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HCV Advocate

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Hepatitis C Support Project Begins New Educational Training Program

Goal of program is to 'train trainers' to provide quality community education

By Alan Franciscus
Editor-in-Chief

Toward the end of 2001, the Hepatitis C Support Project (HCSP), in preparation for setting goals for 2002, conducted a broad needs assessment of hepatitis C awareness and education both in California and nationally.

The Project determined that the most needed resource currently was, without doubt, quality, unbiased HCV education that could be widely distributed and utilized throughout underserved communities impacted by HCV. To accomplish this objective, the HCSP recently designed and implemented a prototype two-day program that covers hepatitis C awareness, education and a "train the trainer" component.

The goal of this program is to develop trained individuals, mainly from public health agencies and community-based organizations, who will educate their respective communities on HCV. The areas targeted for the Project's first series of outreach programs are rural communities in Northern and Central California, with the ultimate goal of reaching communities nationwide.

The HCSP has calculated that, with the first series of community forums and trainings, it can reach over 10,000 people through direct education of trainers who will then go out into their communities and educate others. The program has been designed with two components: an HCV community forum and a Train the Trainer Workshop. The community forum is open to the general public and concentrates on general HCV education with information on local support services available within that community.

The Train the Trainer program is an intensive two-day workshop that teaches the necessary skills for the participant to return to his or her community and educate others. The training workshop provides information on HCV diagnosis, transmission/prevention, disease progression, treatment decisions and medication options, as well as quality-of-life issues and how to live with hepatitis C.

The participants are given a basic PowerPoint presentation on HCV to use for their outreach efforts, but the actual goal of the training is to provide extensive background information on HCV so that the certified trainers leave equipped with the skills to address a wide range of audience questions.

The Hepatitis C Support Project is certifying participants who successfully complete the workshop as Basic HCV Educators for one year with annual re-certification being planned.

On February 21st and 22nd, the Hepatitis C Support Project launched the first in a series of Hepatitis C Community Forums and Train the Trainer workshops in Salinas, California, sponsored in part by an unrestricted educational grant from Roche. The Forum was well-attended with over 80

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In This Issue:

Physicians Say the Darndest Things

By Lucinda K. Porter, RN, CCRC

HealthWise

Hepatitis C is a serious matter. Living with it takes courage mixed with a dose of light-heartedness. April is when I get foolish and humor is the central topic of my column. Instead of talking about the health benefits of humor, I thought I would offer a collection of some funny but true medical notes.

The following quotes were taken from actual medical records dictated by physicians. These are from a column written by Richard Lederer, Ph.D. for the Journal of Court Reporting and have been reprinted at several Internet sites and magazines.

"By the time he was admitted, his rapid heart had stopped, and he was feeling better."

"Patient has chest pain if she lies on her left side for over a year."

" On the second day the knee was better and on the third day it had completely disappeared."

"She has had no rigors or shaking chills, but her husband states she was very hot in bed last night."

"The patient has been depressed ever since she began seeing me in 1983."

"Patient was released to outpatient department without dressing."

"I have suggested that he loosen his pants before standing, and then, when he stands with the help of his wife, they should fall to the floor."

"The patient is tearful and crying constantly. She also appears to be depressed."

"Discharge status: Alive but without permission."

"The patient will need disposition, and therefore we will get Dr. Blank to dispose of him."

"Healthy appearing decrepit 69 year-old male, mentally alert but forgetful."

"The patient refused an autopsy."

"The patient has no past history of suicides."

"The patient expired on the floor uneventfully."

"Patient has left his white blood cells at another hospital."

"The patient's past medical history has been remarkably insignificant with only a 40-pound weight gain in the past three days."

"She slipped on the ice and apparently her legs went in separate directions in early December."

"The patient experienced sudden onset of severe shortness of breath with a picture of acute pulmonary edema at home while having sex which gradually deteriorated in the emergency room."

"The patient had waffles for breakfast and anorexia for lunch."

"Between you and me, we ought to be able to get this lady pregnant."

"The patient was in his usual state of good health until his airplane ran out of gas and crashed."

"Since she can't get pregnant with her husband, I thought you would like to work her up."

"She is numb from her toes down."

"While in the ER, she was examined, X-rated and sent home."

"The skin was moist and dry."

"Occasional, constant, infrequent headaches."

"Coming from Detroit, this man has no children."

"Patient was alert and unresponsive."

"When she fainted, her eyes rolled around the room."

