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Canada's Hepatitis C News Bulletin

www.hepcbc.org

HEP C CIRCLE UPDATE: NANAIMO 2002

BC/YUKON HEP C COLLABORATIVE CIRCLE: SKILLS, EDUCATION & ADVOCACY FORUM FRIDAY, SATURDAY & SUNDAY, FEBRUARY 1ST - 3RD, 2002

Just in case you missed it last month, we are having a big conference in Nanaimo. If you have hepatitis C, or if you work with people who have hepatitis C, or if someone in your family has hepatitis C, ***this workshop is for you!***

Registration, agenda and workshop information are available on the HepCBC site, www.hepcbc.org (click on BC/Yukon HepC Circle link).

We sent out registration forms with last month's bulletin. If you didn't get one, and you would like to register, please call: 1-866.888.9697 (outside Victoria); 384-0213 (Victoria).

A number of hotel and travel scholarships will be made available to regional applicants; hotel and meal fees for non-scholarship participants will be based on cost-recovery, and are expected to be low (The registration package will clearly state these costs and the scholarship application process).

FORUM LOCATION:
Best Western Dorchester Hotel, 70 Church Street, Nanaimo, British Columbia.

WORKSHOP UPDATE:
FRIDAY, FEB 1ST: 11:15AM—12:30PM
Sara Amber and Michael Nimburg of the Hepatitis Education Project in Seattle will be giving a presentation as part of the Opening Assembly. They will be talking about how they formed a successful state–wide coalition.

SATURDAY, FEB 2ND

- Session 1 (9:30am - 11:00am) - **Compensation Issues**. Facilitated by Leslie Gibbenhuck.
- Session 2 (11:15am - 12:45pm) - **Disability Issues:** Nutritional Supplements, Medical Discrimination and Provincial Non - Involvement. Facilitated by Carol Romanow and Brad Cummings, Action Committee of People with Disabilities.
- Session 3 (1:45pm - 3:15pm) - **Liver Detoxification**. Facilitated by Dr. Stefan Kuprowsky.
- Session 4 (330pm - 500pm) - **Diet and Nutrition**. Facilitated by Mary Giudici, Dietician.

TREATING FIBROSIS

By Karolyn Sweeting

Hepatic fibrogenesis is the wound-healing response to chronic liver injury. Promising new treatments can reduce the accumulation of scarring. To date, the most effective therapy for treating hepatic fibrosis is removal of the causative agent.

Many treatments currently under evaluation affect the accumulation of activated hepatic stellate cells (HSCs) by inhibiting either their activation or proliferation. These treatments include the use of antioxidants, the modulation of the activity of cytokines/vasoactive substances, and the use of dietary supplementations or compounds obtained from natural herbs.

Several substances with antioxidant properties (vitamin E, silymarin, phosphatidylcholine and S-adenosyl-L-methionine) have been tested with respect to inhibiting the activation and collagen synthesis by HSCs. The neutralization of proinflammatory cytokines (interleukin-10) has improved liver inflammation and decreased fibrous scars. Modulating the activity of specific cytokines (TGF-b) by the administration of HGF prevents the progression of liver fibrosis. Different herbal compounds, for instance the Japanese compound sho-saiko-to, has a direct effect on HSC activation and proliferation and decreases oxidative stress and collagen deposition.

The accumulation of extracellular matrix (ECM) proteins, enhanced by HSCs, causes

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HEPPERS HELPING HEPPERS

Since 1995, when I was first diagnosed with Hepatitis C, I have kept a scrapbook of news articles on Hepatitis C. I am on my second scrapbook now, which is a good sign that this "new epidemic" is getting more exposure in the media. I have been on many worldwide online lists since that time such as Daniel's HEPC Info list, Peppermint Patti's HEPV-L list, Jovo's alternative list (he lost his battle to HCV), the late Greg Mitchell's PHCV list and dribble list (humour—which he took over from squeeky). In May, 1997 I decided to lurk no longer and sought out fellow Canadians with Hep C. It was David Lang from Seattle (recently deceased) who first introduced me to Joan who had ~50 email addresses of fellow heppers mainly from B.C. and Ontario.

"Sisters" Joan and Sandi King

I introduced myself individually to every member as a "Fellow Kanuck." Not everyone replied to my introduction. Most of the members were Hep C transfused victims or unknown risk, so I didn't quite fit in that profile. I most likely acquired Hep C in the late 70's from a brief period of IVD experimentation. There is a possibility that I may have contracted the virus from a past shot of gamma globulin in my first year of university. However, most hep doctors (not all) that I have seen, say that is doubtful. I will probably never know. And as I have said for the past six years, "No matter how we contracted this disease, we are all fighting the same battle."

My spouse suggested I design a personal website for Hep C awareness. Therefore, in August, 1997, "Sandi's Crusade Against Hepa-

(Continued on page 7)

SUBSCRIPTION/ MEMBERSHIP FORM

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

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Victoria BC
V8R 4T3

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Home(___)_____**Work** (___)_____

Email: _____

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☐"I enclose a donation of $_____so that others may receive the bulletin."

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SUBMISSIONS: ***The deadline for any contributions to the* hepc.bull© *is the 15th of each month. Please contact the editors at info@hepcbc.org, (250) 361- 4808. 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:
$20 for business card size ad, per issue.
There will be a maximum of 4 ads in each issue, and the ads will be published if space allows. Payments will be refunded if the ad is not published. Ads are also posted to the Web.

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2741 Richmond Road
Victoria BC V8R 4T3

REPRINTS

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

NEW

Peppermint Patti's FAQ Version 5 Available NOW!!

Peppermint Patti's FAQ Version 5 is now available. The new version includes an HIV co-infection section as well as updated Canadian Links and the latest TREATMENT INFORMATION. Place your orders now. Over 100 pages of information for only $5 each plus S&H—but if you can afford more we'll take it. Contact HepCBC.

HepCBC Resource CD: The CD contains back issues of the *hepc.bull* from 1997-2001; the FAQ V5; the Advocate's Guide; the Slide Presentations developed by Alan Franciscus; and all of HepCBC's pamphlets. The Resource CD costs $10, including shipping and handling. Please send cheque or money order to the address on the subscription form on this page.

THANKS!!

HepCBC would like to thank the following institutions and individuals for their generosity: Lexmark, David Klein, Bruce Lemer, Elsevier Science, Blackwell Science, Massachusetts Medical Association, Health Canada, The Legal Services Society of BC, Pacific Coast Net, Margison Bros Printers, Carousel Computers, Arlene & Frank Darlington, Karolyn Sweeting; Alysn Mika; John Hasell & Gordon Mastine.

Special thanks to Roche Canada for an unrestricted grant in order to help publish this newsletter.

CUPID'S CORNER

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

To place an ad: Write it up! Max. 50 words. Deadline is the 15th of each month and the ad will run for two months. We'd like a $10 donation, if you can afford it. Send cheques payable to **HepCBC,** and mail to **HepCBC, Attn. Squeeky, 2741 Richmond Road Victoria BC V8R 4T3.** Give us your name, tel. no., and address.

To respond to an ad: Place your written response in a separate, sealed envelope with nothing on it but the number from the top left corner of the ad to which you are responding. Put that envelope inside a second one, along with your cheque for a donation of $2, if you can afford it. Mail to the address above.

Disclaimer: The hepc.bull and/or HepCBC cannot be held responsible for any interaction between parties brought about by this column.

Ad No. 20

Positive Attitude and Hepatitis C

Creative, independent, attractive 40-something woman, loving and living life, would like to meet active 35 to 40-something man. You have a sense of humor and enjoy the good things in life.

Ad No. 21

Hep C Positive Man 40+

Independent, active, caring, compassionate, romantic, would like to meet Hep C positive woman 30-40+ with positive attitude and similar traits.

