

# hepc.bull

## Canada's Hepatitis C News Bulletin

www.hepcbc.ca

### HEP C IN THE NEWS

#### DOES TREATMENT HELP?

We used to think our goal was an SVR (Sustained Viral Response), but the goal now is a CURE. A cure means we can't spread the disease to our loved ones. We must not forget that an important long-term goal is to prevent Hep-C related death or disability.

Five hepatology centres in Canada and Europe analyzed data from 530 patients treated with IFN regimens between 1990 and 2003. 193 patients had SVR, and of those, 13 died. 91.1% of the patients survived 10 years—a rate comparable to the non-HCV+ population. On the other hand, in 100 patients who *didn't* respond with an SVR, the rate of 10-year survival was 74%. We will have to wait a while to get the 10-year survival rate for those who have been cured with the new drugs.

Source: <http://www.jwatch.org/na36305/2014/11/19/effective-hcv-treatment-prolongs-survival#sthash.uC3e6NDp.dpuf>

#### DACLATASVIR UNBUNDLED

As you may know, the original submission of Bristol-Myers Squibb to the US FDA was for the combination of the NS5A inhibitor daclatasvir (Daklinza™) with their protease inhibitor asunaprevir. They later withdrew asunaprevir from the submission, with the intention of being able to combine daclatasvir alone with other DAAs. The FDA has replied to BMS's request by asking for additional data with the results of those combinations. Discussions are taking place. Francis Cuss of BMS stated: "Our commitment remains to make daclatasvir-based regimens available to help these difficult-to-treat patients achieve cure, and we will continue to collaborate with the FDA to bring daclatasvir to patients in the U.S. as quickly as possible." BMS still has submissions for approval of asunaprevir in other countries, including Canada.

Source: [http://www.streetinsider.com/Corporate+News/Bristol-Myers+Squibb+\(BMY\)+Receives+Complete+Response+Letter+from+F](http://www.streetinsider.com/Corporate+News/Bristol-Myers+Squibb+(BMY)+Receives+Complete+Response+Letter+from+F)  
(Continued on page 2)

### CDEC

#### Recommendations for Direct-Acting Antiviral Agents (DAAs) for Chronic Hepatitis C (CHC) Genotype 1

1. CDEC (Canada Drug Expert Committee) recommends the DAA simeprevir (Galexos™) daily for 12 weeks, in combination with PR (pegylated interferon + ribavirin) for 24 to 48 weeks, as the protease inhibitor of choice for treatment-naïve patients or for treatment-experienced patients with prior relapse.

2. No definitive recommendation regarding the place in therapy for the DAA sofosbuvir (SOVALDI™), relative to available protease inhibitors, can be made by CDEC at this time.

3. CDEC recommends that a DAA (direct-acting antiviral) plus PR treatment should be offered only to persons with CHC who have fibrosis stages F2, F3, or F4.

4. CDEC recommends that persons in whom a DAA plus PR regimen has failed not be re-treated with another DAA plus PR regimen.

#### Reasons for Recommendation 3:

1. No liver-related morbidity is expected in the short-term for patients with no fibrosis or a low fibrosis stage (stages F0 and F1).

2. In all analyses, treatment of patients with higher stages of fibrosis was more cost-effective.

[http://www.cadth.ca/media/pdf/TR0007\\_HepC\\_RecsReport\\_e.pdf](http://www.cadth.ca/media/pdf/TR0007_HepC_RecsReport_e.pdf)

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### ARLENE ILVI DARLINGTON

March 14, 1934—June 17, 2013  
HepCBC Board member 2000-2003



Our dear friend Arlene passed away, and we didn't find out about it until now. She dedicated hours and hours of work to us at HepCBC from 2000 through 2003, even after her husband Frank, one of our founders, succumbed to Hep C. Arlene was on our Board as Treasurer, and with her brilliant mind, was a wonderful asset to the group.

Arlene was also predeceased by her daughter Pamela, of whom she spoke often. Surviving her are her children Joe (Brenda), Laurel, (Greg) Feal, Tara Drake, and Thomas (who also volunteered with us), and her grandchildren Kenny, Akemi and Jojo. We are happy to reconnect with the family through Laurel, who recently contacted us.



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"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

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Download the *hepc.bull* free at

<http://hepcbc.ca/hepc-bull-monthly-newsletter/>

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contributions to the *hepc.bull*® is the 15<sup>th</sup> of each  
month. Please contact the editors at  
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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.

# THANKS!!

Thanks  
to *hepc.bull*  
& FAQ sponsor  
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HepCBC thanks the following  
institutions and individuals for their  
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(Hep C in the NEWS—Cont'd from page 1)  
[DA+for+Daclatasvir+NDA/10051465.html](http://DA+for+Daclatasvir+NDA/10051465.html)  
November 26, 2014

### LIVERS REPAIRED...WITH WHAT??!

Most of us have heard how difficult it is to  
get a transplant. There are not enough  
livers to go around, and not enough ways  
to fix a "broken" one. The situation isn't  
improving. As baby boomers age, we will  
need still more livers.

But it may be that tonsils can come to the  
rescue. A report published in ACS Applied  
Materials & Interfaces says that stem cells  
from tonsils may save lives. Thousands of  
tonsils [including mine!!] have been  
thrown away every year. Tonsils are part of  
our immune system, but we can live  
without them. Korean researchers at Ewha  
Womans University decided to use stem  
cells from tonsils, instead of from bone  
marrow, to replace liver tissue by adding  
growth factors. They produced a  
biodegradable gel containing liver cells.  
They hope it can be used as a non-surgical  
treatment, administered by injection. The  
article suggests that the idea needs more  
PR, since no one has gotten excited about  
it...yet. [Me? I think it's a great idea.  
Ladies at Ewha, please, let's get some  
clinical trials going!]

