

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Jan 25, 2009

Chinese Are Called to Fight Hepatitis B

<http://news.newamericamedia.org>

World Journal

NEW YORK – With the Chinese New Year just around the corner, public health expert David

Ho called on the Chinese community to resolve to help fight hepatitis B, reports the World Journal. Ho said the probability of a Chinese contracting the disease is 100 times higher than other Americans. One in every 10 Chinese American has hepatitis B, and a lot of them don't know they have it. Ho called on the Chinese community to get proper treatment.

Jan 26, 2009

Clinical Update - Debio 025 in Hepatitis C

<http://news.prnewswire.com>

Debiopharm Starts Phase IIb Triple Therapy Study, a Promising Therapeutic Avenue

LAUSANNE, Switzerland, January 26 /PRNewswire/ -- Debiopharm Group (Debiopharm), a global biopharmaceutical development specialist that focuses on serious medical conditions and particularly oncology, announced today the randomisation of its first patient in a phase IIb clinical study with **Debio 025**, a selective cyclophilin (Cyp) inhibitor with a potent anti-hepatitis C (HCV) effect. This multinational, double blind, placebo-controlled, parallel-group study will investigate the efficacy and safety of three different treatment regimens combining Debio 025 with Peg interferon alpha 2a (peg-IFNalpha2a) and ribavirin in treatment-naive chronic HCV genotype 1 patients.

During this 72 week trial, on top of the Standard of Care (SOC) treatment consisting of peg-IFNalpha2a 180 microgram once weekly and ribavirin 1000 or 1200 mg/day, patients will receive an oral dose of 600 mg of Debio 025. Three different triple combination regimens will be compared to the SOC treatment. The Company aims to evaluate whether there is an increase in the proportion of patients who achieve a sustained viral response (HCV RNA < 10 U/mL 24 weeks after treatment end) with Debio 025, compared to the SOC treatment. The trial will include 272 treatment-naive chronic HCV genotype 1 patients. Results of the study are expected in Q1 2011.

"We believe that the future of chronic HCV treatment lies in the combination of drugs with different mechanisms of action and potential additive or synergistic antiviral effects. For this reason we are investigating the use of Debio 025 combined with the current peg-IFNalpha2a/ribavirin dual therapy. We are optimistic that this combination will reduce the risk of treatment failure for HCV patients and maximise their chances of sustained viral response," said Rolland-Yves Mauvernay, President and Founder of Debiopharm Group.

"With over 170 million people infected with HCV worldwide, there is a real medical need for a treatment which we hope to address," added Kamel Besseghir, CEO of Debiopharm S.A.

About Debio 025

Debio 025 is a synthetic first-in-class Cyp inhibitor, being tested in humans as a potential anti-HCV drug. Debio 025 binds strongly to Cyp, host cell proteins thought to confer a replication advantage to HCV. Its potent inhibitory activity on the HCV replication was shown in the following preclinical and clinical studies. Results of a phase Ib study demonstrate that Debio 025 monotherapy for 15 days induced a strong anti-HCV effect (3.6 log₁₀ reduction) in HIV-1/HCV co-infected patients. (Hepatology, 47:817-26). Results of a phase IIa study with Debio 025 indicate that Debio 025 shows an important additive anti-HCV effect (4.6 log₁₀ reduction) when

co-administered with peg-IFNalpha2a to treatment-naive HCV patients. (J Hepatol, 48: S2)

About Debiopharm Group

Debiopharm Group is a global biopharmaceutical development specialist that in-licenses promising biologics and small molecule drug candidates. It develops its products for global registration and maximum commercial potential for out-licensing to pharmaceutical partners for sales and marketing.

Debiopharm independently funds the worldwide development of all of its products while providing expertise in pre-clinical and clinical trials, manufacturing, drug delivery and formulation, and regulatory affairs.

Founded in 1979 and headquartered in Lausanne, Switzerland, Debiopharm has developed three products with global combined sales in excess of \$2.65 billion in 2007.

For more information on Debiopharm Group, please visit: <http://www.debiopharm.com> .