Got Hep C?... Single?
...Visit
http://clubs.yahoo.com/clubs/ontariohepcsingles

Order Your "Hepper Bear" Now!

$20 CDN each, including postage. This is a GREAT Fundraiser for Support Groups! Call (250) 361-4808, or email info@hepcbc.org to place your order.

THE SQUEEKY WHEEL

Why Squeek At All?

Well, I haven't done a column in a while, so sit back and enjoy the ride.

I've been really sick lately, the bags under my eyes are so big that everyone keeps asking me when my flight leaves. I get up at noon, go back to bed at 4, get back up at 6, and generally feel like heck. But, hey, it's a life if it ain't a living.

Now in the middle of my hectic schedule, not only am I trying to keep any ground we may have made, but also figure out how to keep moving forward.

Well, we thought we were finally getting somewhere—some grants came in, we've got new board members (Norma McClelland, who is just finishing up a Masters in Nursing, and Derek Rennie, who used to look after most of Southern BC for Kiwanis), we've got a few new pamphlets coming out, and the HepC Circle is a go—and then the Provincial Government pulls a dandy on us.

I know that asking people with Hep if they remember things is pushing it a bit, but if you do catch it, you'll know that HepCBC had obtained a grant from the Legal Services Society of British Columbia to develop a training manual to help people navigate through the Schedule C mess. The focus of the project was on supplementary benefits for those disabled by hepatitis C.

Well, there we were, moving nicely along; there was a good committee from various organizations, and a researcher who put together a training manual in which she interpreted the law for us. The manual was 250 pages and ready to go to press. And then the government changed the law!!

The upshot, in case you didn't know, is that, if you have hepatitis C, it is going to be even more difficult to stay healthy and alive.

One of the key stumbling blocks in the new legislation, for those with hepatitis C, is the focus on illnesses which compromise the immune system. Of course HIV/AIDS fits in nicely under this head, and wouldn't you know it, plenty of the AIDS groups were at the table with the government hammering out the changes. Were we there? No! Were we invited? No. Sound familiar? You bet.

What the changes mean, in the real world, is that if you have hepatitis C and you are symptomatic—due either to the illness or to treatment—it will be even harder for you to claim disability status. That means that, over time, as you get more and more tired, achy, foggy and cranky, you will lose more jobs until you finally have to sell everything you own, and then, maybe, just maybe, you'll qualify for welfare—and that's only if a doctor will attest to the reality of your illness.

Even though people with hepatitis C need fresh fruits and vegetables, and vitamin and herb supplements, the government has made direct cuts to these necessary items. They have even made it harder for people with hepatitis C to get bottled water, and considering the state of water in BC, this is serious. *(See page 6.)*

And there's more: For those of you with hepatitis C-related fibromyalgia, your visits to a physiotherapist or chiropractor will be severely restricted, if not totally curtailed.

The current cuts do not only effect those with hepatitis C who are poor. The new legislation will also affect those of you who are not yet poor, but will be soon! Thank you Mr. Campbell!

Under the new health care cuts, MSP coverage for physiotherapy, chiropractic, and eye exams will be affected. We all know that hepatitis C causes retinal problems, as well as cataracts, and that treatment with ribavirin can cause peripheral neuropathy. As well, coverage for treatment itself will be more difficult, as I understand it.

Did you know that the government has raised the acceptable limits in enzyme tests? This means that if you are a small woman you could have active inflammation, but now your tests will say you don't. As well, in order to qualify for any clinical trials, or treatment under Medicare, you will have to fit within an arbitrary set of guidelines, sort of like a "window" if you get my drift. If you are outside this window—even if you can throw a stack of *New England Journal of Medicines* and *American Journal of Gastroenterologys* on the Minister's desk which clearly prove your need—you're plain out of luck.

In Victoria, lots of organizations have banded together in a coalition to fight the government's cuts to health and social programs. The coalition is called the "Dandelion Coalition," after the weed that won't go away.

Unfortunately, the focus at the coalition at the moment is on welfare and street kids, and does not put forward a program for dealing with the effects on the disabled.

Hepatitis C does not disable everyone, but it does disable some; neither does it kill everyone, but it does kill many. The government and many health organizations need to be reminded of this day in and day out.

Please do what you can, while you still can, even though it's hard. Ask me for a hug when you feel down. Call me, or call Joan, or call your local support group; go up to the HepCAN list, where you can get lots of support and not feel so alone and frustrated.

Last: please DO come to the Nanaimo Conference. We are planning on dealing with many of these issues then.

All the best.

Have a Happy Hanukkah, a Merry Christmas, and a Happy New Year from all of us at HepCBC

Squeeky bin Laden

Sun, January 6 8:00 PM

HEPATITIS C BENEFIT

Featuring Jr. Cadillac, the John Hodgkins Band, Timothea, Ron Bailey and friends ***and more!***

Info and Hepatitis Test sign-up as well as one speaker at the event.
Silent auction! Over 21 this year!

$15 advance, $20 day of show

Frontline Hepatitis is dedicated to finding a cure and providing education and outreach for patients, friends and family with hepatitis C. All funds will be used to further this mission.

www.frontline-hepatitis-awareness.com

JOURNAL SCAN

by C.D. Mazoff, PhD

Journal of Gastroenterology and Hepatology 16 (10), 1131-1137 **"Analysis of hepatocellular carcinoma tumor growth detected in sustained responders to interferon in patients with chronic hepatitis C."** *(Hidenori Toyoda, et al.)*

You know, my job is not to scare you, but I am sorry to be the bearer of such news. All I can say is thank God for honest research.

While interferon therapy has been shown to bring about normalization of enzyme levels, reduce inflammation, halt or reverse the progression of scarring and putatively clear the virus, it apparently cannot prevent the occurrence of liver cancer.

I do remember reading studies that said, yes, interferon therapy can prevent the development of liver cancer, particularly for those with genotype 1a or 1b, which as we know does not respond well to interferon therapy.

The study *did not* include a breakdown by genotype, although it did point out that most of the patients were male, and that most of the patients who developed liver cancer after interferon therapy and "clearance" of the virus only had grade 2 or grade 3 fibrosis or even less. Below is the breakdown for cancer and fibrosis in the 46 patient study

Only 3 persons out of 46 in this study had cirrhosis before treatment. So much for the statement often made here in Canada by

Fibrosis Grade	*0-1*	*2*	*3*	*4 (Cirrhosis)*
Patients with Cancer	8	9	14	3

physicians saying that unless one had cirrhosis of the liver, one shouldn't worry about cancer. Don't these guys read?!

The researchers conclude that many of the deaths caused by liver cancer (they say over 30 mm and survival isn't good), could be avoided with proper follow up. The problem here is that many physicians use the "cure" word and don't follow up. Another is that ultrasound and computed tomography will miss microscopic tumors if performed during IFN therapy. In one patient, a tumour was found 7 years after cessation of therapy and "clearance" of the virus. In others, tumours were found as early as 6 months after cessation of treatment. Yet another problem was that patients, believing themselves "cured," did not comply with regular follow up. And last, the researchers lament the fact that there are still no guidelines on follow up for sustained responders.

Given the above, the current cut backs in health care, particularly in Canada, will only result in more deaths. When will people learn that hepatitis C is a serious and deadly disease.

American Journal of Gastroenterology, Editorial, November 2001, Volume 96, Number 11, Pages 3051-3053 **"Hepatitis C: A Sexually Transmitted Disease?"** John B. Gross, M.D., F.A.C.G.

Well, here's yet another from the "You really didn't want to know, did you?" department. Let's start with the conclusion. The conclusion is, "Hey we really don't know. It looks like you can get it, but some of the study methodologies are flawed, i.e., in this study it should have been lower, and in this study, it should have been higher. But, hey, don't worry, be happy because 'we can cure essentially 100% of recent HCV infections with interferon.'"

