











# HCV ADVOCATE WEEKLY NEWS REVIEW

*Review of HCV, HBV and HIV/HCV Coinfection Related News and Highlights*

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**November 21<sup>st</sup>, 2004**

### **Ottawa Set to Give Cash to Hep C 'Forgotten' Victims**

*<http://www.theglobeandmail.com>*

*By BRIAN LAGHI and ERIN ANDERSSON*

Ottawa — Ottawa will begin compensation discussions with the so-called "forgotten victims" of the hepatitis C tainted-blood scandal, six years after their controversial omission from an earlier \$1.1-billion package.

Government sources said yesterday the federal cabinet has decided to begin talks with victims groups and with other officials, with an eye toward compensation. Health Minister Ujjal Dosanjh is expected to make the announcement today.

The talks could see the victims get access to part of what's left in a \$1.1-billion fund that had originally been established only for individuals who caught the disease between 1986 and 1990, the years for which Ottawa has admitted liability.

Canadians who contracted the disease before Jan. 1, 1986, and after July 1, 1990, were later promised \$300-million, money which Ottawa distributed to the provinces for use only to cover the cost of additional medical care, not to provide cash compensation.

Their exclusion from the main fund caused an emotional debate within Liberal government ranks when the party's caucus, deeply divided on the issue, was ordered in April of 1998 to vote

against an opposition motion that would have extended compensation to all hepatitis C victims. In the end, after then prime minister Jean Chrétien declared the vote a question of confidence in the government, not one Liberal, even those who had long advocated wider compensation, stood in support of the motion. Many stared at the ground grim-faced while opposition MPs yelled "shame" across the floor of the Commons.

There have been 9,424 claimants for the 1986-90 compensation money, but fewer than half of those were actually infected by tainted blood. (The rest are family members.) It is estimated that there would be about 5,300 claimants from before and after that period. This number is based on the number of people who have registered for legal settlements and various provincial compensation plans. It could double if family members are included.

But the total would still fall short of initial estimates of 22,000 claimants in the 1986-90 group alone. Ottawa has admitted it overestimated the number of sufferers who qualified for the money. The fund has about \$865-million left in it.

With most of the money still locked up in the fund, victims groups say hundreds of people have died in the meantime without getting extra help or comfort for their illness.

Discussions to reopen the issue will start as soon as possible but are expected to take several months.

"The government believes revisiting the 1998 compensation decision is the right and responsible thing to do," a source said.

Sources said government officials must speak with the lawyers representing those victims left out of the compensation plan, as well as with lawyers who oversee the fund. Discussions must also begin with Canada's provinces, who contributed money, before cash can be disbursed. Ottawa's share of the fund is about \$875-million.

Mr. Dosanjh's move comes after a parliamentary committee unanimously called on Ottawa to use the fund to compensate all victims who contracted the disease.

Earlier this fall, he said his department was considering releasing cash from the account.

The matter has raised controversy, particularly in Ontario, where the provincial Liberals have been accused recently of mispending their portion of the \$300-million medical fund. The issue has also divided the federal Liberal caucus, some of whose members have asked their cabinet colleagues to reopen the fund.

Individuals suffering from the disease include hemophiliacs who contracted the condition from blood donated in U.S. prisons.

Mike McCarthy, former president of the Canadian Hemophilia Society, has criticized the federal government, saying the unused money in the fund sat earning interest while people who became ill because of mistakes made by the blood system are dying.

November 22<sup>nd</sup>, 2004

## **Tainted Blood: Federal Government Says "Maybe"**

*WESTERN STANDARD*

*CANDIS McLEAN*

Justice Horace Krever's recommendation that all victims of the tainted-blood tragedy should be compensated regardless of when they were infected may finally be implemented. That's great news for those infected with hepatitis C through transfusions in the late eighties. The bad news, however, is that no one knows how long it will take to happen. On Oct. 21, the all-party House of Commons standing committee on health unanimously passed a motion calling on Ottawa, in recognition of "the large surplus in the federal hepatitis C compensation fund," to extend compensation to all those who contracted the debilitating and potentially fatal disease from tainted blood. That is consistent with the recommendations made by Health Canada's Krever Commission in 1997. But in a 2001 court settlement of a class action lawsuit brought by tainted blood victims, the Liberal government agreed, in a highly controversial move, to allow only those who received transfusions between Jan. 1 1986 and July 1, 1990 the window of time during which it was willing to admit it could have been liable for not screening for the virus to be eligible for a \$1.2-billion compensation fund.

