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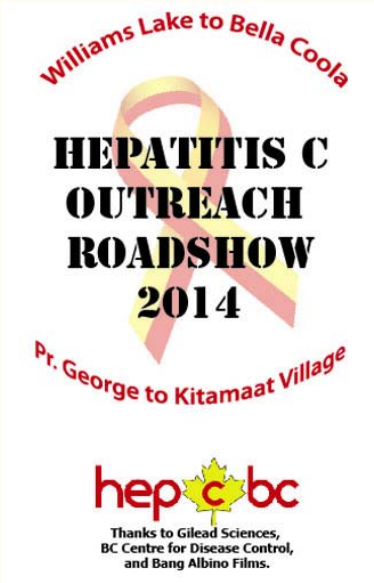
Canada's Hepatitis C News Bulletin

www.hepcbc.ca

HEP C ROADSHOW

NORTHERN BC: HEPATITIS C OUTREACH ROADSHOW APRIL 24-MAY 10



Three HepCBC volunteers – two nurses and an HCV+ person – are on the road, bringing our stories and pamphlets to remote communities, seeking to discover new friends and hoping to share ideas to help address the severe inequity of HCV treatment and care between BC's urban and rural areas. We are making 3-hour presentations including a great new 1-hour movie about hepatitis C: *DEAL WITH IT*, in 20 communities in the Williams Lake to Bella Coola corridor, and in the Prince George to Kitamaat Village corridor. We are Fran Falconer, long-time hepatology nurse/nurse educator from Nanaimo, HepCBC president and retired nurse Rosemary Plummer, plus retired teacher recently cured of hepatitis C, Cheryl Reitz. Below is the itinerary of our exciting journey. For details, consult our online Calendar (right side of every webpage of www.hepcbc.ca).

Apr. 24: Yunesit'in/Stone Youth Centre 1:30 – 4:30 pm

(Continued on page 2)

WORLD HEPATITIS DAY

AN OPPORTUNITY TO EDUCATE AND TO FIGHT STIGMA

On July 28th every year, people living with and fighting hepatitis B and C throughout the world join hands to let others know of their struggles and how others can help them try to eradicate these two terrible diseases from the face of the earth. It is also a wonderful opportunity to show the diversity of our faces and stories; nothing dissolves stigma faster than when a real person we can relate to replaces a negative stereotype in our minds, right?

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INSIDE THIS ISSUE

"FIRE IN THE BLOOD"

(*fireintheblood.com/trailer*)

A film by Dylan Mohan Gray, ***Fire in the Blood*** *is narrated by William Hurt. One of our volunteers, went to see it and sent in the following review:*

Last Saturday Doctors Without Borders had a showing of the documentary film festival movie, "Fire in the Blood", which reveals the power of the pharmaceutical companies in controlling not only drugs, but lives. It left me feeling both powerless and powerful at the same time: powerless, seeing so many lives lost when drugs are available, but powerful enough to see that a small group of people believing in a cause can make a difference.

The film takes you back to the start of the AIDS epidemic: discovery, break-through of drugs to treat the disease, and the monopoly arising from the patent granted to pharmaceutical company. As a result, the price of the drug is far beyond what is reasonable in terms of production cost. In the film, the cost of medication in South Africa and Uganda is not affordable for the average person, and as a result people were dying when drugs were available simply because they were poor, thus putting a price on lives. If you are rich, you can get treated. The patent is not international, but Pfizer had an agreement with these countries to have the exclusive right for the distribution of AIDS drugs. The generic versions of these drugs were available in other countries, such as Thailand and India. In the end, India supplied the AIDS drug cocktail at a cost of $1 per day, compared to $10,000 per year.

After the film, there was a presentation by Mr. James Love, Director of KEI, Knowledge Ecology International, who was actively involved in the process and was featured in the film. He informed us that, although "the people" won the war on AIDS drugs with the pharmaceutical

(Continued on page 2)

SUBSCRIPTION/ORDER FORM

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

HepCBC
2642 Quadra Street
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TOTAL: $_____

☐"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 or donate on line via PayPal at *www.hepcbc.ca/orderform.htm*
Download the hepc.bull free at *http://hepcbc.ca/hepc-bull-monthly-newsletter/*

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.

(**Hep C Roadshow**—*Cont'd from page 1)*

Apr. 24: Tl'etinqox-t'in/Anaham Hall 6–9 pm
Apr. 26: Bella Coola Elders Centre 1–4 pm
Apr. 28: Williams Lake Salvation Army Drop-in Centre 9 am–noon
Apr. 28: Saik'uz First Nation Band Office, Vanderhoof 6–9 pm
Apr. 29: Stellaten First Nation, Fraser Lake 11:30 am–2:30 pm
Apr. 29: Tachet Health Centre, Granisle, 5:30–8:30 pm
Apr. 30: Fort Babine, noon–3 pm
May 1: Positive Living North, Smithers, 10 am–1 pm
May 1: Moricetown 5–8 pm
May 2: Gitxsan Health Society, 10:30 am–1:30 pm
May 3: Gitsegukla Health Centre, Kitsegucla, 10:30 am–1:30 pm
May 3: Gitwangak Human services, 4–7 pm
May 4: Gitlaxt'aamiks, New Aiyansh, 1:30 – 4:30 pm
May 5: Kitamaat (Haisla) Village, 1–4 pm.
May 5: Terrace 6–9 pm. Location TBA
May 6: Wet'suwet'en First Nation Health Office, Burns Lake 5–8 pm.
May 7: Fort Saint James, 1 pm– 4 pm
May 8: Tachie, BC, noon–3 pm
May 9: Positive Living North, Prince George, noon–3 pm

Thanks to Gilead Sciences, BC Centre for Disease Control, and Bang Albino Films for making this trip possible.

