

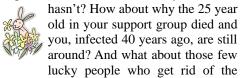
### Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### **NEWS**

### 10,000 HEP C PATIENTS CAN'T BE WRONG

Have you ever wondered why you have responded to treatment, and your friend



virus with no treatment at all? Why? What can we learn from them? Has anyone tried to find out? Researchers at the University of Glasgow, together with Professor Will Irving, Nottingham University, have received a donation through the Medical Research Foundation, to develop a database of 10,000 hepatitis C patients, in order to answer some of these questions, track the spread of the disease, and understand the illness better. The project will include many researchers collaborating with each other.

Source: www.medilexicon.com/medicalnews.php? newsid=21558704 Feb 2011

### **SCREENING BABY BOOMERS**

It is suspected that as many as 2 out of 3 people diagnosed with Hep C may be baby boomers, perhaps infected during a brief time during an almost-forgotten, wild youth. Right now, there are two new, powerful drugs which are expected to be approved soon, probably this summer, and are expected to cure around 75% of patients treated. Either drug, both protease inhibitors, would be added on to standard treatment with pegylated interferon (pegIFN) and ribavirin (RBV). Vertex produces the drug Telaprevir, and Merck produces Boceprevir. Dr. John Ward, US Centers for Disease Control and Prevention, says, "We really want to begin that clarion call for action for this population who's at risk." With such good cure rates, the government may decide it's time to screen baby boomers at the same time they are screened for various cancers, thus discovering more infections. Treatment is expen-

sive, but not as expensive as a liver transplant. Tell your friends to ask their doctors about risk factors for hepatitis C.

Source:

http://hepatitiscnewdrugs.blogspot.com/2011/01/hhepatitis-cnew-drugs-take-aim-to-spur.html? spref=fb Jan 17, 2011

### FATTY LIVER & TYPE 2 DIABETES

Researchers from Korea have had a study published in the April 2011 Journal of Clinical Endocrinology & Metabolism. The study found that patients with fatty liver, like so many of us with hepatitis C, have 5 times more of a chance of developing adult-onset (type 2) diabetes than those without the condition, whether or not they have insulin resistance as measured by fasting levels of insulin. It has been thought that fatty liver was a result of obesity and insulin resistance. Insulin is a hormone that controls glucose levels in the body. But this study shows that fatty liver may help cause diabetes, no matter what the insulin levels are. This study evaluated both insulin levels and an abdominal ultrasound in 11,091 patients in Korea, and followed up with the same tests 5 years later. Those with fatty liver had higher triglyceride and glucose counts and lower "good" cholesterol, as well as a higher risk of type 2 diabetes.

### **INSIDE THIS ISSUE:**

News	1
Changing the Landscape of HCV Therapy	3
Daniel's Merci	4
Hep C & Me: May is Hepatitis C Month	5
Hep C on the Internet / HepCBC Marathon	6
Conferences	7
PegCARE/PegAssist/Neupogen/Compensation	7
Coming Up	8

Source:

www.medicalnewstoday.com/articles/217454.php 25 Feb 2011

#### ANEMIA DURING TREATMENT

Some Hep C patients have a genetic makeup that makes them able to take higher doses of RBV, which could increase their chances of getting rid of the virus. High doses of RBV early on during treatment help response rates, as shown during recent clinical trials of pegIFN, RBV and Telaprevir. Patients with two variants in the ITPA gene have more protection against anemia caused by treatment. In trials with standard therapy, an average of 9% to 22% of patients usually need to lower their RBV doses, which can reduce the patient's chances of successful treatment.

There is a drug, erythropoietin (EPO), that combats anemia, but it is very expensive and is not covered in many countries. Testing for these genetic variants could help doctors know ahead of time which patients would probably need dose reduction and EPO, and could give the patients with these variants a higher dose of RBV early in treatment.

Source:

www.natap.org/2010/HCV/012611\_03.htm

### STANDARD THERAPY + ChronVac-C

ChronVac-C is a therapeutic vaccine being developed for HCV. Six genotype 1 (GT1) patients took part in a clinical trial. They were given a series of 4 vaccinations with ChronVac-C, and were then put on standard therapy. Surprisingly, 5 of the 6 patients had an SVR (Sustained Viral Response), testing undetectable 6 months after treatment, compared to the usual 40-45% for GT1 with standard therapy alone, or 60-70%, adding a protease inhibitor. This was a very small but encouraging study.

