

# Canada's Hepatitis C News Bulletin

www.hepcbc.ca

# **IDEAL: FINAL RESULTS**

Final Published Results: Peginterferon Alfa-2b or Alfa-2a with Ribavirin for Treatment of Hepatitis C Infection

The IDEAL study was undertaken by Schering-Plough as an important step in meeting the needs of the hepatitis C medical and patient communities to identify improved treatment strategies to optimize outcomes for patients. IDEAL, a Phase IIIb, randomized. parallel-group study, was conducted at 118 academic and community centers across the United States. The study treated 3,070 adult patients with chronic HCV genotype 1. Of these, 82% of patients had high viral load (greater than 600,000 IU/mL), 11% had grade F3/4 fibrosis/cirrhosis, and 19% were African Americans. There were no significant differences in patient demographics or disease characteristics across the three treatment arms.

The comparison of the two Pegetron combination therapy doses (1.5 vs. 1.0 mcg/kg/week) was conducted as a post-approval commitment to the U.S. Food and Drug Administration (FDA). The comparison of the Pegetron and Pegasys combination therapy regimens was added to the study because no randomized, controlled head-to-head study of the two available peginterferon regimens had been conducted to date. Cross-study comparisons and retrospective analyses of previous data are difficult to interpret because of differences in study designs, patient populations and assay limits.

#### **IDEAL Study Results**

For the PEGETRON 1.5 mcg, PEGETRON 1.0 mcg, and PEGASYS combination arms, respectively.

- Overall SVR, the primary endpoint of the study was similar for the three treatment regimens (40 vs. 38 vs. 41 percent, respectively) and among those patients who were assigned equivalent doses of ribavirin based on their

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# HepCBC PEER SUPPORT GROUP REPORT

We recently completed our third Victoria, BC, Peer Support Group meeting. We meet the last Tuesday of every month, 7 PM, at the Victoria VIHA Health Unit (1947 Cook Street). How are things going so far? We now have a very dedicated, respectful, friendly, and lively group started! We all seem to enjoy the fact our ages, genders, and backgrounds are diverse. So far we have received this internal feedback from the approximately 8-10 regular participants:

- •Let's try to reach more people who are affected by hepatitis C (including significant others and caregivers).
- •Invite our own friends with hepatitis C, but also PUBLICIZE the group via doctors, clinics, pharmacies, etc.
- •Let's MEET MORE OFTEN-How about twice (instead of only once) a month?
- •Let's experiment with some optional SO-CIAL AND FAMILY EVENTS.
- •Bottled water and juice are OK, but some of us really appreciate COFFEE!
- •We are very interested in how to deal with the STIGMA of hepatitis C, especially in the workplace, with our friends/relatives and within the medical-dental system.

At our July 28 meeting, we brainstormed "FREE STUFF" that's good for our hepatitis C. Our list included:

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#### SANDRA TARA BALDUF

September 25, 1945 - July 20, 2009

From her Facebook profile: "It is me the hippy, nun, jewel collector, poet, lover of human life and mom/grandmother just waiting for a liver...loving life."

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# HepCBC ANNUAL GENERAL MEETING

Wednesday, Sep 23, 2009, 6:00 PM

Victoria Health Unit, Multipurpose Room 1947 Cook St., Victoria, BC

#### **AGENDA:**

- 1. Approve minutes of AGM 2008
- 2. Set number of directors
- 3. Election of those directors

Make sure your membership is up to date in order to vote.

Fran Falconer, RN, will present her award-winning multi-media/video on stigma. Refreshments

INFO: (250) 595-3892, info@hepcbc.ca

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#### SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to **HepCBC** - Send to the following address:

> **HepCBC** #306-620 View Street Victoria BC V8W 1J6

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□"I cannot afford to subscribe at this time, but I would like to receive the bulletin."
□"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<sup>©</sup> is the 15<sup>th</sup> of each month. Please contact the editors at jking2005@shaw.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the interest of space.

(Note: The hepc.bull is mailed with no reference

You may also subscribe on line via PayPal at

to hepatitis on the envelope.)

www.hepcbc.ca/orderform.htm

ADVERTISING: The deadline for placing advertisements in the hepc.bull is the 12<sup>th</sup> of each month. Rates are as follows:

Newsletter Ads: Maximum 4 per issue, if space allows. \$20 for business card size ad, per issue. Payments will be refunded if the ad is not published.

#### **HOW TO REACH US:**

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**HepCBC 306-620 View Street** Victoria BC V8W 1J6

#### 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.

# FAQ version 8.1

Peppermint Patti's FAQ Version 8.1 is NOW AVAILABLE, Version 8 is available in FRENCH and Version 7.1 is available in SPANISH. The ENGLISH version includes the latest treatment information and research from 2008. Place your orders now. Over 140 pages of information for only \$12 each. Contact HepCBC at (250) 595-3892 or info@hepcbc.ca

# *HepCBC Resource CD*

The CD contains back issues of the hepc.bull from 1997-2007; the FAQ V8; 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.

DISCLAIMER: The hepc.bull® cannot endorse any physician, product or treatment. Any guests invited to our groups to speak, do so to add to our information only. What they say should not necessarily be considered our information only. What mey say smoula not necessarily be considered medical advice, unless they are medical doctors. The information you receive may help you make an informed decision. Please consult with your health practitioner before considering any therapy or therapy protocol. The opinions expressed in this newsletter are not necessarily those of the editors, of HepCBC or of any other group.