But despite payouts totaling \$388 million over four years, the interest earned on the fund has resulted in \$1.1 billion still available, prompting calls to reopen the fund to all those infected.

"This is great news for the victims," says committee co-chair, Conservative MP Rob Merrifield of Yellowhead, Alta. "With over a billion dollars left in the fund, and far fewer victims than first estimated, the excuses are running out. There's more than enough money to compensate all victims."

Health Minister Ujjal Dosanjh says that before that can happen, his government must negotiate with lawyers for the plaintiffs for whom the trust fund was established, as well as federal and provincial governments.

In June 2005, when the trust fund is scheduled for review, Dosanjh says he will ask the courts to determine if there is an actuarial surplus, though he refuses to speculate when the so-called "forgotten victims" might receive any compensation, even if the surplus exists.

Mike McCarthy, past vice-president of the Canadian Hemophilia Society, says there's no reason the fund would ever come up short. "Simple math dictates that," he says. The feds initially refused to compensate everyone infected by the tainted blood which, due to legislative loopholes, found its way into Canadian blood supplies from U.S. prisons and developing nations because they estimated compensating a total of 80,000 victims would exceed the government's ability to pay. By most estimates today, however, there are only about 10,000 victims, 4,000 already inside the compensation window and 6,000 outside.

Bruce DeVenne, a Sackville, N.S., tainted-blood victim, says the feds need to provide certainties for people like him. A February 2004 study by Vancouver-based actuarial consultants Eckler Partners Ltd., assessing the long-term integrity of the federal fund, uses the words "assume,"

"assumption" and "unknown" 22 times throughout. "I wouldn't want the future of the victims of the blood based on a document that assumes this much," DeVenne says. "I assume that if the health minister feels this is such a safe move, he should have no problems guaranteeing the fund will not run dry." Asked if Ottawa would agree to such a guarantee, Dosanjh would not say, but he predicts that is the "ultimate" question the court will want an answer to if the fund is redistributed.

McCarthy says the proposed legislation to reopen the fund was partly the result of an investigative report in the June 28 edition of the *Western Standard*. "The *Western Standard* put a face to the plight of the victims," he says, "and created a blueprint on how the government could move forward."

Most forgotten victims, who have suffered immense financial hardship, are encouraged by the proposed restructuring, but worry it won't come soon enough. Reta Laffin, 77, of Truro, N.S., was denied federal money because she was infected two months after the allowed window of compensation. After spending tens of thousands of dollars travelling to chemotherapy treatments and treating her pain, Laffin moved into a nursing home last January. But in order to cover costs not met by her pension, the provincial government seized a \$29,000 bank account she and her husband had been saving for their blind daughter.

But some say rearranging compensation to help victims like Laffin isn't enough. "Everyone is focusing on money and neglecting the social issue of justice," says Brad Kane of Princeton, B.C., a hep C victim who did qualify for compensation. Because the original settlement was out of court, he says, there is no precedent should something like this happen again. "The Supreme Court has to decide how it is fair to compensate victims of a crime like this," he says. "Then it forces compliance. In the event of another blood-borne pathogen, a precedent would be set. Otherwise it isn't justice, it's just political whim." Hep C victims wait for more than just vague promises The *Western Standard* revealed in June that the \$1.2 billion fund for tainted blood victims had barely been dented, even as hep C sufferers like Victoria Boddy, above, were denied help.

## ***Rigel Hepatitis Drug Gets Poor Result***

SourceURL:<http://biz.yahoo.com>

Associated Press

### *Rigel Pharmaceuticals' Hepatitis Drug Gets Unfavorable Result During a Clinical Study*

SOUTH SAN FRANCISCO (AP) -- Rigel Pharmaceuticals Inc. said Monday a clinical study showed its R803 hepatitis treatment did not significantly reduce viral levels in patients infected with the Hepatitis C virus.

Shares of Rigel were sharply lower in early trading on the Nasdaq, falling \$1.13, or 4.5 percent, to \$24.26.

Hepatitis C is an inflammation of the liver caused by the hepatitis C virus. In the study, patients were divided into eight groups, with each group receiving an increasing dose of R803 or

increasing number of days of treatment. Subjects received the drug or a placebo for two to four days, plus the morning dose on the following day.