Source: [http://pubs.acs.org/doi/ipdf/10.1021/  
am504652y](http://pubs.acs.org/doi/ipdf/10.1021/am504652y)

### HEPC TSUNAMI WARNING

Vancouver's own Dr. Julio Montaner was  
honoured last week for his great  
contributions to HIV/AIDS research and  
treatment and to achieving an "AIDS-free

generation." And there's good news for Hep C  
sufferers. He's interested in us! He stated,  
"Hepatitis C is a bigger deal today. We  
haven't yet seen the face of it because it takes  
a long time to become a real disease. The  
tsunami is about to start....People are starting  
to show up with failing livers." He intends to  
use his experience with the HIV/AIDS  
epidemic to deal with the HCV threat.

He reminded his audience that 20 years ago,  
if a 20 year old woman were diagnosed with  
HIV, she would be dead in 15 years, after  
passing the disease on to her children. Today,  
he could tell her that she would live as long as  
her friends, and that her children would not be  
infected. She would just have to take one pill  
per day.

The anti-retroviral drugs have helped, but  
Montaner's method of dealing with the crisis  
is working with Vancouver's at-risk  
populations — IVDUs and sex-trade workers,  
among others— promoting testing, treatment  
and safer practices. His tactics have been  
praised by the UN and are now being used all  
over the world. His system has reduced new  
HIV infections in BC from 835 in the 1990s  
to 238 new cases in 2012, and deaths have  
dropped by over 95%. The AIDS ward at St.  
Paul's has been shut down! But there is still a  
problem. Many of these people are dying of  
liver failure due to Hep C, now his priority.

"Unlike AIDS, which made carriers sick  
within months, hep C can linger undetected  
for decades before beginning to cause liver  
damage," he reminds us.

Those who were at risk for AIDs are often  
affected by HCV, but perhaps up to 70% of  
BC's approximately 80,000 people with Hep  
C are baby boomers, and tragically, up to half  
of those don't even know they are infected...  
yet. Many infections were the result of  
inadequate disinfection during medical  
procedures. Without testing, many won't  
know, but the middle class will go to their  
doctor when they start getting symptoms. The  
at-risk population needs to be prompted to get  
tested. Treating baby boomers is good, but  
won't affect the number of new infections.

Montaner is encouraged by the new  
treatments for hepatitis C and drugs in pill  
form that can cure the disease in three months  
or less, in over 90% of patients, with few if  
any side-effects—a huge improvement over  
earlier treatment. The cost of those drugs,  
however, is a big obstacle. They can cost  
\$60,000 per patient, a price set by drug  
companies who fear that few patients will use  
them, explained Montaner, who added, "I'm  
saying, well, if you thought that you were  
going to treat one per cent of people infected  
with hepatitis C, and I'm telling you now that  
we would like to try to treat 90 per cent, we  
need to have a different conversation."

(Continued on page 3)

(Hep C in the NEWS —Cont'd from page 2)

Source: The Province 30 Nov 2014

<http://www.theprovince.com/health/>

[Vancouver+doctor+warns+hepatitis+tsunami+among+baby+boomers/10423334/story.html](http://www.theprovince.com/health/Vancouver+doctor+warns+hepatitis+tsunami+among+baby+boomers/10423334/story.html)

## LIVER-CLEANSING FOODS

Click on the link below: a short video about 14 foods that can cleanse the liver, and why:

1. Garlic
2. Grapefruit (ask your doctor!)
3. Beets and carrots
4. Green tea
5. Leafy greens (cooked/raw)
6. Avocados
7. Apples
8. Olive oil
9. Whole grains
10. Cruciferous vegetables
11. Lemons/limes
12. Walnuts
13. Cabbage
14. Tumeric

(He also mentions a link to a liver cleanse. Before you do **any** cleanses, look up the substance(s) used and search each one for warnings and side effects. Natural doesn't mean it's safe. Be aware that many meds are affected by grapefruit juice.)

<http://o.canada.com/health/tonsils-could-help-treat-liver-disease#14FoodsthatCleansetheLiver>

## VACCINE IN PHASE I TRIALS

It has been very difficult to develop an effective vaccine against HCV, but it is still the dream of researchers. The problem is that the virus develops mutations to survive any vaccines...up until now.

Some patients can get rid of HCV spontaneously, with no treatment, probably due to T cell immunity. These researchers have developed a powerful T cell vaccine to imitate that process, stopping the disease from becoming chronic. Subjects have been identified from groups of IVDUs who could be suitable candidates for clinical trials, and the first study has begun in the US (NCT01436357). It will examine the potency and safety in a large group of volunteers who are exposed to different genotypes of HCV.

Researchers have used chimpanzees to develop the vaccine with an approach that produces great numbers of CD4+ and CD8+ T cells, which target the virus without having to worry about the genetic makeup of the patient. Using well-known technologies, the researchers can see that the T cells generated by the vaccine become more powerful over time.

The strategy is "simple, safe, and well tolerated," say the researchers, speaking of the Phase I trial in humans.

<http://www.sciencemag.jp/article/51872>

## AASLD 2014 SNIPPETS

### 65th Annual Meeting of the American Association for the Study of Liver Diseases Boston, MA Nov 7-11 2014

A presentation on November 9 reported that an all-oral regimen of 109 **transplanted patients** with **SOF+SMV** (sofosbuvir + simeprevir) with or without RBV was well-tolerated, and resulted in an SVR in over **90%** of patients. One patient died of lung injury 4 weeks post treatment. One developed pancreatitis, but after resuming treatment, achieved SVR12.

