hepc.bull

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HIGHLIGHTS OF EASL: THE INTERNATIONAL LIVER CONGRESS 2010

The International Liver Congress 2010 45th Annual Meeting of the EASL 14-18 April 2010 Vienna, Austria www.easl.eu/liver-congress

As far as conference news goes, Jules Levine at NATAP is one of our Hep C community's principal resources. We at the hepc.bull receive much of our information from him. And as usual, this trusty reporter was present at the prestigious EASL 2010 Conference in Vienna, but he ran into some not-so-usual problems. He was stranded in Vienna because of the dust from the volcano in Iceland. Granted, there are worse places to be stranded. He was definitely not the only conference-goer who was scrambling to find a way back home. He was lamenting, "I guess I will have to find a good gym here & start working out. ...I will need to find a Whole Foods and perhaps an apartment. ... As long as email is good I am ok." Don't rush to offer him a place to stay. Luckily, he was able to find a way home.

OVERVIEW

The current standard treatment, Pegintron or Pegasys, boosts the immune system to help it clear the virus, but it can cause anemia and flu-like side-effects. The new drugs don't get rid of the side-effects, but they can cut the duration of treatment down from 12 to 6 months.

Protease inhibitors may be useful for those who don't respond to standard treatment. Only 5-9% of patients who are retreated respond to a second course of drugs Hep C Basics: Alcohol & Tobacco now used, but adding a protease inhibitor increases the number of responses to ten times that percentage. The first 2 or 3 drugs to be approved will probably get the most Conferences/PegCARE /PegAssist/Neupogen attention. In the lead are Vertex's telaprevir, because it doesn't cause as much anemia as Compensation the competitor produced by Merck. It is

interesting that Vertex allowed nonresponders into its trials. It is expected that soon there will be a new standard treatment.

According to Dr. Heiner Wedemeyer, from the Hannover Medical School in Germany, the most exciting drugs presented at the conference were the polymerase and NS5A inhibitors. He is excited about the fact that there are studies using only pills, showing fewer side-effects than those produced by the injections. "If this treatment really works, with no resistance emerging, it could be a major breakthrough."

It is hoped that within 5 to 10 years, hepatitis C will be treated with only one or two pills a day. To do that the pharmaceutical companies are looking for partnerships that put the pieces of the puzzle together. About partnering, "We'd be stupid not to," a Merck executive said. "Everybody's talking to each other. Nobody really has all the assets at this stage, and everybody's starting to position and starting to accumulate."

WILL YOU RESPOND?

Results of a large, multinational study by P. Ferenci, et al. called PROPHESYS, funded by Roche and presented at the conference showed that predictors of successful treatment for genotype 1 and 4 patients were the following:

INSIDE THIS ISSUE:

EASL 2010 / In Case You Missed It...

Hep C on the Internet

Hep C & *Me*

Hep C Awareness Day

Coming Up

HEPC.BULL

- •Viral clearance by week 12 (RVR or EVR)
- •Treatment with PegIFN alfa-2a rather than Pegintron alfa-2b
- •Lower viral load
- •Being Asian rather than Caucasian
- •Being Caucasian rather than Black
- •Higher platelets
- •No cirrhosis vs. cirrhosis
- •ALT quotient > 3.0
- •Younger age
- •Lower body mass index

ARE YOU BEING WAREHOUSED?

At a popular Hep C clinic in downtown Los Angeles, one out of every five patients is not taking treatment--yet. Those patients are waiting for the new wave of drugs, which will probably enter the US market in the next year and a half. Why are they waiting? These new drugs may increase their chances of responding by 10-fold.

(Continued on page 4)

IN CASE YOU MISSED IT...

SCHERING-PLOUGH AND **MERCK HAVE MERGED**

Schering is the company that has produced and distributed Pegetron, which is one of the two standard treatments we patients with hepatitis C use, made up of pegylated (long-acting) interferon plus ribavirin. (Pegasys is the similar product, by Roche.)

The US Federal Trade Commission has allowed Schering (Schering-Plough Corporation) to acquire Merck & Co., Inc. Both companies are developing and researching pharmaceutical products. The combined companies are now known as Merck.