SOURCE Debiopharm Group

Father's warning over killer disease

<http://www.thisissouthdevon.co.uk>

A TORQUAY father has shared his experience of the silent killer hepatitis C, as the Department of Health launches a new campaign to highlight the seriousness of the illness today.

Simon, 36, a student at Exeter University, says he contracted the disease as a result of 14 years of intravenous drug use, but he has since turned his life around.

The Department of Health today launched a new campaign to raise awareness about the illness. It is estimated about 100,000 people are unaware they have the infection.

Simon discovered he had the disease 10 or 11 years ago when he visited the doctor after using drugs intravenously and living a chaotic lifestyle.

"They were carrying out trials on people who had the natural anti-bodies for hepatitis C so I thought it would be a good idea to get tested because of the way I was living my life," says Simon.

Simon now has yearly blood tests and liver function tests at hospital and has had a liver biopsy as well as being offered Interferon treatment to combat his illness, but has decided to wait for new treatments to come out.

He says he has been luckier than some other people he knows who have the illness and that damage to his liver hasn't been too bad, but he urges people to get tested: "It is something which is damaging your liver whether you like it or not and sooner or later you are going to have to do something about it. Ignorance isn't bliss when you are dealing with hepatitis C."

Figures released today reveal that in the South West 53 per cent of people were unaware of life

saving treatment, one in two people would not get tested unless they showed symptoms, a quarter didn't realise that hepatitis C can cause serious damage to your liver and that it is spread through blood to blood contact.

Chief Medical Officer Dr Liam Donaldson said: "Around 100,000 people in England are estimated to be unaware they have hepatitis C.

"It can take years or even decades for symptoms to appear, if at all, and if left untreated can lead to liver damage and premature death."

100,000 unaware they have hepatitis C, poll suggests

<http://www.managementinpractice.com>

Around a third of people don't know how hepatitis C can be passed from person to person, according to new research commissioned by the Department of Health (DH), published today (26 January 2009).

The findings come as a major hepatitis C awareness campaign is launched to reach out to the estimated 100,000 people in England who are unaware they have the infection and stop others getting it.

A poll by ICM Research reveals that nearly one in four people don't know that hepatitis C can be passed on by sharing needles when injecting drugs, around four in 10 people don't know that they can catch hepatitis C by using unsterile equipment when getting a tattoo, piercing or acupuncture, one in eight think that hepatitis C can be passed on by kissing, and a third of respondents mistakenly believe there is a vaccine to protect against infection with hepatitis C.

Radio and press advertising will remind the public of life experiences that could have exposed them to infection such as injecting drugs or getting tattoos where equipment may not have been sterile. The campaign coincides with the 20th anniversary of the virus being identified.

Chief Medical Officer Sir Liam Donaldson said: "Around 100,000 people in England are estimated to be unaware that they have hepatitis C. It can take years or even decades for symptoms to appear, if at all, and if left untreated can lead to liver damage and premature death.

"Fortunately, effective treatment is available, so it's vital that people who may have been at risk of infection seek medical advice and get tested."

Charles Gore, Chief Executive of the Hepatitis C Trust said: "Twenty years down the line, it's worrying to see the public still believe so many myths around hepatitis C. Education is absolutely essential to eradicating this problem. We are pleased to see the DH campaigning on this issue, but it's now time for both the public and health professionals to take action."

DH

Government withholding blood scandal evidence

<http://www.guardian.co.uk>

Sarah Boseley, health editor

The Guardian

The government is accused of withholding documents that could be vital to uncovering how thousands of haemophiliacs became infected with hepatitis C and HIV through blood transfusions.

Although the Department of Health has handed over thousands of papers to an independent public inquiry chaired by Lord Archer of Sandwell, the MP Jenny Willott has discovered through a parliamentary question that 35 are being withheld, many on the grounds of commercial interest.

"It is appalling that after 20 years, the government is still withholding information on one of the biggest health disasters this country has ever seen," said Willott.

Archer's inquiry, which is expected to report within weeks, was set up after the government's persistent refusals to have one. Willott, who has haemophiliacs affected by the disaster in her Cardiff constituency, says the government ought to have given it official backing.

