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# HCV Advocate

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A monthly newsletter of the Hepatitis C Support Project  
[www.hcvadvocate.org](http://www.hcvadvocate.org)

## U.S. Approval for Pegylated Interferon-Ribavirin Combo Therapy On Fast Track

### *European Union Approves PEG-Intron and Rebetol*

By Alan Franciscus  
Editor, HCV Advocate

On March 23, pharmaceutical giant Schering-Plough's application to the U.S. FDA for approval of the combination of PEG-Intron (peginterferon alfa-2b) and Rebetol (ribavirin) was granted priority review. Priority review means that the approval process will be shortened to six months instead of the usual one year. Schering submitted the original application to the FDA February 05, 2001. This could shorten the approval process.

Also on March 28, the European Commission of the European Union (EU) approved Peg-Intron (peginterferon alfa-2b) and Rebetol (ribavirin) combination therapy for the treatment of hepatitis C for both previously untreated patients and patients that have relapsed following prior HCV treatment.

Pegylated interferon is created by attaching hair-like threads of a synthetic polymer called polyethylene glycol, or Peg, to interferon. When the human body recognizes that a substance like interferon has been introduced, it moves to break it down. In the case of pegylation, the attached polymer encircles the therapeutic protein-in this case, interferon-and, in effect, disguises it from the human metabolic system. This allows the drug to remain in the system longer before being metabolized. Thus, it can reach higher levels in the blood and remain active for longer periods of time, with more drug available to attack HCV without giving the virus a chance to recover. Rebetol or ribavirin is an anti-viral medication that is cur-

rently combined with interferon to treat HCV.

The results of a Phase III clinical trial released at the October 2001 AASLD conference reported that the combination of a Peg-Intron (peginterferon alpha-2b-1.5 mcg/kg) injection once weekly plus daily Rebetol capsules (ribavirin-800 mg) for 48 weeks achieved an overall 54% sustained virologic response (SVR) in previously untreated adult patients with chronic hepatitis C.

Source: PR Newswire

### **Clinical Trials Show Promise for Amantadine + Interferon Therapy**

By Alan Franciscus  
Editor, HCV Advocate

Clinical trials have demonstrated improved efficiency with the combination of Amantadine and Interferon versus Interferon Monotherapy for initial treatment of chronic hepatitis C (CHC).

A new open-label, randomized study was published in the April 2001 issue of Hepatology, comparing the efficacy and safety of a combination of interferon (INF) and amantadine (AMA) with that of INF monotherapy in previously untreated patients with chronic HCV.

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# Living Wills & Power of Attorney: Helping Your Loved Ones Know What You Want

By Lucinda K. Porter, RN

Last month's column was a lighthearted attempt to incorporate humor into our various approaches to promote maintenance of good health. This month's column focuses on a more serious topic, specifically end-of-life issues. Lest I raise undue alarm, let me reiterate that the vast majority of those with chronic hepatitis C virus infection will die with the disease and not of the disease. However, nobody gets out of life alive. Discussing end-of-life wishes when death is not immediately imminent can be very valuable later should the need arise, which may be abrupt and unexpected.

Advance directives is the term used for documents that address medical issues in the event that you are unable to speak for yourself. There are different types of advance directives. This article describes two types, the living will and the durable power of attorney for health care (DPAHC). Each state has its own laws governing advance directives, so it is important to seek advice about your own state's regulations and how it applies to your situation. As of July 1, 2000, California has enacted the Health Care Decisions Law. The new law combines the power of attorney and the living will into one document called the Advance Health Care Directive.

The DPAHC is a document attesting that you have appointed someone you trust to act as your agent, in order to make your wishes known in the event that you may be unable to do so yourself. It is important that you communicate with your agent. Tell this person as much as you can about how you want the quality and details of your medical care to be handled. A friend told me recently that she did not want to give power of attorney to her son because she thought that the responsibility of having to make life or death decisions would be too painful for him. However, I pointed out

**HealthWise**

to her that by composing an advance directive, she was saving him from having to make these decisions in the future.

