

Canada's Hepatitis C News Bulletin

www.hepcbc.ca

EASL HIGHLIGHTS

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47th Annual Meeting of the European Association for the Study of the Liver in Barcelona, Spain, April 18 to 22, 2012

[From the Editor: Please note that these trials have not been carried out head-to-head. with the same criteria (such as all GT1b, or all treatment naïve, or all CC allele), or the same selection of patients (age, gender, liver damage, etc.), so it is impossible to compare the results. Some of these trials are very small, and some of the results are not yet what we usually call an SVR (undetectable virus 6 months after the end of treatment, or SVR24.

Some of these trials are IFN-free, and because of personal interest, and hoping for more such trials, I have selfishly put those first. I'm not alone. Doctors at the EASL Conference are hoping for approval of an IFNfree combo treatment by 2014.

These reports are summaries of reports sent by NATAP, for which we are grateful.]

WITHOUT INTERFERON

77% SVR24: IFN-FREE DACLATAS-VIR + ASUNAPREVIR

Dual oral therapy with Bristol-Myers' Daclatasvir (NS5A Inhibitor) and Asunaprevir (protease inhibitor) in difficult-to-treat GT1b null responders or those ineligible or intolerant to PegIFN/RBV produced encouraging SVR rates at 24 weeks of 77%.

71% SVR: IFN-FREE BI201335/ **BI207127/RBV IN CIRRHOTICS**

After only 28 weeks of treatment with BI201335 + BI 207127 + RBV, up to 71% of GT1b cirrhotic patients achieved SVR. This Phase II SOUND-C2 study can be especially attractive to sicker patients because of its short treatment and lack of side effects from IFN. A Phase III trial with BI 201335 + PegIFN/RBV for treatment-naïve, treatmentexperienced and HIV co-infected GT1 patients has begun.

100% SVR4: DACLATASVIR

This is the first time an IFN/RBV-free trial in treatment-naïve GT1 patients has reported a 100% SVR4. This all-oral treatment tested Daclatasvir (BMS's NS5A inhibitor) and GS-7922 (polymerase inhibitor) at 4 weeks after 24 weeks of treatment (SVR4) in this Phase II trial which was also successful in 91% of GT2 and 3 patients. The study has expanded to include previous non-responders to protease inhibitors and to GS-9190+ RBV): use shorter treatment arms.

100% SVR4 DACLATASVIR + GS-7977 + RBV

Gilead and Bristol-Myers' IFN-free phase II trial for treatment-naïve patients taking daclatasvir plus GS-7977 plus RBV (Electron Phase II trial) reported a 100% SVR4 rate in GT1 patients (91% in GT1 and 3).

Unfortunately, the same combination of drugs used in a group including 84% non-CC allele patients (Quantum trial) produced had a higher percentage of patients with the non-nucleoside inhibitor. favourable CC allele.

Even though the combination of these two pills produces great results, Gilead has not yet agreed to work with BMS to market their combo. Perhaps Gilead wants to see if

+ GS-7922

results of GS-7977 + RBV without daclatasvir, or to see if they can combine the drug with their own drug candidates. Unfortunately, although this wait-and-see strategy may help the company make a better profit, patients might have to wait for access to this promising treatment, or possibly settle for one not so effective. Let's hope the company knows what it's doing and doesn't put profit ahead of the welfare of patients.

12 weeks are as effective as 24, or to see the

Other Gilead trials (GS-5885/GS-9451/

Gilead also presented preliminary data from its continuing IFN-free Phase II study of GT1 patients showing that the quadruple therapy including 3 DAAS (direct-acting antivirals) was well tolerated for as long as 24 weeks, and that the larger dose was more effective and just as safe. The combo was more effective in GT1b patients than in GT1a, and in IL28b CC rather than CT or TT, showing lower breakthrough rates. In treatment failures, adding pegIFN was effective in supressing the virus in most cases.