Source:

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- www.antitrustlawblog.com/2009/12/articles/
- article/scheringploughs-41-billion-acquisition-of-
- merck-clears-antitrust-hurdles-with-consent-
- order/ Dec 16, 2009

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
Name:
Address:
City: Prov PC
Home()Work()
Email:
□Please email me a PDF copy, free of charge.
□Membership + Subscription (1 year)\$20.00
☐Membership Only\$10.00 (Doesn't include the <i>hepc.bull</i>)
□Subscription Only\$10.00 (Doesn't include membership privileges)
□Peppermint Patti's FAQ\$12.00
□Resource CD\$10.00
□"I enclose a donation of\$

so that others may receive the bulletin."

TOTAL:

□ "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."

(Note: The hepc.bull is mailed with no reference to hepatitis on the envelope.) You may also subscribe on line via PayPal at

www.hepcbc.ca/orderform.htm

SUBMISSIONS: The deadline for any contributions to the hepc.bull[©] is the 15th 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.

ADVERTISING: The deadline for placing advertisements in the hepc.bull is the 12th 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.

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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.

FAQ version 8.3

Peppermint Patti's FAQ Version 8.3 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 2009. 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 1997-2010; the FAQ V8.3; 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 they say should 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.

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REPRINTS

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

HANKS

HepCBC the following thanks institutions and individuals for their generosity: The late John Crooks, A-Channel News, The Ocean, JackFM, 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 Klassen, and S. J.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel's Restaurant, Margison Bros. Printers, Roche Canada, VanČity, 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.

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 15^{th} 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, telephone 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.

TIP OF THE MONTH:

On treatment? Sore mouth? Try Biotene Toothpaste.

Nausea? Try Sea Bands

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

DIAL-A-DIETITIAN

(604) 732-9191 or 1 (800) 667-3438

www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca



MEET NEW FRIENDS!

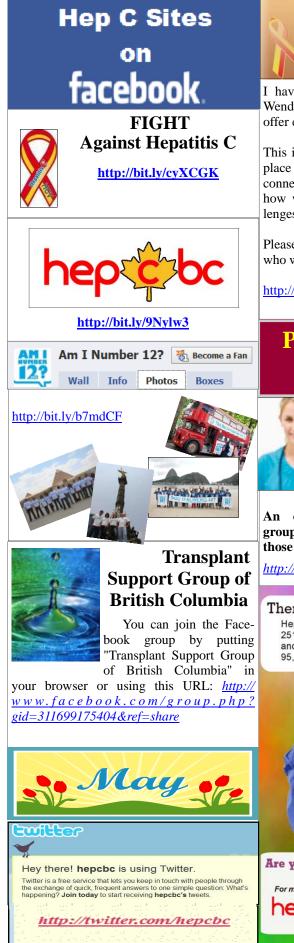
We need experienced board members to occupy key positions. Also needed: summarizing, telephone buddies, translation English to Spanish. Please contact us at (250) 595-3892 or *info@hepcbc.ca*

PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

HEPC.BULL

MAY 2010





I have been working on my peer support Wendy's Wellness Website and wanted to offer everyone a safe place to get together.

This is the link to my post offering a secure place to blog about Hep C health. I hope to connect with anyone interested in sharing how we cope and manage our health challenges.

Please pass this along to · anyone out there who would like a safe place to blog.

http://wendyswellness.ca/?p=381

PHYSICIANS FOR PATIENTS



An online physician-mediated support group for patients, families, and friends of those with hepatitis C.

http://hepatitisc.physiciansforpatients.com/

There is NO vaccine for hepatitis C!

Hepatitis C is spread by blood-to-blood contact. 251,000 Canadians are infected with hepatitis C, and because there are often no symptoms, 95,000 of them don't know it.*



Are you Infected? It's a Simple Blood Test.

Stats from Public Health Agency of Canada Hepatitis C

OH WOE IS ME, IT'S HEP C

I was diagnosed with Hep C five years ago; I had no idea what this virus was. I was in for a very rude awakening. At the time, I felt this is the worst flu anyone could imagine. I was rapidly losing weight, I couldn't keep any food down, and all the other unmentionables I'd rather not discuss.