Another trial in 223 **GT 1 or 4 post transplant patients** treated with **Harvoni™ (LDV+SOF) + RBV** for 12 or 24 weeks resulted in SVR rates of **60-98%** SVR12, depending on the grade of fibrosis/cirrhosis at baseline.

There is a group of academic and medical centres in Canada, Germany and the US called **HCV-TARGET**, which is conducting an observational study in **post-transplant patients**. The regimen (always including SOF) is chosen by the patient's health care provider. Data from 227 patients were presented. 27 took SOF/PR. 57 took SOF/RBV, 111 took SOF/SMV and 32 took SOF/SMV/RBV. The preliminary results seem to be in the **90 percentile**, so far.

The Turquoise-II trial of **ABT-450r/Ombitasvir/Dasbuvir/RBV** (also called the 3D Regimen) in cirrhotic **GT1a** patients resulted in over **90%** SVR12 and **98.5%** in **GT1b** patients. The factors involved with treatment failure were having GT1a, a previous null response to pegIFN/RBV and the IL28b TT allele. No other characteristics mattered (age, baseline RNA, etc.)

The Phase II **C-SWIFT** trial, Grazoprevir (MK-5172) + Elbasvir (MK-8742) + SOF, in 102 **GT1** treatment-naïve (TN) patients with or without cirrhosis, were treated for 4, 6 or 8 weeks. The interim results were announced, and showed that **28** of the patients **had relapsed**.

San Francisco company Alios presented data from pre-clinical studies of its nucleotide analogs **AL-335** and **AL-516**, with results that convinced Johnson & Johnson to acquire the rights to the product. They plan to do clinical trials in 2015, combining the drugs with **simeprevir**.

Achillon is still in the picture, combining **SOF** with its **ACH-3012** in 12 **GT1** treatment-naïve patients during a 6 or 8-week Phase II trial. 6 other patients were enrolled but only observed. Of those treated, **100%** achieved SVR12. There have been no relapses. Another drug, ACH-3422, is showing good preclinical results.

One of the presentations looked at "**brain fog**." [Finally!!] HCV has been found in parts of the brain. **GT 1** treatment-naïve (TN) patients were analyzed in a ledipasvir/sofosbuvir trial (AKA **Harvoni**), using cerebral MR spectroscopy (MRS) and patient input. The results showed improved neuronal function, but that RBV may have a negative effect.

Another presentation from the **Harvoni** trials looked at the results in a real-life setting, and the results were similar to the trials: about **88%** SVR per protocol. The conclusions are notable: "Cirrhosis is the most important predictor of response to 12 week regimens..." [Editor: Is this not a compelling reason to treat **BEFORE** patients become cirrhotic?]

**Harvoni** was used again, with or without RBV, in a study with data from 513 patients with compensated cirrhosis, achieving an SVR of **96%**. Extending treatment time improved SVR, but with more side-effects. The data was pooled from Phase II studies LONESTAR, ELECTRON, ELECTRON-2, 337-0113, ION-1, ION-2, and SIRIUS trials.

There was good news at the Conference for **cirrhotic patients** who failed previous PI-based triple therapy. **97%** of the 155 patients treated achieved SVR12 with **Harvoni**.

Results in **GT3** treatment-experienced (TE) patients taking **SOF/RBV** for 24 weeks resulted in SVR12 of **87%** of those without cirrhosis and **62%** with cirrhosis. In an earlier report, **100%** of 26 TN patients treated with Harvoni/RBV for 12 weeks achieved SVR12.

In **GT6** patients, SOF + PegIFN/RBV for 12 weeks resulted in SVR12 of **100%** in all of the 6 patients.

A trial of **sofosbuvir + GS-5816 + RBV** for 8 or 12 weeks in TN patients with **any genotype** resulted in SVR12 in over **90%**. The 12-week arm was more successful. The **Electron-2** Study added RBV arms for **GT3** TN, non cirrhotic patients, who were treated for 8 weeks, resulting in high SVR rates.

BMS presented data from its **ALLY-3** trial, combining **daclatasvir (DCV)** and **SOF**. 152 **GT3** TN and TE patients were recruited. The treatment, lasting 12 weeks, resulted in an **SVR12 of 90%** in TN and **86%** in TE subjects. This is important because progression is faster in GT3 patients.

Sources: <http://natap.org/2014/AASLD/>  
<http://depts.washington.edu/hepstudy/presentations/uploads/136/turquoise23d.pdf>

Many thanks to Jules Levin for his faithful reporting year after year!

**COMPETITION IS GOOD!  
HELP GET NEW DRUGS  
APPROVED FASTER**

Dec. 18<sup>th</sup> Deadline to Contribute YOUR PATIENT VOICE to AbbVie "3D" ombitasvir/paritaprevir+ritonavir/dasabuvir submission to CADTH\*

HepCBC has been asked by CADTH\* to do a Patient Group Review of the new INTERFERON-FREE 3-drug combo ombitasvir (ABT-267), paritaprevir (ABT-450)+ritonavir, and dasabuvir (ABT-333) which was developed for chronic hepatitis C by AbbVie Pharmaceuticals. We urgently request input from individual HCV+ people with any genotype (both those who have and have not tried this drug combination).

**For background info see:**

<http://hepcbc.ca/contribute-to-abbvie-3d-submission-to-cadth/>

**For the actual questionnaire, go to:**

<http://hepcbc.ca/questions-cadth-abbvie-3-drug/>

**DEADLINE: Thursday, December 18th, 2014 (midnight).**

To watch a Dec. 10 (11 am, PST) webinar about this drug combo, email Adam Cook for directions: <[adam@ctac.ca](mailto:adam@ctac.ca)>.