GS-5885 is an NS5A inhibitor; GS-9451 is SVR4 rate of only 59%. The Electron trial a protease inhibitor; GS-9190 is an NS5B

95% SVR12: ABT-450/r + ABT-333 + RBV

Abbott and Enanta Pharmaceuticals released results from their small IFN-free Phase II Co-Pilot Study showing over 90% of treatment-naïve subjects were virusundetectable 12 weeks after treatment. There were 3 arms, with a 95% (18/19 subjects) SVR12 in arm 1 (highest ABT-450/r dose) and 93% in arm 2 (13/14 subjects)—the treatment-naïve subjects. Response was not affected by HCV subtype (1a or 1b), IL28b allele or dose of ABT-450/r. In the 3rd arm previous non-responders—the SVR12 was 47%. One patient each in arms 1 and 2 discontinued during the first 2 weeks (one for elevated enzymes, one for non-compliance).

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HEPC.BULL MAY 2012 ISSUE NO. 155

SUBSCRIPTION/ORDER FORM

Please fill out & include a cheque made out to **HepCBC** - Send to our **NEW** address:

> **HepCBC** 2642 Quadra Street PO Box 46009 Victoria, BC V8T 5G7

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SUBMISSIONS: The deadline for any contributions to the hepc.bull is the 15th of each SUBMISSIONS: The month. Please contact the editors at jking2005@shaw.ca, (250) 595-3892. The editors reserve the right to edit and cut articles in the

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

to hepatitis on the envelope.)

(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

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.

HOW TO REACH US:

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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.

NEW!! FAQ version 9.0



Peppermint Patti's FAQ 9.0 NOW Version is AVAILABLE Version FRENCH available and SPANISH. The ENGLISH

version includes treatment information and research from 2012. Place your orders now. It contains 169 pages of information for only \$15 each. Contact (250) 595-3892 info@hepcbc.ca

HepCBC Resource CD

The CD contains back issues of the hepc.bull from 1997-2012, the FAO V9.0, 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: www.hepcbc.ca/orderform.htm

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 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 info@hepcbc.ca.

HepCBC thanks following institutions and individuals their generosity: The late John Crooks, The JackFM, Community Ocean, Victoria, Victoria Positive Living Centre, Provincial Employees Community Services Fund, United Way, the Victoria Foundation, Dr. C. D. Mazoff, Lorie FitzGerald, Chris Foster, Judith Fry, Allison Crowe, United Way, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Judy Klassen, Cheryl, Anamaria, S. J and L.P.

Please patronize the following businesses that have helped us: Top Shelf Bookkeeping, Thrifty Foods, Samuel's Restaurant, 2 Guys & A Press, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, VanCity, Shoppers Drug Mart, Market on Yates, and Safeway.

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

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

Dietitians of Canada: www.dietitians.ca HealthLink: www.dialadietitian.org



NEED A BETTER RESUME?

We need a volunteer Executive Director. Also needed: Board members, summarizing, telephone buddies, translation English to Spanish or French. 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.

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

TIP OF THE MONTH:

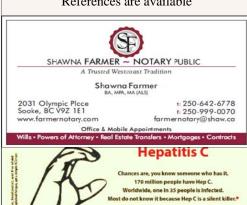
Promote Hep C awareness. YOU can make a difference!

J. Lemmon

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





Hep C is transmitted by blood contact. There is no vaccine, no 100% cure yet. There is an effective treatment.

Join the "Sign 4 C" campaign. www.Sign4C.Info and www.hepcbc.ca.



(EASL—Continued from page 1)

91% SVR ABT-450/r + ABT-072 + RBV

Abbot's 12-Week IFN-free trial of ABT-450/r, ABT-072, plus RBV achieved an SVR in 91% treatment-naïve HCV GT1-CC patients.