The living will is a written document describing specific health care interventions that one may or may not want under certain medical conditions. This is the appropriate place to specify how one feels about ventilators, feeding tubes, resuscitation, pain medication, and other various medical interventions. Many of us say that we do not want prolonged or painful deaths, but the majority of us do not take the time to document our wishes by having advance directives. Educate yourself about some of the possibilities and be as specific as you can in your directives.

The advantages of having advance directives are numerous. When considering advance directives, the following key points should be noted:

- An advance directive goes into effect only if you have a terminal illness and you lose your ability to make health decisions.

- Conveying to your family what treatments you may or may not want under certain circumstances can save an enormous amount of agony later. For example, you may not want to be placed on a mechanical breathing machine if it is

clear that you are going to die with or without the intervention.

- The most effective strategy for helping to insure that your wishes are followed is to make your preferences known to as many people as possible. Storing a written copy of your advance directives in a safety deposit box is not going to be helpful in an emergency. Be sure that someone, such as your lawyer or family member, knows that you have an advance directive and knows where it is located. If you have a durable power of attorney, give a copy or the original to your appointed agent.

- Give a copy to your physician and your medical

**For more information on Advance Directives, contact:**

Choices in Dying  
200 Varick Street  
New York, NY 10014  
1.800.989-9455  
[www.choices.org/ad.htm](http://www.choices.org/ad.htm)

Partnership for Caring  
325 E. Oliver Street  
Baltimore, MD 21202  
1.800.989.9455  
[www.partnershipforcaring.org/ad.htm](http://www.partnershipforcaring.org/ad.htm)

# French Study Finds Low Death Rate Due to Hepatitis C Virus in HIV-Positive Patients

By Brian Boyle, MD

French researchers reported in *Clinical Infectious Diseases* that the annual death rate from hepatitis C virus (HCV) is “very low” in HIV-positive patients and did not significantly change between 1995 and 1997. They noted, however, that during the same time frame that AIDS-related deaths decreased dramatically following the introduction of highly active antiretroviral therapy (HAART).

The reported findings are from a retrospective, multi-center cohort study that utilized 2 patient surveys performed in France in 1995 and 1997. The surveys involved 17,487 and 26,947 HIV-positive patients in 1995 and 1997, respectively. In the 1997 survey, the overall prevalence of HCV was 16.8%, similar to the prevalence rates found in several other HIV-positive patient cohorts.

In 1995, 1,426 deaths occurred among the 17,847 patients surveyed, an overall mortality rate of 8.15%. 1,307 of these deaths were due to AIDS (91.5%), 21 to cirrhosis or hepatocellular carcinoma (1.5%) and 99 from other causes (7%). Of the 21 patients that died from cirrhosis during 1995, HCV alone or in conjunction with alcoholism was involved in 12 of those deaths.

In 1997, 543 deaths occurred among the 26,497 patients surveyed, an overall mortality rate of 2.04%. 459 of these deaths were due to AIDS (84.5%), 36 due to cirrhosis or hepatocellular carcinoma (6.5%), and 48 (9%) due to other causes. Of the 36 patients that died from cirrhosis during 1996, HCV alone or in conjunction with alcoholism was involved in 20 of those deaths.

The authors note that the only significant difference between the 1995 and 1997 surveys was the decrease in death due to AIDS, which was attributed to the use of HAART. The overall mortality rate due to cirrhosis or hepatocellular carcinoma remained stable at 0.12% in 1995 and 0.13% in 1997. However, it should be noted that among those HIV-positive patients who died in 1995 and 1997, the percentage of deaths due to cirrhosis or hepatocellular carcinoma increased from 1.5% in 1995 to 6.5% in 1997.