One more health hint to consider...did you know that people who volunteer experience a number of health benefits, including increased longevity and quality of life? Most of the people who contribute to this newsletter are volunteers. Are you involved in some sort of community service? If not, why not? If your answer is "I am too tired," then I hope you consider that many of us are also tired. Fatigue does not stop others from their dedicated efforts. Please consider giving, even when you think you have nothing left to spare.

Lucinda K. Porter, RN *is a research nurse and patient educator at Stanford in the area of hepatology. She co-facilitates a support group and is active in many aspects of hepatitis C education. In addition to being HCV positive, she has a life which include her husband and teenaged daughter.*

Managing HCV Treatment Side Effects

By Alan Franciscus
Editor-in-Chief

Almost everyone who uses interferon and ribavirin notices side-effects, some of which are unpleasant. It is important to remember that not everyone experiences the same side-effects, nor are they necessarily severe. Some of the treatment side-effects are similar to the symptoms of hepatitis C and the same approaches may be used to control both.

Fortunately, there are numerous steps people with HCV can take to manage treatment-related side-effects, several of which are discussed below. It is highly recommended that people considering treatment develop a good support system prior to starting HCV therapy. Peer support groups, family, and friends can help get most people through the most difficult times during HCV therapy. It is also prudent to check in with your medical provider if moderate or severe symptoms persist.

General Tips:

* If at all possible, take a week or two off work and other responsibilities when you begin treatment (for example, ask for a change in work schedule, a lighter work load, or a medical leave).

* Take medication before bedtime; this allows most people to sleep through the worst of the side-effects since the majority occur within 4 to 6 hours after the injection.

* Drink plenty of fluids (without caffeine or alcohol); this helps to relieve side-effects. It is especially important to drink water or clear fruit juices (apple, cranberry, or grape) right before and right after self-injection.

* Some patients may take an over-the-counter pain reliever one hour before their injection to help relieve side-effects. Others may find that taking a pain reliever 2 to 3 hours after the injection works better to relieve the pain. Caution: Alcohol and acetaminophen, such as Tylenol (acetaminophen is an ingredient found in many over-the-counter cold preparations) taken together can cause fulminant hepatitis, and may lead to liver failure.

* Headaches can often be relieved by rest, massage, or application of heat to the back of the neck.

* Fever can sometimes be reduced by sponging with lukewarm water (do not use hot or cold water).

* Dental care is especially important during HCV therapy. Interferon induces dry mouth, which can result in tooth decay and gum disease. Regular dental check-ups and good oral hygiene are extremely important.

Tips for Specific Symptoms:

Flu-like symptoms

* Use pain relievers as recommended by a physician; drink plenty of clear fluids each day; self-inject at bedtime to sleep through the symptoms.

Skin irritation at injection site

* Rotate injection site; use local topical creams.

Fatigue

* Rest as much as possible.
* Get regular, moderate exercise.
* Change work schedule, if possible.

Irritability, depression anxiety

* Seek help from support groups, family, and friends; try relaxation techniques; anxiety may be treated with medications recommended by a doctor; depression may be treated with anti-depressants (allow enough time to become effective); consider professional help if symptoms become severe.

Loss of appetite

* Eat small meals regularly, even if you have little or no appetite; treat foods as medicine (they are necessary for good health); drink clear juices in addition to water; brush teeth often to help eliminate any metallic taste in your mouth.

Weight loss

* Choose foods that are high in calories and protein; drink clear juices in addition to water for extra calories; try products designed to promote weight gain, such as nutritional supplements, canned formulas, instant breakfast powders, high-calorie puddings, etc.; add ingredients to increase nutritional value. For example:

-Add powdered milk to regular milk, milkshakes, casseroles, soups, eggs, mashed potatoes, hot cereal, and puddings;

- Spread peanut butter on bread;

-Add cooked beans or hard-boiled eggs to soups,

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HCV Reports from the Retrovirus Conference

By Liz Highleyman
Contributing Editor

The 9th Conference on Retroviruses and Opportunistic Infections took place February 24-28, 2002, in Seattle, Washington.

Reflecting the increasing importance of HCV and HBV in people with HIV, the conference featured over forty abstracts related to hepatitis, including an afternoon symposium, an oral abstract session, and five poster sessions.