WITH INTERFERON 100% SVR: INCIVEK

Vertex presented data from its Phase II Prove 2 study showing 100% of 12 treatment -naïve GT1 (genotype 1) patients with the IL28B CC allele had an SVR (sustained viral response) with only 12 weeks of treatment with Incivek/pegIFN/RBV (telaprevir, pegylated interferon, ribavirin). Their Phase IIIb study in progress is testing short 12-week treatment for those with the CC allele.

The company plans to start a Phase IIb study of an all-oral (IFN-free) 12-week treatment for GT1 patients, combining any of its best 4 DDAs (direct-acting antivirals) already approved by the US FDA. Other studies with Incivek include a Phase III for HIV/HCV patients, a study testing twice-daily doses instead of three-times a day, trials with African-Americans and liver transplant recipients, and a Phase II all-oral trial with Incivek, VX-222 and RBV for treatment naïve GT1 patients, among others. They are testing Incivek or VX-222 with Alios's ALS-2200 and ALS-2158, with or without RBV.

93% SVR12: DANOPREVIRr+PegIFN+RBV

SVR12 rates of 93% were seen, with the highest-dose arm of Roche's DNVr (danoprevir "boosted" with ritonavir) in treatment-naive GT1 and GT4 patients.

SVR12 rates of 90% were reported, with the highest-dose in GT1a (the hardest-totreat) patients.

SVR12 rates of over 92% resulted from treatment with either DNVr 200/100 mg and 100/100 mg in GT1b or patients with IL28b CC allele.

ALISPORIVIR ON HOLD

Sadly, Novartis's promising oral cyclophilin inhibitor (DEB-025) trial is on hold by the US FDA because of 3 cases of pancreatitis. One patient died. The announcement was made at the EASL meeting. The drug was combined with pegIFN/RBV, and improved response rates in null- or partial-responders or relapsers over pegIFN/RBV alone, even with IL28b CT or TT alleles. There is normally some risk of pancreatitis with IFN, which might be increased by alisporivir. There will be an investigation.



JON SECADA: JOINS HEP C CAMPAIGN

Honouring his father's battle with Hep C, Jon Secada, famous song writer and winner of 2 Grammys, has joined an important awareness campaign. Born in Cuba, he rose from poverty to sell 20 million of his albums. But he couldn't help his father, who died 6 months ago. Jon had no idea how serious Hep C is—that it kills up to 5% of those who contract it—or that 170 million people around the world are infected. Jon is joining Gregg Allman and Natalie Cole, also affected by Hep C, to produce "Tune In To Hep C", and has written a new song in Spanish and English: "Your Voice Inside."

Download "Your Voice Inside" here: www.tuneintohepc.com

Source:

www.natap.org/2012/newsUpdates/041012_03.htm

Calling Peer Educators/Helpers, Advocates, Outreach Workers, Healthcare Staff, and People Infected/ Affected by Hepatitis C:

HEPATITIS C PROJECT ADVISORY MEETING

Wednesday May 16th, 2-4 pm AVI, 3rd floor, Access Health Center 713 Johnson St, Victoria, BC

To discuss: Hep C programming/services, developing 'HCV Capacity Training' for service providers, new treatments, and more. Snacks and bus tickets provided. Contact Hermione for more info at 250-364-2366.



IS MAY HEP C MONTH DEAD? 2000-2012?



Much like the silent stealth of the disease itself, 'May, Hepatitis C Month' is silently slipping into the void, leaving in its place 'World Hepatitis Day,' which seems to change dates each year, and shares the stage with hepatitis A, B and other non-viral forms of liver inflammation.

Many fought to have May recognized as Hep C Month. It was recognized officially by government agencies and officials and the media. But the truth is we have limited energy and resources. It's easy to take advantage of World Hepatitis Day and its T-shirts, handouts, expertise, media and slogans. Still, many of us will do a bit of silent mourning—and know that the fight goes on.

