerina 417-2010, hecsc-ek@shaw.ca Leslie 426-6078, ldlong@shaw.ca

Kamloops AIDS Society of Kamloops (ASK) 433 Tranquille Rd. Office 376-7558 Support/ Referral. ask@telus.net 1-800-661-7541 www.aidskamloops.bc.ca

Kelowna Hepkop: Last Sat. monthly, 1-3 PM,,Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 768-3573, eriseley@shaw.ca, Lisa 766-5132 ljmortell@cablelan.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 Cindy 756-4771 midislandhepc@hotmail.com

Nakusp Support Contact. Contact Vivian 265-0073 Claire@columbiacable.net

Nelson Hepatitis C Support Group 1st Thurs. monthly 7-8:30 PM. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex 1-800-421-2437, 505-5506, info@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

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

New Westminster Support Contact Dianne Morrissettie, (604) 525-3790 before 9 PM. dmorrissettie@excite.com

Pender Harbour Hep C Support & Info Contact Myrtle Winchester 604-883-9911 or 604-883-0010 myrwin@telus.net

Powell River Hep C Support Group Powell River Community Health, 3rd Floor–5000 Joyce Ave. Contact: Karen Peal 485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. 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 Contact the Health Unit (Princeton General Hospital) or Brad at 295-6510 CitizenKane@hepcan.ca

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 Contact 1-866-877-0042 or Doreen 847-2132, deb@plnw.org

Sunshine Coast-Sechelt Healthy Livers Support Group 2nd Mon. monthly, 3-4:30 PM, Sechelt Health Unit, 5571 Inlet. Contact Brent or Bill 604-740-9042 brent.fitzsimmons@cgh.bc.ca

Vancouver Native Health Three levels of training on HIV, Hepatitis STD's, drug use and harm reduction using a peer support model. Next intake: January. Contact Ken: 604-816-0192 vnhspeer@shaw.ca

VANDU The Vancouver Area Network of Drug Users: Satellite Hep C group at Health Contact Centre (HCC), 166 E. Hastings, each Thurs. 2 PM. Bus fare & snack provided. Contact VANDU 604-683-6061; Fax 604-683-6199 vandu@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support Group 3rd Wed. monthly, 7-9 PM VGH, Lauener Room, LP2809, near Sassafras Cafe, Jim Pattison Pavilion, South. Contact Robert, CLF: 1-800-856-7266, 778-898-7211, radmin@liver.ca www.liver.ca

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

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

Victoria HepCBC Drop-in Office/Library, 306-620 View St. Phone support, interviews, info sessions. Contact 595-3892 info@hepcbc.ca, www.hepcbc.ca

Works Without Words Yukon Contact: Brian: 867-668-4483 Whitehorse for Hep C support.

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.

Hepatitis C Network of Windsor & Essex County Last Thurs. monthly, 7 PM, 1100 University Ave. West, Windsor. Contact 519-562-1741, amonkman@hepcnetwork.net, www.hepcnetwork.net

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, hars@kingston.net, www.hars.ca.

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact: Bob (519) 886-5706 bc.cats-sens@rogers.com or Mavis 519-743-1922 elroym222@rogers.com

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

Owen Sound Monthly education sessions 7 PM, Public Library Board Room, 824 1st Ave. West. Contact Debby Minielly, 1-800-263-3456, 376-9420, Ext. 257, www.publichealthgreybruce.on.ca/ , dminielly@publichealthgreybruce.on.ca

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

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

Sudbury Circle C Support Group 1st & 3rd Thurs., Moose Lodge, 212 Frood Rd. Pre-86/Post-90 every 2nd Fri, City Hall, Tom Davies Sq., Committee Rm. 13 C, 200 Brady St. Contact Ernie 705-522-5156 boomer2ca@personainternet.com

Toronto CLF 1st Mon monthly 7:30 PM, North York Civic Centre, 5100 Yonge Street, Committee Rm #2. Contact Gina (416) 491-3353 gliptonl@liver.ca

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Chapter HeCSC 3rd Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Nov. 16 - Dr. McNaull, Hepatitis Specialist Contact (905) 940-1333, 1-800-461-2135. info@hepcyorkregion.org www.hepcyorkregion.org

QUEBEC:

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) 733-2486 Fax: (902) 733-2487 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

Wood Buffalo HIV & AIDS Society #002-9908 Franklin Ave, Fort McMurray, AB Contact 780-743-9200 wbhas@telus.net www.wbhas.ca

Manitoba Hepatitis C Support Community Inc. Meets every Tues.7:00 PM, United Church Crossways-in-Common, 222 Furby Street, side door, Corner of Furby and Broadway, Main Floor - look for the signs) Contact Kirk: (204) 772-8925 hepSeewpg@shaw.ca

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 Meets weekly. Contact Rhonda, Lana, or Chris 341-6026 crthomas@shaw.ca

If you have a Canadian HCV support group to list here, please send details to info@hepcbc.ca Please inform us of any changes by the 15th of the month —*Joan*