"There was a decline in viral levels over the course of treatment and viral levels rose after dosing was discontinued," Rigel said. "However, the decline in viral levels was not statistically significant or clinically meaningful."

Rigel said the Phase I/II clinical study of R803, an oral hepatitis C RNA polymerase inhibitor, did show that the drug was well-tolerated with no significant adverse effects.

Rigel said it has continued to develop delivery approaches of R803 that it believes allow the drug to be better absorbed in the body. The company also said it believe it has identified drug candidates with better absorption rates and good antiviral activity for its hepatitis C program. The company will further discuss the program at an analyst meeting on Dec. 1.

## **Roche Announces First Major Study to Examine Efficacy of Hepatitis C Treatment in Latinos**

*SourceURL:<http://www.hispanicbusiness.com/>  
PR Newswire*

NUTLEY, N.J., Nov. 22 /PRNewswire/ -- Roche today announced that the company will conduct the largest study to date comparing hepatitis C treatment response rates in Latinos and Non-Latino Caucasians with Pegasys(R) (peginterferon alfa-2a) plus Copegus(R) (ribavirin, USP), the most prescribed hepatitis C combination treatment in the United States.

Hepatitis C, a blood-borne infectious disease of the liver, can lead to cirrhosis, liver failure, and liver cancer. Latinos are disproportionately affected by hepatitis C; 2.1 percent of all Latinos, compared to 1.5 percent of all Non-Latino Caucasians have the disease. In addition, recent studies have presented evidence that hepatitis C may progress faster to cirrhosis and liver failure in Latinos compared to Non-Latino Caucasians and African Americans.

"According to the most recent U.S. census figures, more than 13 percent of the U.S. population is Latino. Yet, Latinos have been underrepresented in clinical trials. Roche made a decision to conduct this study because we believe that it will answer several important questions about hepatitis C in Latinos," said Salvatore Badalamenti, M.D., Medical Director, Roche.

The Latino study, which began enrolling in September 2004, will compare response rates to Pegasys combination therapy in Latino patients and Non-Latino Caucasian patients. Previous studies with pegylated interferon combination therapy for chronic hepatitis C have shown that African Americans are less likely to respond to treatment than Caucasians. This study is designed to determine if differences in response rates exist between Latinos and Non-Latino Caucasians.

"This is a very exciting study for the Latino community and we commend Roche for investing in this innovative study," said Debbie Delgado Vega, Founder/CEO of the Latino Organization for Liver Awareness. "We know Latinos are more likely to be impacted by hepatitis C and soon we

will be able to answer the question of whether or not Latinos can expect the same results from hepatitis C therapy as non-Latinos,"

The Latino study will enroll approximately 540 patients; 270 Latinos and 270 Non-Latino Caucasians. The study will include 45 trial sites throughout the U.S. and Puerto Rico. Eligible patients for the Latino group will include those who are either from, or descendants of those from, Spanish-speaking countries in North, South and Central America.

All patients must be interferon-naive and over 18 years of age. They will receive 180 mcg subcutaneously of Pegasys, once weekly, along with either 1000 or 1200 mg/day of Copegus, depending on their weight, for 48 weeks, with 24 weeks of treatment-free follow-up.

For more information about this trial and to locate a study site call 1-800-526-6367.

### **About Pegasys**

Pegasys, a pegylated alpha interferon, and Copegus, an oral antiviral, were approved by the FDA in December 2002 for use in combination for the treatment of adults with chronic hepatitis C who have compensated liver disease and have not previously been treated with interferon alpha. Patients in whom efficacy was demonstrated included patients with compensated liver disease and histological evidence of cirrhosis.

### **About Roche**

Hoffmann-La Roche Inc. (Roche), based in Nutley, N.J., is the U.S. prescription drug unit of the Roche Group, a leading research-based health care enterprise that ranks among the world's leaders in pharmaceuticals, diagnostics and vitamins. Roche discovers, develops, manufactures and markets numerous important prescription drugs that enhance people's health, well-being and quality of life. Among the company's areas of therapeutic interest are: dermatology; genitourinary disease; infectious diseases, including influenza; inflammation, including arthritis and osteoporosis; metabolic diseases, including obesity and diabetes; neurology; oncology; transplantation; vascular diseases; and virology, including HIV/AIDS and hepatitis C. For more information on the Roche pharmaceuticals business in the United States, visit the company's web site at: <http://www.rocheusa.com/>

