

# HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Editor-in-Chief*

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July 19, 2008

## ***Hepatitis bout ignited Nebraska woman's activism against medical contamination***

<http://blog.mlive.com>

Posted by Pat Shellenbarger

*The Grand Rapids Press*

Evelyn McKnight beat the breast cancer that could have killed her, but her doctor's unsanitary practice infected her and 98 other patients with another life-threatening disease: hepatitis C.

As a result, McKnight, an audiologist in Fremont, Neb., last year founded a nonprofit organization Hepatitis Outbreaks National Organization for Reform (HONOReform) to lobby for state and federal laws protecting patients from substandard care.

When she heard that thousands of Dr. Robert Stokes' patients were exposed to possible infection with HIV and hepatitis, "it was just another stab in the heart," she said. "I completely understand and appreciate what the Michigan folks are going through."

Eight years ago, McKnight underwent chemotherapy at the Fremont Cancer Center in Nebraska. She has been cancer free for six years, but in 2002 was diagnosed with hepatitis C.

"I was flabbergasted," said McKnight, since she had none of the common risk factors, such as intravenous drug use.

She and her husband, Dr. Thomas McKnight, a family physician, traced the disease to the cancer clinic, where a nurse regularly used a syringe to draw blood from patients, then used the same syringe to draw saline from a large bag, contaminating the entire bag. The doctor who ran the clinic taught her to do it that way, the nurse later testified.

The doctor, Tahir Javed, fled to Pakistan, where he was named that country's minister of health. (He was removed in a 2006 cabinet shakeup, partly due to the Nebraska case. A Pakistani newspaper quoted Javed as saying the charges were "Zionist propaganda.")

Ninety-nine patients from the Nebraska clinic have been diagnosed with hepatitis C, and three have died from the disease, McKnight said.

In February 2007, with money she received from a lawsuit against Javed, McKnight founded her nonprofit to push for patient safety. Running the organization also helps her deal with the trauma of beating one life-threatening disease only to be infected with another. She knows she stands a 20 percent chance of needing a liver transplant.

At her urging, the U.S. Senate Appropriations Committee included millions of dollars in the 2009 budget to educate patients and providers about proper sterilization, a measure still subject to approval of the full Senate and House.

"We are interested in more close oversight of private physicians' offices," McKnight said. "That is the commonality in these cases: They happened in private physicians' offices."

"As time went on, we knew we needed to learn the lessons of the Nebraska outbreak, and there are more outbreaks. Across the country, people are suffering, because these physicians are not using proper procedures."

## ***Patients of jailed doctor Robert Stokes join push for dirty-needle penalties***

<http://blog.mlive.com>

Posted by Pat Shellenbarger

*The Grand Rapids Press*

GRAND RAPIDS -- When they found out a Grand Rapids doctor might have exposed them to hepatitis and HIV, many of his patients were scared.

When they learned Dr. Robert Stokes' habit of reusing sutures, hypodermic needles and other instruments without proper sterilization did not violate any criminal law, their fear turned to anger.

"Something's got to be done," said Bob May, the mayor of Hastings who was treated by Stokes for skin cancer. "It should be legally improper to do what he did, as well as morally. We cannot allow these doctors to do this to the public."

Stokes, a dermatologist, was sentenced last December to 10 1/2 years in federal prison for insurance fraud, not for potentially exposing thousands of patients to life-threatening infections. Investigators could find no federal law against his practice of reusing surgical materials and instruments intended for one-time use. State law provides only civil, not criminal, penalties.

The state board that licenses osteopathic physicians revoked Stokes' license in March, the strongest penalty available under current law, said Ray Garza, director of the health regulatory division of the state Department of Community Health. Stokes can apply for reinstatement in five years, Garza said, although, barring a successful appeal, he likely will still be in prison.

Eighteen of Stokes' former patients sued him for medical malpractice last year, and some of those cases have been settled through mediation. But several of his former patients say civil penalties aren't enough. They've joined together in urging for a tougher state law making it a crime for a medical provider to expose patients to disease, and they have formed a loose alliance with another group pushing for a similar federal law.

State Rep. Michael Sak, D-Grand Rapids, is having a bill drafted that would set tougher penalties. State Sen. Bill Hardiman, R-Kentwood, recently introduced a bill prohibiting health care providers from reusing medical devices intended for a single use, even if they have been reprocessed, unless the patient provides written consent.

Press Photo/Adam Bird "I thought it was just me:" Catherine Kooyers, of Jenison, is leading the local group that seeks state and federal legislation.

### **Local woman takes lead**

Catherine Kooyers, of Jenison, who is leading the local lobbying effort, had Stokes remove a mole from her right shoulder in 1996. She was suspicious when Stokes pulled a hypodermic

needle from his coat pocket, she recalled, but he assured her it had been sterilized in an autoclave, which cleanses with pressurized steam. A former Stokes employee later told federal investigators he had not used an autoclave since 1994.

Long after her surgery, Kooyers' shoulder became irritated, and a suture worked its way out of her skin, despite Stokes' assurance he had used a kind that would dissolve. Stokes said the mole was cancerous, Kooyers recalled, but a staff member later told her he never sent the tissue out for testing.

When she told another Grand Rapids doctor her concerns, "nobody believed me," Kooyers said. "They gave me a tranquilizer and said, 'You're overreacting.'

"At that time I thought it was just me, an isolated case."

But after the Kent County Health Department issued a health alert last November, urging more than 13,000 of Stokes' patients to be tested for HIV and hepatitis, Evelyn McKnight, one of 99 patients infected with hepatitis C at a Fremont, Neb., oncology clinic, invited Kooyers to join a new organization called HONORreform, pushing to outlaw Stokes' type of practices at the federal level.