**SHORT SUMMARY (IF YOU JUST WANT THE FACTS!):****WHAT IT IS:**

The combo (no trade-name yet) is made from ombitasvir, paritaprevir+ritonavir, and dasabuvir, either with - or sometimes without - the addition of ribavirin (IBAVYR). The decision to add ribavirin is up to your doctor, depending on the extent of your liver damage, genotype, and other factors.

**EFFECTIVENESS:**

Between 92% and 100% of patients were cured (achieved SVR12), depending on whether the study included people with cirrhosis, treatment time 12 weeks vs. 24 weeks, and whether ribavirin was added.

**GENOTYPE:**

This submission is for genotype 1 only, but the combo is being tested on other genotypes (showing particular promise for hard-to-treat genotype 4), so the company may be making re-submissions for broader coverage once drug-trial results are finalized.

**WHO CAN TAKE IT?**

This combo has been proven to work very well on patients with compensated cirrhosis (the less serious stage, not end-stage or de-compensated cirrhosis), post-transplant

patients, treatment naïve, treatment-experienced, non- and partial-responders, and relapsers (we're talking here about people who have previous treatment with interferon+ribavirin, not those who took it with boceprevir or telaprevir added). We have not yet seen results for those who are co-infected with HIV; possible interaction with HIV drugs must be considered.

**HOW IT IS GIVEN:**

Four pills per day (3 in morning, 1 in evening) are given for 12-24 weeks. The amount of drug given and the length of treatment also depends on various factors.

**SIDE EFFECTS:**

They are very minimal compared to current standard-of-care, partially because of the reduced time you have to take these drugs. Slightly over 1% of patients had to discontinue treatment due to side effects. Here were the most commonly reported: fatigue, headache, nausea, insomnia, itching, diarrhea, weakness, shortness of breath, cough, and rash.

**IF YOU WANT MORE DETAILS:**

THE BEST (THOROUGH BUT EASY TO UNDERSTAND):

<http://www.hepatitisc.uw.edu/page/treatment/drugs/3d#drug-summary>

(even has a great slideshow!)

ONE PAGER! READ THIS AMAZING FACT SHEET from HCV ADVOCATE (USA):

<http://www.hcvadvocate.org/hepatitis/factsheets/pdf/>

[Phase 3 Genotype 1 AbbVie.pdf](#)

\*CADTH = Canadian Agency for Drugs and Technologies in Health, which does government-requested reviews for Health Canada and the Canadian Drug Review process.

**WHY CADTH NEEDS PATIENT  
GROUP INPUT FROM HPCBC and  
WHY HPCBC URGENTLY  
REQUESTS YOUR INPUT**

Patient Groups such as HepCBC provide patient input to the Canadian Agency for Drugs and Technologies in Health (CADTH) and the Canadian Drug Review (CDR) which helps them determine whether they should approve drugs for use in Canada, and what restrictions and criteria should be applied to their use. Here are some *new (SHORT but GREAT!) YouTube videos* which show why this input is so critical, and how it is used to benefits patients such as US!

**Click below to view:**

[www.youtube.com/watch?v=kop9yWq6tN0&index=1&list=PL45wcLqNa3c6sYRD7XLM9akLF3y6dbz3W](http://www.youtube.com/watch?v=kop9yWq6tN0&index=1&list=PL45wcLqNa3c6sYRD7XLM9akLF3y6dbz3W)

After you watch these videos, please take a few minutes to fill out *our most recent re-*

*quest for hepatitis C patient input*, which will be used to determine if the AbbVie 3-drug combo will be approved for use by Canadian HCV patients. To access this, [CLICK HERE. http://hepcbc.ca/2014/11/urgent-request-patient-input-interferon-free-hcv-3-drug-combo-abbvie/](http://hepcbc.ca/2014/11/urgent-request-patient-input-interferon-free-hcv-3-drug-combo-abbvie/).

You can view all of the 12 Patient Group Reviews HepCBC has submitted since 2011 to CADTH and BC PharmaCare (so people like you can get the drug costs reimbursed) [HERE: http://hepcbc.ca/patient-group-submissions-bc-pharmacare-cadth/](http://hepcbc.ca/patient-group-submissions-bc-pharmacare-cadth/) THANKS!!



From left: Daryl Luster, a speaker at the conference and President of Pacific Hepatitis C Network; Leslie Gallagher, RN, of Canadian Association of Hepatology Nurses; and Cheryl Reitz, Volunteer and Board Secretary of HepCBC

This was the "British Columbia Contingent" in Toronto, Nov. 3-6. 2014. We first attended an Action Hepatitis Canada Steering Committee meeting, then went to an international conference: "1st International Hepatitis Cure & Eradication Meeting 2014" hosted by Virology-Education. We hope to share some of the exciting things we learned in the coming weeks.



From Left: Richard Lee, MLA Burnaby North, Parliamentary Secretary for Asia Pacific; Anita York from HepCBC; Marc Dalton, MLA Maple Ridge Mission; Deb Schmitz from Pacific Hepatitis C Network; and Linda Reimer, MLA Port Moody Coquitlam, Parliamentary Secretary for Communities.

This photo was taken at an educational luncheon about hepatitis C for 16 BC legislators, which was hosted by Pacific Hepatitis C Network on Nov. 18, 2014 in Victoria. Speakers included Terry Lake, BC Minister of Health; Dr. Mel Kraiden of BC Centre for Disease Control; and Daryl Luster of Pacific Hepatitis C Network. It was an excellent presentation. It was a closed meeting, and we wish more people could have heard what these important decision-makers said about hepatitis C policies in our province.