Upon seeing the doctor after a week to obtain a doctor's note for work, I was informed that indeed it was the flu and to get plenty of rest and drink plenty of fluids. After this "flu" went on for a period of weeks, I returned to the doctor and explained to him, "This is not like any flu I've ever encountered." He graciously responded by checking off every box on the test request sheet that could be performed. Then the phone call... "You're Hep C positive." By this time I was pretty much bedridden and had subsequently lost my job.

This was not a fun time for my son, who was totally perplexed by all of this. "Moms don't stay home in bed all day. They have jobs to go to, make dinner, pay the rent and pay the bills!"

Through his eyes, just simply, "Moms don't get sick."

By A. York

This proclamation has been sent to the Mayor of the City of Victoria for his signature:

"Hepatitis month May 2010"

WHEREAS HepCBC is a local, non-profit, community-based organization whose mission statement is:

"To provide education, prevention and support for those living with HCV"

WHEREAS approximately 300,000 Canadians are affected by hepatitis B and approximately 300,000–600,000 Canadians are affected by hepatitis C;

WHEREAS many of those living with hepatitis are currently unaware of their illness as hepatitis can be asymptomatic for up to 20 years after initial infection;

WHEREAS The World Hepatitis Alliance has declared May 19th World Hepatitis Day, during which HepCBC will campaign to raise public awareness about hepatitis throughout the entire month of May; and

NOW, THEREFORE I do hereby proclaim the month of May, 2010 as "HEPATITIS C AWARENESS MONTH" and the day May 19, 2010 as "HEPATITIS AWARENESS DAY" in the CITY OF VICTORIA, CAPITAL CITY of the PROVINCE of BRITISH COLUMBIA.

IN WITNESS WHEREOF, I hereunto set my hand this day of April, Two Thousand and Ten.

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Call HepCBC

595-3892

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BASICS: ALCOHOL & TOBACCO From Peppermint Patti's FAQs version 8.3

alcohol should be off limits for those with HCV. Studies have shown that patients who drink have a higher incidence of cirrhosis. But not only that, patients who drink also have a faster rate of progression to cirrhosis and higher mortality rates. As well, because alcohol interferes with the effect of interferon, those with a history of drinking problems may be denied treatment.

EFFECT OF ALCOHOL ON HCV **REPLICATION**: A critical question is whether or not alcohol and hepatitis C infection are synergistic in a combined liver injury. In some patients, there are both histological features of alcoholic liver injury and chronic viral hepatitis, but in most studies the predominant pattern is chronic hepatitis.

Alcohol may enhance the replication of hepatitis C and produce a more severe injury independent of the direct alcoholinduced toxic injury. There is a correlation between HCV RNA levels and amount of alcohol consumed. Alcoholic patients with HCV infection have higher hepatic iron concentrations, which may be germane to increased HCV replication. Clinical evidence of hepatic activity and viral levels is significantly greater in those consuming greater than 10g of alcohol per day.

EFFECT OF ALCOHOL ON PRO-**GRESSION OF CHRONIC VIRAL C** HEPATITIS TO CIRRHOSIS AND HEPATOCELLULAR CARCINOMA:

There is a more rapid development of cirrhosis and hepatocellular carcinoma in the alcoholic with chronic HCV infection. The period from transfusion to the diagnosis of cirrhosis is shorter in the heavy drinker. As well, recent studies demonstrate that alcohol consumption in cirrhotics can lead to increased bacterial infection (American Journal of Gastroenterology, Editorial, May 2000, Volume 95, Number 5, Pages 1124-1125).

The risk for the development of hepatocellular carcinoma in alcoholic cirrhotics is 8.3 times higher in the HCV(+) patients than HCV(-) patients, and the prevalence of anti-HCV among alcoholics with HCC is 50-70 percent. Therefore, alcohol may modify the replication of HCV as well as the oncogenicity of HCV in hepatocellular carcinoma.