This findings of this study indicate that the overall

incidence of death from cirrhosis and hepatocellular carcinoma remained “very low” and stable in HIV-infected patients between 1995 and 1997, however, due to the significant decrease in AIDS-related deaths, these conditions are becoming an increasingly important cause of mortality in HIV-positive patients. Accordingly, the prevention and treatment of HCV and other conditions that cause cirrhosis and hepatocellular carcinoma in HIV-positive patients will become increasingly important in the future in decreasing mortality in those patients.

**Reference:** P Cacoub and others. Mortality among Human Immunodeficiency Virus-Infected Patients with Cirrhosis or Hepatocellular Carcinoma Due to Hepatitis C Virus in French Departments of Internal Medicine/Infectious Diseases, in 1995 and 1997. *Clinical Infectious Diseases*. 2001; 32:1207-14.

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<http://www.hivandhepatitis.com>

## Amantadine

*Continued from page 1*

Two hundred previously untreated HCV patients were given either 6 MU of INF-2a three times per week, with 200 mg of AMA daily or the same dose of INF-2a, but without AMA. Trial participants were treated for 12 months and followed for six months post treatment. Genotype(s) 1,4 distribution was 63% in the group treated with INF alone and 59% in the group treated with the combination of INF and AMA.

Six-month post-treatment sustained virologic response was 16.8% for patients treated with INF alone compared to 29.3% for patients treated with INF and AMA combination therapy.

Amantadine is a drug used against influenza A and the dengue virus. It is not known how AMA works against these viruses.

The authors of this study concluded that a “twelve-month course of INF and AMA seems to be effective in inducing a biochemical and virologic sustained response in many naïve patients with CHC.”

These results are encouraging, especially for those individuals who have failed interferon and ribavirin combination therapy or who are unable to tolerate ribavirin. Additionally, the availability, low cost, and relatively good tolerance make it an attractive new therapy for CHC.

Source: *Hepatology*, April 2001

# Liver Transplant - My Personal Story

By Gary Goldstein

This past summer has been one I will always remember. I faced a terminal illness and my only hope was a liver transplant.

I learned that to go from having a life-threatening disease to a new lease on life is an overwhelming experience.

In the last two years, my malfunctioning liver caused internal bleeding which required blood transfusions. My doctor referred me to the British Columbia Transplant Society for assessment. Anxiety and trepidation filled my days as I awaited my appointment. My first meeting was scheduled for June 12. As I was not feeling ill, I expected this visit to be an introductory meeting with follow-ups on a quarterly basis. What I soon learned turned my world upside down.

I met with the clinical coordinator, who explained the transplant assessment process. I then saw a transplant physician and a surgeon who noted one particular blood test was abnormal. The test indicated the possibility of liver cancer. I left feeling devastated and depressed.

The following weeks were full of testing and evaluation. I met with other professionals to ensure I was a suitable candidate. The transplant team proved to be highly compassionate.

A second appointment was scheduled for Aug.12.

I arrived at the transplant clinic, accompanied by my wife, Dorothy. All the data confirmed the presence

of liver tumours. The doctors explained to me that my only option for treatment was transplantation, and the sooner the better; if the cancer metastasized or if more than three liver tumours formed, I would be removed from the transplant waiting list.

Although part of me was in a classic state of denial, I clearly understood what was being offered; this was the only way to extend my life. I chose life. I received my pager, shook hands and left.

I was the only person with B-positive blood in B.C. on the liver waiting list. While waiting for "the call," I experienced some stressful times.

I felt this couldn't be happening to me; it must be only a bad dream. I practised relaxation techniques. I received great support from family, friends, and my employer, Shell Canada.

The morning of Aug. 19 was a lovely day in White Rock. Accompanied by my sheltie, Russell, I went for my regular constitutional. I stopped for a java; I was just halfway through my coffee and a Vancouver Sun when my wife ran in, grabbed me by the arm, and said excitedly, "Come quickly! They've called. We've got to get to Vancouver Hospital immediately!" Some patients have waited over a year; my wait was just one week. It was a miracle.