HEP C CLINIC AT PERCURO

The Hepatology Clinic at PerCuro provides HCV education and long-term support to patients and their families undergoing HCV treatment in the Greater Victoria/Southern Vancouver Island region, according to their individual needs. Specialized nurses help procure financial coverage for treatment, ensure lab tests are scheduled, teach self-administration of injectable medication, help manage side effects, facilitate a monthly support group, and liaise with family doctors and specialists regarding the patient's treatment and any other issues of concern.

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

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

There is no cost involved.

Nursing Support improves outcomes.
Contact 250-382-6270

(**FIRE IN THE BLOOD** - *Cont'd from page 1)*

company, the pharmaceuticals have now somehow obtained the exclusive right to worldwide patent for medicines, i.e., other countries are not allowed to produce any patented drugs. With AIDS, this law was not yet in place, which is why India could produce it. But now, with new drug discoveries, this won't be allowed.

After decades of struggles to show that there should be no patent on drugs for life-threatening diseases, and that generic drugs could and should be produced to make them affordable to patients, we are back to square one. Will all those still waiting for future Hep C drugs be able to afford them? How many loopholes will they still have to jump through? Will they have the resources necessary while battling the disease?

There is one thing YOU can do right now. Canada is participating in trade talks that could jeopardize what has been achieved so far. PLEASE go to *msf.ca/tpp* to sign the petition.

THANKS!!

HepCBC thanks the following institutions and individuals for their generosity: The late John Crooks, Allison Crowe, Billie Wood and Adrian, Community Living Victoria, Victoria Positive Living Centre, Provincial Employees Community Services Fund, the Victoria Foundation, Dr. C. D. Mazoff, Judith Fry, and the newsletter team: Beverly Atlas, Diana Ludgate, Alp, Cheryl, Anamaria, S.J., L.P.

Please patronize these businesses that have helped us: Top Shelf Bookkeeping, Merck Canada, Roche Canada, Vertex, Gilead, Janssen, Bristol-Myers Squibb, Boerhinger-Ingelheim, AbbVie, Rx&D, VanCity, Shoppers Drug Mart, Market on Yates, Country Grocer, Safeway and Thrifty Foods.

TIP OF THE MONTH:

HOPEFULLY YOU ARE CONSIDERING TREATMENT, IF YOU STILL HAVE HEP C.

Please check out the EASL Highlights (page 4). They are organized by genotype (ALL, GT1, GT2-3, GT4), and the hardest groups to treat are at the top of each of those sections.

(**World Hep Day**—*Cont'd from p. 1)*

This year HepCBC once again is working with other groups to organize and publicize World Hepatitis Day events throughout the province. Let us know what you are planning to do in your community before July 1st, and your event will get advertised in BC's three major newspapers. Last year 11 communities were on the ad. Of course, we're hoping to include more this year! The best events are educational, friendly, colourful, meaningful, musical, and tasty!

VANCOUVER WHD 2014 will be the largest yet, held at the outside Georgia St. entrance to the Vancouver Art Gallery. Tents, tables, speakers, music in (we hope!) the sun. The Planning Committee this year includes representatives from First Nations Health Authority, BC Centre for Disease Control, HepCBC, SUCCESS (the major hepatitis B group in BC), and the Purpose Society.

We hope you will consider hosting a unique and wonderful event in your community, and let HepCBC know about it, so we can add it to the list in the World Hepatitis Day ads. For ideas, go to *http://whdcanada.org/* and *worldhepatitisalliance.org/en/about-whd-2014.html*

MARATHON

Mark this date on your calendar:

October 12, 2014 is the date of the Victoria, BC "Goodlife Fitness Marathon" (8k Road Race $35, Half Marathon $65, Full Marathon $90.) Remember, running is not the only option! You can WALK either Half or Full Marathon, and you can use a WHEELCHAIR for any of the events. To register, go to *www.runvictoriamarathon.com/events/register.php*. When asked if you want to join a TEAM, be sure to select our team, the "HepCBC Liver Warriors" from the dropdown list. If you don't see the team listed for the 8k or Full Marathon, you can create it by writing it in. If you join our team, please let us know by email to *marathon.hepcbc@gmail.com*. Also, we are looking for Race Day, Info Booth, and Fundraising Volunteers! This is a great way to fight stigma, educate the public about hepatitis C, meet new friends, get in shape, demonstrate the benefits of exercise for the liver, raise money for HepCBC's hepatitis C outreach programs, and have fun!

TREATMENT: CLINICAL TRIALS

COMPARING TRIAL RESULTS

It is very difficult to compare clinical trial results and choose a treatment based on the information from studies such as those presented at even the top medical conferences such as EASL. Why?

- The studies don't usually compare the various drugs to drugs produced by other pharmaceutical companies (head-to-head studies).
- The trials producing the best results might be published and those with poorer results might not. (This has not been found in Hep C trials, thanks to clinical trials registries like ClinicalTrials.gov.)
- The studies may use different duration of treatment and types of patients, different combinations of drugs and doses, differences regarding baseline viral load, presence of viral mutations, genotype, IL28b allele, state of the liver, age, gender, previous treatment, exercise, body mass index, use of alcohol and other substances.
- Most trials publicly report the people who dropped out. Some don't.
- Some trials use few people, while others use many.
- You should also take into account the side effects and how serious they were. (This issue of the bulletin does not mention side effects or other details, but you can find them in links.)

Source: www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001526
Info about clinical trials: www.clinicaltrials.gov

WILL WE STILL NEED IFN?