Source: http://hcvadvocate.blogspot.com/2011/03/unusually-high-cure-rate-recorded-after.html

HEPC.BULL APRIL 2011 ISSUE NO. 143 Page 1

### SUBSCRIPTION/ORDER FORM

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

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□Please email me a PDF copy, free of charge.
☐Membership + Subscription (1 year) <b>\$20.00</b>
☐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
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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® 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 or donate on line via

PayPal at www.hepcbc.ca/orderform.htm

to hepatitis on the envelope.)

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:**

EDITOR: PHONE: FAX: EMAIL: WEBSITE: Joan King (250) 595-3892 (250) 595-3865 info@hepcbc.ca www.hepcbc.ca

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 8.3

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 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 1997-2011; 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.

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### **REPRINTS**

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

### THANKS!!

HepCBC thanks the following 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, Chris Foster, Judith Fry, United Way, and the newsletter team: Beverly Atlas, 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, VanCity, Merck Canada, Shoppers Drug Mart, and the Victoria Foundation. 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

This column is a response to requests for a personal classified section in our news bulletin. Here is how it works:

To place an ad, write it up! Max. 50 words. Deadline is the 15<sup>th</sup> 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:

Pregnant and HCV+?
Avoid
amniocentesis
if possible.



### 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: <u>http://forums.delphiforums.com/hepatitiscen1/chat</u>

### **DIAL-A-DIETITIAN**

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

www.dialadietitian.org

Dietitians of Canada: www.dietitians.ca

### BORED WITH YOUR BOARD?

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 <u>info@hepcbc.ca</u>

### PRE-PLANNING YOUR FINAL ARRANGEMENTS?

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

Page 2 HEPC.BULL APRIL 2011 ISSUE NO. 143

### **REPORT:** Changing the Landscape of HCV Therapy by Alp



### Changing the Landscape of HCV Therapy

February 25, 2011 was the night of the Merck Canada Dinner Program "Changing the Landscape of HCV Therapy" at the Pan Pacific Hotel, Vancouver B.C.

The objectives were to:

- •Review hepatitis C pharmacogenomics and recognize their practical implications in HCV treatment.
- •Learn about new treatment paradigms in treatment-naïve and previously treated hepatitis C patients.
- Assess the impact of new treatment paradigms on compliance.

The speakers were:

- •Dr. Eric Yoshida: Professor of medicine and head of the division of Gastroenterology at the University of British Columbia and head of Gastroenterology at the Vancouver General Hospital.
- •Dr. Frank Anderson: Professor Emeritus at UBC, has a clinical and research practice specializing in the areas of inflammatory bowel disease and liver disease.
- •Jo-Ann Ford: Hepatology Nurse and Associate Director of the BC Hepatitis Program.

The panel consisted of:

- Dr. Curtis Cooper: Associate Professor at the University of Ottawa, Ontario Infectious Diseases Consultant and Clinical Researcher with the Ottawa Hospital Research Institute.
- •Dr. Paul Marotta: Medical director of Liver Transplantation, Associate Professor of Medicine and Program Director of the Hepatology Fellowship Training Program with the London Health Sciences Centre at the University of Western Ontario.
- •Dr. Stephen Shafran: Professor of Medicine in the division of Infectious Diseases at the University of Alberta. His clinical practice is largely focused on HIV/AIDS and chronic viral hepatitis, mainly HCV.

The Chair for the evening was Dr. Alnoor Ramji, Clinical Assistant Professor at UBC, who also practices at St. Paul's Hospital in Vancouver, BC. Dr. Ramji introduced the speakers and provided some interesting comments and entertaining banter between speakers. He also asked the audience and panel of experts questions.