"Over three-quarters of those who contracted HIV through contaminated NHS blood are now dead," she said. "The surviving victims' health has been ruined and thousands of others suffer from the daily effects of hepatitis C infection. Yet the UK government has consistently resisted calls for an inquiry. How can the government put private companies' interests, dating back to the 1980s, ahead of the right of the infected and the families of the deceased to know how this dreadful saga was able to happen?"

"If the government had backed the independent Archer inquiry, the inquiry team would have had access to all the relevant information. Instead, potentially, crucial information will not be considered by Lord Archer. The Department of Health didn't even send anyone to give evidence to the inquiry.

"The government cannot hide from this issue forever. Hundreds of MPs from all parties support the surviving victims' right for justice and we will be picking up the mantle from Lord Archer when he reports in the next month."

Dan Farthing of the Haemophilia Society said: "By withholding vital evidence, the department are showing a profound lack of respect, not only to the inquiry and those who have given painful personal testimony to it, but to the thousands of families affected by the disaster. Commercial interests should not be put ahead of the effort to find out what went wrong, learn the necessary lessons and improve safety in the future. When the report is published we hope that the department will set aside its defensive approach and work constructively to address the injustices that have been highlighted."

More than 1,200 people were infected with HIV after transfusions of contaminated imported blood in the late 1970s and 1980s. Two-thirds are now dead. The Archer inquiry heard that there was a government target to end the importation of blood in the mid-1970s, but it was not met. Approximately 4,800 haemophiliacs were also infected with hepatitis C.

Want to get healthy? Exercise 7 minutes a week

www.reuters.com

By Michael Kahn

LONDON (Reuters) - Rigorous workouts lasting as little as three minutes may help prevent diabetes by helping control blood sugar, British researchers said on Wednesday.

The findings published in the journal *BioMed Central Endocrine Disorders* suggest that people unable to meet government guidelines calling for moderate to vigorous exercise several hours per week can still benefit from exercise.

"This is such a brief amount of exercise you can do it without breaking a sweat," said James Timmons, an exercise biologist at Heriot-Watt University in Edinburgh, who led the study.

"You can make just as big an effect doing this as you can by doing hours and hours of endurance training each week."

Type 2 diabetes, which affects an estimated 246 million adults worldwide and accounts for 6 percent of all global deaths, is a condition in which the body gradually loses the ability to use insulin properly to convert food to energy.

Very strict diet and vigorous, regular and sustained exercise can reverse type 2 diabetes, but this can be difficult for many people. The condition is closely linked to inactivity.

Timmons and his team showed that just seven minutes of exercise each week helped a group of 16 men in their early twenties control their insulin.

The volunteers, who were relatively out of shape but otherwise healthy, rode an exercise bike four times daily in 30 second spurts two days a week.

After two weeks, the young men had a 23 percent improvement in how effectively their body used insulin to clear glucose, or blood sugar, from the blood stream, Timmons said.

The effect appears to last up to 10 days after the last round of exercise, he added in a telephone interview.

"The simple idea is if you are doing tense muscle contractions during sprints or exercise on a bike you really enhance insulin's ability to clear glucose out of the bloodstream," Timmons said.

The findings highlight a way for people who do not have time to work out a few hours each week as recommended to improve their health, he added.

His team did not look for other important benefits to health that come from exercise, such as lowered blood pressure or weight control, but said another study had shown similar benefits to heart function.

But Timmons said getting people to exercise even a little could translate into big savings for health systems that spend hundreds of million of dollars treating diabetes.

(Reporting by Michael Kahn; Editing by Maggie Fox)

Eat less to remember more, study suggests

www.reuters.com

NEW YORK (Reuters Health) - Cutting calories may improve memory among healthy elderly men and women, a new study from Germany hints. In the study, researchers found that people who cut their calorie intake by approximately 30 percent performed better on standard memory tests after just three months.