"We're finding this isn't just about Grand Rapids," Kooyers said.

### **Case not yet made**

In the past few years, thousands of patients in Nevada, Oklahoma, New York and Nebraska have been exposed to possible infection by unsanitary practices of their health care providers.

Of the 776 Stokes patients tested at public facilities (others had tests at their doctors' offices), only six were positive for hepatitis C, slightly below the rate for the entire population. State health officials said there is no way to find out whether the six were infected at Stokes' office. None tested positive for HIV.

Cathy Raevsky, Kent County's administrative health officer, said she is not convinced more laws are needed. Stokes' practice of placing sutures and instruments in a sterilizing solution did not meet current standards, she said, but there was no evidence he intended to infect patients.

Even so, she added, "I'm very reticent to say, 'No, we don't (need more laws),' because I don't want to dismiss the concerns of those patients."

### **Money over patient care?**

For some of Stokes' former patients, the point is that he put his financial interest above their health. Bob May, the Hastings mayor, still is fighting a form a skin cancer called squamous cell carcinoma and an unrelated recurrence of kidney cancer that has spread to his chest.

"I'm fighting for my life right now," May said.

He quit seeing Stokes in 2003 after suspecting the doctor was reusing hypodermic syringes and began treatment at the Veterans Administration hospital in Ann Arbor. May, 62, is free of

hepatitis and HIV, and there is no evidence his skin cancer was made worse by Stokes' treatments.

The VA doctors told him Stokes removed several tissues on his arms, face and ears that were not cancerous.

"He basically scarred me up," May said.

He said he is willing to help Kooyers and McKnight fight for better legal protection, but "right now my main focus is on getting well," he said.

As for Stokes, "He got what he had coming to him," May said. "He's basically lost everything. I feel sorry for the guy in one way. He needed money to maintain his lifestyle, but he didn't have to do it on the backs of his patients."

### ***Iran produces pegaferon for hepatitis C***

<http://www.presstv.ir>

Iran has mass-produced pegaferon, a recombinant pegylated interferon (PEG-IFN) alpha-2a, effective in treating chronic hepatitis C.

"We are now the second country in the world to manufacture pegaferon," said director of the pharmaceutical biotechnology committee of Iran's Ministry of Health and Medical Education, Mohammad Reza Fazel.

He added that Tehran University of Medical Sciences' drug production center had begun the production of the drug since 2 years ago.

Several clinical trials performed on the drug during the past few months have shown pegaferon is as effective as the original medication traded under the name of pegasys but less pricy.

Fazel announced that a private company has obtained the required permits to mass-produce the drug from the health ministry.

**July 20, 2008**

### ***County hepatitis C numbers lead to increased screening***

<http://www.summitdaily.com/>

By BY ROBERT ALLEN

*summit daily news*

Summit County, CO Colorado,

*High-risk people encouraged to visit county clinic*

SUMMIT COUNTY — Local health officials are concerned that increasing numbers of hepatitis-C cases are going undetected as exposure climbs.

The Summit County Community Care Clinic has confirmed two positive tests for the disease since January and has records of 30 county residents who have been exposed, said Carolyn Lyle, a certified physician's assistant at the clinic.

The actual number of people infected is likely much higher, she said.

Deborah Miliner, also a PA-C with the clinic, said many can carry the disease for 20 or 30 years without symptoms.

“That’s the bummer: They might not have any symptoms ever, except that (their) liver is slowly dying,” she said.

The clinic now offers free tests — valued at about \$30 — to folks with such high risk factors as blood transfusions prior to 1992 and pokes with used needles.

The tests check for antibodies to hepatitis C rather than the disease itself.

About 15 to 25 percent of people exposed to the disease get rid of it without treatment, but most carry it the rest of their lives, according to a pamphlet from the Colorado Department of Public Health and Environment.

There is no vaccine for hepatitis C, unlike hepatitis A or B.

Hepatitis C spreads through blood-to-blood contact, so it typically isn't passed sexually unless the sex is traumatic, Miliner said, adding that anal sex can pose a high risk.

Summit County had 17 reported hepatitis C cases in 2005, according to CDPHE.

About 85,000 Coloradans and 4 million Americans have been exposed to the disease, according to Laura Ginnett, community outreach director with Denver-based Hepatitis C Connection.

And up to 70 percent of exposed people are between 45 and 65 years old, according to a community clinic fact sheet.

Lyle said anyone who could be at risk is encouraged to be tested, as the disease is “much easier to catch than (human immunodeficiency virus).”

Other risk factors include tattoos applied in unprofessional settings; shared razors, toothbrushes or nail clippers; multiple sexual partners and shared drug-snorting paraphernalia.

Medication is available for folks diagnosed with the disease and about 50 percent of people treated are cured.

But these drugs aren't for everyone, as the treatment is hard on the body.

People with obesity or poor general health may not be able to receive treatment. It also costs thousands of dollars and includes an injection and pills every week for up to a year, Lyle said.

“Some may want to wait and see if better drugs come along,” she said, adding that new treatment options could be available soon.

## **European Approval For Roche's Pegasys Personalises Treatment For A Subgroup Of Hepatitis C Patients**

<http://www.medicalnewstoday.com>

Roche also announces start of NCORE study to determine best length of treatment in patients who do not experience a rapid response

Roche announced that the European Commission has approved a shortened, 16-week course of treatment with Pegasys (peginterferon alfa-2a (40 KD)) plus Copegus (ribavirin) for certain hepatitis C patients.