## NOW RECRUITING: CLINICAL TRIALS

There are two new or relatively new, interferon-free Gilead trials **recruiting patients**. Please check if you are interested in treatment. They may fill up fast.

The **ASTRAL-1** trial is for **genotypes 1, 2, 4, 5, 6 or indeterminate**.

This trial compares Sovaldi/GS-5816 for 12 weeks to a placebo.

Please go to:

<http://www.clinicaltrials.gov/ct2/show/study/NCT02201940/>

The **ASTRAL-3** trial is for those infected with **genotype 3**. The trial treats the patients with Sovaldi plus GS-5816 or a placebo.

Please go to <http://www.clinicaltrials.gov/ct2/show/study/NCT02201953/>

This trial compares Sovaldi/GS-5816 for 12 weeks with Sovaldi/RBV for 24 weeks.

Please refer to this study by its ClinicalTrials.gov identifier: NCT02201953

Gilead is recruiting for both of these trials in these locations in BC:

Diamond Healthcare Centre, VGH  
Vancouver, BC, Canada, V5Z 1M9

Vancouver Infectious Diseases Clinic  
Vancouver, BC, Canada, V6Z 2C7

Other locations recruiting for the above trials are in Calgary, Edmonton, Ottawa, Montreal and Toronto.

An Efficacy and Safety Study of Grazoprevir (MK-5172) + Elbasvir (MK-8742) in the Treatment of Chronic Hepatitis C Virus Genotype 1, 4, or 6 Infection in Treatment-Naïve Participants Who Are on Opiate Substitution Therapy (MK-5172-062)

Recruiting only in Kirkland, Quebec,

Contact: Merck Canada

514-428-8600 / 1-800-567-2594

A Study to Evaluate the Safety and Efficacy of Ombitasvir/ABT-450/Ritonavir and Dasabuvir in Adults With Genotype 1b Chronic Hepatitis C Virus (HCV) Infection and Cirrhosis (TURQUOISE-III)

Locations: Toronto, ON M6H 3M1

Vancouver, BC, V5Z 1H2

Contact: Melanie Gloria, BS

(847) 936-0714 [melanie.gloria@abbvie.com](mailto:melanie.gloria@abbvie.com)



Victoria, December 1st, 2014

### BEST OF THE UPCOMING FESTIVE SEASON TO ALL!

The holiday season gives us time to reflect on activities of the past year, savour our successes, and plan an even better future. Along with our warmest wishes, we would like to share with you some of HepCBC's many achievements and challenges, and request your continued support in 2015.

For over 15 years, HepCBC has consistently provided crucial support and information to the hepatitis C community. **This last year, thanks to donations, we have been able to re-open our office.** Because both the hepatitis C and broader communities recognize the high quality of our primarily volunteer-run, client-focused services, we are happy that we have been able to keep our part-time employee, and continue offering our volunteer-run services. However, we still must watch our budget and limit our spending. **If all our past donors simply gave again this year, we might not have to worry about fundraising for the rest of the year.** Here is what we do now:

#### EDUCATION and OUTREACH

We have continued to publish the *hepc.bull*, Canada's leading hepatitis C newsletter, every month since March, 1996. Our website ([www.hepcbc.ca](http://www.hepcbc.ca)), pamphlet series, and FAQ's provide relevant, up-to-date information for people infected or affected by hepatitis C - in both official languages and Spanish. We put up information tables at events like the Goodyear Marathon.

#### SUPPORT

**HepCBC's** Victoria office is our nerve centre, a safe place to meet, and home to our resource library. We regularly receive requests for information and support from all over North America and beyond, and still provide phone, email, or in-person peer support to anyone affected by this disease. Monthly peer support meetings are held in a friendly, informative, and confidential setting.

#### AWARENESS and PUBLICITY

**HepCBC** works at local, provincial, federal, and international levels to combat ignorance and stigma about hepatitis C. Besides cooperating with local agencies, we actively participate in national and international hepatitis C organizations which inform decision-makers about hepatitis C needs, best-practices and current research.

#### ALLISON CROWE'S ANNUAL "TIDINGS CONCERT"

**HepCBC** once again presented Allison Crowe's popular "Tidings Concert" to benefit HepCBC and Artemis Place which took place November 29 (7:30 pm) at the Charlie White Theatre, Sidney, BC. Not only is this a lovely way to spend an evening, but it provides us with a chance to inform the public about hepatitis C.

**TAX-DEDUCTIBLE DONATION:** Your tax-deductible contribution will go directly to hepatitis C education, awareness and support. **Thank you for giving generously.**

I want to help HepCBC!

Please donate via our website: <http://hepcbc.ca/donate/>  
or mail your cheque and this form to:

HepCBC  
#20—1139 Yates Street  
Victoria, BC V8V 3N2

*HepCBC Hepatitis C Education and Prevention Society is a  
Registered Canadian Charity: 86800-4979-RR0001*

As a volunteer (we'll forward you information)

Here is my tax-deductible donation of  \$30  \$50  \$100  Other

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## VANCOUVER INFECTIOUS DISEASES CENTRE - VIDC

We are the largest centre in Canada for the treatment of HCV in active IDUs, and participate in most of the clinical trials of new antiviral agents. We have developed unique ways of engaging IDUs in care and getting them on trials through our innovative "pop-up" clinics on the Downtown East Side of Vancouver.