### **\* Facts About Pegasys (Peginterferon alfa-2a) in Combination with Copegus Indication**

Pegasys(R), a pegylated alpha interferon, alone or in combination with Copegus(R) (ribavirin, USP) is indicated for the treatment of adults with chronic hepatitis C who have compensated liver disease and have not previously been treated with alpha interferon. Patients in whom efficacy was demonstrated included patients with compensated liver disease and histological evidence of cirrhosis (Child-Pugh class A). Dosing and Administration \* Pegasys, a premixed solution, is dosed at 180mcg as a subcutaneous injection once a week. Copegus, available as a 200mg tablet, is administered at 800 to 1200mg taken twice daily as a split dose. The two products are sold separately. Combination Therapy Clinical Studies \* The two combination therapy pivotal study findings: \* Study 5, including 1,284 patients receiving medication, showed that patients with certain genotypes (strains) of the hepatitis C virus should be treated with different dosing regimens of Pegasys and Copegus. The treatment regimens and resulting sustained virological response rates for these groups treated with Pegasys and Copegus therapy were: -- Genotype 1: 48 week duration with 1000 - 1200mg Copegus: 51 percent -- Genotype non-1: 24 week duration with 800mg Copegus: 82 percent \* Study 4, published in the September 26, 2002 New England Journal of Medicine, including 1,121 patients receiving medication, showed that Pegasys and Copegus combination therapy is a more effective treatment for chronic hepatitis C than interferon alfa-2b and ribavirin. The sustained virological response rate in the Pegasys and Copegus treated patients was 53 percent compared to 44 percent in the interferon alfa- 2b and ribavirin group. Sustained virological response refers to a patient's continued undetectable serum hepatitis C RNA levels 24 weeks after finishing a course of treatment. Adverse Events \* Alpha

interferons, including Pegasys, may cause or aggravate fatal or life-threatening neuropsychiatric, autoimmune, ischemic, and infectious disorders. Patients should be monitored closely with periodic clinical and laboratory evaluations. Therapy should be withdrawn in patients with persistently severe or worsening signs or symptoms of these conditions. In many, but not all cases, these disorders resolve after stopping Pegasys therapy (see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS and ADVERSE EVENTS in complete product information). \* Use with Ribavirin. Ribavirin, including Copegus may cause birth defects and/or death of the fetus. Extreme care must be taken to avoid pregnancy in female patients and in female partners of male patients. Ribavirin causes hemolytic anemia. The anemia associated with ribavirin therapy may result in worsening of cardiac disease. Ribavirin is genotoxic, mutagenic, and should be considered a potential carcinogen (see CONTRAINDICATIONS, WARNINGS, PRECAUTIONS and ADVERSE EVENTS in complete product information). \* Pegasys is contraindicated in patients with hypersensitivity to Pegasys or any of its components, autoimmune hepatitis, and decompensated hepatic disease (Child-Pugh class B and C) before or during treatment with Pegasys. Pegasys is also contraindicated in neonates and infants because it contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in neonates and infants, which are sometimes fatal. Pegasys and Copegus therapy is additionally contraindicated in patients with a hypersensitivity to Copegus or any of its components, women who are pregnant, men whose female partners are pregnant, and patients with hemoglobinopathies (eg, thalassemia major, sickle-cell anemia). \* COPEGUS THERAPY SHOULD NOT BE STARTED UNLESS A REPORT OF A NEGATIVE PREGNANCY TEST HAS BEEN OBTAINED IMMEDIATELY PRIOR TO INITIATION OF THERAPY. Women of childbearing potential and men must use two forms of effective contraception during treatment and during the six months after treatment has concluded. Routine monthly pregnancy test must be performed during this time. If pregnancy should occur during treatment or during six months post-therapy, the patient must be advised of the significant teratogenic risk of Copegus therapy to the fetus. Healthcare providers and patients are strongly encouraged to immediately report any pregnancy in a patient or partner of a patient during treatment or during 6 months after treatment cessation to the Ribavirin Pregnancy Registry at 1-800-593-2214. \* The most common adverse events reported for Pegasys and Copegus combination therapy, observed in clinical trials (n=451), were fatigue/asthenia (65%), headache (43%), pyrexia (41%), myalgia (40%), irritability/anxiety/nervousness (33%), insomnia (30%), alopecia (28%), neutropenia (27%), nausea/vomiting (25%), rigors (25%), anorexia (24%), injection site reaction (23%), arthralgia (22%), depression (20%), pruritus (19%) and dermatitis (16%). \* Serious adverse events include neuropsychiatric disorders (suicidal ideation and suicide attempt), serious and severe bacterial infections, bone marrow toxicity (cytopenia and rarely, aplastic anemia), cardiovascular disorders (hypertension, arrhythmias and myocardial infarction), hypersensitivity (including anaphylaxis), endocrine disorders (including thyroid disorders and diabetes mellitus), autoimmune disorders (including psoriasis and lupus), pulmonary disorders (dyspnea, pneumonia, bronchiolitis obliterans, interstitial pneumonitis and sarcoidosis), colitis (ulcerative and hemorrhagic/ischemiccolitis), pancreatitis, and ophthalmologic disorders (decrease or loss of vision, retinopathy including macular edema and retinal thrombosis/hemorrhages, optic neuritis and papilledema). \* The complete package inserts for Pegasys and Copegus are available at <http://www.pegasys.com/>, or by calling 1-877-PEGASYS.Roche