The four-month treatment course will be for patients with particular strains of chronic hepatitis C (genotype 2 or 3) who have low virus levels before starting treatment, and who show a rapid virological response by clearing the virus from the blood within the first 4 weeks of treatment. This shorter treatment duration with Pegasys/Copegus will provide patients with the full benefits of therapy while reducing unnecessary drug exposure.

This is good news for eligible patients as previously, all patients with genotype 2 or 3 hepatitis C (HCV) received 24 weeks of Pegasys/Copegus therapy, regardless of their baseline virus levels and response while on treatment.

The approval marks an important milestone in a new treatment concept in hepatitis C, which is called "response-guided therapy" and seeks to customise regimens for patients based on how well they respond to treatment. Response-guided therapy is enabled by the use of Roche's highly sensitive, real-time PCR diagnostic tests, which accurately measure the levels of virus in the patient's blood. The automated COBAS AmpliPrep/COBAS TaqMan HCV Test is the newest and most advanced Roche product for measuring hepatitis C virus levels. The test is widely used in many global markets, and is pending FDA approval in the United States.

"Response-guided therapy in hepatitis C is an excellent example of how Roche is uniquely positioned to individualise healthcare and deliver real benefit to patients, physicians and healthcare payers by combining the power of innovative pharmaceuticals and diagnostics," said William M. Burns, CEO, Roche Pharmaceuticals Division. "This approval for 16 weeks of treatment in genotype 2 and 3 patients with a rapid response demonstrates the value of using diagnostic tools to determine an individual treatment regimen and hopefully will encourage more eligible patients to come forward for treatment. Together with the start of yet another large clinical study with Pegasys, NCORE, these initiatives underscore Roche's commitment to advancing the treatment of hepatitis and making personalised medicine a reality".

### **Shortening the Treatment Duration for Many**

This approval is based on data from several studies that show shorter treatment duration in patients who have a rapid response to Pegasys/Copegus results in high cure rates, similar to those achieved with the currently-approved 24 weeks of therapy. 1-4 An analysis of a major study (ACCELERATE) which evaluated the efficacy and safety of 16 weeks vs. 24 weeks of treatment

with Pegasys/Copegus in patients with genotype 2 or 3 HCV -- showed that a similar number of patients achieved a cure (82% versus 90% respectively). In patients with low virus levels before treatment and a rapid virological response (undetectable virus 4 weeks after starting treatment), the cure rates for 16 and 24 weeks of treatment were essentially identical (89% vs. 94%).<sup>5</sup>

"This EU approval is important, as it means that we can tailor a patient's treatment with Pegasys based on an early marker of response without a loss in the regimen's effectiveness" said Prof Stefan Zeuzem, Chief of the Department of Medicine I at the Johann-Wolfgang Goethe University Hospital in Frankfurt, Germany. "This is good news for doctors, who now have the reassurance of offering a shorter treatment regimen, and for patients themselves, who will have the possibility to be cured with only 16 weeks of treatment".

### **NCORE Study Commenced to Determine If Genotype 2/3 Patients Without a Rapid Virological Response Need Longer Treatment**

Roche also announced the launch of the NCORe study (ENhancement of Cure Through Treatment Extension Guided by On-Treatment ResponSE in Patients Infected with G2/3 Hepatitis C; Roche study protocol number MV21371). The study aims to further improve treatment outcomes by examining whether genotype 2 and 3 patients who do not have a rapid virological response at 4 weeks should have treatment with Pegasys and Copegus extended to 48 weeks.<sup>6</sup> This global study will enrol approximately 400 patients at 90 centres in seven countries.

**July 21, 2008**

### ***Livers from older donors work well in transplants***

<http://www.reuters.com>

By Will Dunham

WASHINGTON (Reuters) - Liver transplant patients who receive an organ from a donor age 60 or older do just as well as patients getting a liver from a younger donor, U.S. researchers said on Monday.

They said they hoped this finding would help convince transplant centers to be more willing to use livers from older donors. In 2006, around 10 percent of almost 17,000 people on a U.S. liver transplant waiting list died while waiting for a suitable donor organ.

A team at Washington University School of Medicine in St. Louis analyzed data from 489 adult liver transplants carried out there. Most patients needed a new liver because of hepatitis C virus infection, the most common reason for liver transplantation in the United States.

There was no difference in survival rates for patients who received a liver from a donor aged 60 to 78 compared to patients who got a liver from a younger donor. In the study, 88 percent of patients were alive a year later, 78 percent at three years and 69 percent at five years.

Some doctors have been reluctant to transplant livers from older donors fearing these organs may not be as healthy or work as well as those from younger donors.

The researchers noted that some previous research had suggested older livers did not provide as good outcomes in recipients with hepatitis C.

But they said their findings should reassure doctors that use of livers from older donors can be a safe way to expand the donor pool, even for recipients with hepatitis C.

Dr. William Chapman, who helped lead the study, said the results should inspire some confidence about donated livers from older donors.

"You have to use careful selection. But at least it is something they ought to consider, especially with patients dying on waiting lists and definitely not enough donor organs," Chapman said in a telephone interview.

Typically livers in transplantation surgery come from a donor who has died, although in some cases healthy people donate a portion of their liver for a designated patient.

Chapman added that he hoped the findings, published in the American Medical Association's journal Archives of Surgery, would encourage more liver donation by older people. "You don't have to be 30 to be an organ donor," he said.

The American Liver Foundation said that as of January, there were 16,667 people on a waiting list for a liver transplant. In 2006, 1,685 people died while waiting for a suitable donor, the foundation said.