INTERFERON THERAPY IN AL-PATIENTS WITH COHOLIC CHRONIC HEPATITIS C: Among alcoholic patients with chronic hepatitis C who remained abstinent during therapy with

ALCOHOL: There is no question that interferon, there was a significantly lower rate of HCV RNA clearance in those who consumed 70g/day of ethanol during therapy as compared to 70g/day up to the time of interferon therapy. - ("Hepatitis C and Alcohol," by E.R. Schiff, abstract submitted by the author to the National Institute of Health Conference on Hepatitis C, held March 24-26, 1997, in Bethesda, Maryland)

> An important cofactor of disease severity appears to be alcohol and alcohol should be avoided in those with chronic HCV infection." ("Natural History and Clinical Aspects of HCV Infection." H.J. Alter. Department of Transfusion Medicine, National Institutes of Health, Bethesda, Maryland. Cancer Biotechnology Weekly, 01-29-1996, pp 20.)

> **TOBACCO:** Cigarette smoking combined with the hepatitis C virus is known to be a heavy risk factor in developing primary hepatocellular carcinoma. (Int J Cancer 2000 Feb;85[4]:498-502).

> While many people are aware of smoking's negative effect on the lungs, less consideration is usually given to its effects on the liver. Tobacco and marijuana smoke are rich airborne stews of toxic benzpyrene, polycyclic aromatic hydrocarbons, cyanide, acetaldehyde, tars, acrolein, etc. Since these get into the bloodstream through the lungs, the liver must detoxify them. And virtually all the constituents of smoke are known to be at least mildly liverdamaging (The Liver: Master Organ for Optimal Nutrition).

> A 2001 study biopsied 310 Hep C patients. 176 were current smokers (who were more often males, younger, alcohol consumers, and more often had a history of IVDU than those who had never smoked.) The results were adjusted to consider these factors. The authors concluded that "Smoking increases the severity of hepatic lesions in patients with chronic hepatitis C." (Hepatology 2001;34:121-125, "Cigarette smoking and hepatic lesions in patients with chronic hepatitis C.")

> A Japanese study presented at the DDW 2008 concluded that "when combined with IFN-a, nicotine disturbed the antiviral effects of IFN on HCV replication,"

(www.natap.org/2008/DDW/DDW_08.htm)



(**EASL**— *Continued from page 1*)

The companies Merck (Bocevir), Vertex and Johnson & Johnson (Telaprevir) are racing to see who gets its drug approved first. There hasn't been a new treatment in 10 years. And more new drugs are on the horizon. The companies are seeking a treatment in a single pill, rather than a weekly injection. Many patients who can wait are doing so, and their doctors aren't objecting. Those patients who choose to wait are being "warehoused." Bocevir and Telaprevir are expected to be available around 2011.

BMS-790052: BEST YET??

Bristol-Myers Squibb's researchers said that their product BMS-790052 may be the best treatment yet. Most of the new drugs are targeting the protease or polymerase of the hepatitis C virus. Their drug targets a different part of the virus-the NS5A. "A lot like HIV, it is anticipated that a combination of at least three drugs will be required to prevent the emergence of resistance," said Nicholas Meanwell of Bristol-Myers Squibb, who worked on the study. "It's got potency and effectiveness in a single dose that is unmatched by anything else," he said. The results appeared in the journal Nature.

The patients receiving a single 100 mg dose of the drug had a drop of 99.9% of their viral load. Early results of the phase II study were presented. Out of eight patients, seven had undetectable virus. The eighth patient had stopped treatment for a while. All patients had genotype 1. A prolonged response was observed in two subjects with genotype, reaching a viral load of less than 25 IU/ml-1 in one patient.

Bristol-Myers Squibb Co. is taking a daring approach, using two of its oral medicines together, including BMS-790052, one of the first NS5A inhibitors, without interferon, in a clinical trial.

IDX184 PHASE IIa

Idenix Pharmaceuticals presented good interim results from its Phase IIa trial of its drug IDX184. The drug is a nucleotide prodrug of 2'-methyl guanosine monophosphate, which uses the company's technology to directly target the liver. The trial began late last year, and is studying IDX184 combined with standard therapy (pegylated interferon and ribavirin). The patients, all infected with HCV genotype 1, receive IDX184 or a placebo daily plus standard treatment for 14 days before continuing standard treatment alone for 14 days. There have been two doses studied: 50 and 100 mg, and both appear to be safe and effective. (Continued on page 5)

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(EASL 2010-Continued from page 4)

50% of those receiving the 100 mg dose had undetectable virus by day 14. A further study with a 150 mg dose is underway, to be continued by a 200 mg. dose arm. The drug is being given to some patients once a day, while others receive half the dose, given twice a day. The side effects have been the same as with standard treatment alone. No breakthrough was seen during treatment with standard treatment combined with IDX184. There was no difference in viral load reduction between once or twice-daily dosing. ALT and AST normalized with all doses of IDX184.