Interferon (IFN) has been used for the treatment of Hep C for more than 20 years. Poor SVR (sustained viral response) rates back then were low, but improved when ribavirin (RBV) was added, and improved more when the IFN was pegylated. Those improvements allowed over 50% of patients to attain SVR. Unfortunately, that treatment (pegIFN/RBV) took up to 1 year of injections weekly, and had many side effects. The pharmaceutical companies continued to search for something more effective and with fewer side effects, no injections and shorter treatment times. As a result, we now have several effective oral direct acting antivirals (DAAs), which include some that are effective without pegIFN/RBV. These are not widely available yet. PegIFN/RBV may eventually be needed only to reduce treatment time or number of DAAs used, in patients with difficult-to-treat genotypes, or who fail treatment with DAA therapies, or who have difficult viral mutations.

Source: http://www.ncbi.nlm.nih.gov/pubmed/24548815

WHAT IS A Q80K?

We have heard about the IL28b gene, part of our own immune system that we were born with, and we know that, if we could choose, we would want the kind of the gene that has the CC allele (a variant—a type of DNA coding, occupying a certain part of a chromosome), which can mean the virus might respond to IFN treatment more easily or even go away spontaneously, perhaps even before we are diagnosed. If you have the CT allele, you may or may not respond to treatment. But if you have inherited the TT allele, then it is very difficult for you to respond to conventional Hep C treatment with IFN. Luckily, the new DAAs don't care about what kind of IL28b gene we have. (Just think: A few years ago, they couldn't even find the virus, and now they're studying its genes!!)But now researchers have discovered yet another stumbling block: Q80K.

Q80K is a polymorphism—a variation in the virus's NS3/4A protease enzyme that occurs naturally in up to 48% of patients with genotype 1a (GT1a). The GT1b virus rarely has this mutation.

Trials suggest that, even though simeprevir (formerly TMC435, now Olysio in the US and Galexos in Canada) cures 80% of treatment-naïve patients, those with the Q80K mutation should consider a different therapy, and not waste their money or time. ("Notably, no Q80K-related reductions in efficacy were observed during the pivotal trials of the currently approved NS3/4A protease inhibitors, telaprevir and boceprevir.")

Sources:
http://hepatitiscnewdrugresearch.com/olysiosimeprevir-resistant-variant-q80k.html#sthash.8vik7BXM.dpuf
http://livertree.easl.eu/easl/2014/international.liver.congress/49037/undefined

DISCOVERY OF IFNL3

Researchers in Seattle have discovered that DNA changes on the IFNL3 (interferon lambda 3) gene on chromosome 19 are linked to spontaneous clearance of Hep C, or better treatment responses, and may be a good target for new pharmaceutical products. Until recently, they couldn't figure out the mechanism.

When they noticed that Asians responded better than Africans, they started collecting data, hoping to find genes associated with SVRs.

They believe that two genetic variations on the IFNL3 gene found near an area that produces IL28b help fight HCV. Those with the T (which stands for thymidine) variant are

(Continued on page 6)

EASL 2014 LONDON APRIL 9-13, 2014

The 49th annual meeting of the European Association for the study of the Liver (EASL) was held in London April 9-13, 2014, with over 10,000 clinicians and scientists from the world over, providing the latest research and treatments for liver disease, and there's a lot of good news.

Most of us will now be curable by the new treatments available or soon to be available. But too many of us have a virus that won't give up, a rebellious immune system, a liver that has seen better days, or medical conditions limiting treatment possibilities. Don't give up; the researchers haven't!

There were too many presentations to summarize in even 10 issues, but here are some of the highlights. Most were for non-responders. For more info, go to *www.clinicaltrials.gov*.

Source: www.natap.org/2014/EASL/EASL.htm

MULTI-GENOTYPES DIFFICULT TO TREAT

SOVALDI AND ADVANCED LIVER DISEASE

Gilead presented 3 studies at EASL 2014:

Study #1 (Phase II) treated one group of compensated or non-compensated cirrhotic patients with Gilead's sofobusvir (Sovaldi or SOV, a polymerase inhibitor) plus RBV for 48 weeks, compared to a similar group who were just observed, but began treatment 24 weeks later. 80% of the patients were previous non-responders (NRs). 95% of the first group achieved viral suppression during treatment. SVR12 (Sustained Viral Response 12 weeks beyond the end of treatment) rates will be released after treatment ends.

Study #2 (Phase II) treated HCV+ post-transplant patients with 24 weeks of SOV/RBV in various doses. Most had GT1 infection, and 88% were previous NRs. 70% achieved SVR12. SOV did not interfere with antirejection drugs.

Study #3, a compassionate access study, included 105 post-transplant patients who had no more treatment options. They took up to 48 weeks of SOV/RBV. Some also took pegIFN if their doctor so wished. Most had improvements in their health, and 62% achieved SVR12.

Source: http://hepatitiscnewdrugs.blogspot.ca/2014/04/easl-gileads-sovaldi-demonstrates.html

SOVALDI & PATIENTS NRs TO DAAs

Results were presented from Gilead's study (GS-US-334-0109) treating NR GT1 patients with 12 weeks of SOV + pegIFN/RBV. Among the 50 patients with data available 12 weeks after the end of treatment (SVR12), 74% achieved SVR12, including 80% of the patients with drug resistance to at least two DAAs.

The patients were NRs to previous treatment with pegIFN/RBV plus an NS3 protease inhibitor, some to NS5A and/or non-nucleoside NS5B inhibitors. 45% of these patients had been treated previously more than once. 90% had at least one viral mutation (NS3, NS5A or NS5B drug resistance.) This regimen can be effective in GT1 patients with viral mutations, previously treated unsuccessfully with DAAs.