Well, John, I think that what you have done is grossly oversimplified the issues, and I hope you have good malpractice insurance, because what are you going to do when someone shows up at your door with a copy of your article, where you said that "because the risk of future infection is so low, there is no reason to recommend preventative measures such as condoms"?

Oh, I know you juggled the numbers well, and managed to come up with a figure of risk of infection from a partner in a long term monogamous relationship of 0.1% a year, but if you really believed there was no risk, why the flippant tag line where you recommend your version of the "morning-after-the-night-before-pill"? And what if the "cure" rate isn't 100%? And what if, as the first article in this column indicates, there is an increased risk of HCC, even if the virus is cleared?

It seems to me that this article has introduced a lot of doggy doo into the equation, and I would recommend that everyone watch his or her step.

Biop$y Revi$ited

American Journal of Gastroenterology, Editorial, November 2001, Volume 96, Number 11, Pages 3053-3055

"Liver Biopsy in Chronic Hepatitis C: Routine or Selective," Gabriel Garcia, M.D. and Emmet B. Keeffe, M.D.

A few issues ago, I wrote on research into alternative methods of assessing liver scarring and the rate of progression of liver disease, in particular on the use of serum hyaluronic acid as a predictor of liver fibrosis. This month in the *AJG*, there is an editorial on the problem of biopsies.

The article reminds us that many patients do not want a biopsies; that the pain from a biopsy can last beyond one day (40%) and even up to a week. It reminds us that death can occur; it reminds us that 15% of patients biopsied would not have undergone the procedure had they known how much it would have hurt them. It reminds us that biopsies are expensive: direct costs, indirect costs, patient management costs—all add up, suggesting that "the best strategy in the management of chronic HCV infection is to offer therapy to all patients and not perform liver biopsies.

The editorial focuses on a study by A. Pohl, et al., "Serum Aminotransferase Levels and Platelet Counts as Predictors of Degree of Fibrosis in Chronic Hepatitis C Virus Infection," in which the authors discuss a method of assessing liver damage without biopsy by reliance on an AST/ALT ratio > 1, and a platelet count less than 150,000/mm^3.

The method developed by the researchers would eliminate the need for a biopsy in only 7.1% of the study group, and works best for those with fibrosis stages 3 and 4. For those with ALT ratios of <1 and various platelet levels, however, the study could not detect whether a patient had no, or minimal, fibrosis.

FIRST NATIONAL ABORIGINAL HEPATITIS C CONFERENCE

EDMONTON, ALBERTA

April 30 - May 3, 2002

WHO SHOULD ATTEND?

Aboriginal people living with Hepatitis C, their families and support networks.

Those working with Aboriginal people in community health, corrections, human services, addictions, etc.

Elders, youth, political leaders and decision makers

More info: www.visions.ab.ca
Box 34007 Kingsway Mall PO
Edmonton, Alberta T5G 3G4
780) 459-1884 or 458-1883

PREGNANCIES, ORAL CONTRACEPTION AND MENOPAUSE

Liver fibrosis progresses faster in males than in females, and it is thought that estrogen may be a factor. This study took into account alcohol and tobacco consumption, the presence of diabetes, age at first menstruation, age at pregnancies with or without children, hormonal contraception, age at menopause and its cause, and hormone replacement. The study found that menopause causes fibrosis to progress faster in women with Hep C, and hormone replacement seems to prevent the fibrosis. Pregnancies may benefit liver fibrosis.

Source: ABSTRACT #195

RETREATMENT OF NON-RESPONDERS WITH PEG-INTRON COMBO

The HALT-C trial is to determine the effect of long term maintenance interferon therapy, administered over 4 years, and preliminary results were presented at the Conference.

All patients had HCV antibodies, elevated ALT within the last 6 months, had a positive PCR, had fibrosis grade 3 or more on a recent biopsy, and were non-responders.

They were treated for 24 weeks with Peg-Intron 180 mcg/wk plus ribavirin 1,000 mg/day (1,200 mg/day for patients weighing over 75 kg). Those who were still positive were labelled non-responders, and could enter the HALT-C trial.

Of the initial 146 patients, 8 (5%) dropped-out, and of the rest, 43% got rid of the virus.

Responders were younger, and not African Americans, generally. Gender, body mass index, cirrhosis, ALT, viral load and weight made little difference.

Source: ABSTRACT 279

PEGASYS™ OK FOR PATIENTS WITH END-STAGE RENAL DISEASE

Hepatitis C infects 10-40% of patients with end-stage kidney disease who undergo hemodialysis. This study (done on patients without hepatitis C) showed that 40-kDa of Pegasys is acceptable for patients with kidney disease, although adverse events increased with higher doses. This amount of Pegasys was not cleared by hemodialysis.

Therapeutically effective concentrations (as previously reported for CHC patients) can be achieved in patients with ESRD at sc doses of 135 µg or 180 µg 40 kDa peginterferon alfa-2a once weekly.

Source: ABSTRACT 618

NON-RESPONDERS

PEG-INTRON COMBO FOR NON-RESPONDERS

In this trial, 365 patients received either 800 mg/day of ribavirin with Peg-Intron according to body weight, or a fixed dose (either 100 mcg or 150 mcg) weekly for 48 weeks. The average age was 47, 67% of patients were males, 78% were Caucasian. 89% were genotype 1. 67% were previous non-responders, and 33% were relapsers from previous treatment. 10.6% had cirrhosis.

Data from week 12 was presented, showing that 46 patients dropped out. 43% had a viral load of less than 1000 IU/mL. The response rate among previous non-responders was 46% and among previous relapsers was 37% . The results in the fixed dose group was 38% and in the weight-based group was 43%.

The researchers concluded that Peg-Intron plus ribavirin may be effective in patients who previously failed to respond to combo therapy.

Source: ABSTRACT 987

HIGH DOSE PEG-INTRON COMBO FOR NON-RESPONDERS

An ongoing study supported by Schering compared the efficacy and safety of two different doses of the Peg-Intron Combo in previous non-responders. To date 200 patients have been randomized. 164 of the patients are genotype 1. Data was presented from week 24 for 102 patients, showing a significant difference in response between those receiving the regular dose (0.5 mcg/kg/wk) and the high dose (1.5 mcg/kg/wk). The patients treated with the higher dose were more than 17 times more likely to clear the virus than the others. The drop out rate was higher in that group, though.

Source: ABSTRACT 654

GENDER AND WEIGHT FOR DOSING

It has been noted that patients who weigh less tend to have a higher rate of sustained viral response. Peg-Intron is given in different doses according to weight. Since females usually weigh less than males, they receive higher doses of ribavirin (RBV) when the ratio of mg. of RBV is compared to kg. of weight.

A retrospective study assessed the influence of gender and found that, when the dose of ribavirin is expressed on an mg/kg basis, gender is not significant, nor is weight, except for determining the dose. Age and presence of fibrosis/cirrhosis are predictors of response.

Source – ABSTRACT 627

HIGH-DOSE IFNa-2a INDUCTION COMBO WITH/ WITHOUT AMANTADINE

Amantadine has continued to be controversial, with some reports showing it to be effective, and others contradicting that finding.

This study was done on 400 naïve patients, who received IFNa-2a induction therapy plus ribavirin (1000-1200 mg/day) for 48 weeks, combined with either 100 mg 2x/day of amantadine sulphate or a placebo, for 48 weeks.

All patients received 9 MU IFNa-2a daily for 2 weeks, followed by 6 MU IFNa-2a daily for further 6 weeks.

64% of the patients were genotype 1. Fewer dose reductions were necessary in the Amantadine group. (18% vs. 40%)

Based on intention-to-treat analysis, sustained virological response 24 weeks after treatment completion was 47%. All but one of the sustained responders had undetectable HCV RNA levels by week 12. The study results are still blinded, but it looks like the results will be informative.