PSI-938: FIRST NUCLEOTIDE IN HUMANS

Pharmasset is developing both purine and pyrimidine nucleotide analogs, and in April the company announced that they had begun a Phase I clinical trial in healthy volunteers of their purine nucleotide analog polymerase inhibitor, which will be tested with a single ascending dose (SAD) study. The company thinks the drug could be used together with other nucleosides to treat several genotypes. They expect their first antiviral data for PSI-938 later this year. Pharmasset also has a pyramidine nucleoside/tide analog, PSI-7977, which has shown to be promising in pre-clinical trials.

Both purine and pyrimidine nucleoside/ tide analogs have been shown to be effective against several genotypes, to protect better against resistance, and to combine better with other antivirals than other smallmolecule HCV drugs. Pharmasset's purine analogs are effective (in vitro) against the S232T mutation, unlike other nucleoside analogs.

Other Pharmasset drug candidates include PSI-7977, an isomer of PSI-7851, and a next-generation HCV nucleotide analog in Phase 2a trials, and purine analog PSI-938 in Phase 1 trials. Pharmasset researchers reported that the combination of two nucleotides analogs, PSI-7977 and PSI-938 was more effective at clearing the wild type replicon than was the combination of the protease inhibitor VX950 and the benzothiadiazine non-nucleoside site 3 inhibitor. A combination of two nucleoside inhibitors (NI) could be the best treatment to limit resistant mutations.

Also, RG7128, a nucleoside analog by Roche, is being studied in two Phase 2b clinical trials in combination with standard treatment, and in the INFORM studies, evaluating small molecule drugs without combining them with standard treatment.

HEP C AND ME: THE INCREDIBLE JOURNEY! by Petra Hoffmann

This is my tale about a drug called Neupogen, also called Filgrastim. This medicine is given to patients with conditions that may cause a decrease in white blood cells, like those receiving certain types of chemotherapy. It helps the bone marrow recover its ability to produce white blood cells. Increasing the amount of white blood cells helps to decrease the risk of infection and fever.

Since April 3, I have been trying to qualify somehow to have this "miracle" drug Neupogen save me. I was told by my specialist that day, that the neutrophils, which are the most important part of your white blood cells, had dropped to a critical level of 0.3. Neutrophils are white blood cells that fight either bacterial or viral infections. What that means is that if one were to get a cold or any sort of an infection, it would more than likely wipe one out.

Of course, now the topic of lowering my interferon dose was under discussion. I did not like that one bit, and told my specialist that I wanted to do anything possible to avoid this. A friend then told me about Neupogen, and I was on the wagon immediately. Since then, I have hit one brick wall after another. If I had private insurance, no problem. I could be better within hours. When Neupogen is injected, it is only moments before your white blood counts go up. From everything I have researched it is a wonder drug. However, in order for the Federal Government to pay to have me treated, it would cost over \$2,000 per day. Now, depending on the case it may take only a couple of injections, or perhaps 2-3 days of treatment, and then once a week, until the levels go up.

The criteria to get this drug from MSP is to be on chemotherapy, WHICH I AM, but, oops, I do not have cancer. Well, not at the moment anyway. Also, in order to qualify one must have an increased chance of infection, which being on the Pegasys, I do not.