**Vancouver ID Centre**  
201-1200 Burrard St  
Vancouver, BC V6Z2C7  
Telephone: 604-642-6429  
(Trials for IDUs, "Pop-up" Clinics)  
[www.vidc.ca](http://www.vidc.ca)

## TORONTO COMMUNITY HEPATITIS C PROGRAM

955 Queen Street East  
Toronto, M4M 3P3, ON  
(416) 461-1925

This program is for hepatitis C-positive people who have had difficulty accessing treatment and care for their Hep C. Priority is given to people who are uninsured, use substances and/or have mental health issues. The program is centered on group support. People attend a weekly group focused on information about HEP C, treatment and healthy living. TTC and food are offered. The group is a closed group and runs on a 16 to 18-week cycle. The Hep C Clinic runs at the same time.

### Hep C Patients can have access to:

- Physicians
- Hep C Treatment Nurse
- Nurses
- Case Manager
- Infectious Disease Specialist
- Psychiatrist
- Hep C Coordinator
- Hep C Community Support Workers.

### We offer:

- Hep C information and treatment
- Advocacy
- Support
- Informal counseling
- Harm reduction counselling and supplies
- Group support
- Patient accompaniments
- Referrals to doctors, nurses, counselors / case managers, detoxes, housing workers and shelters

### Please contact:

Hepatitis C Treatment Nurse  
Shannon Taylor  
416-461-2493 ext. 846  
[staylor@srhc.com](mailto:staylor@srhc.com)

## HEPATITIS C CIRRHOSIS SUPPORT GROUP

Hepatitis C Cirrhosis Support is a secret group for people living with Hepatitis C stage 4 & 5 compensated and decompensated cirrhosis, end stage liver disease and liver cancer. Anyone infected with HCV is welcome. Please introduce yourself when you join us and share what you are comfortable with. Ask any questions you may have and we will do our best to help. We are all in this together.

The group link does not show on Facebook unless you are a member. Please e-mail me to be added.

[wendy@wendyswellness.ca](mailto:wendy@wendyswellness.ca)

Thanks.

Wendy Mackay  
Haida Gwaii  
B.C.

[www.wendyswellness.ca](http://www.wendyswellness.ca)



## 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**

## LIVER HEALTH AND HEPATITIS C CLINIC

### Durham Region Locations:

#### John Howard Society

79 McMillan  
Oshawa, Ont.  
Every Thursday 11:30 - 1 pm

#### Beaverton Town Hall

Nov 11, Dec 9 and Jan 13 10am - 2pm

For More Information: 1 855 808 6242  
Press 4 then 1

*Hosted by Oshawa  
Community Health Centre*

## SVR HONOUR ROLL

Have you been undetectable for a minimum of 12 weeks after treatment? Give others hope. Congratulations to our friends:

1. **GJ** - SVR Dec 1998 - IFN/RBV 52 wks - Dr. Anderson/Natalie Rock, Vancouver, BC.
2. **Amberose** - 2000 (GT2a/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. **KG**-Transfused 1987 (GT2a/2c treatment naïve) 2003-4 IFN/RBV 24 wks. Still undetectable in 2014.
7. **Beverly Atlas** - (GT1a) - 2005/2006 - Albuferon/RBV 44 wks
8. **Steve Farmer** - 2008 (Transplant Vancouver 2005) IFN/RBV 72 weeks.
9. **Gloria Adams** - (GT1b relapser) - Fall 2009 IFN/RBV/Telaprevir 48 wks - Drs. Erb & Yoshida, Vancouver, BC.
10. **Don Crocock** - (GT1 Stage II) - Dec. 2010 IFN/RBV - 48 weeks
11. **Daryl Luster** - (GT1a) - Feb 2011 - IFN/RBV/RO5024048 48 wks.
12. **Donna Krause** - (GT1 partial responder) SVR Nov 2011- Pegays/Copegus, Danoprevir/Ritonavir/RO5024048 24 wks. Dr. Erb, Vancouver.
13. **Cheryl Reitz** - (GT1b previous partial responder) SVR12 Mar 2013 - Asunaprevir/Daclatasvir 24 wks - Dr. Ghesquiere, Victoria, BC.
14. **Anita Thompson** - (GT1a treated 3 times) Cirrhosis - Apr 2013 - Pegasys/Boceprevir 48 wks. Dr. M. Silverman, Whitby, ON.
15. **Leon Anderson** - (GT2 partial responder) SVR24 May 8, 2013 - GS-7977/RBV 16 weeks - Dr. Alenezi & Dr. Conway-VIDC - Vancouver.
16. **Joan King** - (GT1b treated 5 times) June 2013 - Asunaprevir/Daclatasvir 24 wks Dr. Ramji, Vancouver, BC
17. **Sandy J.** (GT 1a treatment naïve) Oct 31, 2013 - IFN/RBV/Victrellis 28 wks. Fran Faulkner, RN, Vancouver Island. Now SVR24.
18. **Andrew P.** - (GT 1a many prev treatment attempts over 10+ years, including Incivek Jan 2014.) Sofosbuvir/Ledipasvir + RBV 24 wks
19. **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
20. **Coreen Kendrick** - (GT 1a treatment naïve) Mar 10, 2014 MK5172/MK8742 12 weeks Dr. Ramji, Vancouver, BC.
21. **Jack Swartz**—(Treated 3 times) Apr 2014 IFN/RBV/Victrellis, Dr. S. Wong, WHSC.
22. **Del Grimstad** July 2014, 12 weeks Simeprevir/Solvaldi
23. **Linda May** (GT 1b transfused, treatment-naïve) 12 weeks Asunaprevir/Daclatasvir . Dr. Tam, LAIR Centre.