Dr. Yoshida's talk focused on Boceprevir and Telaprevir, which are expected to be approved in the U.S. this May and possibly later this year in Canada. Key points brought up by Yoshida were that the liver transplant rate has gone up over the last few years, and that a certain percentage of patients and a higher percentage of African descent do not respond as well to standard therapy due to slight variation in the make-up of their IL28B gene. Those with what is called the CC type have better response to treatment, while those with TT or CT type tend to have a lower chance of SVR. He also pointed out that the data from recent clinical trials indicates that both Telaprevir and Boceprevir seem to give the same results in terms of SVR (sustained viral response or cure).

Dr. Frank Anderson spoke on some of the history of treatment and where it is going. He also gave the nod to hepatology nurses and the importance they play in a successful treatment regime. He went over some of the data from various trials that assessed lower-dose maintenance therapy, high-dose induction therapy and re-treatment for non- and partial-responders and left the impression that results from such studies were generally dismal.

He pointed out that those who had failed pegylated interferon alpha-2b (Merck, PegIntron) did not tend to do better on pegylated interferon-alpha-2a (Roche, Pegasys), and vice versa.

He touched upon trials with silibinin (from milk-thistle) that have given impressive results and mentioned that there were several other treatment options with other compounds currently being studied. In closing he mentioned that retreatment with the upcoming protease inhibitors for prior non-responders gave very good results, but he also indicated that there is some concern over the development of protease-resistant variants of the virus that may leave the patient non-responsive to other protease inhibitors.

Finally he asked some unanswered questions: When will the new treatments be available? Who will pay for them (provincial health care or the patient)? Who will be eligible for treatment/ retreatment? Will we be able to do test-

ing to keep an eye on the development of viral resistance in the patient?

Jo-Ann Ford opened by saying that the 80/80/80 rule was important, which is adherence to at least 80% of the pegylated interferon dose, 80% of the ribavirin dose and 80% of the course of treatment duration. She added that at the VGH clinic they strive for 100/100/100.

Jo-Ann focused on factors that affect patient adherence to treatment and went over some of the factors that promote compliance with therapy such as communication between the clinic/nurse and the patient, side-effect management, psychiatric factors, patient confidence in the treatment, dosing schedule complexity, and access to medication for those who may have trouble affording it.

She stressed that compliance with therapy was a major predictor of SVR and that drugs don't work in patients who don't take them.

The panel provided sometimes differing opinions on various topics relating to hypothetical cases, treatment and treatment options. The panel brought up an interesting point, touched upon earlier by Jo-Ann Ford, that dosing three times a day and four times a day may lead to a big compliance issue. The panel also brought up the point that unlike HIV, HCV does not integrate itself into the host genome, so that any viral resistance that does develop to new compounds may not be permanent, life-long resistance issues. The viral population reverts to wild type and the resistant viral population will eventually, it is thought, decrease towards zero although whether the resistant population totally disappears from the host and does not pop up again soon after another course with the same or similar drug(s) is to be seen.



The Hepatitis C
Trust and The International Music
Summit (IMS)
Ibiza are getting
together for the
second year running for the GET
TESTED! mission
and WE NEED

YOU to get involved and urge people to GET TESTED! for Hepatitis C.

www.internationalmusicsummit.com/html/ tested.html

HEPC.BULL APRIL 2011 ISSUE NO. 143 Page 3

### DANIEL'S MERCI by Douglas Laird

"Daniel my brother you are older than me. Do you still feel the pain of the scars that won't heal? Your eyes have died but you see more than I. Daniel you're a star in the face of the sky.

Daniel was a long-time confidant and a warm friend since the mid-eighties. His supportive wisdom defined his character even more than his Quebecois background. "As we mature we take apart our immature ideas, collapsing them like cardboard boxes," he once told me. "If we get too ambitious for change, we can leave ourselves vulnerable and without enough structure for confidence." As I learn more about hepatitis C, the less certain I am about what this meant. Was he referring to confidence in terms of emotion or to intellect?

It was shortly after the change of the millennium when we met again as part of a small group of friends. Among them was Louise, a nurse and Daniel's long-time partner, who was also a very good friend to his 12-year-old son. Louise was also Quebecois. They never used French if English-speaking people could not join the conversation, although Daniel did have a secret he held for ten years prior. He kept his hepatitis C status private even after I informed every one of my positive hepatitis C diagnosis in 2001. When his abdominal area started to swell noticeably, no one had any idea he was entering late stage cirrhosis.