Remembering MAY 1, 2000:

Canada Hep C Candlelight Memorial Day old announcement of events hat took place:

Nanaimo: City Hall, 7:30 PM. Contact: Susan, 245-7635, susan.white@home

Vancouver: City Hall, 12th and Cambie, 7:30 PM. Contact Carol: momma@vcn.bc.ca

Vernon: Justice Park (27th St & 32nd Ave), 7:30 PM. Contact Marjorie: mharris@junction.net

Victoria: Legislature lawns, Parliament Buildings, 7:30PM. Contact Bob: 388-4311 or details@direct.ca

Elsewhere in Canada: Kitchener, ON: Contact: Carolyn: 893-9136

Fredericton, NB: Contact Sandi

sandik@learnstream.com

Greater Moncton, NB: City Hall at 7:30 PM

Contact: Debi: debihepc@nbnet.nb.ca Halifax, NS: Grand Parade Grounds, 7:30 PM. Contact:

Grounds, 7:30 PM. Contact: Bruce: 863-6376 or bdevenne@sprint.ca



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HIGHLIGHTS OF NEW PHAC SURVEILLANCE REPORT

(PHAC) has released Hepatitis C in Canada: 2005-2010 Surveillance Report (2012), produced by its Centre for Communicable Diseases and Infection Control, Infectious Disease Prevention and Control Branch. trends of HCV incidence and prevalence in Canada. While there were few surprises, some new or anomalous trends were obreport will likely be online at PHAC's website soon, but until then, you can download it via: www.hepcbc.ca/KnowEx/HCVCanada2012.pdf Major trends continue:

THE INCIDENCE of HCV (new cases reported) continued to drop (from 13,017 new infections reported in 2005 to 11,357 in 2009.) Over half (61%) of new cases still come from within the IV drug using (IVDU) population. Lower incidence within the general drug-using population is likely due to changing patterns of drug use (from IV to non-IV drugs) and to the spread of harmreduction education, techniques, and supplies. Non-IV users were still at particular risk, however, from shared intranasal and oral implements such as straws and pipes. There is also increased risk among IVDUs who get assistance injecting (needle-sharing is more likely in this case) or who have HIV or other STIs, making them more vulnerable. Another newly-reported risk factor is the use of solvents such as glue or petroleum in combination with IVDU, which greatly increases the chance of infection.

Males were about twice as likely to contract HCV as females in 2001, however this gender gap has been steadily decreasing; in 2010 the ratio was 1.2 males to 1 female. The most common age of new infection is 25-34 for both sexes. The jurisdictions with the highest rates of incidence were BC, Saskatchewan, and the Yukon (3X national rate), but as others have noted, incidence in the NWT and Nunavut may be underreported due to lack of testing. Incidence is approximately 4X to 5X higher among the Aboriginal population. New cases are also being reported among immigrants from developing countries which mounted mass health campaigns using poor hygiene.

Anomalies of incidence: Among both the prison and Aboriginal drug-user populations, there is a higher incidence of HCV among women than men (30% of females in federal prisons are Aboriginal). Another anomaly is that while HCV is generally not an STI, it

The Public Health Agency of Canada has become an STI among the MSM population due to rough sexual practices such as fisting or toys, and the trend to 'sero-sorting' among HIV+ men who consider HIV status while ignoring HCV status when selecting for partners. The strongest link found for tattoo-This report documents the major current ing and HCV+ status was among tattooed, non-IV drug users.

PREVALENCE of HCV (includes all people in a population with HCV, even if served. A short summary of these trends they contracted HCV many decades previousfollows. For those who wish to read it, the ly) has plateaued at approximately 245,000 in Canada, and approximately 21-25% of those infected still do not know they have it. This includes many who contracted HCV through contaminated blood transfusion and long-ago use of recreational drugs. The highest prevalence of all was among males ages 40-59 years old (in 2009). Female prevalence peaked twice, among those ages 25-29 and ages 40-59. Within the entire population of Canada, the prevalence of HCV is estimated to be 8 in 1000. Among people who inject drugs, it is 690 in 1000. Among inmates it is 28 in 1000; among MSM it is 50 in 1000, among street youth it is 50 in 1000, and among the Aboriginal population it is 30 in 1000.