Since, then, April 3, (and it is now the 15th of April), I have tried to find a way around this. I finally emailed the company that makes it, Amgen Inc, and they responded that they have a program which can help financially, but that I would have to first meet criteria, and to have my doctor send in the paperwork. So, being now caught in this circle, I have found no solution, and for me it is too late. My dosage had to be decreased yesterday.

happens to one of you, to please start where I have left off, and jump straight to the pharmaceutical company Amgen Canada. It's best to call, not email. Good luck to all of you who have the opportunity to learn this, and I sure would appreciate it, if you could contact me and let me know how it goes for you.

creasing the amount of white blood cells helps to decrease the risk of infection and fever. Since April 3, I have been trying to qualify somehow to have this "miracle" drug Neupogen save me. I was told by my

MILK THISTLE COOKIES

1/2 C butter, softened

- 1/2 C applesauce 1 C packed light brown sugar 1/2 C white sugar
- 2 eggs
- 1 t. vanilla extract 1 1/2 Cs all-purpose flour
- 3-4 capsules of milk this-
- tle extract (about 600mg.)
- 1 t. baking soda
- 1 t. ground cinnamon
- 1/2 t. ground cloves
- 1/2 t. salt 3 C rolled oats
- 1 C raisins

1. Preheat oven to 350 F

2. In a large bowl, cream together butter, applesauce, brown sugar, white sugar, eggs, and vanilla until smooth. Combine flour, milk thistle, baking soda, cinnamon, cloves, and salt; stir into the sugar mixture. Stir in oats and raisins. Drop by rounded teaspoonfuls onto ungreased cookie sheets. 3. Bake 10 to 12 min. until light and golden. Let cool for 2 min., then removed from cookie sheets to cool completely. *Makes 36 cookies*.

If you are receiving this newsletter by snail mail but have a computer and/or internet access, please consider switching to our pdf version. All you need is Adobe Acrobat Reader, free at this site: www.adobe.com/products/acrobat/ readstep2.html

Just send your email address to *info@hepcbc.ca* and say, "Send me the email version, please," and you, too, can enjoy this newsletter in glorious colour, free of charge.

I would suggest that when (not "if") this



HEPATITIS CAWARENESS DAY 2010

epatitis C Day-Surre

What: An Open House Event to aid in the Education. Prevention, and Awareness of Hepatitis C.

> Where: Positive Haven 10697 135A St Surrey, BC V3T 4E3

When: May 19, 2010 @ 3:00-6:00 PM

Tickets: By Donation (Limited Seating)

Guest Speakers: Dr. John Farley Fran Falconer (As seen on CBC News) And many more !

eeds donated to





ATTENTION: I Need Your Personal Hepatitis C Story For MAY, HEPATITIS MONTH

This is the blog address that will include everyone's Hep C Story:

http://bettyhepatitisc.blogspot.com/

Please send me your personal Hepatitis C Story so I can include it on this blog and in May, Hepatitis C Month, I will get it out started a Hep C support group. We are five to congressmen, newspapers and all the media I can think of, and any other suggestions you may have. This is one way of making Month. sure our voices are heard. I would like to gather as many stories as possible and have Park May 18th, 2010. There will be tables this done soon. I have been clear of Hep C for nearly 5 years and am a patient advocate in New York. Thanks, guys. Together we can make a difference!

Please email me your stories to BettyV444@aol.com I will cut and paste your stories onto the blog.

I wear lots of Hep C Hats:

Hepatitis C Support Group Facilitator Hepatitis C Task Force Patient Advocate Hepatitis C Survivor

Love Your Liver Health Fair in honour of World Hepatitis Day Tuesday, May 18th, 2010 11:30 am – 2:00 pm **Centennial Square** (Next door to City Hall) Victoria. BC

AIDS Vancouver Island, HepCBC, Action Committee for People with Disabilities, Cool Aid Health Center, Together Against Poverty Society, SOLID, Our Place, VIHA Street Nurses, and several other community groups will be on site providing information, support and referrals, as well as testing and vaccinations. The Mayor will be making a Proclamation and we will have special guest speakers including politicians, activists,



healthcare professionals, and HCV positive community members. Music. entertainment, free food, tshirt giveaways, face

painting, balloons, and much more. This is a family friendly event, everyone welcome.

Contact: Hermione Jefferis AIDS Vancouver Island, hermione.jefferis@avi.org



AVI PICNIC COURTENAY, BC

AIDS Vancouver Island (Courtenay) has strong with all kinds of great ideas.

Remember that May is Hep C Awareness

Courtenay is having a picnic at Simms with community services. Knowledge is power.

Food will be great! See you there.