This study was supported by Merz + Co and Hoffmann-La Roche.

Source: ABSTRACT 631

TREATMENT WITH 40 KDA PEGASYS IN INTRON NON-RESPONDERS

Re-treatment of IFN nonresponders has been disappointing, even with more intense treatment.Treatment of IFN-naïve chronic hepatitis C patients with Pegasys results in SVRs of up to 39%. This study compared IFN alone to Pegasys alone (without ribavirin) in previous non-responders.

Patients who didn't show a 2 $\log_{10}$ decrease in viral load at week 12, and patients with detectable HCV RNA at 24 weeks of treatment, were considered nonresponders and were discontinued from therapy. Of those remaining, seventy-one patients (71%) were infected with HCV genotype 1, and 29 patients (29%) had cirrhosis or bridging fibrosis.

Sustained viral response (SVR) was

(Continued on page 8)

WARNINGS

TOBACCO

A study of 310 patients with hepatitis C, done at their first liver biopsy to see if tobacco had an effect on liver damage. Age, gender, alcohol consumption, route of contamination, tobacco consumption, and biopsy scores were all taken into account.

One hundred and seventy-six patients (57%) were current smokers. Smokers were younger, more often male, more often alcohol consumers, and more often had used IV drugs than never smokers. The researchers concluded, "Smoking increases the severity of hepatic lesions in patients with chronic hepatitis C."

Source: Hepatology 2001;34:121-125, Cigarette Smoking and Hepatic Lesions in Patients with Chronic Hepatitis C

BC WATER

"British Columbia has had the highest rate of gastrointestinal or stomach illness in Canada and water is a likely culprit," according to Perry Kendall, the provincial health officer in his annual health report. Three-quarters of the province's water comes from lakes, creeks, rivers or rainfall, sources that aren't treated, and parasites like giardia and cryptosporidium, resistant to chlorine, aren't removed.

Source: Globe and Mail, Nov 20, 2001 Page A13. BC Water quality blasted in B.C. health report

MILK THISTLE

Researchers at the University of Pittsburgh have suspected that milk thistle can slow down or reduce the activity of enzymes in the liver. If the activity of these enzymes are reduced, then drugs remain in the blood longer than they otherwise might, creating higher-than-expected levels of drugs in the body, causing side effects or intensifying already-existing side effects. Recently, researchers found that even small concentrations of milk thistle slowed down the activity of the liver enzyme CYP3A4 by 50% to 100%.

Many medications are processed by this liver enzyme, possibly causing disagreeable or dangerous side effects. Some drugs that might interact badly with milk thistle: methadone, heart drugs, anti-seizure drugs, antihistamines, antifungals, gastrointestinal motility agents, ergot drugs, anti-psychotics, sedatives/sleeping pills, lipid-lowering drugs, and transplant drugs. It could lower levels of anti-parasite drugs, sedatives/sleeping pills, and hormones such as estrogen. If you take milk thistle, talk to your doctor.

Source: CATIE http://www.catie.ca

REVIEW

Testing of Persons Believed to Be the Source of an Occupational Exposure to HBV, HCV, or HIV: A Backgrounder

Last month we received a package from the Canadian HIV/AIDS Legal Network containing a review copy of *Testing of Persons Believed to Be the Source of an Occupational Exposure to HBV, HCV, or HIV: A Backgrounder*, as well as some related info sheets. As soon as I finish this review, I shall be placing our copy in the HepCBC library at 541 Herald Street in Victoria, and I encourage you all to get your own. Copies can be downloaded in English and French from www.aidslaw.ca/Maincontent/issues/testing.htm, or you can order hard copies of the report from the Canadian HIV/AIDS Clearinghouse, 1565 Carling Avenue, Suite 400, Ottawa ON, K1Z 8R1, tel: 1-877-999-7740, or 1-613-725-3434.

Why you should read this

I think that the publication provides a really good overview to the problem of work and accident related exposure to hepatitis C. It explains, quite clearly, the modes and means of infection, the procedures to take in case of accidental exposure, testing, the pro's and con's of compulsory testing, prevention education, and psycho-social aspects of accidental infection.

The document itself is a response to "renewed calls for compulsory testing of persons who are believed to be the source of an occupational exposure to HBV, HCV and HIV and who refuse to test voluntarily."

Did you know that "Bill C-217 (formerly Bill C-244), a private member's bill that would authorize court-ordered testing of a source person where there are reasonable grounds to believe that a healthcare worker, fire fighter, volunteer, peace officer, security officer, or 'good Samaritan' coming to the aid of that person may have been infected with HBV, HCV, or HIV, is currently before Parliament"? And, in Ontario, "a similar private member's bill (Bill 105) has passed 1st and 2nd reading in October, 2001."

This publication examines the legal and human rights issues around this issue as well as the "benefits and harms of compulsory testing of source persons."

The document concludes that mandatory testing is not necessary and that implementation of various prophylactic strategies would suffice.

What the document doesn't mention is whether the insurance companies are behind this bill, which in my opinion is quite probable. Let me give you a scenario. I have HCV, whether I got it knowingly, unknowingly, or from sex with a moose—and now I am a firefighter. Let's say I don't get tested and I get infected on the job. Well, I've been infected on the job, haven't I? Now let's say I was tested and then I got infected again on the job. Well, I'd still get infected on the job, wouldn't I, but I wouldn't get any compensation, because this law would say that I was a bad boy, and they weren't going to give me any candy. Also, if I was previously infected, then I probably wouldn't be tested as a result of my workplace or on-the-job exposure to blood spills and other hazardous materials. In this case, I might very well be re-infected with another genotype of HCV, or with HBV or with HIV.

So, what's the upshot? Well for one, I can see that the taxpayer will spend more money funding more prevention strategies, while the friends of Jean Cretien, Paul Martin and Alan Rock will put more money into their RRSPs. Thank God that the Canadian Medical Association and the Canadian Nurses Association are against this Bill.

I strongly recommend that you get involved in this one, if you have any energy left.

C.D. Mazoff, PhD

LIPOKINETIX

Lipokinetix, a supposed dietary supplement by Syntrax, was blamed for poisoning the livers of at least six people last month, and a government warning has been issued. The victims had been taking the drug for two weeks to three months, and were between ages 20 and 32. Lipokinetix, sold on Internet bodybuilding and weight loss sites, contains norephedrine (also known as phenylpropanolamine or PPA), caffeine, yohimbine, diiodothyronine, and sodium usniate.. Anyone who has taken this supplement should contact the doctor if nausea, weakness or fatigue, fever, abdominal pain, or any change in skin color appear.

Source: http://vm.cfsan.fda.gov/~dms/ds-lipo.html

KAVA KAVA

There have been 24 cases of liver damage reported in Germany. One person died and three had to have liver transplants. Kava kava is sold without a prescription. It has been used for over 3,000 years as a sedative, muscle re-

(Continued on page 7)

(WARNINGS—*Continued from page 6)*
laxant and diuretic. There is much evidence indicating that kava kava can cause liver damage.

Source: Stafford, N., Reuters Health Germany May Ban Kava Kava Herbal Supplement (Monday, Nov. 19, 2001) http://dailynews.yahoo.com/h/nm/20011119/hl/supplement_1.html

REZULIN

Dr. Orville Cunningham, died in 1999 following liver failure caused by the use of the drug Rezulin for about a year and a half. He was given a transplant, but the new liver failed, as well. His wife sued Pfizer, the pharmaceutical company, for $20 million. The parties settled out of court.

Rezulin has been used in Type II diabetes since 1997. Because of multiple reports of liver problems, the drug was voluntarily removed from the market in 2000. Independent medical experts agreed that Dr. Cunningham's death was caused by the use of Rezulin.