"Our study may help to generate novel prevention strategies to maintain cognitive functions into old age," Dr. A. Veronica Witte and colleagues from University of Munster wrote in the latest issue of *Proceedings of the National Academy of Sciences*.

Animal studies have shown that diets low in calories and rich in unsaturated fatty acids - the kind found in olive oil and fish - are beneficial for brain function, helping to improve memory in aging rats.

To see whether the same effects can be induced in humans, Witte's team divided 50 normal- to overweight individuals whose average age was 60 years into three groups. One group restricted by up to 30 percent the amount of calories they consumed; a second group increased their consumption of unsaturated fatty acids by up to 20 percent; and a third group, serving as the control group, made no changes.

According to the investigators, the calorie-restricted group saw a significant 20 percent average increase in verbal memory scores after 3 months. In contrast, no significant changes in memory performance emerged in the two other groups.

The investigators also noticed that memory improvements in the calorie-restricted group correlated with decreases in insulin levels and "biomarkers" of inflammation in the body, and that these changes were most pronounced in those individuals who stuck closest to the prescribed calorie-restricted diet.

"To our knowledge, the current results provide the first experimental evidence in humans that caloric restriction improves memory in the elderly," Witte and colleagues note.

The results of this study, they add, "may help to develop new prevention and treatment strategies for maintaining cognitive health into old age."

SOURCE: Proceedings of the National Academy of Sciences, January 27, 2009.

Weight control program ups diabetics' well being

www.reuters.com

NEW YORK (Reuters Health) - People with type 2 diabetes show improvements in their physical and mental health-related quality of life after a year of participation in a weight management program, a report out this week in the *Archives of Internal Medicine* shows.

And those who were doing the worst at the study's outset showed the greatest increases in well being, Dr. Donald A. Williamson of the Pennington Biomedical Research Center, Louisiana State University in Baton Rouge and his colleagues found.

Williamson and his team had previously reported that participants in the 16-center Look AHEAD (Action for Health in Diabetes) trial lost 8.77 kilograms, on average, or 8.58 percent of their body weight, after a year in the program.

In the current study, they looked at how the intervention affected participants' quality of life related to health. Studies to date, the researchers note, have had mixed results on how lifestyle interventions affect obese people's health-related quality of life.

The 5,145 Look AHEAD trial participants were 45 to 74 years old at the beginning of the study. Williamson and his colleagues plan to follow them for up to 11.5 years.

Trial participants were randomized to a control group or a weight management program that included one individual and three group sessions for the first six months, during which participants replaced two meals and one snack with liquid shakes and meal bars.

For the following six months, the intervention included one individual and three group sessions per month, while study participants replaced one meal per day with a shake or meal bar. The program's aim was for people to lose at least 7 percent of their initial body weight and to exercise for at least 175 minutes more each week.

Control group participants attended three group sessions over the course of the year on nutrition, exercise and support.

After 12 months, the control group's physical health-related quality of life had gotten worse. But the intervention group showed significant improvements in their physical health-related quality of life and their mental health-related quality of life, as well as reductions in their scores on a test of depressive symptoms.

Participants with the worst scores in each of these three areas had improved the most 12 months later. However, the most obese individuals in the intervention group didn't show improvement in their physical health-related quality of life.

Further analysis found that weight loss, fitness improvements and reductions in physical symptoms accounted for some but not all of the increases in physical health-related quality of life.

This finding suggests that other factors, such as counseling, changes in the social environment or improved functional abilities, may be key variables that contribute to improved health-related quality of life that occurs with lifestyle modification and weight management in overweight and obese adults with type 2 diabetes mellitus, the researchers note.

Given that many people will likely regain at least some of the weight they lost, Williamson and his team adds, it will be critical to see if improvements in their health-related quality of life remain stable.

SOURCE: Archives of Internal Medicine, January 26, 2009.

Rights Ruling for Hep C Sufferer

<http://www.vocm.com>

The Human Rights Commission is heralding a recent decision involving a young woman who's struggle with drug addiction has brought her to public attention. Sonya Harvey filed a complaint against a local esthetics training centre, charging discrimination. The Board of Inquiry ruled that Harvey was discriminated against as a result of being diagnosed with hepatitis C. Human Rights Commission Executive Director Carey Majid says while it's not common, issues surrounding discrimination based on being diagnosed with a communicable disease do come up from time to time.