We hope to see YOU at the next meeting. Remember: Family, friends and caregivers are always welcome.

HepCBC Peer Support

Wednesday May 19, 2010 7:15 – 8:45pm North Surrey Recreation Centre, Meeting Room, 10275 - 135th St, Surrey **SkyTrain: Surrey Central**

RSVP: 604-576-2022, jking2005@shaw.ca or Petra at 778-855-6074

Tuesday May 25, 2010 7-8:30pm Victoria Health Unit 1947 Cook St, Victoria Across the street from Royal Athletic Park

RSVP: 250-595-3892

NEWS FROM AVI VICTORIA

Starting now, the Positive Wellness Program at AVI Victoria Office, will be inviting HCV-positive people to access some services previously offered only to HIV positive people, including the meal program. An intake with a Positive Wellness Program staff member needs to be booked first. Call AVI Victoria: 250-384-2366.

Very soon AVI Victoria will be starting a new support group for HCV and HIV/HCV infected people, and another 8 week Hep C and Wellness focussed Peer Education Training. Contact Hermione for further information and to register: 250-384-2366

Hermione Jefferis Health Promotion Educator AIDS Vancouver Island

3rd Floor, Access Health Centre 713 Johnson Street Victoria BC V8W 1M8 Ph: 250-384-2366 ext 2270

COMPETITION!

epCBC needs writers for the *hepc.bull*, and will pay \$50.00 for a featured article. The article should be original, 500 to 800 words, and 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 Hep C, or a call for action. Submissions must be in by the 15th of next month, stating interest in receiving the **bonus.** If there is more than one submission chosen, the editors reserve the right to print both, or leave one for a future edition. info@hepcbc.ca

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MAY 2010

CONFERENCES 2010

XIII International Symposium on Treatment of Viral Hepatitis

1st Meeting on the Management of Liver Cirrhosis of the Brazilian Society of Hepatology 14 - 17 July, 2010 Bahia Othon Palace Hotel (simultaneous translation into English) Tel: (55) (71) 2104-3477 Fax: (55) (71) 2104-3434 E-mail: eventus@eventussystem.com.br www.hepatologiadomilenio.com.br.

Australasian Viral Hepatitis Conference 2010

6 - 8 September 2010 Sebel Albert Park Melbourne, Victoria, Australia Tel: +61 2 8204 0770 Fax: + 61 2 9212 4670 Email: info@hepatitis.org.au

Hepatitis 2010 Viral Hepatitis World Congress

13-14 September 2010 St Hilda's College, Oxford, UK Hepatitis2010/Home.htm Registration deadline: 5 August 2010 Contact: Dr M Sohail Tel: +44 (0)1865 275743 Email: HepatitisOxford@gmail.com www.libpubmedia.co.uk/Conferences/

The Liver Meeting 2010

AASLD's 61st Annual Meeting 29 October -2 November 2010 John B. Hynes Convention Center Boston, Massachusetts Registration: Mid-July www.aasld.org/thelivermeeting/

J. Lemmon Contact: hcvresearch@rogers.com

Experienced in medical and legal research Assistance with HCV compensation claims and appeals High success rate Low payment rate References are available

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 maximum ment. is \$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.

A 24/7 Nursing Hotline and bilingual assistance is available, at no charge. Other services are access to live translation services (150 languages) and injection assistance from registered nurses. Ask your doctor or nurse to enroll you in PegCARE. It's an easy single-page form to fill out, which they will provide. PegCARE: 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 a 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.

NEUPOGEN VICTORY PROGRAM

Amgen has a program for patients who have been prescribed Neupogen. A reimbursement assessment is conducted by a specialist who will help you navigate through your personal or provincial coverage options. Dependant on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge. Please note that Amgen will only provide Neupogen to patients on a compassionate basis as long as it is prescribed and dosed in accordance with the approved product monograph. This service is accessed through the Victory Program: 1-888-7064717.