Web site: <http://www.rocheusa.com/http://www.pegasys.com/>

**November 23<sup>rd</sup>, 2004**

## ***Outcome of Hepatocellular Carcinoma Presenting with Variceal Bleeding***

*SourceURL:* <http://www.gastrohep.com/>

A report in November's *American Journal of Gastroenterology* states that HCC patients who present with variceal bleeding have a significantly worse survival outcome than the general HCC patients, but transarterial chemoembolization may offer some survival benefit.

Variceal bleeding is an important manifestation of hepatocellular carcinoma (HCC).

However, little has been documented in the literature regarding the outcomes of HCC patients presenting with variceal bleeding.

Researchers from Hong Kong, in China designed a study to evaluate the clinical characteristics, management, and outcomes of this specific group of patients.

The research team, led by Dr Ronnie Poon, undertook a retrospective analysis of a prospectively collected database comprising 2,928 HCC patients managed from January 1989 to December 2002.

In total, the team identified 78 patients who had presented with variceal bleeding.

The researchers then compared their clinical outcomes were to those patients who did not present with variceal bleeding.

The team performed multivariate analysis to identify prognostic factors for their survival.

“In the variceal bleeding group, treatment with transarterial chemoembolization was the only independent prognostic factor for survival”—*American Journal of Gastroenterology*

The researchers found that HCC patients who presented with variceal bleeding had more severe cirrhosis than those who did not, with a significantly higher serum bilirubin level, lower albumin level, lower platelet count, and longer prothrombin time.

In addition, the research group noted that they had significantly smaller HCCs but more frequent portal vein thrombosis.

There was a significant difference in the overall survival between HCC patients who presented with variceal bleeding and those who did not.

The investigators found, by multivariate analysis, that in the variceal bleeding group, treatment with transarterial chemoembolization was the only significant independent prognostic factor for survival.

Dr Poon concluded, "HCC patients who presented with variceal bleeding can be expected to have a significantly worse survival outcome than the general HCC patients."

"However, transarterial chemoembolization may offer some survival benefit to a selected group of HCC patients presenting with variceal bleeding."

*American Journal of Gastroenterology; 2004: November issue: OnlineEarly 19 November 2004*

## **Hep C Funding Window Widens**

*The Halifax Herald*

*Canadian Press*

*DAVID JACKSON Provincial Reporter*

*Health Minister Ujjal Dosanjh responds to questions in the House of Commons on Monday.*

Prime Minister Paul Martin has tossed out one of the most contested policies of the Jean Chretien era, with the announcement Monday that the government is renegotiating the 1999 compensation package for victims of hepatitis C.

Mr. Martin is implicitly acknowledging Mr. Chretien's government was wrong to compensate only those tainted blood victims infected between 1986 and 1990, excluding thousands who were infected before 1986.

Health Minister Ujjal Dosanjh confirmed Monday the government is opening negotiations on compensating everyone infected with hepatitis C through tainted blood, regardless of when they were infected.

The so-called forgotten victims infected before 1986 now appear likely to win access to a compensation fund on terms similar to the victims covered in the original time window, although it's not a done deal.