Please send your name and info to Joan at [info@hepcbc.ca](mailto:info@hepcbc.ca)

## CONFERENCES

**27 February 2015**

4th Canadian Symposium on HCV  
National CIHR Research Training Program  
Banff, AB  
[www.ncrtp-hepc.ca/](http://www.ncrtp-hepc.ca/)

**12-15 March 2015**

24th Conference of APASL  
2015 Istanbul  
[www.apasl2015.org/](http://www.apasl2015.org/)

**25-28 June 2015**

The Global Viral Hepatitis Summit  
15th International Symposium on Viral Hepatitis  
and Liver Disease (AASLD Endorsed)  
Berlin, Germany  
[www.isvhld2015.org/](http://www.isvhld2015.org/)

**2-4 September 2015**

World Hepatitis Summit  
World Hepatitis Alliance  
Glasgow, Scotland

[www.worldhepatitisalliance.org/en/world-hepatitis-summit-2-4-september-2015.html](http://www.worldhepatitisalliance.org/en/world-hepatitis-summit-2-4-september-2015.html)

**13-17 November 2015**

The Liver Meeting® 2015  
San Francisco

## 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.)

## IBAVYR™

Pendopharm has established the IBAVYR™ Patient Support Program. The program will assist patients who have been prescribed IBAVYR™ (ribavirin tablets) with reimbursement navigation, financial assistance and pharmacy services. Case managers will support patients with insurance-related matters and assess eligibility for financial support. Pharmacy services include adherence support, medication delivery and counseling.

To enquire or to enroll, you can call 1-844-602-6858 Monday – Friday 7am to 11pm EST.

## COMPENSATION

### LOOKBACK/TRACBACK

**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](mailto: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](mailto:HepatitisC@kpmg.ca)  
**Ontario Compensation:** 1-877-222-4977  
**Quebec Compensation:** 1-888-840-5764

### CLAIMS ADMINISTRATOR 1986-1990

Claimants may be reimbursed for costs of treatments and accepted hepatitis C medications not covered by public or private healthcare plan while they wait for reimbursement from the 1986-1990 plan.

Administrator 1-877-434-0944  
[www.hepc8690.com](http://www.hepc8690.com) [info@hepc8690.com](mailto:info@hepc8690.com)

#### Pre-86/Post-90

Administrator 1-866-334-3361  
[preposthepc@crawco.ca](mailto:preposthepc@crawco.ca)  
[www.pre86post90settlement.ca](http://www.pre86post90settlement.ca)

#### Settlement Agreement:

[www.pre86post90settlement.ca/PDFs/SA/](http://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, harm reduction, needle exchange, advocacy. 1371 C - Cedar St.

Contact [leanne.wingert@avi.org](mailto:leanne.wingert@avi.org) 250-830-0787

• **Comox Valley** Harm reduction, counseling, advocacy. 355 6<sup>th</sup> St., Courtenay. Contact Sarah

[sarah.sullivan@avi.org](mailto:sarah.sullivan@avi.org) 250-338-7400

• **Nanaimo AVI Health Centre.** Counseling, advocacy. **NEW: 102-55** Victoria Rd Contact Anita for details. 250-753-2437

[anital.rosewall@avi.org](mailto:anital.rosewall@avi.org)

• **Port Hardy** (Port McNeil, Alert Bay, Port Hardy, Sayward, Sointula and Woss) Drop-in kitchen. 7070 Shomcliffe Rd. Contact Shane, 250-949-0432 [shane.thomas@avi.org](mailto:shane.thomas@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 [Hemi-one.jeffervis@avi.org](mailto:Hemi-one.jeffervis@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 [ankorshcpc@ankors.bc.ca](mailto:ankorshcpc@ankors.bc.ca)

**Castlegar** Contact Robin 250-365-6137 [eor@shaw.ca](mailto:eor@shaw.ca)

**Chilliwack PCRS** Hep C Prevention, harm reduction. 45904 Victoria Avenue, Chilliwack. Contact Kim Lloyd 604-798-1416. [lbirdsall@pcrs.ca](mailto:lbirdsall@pcrs.ca) [www.pcrs.ca](http://www.pcrs.ca)

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

[Cheryl.taylor@viha.ca](mailto: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](mailto:rmilne@coolaid.org) for treatment or group info.

**Courtenay HCV Peer Support and Education.** Contact Del 250-703-0231 [dggrimstad@shaw.ca](mailto:dggrimstad@shaw.ca)

**Cowichan Valley HCV Support** Contact Leah 250-748-3432 [r-lattig@shaw.ca](mailto:r-lattig@shaw.ca)

**Haida Gwaii** support. Contact Wendy [wendy@wendyswellness.ca](mailto:wendy@wendyswellness.ca) [www.wendyswellness.ca](http://www.wendyswellness.ca)

**HepCBC** [info@hepcbc.ca](mailto:info@hepcbc.ca), [www.hepcbc.ca](http://www.hepcbc.ca) Call for office hours.

• **Victoria Peer Support:** 4<sup>th</sup> Tues. monthly 7-8:30 PM, Victoria Health Unit, 1947 Cook St. Contact 250-595-3892 Phone support 9AM-10 PM.