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 thanks the following institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, Health Canada, Community Living Victoria, Provincial Employees Community Services Fund, Dr. C. D. Mazoff, Lorie FitzGerald, Michael Yoder, Chris Foster, Judith Fry, Ernie, Bruce Lemer, United Way, and the newsletter team: Beverly A., Diana Ludgate, Alp, Judy Klass.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel's Restaurant, Margison Bros. Printers, Roche Canada, VanCity, Schering Canada, Shoppers Drug Mart, and the Victoria Conservatory. Heartfelt thanks to Blackwell Science for a subscription renewal to gastrohep.com.

Special thanks to Thrifty Foods for putting our donation tins at their tills in these stores: Greater Victoria: Quadra, Cloverdale, Hillside Mall, Tuscany, Broadmead, Fairfield, James Bay, Admirals Walk, Colwood, Central Saanich, and Sidney. Lower Mainland: Tsawwassen, Coquitlam, Port Moody. Also: Salt Spring and Mill Bay

# **HEP C WORKSHOPS**

September 24 & 25, 2009 INTERDISCIPLINARY VIRAL **HEPATITIS EDUCATION** WORKSHOP

Holiday Inn Vancouver Center 711 West Broadway, Vancouver, BC

BC Hepatitis Services is again hosting an Interdisciplinary Viral Hepatitis Education Target audience: Health and Workshop. social service providers

If you require any further information please feel free to contact Sandi Mitchell at 604-660-0958 sandi.mitchell@bccdc.ca or Carolyn Timms at 604-660-1820 carolyn.timms@bccdc.ca

#### Friday, Nov 20th 2009 HEPATOLOGY NURSE LEADERS WORKSHOP

BC Centre for Disease Control Holiday Inn Vancouver Center Vancouver, BC

This workshop is an opportunity for nurses working in the field of viral hepatitis to network and discuss practice issues. This year the workshop will feature learning activities that will address practice issues. Some content examples include:

- •Tips for filling out disability forms
- Compensation paperwork for tainted blood •Coping with mental health issues pre and post treatment
- Preparing for lifestyle adjustments post treatment
- Updates from the hepatology conferences For more information and registration form: http://www.bccdc.ca/resources/educevt/default.htm#Events

December 6-10, 2009

**HEP DART 2009: Frontiers** 



in Viral Hepatitis Kohala Coast Big Island, Hawaii http://hepdart.com

# **NEW HEPC** SUPPORT GROUP

Interior Indian Friendship Society 125 Palm Street, Kamloops, BC

**WHEN:** Every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of the month, from 10 am to 1pm. PHONE: 250-376-1296

EVERYONE WELCOME HCV+ HCV-

Guest Speakers - Refreshments - Education Street Nurse – Harm Reduction – Pamphlets Generic Venue open to people with disabilities and a variety of chronic diseases

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#### (**HepCBC Support Report**— Continued from page 1)

- •WALKING, swimming, biking, and any other exercise your body is comfortable
- •WATER. Keep a big cup next to your bed; drink it as much and as often as possible.
- •SKIN STIMULATION like baths, soaks, and massages if your doctor approves (Minimize soaps, oils, or chemicals; consider how much heat is currently appropriate for your body).
- •SLEEP as much as your body seems to need (but report unusual sleep patterns to doctor). •Use an UMBRELLA, especially when you're on treatment or feel light-sensitive.
- •Keep STIMULATED and ACTIVE by going to free concerts, parks, church, library, school plays. Plant a flower, paint a picture. write a story about your life, organize photos, etc.
- •AVOID STRESS. Stay away from people or situations that make you feel stressed.
- •Reach out to OTHERS, especially family or friends, or volunteer with community groups. Take a chance on long-lost family or friends. Maybe it's time to mend fences.
- •LAUGH! Watch movies, read books, and hang around friends who make you laugh.
- •TALK THINGS OVER with sympathetic friends, family, clergy, or counselors.
- •AVOID the BAD STUFF. You know what we're talking about.
- •If you're nauseeated, eat healthy, balanced MEALS/SNACKS that are SMALL BUT FREQUENT.
- •If you're losing too much weight or feeling fatigued, weak, or confused, ASK YOUR DOCTOR IF YOU COULD EXPERI-MENT BY CUTTING DOWN on your consumption of various fats, oils, sugars, salt, protein, vitamins, or iron which may be difficult for your liver to process. (Experiment with one type of food at a time, so you can monitor the results.) All of these foods are very necessary to your health, so don't cut them out entirely! Perhaps all you need to do is to SPREAD OUT YOUR CONSUMPTION DURING THE DAY, to give your liver time to do its job properly. Your problem could be related to something else so consult with doctor before making any big changes to your diet.
- •GET INFORMED about hepatitis C on the Internet, in books, etc., but don't dwell on it constantly.
- •FINALLY, GO TO SUPPORT GROUPS REGULARLY. Help yourself by sharing with others (and you might make some great new friends).

We'd love to hear about your support group, or to help you get one started. Email us at info@hepcbc.ca and put "support group" in the subject line.