Majid says Harvey was refunded her tuition fee and a copy of the decision has been provided to the department of education in order to seek changes to the entry requirements for private training institutions regarding medical certification.

There may still be an appeal of the case. Sharon Woodford told VOCM Night Line with Ryan Cleary that Harvey withdrew from their aesthetics training program on the advice of her doctor. She says Sonya left on good faith that she could return when her treatment was finished.

Jan 28, 2009

Sweetheart Ball To Benefit Former Resident

<http://www.fultoncountynews.com>

By Chanin Rotz-Mountz STAFF WRITER

25th annual event scheduled for Feb. 14

Undergoing surgery in 1976, Eileen Hutzell was the recipient of a blood transfusion. The transfusion changed Hutzell's life forever as she was soon diagnosed with Hepatitis C. While the Hagerstown, Md., resident has been able to control the disease through healthier living choices, including acupuncture, massage and vitamins, the condition has worsened into a recent diagnosis of liver sclerosis.

The road to recovery has been long and difficult for Hutzell, a member of the local Beta Sigma Phi sorority and former Needmore area resident. Hutzell, 66, was forced to give up her bookkeeping job with a realty company last fall, and the youngest of four children recently moved back into Hutzell's McGregor Drive home to aid in her care.

According to Hutzell, the medical bills have already proven to be daunting and will likely increase in the event she is bumped up the waiting list at Johns Hopkins where she has been awaiting a liver transplant since June of 2008.

To help with her medical finances, sorority sisters at Beta Sigma Phi will be donating the proceeds from their upcoming Sweetheart Ball to Hutzell. The 25th annual event is scheduled for Saturday, February 14, at the American Legion, with hors d'oeuvres being served at 6 p.m. Dinner will follow at 6:30 p.m. Entertainment that evening will include dancing and an auction.

"It's been a humbling experience to find out how many great friends I have," said Hutzell, who added not only have her sorority sisters been of great assistance during her time of need but so has her church family in Hancock.

Any resident wishing to obtain tickets or more information for the Sweetheart Ball is asked to contact 717-485-5288 or 717- 573-4182.

Discovery Could Lead to a New Animal Model for Hepatitis C

www.newswise.com

Newswise — During its career, the potentially fatal hepatitis C virus has banked its success on a rather unusual strategy: its limitations. Its inability to infect animals other than humans and chimpanzees has severely hampered scientists in developing a useful small animal model for the disease. But now, in a breakthrough to be published in the January 29 advance online issue of *Nature*, Rockefeller University scientists have identified a protein that allows the virus to enter mouse cells, a finding that represents the clearest path yet for developing a much-needed vaccine as well as tailored treatments for the 170 million people across the globe living with the tenacious, insidious and rapidly changing virus.

By using a genetic screen, the group, led by Charles M. Rice, head of the Laboratory of Virology and Infectious Disease, identified a human protein, called occludin, that makes mouse cells susceptible to the virus. The discovery means that scientists now have the complete list of cellular factors — a total of four — that are required for the virus to enter nonhuman cells.

The hepatitis C virus exclusively targets human liver cells, suggesting that these cells express genes that allow uptake of the virus, genes that are not expressed in other human and nonhuman cells, explains Rice. In past years, three proteins — CD81, CLDN1 and SR-BI — were identified as having key roles in shuttling the virus into cells, but something was clearly missing. Rice's group found that even when they engineered mouse cells to overexpress all three proteins, the cells still denied the virus entry.

The discovery of occludin, however, has changed that. When Rice and his colleagues engineered mouse and human cell lines to express all four proteins, they showed that each cell line became infectible with the virus. To further establish occludin's role as a required entry factor, the group showed that human liver cells naturally express high levels of occludin, and that by silencing its expression, they could give these once highly susceptible liver cells the ability to completely block infection.