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/

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 <u>www.reko.ca/html/hepatitisc.html</u>

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-Quebec 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 HepatitisC@kpmg.ca

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 <u>www.hepc8690.ca/PDFs/initialClaims/tran5-e.pdf</u>

Pre-86/Post-90

Administrator 1-866-334-3361 preposthepc@crawco.ca <u>www.pre86post90settlement.ca</u>

Settlement Agreement: <u>http://www.reko.ca/html/</u> hepc_settleagreement.pdf

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COMING UP IN BC/ YUKON:

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

AIDS Vancouver Island The following groups provide HCV info, harm reduction, support, education and more:

• Campbell River: Drop in, 1371 C -Cedar St. Contact 250-830-0787 leanne.cunningham@avi.org

· Comox Valley Hep C Support group-Drop in, needle exchange. 355 6th St. Courtenay. **Picnic: Simms Park May** 18. Contact Sarah 250-338-7400 sarah.sullivan@avi.org

 Nanaimo 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 Access Health Centre, drop in, disability applications. 713 Johnson St., 3rd floor, 250-384-2366 Hermione.jefferis@avi.org

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

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

Castlegar Contact Robin 250-365-6137 eor@shaw.ca

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

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

HepCBC info@hepcbc.ca, www.hepcbc.ca •Victoria Peer Support: 4th 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. 250-595-3891

•Fraser Valley Peer Support: 3rd Wed monthly 7PM, N. Surrey Rec Centre Meeting room 10275-135th St Info: 604-576-2022 petrabilities@aol.com.

•**Surrey Positive Haven Hep C group** 2nd & 4th Thurs monthly 1 PM. 10697 135A St. Contact Brian or Sam 604-589-8678.

Kamloops ASK Wellness Centre. Chronic illness health navigation/support. info@askwellness.ca 250-376-7558 1-800-661-7541 ext 232 www.askwellness.ca or Merritt health housing and counseling 250-315-0098.

Kamloops Hep C support group, 2nd and 4th Wed monthly, 10-1 PM, Interior Indian Friendship Society, 125 Palm St. Kamloops. Contact Cherri 250-376-1296 Fax 250-376-2275

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

Mid Island Hepatitis C Society 2nd 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 2nd month, afternoons. ANKORS, 101 Baker St. Library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, information@ankors.bc.ca alex@ankors.bc.ca www.ankors.bc.ca/

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

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

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

Powell River Hepatology Service Powell River Community Health, 3rd Floor-5000 Joyce Ave. Contact Melinda Melinda.herceg@vch.ca 604-485-3310

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Prince George Regional Hospital, Rm. 421. Contact Ilse 250-565-7387

ilse.kuepper@northernhealth.ca

Prince Rupert Hep C Support Contact: Dolly 250-627-7942

hepcprincerupert@citytel.net

Oueen 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

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), to talk or meet for coffee.

Vernon telephone buddy, M-F 10-6 Call Peter, Tel. 250-309-1358. pvanbo@gmail.com

Victoria CoolAid Peer Support each Wed 10-11:30 AM, 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Carolyn cshowler@coolaid.org

YouthCO AIDS Society 900 Helmcken 705-522-5156, St, 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support or Monique 705-691-4507. program manager: Sasha Bennett sa shab@vouthco.org

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

OTHER PROVINCES:

ONTARIO:

Barrie Hepatitis Support Contact (488-5840) 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 1st 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, 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Waterloo Mennonite Brethren Church, 245 Lexington Rd. Waterloo. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.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, <u>.ca</u> 519-376-9420, Ext. 1257. www.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 Tues. monthly. Contact Ernie

hepc.support@persona.ca

Toronto CLF First Mon. monthly 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 Sarah Tycholiz 807-345-1516 (or for 807 area only 1-800-

Unified Networkers of Drug Users Nationally undun@sympatico.ca

York Region Hepatitis C Educa-

tion Group 3rd 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@hepcvorkregion.org

www.hepcyorkregion.org

OUEBEC:

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

ATLANTIC PROVINCES:

Halifax, NS Hepatitis Outreach Society. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767 info@hepatitisoutreach.com. www.hepatitisoutreach.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, LOCA-TION CHANGE - Effective March 9, 2010: 595 Broadway Ave. Everyone welcome. Contact 204-772-Kirk 8925 info@mbhepc.org www.mb hepc.org

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 bettvc2@hivnetwork.ca

ADVERSE EVENTS

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

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

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

HEPC.BULL

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