#### (SANDRA/ANE/TARA—Continued from page 1)

Sandra (or Ane or Tara or Lama Kunga Palmo...depending on where/when you met her during her life journey), a Buddhist nun, lived in Seattle and founded the hepatitis C education group Frontline Hepatitis Awareness. She was a long-time member of the online groups HepCan and HEPV-L. She visited patients in the hospital and supported the dying. She organized many awareness events. She had a special interest in holistic medicine, poetry, and praying for us all.

I met Sandra, whom I then knew as Ane yearn. Palmo, in person way back in 1998 in Victoria, when she attended our HepFest/Run for Life event, and we remained in touch from time to time, sometimes in Seattle, or through email and Facebook. She was always a source of inspiration for me, because I knew how sick she was, and she just kept going and giving of herself. Sandra, one of our financial donors, was a very hands-on, grassroots activist in the Hep C Movement and her loss will be felt. She was much beloved in our community.

Here, in the column to the right, is a poem she sent to me, which I published in the hepc.bull April 2007 issue, with her reluctant permission. She never sought fame.

Sandra is survived by her long-time companion Dale Johnson, her adult children Jack http://frontline-hepatitis-awareness.com and Shanti, and beloved grandchildren.

Sandra's Tagline: "Don't take your organs to Heaven. Lord knows, we need them here."

# **UNABLE TO START** TREATMENT FOR HEPATI-TIS C BECAUSE OF LOW PLATELETS?

We are conducting a clinical research trial with a platelet building investigational medication. Once re- rizing, telephone buddies, translation Engquired levels of platelets are achieved, subjects are started on the pegylated interferon medication of the physician's choice. At that point the subject receives either placebo platelet builder or the active medication. There is no cost to participate and all medications and study visits are provided at no cost. If you are interested please call:

> **PerCuro Clinical** Research Ltd. 250-382-6270

# MAGICAL DANCER

(poetry is best when read aloud)

Magical dancer in the street of Dreams Transcendence abounds with flowing ease, Around and round twirling free Like the mountain air, or a memory. Shawls of rainbows with colored hue Adorn the dancer like one so true

Forever deemed to spin and turn Like the consciousness for which we

Above, below, the music sounds As if all the Angels had come to town To grace the earth and teach us well They rescue us from a cold, cold, hell.

Gypsy dancer, celestial queen, your dance a reoccurring dream

As twilight dawns the day begins with sunshine oh so bright.

You dance and dance with eyes of light Continuing into the soft moonlight.

The great and small are your audience As you do your dance so well Then suddenly you fade away Like the echo of a ringing bell.

S. Tara Balduf (Ane) Support for patients and educational materials regarding all forms of liver disease. 509-888-0587

# **DIAL-A-DIETITIAN**

(604) 732-9191 or 1 (800) 667-3438 www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

#### **MEET NEW FRIENDS!**

We need experienced board members to occupy the positions of secretary and treasurer. Also needed: summalish to Spanish. Please contact us at (250) 595-3892 or info@hepcbc.ca

# PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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



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# **HEP C** and Rh IMMUNE GLOBULIN aka: RhoGAM®

is easy to forget why those advances were necessary and how difficult it was for those who lived without them. With accessible running water, we forget that in our not so recent past, we had to haul it up from the nearest well or creek. With modern medicine, some treatments and medications have liberated us in ways we can easily forget. Antibiotics are one such example, Rh immune globulin is another. Here is its story.

Most people have Rh-positive blood but a small percentage of the population have Rhnegative. The Rh factor refers to a protein "D antigen" on the surface of our red blood cells. In the past, women with Rh-negative blood faced frightening odds when giving birth. If their baby was Rh-positive, they ran the risk of Rh hemolytic disease of the newborn (HDN), often called a "blue baby." These children had to have immediate blood transfusions. Some lived, some did not. For centuries women lost babies due to this disease with no explanation until 1940, when two scientists discovered the Rh factor in blood

"Prior to the introduction of RhoGAM® Brand in 1968, HDN was a major cause of infant mortality, responsible for an average of 10,000 deaths annually in the United States. Since the introduction of Rh immune globulin products, like RhoGAM<sup>®</sup> Brand, the incidence of HDN has been virtually eliminated in most developed countries." (Source: http://www.rhogam.com/Patient/

AboutRhogam/Pages/default.aspx)

To understand the cure, first we have to understand the problem. We are constantly creating antibodies against threats the body encounters. By the time we are ready to reproduce we have a huge arsenal against disease and infection. To the unborn child, these antibodies are essential. They will be born into a world full of new threats and will need time to develop their own arsenal. To hold them over, the pregnant mother sends her antibodies to her unborn child through the umbilical cord and once born, through colostrum in breast milk.

When a woman with Rh-negative blood is exposed to Rh-positive blood, her body creates antibodies to fight the Rh-positive component. Exposure usually happens during childbirth but can happen during pregnancy. The first born child is less likely to be affected than the second or third but there is no guarantee. Many pregnancies are passed as heavy periods. Exposure to Rh-positive blood can happen without a woman ever knowing she was pregnant. These antibodies are harmless to a person with Rh-negative

As we readily adapt to modern advances it blood, but to a fetus with Rh positive blood, it can be deadly. The antibody attacks and not the problem; poor screening was. destroys the fetus's red blood cells.