Louise felt violated and angry when she finally learned Daniel had the virus, and rightly so. There is an uncomfortable point in a developing relationship where disclosure is absolutely necessary. If she was infected by sharing a toothbrush or razor, a cocaine straw or appointments with a tattoo needle, or if they were having anal sex, Daniel might have been held criminally responsible. Perhaps partly to deflect attention to his neglect, or perhaps just a comment made in quiet desperation, Daniel confessed to me for him. Over the next six months he sufplaces with me.

I was terrified to learn about my hepatitis C infection. A biopsy suggested I was only in stage one fibrosis. Daniel was facing something much more sinister. It wasn't just the quality of life that was challenging him. It was the very thread of his life that was now in question. One day as a step to ensure his access to a secure home. Daniel had decided to drive to the next community to make sure his camper was taken care of. There was a slight problem, since Daniel didn't own a camper. He was slipping into delusion from late-stage brain fog. Louise

asked me to take his car away from him so that we would not have to worry about safety issues. Then Louise travelled 500 miles to take Daniel to a specialist. Unfortunately Daniel was hospitalized after his assessment there. The technical term for his complication is toxic encephalopathy. However I hesitate to use that term because in roughly half the cases of hepatitis C, the virus moves into the brain quite early in onset of the disease. There is an insidious nature to the process as there are mild cognitive effects occurring over a long period of time.

A number of Daniel's charismatic friends brought his 12-year-old son to the hospital one evening to share time with his bubbly, enthusiastic, and wise self. His eyes lit up at one point, and he smiled as he determined to have everybody form an imperfect circle around the room. As he attempted to speak I could see there was a small tear shaping in his eye. He stood there silent and a look of sheer terror overtook him. "God," I started to quote, "Grant me the serenity to accept the things I cannot change; courage to change the things I can; and wisdom to know the difference." Daniel smiled looking around the room with tears of joy. Fortunately it was exactly what he had wanted to say in what turned out to be the important moment in his life. My experiences with brain fog suggest that self-esteem (emotions) can overwhelm self-concept (intellect) without regard to the importance of the response anticipated.

It was decided that Daniel shouldn't be confined to a hospital. Within a month of getting Daniel into a new apartment, I visited him and discovered him totally bewil-



dered about his environment. He was covered in his own feces, with little idea what was happening. Returning to the hospital was terrifying

in private that he would really like to trade fered a long and slow decline with one blessing due to an angel of mercy: Louise. She took him under her wings day and night with her forgiveness until Daniel slipped into the darkness that followed the warmth of her hug. Merci, Louise. Merci beaucoup.

> "Daniel is travelling tonight on a plane. I can see the red tail lights heading for Spain. Oh and I can see Daniel waving goodbye. God it looks like Daniel. Must be the clouds in my eyes...

> > -Lyrics by Bernie Taupin



### MAY: HEPATITIS C MONTH

WHAT ARE YOU OR YOUR GROUP DOING TO FIGHT THIS DISEASE?



Please send us your stones! info@hepcbc.ca

### **MAY HEPATITIS MONTH EVENT**

We are organizing another Hepatitis C Health and Services event similar to the one we did at Centennial Square last year. This year we are excited to be holding this event at Our Place, and hope you will be involved. The tentative date is for Tuesday, May 20<sup>th</sup>. More info: Hermione.jefferis@avi.org 250-384-2366





Join in the fun with the Gift of Life -**Organ Donation Works** team on Sunday, April 17th @ 9 am

(Be part of the CTA National event the "Transplant Trot" by joining the team)

> Run, Walk or Crawl with friends and family proving **Organ Donation Works**

For registration information: Contact: Margaret Benson @ 604-985-6628 or winniethepooh@telus.net

# Sun Run

www.sunrun.com

### TO THE EDITOR: ERROR

Hi Joan.