> Three major public health implications of this data are that (1) harm reduction seems to be working, (2) the HCV+ population now in mid-40s through mid-60s, many of whom are still undiagnosed, will be developing serious complications such as cirrhosis, liver cancer, need for transplant, and end-stage-liver disease, and (3) the impact of HCV among the northern and Aboriginal populations should be considered more seriously.

> NOTE: This report should be read along with Robert Remis' 2007 PHAC 'modeling' report available at www.phac-aspc.gc.ca/stiits-surv-epi/model/pdf/model07-eng.pdf which is far more detailed, though not quite as up to date, and with a 2010 Ontario study, www.ices.on.ca/file/ONBOIDS FullReport intra.pdf which ranked HCV as the top pathogen causing "burden of disease" in Ontario (HIV came in second). See the chart, p. 151.

DO YOU NEED INCIVEK or VICTRELIS?

Are they approved but not covered in your area? If you have private insurance (Blue Cross, SunLife, etc.), it may cover part of the cost. Also see page 7 for more options.

HEPCBC NEWS

We are slowly collecting the wonderful PowerPoint presentations from the Hep C Forum that took place in Victoria last month, and will also be putting the video of the speeches online in the coming week or two, hopefully.

For now, you can download a lot of Forum information from:

www.hepcbc.ca/Forum Materials.htm As usual, you can download our hepc.bull from www.hepcbc.ca/bulletin.html Finally, you can get a great list of links to

www.hepcbc.ca/KnowEx/KE_links20120228.pdf

UPCOMING EVENTS:

excellent articles, etc., from

1. Anti-Stigma, Pro-Liver, Fund-Raising event: "Earliest/Cheapest Bird" registration for 8k, 1/2 marathon, or full marathon ends May 15:

www.hepcbc.ca/GoodlifeMarathon/ Forum Goodlife 20120316.pdf. We hope to involve students, family, healthcare workers, HCV+, HIV+, and HIV+/HCV+ people in both the walk/run and the fundraising. Please consider joining the "HepCBC Liver Warriors" team in the Goodlife Marathon (October 7, 2012).

- 2. Public health/Educational event: World Hepatitis Day events are Saturday, July 28th. We are still in the planning stage. If you would like to volunteer, please contact HepCBC at 250-597-3892 or 604-576-2022.
- 3. Anti-Stigma event cancelled for 2012! HepCBC has decided not to participate in the Victoria Day Parade this May. Hopefully we will be able to renew this tradition in 2013 with renewed enthusiasm and an even bigger, better marching group and decorated vehicle.

HepCBC FORUM DOCTORS' SLIDESHOWS and INTERVIEWS—ALMOST LIKE BEING THERE:

www.hepcbc.ca/Forum Materials.htm

Links to the actual video of the entire presentation will be on this page soon. We recommend showing the various presentations for discussion at hepatitis C support groups throughout BC and Canada.

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THE HAPPY LIVER SOCIETY SUITE 720 – 999 WEST BROADWAY VANCOUVER, BC V5Z 1K5 TEL: 604-732-7117 FAX: 604-738-4080

We will be honouring Dr. Eric Yoshida at this year's Spring Fling gala. Dr. Yoshida is the department head at B.C Transplant Society in Vancouver, and is also the head of the hepatitis program for British Columbia.

Dr. Yoshida is a wonderful man who has saved many lives through his hard work and caring.

My name is Karen Stacey. I am the founder of the Happy Liver Society of BC, a registered nonprofit society. Our charity number is 801371618RR0001.