(Editing by Alan Elsner)

### ***Life Story: Hepatitis C advocate was 49***

<http://www.appeal-democrat.com>

By Leticia Gutierrez/*Appeal-Democrat*

Sherri Ziegler was a strong advocate for education about Hepatitis C and services for those affected by the virus.

She helped start the California Hepatitis Alliance, founded the Nor-Cal Hepatitis C Network, was a founding member the National Hepatitis C Advocacy Council and a member of the National Viral Hepatitis Roundtable and the California Hepatitis C Task Force.

She often appeared before legislators in Sacramento and Washington, D.C.

All because she couldn't find any information about the virus when she was diagnosed.

"She went in search for information ... searching out and finding what was out there," said her sister, Jeanee Marler of Paradise. "The more she found out, the more depressing (it was) because nothing was out there."

Sherri Rae Ziegler, 49, of Yuba City, died June 26 at the University of California, San Francisco Medical Center due to a brain aneurysm, according to her family.

Born in Sacramento, the longtime Yuba City resident was a graduate of Yuba City High School.

Sherri never knew exactly how she contracted Hep C, her sister noted.

It could have been from the use of intravenous drugs, a problem all her siblings have confronted, said eldest brother Gerry Mains of Paradise. Or it could have been from a blood transfusion, Jeanee added.

However it came about, Sherri took "something that afflicted her (and) turned around and helped others," said Lou Binninger, community liaison with the Church of Glad Tidings in Yuba City.

"I think she must have realized there was a great void in the valley for treatment and education and she was determined to change that."

Sherri's involvement in the community had already been growing, Lou said. When the church started its program "Babies out of Bondage" — with church members caring for babies born to mothers serving time in prison at the Valley State Prison for Women at Chowchilla — Sherri was one of the first to take a child, Lou remembered.

And when the baby's mother asked to live with Sherri after her time in prison, she said yes, setting off an unexpected part of the program that now helps women transition from a drug addict/parolee to a productive member of society, Lou added.

"I don't think she intended to be the groundbreaker, but she was."

Sherri's personal plan was to expand the Nor-Cal Network's services throughout rural communities in the North State, said longtime friend and co-worker Melinda Borja.

Melinda was Sherri's administrative assistant for more than 12 years and will help continue the advocate's vision.

"I think the future of the task force is extremely bright," Melinda said. "I'm not a 'Sherri' and not able to deal with things the way that she did, (but) it doesn't matter as long as we keep the vision in front of us."

"I'm really proud of her," Jeanee said. "I was surprised with as much stuff as she had going on" and the physical pain she endured that Sherri would do all that she did.

"That's what's so amazing — she would just give, give, give," Gerry said. "Sometimes it's the giving that gets the focus off of yourself."

Contact Appeal-Democrat reporter Leticia Gutierrez at 749-4722 or at [lgutierrez@appealdemocrat.com](mailto:lgutierrez@appealdemocrat.com)

## ***Agape House finds its way***

<http://www.jonesborosun.com>

by george jared

*Editor's note: This is the second report in a 2-part series on the Agape House at Paragould. In Part 1 in Sunday's edition, Sunny Curtis of Paragould had become addicted to drugs and lost custody of her kids. By 1997, she had contracted hepatitis C.*

*A couple of years later, she was in the Craighead County Detention Center when a hand reached out to her.*

PARAGOULD — Sitting in solitary confinement, Sunny Curtis craved contact. The man on the other side of the bars not only touched her hand, but he saved her soul.

He handed her a Bible.

“It’s all I had in the cell,” Curtis said. “I read it and read it, and I decided I wanted to be saved.”

When Curtis was released from the Craighead County Detention Center, she once again felt the urge to use methamphetamine and prescription drugs. But something kept tugging at her.

“God was trying to pull me away from the drugs, and I was fighting,” she said. “Eventually he won.”

In 2005, Curtis started the Agape House, a restoration home in Paragould for women. Each day participants in the program go through a regimented routine, with scheduled meals, Bible study time, life skills classes and time alone to read their Bible and pray.

Each woman is required to attend a church of their choosing on Sunday. A list of house and yard work is distributed among the women. Two live-in volunteers, both graduates of the program, oversee the house at night.

Participants are not allowed to have contact with men during the four months they live at the house, Curtis said. Married women are allowed some contact with their spouses on specific weekends. Every first and third weekend, children are allowed to stay and visit their mothers.

Danielle Craft is a Harrisburg native and mother of four who has been in the program for six weeks. Craft she misses her kids but had to clean up her life.

“I let 12 years of my life just waste away,” she said. “I was in jail for a year and now I’m here. I want to become a productive member of society.”

Craft had been addicted to meth and prescription drugs.

Calls from women who want to be enrolled in the program are numerous, Curtis said. The house can hold 12 women, and it is always filled, she said.

Another woman in the house, 25-year-old Sarah Gates of Newport, said she has been addicted to prescription drugs and meth for seven years. Prescription drugs were easy to get — “my doctor would fill out a prescription for 120 1-milligram Xanax pills each month for me,” Gates said.

Sitting next to Gates as she spoke, Craft agreed.

“Oh, it was easy to get a prescription filled,” Craft said. “That’s easier than getting meth or marijuana.”

Women have three roommates and sleep on bunkbeds. Professionals from the community volunteer their expertise and time to educate participants about day-to-day life.

“Some of these girls can’t cook or don’t know anything about budgets,” Curtis said.

Curtis said the nonprofit organization moved into its current house last November.

“We needed space and a bigger bathroom,” she said.