Source: www.gilead.com/news/press-releases/2014/4/gilead-announces-results-from-study-of-sovaldi-for-retreatment-of-chronic-hepatitis-c-in-patients-not-cured-with-prior-antiviral-therapy

ALLY, 3DAA & UNITY TRIALS GT1,2,3,4 IFN-INTOLERANT

Trials are ongoing with Bristol-Myers Squibb's daclatasvir (DCV) plus sofosbuvir (SOV) in difficult-to-treat patients, such as pre- and post-transplant patients, HIV/HCV co-infected patients, and GT 3 patients, as part of the ongoing Phase III ALLY Program.

In 2014, BMS obtained US FDA approval as Breakthrough Therapy for the DCV Dual Regimen trial, as a combination therapy to treat those with GT1b. Last year, BMS's all-oral 3DAA Regimen (DCV/ASV/BMS-791325) also received Breakthrough Therapy Designation, used in the ongoing Phase III UNITY Program, in non-cirrhotic naïve, cirrhotic naïve and previously-treated patients.

Thanks to the 3DAA study results, BMS has applied to the US FDA and the European Medicines Agency for approval of DCV and Asunaprevir (ASV) to use DCV with other agents to treat those with compensated liver disease, including GTs 1-4. Patients treated included those unable to take standard pegIFN/RBV. SVR12 was achieved by patients with anemia/neutropenia (91%), depression (80%), and compensated advanced fibrosis/cirrhosis with thrombocytopenia (73%).

Source: http://hcvadvocate.blogspot.ca/2014/04/bristol-myers-squibb-submits-ndas-for.html

C-EDGE: MK-5172/MK-8742 ± RBV GTs 1,4,5,6

Merck has begun Phase III clinical trials for MK-5172/MK-8742, called C-EDGE. It will treat many types of patients, from treatment-naïve through the difficult-to-treat, with GTs 1,4,5,6, with/without RBV.

Study groups will include:

C-EDGE TN (GT1, GT4-6; treatment-naive ± cirrhosis),

C-EDGE CO-INFXN (GT1, GT4-6; treatment-naive ± cirrhosis with HIV/HCV co-infection),

C-EDGE RECOVERY (GT1, GT4-6; treatment-naive ± cirrhosis; ± HIV/HCV co-infection on opiate substitution therapy)

C-EDGE TE (GT1, GT4-6; prior failed treatment with pegIFN/RBV ± HIV/HCV co-infection).

More info: www.clinicaltrials.gov

Source: www.natap.org/2014/EASL/EASL_16.htm

GENOTYPES 1

HALLMARK-DUAL STUDY DIFFICULT-TO-TREAT GT 1

Bristol-Myers Squibb presented the results of their multinational HALLMARK-Dual study Phase III with all-oral daclatasvir (DCV) and asunaprevir (ASV). The results include data for difficult-to-treat GT1b cirrhotic and non-cirrhotic, treatment-naïve, non-responder, and pegIFN/RBV ineligible/intolerant patients.

A 24-week regimen achieved overall SVR12 as follows:

90% in treatment-naïve

82% in NRs to previous pegIFN/RBV

82% in pegIFN/RBV ineligible/intolerant patients, including cirrhotic and non-cirrhotic patients (84% and 85%).

The treatment was very well tolerated, even among those with advanced liver disease (anemia/neutropenia 91% SVR; depression 80% SVR; compensated advanced fibrosis/cirrhosis with thrombocytopenia 73%.)

Source: http://news.bms.com/press-release/rd-news/bristol-myers-squibb-presents-phase-iii-data-demonstrating-investigational-all

SAPPHIRE-I and SAPPHIRE-II

AbbVIE announced Phase III results:

96% SVR12 was achieved in both SAPPHIRE-I (treatment-naïve) and SAPPHIRE-II (treatment-experienced with pegIFN/RBV) in adult non-cirrhotic GT 1a/b patients.

95-100% in the SAPPHIRE-II study in all patients

96.2% in SAPPHIRE-I (95.3% of GT1a, 98% of GT1b)

96.3% in SAPPHIRE-II Phase III with 12 weeks of ABT-450/r/ABT-267/ABT-333/RBV (96% of GT1a, 96.7% of GT1b)

49.2% of patients were prior null-responders, 29% were prior relapsers, and 21.9% were prior partial-responders.

The SAPPHIRE-II trial consisted of 12 weeks of treatment with AbbVie's regimen: ABT-450/r + ABT-267 (Ombitasvir) + ABT-333 (Dasabuvir) + RBV, in non-cirrhotic, GT1a/b patients who previously failed treatment with pegIFN/RBV.

Of 394 patients, 297 were randomized to the AbbVie regimen with RBV for 12 weeks, and 97 patients were randomized to a placebo for the first 12 weeks. Those randomized to placebo for the first 12 weeks later received treatment with the AbbVie regimen plus RBV

(Continued on page 5)

(**EASL 2014**—*Continued from page 4)*
for 12 weeks.

Source: www.prnewswire.com/news-releases/abbvie-to-present-detailed-phase-iii-results-from-sapphire-i-and-sapphire-ii-studies-in-chronic-hepatitis-c-patients-at-the-2014-international-liver-congress-254846841.html

COSMOS STUDY
SMV + SOV ± RBV

GT1 prior null responders with fibrosis stage 0-2, took Janssen's simeprevir (TMC435 aka SMV) plus Gilead's sofosbuvir (GS-7977 aka SOV) with/without RBV.

This regimen resulted in high SVR regardless of the length of therapy, or whether or not RBV was added, and in spite of GT1 subtype a or b, IL28b genotype or Q80K polymorphism. RVR did not predict SVR.

Results with 24 weeks treatment:

79% with SMV/SOF/RBV (17% of non-SVRs not due to virologic failure (non-VF)

93% with SMV/SOF (7% non-VF)

Results with 12 weeks treatment:

96% with SMV/SOF/RBV (4% non-VF)

93% with SMV/SOF (7% non-VF)

OPTIMIST-1 and -2 Phase III trials are ongoing.