The Happy Liver Society is raising funds to support Stacey House, an apartment for the exclusive use of post-operative liver patients and their family members who must travel to Vancouver for treatment of their liver disease, and to promote awareness of liver disease to the greater public. We promote immunization for hepatitis A and B, testing of all people for hepatitis C, and early screening and detection of liver disease in general. We are out in the public, sharing information and helping the public to forget their misconceptions of liver disease. Hepatitis C is the number one reason for liver transplants in Canada.

Please give generously to help support Stacey House, as the need is great.

www.canadacares.com

Van City account number 549725, Branch 8. Donations can be made at any branch. Receipts are given for donations \$20.00 or more.

Sincerely, Karen Stacey

www.happyliversociety.org

Karen Stacey, founder of the Happy Liver Society

#720-999 West Broadway, Vancouver, B.C. V5Z1K5

Email Karen@happyliversociety.org

Phone 604-732-7117

Fax 604-738-4080

Home 604-872-5509

Cell 778-378-0913





Brought to you by THE HAPPY LIVER SOCIETY #720-999 West Broadway Van B.C 604 732 7117



WALK, RUN, ROLL!

Walk, Run, Roll your Wheelchair, Volunteer, Donate!

HepCBC has been selected as one of twenty societies to take part in the Times Colonist-Victoria Goodlife Marathon "Charity Pledge Program" for 2012. On Sunday, October 7th, the "HepCBC Liver

Warriors" team will be walking in the ½ marathon (22.5 km) again this year, and it would be great to have a full marathon team as well. We are hoping to involve those with hepatitis C and their families, nurses and other healthcare providers, and others to publicize the

benefits of exercise such as walking for those with liver disease, to get in shape and improve our own liver health, fight stigma against those with hepatitis C, raise money to continue HepCBC's vital programs, and HAVE FUN!

If you are interested in participating in any way (be on a team, volunteer on the race day, collect pledges or donate), please visit our website www.hepcbc.ca/GoodlifeMarathon/

Forum Goodlife 20120316.pdf, phone 250 -595-3892, or email (Cheryl) at: marathon.hepcbc@gmail.com.



HEP C CLINIC AT PERCURO VICTORIA, BC



Did you know that the Hepatology Clinic at PerCuro provides comprehensive HCV education and long-term support to patients and their families undergoing HCV treatment in the Greater Victoria/Southern Vancouver Island region?

Specialized nurses assist with the procurement of financial coverage for treatment, ensure lab tests are scheduled appropriately, provide instruction in the self-administration of injectable medication, assist with the management of side effects, facilitate a monthly support group, and liaise with family doctors and specialists regarding your HCV status, treatment and any other issues of concern.

This type of professional support is imperative now that standard or care therapy often involves three medications.

PerCuro also offers access to cutting edge clinical trials for both naïve and treatment-experienced patients.

Every attempt is made to meet the individual needs of all patients. There is no cost involved.

Nursing Support improves outcomes. Contact 250-382-6270

QUINOA SALAD (4 servings)

- 1 C quinoa
- 2 C vegetable broth
- 2 C frozen shelled edamame, thawed (10 oz)
- 1 T freshly grated lemon zest
- 2 T lemon juice
- 2 T extra-virgin olive oil
- 2 T chopped fresh tarragon or 2 t dried
- 1/2 t salt
- 1/2 C drained, diced jarred roasted red peppers, (3 oz)
- 1/4 C chopped walnuts, pref. toasted

tender (7-8 min). Drain if needed.

- 1. Toast quinoa in dry skillet, medium heat, 5 min). Stir often. Put in fine sieve to rinse.
- 2. Meanwhile, boil broth in pot, high heat. Add quinoa. Boil more. Cover, simmer gently 8 min. Add edamame. Cover. Cook until
- 3. Mix lemon zest, juice, oil, tarragon and salt in large bowl. Add peppers and quinoa mix. Toss. Top with walnuts. (Refrigerate up to 2 days if desired.) Good on spinach or other greens.

Buy quinoa at health food stores or some supermarkets.