Upon arrival, I was escorted to the 10th floor. I conferred with the gastroenterologist and prep work for the surgery began. About 9 p.m., I began my short journey to the operating room. Outside the OR my

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## HCV Advocate

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*The HCV Advocate offers information about various forms of intervention in order to serve our membership at large. By providing information about any form of medication, treatment, therapy or diet we are neither promoting nor recommending use, but simply offering information in the belief that the best decision is an educated one.*

**Hepatitis C Support Project - A Tides Center Project**

# Increase in Demand for Organ Transplants

The United Network for Organ Sharing released its annual report, which showed slow growth in the number of deceased organ donors, while the number of living organ donors more than doubled between 1990 and 1999. However, the number of patients awaiting organ transplants of all types rose more than five times as fast as the number of transplant operations in the 1990s.

In 1999, there were 21,715 transplants performed in the United States, an increase of 44% over 1990. Currently, there are 74,073 individuals on the national transplant waiting list.

Efforts to increase organ donations have concentrated on public education, encouraging families to discuss the issue before the situation arises. Others have worked to improve the relationship between hospitals and organ banks so that more potential donors are identified.

Problems noted by Joel Newman, a network spokesman, are:

\* If the deceased potential donor has not her/his wishes, the family will often decline to donate, because they are afraid of making the wrong decision.

\* Certain myths interfere with donation, such as the belief that doctors do not try as hard to save people who are potential donors, and that celebrities and the wealthy are favored for receiving transplants.

Some noteworthy statistics provided by the net-

work are:

\* Kidneys from living donors are more likely to survive than those from deceased donors, partly because the former are more carefully screened and the surgeries are performed under more controlled circumstances.

\* Among those receiving kidneys from living donors, 95% of kidneys and 98% of patients survived a year, as compared with 89% and 95% respectively for cadaveric transplants.

\* The number of living liver donors more than doubled between 1998 and 1999, from 85 to 218.

\* 81% of livers and 88% of liver transplant patients survived a year.

**Source:** Associated Press article, "Organ Transplant Demand Increases," by Laura Meckler

## U.S. Launches New Organ Donor Outreach Program

The American workplace will be the target of new efforts to increase the supply of donated organs, according to an initiative outlined recently by Health and Human Services (HHS) Secretary Tommy Thompson.

The program called "Workplace Partnership for Life"-with members including many corporate

*See Organ Donation on page 7*

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## Advance Directives

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facility and ask them to make it part of your permanent medical record.

- Keep a small card in your purse or wallet, which states that you have an advance directive, where it is located, and who is your agent, if you have named one.

- Advance directives can be changed at any time.

- Under federal law, when you enter a medical facility that receives reimbursement from Medicare or Medicaid, you will be asked whether you have an advance directive. If you already have one, the facility will request that you provide a copy to be placed in your permanent medical records.

- Review your advance directives on a regular basis. Choose an anniversary date, such as April 16th (the day after taxes are due) to help you remember when to conduct this review. I like this date because of the expression about death and taxes - they are the only things certain in this world.

Advance directives are one way to exercise power and dignity in the face of death. It is also a gift we can give to others because we take responsibility for

our life up until the very end.

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*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.*

## FDA Seeks Patient Reports On Interferon Side Effects

The FDA wants to know about side effects associated with interferon and/or ribavirin or other medications, even if the patient has finished taking the medication. If you had a problem, it should be reported to the FDA. They can be contacted at 1-800-FDA-1088 (1-800-332-1088).

The number will provide a menu of options, and you will be to leave your name & address so that a reporting form can be mailed to you, or you can use an on-line reporting form. The form and more info on MedWatch is at: <http://www.fda.gov/medwatch/>

## Transplant

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wife and I embraced before I went through the doors and on the road to a new life.