According to the provincial Health Department, there were about 2,700 Nova Scotians with hepatitis C in 2001. Only 250 of them are receiving compensation. Mr. Dosanjh avoided casting any aspersions on the previous government and did not say the original deal was flawed.

"We've come to a conclusion that the circumstances have changed," Mr. Dosanjh said Monday.

He said that the government had better information on the number of claimants, that some provinces had announced separate deals for the forgotten victims and that treatment for hepatitis C had improved.

But he did not repeat the main argument that the Chretien government used to defend its policy.

Successive health ministers claimed the government was not liable to victims infected before 1986 because there was no test available before then to detect the virus.

That argument became hard to defend, given information that tests capable of detecting hepatitis C with reasonable accuracy were available long before 1986. In the face of intense criticism, then-health minister Allan Rock announced a "care instead of cash" program, under which provincial governments would be given money specifically to help the excluded victims.

Victims charge that none of this money has gone to the excluded victims. Some provinces say they used the money for general improvements in hepatitis C treatment, while other provinces have not said how they used it.

Two Nova Scotians with hepatitis C greeted Mr. Dosanjh's announcement Monday with caution and questions.

Reta Laffin, who lives in a Truro nursing home, said she contracted the disease two months and 17 days after the 1990 cutoff, from blood products used during hip surgery.

She said compensation for people outside the 1986-90 window is long overdue, but she's skeptical, considering Ottawa's past broken promises.

"I'm not holding my breath or anything until it comes to pass," Ms. Laffin said Monday afternoon. "When I can get something, then I'll say, 'Hurray!'"

There's no telling when that might be. Mr. Dosanjh expects the discussions to take months.

The federal government established a \$1.1-billion compensation fund in 1998 for victims in the 1986-1990 window. Ottawa contributed \$875 million, and the provinces put up the rest.

As of October, there was reportedly \$800 million left in that fund, but Mr. Dosanjh has acknowledged that changing the rules for accessing the fund would require negotiations with the people who are already eligible for it.

Lower Sackville resident Bruce DeVenne, who contracted hepatitis C in 1986 during treatment for a bleeding disorder, agreed those victims should be consulted.

"They better have people like myself at that table because they've had talks going behind closed doors up to this point with everybody except the people that are inside that window," he said.

Mr. DeVenne, who has helped fellow victims access the compensation fund, said no one knows whether there's enough money left for the victims now eligible.

He said he agrees people who got hepatitis C from tainted blood before 1986 and after 1990 should be compensated, but Ottawa must be willing to cover costs if they run over the \$1.1 billion originally set aside.

"It could well be that these funds are sufficient, but if the government is so sure they're sufficient, then the government should have no problem saying, 'Right, we will take away the \$1.1-billion limit,'" Mr. DeVenne said.

Mr. DeVenne is one of the Nova Scotians currently eligible for compensation. There are no figures available on how many could be eligible for an extended compensation program.

In Ottawa, Conservative health critic Steve Fletcher said the government has waited far too long to deal with the issue.

"Compensation, quite frankly, should have been paid a long time ago. Their position on it is unsustainable. I think they've just given up trying to defend an indefensible position."

The announcement of negotiations follows Mr. Dosanjh's promise last month to reconsider the \$1.1-billion settlement of 1999.

November 24<sup>th</sup>, 2004

## **Guangdong Launches Low-Cost Hepatitis C Tests**

*SourceURL: <http://news.xinhuanet.com/>*

BEIJING, Nov. 24 (Xinhuanet) -- Residents in south China's Guangdong Province now have access to low-cost tests for the hepatitis C virus at about 100 hospitals with the beginning of a program on hepatitis C control Tuesday.

The goal of the program, which will run through Dec. 18, is to discover the estimated 1 million hepatitis C patients in the province and provide them with timely treatment, said Hou Jinlin, an expert on infectious diseases and one of the major initiators of the program.

In most hospitals, the initial check-up costs 20 yuan, and those with a positive test will be diagnosed free of charge. The hospitals will also offer collective treatment to the diagnosed patients.

The hepatitis C virus, discovered in 1989, may cause viral hepatitis like the hepatitis B virus, but it is much harder to detect. Hepatitis C virus carriers may not feel any symptoms for as long as 20 years after they become infected before developing hepatocirrhosis or even liver cancer.