Source: PRNewswire Nov. 5, 2001, Settlement Reached in First Rezulin Case to Go to Trial in United States

ANTITUBERCULAR DRUGS

Drugs to fight TB are proving to be harmful to the liver. Two combinations of drugs are recommended by The Canadian Lung Association:

1) a combination of isoniazid (INH), rifampin (RI) and pyrazinamide (PY) (with or without ethambutol [EMB]), and

2) a combination of INH and RI (with or without EMB).

INH, PY and RI have been shown to be extremely toxic to the liver, and several deaths have been documented. Reports suggest that any of the drugs alone or in combination may be toxic. Doctors should monitor patients for liver damage during TB treatment, and patients should be warned of symptoms such as nausea, vomiting, stomach pain, lack of appetite, tiredness, dark urine or yellowing of the skin.

Source: Duc Vu, PhD, and Lynn Macdonald, BSP, http://www.hc-sc.gc.ca/hpb-dgps/therapeut/zfiles/english/publicat/adrv11n4_e.html Antitubercular drugs (isoniazid, rifampin and pyrazinamide): hepatobiliary reactions

PARACETAMOL

Paracetamol overdose is the most common cause of acute liver failure in the UK. Measures have been taken to restrict its sale.

If taken at recommended dosages, even for long periods of time, Paracetamol does not harm the liver or other organs in otherwise healthy people. People with compromised livers should beware.

Sources: http://www.gastrohep.com/news , Paracetamol-induced acute liver failure is associated with social deprivation.

http://www.pharmweb.net/pwmirror/pwy/paracetamol/pharmwebpicjournalist.html

(HEPPERS—*Continued from page 1)*
titis C" went online. My website was Site #30 added to now deceased Jude Saucier's Hepatitis Webring August, 1997. At the time the only Canadian website online was my fellow hepper friend, Darlene's personal Hep C website in BC. My website started with less than a dozen pages and now contains over 50 pages regularly updated and expanding.

I chose to donate my personal webspace for exclusive, ongoing chronicles of fellow heppers fighting the battle against Hepatitis C. Lisa, Gord and Joan all from BC were the first fellow crusaders to share their experiences and time helping others through my site. Presently there are 20 ongoing stories including my own, last updated Dec. 2001. The personal stories make fellow heppers feel less alone and help to understand the disease. It is crucial to be able to reach out to people that are feeling stigmatized and isolated by living with this insidious "dragon." This "stealth" disease, known in the hepatitis community as "the dragon" because of its silent, mysterious nature. It can be a potentially deadly disease. It can hide for decades without someone knowing they have it. It is like an internal fire burning, affecting your liver and other body systems, and at anytime it can awake, to cause havoc to one's health.

My site is a stepping stone to encourage others to branch out on their own crusades and educate, support and advocate for all fellow heppers and their loved ones. We can all make a difference in our own communities. Most importantly ALL organizations promoting Hepatitis C awareness need to work together! For example, Bruce's Story from Missouri on my website since 1999. Bruce is now the President and Founder of the Missouri Hepatitis Alliance, and he travels, educating others about Hepatitis C.

I am a Volunteer Facilitator for the Durham Hepatitis C Support Group providing education, support and services for those infected and affected by Hepatitis C, as well as the general community since Feb. 2000. The group is presently sponsored by the Durham Region Health Department through a small grant, funded by Health Canada's Hepatitis C Division of Ontario Region. Through my proclamation request, May 1, 2002 will be acknowledged as Hepatitis C Awareness Day for The Regional Municipality of Durham which consists of the Towns of Ajax and Whitby, the Cities of Oshawa and Pickering, the Townships of Brock, Scugog and Uxbridge and the Municipality of Clarington. The meeting location is in close proximity to residents of Durham, Peterborough or the GTA areas.

My website is featured in the November, December, 2001 issue of *Hepatitis Magazine* http://www.hepatitismag.com/ as one of their favourite sites. A special thanks to my dear husband, (together for ~18 yrs.) who encouraged me to make this first public presence in this international magazine. Here's part of what they said:

"A visit to Sandi's Crusade Against Hepatitis C is a great way to get more involved in the hepatitis community. Sandi's Web site includes an entire page - 'Hepper Contacts Worldwide' - dedicated to bringing you closer to others around the world who are also HCV positive. Some people relate their stories of struggle and survival, while others simply leave their e-mail addresses. Another link also included in the straightforward table of contents titled 'Online Support,' lists Delphi forums, MSN communities, and Yahoo! Groups, where you can interact with others while online. The rest of the many topics listed in the table of contents provide a wide variety of useful information including topics such as family issues, liver cancer, spirituality and counseling guidelines."

I have a new story to work on—a lady lawyer in her 30's, from Florida, who is presently on treatment. "A webmaster's job is never done." As of Dec. 2001, the new location of my website is http://members.rogers.com/smking My new Email address is smking@rogers.com

Feel free to contact me—you are not alone in this battle against the "dragon."

Keep on fighting,
Smilin' Sandi, Oshawa, Ontario

Dragon Slayers of the Web Unite!! {xxxxx):::::::::::::>

Source: http://www.genrx.com/Mosby/PhyGenRx/safety.html#n-1 MD Consult 01/03/2001 Zafirlukast Treatment Linked to Hepatic Injury

ZAFIRLUKAST

The leukotriene receptor antagonist zafirlukast, used to treat asthma patients, may cause severe hepatitis, according to a recent report in the Annals of Internal Medicine.

Three cases were reported, all middle-aged women taking 20 mg twice daily. One patient had no symptoms, but stopped the drug when her liver function tests showed abnormalities. When she resumed treatment, she became jaundiced. The other two patients had more serious damage, one requiring transplantation.

Patients receiving zafirlukast be followed up closely for clinical evidence of hepatitis.

(AASLD—*Continued from page 5)*
achieved by 19% of patients who were previous non-responders. SVR in patients who previously responded and then relapsed (RR) was 33%. Importantly, among patients who did achieve undetectable HCV RNA during the initial IFN treatment regimen (i.e., breakthrough and RR, n=31), SVR was found in 45%. Only 11% achieved SVR among the 70 patients who had never completely responded.

The results suggest that re-treatment with the combination of Pegasys and ribavirin "may result in even higher SVR in IFN non-responders, especially those who had achieved undetectable HCV RNA at some point during the initial treatment period."

Source: ABSTRACT 632

VX 497 + IFN IN NAIVE PATIENTS

Both VX-497 and ribavirin are inhibitors of IMPDH, and although both agents decrease ALT levels, neither has an effect on HCV viral load.

This study tested the safety and tolerability of VX 497 + IFN alpha in naïve HCV patients with a randomized double blind, placebo-controlled trial. All patients were genotype 1, with detectable HCV RNA. The patients were treated for 28 days and then switched to Rebetron to complete 12 months.

After 28 days, the VX 497 combo was well tolerated, with antiviral effects similar to that seen with IFN + ribavirin at 4 weeks

The VX 497 combo is well tolerated, does not show more toxicity than IFN alone, and seems to show a better antiviral effect at 4 weeks.

Source: ABSTRACT 628

HIGH DOSE INDUCTION BETTER FOR GENOTYPE 1 PATIENT

In this randomized trial, 61genotype 1 patients were into groups based upon viral load, and received 6 weeks of daily induction therapy with IFN at 1.5 mU, 3.0 mU, 5.0 mU, or 10.0 mU, followed by 48 weeks of maintenance therapy of 3 mU daily IFN plus ribavirin. Viral loads were similar in all the groups.

Since SVR was almost identical in patients who received 1.5 and 3.0 mU, these groups were combined in one so-called low-dose induction group, for additional. Similarly, patients who received 5.0 and 10.0 mU induction therapy, also with like responses, were combined into the high-dose induction group for further analysis.