Source: <u>www.fitnessmagazine.com/recipes/recipecomdetail.jsp?recipeId=25109251</u>

lep C Sites facebook

Hep C, the Silent Killer

http://www.facebook.com/pages/Victoria-BC/HepCBC/274985724940





FIGHT Against Hepatitis C

Open Group — fightagainsthepatitisc@groups.facebook.com



Transplant Support Group of British Columbia

You can join the Facebook group by putting "Transplant Support Group of British Colum-

bia" in your browser or by using this URL: www.facebook.com/group.php?gid=311699175404&ref=share

HCVEDGE Get the edge on managing your Hepatitis C



- Why choose HCV-Edge?



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/

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.

Hey there! hepcbc is using Twitter.

Twitter is a free service that lets you keep in touch with people through the exchange of quick, frequent answers to one simple ques happening? Join today to start receiving hepcbc's tweets

http://twitter.com/hepcbc

ADVERSE EVENTS

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

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

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, *stat*ing 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

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

alth Agency of Canada Hepatitis C



www.facebook.com/?ref=home#!/pages/Hepatitis-C-Trust/107063971566?v=info

COLUMBIA GASTROENTEROLOGY

New Westminster, B.C. 604-525-0155

GLOBAL HEPATITIS C NETWORK IN CANADA



www.globalhepc.net



"At any age, staying strong and flexible helps you do the things you enjoy, and perform day-to-day activities with great ease."

Here, you can find a link to the Move for Life DVD, good eating tips and a series of short "walkabouts," "energy bursts," and lots of great health tips:

www.actnowbc.ca/move_for_life_dvd

CONFERENCES

The Viral Hepatitis Congress 7-9 September 2012 Johann Wolfgang Goethe-Universität Frankfurt, Germany

www.theconferencewebsite.com/conferenceinfo/Viral-Hepatitis-Congress-2012

8th Australasian Viral Hepatitis Conference 10-12 September 2012 SkyCity Convention Centre Auckland, New Zealand www.hepatitis.org.au/

EASL Special Conference Clinical Drug Development for Hepatitis C 14-16 September 2012 Prague, Czech Republic

www.easl.eu/ events/easl-special-conference/easlspecial-conference-clinical-drug-development-forhepatitis-c

2nd World Congress on Controversies in the Management of Viral Hepatitis (C-Hep) 18-20 October 2012 Berlin, Germany www.comtecmed.com/chep/2012/

AASLD - The Liver Meeting 2012 9-11 November 2012 Boston, Massachusetts www.aasld.org/lm2012/program/Pages/default.aspx

HEP C TELECONFERENCES

Tuesdays 7- 9 PM CST. Speakers. O&A session. Chat. Free and confidential. More info: http://www.hepcmo.org

INCIVEK CARE

Vertex's IncivekCare Patient Assistance Program supports patients with the reimbursement process for Incivek (telaprevir) treatment (Incivek, pegIFN, ribavirin). It will give you an efficient assessment of your options and eligibility. You may qualify to receive co-payment and other financial assistance to supplement your private and provincial drug program coverage. The program also provides dispensing and home delivery options and expert treatment advice. Call the Support Line at 1-877-574-4298. (Select option 2 for English, then 2 for Incivek Care.)

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 http://profiles.drugcoverage.ca/en/ forms: 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% reimbursement. The income maximum 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 financial barriers which may prevent patients from starting RCMP Blood Probe Task Force TIPS Hotline 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.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 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

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

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 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:

www.reko.ca/html/hepc_settleagreement.pdf

SUPPORT BC/YUKON

(nurse)

Armstrong HepCURE Phone support 1-888-437-2873

AIDS Vancouver Island The following groups provide 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 Harm reduction, counselling, advocacy. 355 6th St. Courtenay. Contact Sarah

sarah.sullivan@avi.org 250-338-7400
Nanaimo Meetings 4th Tues monthly, 1"15 pm 201-55 Victoria Rd, Contact Anita 250-753-2437

anital.rosewall@avi.org for details.