It is estimated that there are about 40 million people infected by the hepatitis C virus in China with about 1 million living in Guangdong. However, only a few people go to hospitals because they are ignorant of the infection, and hepatitis C is not a routine item in normal check-up.

The only way to prevent hepatitis C is early discovery and early treatment because a vaccine has not been developed yet, Hu said, suggesting that those who used to engage in high-risk activities should have medical check-up as early as possible.

He listed the following conditions as high-risk: blood transfusion, medical operation, drug taking, unsafe sex, tattoos, using the razor or toothbrush of a hepatitis C patient, and abnormal liver function for no clear reason.

## **Supervisors Approve Indigent Care Plan**

*SourceURL: <http://www.lodinews.com>*

*By Les Mahler*

*San Joaquin News Service*

Pre-employment physicals for people on welfare or general relief will be allowed at San Joaquin General Hospital. But organ transplants and antiviral treatment for hepatitis C and temporomandibular joint disorders won't.

County supervisors on Tuesday unanimously approved plans by health care service director Ken Cohen to limit hospital care for the indigent and working poor.

Supervisors had asked for the report from Cohen in October when he presented a plan that limits health care services to indigents.

At the time, Cohen asked that numerous services, including sex change operation, surgery for foot problems and in-grown toenails be excluded from what services indigents could receive at the hospital.

But supervisors balked at approving all the cuts Cohen recommended, including employment physicals, TMJ and hepatitis C.

On Tuesday, Supervisor Steve Gutierrez said he still had philosophical differences with denying pre-employment physical exams.

"We're trying to put people back to work," Gutierrez said. "Some employers don't provide physical exams."

And for someone who's on welfare or general relief, and who doesn't have a doctor, a pre-employment physical exam might be the difference between going to work or staying on welfare, Gutierrez said.

He questioned if the county should "think outside the box" on pre-employment physical exams. "We should be able to work something out," Gutierrez said.

But Cohen, in his report to the board, said pre-employment physical exams are usually paid for by a potential employer.

The only time the county would approve a hospital employment-related physical exam is when the employee is a county or state employee, such as CalWORKS or WorkNET, Cohen said.

"If they were referred from a state or county program, we would provide them a physical," he said after the meeting.

As for antiviral care and organ transplants for hepatitis C patients, Cohen said the disease continues to become more widespread. And as people get older, they have the potential of contracting the disease more, he said.

"The cost of an organ transplant is significant," Cohen said.

A report from the county's Public Health Services said that in the first two quarters of this year there were 423 cases of hepatitis C.

Last year, there were 911 cases of hepatitis C in the county, the report said.

But the 911 cases are misleading, said Dr. Karen Furth, health officer for the county's public health services.

Although there are 911 cases of hepatitis C in the county, those numbers are based on discovery this year, she said.

Often, hepatitis C will infect a person for years before a diagnosis is made and a person is found to be infected, she said.

A person can be infected for one to 20 years and not know it until they're diagnosed, Furth said.

And because discovery can often take years, the numbers will fluctuate each year, she said.

The hospital will continue to follow the National Institutes of Health guidelines in treating hepatitis C, Cohen said in his report to the board. That means hepatitis C complications such as cirrhosis and gastrointestinal bleeding will be treated, the report said.

Because TMJ is a disorder that usually improves after a few weeks without surgery, Cohen in his report said the county hospital won't treat patients with the disorder. Besides, the county already has several services which can provide treatment for the disorder, the report said.

Cohen's cuts in health care to indigents were part of a move to stave off annual losses in the millions. In fact, health care for the poor and indigent has cost the county-run hospital \$44,904,604 this year alone, Cohen's report said.

Contact reporter Les Mahler at [lmahler@sjnsnews.com](mailto:lmahler@sjnsnews.com).

**November 25<sup>th</sup>, 2004**

## ***Liver Transplant OK with Simultaneous Heart Bypass***

*SourceURL: <http://www.reutershealth.com/>*

NEW YORK (Reuters Health) - Coronary artery bypass and liver transplantation can be safely combined in a single operation, according to a look-back at the outcomes of five such procedures performed at one institution.

Surgeons reporting these results explain that severe coronary artery disease is common in patients who require a liver transplant, but coronary bypass surgery may trigger complete liver failure. Thus, a simultaneous procedure may be necessary.