The house cost \$86,000 — through donations and fund-raising events, the organization only owes about \$20,000 on the mortgage. But Curtis said the money for the mortgage has to be paid off in a couple of months.

“I have faith that God will help us with the rest of it,” Curtis said.

Looking to the future

Curtis has been drug-free since 2000, though said she is still an addict.

“Sometimes when I’m stressed, I think about it,” Curtis said.

A mother of four, Curtis is thankful her children didn’t turn to drugs and alcohol after seeing how it destroyed her life.

“They forgave me,” she said. “Now I have two grandchildren and I’m trying to make amends.”

Curtis has a 17-year-old son and she’s worried that he might be dabbling in alcohol abuse.

“He thinks he’s just playing,” she said. “But I know how this game starts and ends. He reminds me of myself at that age. I’m going to do whatever it takes to save him.”

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## ***Many locals may be Hepatitis C positive***

<http://herald-zeitung.com>

By Georgia Fisher

Doctors say between 10,000 and 20,000 people with Hepatitis C live in the collective New Braunfels, Kyle, Wimberley and Lockhart area — and many are wholly unaware they’ve contracted the blood-borne disease.

Hepatitis C, which attacks the liver, is estimated to affect more than 4 million people in the U.S. and about 360,000 in Texas alone. Transmission usually occurs through blood or needle contact,

and high-risk groups include Baby Boomers and Vietnam veterans — as well as anyone who received a blood transfusion or organ transplant in or before the early 1990s.

“With most of the patients we’re treating now, (the diagnosis) was picked up incidentally,” said Dr. Juan Guerrero, hepatologist with San Antonio’s UT Health Science Center. A liver transplant isn’t always needed, he said, but “by the time symptoms present themselves it’s usually too late” to go another route.

Treatment equates to “jazzing up the immune system to prevent the virus,” Guerrero said, and although the process can be grueling, plenty of patients lead energetic, normal lives even decades after receiving a new liver. Wait-time for transplant takes an average of about two years, and the surgery shows an 85 percent survival rate after the first year, and an approximately 75 percent survival rate four years later.

“It’s not really a death sentence,” Guerrero said, adding that an early-as-possible diagnosis is key.

According to the Centers for Disease Control, persons with evidence of liver disease or anyone who has ever injected illegal drugs, been on long-term dialysis, received a blood transfusion or solid organ transplant prior to July, 1992 or a clotting factor made before 1987 should make arrangements for a blood test.

#### MORE INFORMATION

- Locally, tests cost about \$60 through the Comal County Health Department. For more information, call 608-2015.
- An HCV treatment clinic for new and existing patients will arrive Wednesday in New Braunfels. To learn more, call 609-1933, or the contact the UTHSC at 210-567-5777.

### ***Alejandro Escovedo Gets 'Real' After Hepatitis C***

<http://www.spinner.com>

by David Chiu

Veteran singer/songwriter Alejandro Escovedo is currently on a roll with his latest album, 'Real Animal.' With great reviews behind it, 'Real Animal' made it onto the Billboard Top 200 album chart, the first time ever for Escovedo. And having already opened for the Dave Matthews Band for a couple of dates in June, Escovedo is on his tour that will run through August. It's much different scenario now compared to five years ago when Escovedo, who had Hepatitis C that was not treated, collapsed after performing a show in Arizona.

"Having gone through that completely changed my life," Escovedo tells Spinner, "and not just myself but [my] band as well. All of us went through it together. They were supporting me the whole time, it was kind of like a family."

His 2006 record, 'The Boxing Mirror,' which Escovedo characterized as dark, was released after that near-death experience. 'Real Animal,' produced by the legendary Tony Visconti (David

Bowie, T. Rex), is a contrast to its predecessor. "I just wanted to make a real rock 'n' roll record," Escovedo explains. "I was able to come up with a record that was not nearly as down as the last [one]. It's more upbeat and more rocking."

With all of the album's songs co-written by Escovedo and musician Chuck Prophet, 'Real Animal' is about the music and influences Escovedo had admired throughout his life. He pays homage to the former groups he's been in such as the Nuns in the late '70s ('Nuns Song'), and Rank and File from the early '80s ('Chip N' Tony'). "It really is a story of all those characters along the way," he says, "all the band members and the music we've made."

Escovedo also waxes nostalgic about his time in '70s punk era New York City on the track 'Chelsea Hotel '78.' (His band the Nuns had opened for the Sex Pistols at the latter's last show in San Francisco in 1978). "It was very exciting because I was going to a city that I'd always dreamt of going," he says. "I've always wanted to go to New York City because I loved all the bands [from there], especially the Velvet Underground, New York Dolls, the Young Rascals and Patti Smith."

Despite a rocking vibe all over it, 'Real Animal' doesn't shy away from Escovedo reflecting about his life or hinting about his past illness, as he does on the song 'Golden Bear' with the lyrics: "There's a creature in my blood/Don't know how long he's been there/Or why he's after us."

"The reference to the Hep C," explains Escovedo, "is about that question that we ask sometimes when faced with something like that: 'Why me?' I know that when I was [contracted] with Hep C and was diagnosed with it, I sat for a long time wondering what it was about my particular self -- why I had become a victim of that."

As Escovedo was on the mend from Hepatitis C, a number of artists, including Lucinda Williams, Willie Nelson, and Los Lonely Boys, recorded a 2004 album called 'Por Vida: A Tribute to the Songs of Alejandro Escovedo,' to help pay for his medical expenses. "You know, it was very humbling," he says of that gesture. "It was a great honor."