Only a few highlights are reported here; abstract numbers are in brackets. For the complete conference program and abstracts, visit www.retroconference.org

HCV Treatment

In a late-breaker presentation [abstract LB 15], Dr. Ray Chung of Massachusetts General Hospital reported results from the first large, controlled trial (ACTG 5071) comparing the safety and effectiveness of combination therapy with standard interferon versus pegylated interferon in people coinfected with HCV/HIV. 133 participants were randomized to receive either standard interferon or pegylated interferon; Dr. Chung's study used Pegasys brand pegylated interferon, which is not yet approved by the Food and Drug Administration. All participants also received ribavirin. At 24 weeks, using an intent-to-treat analysis, 15% in the standard interferon group achieved an undetectable HCV viral load compared with 44% of those in the pegylated interferon group. Among those with HCV genotype 1, the virological response rates were 7% for standard interferon and 33% for pegylated interferon; among those with genotypes 2 or 3, the respective response rates were 40% and 80%. Severe (grade 5) adverse side effects were more common in the pegylated interferon group (17 events) than in the standard interferon group (5 events), but drop-out rates were similar (15% and 12%, respectively). Among a subset of participants who underwent liver biopsies, 40% in the standard interferon group and 26% in the pegylated interferon group showed some degree of histological improvement.

A research team from Madrid, Spain, also looked at the use of pegylated interferon plus ribavirin in 65 HCV/HIV-coinfected people [abstract 652-M]. This study used Peg-Intron brand pegylated interferon, which is currently approved in the U.S. In this open-label, single-arm (i.e., uncontrolled) trial, 54% achieved an undetectable HCV viral load at the end of treatment. By HCV genotype, participants with genotypes 1 or 4 (a North African variant) had a virological response rate of 37% and those with genotypes 2 or 3 had a response rate of 63%. Fourteen percent stopped therapy, mainly due to side effects.

Response and tolerability rates in Dr. Chung's study and the Spanish study were similar. It appears that combination therapy with pegylated interferon is more effective than treatment with standard interferon in people coinfected with HCV/HIV. However, people with HCV/HIV coinfection have a lower response rate overall than HIV negative people

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with HCV.

Immune Response

A poster session was devoted to studies looking at how HCV/HIV coinfection impacted immunological response. Dr. Chung and colleagues analyzed HCV/HIV-coinfected participants in six different ACTG studies [abstract 637-M]. They found that among participants with higher CD4 cell counts (above 350), HCV RNA viral load increased by more than half a log when they experienced immune recovery after starting anti-HIV therapy. However, they reported that HCV infection did not appear to impair CD4 cell increases due to antiretroviral therapy.

In contrast, researchers from Madrid found that CD4 cell recovery was reduced in HCV/HIV-coinfected participants starting antiretroviral therapy compared to those with HIV alone [abstract 638-M]. Likewise, a research team from Frankfurt also found that HCV/HIV-coinfected patients had a poorer immunological response than those with HIV alone [abstract 639-M]; however, most achieved good CD4 cell increases with anti-HIV treatment, regardless of HCV status.

Morbidity and Morality

Various studies looked at the incidence of severe illness and death in people with HCV/HIV coinfection. R. Reisler of the National Institutes of

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Side Effects

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casseroles and pasta which already contain cheese or meat;

-Melt cheese on sandwiches, hamburgers, vegetables, rice or noodles.

Nausea/Vomiting

* Take over-the-counter medication for nausea as recommended by a doctor; avoid trigger-foods or odors; avoid foods that are spicy, greasy, or deep-fried; eat small amounts of food every 2-3 hours; during periods of nausea, avoid citrus juices (orange, pineapple, and grapefruit) — instead, try clear juices, ginger ale, weak tea, or sports drinks; eat slowly and sip drinks slowly; eat foods at room temperature (neither very hot nor very cold); if morning nausea is a problem, eat some dry crackers when first awakening and get out of bed slowly.

Diarrhea

* Diarrhea is more common when taking high doses of interferon — ask your medical provider about dose reduction, if appropriate; try medications such as Immodium and bulking agents such Metamucil or psyllium bran.

Dry Mouth/Dental Care

* Visit your dentist before, during, and after treatment; drink plenty of water or clear fluids (avoid soda, coffee, tea); use artificial saliva; brush and floss your teeth, and rinse your mouth after every meal; use a soft toothbrush.

Report

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Health and colleagues analyzed data from a large, multicenter cohort of people with HIV from various CPCRA studies [abstract 657-M]. After 30 months of follow-up, the researchers found higher rates of life-threatening (grade 4) adverse events (28.5% versus 21.5%, respectively) and death (7.1% versus 5.3%, respectively) in people coinfected with HCV/HIV or HBV/HIV compared to those with HIV alone. In particular, the occurrence of severe liver-related adverse events was more than twice as high among coinfected people (7.4% versus 3%).