The mortality rate after the double operation are in line with that seen with liver transplantation alone "and, in general, ICU stay and hospital length of stay do not appear to be prolonged," Dr. David Axelrod and colleagues from Northwestern University in Chicago report in the medical journal *Liver Transplantation*.

The five patients who underwent combined coronary bypass and liver transplantation were between 54 and 66 years of age, four of them were men, and all had end-stage liver disease as well as advanced coronary disease.

In the two patients without cancer, coronary bypass grafting was performed first, while in the three with liver cancer, the liver transplant was performed first to make sure the cancer had not spread. The combined procedure took 14 hours on average.

There were no deaths on the operating table. One patient did die 5 months after surgery due to complications of severe recurrent hepatitis C infection.

The remaining four patients -- and their new livers -- are doing well an average of 25 months after the double procedure, the team reports.

They believe that simultaneous coronary bypass and liver transplantation "should be offered to patients with severe coronary artery disease who would otherwise be denied (a liver transplant) due to their cardiac risk factors."

*SOURCE: Liver Transplantation, November 2004.*

**November 26<sup>th</sup>, 2004**

## ***Doctor Involved in Hepatitis Scare Has License Renewed***

*<http://theindependent.com>*

FREMONT (AP) -- The doctor at the center of a hepatitis C outbreak investigation recently had his medical license renewed by the state for two more years.

Dr. Tahir Javed's license was renewed in October, a month after state health officials were first alerted that some of the patients at Javed's Fremont cancer clinic had been infected with hepatitis C.

It was announced last week that at least 81 patients at Javed's clinic have recently tested positive for hepatitis C.

State health officials are investigating how the disease was spread among patients at the clinic, which closed in October. State epidemiologist Dr. Tom Safranek has said a vial of medicine used for multiple patients at the clinic may have been contaminated and led to the infections.

Possible disciplinary action against Javed could impact whether he is able to keep his license, despite the recent renewal, said Vicki Bumgarner, a credentialing coordinator with the state Health and Human Services System.

Javed returned to his native Pakistan in July and his attorney said Monday that Javed did not know when he might return to the United States.

Javed recently was elected to a political position, similar to that of a state senator, in the Pakistani province where he now resides, his attorney Mike Olson said.

Fifteen lawsuits have been filed on behalf of former Javed patients who have been infected with hepatitis C.

Two of the lawsuits claim wrongful death. The rest seek compensation for the patients' treatment costs and for their physical and mental suffering.

The state sent letters in October to 612 patients of Javed's clinic, advising them to seek voluntary testing for hepatitis C. The patients, suffering from cancer or blood disorders, were treated at the clinic between March 1, 2000, and Dec. 31, 2001.

Hepatitis C is a viral infection of the liver and the most common blood-borne infection in the United States. People who have been infected may experience fatigue, loss of appetite and yellowing of the skin. The virus affects the liver and can eventually lead to cirrhosis or cancer of the liver.

### ***Volume Regeneration after Right Liver Donation***

SourceURL:<http://www.gastrohep.com>

After right hepatectomy with the middle hepatic vein trunk for a graft, the venous outflow in segment IV is disturbed. There are limited data, however, regarding the effect of middle hepatic vein deprivation on liver regeneration or functional recovery.

Living donors who underwent right hepatectomy with preservation of the middle hepatic vein (Group A, n= 58) and those deprived of the middle hepatic vein (Group B, n= 13) were reviewed. When the donor was under 50-year-old-and the remnant left liver was estimated to be more than 35% of the whole liver, right liver graft harvesting with the middle hepatic vein trunk was considered.

Volume regeneration of segments I-III, segment IV, and overall liver volume was assessed at the third postoperative month using computed tomography. The regeneration rate of segment IV was significantly impaired in Group B donors compared with that in Group A donors (125% vs. 45%,  $P = 0.008$ ). In contrast, the regeneration rate of segments I -III was significantly higher than that in Group A (208% vs. 263%,  $P = 0.004$ ). There was no significant difference in the regeneration rate of the whole left liver or functional recovery between groups. Multivariate analysis revealed that the resection type (group) was a significant predictive factor for the regeneration rate of segments I-III and segment IV.

When deprived of the middle hepatic vein, liver regeneration of segment IV was impaired but was compensated for by the regeneration of segments I-III. In conclusion, extended right hepatectomy can be safely performed with careful preoperative consideration using these criteria.

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