Sofosbuvir/Simeprevir is now approved for treatment in the US and Canada, with or without RBV, in GT1 prior non-responders.

Source: www.natap.org/2014/EASL/EASL_46.htm Reported by Jules Levin

TURQUOISE-II STUDY

AbbVIE presented results from the TURQUOISE-II Phase III study, which evaluated 12 or 24 weeks of treatment with AbbVie's regimen (ABT-450/r + ombitasvir [ABT-267] + dasabuvir [ABT-333], dosed twice daily with RBV in GT1 patients with compensated cirrhosis, who achieved an SVR12 of 91.8% and 95.9% in the 12-week and 24 -week treatment arms, respectively. Patients in the study were either treatment-naïve or treatment-experienced (i.e., failed prior treatment with peg/IFN + RBV).

In the 12 week arm: GT1a results ranged from 80% (prior null-responders) to 100% (prior partial responders)

GT1b results ranged from 85.7% (prior partial-responders) to 100% (treatment-naïve, prior null responders, prior relapsers)

In the 24-week arm, results ranged from 92.9% in GT1a prior null-responders to 100% in all GT1b and all GT1a except treatment-naïve and prior null-responders

Source: www.heraldonline.com/2014/04/12/5863158/abbvie-to-present-late-breaking.html

SOV/LDV RE-TREATMENT

The IFN/RBV-free regimen of Gilead's Sofosbuvir (Sovaldi or SOV) and Ledipasvir (LDV) for 12 weeks resulted in 100% SVR12 rates in 19 GT1 patients who had relapsed post-completion of SOF+RBV therapy (ELECTRON-1 study). SOF/LDV was well tolerated. There were no dropouts. The researchers concluded that those who fail SOF/RBV can be successfully re-treated with SOF/LDV for 12 weeks.

Source: www.hivandhepatitis.com/hcv-treatment/experimental-hcv-drugs/4621-easl-2014-sofosbuvirledipasvir-is-safe-and-effective-for-relapsers-and-hard-to-treat-patients

STUDY M12-999
TRANSPLANT PATIENTS

AbbVIE presented interim results of the ongoing Phase II M12-999 Study of ABT-450r/ABT-267/ABT-333 + RBV for 24 weeks in non-cirrhotic liver transplant patients with GT1 recurrent infection. 97% achieved SVR4 and 96.2% achieved SVR12. Only 1 patient withdrew because of side effects. There was no loss of the transplanted liver or signs of rejection.

Source: www.natap.org/2014/EASL/EASL_30.htm

PEARL-III STUDY

Results from AbbVIE's PEARL-III were presented, showing that 12 weeks of ABT-450r/ABT-267/ABT-333 + RBV produced SVR in over 99% of 419 GT1b treatment-naïve, non-cirrhotic subjects, in both arms (with or without RBV), which included patients with characteristics generally found to have a poorer response to treatment, such as males, blacks, and those with the non-CC alleles of the IL28b gene. There was only one failure in the RBV arm during treatment, and none documented in either arm during the 12 weeks post-treatment.

Source: www.sciencenewsline.com/articles/2014041321460009.html

C-WORTHy STUDY

This Merck all-oral trial with MK-5172/MK-8742 was taken by GT1 treatment-naïve patients without cirrhosis, once daily with or without RBV for 12 weeks, and produced an SVR of 94-98%.

MK-5172/MK-8742/RBV for 8 weeks in GT1a produced SVR4 of 83%.

Source: www.natap.org/2014/EASL/EASL_44.htm

ION-3 TRIAL:
SOFOSBUVIR/LEDIPASVIR

Previously, high rates of SVR were seen among those treated who received 12 weeks of Gilead's sofosbuvir with the NS5A inhibitor ledipasvir.

This phase III study treated 647 treatment-naïve GT1 non-cirrhotic patients for 8 weeks with the above regimen. They were randomized to 3 arms. The SVR12 rates were as follows:

(Continued on page 6)

SVR HONOUR ROLL

Have you responded to treatment and remained undetectable for a minimum of 12 weeks after finishing treatment? Celebrate and give others hope. Please take a minute to send us your info and we'll add your name (or initials). Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks - Dr Anderson /Natalie Rock, Vancouver, BC.
2. **Amberose** - 2000 (GT 2A/2C) - Schering IFN/RBV 24 wks
3. **Jeanie Villeneuve** - Oct 2000 - Schering IFN/RBV
4. **Kirk Leavesley** - (GT1) - 2004 - Roche
5. **Darlene Morrow** - (GT1 relapser) - Mar 2004 - Hyperthermia/Induction + pegIFN/RBV.
6. **Beverly Atlas** - (GT1a) - 2005/2006 - Albuferon/RBV 44 wks
7. **Steve Farmer** - 2008 (Transplant Vancouver 2005) IFN/RBV 72 weeks.
8. **Gloria Adams** - (GT1b relapser) - Fall 2009 IFN/RBV/Telaprevir 48 wks - Drs Erb & Yoshida, Vancouver, BC.
9. **Don Crocock** - (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 weeks
10. **Daryl Luster** - (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
11. **Donna Krause** - (GT1 partial responder) SVR - Nov 2011- Pegasys/Copegus, Danoprevir/Ritonavir/R05024048 24 wks - Dr. Erb, Vancouver.
12. **Cheryl Reitz** - (GT1b partial responder) SVR12 Mar 2013 - Asunaprevir/Daclatasvir 24 wks - Dr. Ghesquierre, Victoria, BC.
13. **Anita Thompson** - (GT1a treated 3 times) Cirrhosis - April 2013 - Pegasys/Boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
14. **Leon Anderson** - (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway- VIDC - Vancouver.
15. **Joan King** - (GT1b treated 5 times) June 2013 - Asunaprevir/Daclatasvir 24 wks Dr. Ramji, Vancouver, BC
16. **Sandy J.** (GT 1a treatment naïve) Oct 31, 2013 - IFN/RBV/Victrellis 28 wks. Fran Faulkner, RN, Vancouver Island. Now SVR24.
17. **Andrew P**. - (GT 1a treatment veteran - multiple previous attempts including Incevik over 10+ years.) Jan 2014. GS-7977/GS-5885 (Sofosbuvir/Ledipasvir) + RBV 24 wks
18. **Diane Stoney** - Transfused 3/21/79 (GT 1a treatment naïve) 2/4/2014 - 12 wks placebo, then 12 wks on ABT-450/r+ABT-267+ABT-33+RBV. Dr. Tam, Vancouver, BC
19. **"C"** - (GT 1a treatment naïve) Mar 2014 MK5172/MK8742 12 weeks Dr. Ramji, Vancouver, BC. **[NEW]**
20. **Jack Swartz**—(Treated 3 times) Apr 2014 IFN/RBV/Victrellis, Dr. S. Wong, WHSC. **[NEW]**