> to by the brand name *RhoGAM*<sup>®</sup>) is a pooled blood product that contains antibodies from women with Rh-negative blood who have been exposed to Rh-positive blood. Pregnant women are injected with Rh immune globulin in their 28th week of pregnancy. The body is fooled into thinking that it already has these antibodies and does not need to produce more. The amount injected is harmless and the baby is born healthy. At birth, the baby's blood type is checked and if the baby is Rh positive, the mother is given another shot to prevent the body from reacting to the baby's blood. This is a preventative measure for future pregnancies. In some cases, Rhnegative women were not given the injections at 28 weeks, but were simply injected with RhoGAM® within a day or so of a pregnancy's end (birth, miscarriage or abortion) in order to protect any future fetus.

> What does this have to do with Hep C? Good question. Many women were given Rh immune globulin during the time that our blood system was contaminated with Hepatitis C. It is a pooled blood product made from human plasma. A person who received a shot of Rh immune globulin was potentially exposed to blood from many different people. At first, we were told that Rh immune globulin was not a possible form of Hep C transmission but that belief is now being challenged. Much of what researchers know about the long term affects of Hep C was gained by studying a group of women in Ireland who contracted Hep C through tainted Rh immune globulin shots. If these women were able to get Hep C from Rh immune globulin, would it not seem logical that others could, too?

> I am one of a group of women through the HepCBC office of Victoria who believe they were infected with Hep C through Rh immune globulin. We are doing an investigation to see how many other women are out there who may have contracted Hep C in the same geographical area's hospitals or clinics. If there were infected batches, they should be identifiable by the existence of other infected women who had the same shot at approximately the same time and location..

> To find out, we need to come together. If you are Rh-negative, Hep C positive and received Rh immune globulin shots, we would love to hear from you. You may remain anonymous.

> It is important to distinguish the difference between irresponsible procedures and dan-

gerous products. Rh immune globulin was

We are doing this investigation, not to Rh immune globulin (commonly referred frighten people from this miracle drug, but to bring together those who were unfortunate enough to receive it when our blood banks were not screening for Hep C. No baby should have to be born with Rh hemolytic disease, and no woman should have to contract a deadly disease in order to prevent it. —S. J. T.

# **PegCARE**

PegCARE is a reimbursement program to help people who have been prescribed Pegetron and need assistance with any copayment they might have, whether through their provincial coverage (i.e., Pharmacare) deductible or their 3rd-party health insurance. It is pro-rated, so the less the family income is, the more help they get. If someone's net family income is less than \$30,000, they will get 100% reimburse-The income ment. maximum \$100,000. Patients must be signed up for Fair Pharmacare to qualify, and they need to provide a copy of last year's T4 form.

There is a 24/7 Nursing Hotline and bilingual assistance available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Patients starting on Pegetron should ask their doctor or nurse to enroll them in PegCARE. It's an easy single-page form to fill out, which they will provide. Peg-CARE: 1-866-872-5773

#### PEGASSIST

The PegAssist Reimbursement Assistance Program provides reimbursement coordination assistance for patients who have been prescribed Pegasys or Pegasys RBV. The program will assist in securing funding for patients to ensure that they can start, stay on, and complete their treatment successfully.

PegAssist Reimbursement Specialists are available (Monday to Friday, 10 AM- 6 PM EST) by calling: 1-877-PEGASYS or 1-877-734-2797. Patients can also obtain program enrollment form from their nurse/physician to gain access to the program.

The program provides financial aid to qualified patients, alleviating any financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or co-payments.

In partnership with CALEA Pharmacy, the program can conveniently deliver the medication directly to patients' homes or to the clinics.

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# Are you an Rh-negative female with hepatitis C who was pregnant between 1968 and 1992 or are you related to such a woman now deceased?

If so please complete this urgent, confidential survey.

Send your answers to <a href="mailto:info@hepcbc.ca">info@hepcbc.ca</a> and put "Rhogam Survey" in the subject line.

NOTE: If you are related to a deceased female, check here: 