Researchers from the HIV Atlanta Veterans Administration Cohort Study (HAVACS) found that survival rates were lower in people with HCV/HIV coinfection compared to those with only HIV [abstract 658-M]. The time from AIDS diagnosis to death was shorter in the HCV/HIV-coinfected patients than in those with HIV alone, even when controlling for CD4 count at the time of diagnosis, antiretroviral use, and incidence of opportunistic infections.

On the other hand, researchers studying the HIV Outpatient Study (HOPS) cohort found that survival times for HCV/HIV-coinfected patients and those with HIV alone were comparable after controlling for baseline CD4 cell count and amount of time on anti-HIV treatment [abstract 659-M]. In this study, use of effective combination antiretroviral therapy was the strongest predictor of survival, but HCV/HIV-coinfected patients were less likely than those with HIV alone to receive such treatment.

Dr. Mitchell Wolfe and colleagues from the Centers for Disease Control and Prevention (CDC) looked at the causes of death among people with HIV [abstract 14]. They found that since 1996 (when protease inhibitor therapy was introduced), fewer are dying from diseases such as tuberculosis and Pneumocystis carinii pneumonia (PCP), but more are dying from liver and kidney disease. The liver disease death rate rose from 5% before 1996 to 8% after 1996.

Many health-care providers are concerned about the toxic effects of anti-HIV drugs, especially in people with existing liver disease. Dr. Marion Peters and colleagues from the University of California at San Francisco (UCSF) found that only nevirpaine (Viramune, a non-nucleoside reverse transcriptase inhibitor) was associated with greater liver toxicity in HCV/HIV-coinfected patients [abstract 662-M]. They concluded that although physicians are less likely to prescribe anti-HIV therapy for HCV/HIV-coinfected patients, this practice is not supported by scientific evidence.

Dr. Margaret Fischl from the University of Miami and colleagues conducted a retrospective chart review of over 500 HCV/HIV-coinfected people [abstract 663-M]. They found that nelfinavir (Viracept) was less likely than other protease inhibitors to be associated with severe (grade 3 or 4) liver enzyme elevations (3% versus 6%, respectively).

HCV in the Genital Fluid and the Brain

M. Nowicki of the University of Southern California and colleagues reported that they had detected HCV RNA in cervical and vaginal fluids from five of nine HCV/HIV-coinfected women enrolled in the Women's Inter-Agency HIV Study (WIHS) [abstract 648-M]. The researchers suggested that the genital tract may be a separate "compartment" for HCV, and that the presence of HCV in genital fluids may play a role in sexual and vertical (mother-to-child) HCV transmission. T. Laskus of the Mayo Clinic and colleagues detected HCV RNA in the brain tissue of three of six HCV-infected people during autopsy (one also was coinfected with HIV) [abstract 649-M].

The researchers suggested that HCV might replicate in the central nervous system (the brain and spinal cord) and that HCV might be carried across the blood-brain barrier in lymphoid cells. The presence of HCV in the brain may help explain why HCV infection is so often associated with cognitive impairment and emotional symptoms such as depression and anxiety-more so than other types of liver disease that also cause metabolic dysfunction.

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Health-Related Quality of Life (HRQOL), Part 1

By Alan Franciscus
Editor-in-Chief

Patient-based health outcomes research is a developing trend. The data that is evolving from such research is now being integrated with clinical and economic databases to aid in healthcare decision making. Outcomes research seeks to gauge the health of populations and the value of health care interventions on measurable outcome.

Safeguarding of functioning and well-being as recognized by the patient are becoming the essential focal point of healthcare. As a consequence, measurement of patient-based assessment of health related quality of life (HRQOL) is now becoming a very important focus of outcomes research. It is also not surprising that chronic hepatitis C, the dominant liver disease of our era, has and will continue to be the subject of HRQOL studies.

Many people with chronic hepatitis C, their doctors, families and loved ones give anecdotal reports of severe fatigue and problems with psychological adjustment, impairment of social life and personal relationships, and reduced ability to do paid work. Until recently there has been little research internationally exploring in depth the ways in which people are affected by this virus. There has been little systematic research into the social, psychological and economic implications of HCV infection, the degree to which impaired QOL is related to the severity of the disease, treatment of HCV and other clinical and social factors and interventions to improve QOL.