SVR was much better in the high dose group, although end of treatment responses had been similar. At follow-up, half in the low dose group relapsed, while none in the high dose group relapsed within the first 6 months after therapy (low dose SVR 32% vs. high dose SVR 52%). Response rates were similar by genotype and by gender.

There were no dropouts during the induction phase of therapy. 10 mU IFN induction was not more effective than 5 mU.

This work was supported by an unrestricted educational grant from Schering-Plough Biotech.

Source: ABSTRACT 658

LACTOFERRIN IN PATIENTS WITH HIGH VIRAL LOAD AND GENOTYPE 1B

Bovine lactoferrin is a milk protein, available as a health food in Japan. This study enrolled 27 patients with Hep C. 18 of them had been treated with IFN for more than 1-2 months, all non-responders.

Twenty-five patients received a course of bovine lactoferrin treatment orally for 6 months. They were divided randomly into two groups: a low-dose (0.4 g of lactoferrin per day), and a high-dose group (3.6 g of lactoferrin per day.)

No serious adverse events occurred during the treatment, and all patients successfully completed the study.

There was a marked decrease in RNA levels after 6 months in the high-dose group. The decrease in the low-dose group was insignificant.

The levels of aminotransferase, iron and ferritin remained the same throughout the study in both groups. Two months after the end of lactoferrin treatment, the viral load was elevated again.

"Lactoferrin is the first substance besides interferon that shows anti-HCV activity," and may be effective combined with IFN for the treatment of patients with a high viral load.

Source: ABSTRACT 638

INTRON A RECALL

October 22, 2001

MANUFACTURER: Schering Corporation

Lots 8-IFB-005, 8-IFB-006, and 8-IFB-007 were found to be subpotent

PRODUCT/LOT NUMBER/EXP.DATE:

9-CO-3 8-IFB-005 10/20/01
9-CO-6 8-IFB-006 11/04/01
0-CO-10 8-IFB-006 11/04/01
0-CO-11 8-IFB-007 11/23/01
1-CO-11 9-IFB-001 08/02/02

(TREATING FIBROSIS—*Continued from page 1)*
a fibrous scar to develop. Pharmacologically modulating the interaction between HSCs and ECM could limit liver fibrosis. Activated HSCs could be removed from the injured liver through apoptosis (programmed cell death). The use of vasodilators (prostaglandin E2, nitric oxide) inhibits HSC activation by stimulating the receptors for growth factors or blocking intracellular pathways required for cell proliferation. Corticosteroids and colchicine (anti-inflammatory drugs used in treating liver disease) may slow down the progression of fibrosis and cirrhosis.

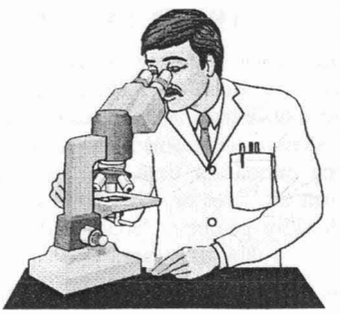
Substances that inhibit key signal transduction pathways in liver fibrogenesis (pentoxifylline) may decrease HSC proliferation, by inhibiting production of fibrillar collagens. Efforts are being made to increase mRNA stability to prevent the development of liver cirrhosis.

The activation of peroxisome proliferator-activated receptors (PPAR) and trichostatin A function to inhibit the profibrogenic and proinflammatory actions in HSCs and suppress HSC activation, respectively. Further studies are needed to confirm these results.

TNP-470, an agent used to treat cancer due to its antiangiogenic properties, inhibits HSC proliferation by preventing HSC activation and attenuating the progression of hepatic fibrosis.

A useful and safe drug carrier must be specifically targeted to activated HSCs, reach regions with active fibrogenesis, and be well tolerated by the immune system. Recently, understanding of the cellular and molecular basis of hepatic fibrosis has greatly advanced, leading to the identification of new targets for therapeutic intervention. Although a specific drug that meets all these criteria is still lacking, clinical trials evaluating the safety and efficacy of some of these treatments are anticipated in the coming years.

Source: *www. medscape.com*, Ramón Bataller, M.D., and David A. Brenner, M.D., *Hepatic Stellate Cells as a Target for the Treatment of Liver Fibrosis*



KPMG

KPMG, an accounting, tax and financial advisory firm, has been appointed claims administrator for the Pre-1986, Post-1990 Hepatitis C claims against the Canadian Red Cross Society ("CRCS"). They will process all claims and issue payments to eligible people infected from tainted blood in BC before January 1, 1986 and between July 1, 1990 and September 28, 1998 inclusively. Those who were infected through contact with an eligible person may also be eligible. This includes living family members, such as spouses, children, parents, siblings, grandparents and grandchildren.

Some people may be eligible not only for the claim against the CRCS, but also for the BC Settlement. A person who qualifies for the CRCS Settlement, and has received the tainted blood in BC will automatically qualify for the BC Settlement. Family members are not eligible for the BC Settlement, though.

The CRCS settlement creates a fund of around $63 million to be distributed among claimants, so the amount distributed to each person will depend on the number of approved claimants. Payments to family members cannot exceed $800 in total and will be deducted from the payment to the primarily or secondarily infected claimants.

The Hepatitis C Virus ("HCV") fund will be open for 10 years with the monies distributed in three portions. Half of the fund will be given to qualified applicants applying before March 30, 2002. The first payment will be made within 60 days of March 30, 2002, and a second payment will be made within 60 days of September 30, 2004. The third payment might be made within 60 days of September 30, 2011, if there are enough funds available. Payments to claimants under the BC Settlement fund, will be paid in the same way.

If you submit your claim late, after the first payment is made, and if it is accepted by the Administrator, you may still receive a payment equal to the first amount paid to the other claimants, but the payment will only be made with the second payment, which is due within 60 days of September 30, 2004.

Source: http://www.kpmg.ca/microsite/hepatitisc/english/faq.html, Hepatitis C. Frequently Asked Questions.

MANITOBA PAYS

One of our HepCBC members who lives here in Victoria was transfused back in 1960. This person had a traceback done and just received a $10,000 check! (One time only—No more, no less.) This payment is called "financial assistance," the province admitting no liability for the infection.

The process was simple, took a total of about 3 1/2 months, and included one phone call asking for the application forms, and the completion and mailing of the forms. There was also a form for the doctor.

The Portage La Prairie Hospital certainly deserves mention for saving their records back to 1960!! They found our friend's transfusion of two units of blood, still on their records.

Call 1-866-357-0196 for Manitoba traceback information.

HEPATITIS C CLAIM FORMS AFFIDAVITS & OPT-OUT FORMS

For information about the Hepatitis C claim forms and affidavits please refer to the document Application to Pre-1986/ Post-1990 Hepatitis C Settlement Fund.

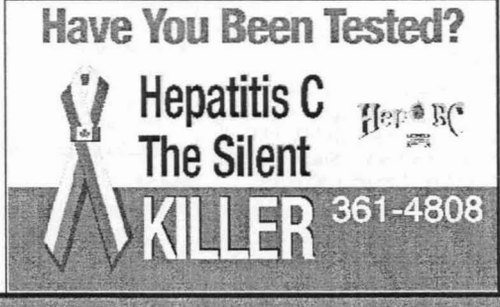
http://www.kpmg.ca/microsite/hepatitisc/english/forms.html

KPMG CONTACT INFO

KPMG Inc.
2000 McGill College Avenue
Suite 1900
Montreal (Quebec)
H3A 3H8

Attention:
Claims Administrator - Hepatitis C

TELEPHONE NUMBER
1-888-840-5764 (1-888-840-kpmg)
ELECTRONIC MAIL
HepatitisC@kpmg.ca



COMPENSATION

LEGAL ACTION

Hepatitis C Class Action Suit Line: 1-800-229-LEAD (5323)

1986-1990
Bruce Lemer/Grant Kovacs Norell
Vancouver, BC
Phone: 1-604-609-6699 Fax: 1-604-609-6688

Pre-86/Post-90
Klein Lyons
Vancouver, BC 1-604-874-7171,
1-800-468-4466, Fax 1-604-874-7180
www.kleinlyons.com/pages/class_actions/Hepatitis_C.htm

Mr. David Harvey/ Goodman & Carr
Toronto, Ontario
Phone: 1-416-595-2300, Fax: 1-416-595-0527

Ernst & Young Law Office (Ontario)
1-800-563-2387

Lauzon Belanger S.E.N.C. (Quebec)
www.lauzonbelanger.qc.ca.