We know there are many more of you. Please send your name and info to Joan at *info@hepcbc.ca*

(**EASL 2014** *Continued from page 5*)

94% with 8 weeks of ledipasvir–sofosbuvir,

93% with 8 weeks of ledipasvir–sofosbuvir plus RBV,

95% with 12 weeks of ledipasvir–sofosbuvir.

The results show that 8 weeks was not significantly inferior to 12 weeks. Side effects were most common in the group that received RBV.

The ION-1 Trial studied treatment-naïve patients with 12 or 24 weeks with/without RBV.

The ION-2 Trial studied treatment-experienced patients including those previously treated with a protease inhibitor with/without RBV for 12 or 24 weeks.

Source: www.nejm.org/doi/full/10.1056/NEJMoa1402355

VX-135 + DACLATASVIR

Vertex and Bristol-Myers Squibb collaborated in this small Phase IIa clinical trial, combining VX-135 (a polymerase inhibitor) with daclatasvir (DCV, an NS5A inhibitor), treating 12 treatment-naïve GT1 patients. One dropped out after the first dose due to severe vomiting. The other 11 completed 12 weeks of treatment, with 10 (83%) of them achieving SVR4. Trials for people with GT 1 and 3 are being planned.

Source: www.natap.org/2014/HCV/013114_05.htm

GENOTYPES 2&3

PENDOPHARM: THE RIBAVIRIN SOLUTION

Montreal-based Pendopharm has received a priority review designation from Health Canada for the first stand-alone ribavirin (RBV) tablet, already part of the current standard of care for treating hepatitis C. Stand-alone RBV is required for some new IFN-free treatment regimens to be effective. However, it is currently only approved by Health Canada when co-packaged with pegIFN, so Gilead's Sovaldi (sofosbuvir), recently approved by Health Canada, is used in combination with RBV alone for HCV patients with GT 2 and 3. Sovaldi is the first new all-oral treatment regimen that eliminates IFN entirely. Pendopharm's RBV will be part of the solution to bring the newest IFN-free HCV treatment regimens to patients with GT 2 and 3, who make up approximately 30% of HCV cases in Canada.

"Interferon has been the main stumbling block to treatment in the past. New regimens without interferon are a huge advance, giving us higher cure rates and shortened treatment duration with a lot fewer side effects," said Jordan Feld, MD, MPH, Staff Hepatologist, Toronto Western Hospital, Division of Gastroenterology.

Source: www.newswire.ca/en/story/1331397/pendopharm-announces-priority-review-of-new-therapy-to-support-treatment-of-patients-with-hepatitis-c

SOVALDI AND NRs

In another presentation, Phase III studies FISSION, FUSION and POSITRON, re-treated GT2 or 3 NR patients with 12 or 16 weeks of Sovaldi (SOV)/RBV (36% of the patients had cirrhosis). Patients were re-treated either with a 12-week regimen of SOV/RBV/peg-IFN, or a 24-week, IFN-free regimen of SOV/RBV. The choice of regimen was determined by study investigators.

Among patients with available SVR12 data, 63% of those on the 24-week all-oral regimen and 92% of those on the 12-week regimen of SOV/RBV/peg-IFN achieved SVR12.

The results support re-treatment with the above regimens in GT2 or GT3 patients who failed earlier treatment with Sovaldi. Additional information about the study can be found at *www.clinicaltrials.gov*.

Source: http://investors.gilead.com/phoenix.zhtml?c=69964&p=irol-news&nyo=0

GENOTYPE 4

RESTORE STUDY FOR GT4

Genotype 4, found mostly in Egypt, the Middle East, and Central Africa, is spreading all over the world, infecting 10-24%.

Results from Janssen's RESTORE, a phase III, multicentre study, treated 107 GT4 patients. Results showed that simeprevir (Galexos) (NS3/4A protease inhibitor) for 12 weeks combined with pegIFN/RBV, followed by 12 or 36 weeks of pegIFN/RBV (without simeprevir) was effective in GT4 patients. SVR12 was achieved by 65.4% of patients (82.9% of treatment-naïve, 86.4% of prior relapsers, 60% of previous partial-responder and 40% of previous null-responder patients.) IL28B CT and TT patients achieved SVR12 rates of 65.6% and 59.5%, respectively. Of patients with stage 4 liver scarring (F4), 46.7% achieved SVR12.