I'm just reviewing this month's publication [March 2011], and noticed a little error in the information about BMS-790052. In the first sentence, it states that BMS 790052 is a polymerase inhibitor, while it's actually an NS5A replication inhibitor. BMS790052 is also being used in phase 2b studies right now, in combination with standard treatment, for G1.2.and 3s. (We are involved with them. Find further info at clinicaltrials.gov)

I know how closely and to heart my patients take this information, so thought it was worth mentioning.

Cheers,

Laila Peterson RN BScN Research Nurse, PerCuro Clinical Research

Editor: PSI-7977 is the polymerase inhibitor. Thank you, Laila. We appreciate your input!

### HEP C AND ME: THE INCREDIBLE JOURNEY!



May is Hepatitis C Month! Hepatitis C Awareness Month is a time to celebrate the lives of those who have died, and those who continue to live and who are affected by this disease. Possibly the

first Canadian candlelight ceremony was held on May 1st, 2000. It was initially inspired and instituted in British Columbia as a Hepatitis C Awareness Event by a small group of friends including Sue White, Carol Romanow, Bob Edwards, and Marjorie Harris. Thousands of people in 16 cities across North America gathered in unity that year to share and remember together.

In October 1999, the idea for Hepatitis Awareness Month was introduced to The House of Commons in Ottawa, where it was rejected. In March 2001, it was referred to the committee a second time, and again it was turned down. It was then that the Minister of Health designated May as Hepatitis Awareness Month in order to increase public awareness. For the next few years the struggle continued to have Health Canada put Hepatitis Awareness Month on their Calendar of Events Web-



Donated the hepatitis C community and Pat Lightstained-glass

Candle of Hope was created in BC for the 2<sup>nd</sup> Annual Candlelight Ceremony,

and presented at the 1st Canadian Conference on Hepatitis C in Montreal, May 1st, 2001. A symbol of hope and awareness, the Candle of Hope was described as follows: "The radiance of the flame represents the piercing of the darkness of ignorance, and the spreading of the light of awareness. The cobalt blue anchors us in solemn reverence of the preciousness of life, and the red and yellow hepatitis C ribbon, which stands front and centre, represents the tainted blood that carries this blood-borne pathogen." - Bill Buckles

The first provincial proclamations were issued in Manitoba and British Columbia in 2002. In May of 2003, it was stated that May is Hepatitis C Awareness month in

British Columbia, by the BC Attorney General's Office. Today, it is recognized in Canada and around the world. This year however, World Hepatitis Day has been changed to July 28. This date has continually been changed over the years, for various reasons. Last year I headed a World Hepatitis Day event in Surrey, BC, along with the help of Sam Mohan of South Fraser Services, and we were given the proclamation for Surrey from Mayor Dianne Watts. This year, if I were to head another event, I would need a lot of help, as my volunteer time is limited. I am still trying to struggle back to my feet post treatment. If I can do it while sick and on treatment, so can you! Here are some ways in which you can get involved in your own communities.

You might want to start a Hepatitis C Awareness event of your own, either in May or July (or better yet, both!), or help out with one. For instance, IDU's (Intravenous Drug Users) might want to do a "Safe Injection Day", or a support group predominated by "shut-ins" and persons with cirrhosis might advocate awareness through fax and letterwriting campaigns to local and national politicians and the media. Groups and individuals with strong roots in schools and churches might want to schedule hepatitis C awareness information seminars or workshops as part of regular classes or community activities. You Okanagan artists are encouraged to do what you can to raise Deborah Wilson awareness. The community where you live will dictate the type of awareness event foot-Doyle, the needed for your unique community needs. If you are in the Vancouver area, and would like to help me plan an event (I have the venue), please email me directly at petrabilities@aol.com. I would love to hear your ideas! I am also interested in finding people to interview and tell their own stories for my video presentations, so please contact me if interested.

Good luck, and health to you all.