You may fill out the survey below on her behalf. This woman \_\_ (relationship to the woman). Try to avoid duplicate submissions by others for the same woman. was my \_\_\_\_\_ Part I: Basic information: (1) Are you a female who is hepatitis C positive (HCV+) and has Rh-negative blood? ☐ YES. Continue... ☐ NO. Stop. (2) Between 1968 and 1992, did you give birth or have a miscarriage/abortion? ☐ YES. Continue... ☐ NO. Stop. Part II: Information about EACH birth/miscarriage/abortion (use additional pages if necessary): (1) Order of pregnancy: □ 1st □ 2nd □ 3rd □ 4th □ Other (2) Important dates (if exact date unknown, estimate as closely as possible):: Original due date Actual date of the birth/miscarriage/abortion (3) Location (give as much information as possible): (a) Name of hospital/clinic (note here if home birth): \_\_\_\_ (b) Street Address: (c) City/town: (d) Province or State: \_ (e) Postal or Zip code: (4) Injection information: (a) Can you remember getting a RhoGAM® injection? ☐ YES ☐ NO ☐ MAYBE (b) If YES, did you have the shot...: □ at 28-weeks? □ within a few days of termination of pregnancy? □ both (i) and (ii)? Part III: Contact Information (1) May we contact you confidentially for additional information? ☐ YES ☐ NO (2) If YES: Name (or a made-up ID for us to call you): Email address and/or phone number: This information will be kept strictly confidential and destroyed when no longer needed. You may prefer to phone the office: (250) 595-3882 As we await the results of this survey, try to obtain official documentation for any of the above information. You may need them in the future. Report if you have difficulties obtaining documentation. Part IV: OPTIONAL – useful additional information (1) Have you tried previously to get records of any shots from the health-care system? If so, what were the results? (2) Have you noticed any symptoms of hepatitis C? ☐ YES ☐ NO (3) If YES, when did you first notice them?: (4) When were you diagnosed with hepatitis C?: (5) How is your current state of health? Include ALT levels/biopsy results here, if you wish. (6) Which, if any, hepatitis C treatment(s) did you use, and what was the result? (7) Are any of your other family members HCV+? ☐ YES ☐ NO (8) If 'yes', could they have gotten it from you? ☐ YES ☐ NO ☐ MAYBE (9) Your year of birth (please give a year of death also if subject is deceased: (10) Do you have any other risk factors (in addition to RhoGAM®) that could have caused your hepatitis C?  $\Box$ YES  $\Box$  NO Give any further details here if you are comfortable doing so: (11) Have you applied for/received compensation for hepatitis C from the Red Cross or government? (12) If so, from whom, when (and if you're comfortable telling us, how much)?: (13) If you have received compensation, was it based on your RhoGAM® injection(s)? ☐ YES ☐ NO THANKS and GOOD LUCK!

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#### BUILDING TRUST IN YOU WITH EFT TAPPING

by Karen Hodson, BA, EFT-ADV EFT Practitioner

This is a regular segment of a series on using EFT (Emotional Freedom Techniques) to create more personal peace in a rapidly changing world.

Some people have great confidence in themselves when making decisions. They trust that their solution is correct and follow through with whatever action is required without any hesitation. They have no regrets and charge through life with ease.

Others will request advice and input from many people. They will analyze the situation in-depth and yet still rely on others to make the final decision because they just don't trust themselves to make the right one. When action is finally taken, they have doubts and fear that it's the incorrect decision. If things go wrong they can then blame others instead of taking responsibility for both the decision and the outcome.

I believe that most of us have a bit of both in that some decisions come easy and other decisions we tend to struggle with. With EFT tapping you can reduce the struggle, build more confidence in making your own decisions, and trust that you made the right | "Even though I want someone else to tell me choice.

If you have doubts or if things don't go the way you intend, just tap away the emotional triggers then move on without feeling regret or beating yourself up for making a "wrong" decision. You are able to trust that there is a good lesson learned accepting the outcome with ease and grace.

Trust is a word that creates safety and security. When we trust in ourselves we become empowered and feel stronger. Asking for feedback and advice can be good, as it often provides new perspectives and others can see obvious things we may totally miss. However, it is important to have discernment and give ourselves permission to keep only what works for us and leave behind what doesn't.

EFT tapping can be a great tool to help build confidence in our decisions and in our selves. When we trust our own decisions we release the neediness of relying on others to run our lives. It also releases the need to blame others when results are not what we want knowing that many life lessons are only learned through trial and error. We become empowered and grow stronger when we listen to our own inner guidance, which is unique for each of us on our own exceptional path in life.

Here is what an EFT tapping session building trust in you would look like: (See www.pivotpoint4u.com for tapping points and a full description of how EFT works)

Tap the Karate Chop (side of the hand) the Set-up Phrase (repeated up to 3 times) then the Tapping Phrase Sequence (top of head, eyebrow, side of eye, under eye, under nose, chin, collar bone, under arm, liver point) and repeat for as many rounds as needed, adding new words or phrases as they come up, until a more balanced feeling is present. Once neutralized, go onto the next set-up and tapping phrase.

#### Karate Chop Set-up:

"Even though I just don't trust myself, I deeply and completely love and accept myself."

### Tapping a phrase on each point:

I made bad decisions in the past and suffered; I don't trust myself; This fear; What if I make the wrong decision again?; I am so afraid; I feel so helpless; Others know more than I do; They are the experts not me; I can't decide; I am so afraid.

#### Karate Chop Set-up:

what to do because I don't trust my decisions, I deeply and profoundly love and respect myself anyway."

#### Tapping a phrase on each point:

I just can't decide; All this fear inside me; What if I do have the answers?; I don't have the courage to trust myself; I release these doubtful thoughts; All these old beliefs that no longer serve; I choose to create new beliefs; I am so confused; I choose to be confident in my decisions.

These sequences can be repeated for as many rounds as needed. Once a more neutral feeling is present the following positive phrases can be introduced until it feels complete.

#### Tapping a Positive Phrase on each point:

I choose to trust in myself; I release those old fears; I am confident in my decisions; I feel so strong and courageous; I love this peaceful feeling; I honor the wisdom inside of me; I trust in the decisions I make; I bask in this feeling of grace; I choose positive thoughts; I am filled with love.

Building trust requires faith and perseverance. You have to have faith that you made the right choice and accept whatever the outcome is. Some decisions will work out just fine and others may fail miserably. You may fall, but EFT tapping helps you to get back up and take another step forward. The important thing is to acknowledge that you were

brave enough to take the risk to do something, even if there was potential for failure. It takes courage to release the reliance on others to make your decisions, but the result is a wonderful feeling of empowerment. Go for it. It's well worth the risk!