As for what's next, *Escovedo is scheduled perform on 'The Late Show With David Letterman' on August 7;* he's also the subject of a documentary in-the-works directed by Jonathan Demme. "This is the first time around for me," Escovedo says about his recent high-profile attention. "I'm really enjoying it. I'm a lucky person."

**July 23, 2008**

## ***Caring Ambassadors Program Announces Selection of Dr. Carol L. Spence as Board Chair***

<http://www.marketwatch.com>

VANCOUVER, WA, Jul 22, 2008 (MARKET WIRE via COMTEX) -- The Board of Directors of Caring Ambassadors Program, a national nonprofit public charity, has elected Dr. Carol L. Spence as Board Chair. "We are positively delighted to have Dr. Spence in this vital leadership role," said Dr. Tina M. St. John, Executive Director and Medical Director of the Caring Ambassadors Program (CAP). "Carol brings to this role the ideal constellation of personal and

professional experience, commitment to nonprofit service, and dedication to the CAP mission of information and support to those with long-term diseases."

Dr. Spence's path to the Caring Ambassadors Program came via her own health challenge and the subsequent journey wherein she found healing, and ultimately, cure from a serious case of hepatitis C. Carol's mission has become wellness through service, a focus aligned with that of the founder of the Caring Ambassadors Program: belief in the power of people helping people and the power of personal experience to benefit others. "Serving as Board Chair of this fine organization epitomizes my own passion and goals. In this capacity, I will be able to leverage my time and energy by sharing a mutual devotion of purpose with all of the other members of the Caring Ambassadors Program. Together we can reach much higher numbers of individuals in crisis."

Dr. Spence's vision of her work with the Caring Ambassadors Program includes increasing the avenues through which individuals facing long-term illnesses can maximize their wellness -- physically, mentally, emotionally, and spiritually. She intends to creatively build upon and expand the fundamental arms of the Caring Ambassadors Program strategy: information, awareness, support, and advocacy. CAP will continue its commitment to not only those living with long-term diseases, but to their loved ones who are inextricably part of the wellness/disease continuum.

Carol Spence holds a bachelor's degree in social science, and both a ThD and a PhD in Integrative Medicine. She has had a long and successful business career as a stockbroker, banking executive, and a decorated real estate agent. Carol is also experienced in nonprofit leadership with several successful tenures under her belt including previous Chair of the Board of the Community Council for the California Pacific Medical Center Institute for Health and Healing. She is an ordained minister and has served as Chaplain at Marin General Hospital. Dr. Spence lives in San Francisco and Sonoma, California.

#### *About Caring Ambassadors Program*

The Caring Ambassadors Program is a national 501(c)(3) nonprofit public charity dedicated to helping people with long-term diseases achieve optimum wellness. CAP currently operates two disease-specific programs: CAP Hepatitis C and CAP Lung Cancer. Founded in 2001, the organization is headquartered in Vancouver, Washington, U.S.A.

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*SOURCE: Caring Ambassadors Program*

### ***Judge Rules Class Action Lawsuit Okay in Hep C Case***

<http://www.lasvegasnow.com>

A Nevada judge says patients who weren't made ill can claim emotional distress in a class-action lawsuit alleging a Las Vegas medical clinic exposed them to hepatitis by reusing syringes and vials of medication.

Clark County District Court Judge Allan Earl's ruling could expand the number damage claims against the Endoscopy Center of Southern Nevada.

A court spokesman says the clinic currently faces 121 lawsuits. The judge on Tuesday rejected arguments by a lawyer for the clinic, who said patients who didn't suffer actual physical injury shouldn't be allowed to recover damages.

The judge did dismiss claims that the clinic should be held liable under product liability and warranty laws. He says the clinic didn't sell vials of anesthesia and supplies to patients.

**July 24, 2008**

## **Targeted Drug Boosts Survival Among Liver Cancer Patients**

<http://www.washingtonpost.com>

By Serena Gordon  
*HealthDay* Reporter

WEDNESDAY, July 23 (HealthDay News) -- The drug Nexavar can prolong the lives of people with liver cancer by an average of three months, new research shows.

"The results unequivocally showed that sorafenib (Nexavar) increased the survival of patients with a more than 30 percent reduction in the likelihood to die at any time point during follow-up," said study senior author Dr. Jordi Bruix, a senior consultant in the liver unit of the Hospital Clinic of Barcelona.

"These results identify sorafenib as the first agent that is effective in improving survival in patients with this devastating disease," said Bruix. His report is in the July 24 issue of the *New England Journal of Medicine*.

"Up to now, the patients diagnosed with advanced hepatocellular carcinoma had no effective treatment that could improve their survival. Now, we have an option that is based on oral treatment that is effective if liver function is still preserved," added study author Dr. Josep Maria Llovet, director of research in liver cancer at Mount Sinai School of Medicine in New York City, and a professor at the Barcelona Clinic Liver Cancer (BCLC) Group in Barcelona.

More than 21,000 Americans are diagnosed with liver cancer each year, according to the American Cancer Society (ACS). About 18,410 people will die because of liver cancer during 2008, reports the ACS. The disease is much more common in men and is more likely to occur in people who've been infected with viral hepatitis B or C.

Treatment options for liver cancer are often limited. If the disease is caught early, it's sometimes possible to remove the tumor or perform a liver transplant. Chemotherapy isn't particularly effective in liver cancers, because one of the liver's main functions is to detoxify drugs.

"When you administer drugs you want to affect the liver, the liver wants to detoxify them and render them ineffective. The liver is also very active in getting rid of drugs and pumping the drugs out of the liver," explained Dr. Lewis Roberts, director of the hepatobiliary neoplasia clinic at the Mayo Clinic in Rochester, Minn.