• 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 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 604-435-3717 <u>batlas@telus.net</u>

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

Comox Valley NILS Treatment/Pre & Post-treatment Support Group 2nd & 4th Wed., 615-10th St, Courtenay. Lunch. Contact Cheryl Cheryl.taylor@viha.ca 250-331-8524.

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. Contact 250-595-3892 Phone support 9 AM-10 PM. 250-595-3891

•Fraser Valley Support/Info: 604-576-2022

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

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: Phone support and meeting info. Contact Elaine 250-768-3573. eriseley@shaw.ca, Lisa 1-866-637-5144 ljmortell@shaw.ca

Mid Island Hepatitis C Society Contact midislandhepc@hotmail.com

Nanaimo Hepatitis C Treatment Support AVI Health Centre, #216-55 Victoria Rd. 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 Stride "HepC" Support Group each Fri 10 AM except 4th Fri. of the month. Nurse Practitioner, refreshments. Contact: Stride Workers 604-526-2522., mail@purposesociety.org

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

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

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 Contact Ilse 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.wendyswellness.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 <u>brent.fitzsimmons@vch.ca</u>

Surrey Positive Haven Info, harm reduc tion, support, drop in, clinic. 10697 135A St. Contact Monika 604-589-9004.

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 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.

Peter, pvanbo@gmail.com Tel. 250-309-1358. infected as well as affected by Hep

Victoria CoolAid Community Health Centre. Meetings each Wed 10 AM. 713 Johnson St. Support for all stages of treatment Owen Sound Info, support. Con-(deciding, during, after). Contact Roz rmilne@coolaid.org

YouthCO HIV + Hep C Society of BC. Drop-in 800-263-3456 Ext. 1257, 519-376-T&W 12-3, Fri. 9-12. Call to schedule appts M- 9420, Ext. 1257, F 10-6. 205-568 Seymour St, Vancouver 604 688-1441, 1-855-YOUTHCO Support Staff: Stewart stewartc@youthco.org, Briony brionym@youthco.org www.youthco.org

Whitehorse, Yukon-Blood Ties Four Directions

Contact 867-633-2437 Toll free: 1-877- 333-2437 bloodties@klondiker.com



OTHER PROVINCES

ONTARIO:

smking/

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/

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

Hep C Team, AIDS Committee of North Bay & Area. Education, outreach, treatment, individual & group support, harm reduction, needle exchange. 269 Main St. W, Suite 201, North Bay. Contact 705-497-3560. 1-800-387-3701 or hepccommcoord@gmail.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 <u>hepcnetwork@gmail.com</u>. http://hepcnetwork.net

Kingston Hep C Info HIV/AIDS Regional Service. Contact 613-545-3698, 1-800-565-2209 www.hars.ca hars@kingston.net

Kitchener Area Support 3rd Wed. monthly, 7:30 PM, Ray of Hope Community Room, 659 King St. East (Enter off King St) Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or waterlooregionhepcsupport@gmail.com

London Hepatitis Hep C Support Vernon telephone buddy, M-F 10-6 Contact 186 King St, London. For those C. Contact: 519-434-1601, 1-866-920-1601, hivaidsconnection.com

> tact Debby Minielly dminielly@publichealthgreybruce.on.ca 1-

www.publichealthgreybruce.on.ca/

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

St. Catharines Contact Joe 905-682-6194

Sudbury Circle C Support Group 1st Tues. monthly. Contact Ernie 705-522-5156,

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

Toronto CLF 1st Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext.

bpotkonjak@liver.cawww.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 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@hepcyorkregion.org www.hepcyorkregion.org

OUEBEC:

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:

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.mbhepc.org

Medicine Hat, AB Hep C Support Group $1^{st} & 3^{rd}$ Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E. AB Association, 550 Allowance Ave. Contact 403-527-7099

bettyc2@hivnetwork.ca



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