Karen is an EFT Practitioner in West Vancouver and is offering a reduced fee for EFT sessions to people with hepatitis. You must mention this article, some restrictions apply and sessions can be over the phone. Karen would love to hear from you, please e-mail any comments or feedback. For more information:

(604) 913-3060 pivotpoint4u@gmail.com



### **CUPID'S CORNER**

his 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 a cheque 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.

#### Got Hep C? Single? Visit:

http://groups.yahoo.com/group/ HepCingles2 http://groups.yahoo.com/group/ NewHepSingles/ www.hcvanonymous.com/singles.html www.hepc-match.com/ www.hepcsinglesonline.com/

CHAT: http://forums.delphiforums.com/ hepatitiscen1/chat



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(IDEAL RESULTS—Continued from page 1)

weight group (40 vs. 38 vs. 38 percent, re-

- Predictability of response at early treatment milestones was confirmed as an important assessment tool for physicians. More patients in the Pegetron combination arms who had first time undetectable virus (HCV-RNA) in plasma at treatment week 4 or treatment week 12 went on to achieve SVR (positive predictive value, PPV) than patients in the Pegasys combination arm (89 vs. 81 vs. 75 percent, and 76 vs. 80 vs. 70 percent, respectively).
- Although the end of treatment response was higher in the Pegasys combination arm (53 vs. 49 vs. 64 percent, respectively), relapse after the end of treatment was much lower for patients in the Pegetron combination therapy arms compared to patients receiving Pegasys combination (24 vs. 20 vs. 32 percent, respectively).
- Ribavirin dose: One of the key questions of the study has been whether the protocolassigned ribavirin dose regimen or the protocol-specified dose reduction schedule disadvantaged patients in any of the treatment arms, particularly in the Pegasys combination arm. However, the final results of IDEAL showed that the vast majority of patients in the Pegasys therapy arm received a higher ribavirin dose over the duration of the study. including patients with ribavirin dose reductions or discontinuations, based on the actual median ribavirin dose received (mg/kg/day), regardless of treatment outcome (SVR, relapsers and nonresponders).
- Safety and tolerability were similar among the three treatment groups, with no new peginterferon or ribavirin related adverse events identified in this large study. Overall adverse events reported for the three treatment regimens were similar. As seen in other studies with these treatments, a range of "flulike symptoms" were the most commonly reported adverse events for all three treatment regimens. Overall, the proportion of patients reporting serious adverse events was similar (9 vs. 9 vs. 12 percent, respectively). Discontinuation rates due to adverse events were similar across the three treatment arms (13 vs. 10 vs. 13 percent, respectively).

http://content.nejm.org/cgi/content/ full/361/6/580 J.G. McHutchison et al NEJM Volume 361(6):580-593, August 6, 2009



# THE IRISH VICTIMS

Back in 1977 in Ireland, 850 pregnant women were treated with anti-D immunoglobulin. Unfortunately, that product came from a jaundiced donor. Later, in 1989, the hepatitis C virus (HCV) was discovered, so in 1994, an outbreak of hepatitis C was tracked, and it could be determined that the infection was a result of that contaminated product.

The court criticized the Republic of Ireland's Blood Transfusion Service Board. which apologised and admitted its fault. Close to 63,000 people were tested by the national anti-D recipient/HCV program.

An investigation discovered laboratory proof of HCV infection in 849 people who were infected directly or indirectly by the contaminated Irish product. PCR tests have shown that 55% of those infected have the virus, and not just the antibodies. At least one has died from liver disease: Brigid McCole, whose 12 children were left without a mother.

61 of the 849 people infected received blood transfusions or blood products from the original women infected. Interestingly, 74 of those who received the product and became jaundiced following the injection no longer show any HCV infection. These women are being studied, and it is supposed that they had acute hepatitis C infec-

"A total of 219 million pounds has been paid out by the state in compensation, and our blood transfusion board has been totally reorganized to ensure that a tragedy of this magnitude never recurs."

It's too bad other countries have chosen to ignore their Rh-negative mothers.

#### Sources:

www.eurosurveillance.org/ViewArticle.aspx? ArticleId=1101 http://findarticles.com/p/ articles/mi\_hb4365/is\_1\_36/ai\_n28978949/ www.giveblood.ie/Clinical\_Services/ Monitoring Programmes/Anti-D Recipients/

D Hepatitis C National Screening Programm <u>e.html</u>

Other sources and links to articles of interest about RhoGAM:

http://miscarriage.about.com/od/ pregnancylossbasics/g/rhogam.htm

Online article from Johnson & Johnson website which tells how things are NOW, not in the 1970's or 1980's:

www.jnj.com/innovations/new\_features/ RhoGAM.htm

For more information on RhoGAM® Rho(D) Immune Globulin (Human), visit:

www.rhogam.com

Diagnosis and 10-year follow-up of a community-based hepatitis C cohort

http://findarticles.com/p/ articles/mi\_m0689/is\_2\_51/ ai\_83551750/pg\_1

# **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/class/settled/hepc/

David Harvey

Lauzon Belanger S.E.N.C. (Quebec) Toronto, ON

Phone 416-362-1989: Fax 416-362-6204 www.lauzonbelanger.qc.ca/cms/index.php?page=108