The current study was a randomized, placebo-controlled study that included 602 people with advanced liver cancer. Despite that, however, the study volunteers still retained liver function.

Although there was no significant difference in the time to symptomatic progression of the disease, there was approximately a three-month increase in survival, on average, for the sorafenib group.

Sorafenib works by slowing down cell proliferation and reducing the formation of new blood vessels that feed the tumor mass, according to Llovet. So, while the medication doesn't reduce the size of the tumor, it can delay the progression of the disease. In fact, Llovet said, they've had patients who have remained progression-free for more than three years.

Llovet also said the researchers are combining sorafenib with other treatments to see if they can make further progress against this deadly cancer. And the researchers are testing sorafenib earlier in the course of the disease to see if it might be even more effective then.

The drug was generally well-tolerated. Fatigue was the most common side effect.

Roberts said the findings are very exciting. "For the first time, we have a drug that has been clearly shown to improve survival." But, he added, "this is clearly just a first step," and he'd like to see more emphasis on prevention and screening for high-risk populations. He said that anyone who has been diagnosed with hepatitis B or C should be screened with an ultrasound every six months, so that if liver cancer develops, it can be treated early.

Additionally, Roberts pointed out that sorafenib is quite expensive, averaging more than \$5,000 a month for treatment. The drug is currently approved in the United States for the treatment of a form of advanced kidney cancer.

The study was supported by Bayer HealthCare Pharmaceuticals-Onyx Pharmaceuticals, makers of Nexavar.

### ***Therapeutic Hepatitis C Vaccine Gets Its First Human Safety Marks***

<http://www.vaccinex.com>

Written by vaccinex staff

Inovio Biomedical Corporation (AMEX:INO), a leader in enabling the development of DNA vaccines using electroporation-based DNA delivery, announced that its partner, Tripep AB of Sweden, has reported preliminary results from the first patient to complete treatment with Tripep's therapeutic hepatitis C virus (HCV) vaccine, **ChronVac-C®**, which was delivered using Inovio's electroporation-based DNA delivery system. In this phase I/II clinical study, the treatment has so far been safe and tolerable. Samples taken before, during and after treatment showed that before vaccination the patient did not have a detectable cell-mediated immune response against HCV but such an immune response became detectable after treatment was completed. Inovio's electroporation delivery technology is intended to enhance the potency of DNA-based immunotherapies, including DNA vaccines, against cancers and infectious diseases.

ChronVac-C® is a therapeutic DNA vaccine being given to individuals already infected with hepatitis C virus with the aim to clear the infection by boosting a cell-mediated immune response against the virus. It is known that patients who spontaneously clear their infection have also developed this type of immune response.

This clinical study is being conducted at the Infectious Disease Clinic and Center for Gastroenterology at the Karolinska University Hospital in Huddinge and Solna (Sweden), respectively. Intended enrollment is 12 patients divided into three dose groups with increasing doses of ChronVac-C®. Each patient receives four ChronVac-C® vaccinations one month apart. After the last vaccination, patients are followed for another six months. The study's main purpose is to assess safety. It is also testing whether the treatment boosts the immune response to HCV and its effect on virus replication in the liver. If the patient is completely virus-free six months after completing treatment, he/she will be considered cured. This first reported data was from the first patient in the lowest dose group. Five patients have been treated and no unexpected side effects have been observed.

“We are pleased that this first infectious disease DNA vaccine to be delivered in humans using electroporation-based DNA delivery has provided initial evidence of being safe and inducing a cell mediated immune response against the hepatitis C virus,” stated Avtar Dhillon, MD, Inovio's president and CEO. “We look forward to seeing additional data, particularly from the higher dose groups, relating to this potential treatment to a pervasive and difficult-to-treat disease.”

### ***CDC Finds Link Among Patients Exposed to Hepatitis***

<http://www.lasvegasnow.com>

The health district has positively identified two patients who were the source of where the hepatitis strain came from. They also identified a ninth case and the source of two of the hepatitis C strains.

There will also be no more public notifications to get tested, and the health district does not expect to see any more acute hepatitis cases related to the unsafe medical procedures of reusing syringes and failing to sterilize medical equipment.

Nine people now know they contracted hepatitis C at the Endoscopy Center of Southern Nevada and the Desert Shadow Endoscopy Center. Eight of the cases are acute, meaning severe symptoms show up immediately. The latest case linked is the chronic form, meaning symptoms may never show.

Southern Nevada Health District Senior Epidemiologist Brian Labus says the acute form shows itself within six months of infection, "Really, by the end of the month I think we can comfortably say, 'I don't think we will have any more acute cases related to the Endoscopy Center because we past that time period.'"

Labus told the health district medical board at their meeting there will also be no more notifications for the public to get tested. The health district says they contacted, or tried to contact, 63,000 people between the Endoscopy and Desert Shadow Centers.

"We have covered everyone that could have been exposed," said Labus.

The most startling information for board members is that doctors at the Endoscopy Center knew a patient had hepatitis C before starting his procedure. Labus says doctors and nurses still reused the patient's syringe and single dose vial of medicine anyway.

"The source patient in September was a known hepatitis C chronic carrier," asked SNHD Board Member Dr. Joe Hardy.

"Yes," replied Labus.

"Before the scope was done?" asked Hardy.

"Yes," replied Labus.

"On the medical record?" asked Dr. Hardy.

"Yes," said Labus.

But the health district investigation is not finished.

"It's likely that we will find other cases. We cannot link them as definitely to the clinic. We will describe them as possibly associated cases," said Labus.