Until next month,

Petra

Please come and follow my journey on: http://www.youtube.com/petrabilities and visit <a href="http://www.petrabilities.com">http://www.petrabilities.com</a>



HEPC.BULL **APRIL 2011** ISSUE NO. 143 Page 5

### Hep C Sites on facebook



### FIGHT Against Hepatitis C

http://www.facebook.com/pages/ Victoria-BC/



http://bit.ly/9Nylw3



### Transplant Support Group of British Columbia

You can join the Facebook group by putting "Transplant Support Group

of British Columbia" in your browser or by using this URL: <a href="http://www.facebook.com/group.php?gid=311699175404&ref=share">http://www.facebook.com/group.php?gid=311699175404&ref=share</a>



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/ .

### HEPCBC LIVER WARRIORS HALF-MARATHON WALKING TEAM

On Sunday, October 9, 2011 in Victoria, BC, join the HepCBC "Liver Warriors" and participate in the Victoria Marathon. We will walk 21.1 km in 6 hours (or less) to publicize the benefits of exercise such as walking, particularly to those with liver disease.

If you are interested in training with this team or participating in this walk, go to www.runvictoriamarathon.com/events/

register.php. Be sure to select "Half-Marathon" and "Open" and "Hep C BC Liver Warriors" as your team. You must pay a \$64.86 registration fee with a credit card. You don't have to pledge anything else—only that you'll WALK with a SMILE!



Phone Cheryl at 250-360-4068 if you need help with registration or require lodging in Victoria.

If you want to join the full (42.2 km) running marathon, please phone Rachel at 250-853-3424.

See you

# COLUMBIA GASTROENTEROLOGY New Westminster, B.C. 604-525-0155

### **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 15<sup>th</sup> 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

## PHYSICIANS FOR PATIENTS



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

http://hepatitisc.physiciansforpatients.com/

If you are receiving this newsletter by snail mail but have 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.

## The Combo Survival Guide from A to Z

http://www.hepcsurvivalguide.org/ comboguide.htm

### 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.



Call HepCBC 595-3892 www.hepcbc.ca

\*Stats from Public Health Agency of Canada Hepatitis C

Page 6 HEPC.BULL APRIL 2011 ISSUE NO. 143

### CONFERENCES

\*\*\*\*\*\*\*\*

### International Conference on Viral Hepatitis 2011

April 11-12, 2011 Baltimore, MD, USA

www.confmanager.com/main.cfm?cid=2288

\*\*\*\*\*\*\*\*\*

### 1st World Congress on Controversies in the Management of Viral Hepatitis (C-Hep)

May 19-22, 2011 Barcelona, Spain

http://comtecmed.com/chep/2011/ \*\*\*\*\*\*\*\*\*\*

### 6th International Workshop on Hepatitis C, Resistance and New Compounds.

June 22-23, 2011 Boston MA, USA

http://www.virology-education.com/

\*\*\*\*\*\*\*\*\*

#### **HCV 2011**

### 18<sup>th</sup> International Symposium on **Hepatitis C Virus and Related Viruses**

September 8-12, 2011 Sheraton Seattle Hotel & Towers Seattle, WA Registration: Opens 1 February, 2011 www.hcv2011.org/



Shawna Farmer

2031 Olympic Place Sooke, BC V9Z 1E1 ww.farmernotary.com +: 250-642-6778 f: 250-999-0070

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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

### **EPREX ASSISTANCE PROGRAM**

Janssen-Ortho Inc, Canada has a program that may provide assistance in obtaining epoetin. It is the Eprex Assistance Program (EPO) 1-877-793-7739

For more info, provincial coverage and forms: http://profiles.drugcoverage.ca/en/ default.asp?DrugID=25

### **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 ment. income 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.

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-

### **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 Lookback Programs, Canada: 1-800-668-2866 start, stay on, and complete their treatment successfully. PegAssist Reimbursement 1-888-332-5663 (local 3467) or 604-707-3467 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 financial barriers which may prevent patients from starting treatment, i.e., deductibles and/or copayments. 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: 1-888-706-4717.