Goodman and Carr LLP
pre86hepc@goodmancarr.com
www.goodmancarr.com

Forms: www.kpmg.ca/microsite/hepatitisc/english/forms.html

Other:

William Dermody/Dempster, Dermody, Riley and Buntain
Hamilton, Ontario L8N 3Z1
1-905-572-6688

LOOKBACK/TRACEBACK

The Canadian Blood Services, Vancouver, BC
1-888-332-5663 (local 207)
Lookback Programs, Canada: 1-800-668-2866
Lookback Programs, BC: 1-888-770-4800
Canadian Blood Services Lookback/Traceback & Info Line: 1-888-462-4056
Hema-Quebec Lookback/Traceback & Info Line: 1-888-666-4362
Manitoba Traceback: 1-866-357-0196

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, Ontario L3Y 8P6 Fax: 1-905-953-7747

CLASS ACTION/COMPENSATION

National Compensation Hotline: 1-888-726-2656
Health Canada Compensation Line: 1-888-780-1111
Red Cross Compensation pre-86/ post-90 Registration: 1-888-840-5764
Ontario Compensation: 1-877-222-3977
Toronto Compensation: 1-416-327-0539, 1-877-434-0944
Quebec Red Cross Compensation: 1-888-840-5764
1986-1990 Hepatitis C Class Actions Settlement 6/15/99 www.hepc8690.ca/

ADMINISTRATOR

To receive a compensation claims form package, please call the Administrator at 1-888-726-2656 or 1-877- 434-0944. or 1-888-840-5764
www.hepc8690.com info@hepc8690.com

MISCELLANEOUS

Questions about the status of your claim (86-90)? Please contact the administrator. If you still have questions,please contact Bruce Lemer who has promised me he would answer your questions at no charge.—C.D. Mazoff

Excellent Website!!: HCV Tainted Blood, Canada: http://members.rogers.com/smking/tainted.htm

COMING UP IN BC/YUKON:

Armstrong HepCure Office and library, by appointment. Contact: Marjorie, 546-2953, amberose@sunwave.net, www.junction.net/hepcure

Castlegar Contact: Robin, 365-6137

Chilliwack BC HepTalk Contact: 856-6880.

Comox Valley HeCSC 3rd Tues. monthly, 7-9 PM, St. George's United Church on Fitzgerald. Next meeting Jan. 15th Contact: Jayne, 336-2485

Cowichan Valley Hepatitis C Support Contact: Leah, 748-3432.

Cranbrook HeCSC-EK: 1st & 3rdTues. monthly, 2-4 PM, #39 13th Ave South, Lower Level. Next meetings Jan. 1st & 15th. Contact: 426-5277 or 1-866-619-6111 hepc@cmha-ek.org, www.cyberlink.bc.ca/~hecsc-ek/

Creston/Golden/Invermere Educational presentation and appointments: Contact Katerina 426-5277

Grand Forks Hep C Support Centre Each Mon, 3:30-5:30 PM, & 1st Mon. monthly, 6:30 PM, 7215 2nd St. (Boundary Women's Resource Centre) Contact Ken, 1-800-421-2437

HepCBC INFO Line. Free medical articles & other info. Contact: David, (250) 361-4808, info@hepcbc.org, www.hepcbc.org

Kelowna HeCSC: Last Sat. monthly, 1-3 PM, Rose Ave. Education Room, Kelowna General Hospital. Next Meeting: Jan. 26th. Contact Elaine Risely (250) 768-3573, criseley@shaw.ca or Lisa Mortell 766-5132 Mortell@silk.net

Kimberley Support Group 1st Mon. monthly, 1-3 PM. Next meeting Jan. 7th. Contact Katerina 426-5277

Kootenay Boundary 2nd Tues. monthly, 7 PM, Room 108, Selkirk College, Trail. Next meeting: Jan. 8th For individual support, info & materials, contact: Brian, 368-1141, k-9@direct.ca.

Maple Ridge Last Wed. monthly, 7-8:30 PM, 22470 Dewdney Trunk Road. Meet in underground parkade no later than 6:50. Next meeting: Jan. 30thGuest speaker: Dr. Binder. Contact Peter (604) 463-0223 or madclark@telus.net

Mid Island Hepatitis C Society Contact Sue 245-7635. mihepc@shaw.ca

- **Ladysmith** Friendship and Support Group. 2nd Fri. monthly, 7 PM, Ladysmith Resource Centre.
- **Nanaimo** Friendship and Support Group 2nd Thurs. monthly, 7 PM, Central Vancouver Island Health Centre 1665 Grant St. Nanaimo.

Mission Hepatitis C and Liver Disease Support Group 3rd Wed. monthly, 7 PM, Springs Restaurant, 7160 Oliver St. Next meeting Jan. 16th. Contact Gina, 826-6582 or Patrick, 820-5576. missionsupport@eudoramail.com

Nakusp Support Group Meetings: 3rd Tues. monthly, 7 PM, Nakusp Hospital Boardroom. Next meeting: Jan. 15th. Contact: Ken, 1-800-421-2437

Nelson Hepatitis C Support Group 1st Thurs. monthly. ANKORS Offices, 101 Baker St., Next meeting: Jan. 3rd. Contact: Ken Thomson, 1-800-421-2437, 505-5506, info@ankors.bc.ca, or Ken Forsythe 355-2732, keen@netidea.com

New Westminster Support Group 2nd Mon. monthly, 7-8:30 PM, First Nations' Urban Community Society, Suite 301-668 Carnarvon Street, New Westminster. Next meeting Jan. 14th. Contact: Dianne Morrissettie, 525-3790.

Parksville Support Group Contact Ria, 248-6072

Parksville/Qualicum 102a-156 Morison Avenue, PO Box 157, Parksville, BC V9P 2G4. Open daily from 9AM to 4 PM, M-F. Contact: 248-5551, sasg@island.net

Penticton Hep C Family Support Group Contact: Leslie, 490-9054, bchepc@telus.net

Powell River Hep C Support Group 2ndWed. monthly. Next meeting: Jan. 9th. "Breathe and Stretch Your Way to More Energy and Less Stress," with Shirtey Floe, Yoga and Qi Gong instructor. Contact: Cheryl, 483-3804, or the Health Unit, 485-8850.

Prince George Hep C Support Group 2nd Tues. monthly, 7-9 PM, Health Unit Auditorium. Next meeting Jan. 8th. Contact: Gina, 963-9756, gwrickaby@telus.net or Ilse, ikuepper@nirhb.bc.ca

Princeton 2nd Sat. monthly, 2 PM, Health Unit, 47 Harold St. Next meeting Jan. 12th. Contact: Brad, 295-6510, citizenk@nethop.net

Queen Charlotte Islands/Haida Gwaii: Phone support. Contact Wendy: 557-9362, e-mail: wmm@island.net, www.island.net/~wmm/

Quesnel: Last Mon. evening every other month. Contact Elaine Barry, 992-3640, ebarry@goldcity.net

Richmond: Lulu Island AIDS/Hepatitis Network: Meetings/drop-in dinner each Mon. 7-9 PM. Contact Phil or Joe, 276-9273.