So far there are 77 of those cases. Also, test results for 80 of the 120 patients seen on the two days the health district narrowed in on -- July 25 and September 21, 2007. The hepatitis C source patients were seen on those days.

In the criminal investigation, there's a breakthrough. Sources say nurses involved in the procedures have given statements about the unsafe medical practices. It may be a couple more months before charges are filed.

**July 25, 2008**

## ***HCV-Infected Pregnant Women May Have Worse Neonatal and Maternal Outcomes***

[www.medscape.com](http://www.medscape.com)

Laurie Barclay, MD

July 25, 2008 — Hepatitis C virus (HCV)—positive pregnant women appear to be at risk for adverse neonatal and maternal outcomes, according to the results of a population-based birth cohort study reported in the July issue of the *American Journal of Obstetrics & Gynecology*.

"Although HCV affects a significant number of pregnant women, there is little research regarding the impact of HCV on pregnancy outcomes," write Steven A. Pergam, MD, from the University of Washington School of Medicine in Seattle, and colleagues. "Prior studies of HCV and pregnancy have focused on vertical transmission of HCV infection, without examining the potential effects of chronic HCV infection on maternal health, complications during delivery,

and neonatal health. Because identification of adverse outcomes could [affect] current screening recommendations, such information could have widespread public health implications."

The goal of this study was to evaluate the effect of HCV infection on specific outcomes in the mother and newborn. Using Washington state birth records from 2003 to 2005, the investigators compared a cohort of HCV-positive pregnant women, based on birth certificate data (n = 506), with randomly selected HCV-negative mothers (n = 2022) and drug-using HCV-negative mothers (n = 1439).

Compared with infants of HCV-negative mothers, those of HCV-positive mothers were more likely to have low birth weight (odds ratio [OR], 2.17; 95% confidence interval [CI], 1.24 - 3.80), be small for gestational age (OR, 1.46; 95% CI, 1.00 - 2.13), require assisted ventilation (OR, 2.37; 95% CI, 1.46 - 3.85), and be admitted to the neonatal intensive care unit (NICU; OR, 2.91; 95% CI, 1.86 - 4.55).

The risk for gestational diabetes was greater in HCV-positive mothers with excess weight gain (OR, 2.51; 95% CI, 1.04 - 6.03). Even in comparison with the drug-using cohort, infants of HCV-positive mothers were still at greater risk for NICU admission and assisted ventilation.

"HCV-positive pregnant women appear to be at risk for adverse neonatal and maternal outcomes," the study authors write.

Limitations of this study include possible ascertainment bias; HCV status identified through self-report on birth certificate data, likely underestimating the true prevalence; misclassification bias; lack of data concerning HCV viremia; use of International Classification of Diseases, Ninth Revision (ICD-9), codes to identify drug use, resulting in possible misclassification; possible residual confounding; and lack of data on maternal HIV status.

"HCV infection may have a much greater effect on pregnancy and neonatal outcomes than [sic] previously reported, indicating that routine HCV screening in pregnant women may need to be reconsidered," the study authors conclude. "Future prospective studies evaluating placental involvement with HCV, role of viral genotype and HCV viremia, and further emphasis on drug use and socioeconomic status are warranted.... In addition, the ongoing development of new potent antiviral agents to treat hepatitis C may soon modify our approach to hepatitis C in pregnancy."

The National Institute of Allergy and Infectious Diseases and the National Institutes of Health supported this study. One study author is a member of the speaker's bureau for Roche. Another study author is a member of the speaker's bureau for GlaxoSmithKline.

*Am J Obstet Gynecol.* 2008;199:38.e1-38.e9.

## ***A contagious disease seems to be on the rise in the 4-States***

<http://www.koamtv.com>

According to the Missouri Department of Mental Health, in 2005 Jasper County had 129 cases of Hepatitis-C. Health officials say that number increased by 55 people from 2002.

Most occurrences are from drug users sharing needles that are contaminated.

A Freeman Health doctor explains why so many people have Hepatitis-C and why it goes unnoticed.

"There ,for example respiratory, has been long many years ago and they're just presenting now because we just just found the testing for them," says Dr. Dafer Haddadin. "There is a true rise in the number of people who have been diagnosed who have had it, and a good number of those people are not newly found they had it for years and we just found out about it now."

### ***Larger Liver Transplant Pool***

<http://www.ivanhoe.com>

(Ivanhoe Newswire) -- There's good news for the 17,000 people on the liver transplant waiting list, especially for those patients with hepatitis C.

The majority of liver transplants in the United States are for patients with hepatitis C, the most common cause of the liver disease cirrhosis. To accommodate the large transplant waiting list, many centers have expanded their donor criteria to include older donors.

Some have been concerned hepatitis C patients would have poorer transplants outcomes as a result of the extended pool, but recent research shows organs from older patients are safe. Researchers at Washington School of Medicine in St. Louis found no differences in the one, three and five-year outcomes of patients with and without hepatitis C, who received organs from donors age 60 and older.

The results are considered preliminary since using older donors has only been in practice for the past five years.

"In conclusion, overall patient and graft survival in hepatitis C virus-positive recipients is comparable with that in hepatitis C virus-negative patients, and there seems to be little, if any, adverse effect on short- and medium-term follow-up with the use of carefully selected older donor grafts in recipients with hepatitis C virus," study authors wrote. "Data from this series suggest that the continued used of selected older donors is a safe method of expanding the liver donor pool, even for hepatitis C-positive recipients."

*SOURCE: Archives of Surgery, 2008;143:679-685*