Roy Elliot

Roy Elliott Kim O'Connor LLP.

hepc@reko.ca www.reko.ca/html/hepatitisc.html

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

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

Lookback Programs, Canada: 1-800-668-2866 Canadian Blood Services, Vancouver, BC 1-888-332-5663 (local 3467) or 604-707-3467 **Lookback Programs, BC:** 1-888-770-4800

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

Manitoba Traceback: 1-866-357-0196 Canadian Blood Services, Ontario 1-800-701-7803 ext 4480 (Irene) Irene.dines@Blood.ca

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

http://www.phac-aspc.gc.ca/hepc/comp-indem\_e.html

#### **CLAIMS ADMINISTRATOR**

#### 1986-1990

Administrator 1-877- 434-0944 www.hepc8690.com info@hepc8690.com www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf

#### Pre-86/Post-90

Administrator 1-866-334-3361 preposthepc@crawco.ca www.pre86post90settlement.ca

Settlement Agreement: <a href="http://www.reko.ca/html/">http://www.reko.ca/html/</a> hepc\_settleagreement.pdf

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# **COMING UP IN BC/YUKON:**

Armstrong HepCURE Contact 1-888-437-2873 Phone support.

AIDS Vancouver Island HCV info, harm reduction, support, education

- Campbell River: Drop in, 1371 C -250-830-0787 Cedar St. Contact leanne.cunningham@avi.org
- Comox Valley Drop in, needle exchange. 355 6<sup>th</sup> St. Courtenay. Contact Sarah 250-338-7400 sarah.sullivan@avi.org
- Nanaimo Info: Contact Anita 250-753-2437 anita.rosewall@avi.org
- Port Hardy (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen, 7070 Shorncliffe Rd, Contact Tom, 250-949-0432 tom.fenton@avi.org.
- •Victoria Drop in, DB apps. 1601 Blanshard St., 250-384-2366 info@avi.org

**Boundary HCV Support and Educa**tion Contact Ken 250-442-1280 ksthomson@direct.ca

Castlegar Contact Robin 250-365-6137

Courtenay HCV Peer Support and Education. Contact Del 250-703-0231 dggrimstad@shaw.ca

Burnaby HCV Support Contact Beverly at 604-435-3717 batlas@telus.net

Cowichan Valley HCV Support Contact Leah 250-748-3432 r-l-attig@shaw.ca

Cranbrook HeCSC-EK Phone support. Contact Leslie 250-426-6078, ldlong@shaw.ca

HepCBC info@hepcbc.ca, www.hepcbc.ca

- Victoria Peer Support: Last Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Drop-in/Office/ Library, 306-620 View St. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-
- Fraser Valley Support/info 604-576-2022

Kamloops AIDS Society of Kamloops (ASK Wellness Centre) HIV/HEPC Peer Support Group each Thurs. 11-2 PM, 433 Tranquille Rd. Support/Referral. info@askwellness.ca 250-376-7558 1-800-661-7541 www.askwellness.ca

Kamloops Hep C support group, 2<sup>nd</sup> and 4<sup>th</sup> Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-

Kelowna Hepkop: Last Sat. monthly, 1-3 PM, Sep-May, Rose Ave. Meeting Room, Kelowna General Hospital. Contact Elaine 250-768-3573, eriseley@shaw.ca, Lisa 1-866-637-5144. limortell@shaw.ca

Mid Island Hepatitis C Society 2<sup>nd</sup> Thurs. monthly, 7 PM (Location to be arranged.) Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Peer Support Group 1st & 3rd Thurs. monthly 4-5 PM, AVI Health Centre, #216-55 Victoria Rd, Nanaimo. Contact Fran 250-740-6942. hepctxpeersupport@hotmail.com

Nelson Hepatitis C Support Group 1st Thurs.

every 2<sup>nd</sup> month, afternoons. ANKORS Offices, 101 Baker St. Drop-in library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, information@ankors.bc.ca 250-505-5506. alex@ankors.bc.ca/www.ankors.bc.ca/

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

North Island Liver Service - Viral Hepatitis Information, support and treatment, serving Fanny Bay North to Pt Hardy, Vancouver Island. Toll free 1-877-215-7005

Pender Harbour Contact Myrtle Winchester 604-883-0010 myrwin@dccnet.com

Powell River Hep C Support Powell River Community Health, 3<sup>rd</sup> Floor–5000 Joyce Ave. Contact Rosemary rosemary.moran@vch.ca 604-485-3310

Prince George Hep C Support Group  $2^{nd}$ Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact 250-963-9756, Ilse 250-565-7387 ilse.kuepper@northernhealth.ca

Princeton Contact the Health Unit (Princeton General Hospital) 250-295-4442

Prince Rupert Hep C Support Contact: 250-627-7942 Dolly hepcprincerupert@citytel.net

Queen Charlotte Islands/Haida Gwaii & Northern BC support, Contact Wendy 250-557-2487, 1-888-557-2487, wendy@wendyswellness.ca www.wendyswellness.ca http:// health.groups.yahoo.com/group/Network-BC/

Slocan Valley Support Group Contact Ken 250-355-2732, ken.forsythe@gmail.com

Smithers: Positive Living North West Contact the Prince George group, please.