Slocan Valley Support Group Contact: Ken, 355-2732, keen@netidea.com

Smithers: Positive Living North West 2nd Wed monthly, 7-9 PM, 3731 1st Avenue, Upstairs. **Next meeting: Jan. 14th. Speaker: Natalie Rock, RN.** Contact: Deb. 877-0042, 1-866-877-0042, or Doreen, 847-2132, plnw_hepc@bulkley.net for times.

Sunshine Coast—Sechelt: Contact: Kathy, 886-3211, kathy_rietze@uniserve.com—**Gibsons**: Contact Bill, pager 740-9042

Vancouver HepHIVE and HepC VSG 1st Wed. monthly, 10:30-12:30, BCCDC Building, 655 W. 12th Tom Cox Boardroom 2nd floor. Next meeting Jan. 26. Contact: Ken (604)254-9949 local 232 hepcvsg@shaw.ca

VANDU Vancouver Area Network of Drug Users Each Mon., 1 PM, 327 Carrall St. (off Pigeon Park) Bus fare and snack. Contact: Ed or Ann, 683-8595, vandu@vcn.bc.ca, www.vandu.org

Vernon HeCSC HEPLIFE 2nd & 4th Wed. monthly, 10 AM-1 PM, The People Place, 3402-27th Ave. Next meetings Jan. 9th & 23rd. Contact: Sharon, 542-3092, sggrant@telus.net

Victoria HeCSC Last Wed. monthly. Contact: 388-4311, hepcvic@coastnet.com

Victoria Support and Discussion Group 1st Wed. monthly, 7-9 PM, Next meeting Jan. 3rd. Contact Hermione, Street Outreach Services 384-2366, hermione.jefferis@avi.org

Victoria HepCBC Support Groups Small support groups for men or women. Men, contact David at 361-4808, cdm@hepcbc.org Women, contact Joan at 595-3882, or jking@hepcbc.org

YouthCO AIDS Society HepCATS Hep C advocacy, training and support for youth 15-29 living with Hep C and/or co-infected with HIV. #203-319 W Pender St.,Vancouver Contact Shane, (604)688-1441, (604)808-7209 or shanet@youthco.org

Yukon Positive Lives 3rd Wed. monthly , Whitehorse. Next meeting Jan. 16th. Contact 456-2017, positivelives@yknet.yk.ca or Heather, fromme@marshlake.polarcom.com, www.positivelives.yk.ca

OTHER PROVINCES

ATLANTIC PROVINCES:

Cape Breton HeCSC 2nd Tues. monthly. Contact 564-4258

Cape Breton-HepC-CB 2nd Wed. monthly, 7 PM YMCA Charlotte St. Board Room, Sydney. Contact: Howie, howiesullivan@accb.ns.ca, http://www.accb.ns.ca/

Fredericton, NB HeCSC 3rd Thurs. monthly, 7 PM Odell Park Lodge. Contact: Sandi, 452-1982 sandik@learnstream.com or Bob, 453-1340, bobc215@netscape.net

Moncton, N.B. Meetings 2nd Tues. monthly, 7 PM, 77 Vaughan Harvey Blvd. Contact Debi, 858-8519, monchepc@nbnet.nb.ca

Hepatitis Outreach Society, Simpson Hall, Suite 452, 300 Pleasant Street, Dartmouth, P.O. Box l004, NS, B2Y 3Z9. l-800-52l-0572, or 902-420-1767, r. ahcc@ns.sympatico.ca, www.ahcc.ca **Meetings:**

- **Antigonish:** 2nd Wed. monthly, 7 PM, St. Martha's Health Centre, 25 Bay St, Level 1 Conference Room
- **Bridgewater:** Last Wed. monthly, 7 PM, South Shore Regional Hospital, 90 Glen Allen Dr., Private Dining Room
- **Halifax:** 3rd Tues. monthly, 7 PM, QEII Health Sciences Centre, 1278 Tower Rd, Dickson Bldg, Rm 5110
- **Kentville:** 2nd Tues. monthly, 6:30 PM, KingsTech Campus, 236 Belcher St, Rm 214
- **New Glasgow:** 3rd Mon. monthly, Aberdeen Hospital, Conference room #l South.
- **Truro:** Last Tues. monthly, 7 PM, Colchester Regional Hospital, 25 Willow St, Conference Room
- **Yarmouth**: 1stTues. monthly, 7 PM, Yarmouth Regional Hospital, 60 Vancouver St, Lecture Room 1—Main level

Saint John & Area/HeCSC: 3rdThurs. monthly, 7 PM, Community Health Centre, 116 Coburg Street. Contact Allan Kerr 653-5637, hepcsj@nb.aibn.com, www.isaintjohn.com/hepc/

ONTARIO:

Barrie HepSEE Chapter 3rd Tues. monthly, 7-9 PM, AIDS Committee of Simcoe County, 80 Bradford St, Suite 336 Contact: Jeanie, 735-8153 hepseebarrie@rogers.com

Durham Hepatitis C Support Group 2nd Thurs. monthly, 7 PM, St. Speaker Paul Dobbs, John Howard Society, St. Mark's United Church, 201 Centre St. South, Whitby. Contact: Smilin Sandi, smking@rogers.com, http://members.rogers.com/smking/ Ken Ng, (905) 723-8521 or 1 (800) 841-2729 (Ext. 2170)

Kitchener Area Chapter 3rd Wed. monthly, 7:30 PM, Cape Breton Club, 124 Sydney St. S., Kitchener. Contact: Carolyn, (519) 880-8596 lollipop@golden.net

Niagara Falls Hep C Support Group Last Thurs. monthly, 7 PM, Niagara Regional Municipal Environmental Bldg., 2201 St. David's Road, Thorold. Contact: Rhonda, (905) 295-4260, Joe (905) 682-6194 jcolangelo@cogeco.ca or hepcnf@becon.org

Trenton ON support. Contact: Eileen Carlton 394-2924 carfam@quintenet.com

Windsor Support Group Each Thurs., 7 PM, 1100 University Ave. W. Contact 739-0301 or Ruth or Janice (Hep-C), 258-8954, truds99@hotmail.com

PRAIRIE PROVINCES:

HeCSC Edmonton: Contact Jackie Neufeld: 939-3379.

HepC Edmonton Support Group: Contact Fox, 473-7600, or Cell 690-4076, fox@kihewcarvings.com

HepSEE WPG: Last Mon of the month, 7 PM, Crossways and Common United Church, corner Broadway & Maryland, Winnipeg. Contact David: HepSee@shaw.ca or 1(204)897-9105 for updates.

Winnipeg Hepatitis C Resource Centre 1st Tues. monthly 7-9PM, RM# 203, 825 Sherbrook St. (south entrance—parking at rear) Contact: (204) 975-3279 Next Meeting: Jan 8th. Guest speaker: Jim Nicolas, a liver transplant recipient

QUEBEC:

Hepatitis C Foundation of Quebec, Contact Eileen, 769-9040 or fhcq@qc.aibn.com. **Meetings:**

- **Montreal:** 4thTues. monthly, 7-9 PM, Montreal General Hospital, room A1.109, 1650 Cedar Ave.
- **Verdun:** 3rd Wed. monthly, 7-9 PM (English), 1st Wednesday monthly, 7-9 PM, (French) 4341 Verdun Ave.
- **Hull:** Each Tue. 7-8 PM, 57 Rue Charlevoix.

HeCSC

- **Montreal** 3rd Wed. monthly, 7 PM, YMCA 255 Ash Ave. Contact John, 450-926-2237. http://communities.msn.ca/Hepatitiscmontrealchapter
- **Quebec City Region**, 1st Wed monthly, 7 PM, 876 rue D'Alençon, St. Nicolas, QC. Contact: Renée Daurio, 836-2467, reneedaurio@hotmail.com