This series of articles on HRQOL and HCV will answer what research has been done and what still needs to be accomplished.

Why is it HRQOL Important?

In the past physicians have focused all their attention on the patient's health as it relates to indicators such as blood work results, outcomes from a treatment regimen or any other variable that the physician could pinpoint as being a good marker on how a person's disease is affecting their life expectancy. What has been found more recently though as patients are becoming a lot more involved in their health care and not scared to voice their opinion is that the indicators that the physicians looked to in the past have absolutely no correlation with the patient's feelings or perceptions of their disease and how it is impacting their life.

This finding is causing physicians to look at things a little differently and now therapeutic interventions are not only being evaluated for their direct impact upon the more traditional indicators of disease but are now being assessed for their ability to protect overall health and well-being for the patient.

The concept of "quality of life" is subjective and difficult to not only define but also measure. The perception of health in an individual constitutes many factors including societal perspectives, interest group perspectives as well as the individual's perspective. HRQOL (Health Related Quality of Life) often includes measurements of social and physical function, functional capacity, somatic sensation as well as an overall sense of well-being and the impact of a specific disease on that well-being. For this reason, in a disease like hepatitis C, the disease can directly impact upon HRQOL. Even though hepatitis C is often asymptomatic (without any symptoms) many patients suffer from fatigue, nausea, pruritis (itching), body aches, anorexia (lack or loss of appetite) and mood changes all of which in one way or another would impact a patient's HRQOL. In addition to the symptoms of hepatitis C, the burden of having a disease or being labeled as "being infectious" can significantly impact a person's HRQOL.

How is HRQOL measured?

Most measurements of HRQOL have involved utilization of questionnaires that are designed to assess a patient's perception of their disease and the impact that their disease is having on their life. There are many problems related to quantifying subjective assessments from questionnaires in order to gain enough information to recognize change. For this reason two methods have been designed which are descriptive and utility assessments.

Descriptive assessments endeavor to generally describe in an individual the different dimensions and magnitudes of living with a given disease. Normally, this type of assessment attempts to describe a person's physical and mental functioning using a series of questions which are then scored.

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A Surge in New Hepatitis C Books

At the end of 2001, a book to help people living with hepatitis C was published by Dr. Jenny Heathcote, a renowned hepatologist from Toronto, Canada. In addition, in 2002, a minimum of five new books on hepatitis C will be published.

Just published, Living With Hepatitis C: Everything You Need to Know (Your Personal Health) by Jenny Heathcote, et al., is a very succinct and thorough guide to hepatitis C. It contains case studies, illustrations, and an excellent resource guide. From her personal experience, Dr. Heathcote provides an excellent tool for people who are newly diagnosed with hepatitis C. Unlike many of the other books available, this one is concise and not overwhelming for people seeking simple and straightforward answers. It discusses both medical and practical aspects of living with hepatitis C. Subjects include the various types of hepatitis and how they differ, how hepatitis C affects the liver, the tests and procedures that are performed in order to effectively diagnose hepatitis C, an overview of the treatments available, and the medications that are used for treatment.The author very effectively covers sensitive areas, including a candid discussion on how drinking and other lifestyle decisions affect the course of the disease.

New books on hepatitis C that will be released in 2002 include: The First Year: Hepatitis C, by Cara Bruce and Lisa Montanarelli. Living with Hepatitis C: A Survivor's Guide, Third Revised Edition, by Gregory T. Everson & Hedy Weinberg. The Hepatitis C Sourcebook, by Howard J. Worman. Hepatitis C Virus : From Laboratory to Clinic, by Mark Feitelson. Everything You Need to Know About Hepatitis C (The Need to Know Library), by Chris Hayhurst.

HRQOL

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The Short Form 36 (SF-36) is typical of this type of assessment and is well validated, widely used and has been used most extensively in patients with chronic hepatitis C. The SF-36 is currently the primary tool used in reporting quality of life changes by managed care plans and the one most frequently used in clinical trials. The SF-36 measures generic health status and consists of 36 items measuring eight domains: physical functioning, role limitation-physical, energy and fatigue (vitality), general health perceptions, pain, social functioning, role limitations-emotional and mental health. This assessment permits rapid measurement; is reasonably easy to administer, score, and interpret. In addition to its good psychometric characteristics, it is reproducible over time in stable patients, is generally responsive to meaningful interventions and clinical changes, and correlates with patient and health care provider global ratings. It has however been demonstrated to have good reliability and validity in primary care and chronic disease populations, including chronic hepatitis C. The limitation of the SF-36 is that it is a generic, non disease specific questionnaire.