Sunshine Coast-Sechelt Healthy Livers Support Group Information/resources, contact Catriona 604-886-5613 catriona.hardwick@vch.ca or Brent. 604-740-9042 brent.fitzsimmons@vch.ca

VANDU The Vancouver Area Network of Drug Users. 380 E Hastings St. M-F 10-4 Contact 604-683-6061

vandu@vandu.org www.vandu.org

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

Vancouver Hepatitis C Support **Group** Contact 604-454-1347 or 778-898-7211. or call 604-522-1714 (Shelley), 604-454-1347 (Terry), if you would like to talk or meet for coffee.

YouthCO AIDS Society HepCATS 900 Helmcken St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO Toronto CLF First Mon. monthly www.youthco.org Support program manager: Renaud Boulet renaudb@youthco.org

Vernon HeCSC HEPLIFE 2<sup>nd</sup> & 4<sup>th</sup> Wed. monthly, 10 AM-1 PM, The People Place, 3402-27<sup>th</sup> Ave. Contact 250-542-3092, hecsc@hepc.vernon.bc.ca

Whitehorse, Yukon-Blood Ties Four Directions Contact 867-633-2437 bloodties@klondiker.com

# **OTHER PROVINCES:**

#### **ONTARIO:**

Barrie Hepatitis Support Contact Jeanie for info/appointment jeanievilleneuve@hotmail.com

Sandi's Crusade Against Hepatitis C/Durham Hepatitis C Support Group Contact Sandi: smking@rogers.com

www.creativeintensity.com/smking/ http://health.groups.yahoo.com/group/ CANHepC/

**Hamilton Hepatitis C Support Group** 1<sup>st</sup> Thurs. monthly, 6-7 PM, Hamilton Urban Core Community Health Centre, 71 Rebecca St, Hamilton. Contact Maciej Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

**Hepatitis C Network of Windsor** & Essex County Last Thurs. monthly, 7 PM, Teen Health Centre-Street Health Program Office, 711 Pelissier St., Suite 4, Windsor, ON. Contact Andrea Monkman 519-967-0490 or hepcnetwork@gmail.com. http://hepcnetwork.net

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

Kitchener Area Chapter 3<sup>rd</sup> Wed. monthly, 7:30 PM, Waterloo Mennonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706 bc.catssens@rogers.com or Mavis 519-743-1922 elroym222@rogers.com

Niagara Falls Hep C Support Group Contact Rhonda 905-295-4260, kehl@talkwireless.ca

Owen Sound Info and support. Contact Debby Minielly dminielly@publichealthgreybruce.on 1-800-263-3456 Ext. 1257, 519-376-9420, Ext. 1257,

www.publichealthgreybruce.on.ca/

**Peel Region** (Brampton, Mississauga, Caledon) Contact 905-799-7700 <u>healthlinepeel@peelregion.ca</u>

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

 $\begin{array}{cccc} \textbf{Sudbury} & \textbf{Circle} & \textbf{C} & \textbf{Support} \\ \textbf{Group} & 1^{st} & \textbf{Tues.} & \textbf{monthly.} & \textbf{Contact} \end{array}$ Ernie 705-522-5156,

hepc.support@persona.ca or Monique 705-691-4507.

Oct. through June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. More info: www.liver.ca. Contact Billie 416-491-3353, bpotkonjak@liver.ca

**Thunder Bay** Hep C support. Contact Janet Adams 807-345-1516 (or for 807 area only 1-800-488-5840)

Unified Networkers of Drug **Users Nationally** undun@sympatico.ca

York Region Hepatitis C Edu**cation Group** 3<sup>rd\*</sup>Wed. monthly, 7:30 PM, York Region Health Services, 4261 Hwy 7 East, B6-9, Unionville. Contact 905-940-1333, 1-800-361-5653 info@hepcyorkregion.org www.hepcyorkregion.org

#### **OUEBEC:**

Quebec City Region Contact Renée Daurio 418-836-2307 reneedaurio@hotmail.com

#### **ATLANTIC PROVINCES:**

Cape Breton Island, NS The Hepatitis Outreach Society Support Group 2<sup>nd</sup> Tues. monthly 150 Bentinck Street, Sydney, NS. 7-9 PM. Call 1-800-521-0572, 902-733-2486

info@hepatitisoutreachsociety.com.

#### **PRAIRIE PROVINCES:**

Edmonton Contact Jackie Neufeld 780-939-3379.

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

Manitoba Hepatitis C Support Community Inc. Each 2nd & last Tues. monthly, 7 PM, United Church, Crossways-in-Common, 222 Furby St., side door, Main Floor. Look for signs. Everyone is welcome. Contact Kirk 204-772-8925 info@mbhepc.org www.mbhepc.org

monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 bettyc2@hivnetwork.ca

## TIP OF THE **MONTH:**

Get copies of your lab test results, save them, and understand them.

If you have a Canadian HCV support group to list here, prease send details to info@hepcbc.ca by the 15<sup>th</sup> of the month. It's free!

#### ADVERSE EVENTS

Report problems with medical products, product use errors, quality problems, and serious adverse events.

www.accessdata.fda.gov/ scripts/medwatch/medwatchonline.htm

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