Inside, I noticed a doctor near the corner; he appeared to be working on something. Through a cloud of liquid nitrogen, I could see him preparing my new liver!

The surgeon was ready; just before the anesthetist put me under, I said, "Doc, I'll have the liver, but hold the onions."

The operation went smoothly. It lasted six hours. I awoke in the intensive care unit about 6 a.m. My initial thoughts were muddled; I wondered if I was alive or in some other place.

With assurances from my nurse I realized I had made the first hurdle. I was moved back to the ward the next evening. That was the longest night of my life; the pain will never be forgotten.

My children, Jessica and David, were there to cheer me up. My sisters and their spouses flew in from California to be near me. A close friend from New York City arrived.

It is difficult to express the love and admiration for

my wife. I also want to thank the many health care providers, all of whom treated me with kindness and dignity, especially the excellent nurses on the 10th floor.

As I now sit at my computer, I marvel at the juxtaposition of science and the human spirit. Isn't it a wonder to rid a body of a part gone foul and replace it with a vibrant organ ready to provide new and meaningful life?

I know as I grow stronger and more energized every day, that another family is grieving over the loss of a loved one.

But how does one thank an anonymous donor family? I respond by thanking all donor families, and those who have registered as organ donors. This act of premeditated generosity exposes the best in goodwill and humanity.

I am humbled by the selflessness shown by one human and will attempt to follow in his or her footsteps and lead an exemplary life.

*Gary Goldstein, 48, is a terminal operator for Shell Canada in Burnaby. Reprinted with permission by author.*

# Techniques of Joint Protection

By Fran Carey, OTR

Among the conditions and diseases linked to Hepatitis C, are rheumatoid and polyarthritis. People suffering from these illnesses are in danger of increased pain, swelling and deformity in any of the many joints in their bodies.

The following joint protection and energy conservation techniques have been excerpted from fact sheets provided by the Occupational Therapy Association of California and the OT Department at Santa Clara Valley Medical Center:

- \* Respect joint pain and fatigue. Listen to your body, if you hurt or are tired - stop.

- \* If 2 hours after completion of an activity you still have fatigue or discomfort you did too much. Cut back next time.

- \* Maintain muscle strength and range of motion. Stretching and strengthening are important to maintaining the integrity of your musculoskeletal system, which includes your hands. Exercise provides not only strength and flexibility but also benefits joint nourishment and strength.

- \* Avoid positions of joint deformity. Look at how your joints move normally. That is how the joint should be used/ Putting external stress against the normal plane of motion will over time result in damage. For example look at how a jar is opened. The fingers move to the side with the resistance of the jar lid. This is not a normal movement pattern of the hand. When turning knobs, keys, jar lids, etc. always turn so motion is toward the thumb, ie., open a jar with your left hand, close it with your right.

- \* Use the strongest or largest joint to perform a job. A larger joint with stronger muscles handles stress better. For instance carrying groceries in plastic bags using your fingers can become painful, instead carry the bag on the forearm, or over your shoulder, if possible.

- \* Use joints in the most stable and functional plane. Again look at each joint and see how it moves and use it in only its plane of motion. This way you avoid strain that will stretch ligaments and result in loss of joint stability.

- \* Avoid staying in one position for long periods of time. Muscles become fatigued in a static position and stress underlying ligaments and the joint capsule.

A prolonged position promotes stiffness and sustained joint compression can cause pressure in the joint and result in damage. Change positions often or stretch every twenty minutes.

- \* Avoid activities that cannot be stopped in order to rest.

- \* Use the proper tools for the job. There are many large handled tools on the market that decrease stress to the hand. Instead of stirring batter, use a mixer. Electric can openers, choppers, etc, make work easier and faster.

- \* Use two hands for activities. Carry a heavy bowl with both hands underneath it. Minimize pinching and grasping, keep the fingers as straight as possible.

- \* When rising from a chair or bed use the palm or heel of your hand, don't push down on your fists.