Patients were chosen by their response to receive 24 weeks of treatment. Those chosen were 88.6% of the treatment-naïve and 90.9% of the prior-relapser patients. 93.5% and 95.0% of them, respectively, achieved SVR12. Simeprevir is also effective against HCV GT 1, 2, 4, 5 and 6. It is approved for GT1 patients in Japan, Canada, the US and Russia, including patients with compensated cirrhosis, combined with pegIFN/RBV.

In a second study involving treatment-naive and treatment-experienced GT4 patients of Egyptian ancestry, sofosbuvir/RBV was simple, effective, well-tolerated. With 12 weeks of treatment, SVR12 rates were 79% in treatment-naïve patients and 59% in treatment-experienced patients. Treatment for 24 weeks resulted in better SVR12 rates: 100% and 87%.

Source: www.reuters.com/article/2014/04/12/janssen-idUSnBw125021a+100+BSW20140412

NEUTRINO TRIAL

A previous small trial enrolled GT4 patients, both treatment-naïve and experienced, born in Egypt or of Egyptian ancestry. They were treated for 12 weeks with sofobusvir/RBV. SVR12 rates for treatment-naïve patients were 79% and for treatment-experienced patients, 59%. When treatment was extended to 24 weeks, the results went up to 100% and 87%, respectively. Based on these results, the Phase III NEUTRINO trial used sofobusvir + pegIFN/RBV for 12 weeks, resulting in an SVR12 of 96%.

Source: http://hepatitiscnewdrugs.blogspot.ca/2014/04/easl-simeprevir-and-sofosbuvir-based.html

hepc.bull

SUMMER ANNOUNCEMENTS

JULY IS VACATION MONTH THIS YEAR FOR THE BULL. We will do a July/August issue.

ALSO: IF YOU ARE SUSPENDING MEETINGS FOR THE SUMMER, let us know, please, at info@hepcbc.ca

PLEASE TELL US WHAT YOU ARE DOING FOR WORLD HEPATITIS DAY

(**CLINICAL TRIALS**—*Continued from page 3*)

unfortunate, while those with the G (which stands for guanosine) variant are luckier. They found that HCV can encourage liver cells to produce 2 microRNAs (silencers that stop "messengers" from sending info to form a protein from a gene like IFN lambda-3.) Those 2 microRNAs are usually "sleeping" until HCV wakes them up and puts them to work. Usually they are used for skeletons and hearts, but the HCV hijacks them, thus becoming invisible to the immune system, except when the patient carries the "G" variant. But with this discovery, scientists can use the microRNAs as targets, so they can restore the patient's immune system.

Source: genetics_0513blog_380766< /o>
See more: http://hepatitisresearchandnew-supdates.blogspot.ca/2014/03/new-genetic-targets-ided-for-hcv.html#sthash.UWfN9xB4.dpuf

CONFERENCES

1-3 May 2014
The 3rd World Congress on Controversies in Clinical Management of Hepatitis
Berlin, Germany
http://www.comtecmed.com/chep/2014/

3-6 May 2014
DDW 2014
McCormick Place Chicago, IL
www.ddw.org

6-7 June 2014
The Singapore Hepatitis Conference
Suntec, Singapore
http://shc2014.com/

28 July 2014
World Hepatitis Day
www.worldhepatitisalliance.org/WorldHepatitisDay.aspx

17-19 September 2014
9th Australasian Viral Hepatitis Conference 2014
Alice Springs, Australia
www.clocate.com/conference/9th-Australasian-Viral-Hepatitis-Conference-2014/31436/

9–11 October 2014
Viral Hepatitis Congress 2014
Frankfurt, Germany
http://www.viral-hep.org/

MOMENTUM SUPPORT

To learn more about SOVALDI™ or the Momentum Program in Canada, the patient should speak to his/her doctor or nurse or call the Gilead Sciences Canada medical information line at 1-866-207-4267. Eligible patients may receive an integrated offering of support services for patients and healthcare providers throughout the entire treatment journey, including:

- Access to dedicated case managers/ reimbursement navigators to help patients and their providers with insurance-related needs, including identifying alternative coverage options through private, federal and provincially-insured programs.
- The SOVALDI™ Co-pay assistance program, which will provide financial assistance for eligible patients who need help paying for out-of-pocket medication costs.
- Medication delivery services.
- Compliance and adherence programs

NEUPOGEN

Amgen has a program for patients who have been prescribed Neupogen. Dependent on specific criteria, some patients may be able to obtain Neupogen on a compassionate basis free of charge **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.

MERCK CARE™

MerckCare™ is a program to help people who have been prescribed PEGETRON™, VICTRELIS™ or VICTRELIS TRIPLE™. The program provides:

- assistance with reimbursement and/or insurance claims.
- financial assistance for co-pay/ deductible for people who qualify.
- 24/7 nursing support by phone.
- multilingual assistance.
- home delivery of medication.

MerckCare™ provides all of these services free of charge.

To enroll in MerckCare™, you can call 1-866-872-5773 or your doctor or nurse can submit an enrollment form for you. Reimbursement specialists are available from 8:00 a.m. to 8:00 p.m. EST Monday to Friday, excluding statutory holidays.

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 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.

INCIVEK CARE

Vertex's Incivek Care 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.)