Two assessments that are valuable especially in chronic hepatitis C are the FSS (Fatigue Severity Scale) and the HQLO (Hepatitis Qulaity of Life Questionaire). The FSS scale was developed to measure disabling fatigue. This assessment includes nine items scored and combined into a total score, which indicates a smaller effect of fatigue on everyday life. The FSS also includes a visual analog scale (VAS) measured as a 100mm horizontal line anchored at "no fatigue" and "fatigue as bad as it could be", which provides a single item measure of overall fatigue severity. The FSS has been demonstrated to have excellent psychometric properties in chronic hepatitis C. Other assessments used have included the Sickness Impact Profile (SIP), the Beck Depression Inventory (BDI) and the Hospital Anxiety and Depression Scale (HAD) but the SF-36 is by far the most common and consistently utilized.Utility-based assessments of HRQOL endeavor to decide what it is like to live with a medical condition as reflected in a general summing up statement or grade. In general the purpose of this approach is to conclude how a patient values their health state. An example of a utility based assessment is the "Time Trade Off" which may ask a patient "for how many years of perfect health would he/she trade 10 years of living with your disease as you currently feel?". This type of assessment has not been applied to patients with chronic hepatitis C.

HRQOL Part 2 will cover the impact of chronic hepatitis C on HRQOL.

Training

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participants who learned about HCV from two experts in the field of liver disease - Dr. Stephen Rossi from the San Francisco VA Hepatitis Research Center of Excellence and Lucinda Porter,RN,CCRC, from Stanford University Medical Center. There was also a panel of people living with HCV from the local community. The program opened with the experiences of people living with HCV and this set the tone for the "Forum". The panel of patients discussed how they have learned to cope and, more importantly, live with HCV and, of course, each of their stories and philosophies on care varied considerably. Dr. Stephen Rossi spoke next on general information on HCV.

The goal of this program is to develop trained individuals, mainly from public health agencies and community-based organizations, who will educate their respective communities on HCV.

The evening ended with a very engaging and empowering talk by Lucinda Porter, RN, on support and care of the person with HCV. Based on evaluations from the audience, the program was a big success! The program lasted over two hours and many commented that they wished it was longer, which is high praise since so many people with HCV have fatigue issues and this was the Project's first forum.

The Train the Trainer Workshop drew over 30 registrants from as far away as Santa Cruz and San Luis Obispo Counties. The trainers were comprised of Stephen Rossi, PharmD, Lucinda Porter, RN, CCRC, Barbara Manchel, PAC, NP, Gastroenterology Consultants, Monterey, CA, and me. The workshop was conducted over a two-day period that included 9 hours of education concentrating on in-depth basic HCV information.

The Salinas program was our first venture into extensive HCV training. We are currently in the process of grading the final exams and essay questions, but it looks like over 90% of the participants passed and will be certified by HCSP as Basic HCV Educators. The participants evaluated the program as very good to outstanding and we received some excellent feedback to help with the logistics for the next program; the primary concerns were that parts of the training were too fast-paced and that there was not enough class room time. As a result of the comments from the Salinas participants, we have expanded the training to 14 hours over a two-day period and will include many more activities, such as various role-playing exercises.

Our next program will be held in Eureka, CA on April 11th and 12th, and again will include a community forum and a Train the Trainer workshop. We are really excited about Eureka because of the enthusiasm and cooperation of the local agencies there. We have scheduled programs in San Francisco on June 3rd and 4th, and have tentative dates in Yuba City, Fresno, and other areas in California.

As mentioned earlier, HCSP's long-term plan is to conduct intensive, advanced HCV trainings that will certify additional trainers to provide basic HCV training workshops throughout the United States. If you would like more information on these programs, email sfhepcat@pacbell.net or check out our web site, http://www.hcvadvocate.org, which will include information about future trainings.

The Project wants to recognize and express our sincere appreciation to Dr. Stephen Rossi and Barbara Manchel, PAC, RN who donated their time and energy to this exciting new challenge. Additionally, as always, the Project sends a heartfelt thank you to Lucinda Porter for her wisdom and compassion and her continued work to help educate and support people with HCV, both through her efforts with the HCSP as well as her work at Stanford. Lastly, I would also like to thank all the participants who made the program such a successful and rewarding experience for all of us.

HelpLines:

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National Trials

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