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

**Kamloops** ASK Wellness Centre. Chronic illness health navigation/support.

[info@askwellness.ca](mailto:info@askwellness.ca) 250-376-7558 1-800-661-7541 ext 232 or Merritt health housing & counseling 250-315-0098

[www.askwellness.ca](http://www.askwellness.ca)

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

**Kelowna Hepkop:** Phone support, meeting info. Contact Lisa 1-866-637-5144 [ljmortell@shaw.ca](mailto:ljmortell@shaw.ca)

**Mid Island Hepatitis C Society** Contact [mid-islandhepc@hotmail.com](mailto:mid-islandhepc@hotmail.com)

**Nanaimo - Central Island Hepatitis Service:** Nurses & doctors available for info, support, treatment. Clinic located in Nanaimo. Doctor or self-referral. Contact 1-855-740-2607, [sarah.hughes@viha.ca](mailto:sarah.hughes@viha.ca) or [shelby.munk@viha.ca](mailto:shelby.munk@viha.ca)

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

**Positive Wellness North Island-North Island Liver Service** Info, support, treatment/pre-treatment groups. Doctor or self-referral. 1-877-215-7005 250-850-2605.

• **Courtenay:** 2<sup>nd</sup> Fri monthly 1PM, Drop-in, Comox Valley Nursing Centre (nurse)

• **Campbell River:** Treatment/pre&post-treatment support group 1<sup>st</sup> & 3<sup>rd</sup> Thu monthly 10-12pm, Sunshine Wellness Centre, Discovery Room, Campbell River Hospital. Caroline: [caroline.miskenack@viha.ca](mailto: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](mailto:plfvcentre@plfv.org)

**Powell River Hepatology Service** Powell River Community Health, 3<sup>rd</sup> Floor-5000 Joyce Ave. Contact Melinda 604-485-3310 [Melinda.herceg@vch.ca](mailto:Melinda.herceg@vch.ca)

**Prince George Hep C Support** Contact Ilse [ilse.kuepper@northernhealth.ca](mailto:ilse.kuepper@northernhealth.ca)

**Sunshine Coast-Sechelt Healthy Livers Support Group** Information/resources Contact Catriona 604-886-5613 [catriona.hardwick@vch.ca](mailto:catriona.hardwick@vch.ca) or Brent 604-740-9042 [brent.fitzsimmons@vch.ca](mailto: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](mailto:vandu@vandu.org) [www.vandu.org](http://www.vandu.org)

**Vancouver HCV Support** Contact Beverly 604-435-3717 [bailas@telus.net](mailto:bailas@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](mailto:pvanbo@gmail.com) Tel. 250-309-1358.

**YouthCO** HIV and Hep C Society of BC. Call for appts or drop in M-F 10-6. 205-568 Seymour St,

**Vancouver** 604-688-1441, 1-855-YOUTHCO Stewart [info@youthco.org](mailto:info@youthco.org), [www.youthco.org](http://www.youthco.org)

**Whitehorse, Yukon—Blood Ties Four Directions** Contact 867-633-2437 1-877-333-2437



**OTHER PROVINCES**

**ONTARIO:**

**Barrie Hepatitis Support** Contact Jeanie for info/ appointment

[jeanievilleneuve@hotmail.com](mailto:jeanievilleneuve@hotmail.com)

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

[mkowalski@hucchc.com](mailto: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 [hepccoord@gmail.com](mailto:hepccoord@gmail.com), [www.aidsnorthbay.com](http://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](mailto: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](mailto:hars@kingston.net) [www.hars.ca](http://www.hars.ca)

**Kitchener Area Support** 3<sup>rd</sup> Wed. monthly, 7:30 PM, Ray of Hope Community Room, 659 King St. E Kitchener. Contact Bob 519-886-5706, Mavis 519-743-1922 or [waterlooregionhepcsupport@gmail.com](mailto: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.hivaidconnection.com](http://www.hivaidconnection.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](http://HCCC@niagarahealth.on.ca) [www.niagarahealth.on.ca/services/hepatitis-c-care](http://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](http://www.ochc.ca) Contact 1-855-808-6242

**Owen Sound** Info, support. Contact Debby Minielly [dminiel-ly@publichealthgreybruce.on.ca](mailto:dminiel-ly@publichealthgreybruce.on.ca) 1-800-263-3456 Ext. 1257, 519-376-9420 Ext. 1257, [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

**Peel Region** (Brampton, Mississauga, Caledon) 905-799-7700

[healthlinepeel@peelregion.ca](mailto:healthlinepeel@peelregion.ca)

**St. Catharines** Contact Joe 905-682-6194

**Toronto CLF** 1<sup>st</sup> Mon. monthly Oct.—June, 7:30 PM, North York Civic Centre, 5100 Yonge Street. Contact Billie 416-491-3353, ext. 4932.

[bpotkonjak@liver.ca](mailto:bpotkonjak@liver.ca) [www.liver.ca](http://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](mailto:undun@sympatico.ca)

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

**QUEBEC:**

**Quebec City Region**

Contact Renée Daurio

418-836-2307

[reneeaurio@hotmail.com](mailto:reneeaurio@hotmail.com)

**CAPAHC** support group meetings 3<sup>rd</sup> 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@hepnsc.ca](mailto:info@hepnsc.ca)

[www.hepnsc.ca](http://www.hepnsc.ca)

**PRAIRIE PROVINCES:**

**Manitoba** Hepatitis C phone and email support and outreach. Contact Kirk at [info@mbhepc.org](mailto:info@mbhepc.org).

Direct line: 1-204-231-1437

**Manitoba CLF** each Thu 1:30-3. 375 York Avenue, Suite 210, Winnipeg, Contact Bianca 204-831-6231 [bpengelly@liver.ca](mailto:bpengelly@liver.ca)

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

To list Canadian groups here, please send details to [info@hepcbc.ca](mailto:info@hepcbc.ca) by the 15<sup>th</sup> of the month. It's free!