### **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.kleinlvons.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 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

Canadian Blood Services, Vancouver, BC

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 Registra-

tion: 1-888-840-5764 HepatitisC@kpmg.ca Ontario Compensation: 1-877-222-4977 Quebec Compensation: 1-888-840-5764 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

Agreement: Settlement http://www.reko.ca/html/ hepc\_settleagreement.pdf

### **SUPPORT BC/YUKON:**

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

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

- Campbell River: Drop in, needle exchange, advocacy. 1371 C - Cedar St. Contact leanne.cunningham@avi.org 250-830-0787
- Comox Valley Drop in, needle exchange. HCV Support group each Thu 10-11 AM, 355 6<sup>th</sup> St. Courtenay. Contact Sarah <u>sarah.sullivan@avi.org</u> 250-338-7400
- 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, peer training. Support group each Tues 12:30 PM, 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** <u>info@hepcbc.ca</u>, <u>www.hepcbc.ca</u> •Victoria Peer Support: 4<sup>th</sup> 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

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

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

Kelowna Hepkop: Phone support and meeting info. 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 1<sup>st</sup> & 3<sup>rd</sup> 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, 101 Baker St. Library M-Th 9-4:30. Contact Alex or Karen 1-800-421-2437, 250-505-5506, infor-

mation@ankors.bc.ca www.ankors.bc.ca/

(nurse)

New Westminster "C" Support Group Each Fri 10 AM. Nurse. Refreshments. Contact: Daniel 604-562-5170... mail@purposesociety.org

alex@ankors.bc.ca

North Island Liver Service Info, support, treatment. Doctor or self-referral. 1-877-215-7005 250-850-2605.

Courteney: 2<sup>nd</sup> Fri monthly 1PM, Dropin, Comox Valley Nursing Centre (nurse) Campbell River: 2<sup>nd</sup> Tues monthly 1PM Drop-in, Salvation Army Lighthouse.

Powell River Hepatology Service Powell River Community Health, 3<sup>rd</sup> Floor-5000 Ave. Contact Melinda Jovce 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

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

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

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

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 Contact King St, London. For those infected Peter, pvanbo@gmail.com Tel. 250-309 as well as affected by Hep C. Con-1358.

Victoria CoolAid Peer Support each Wed liott@aidslondon.com, 10-11:30 AM, 713 Johnson St. Support for 1601 ext. 260, 1-866-920-1601, all stages of treatment (deciding, during, aidslondon.com after). Contact Carolyn cshowler@coolaid.org

YouthCO AIDS Society 900 Helmcken St 1st floor, Vancouver 604-688-1441 or 1-877-YOUTHCO www.youthco.org Support promanager: gram Sasha sashab@youthco.org

Whitehorse, Yukon-Blood Ties Four Di**rections** 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 Maciei Kowalski, Health Promoter 905-522-3233 mkowalski@hucchc.com

Hepatitis C Education and Support Program (ACNB) Education, outreach, individual & group support, harm reduction, needle exchange, 269 Main St. W., Suite 201, North Bay. Contact 705-497-3560. 1-800-387-3701 or acnba@efni.com www.aidsnorthbay.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. Contact Andrea Monkman 519-967 -0490 or  $\underline{\textit{hepcnetwork@gmail.com.}}$ http://hepcnetwork.net

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613- 545 1-800-565-2209 hars@kingston.net, www.hars.ca

Kitchener Area Support 3<sup>rd</sup> Wed. monthly, 7:30 PM, NEW: Zehrs Community Room, Laurentian Power Centre, 750 Ottawa St. S., Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

London Hepatitis Peer Support Group 1st Tues monthly 7PM, 186 <u>N</u>Eltact: Nicole 519-434-

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

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

St. Catharines Contact Joe 905-682-6194

jcolangelo3@cogeco.ca

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

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

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 1-800-488-5840)

Unified Networkers of Drug **Users Nationally** 

undun@sympatico.ca

York Region Hepatitis C Education 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

### **QUEBEC:**

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

### ATLANTIC PROVINCES:

Hepatitis Outreach Society of **NS.** 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. 1st Tues. monthly, 7 PM, 595 Broadway Ave. Everyone welcome. Contact Kirk 204-772-

8925 info@mbhepc.org www.mb hepc.org

Medicine Hat, AB Hep C Support Group 1<sup>st</sup> & 3<sup>rd</sup> Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099 tvc2@h<u>ivnetwork.ca</u>

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

HEPC.BULL APRIL 2011 Page 8 **ISSUE NO. 143**