For further information look at the web-sites for the American Occupational Therapy Association: [www.aota.org](http://www.aota.org), the Occupational Therapy Association of California: [www.healthcaresource.com/otac/](http://www.healthcaresource.com/otac/); or contact an occupational therapist, a trained professional who can provide interventions when physical or mental conditions affect a persons ability to perform their ordinary daily routines, from self-care to job related activities.

## Organ Donation

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giants -will work with HHS to encourage employees across the nation to provide those in need with the "Gift of Life."

Thompson is hopeful that workplace initiatives can help raise the number of organ donations.

"The workplace is a great environment to get across the need for donation," he said in a statement. "With employers and employees working together, we can literally save thousands of lives."

Thompson also announced efforts to revise the standard donor card, which will include lines for the signatures of two witnesses, ideally family.

HHS also plans to conduct a study on improving the effectiveness of the nation's organ donor registries. "We need to learn quickly whether the registry approach should be supported throughout our nation, and if so what the best choices will be," Thompson said. "I want answers to those questions quickly."

# HepFest: Sittin' On the Dock of the Bay, Watchin' Your Hep C Cares Blow Away...

By Sue Simon

**Executive Director of the Hepatitis C Education & Support Network, Inc. (HEPCESN)**

What could be better than sitting on a dock, toes dipping into the cool water of the inlet, on a hot, sunny, July day? In the background children are playing ball, fishing and swimming. Trees are swaying in a much-needed, refreshing breeze and the sky is a cloudless blue. Add twenty hepatitis patients, on-line friends, most of whom you have never met. Get ready to spend a relaxing three-day weekend with these twenty "heppers" who, because of shared experiences as patients, understand you best.

It wasn't easy putting together our "hepfest." We came mostly from the East Coast, from as far south as Florida, as far north as New York and from as far west as Ohio. We met in a lovely campsite on the Chesapeake Bay in Virginia. Now, getting a hepatitis patient to remember what they promised to bring....the diet soda from Rick, the bagels from Bob, the coffeepots from Deb, the fresh veggies from Linda, and the supply of ice for the interferon & ribapoisin from Rashmi, was a major feat in and of itself. Brainfog aside, everyone remembered what they promised to do. It only took five e-mails and a last minute reminder telephone call! Then we worried about the logistics of getting everyone to the site. Fortunately, some non-hepper spouses who can read maps and do not get lost came to the rescue. A trip or two to the airport and the whole crew had arrived.

The best part, and perhaps the worst part, were the

lively debates that always start when a group of hepatitis patients get together. To biopsy or not to biopsy, to take milk thistle or save your money, is there really such a thing as a sustained response, is Tylenol safe for liver patients? These are but a few of the questions that come up every time more than two hep patients get together. The debate can get quite loud. But the other side of that is being able to look into the eyes of someone who knows what it is like to get lost coming home from the supermarket. Try sharing some brainfog stories with other patients. I laughed until my stomach hurt, and it wasn't so scary anymore.

I know we weren't the first hepfest, but we were one of the earliest. Our hepfest was just a way to get together, relax, meet the people we knew from the Internet in "real life," and share some of our experiences, fears and accomplishments, as well.

Today there are hepfests all over the country. Some are just social get-togethers and some have actually turned into fundraisers for our "cause." Some invite speakers and become mini hep conferences. Some have even ended in a relationship that eventually led to marriage. But no matter what the reason, it doesn't get better than being able to see, really see, and "touch," someone who knows exactly where you've been.

Sue Simon taught elementary school before she retired. She was diagnosed with HCV in 1991 and infected in 1966. She and her husband, Dennis, live in NJ and are the parents of two adult daughters. As Executive Director of HEPCESN, she is busy helping fulfill the mission of creating awareness about HCV, educating our communities and supporting patients who live with hepatitis C.