COMPENSATION

LAW FIRMS

1986-1990

Bruce Lemer and Company
Vancouver, BC
Phone: 1-604-609-6699
Fax: 1-604-609-6688
www.lawyers-bc.com/classactions/clalawy.htm

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
http://lblavocats.ca/en/class-actions/hepatitis-c/active/red-cross.php

Kolthammer Batchelor & Laidlaw LLP
#208, 11062 – 156 Street,
Edmonton, AB T5P-4M8
Tel: 780-489-5003 Fax: 780-486-2107
http://www.kbllaw.com/

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

CLAIMS ADMINISTRATOR

1986-1990

Administrator 1-877- 434-0944
www.hepc8690.com *info@hepc8690.com*

Pre-86/Post-90

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

Settlement Agreement:
www.pre86post90settlement.ca/PDFs/SA/

SUPPORT BC/YUKON

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** Counseling, advocacy. 201-55 Victoria Rd Contact Anita for details. 250-753-2437 *anital.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 Tues 12:30 PM, 713 Johnson St., 3rd floor, 250-384-2366 *Hermione.jefferis@avi.org*

ANKORS Hepatitis C Project (Boundary, Nelson, West Kootenay) Hep C Info, support for prevention, testing, treatment and living well with Hep C. Women's gathering monthly. 101 Baker St, Nelson.
Contact Laura 1-800-421-2437 250-505-5506 *ankorshepc@ankors.bc.ca*

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

Chilliwack PCRS Hep C Prevention, peer support, harm reduction. Meetings 3rd Mon monthly, 45904 Victoria Avenue, Chilliwack . Contact Kim Lloyd 604-798-1416. *lbirdsall@pcrs.ca* *www.pcrs.ca*

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

CoolAid Community Health Centre, **Victoria.** Meetings each Wed 10 AM and Thu **1:30** PM. 713 Johnson St. Support for all stages of treatment (deciding, during, after). Contact Roz *rmilne@coolaid.org* for treatment or group info.

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*

Haida Gwaii support. Contact Wendy *wendy@wendyswellness.ca* *www.wendyswellness.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.
- **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 & 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,, meeting info. Contact Lisa 1-866-637-5144 *ljmortell@shaw.ca*

Mid Island Hepatitis C Society Contact *mid-islandhepc@hotmail.com*

Nanaimo Hepatitis C Support Meetings 1st & 3rd Thu 3-5 PM 437 Wesley St. (access off Franklyn St) Contact 250-585-3201, *hepctxpeersupport@hotmail.com*

New Westminster Stride with Purpose "HepC" Support Group 1st&3rd Fri monthly 10:30-11:30. BBP Nursing Team, refreshments/lunch. Contact: Stride Workers 604-526-2522, *mail@purposesociety.org*

Positive Wellness North Island-North Island Liver Service Info, support, treatment/pre-post treatment groups. Doctor or self-referral. 1-877-215-7005 250-850-2605.
- **Courteney**: 2nd Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)
- **Campbell River:** Treatment/pre&post-treatment support group 1st&3rd Thu monthly 10-12pm, Sunshine Wellness Centre, Discovery Room, Campbell River Hospital. Caroline: *caroline.miskenack@viha.ca*, 250-850-2620

Penticton & District Community Resources Society, Harm Reduction Program, Meetings every 2nd Tues, 12:30-1:30 PM. 330 Ellis Street. Contact Melanie: 250-488-1376 or 250-492-5814

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

Positive Living Fraser Valley (Abbotsford) Hep C support, Drop-in centre #108-32883 S. Fraser Way, M-F 10:30 AM-4:30PM. Info, support worker, rides to appointments in surrounding areas. Contact 604-854-1101 or *plfvcentre@plfv.org*

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

Prince George Hep C Support Contact Ilse *ilse.kuepper@northernhealth.ca*

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

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 Peter, *pvanbo@gmail.com* Tel. 250-309-1358.

YouthCO HIV/Hep C Society of BC. Drop-in T&W 12-3, Fri. 9-12. Call for appts M-F 10-6. 205-568 Seymour St, **Vancouver** 604-688-1441, 1-855-YOUTHCO Stewart *stewartc@youthco.org*, Briony *brionym@youthco.org* *www.youthco.org*

Whitehorse, Yukon—Blood Ties Four Directions Contact 867-633-2437 1-877-333-2437 *bloodties@klondiker.com*

OTHER PROVINCES

ONTARIO:

Barrie Hepatitis Support Contact Jeanie for info/appointment *jeanievilleneuve@hotmail.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 *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 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 186 King St, London. For those infected as well as affected by Hep C. Contact: 519-434-1601, 1-866-920-1601, *www.hivaidsconnection.com*

Niagara Region Hepatitis C Care, Port Colborne and St. Catharines Clinics. Education, counseling, individual/group support, treatment, outreach, harm reduction. Contact 905-378-4647 ext 32554 *HCCC@niagarahealth.on.ca* *www.niagarahealth.on.ca/services/hepatitis-c-care*

Oshawa Community Health Centre Hepatitis C Team Drop-in, lunch provided each Thurs. 12-1 PM, 79 McMillan St. *www.ochc.ca* Contact 1-855-808-6242

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

Peel Region (Brampton, Mississauga, Caledon) 905-799-7700 *healthline-peel@peelregion.ca*
St. Catharines Contact Joe 905- 682-6194

Toronto CLF 1st Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.
bpotkonjak@liver.ca
www.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*

QUEBEC:

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

CAPAHC support group meetings 3rd Thurs. monthly 6-8PM, 5055 Rivard St., Montreal) Contact 514-521-0444 or 1-866-522-0444

ATLANTIC PROVINCES

Hepatitis Outreach Society of NS. Info and support line for the entire province. Call 1-800-521-0572, 902-420-1767
Online Peer Support:
info@hepns.ca
www.hepns.ca

PRAIRIE PROVINCES:

Manitoba Hepatitis C phone and email support and outreach. Info Line: 1-204-779-6464 or contact Kirk at info@mbhepc.org. Direct line: 1-204-389-5814

Medicine Hat, AB Hep C Support Group 1st & 3rd Wed. monthly, 6:30 PM, HIV/AIDS Network of S.E AB Assoc, 550 Allowance Ave. Contact 403-527-7099 *bettyc2@hivnetwork.ca*

To list Canadian groups here, please send details to *info@hepcbc.ca* by the 15th of the month. It's free!