## VIDEO REVIEW: Hepatitis C: A Viral Mystery

By C.D. Mazoff, PhD  
Contributing Editor

If I were to recommend a video about hepatitis C, it would most definitely be this one. "Hepatitis C: A Viral Mystery," is, in my opinion, the best video on the subject available.

I've seen lots of videos on Hep C. I really like the home-grown versions: they're honest, and they're grass roots. But often because they are made by people like you and me, things get left out, or quality is not so

good, or they're just hard to find.

The other kind of videos I've seen are the slick ones from the drug companies or governments. Boring!! In fact, in one of them the doctor looked so bored as she read the cards that I felt embarrassed for her.

When I found out that the video was made with a grant from Roche, I was ready to look at it only because I promised Alan I would. What a surprise! Honest, unbiased (both in terms of the treatments recommended and the lifestyles of those interviewed),

Support Groups

Northern California

San Rafael

Paul Coss (415) 883-8193

Redwood City

For Info Call: (650) 367-5998

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(1) Drop-in Support Group / (2) Hep C 101

For Info Call: CHRC (415) 923-3155

San Mateo

Debra Magnum (650) 581-3339

San Jose

Susi Nelson (408) 734-3516

Sacramento

(916) 491-4942

Sunnyvale

Craig Miller (408) 734-3516

Santa Rosa

(707) 544-3295 ext.14

Newark

(510) 792-4357

Santa Cruz

HCV Healing Circle

Bev Davis: (831) 462-1481

Monterey

Cyndra Horton (831) 883-0711

Vallejo

Sue Simon (707) 647-0854

Southern California Resource Line

Call for hepatitis information and support.

1-888-85LIVER

Support Groups

Southern/Central California

Orange County

Carol Craig (949) 654-42508

Long Beach

Carol Craig (949) 654-4250

Santa Barbara

Santa Maria

Ojai

Video

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compassionate, informative and up-to-date. A real treat.

Everyone I know who has seen this video has agreed with me--be they persons infected with hepatitis C or healthcare workers or administrators. I am now trying to get the regional health services up where I live interested in purchasing some copies for local health and community centres.

For more information on purchasing "Hepatitis C: A Viral Mystery" please contact Fanlight Productions at 1-800-937-4113 or email [Fanlight@Fanlight.com](mailto:Fanlight@Fanlight.com)

Special Offer - individuals and patients may purchase this video for home use only - \$49. Offer expires August 15, 2001.

Hospital, University, and other institutional buyers may purchase this video for classroom and educational use for \$195.

Northern California Helpline

415/978-2400

Leave a message and a volunteer will return your call within 24 hours.

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## Clinical Trials

### ***Northern California***

#### **University of San Francisco Medical Center**

Scott Shimotsu Clinical Project Assistant (415) 514-2370

#### **VA Hospital-UCSF**

(415) 750-2105

#### **California Pacific Medical Center**

Linda Brooks (415) 202-1504 or (415) 202-1506

#### **San Francisco General Hospital**

Athiana (415) 206-3725

#### **Stanford University Hospital**

Stanford Liver Research Clinic (650) 724-7057

#### **Quest Medical Research**

Dr. Jay Lalezari (HIV/HCV Co-infection trials)

(415) 353-0800

#### **East Bay Liver Clinic**

Oakland, CA 94609

Contact: Grant Young - 510/208-1777

#### **Dr. John J. Jolley - San Rafael**

Contact: Lynn Jolley

Monday, Tuesday, & Wednesday

(415) 257-3030

### ***Southern California***

#### **USC Hepatitis Research Clinic**

Dr. Karen Lindsay, Susan Milstein, RN

(323) 442-5550

#### **UC Irvine Medical Center**

Dr. John Hoefs, Barbara Walker, RN

(714) 456-7821

#### **VA Medical Center Long Beach**

Dr. Timothy Morgan, Julia Sanborn, RN

(562) 494-5933

#### **Santa Barbara/Ventura Counties**

Dr. Kip Lyche (805) 641-6525

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