"You know, you sort of have to get lucky," says Rice, who is also Maurice R. and Corinne P. Greenberg Professor at Rockefeller. "You've got these three factors you know are important, but you could have 10 other human factors that could have been necessary for hepatitis C virus entry. This work shows that's not the case."

In their DNA screen, the team, including Alexander Ploss, a research associate in the lab, and Matthew J. Evans, currently at Mount Sinai School of Medicine in New York, first cloned all the genes that were expressed in liver cells and then delivered them to mouse cells. "Then, going through an iterative screening process, we honed in on the genes that made the mouse cells permissive," says Ploss, who spearheaded the project with Evans.

Since mice and humans each have a species-specific version of the four factors, the group used hamster cells to see which combination of factors did the best job at making the cells infectible. They found that in the case of two of the proteins, occludin and CD81, only the human versions worked; for SR-BI and CLDN1, the human and mouse versions did an equally good job. These experiments not only suggest that there may be more than one potential animal model, but also that there are several specific combinations of entry factors that could generate them.

"This work provides a clear foundation upon which we can now begin to construct an animal model for the uniquely human pathogen," says Rice. "This is only a first step but in terms of creating an animal model for hepatitis C, it's a big leap forward."

Jan 29, 2009

Hepatitis C won't wait

<http://www.torontosun.com>

Michele Mandel

People die while compensation administrator stalls

Martin Brook says the government is stalling on his compensation package after he contracted hepatitis C from a tainted blood transfusion.

The black hospital pager rests on the coffee table by his side, a messenger of hope he watches anxiously for news that a new liver has been found to replace the one dying inside him from hepatitis C.

These anxious hours are a time when Martin Brook should be concentrating on being as strong as he can be for his upcoming transplant. It's a time when he should be focusing on remaining positive and staying well.

Instead, the 62-year-old has spent the last 18 months in a frustrating odyssey of paperwork and endless doctors' visits to prove that he indeed contracted hepatitis C from a tainted blood transfusion more than 25 years ago and that he should be eligible for his promised share of the federal government's \$1 billion compensation package.

Meanwhile, the former federal civil servant is too sick to work and with their debts climbing, he and his wife are in dire financial straits. "They made a promise. This just shouldn't take this long," he says.

"Our nerves are fried," adds his wife, Bev Chapman, as she lights yet another cigarette. "They've had letters from three doctors and they're ignoring their findings. How are you supposed to prove this now?"

In 2006, Prime Minister Stephen Harper announced that Ottawa would compensate hepatitis C victims who contracted the disease through contaminated blood before 1986 and after 1990 -- people who had previously been excluded from a federal-provincial aid package announced in 1998.

It was finally a tacit acknowledgement that 5,500 hep C sufferers had become deathly ill because of inadequate blood screening.

For Brook, it was all because of an after-work baseball game. Hit by a bat that practically tore off his left ear, Brook was taken to emergency at the old Branson Hospital where he bled so profusely while waiting for the plastic surgeon, that he was given a unit of blood.

And back then, in the early 1980s, the blood supply was so compromised that one unit was all it took to unwittingly infect him with hepatitis C.

It would be more than 10 years before Brook discovered he had the disease.

By the time he was suffering liver failure and applying for compensation from the Ontario Hepatitis C Assistance Plan in 1999, no records could be found of his transfusion, perhaps because they had been misplaced in its merger with North York General or more likely, as the Ontario adjudicator decided, because records weren't kept of day surgery.

Citing "benefit of the doubt" and the fact that he had no other risk factors that would account for his condition, Ontario awarded Brook \$15,000 in compensation.

Now eligible for \$290,000 from Harper's package, he expected settling his claim would be just as straight-forward, especially because a clause acknowledged that it would be difficult to find hospital records after so much time and by law, they only need to be kept for 10 years. Instead, victims could present evidence from a medical practitioner that "more likely than not" they had received tainted blood.

But Crawford Class Action Services, appointed by the court to be the independent administrator of the compensation plan, continues to throw up roadblocks for Brook at every turn.

They want a letter from physicians who treated him at the time of his accident, but Brook's family doctor is dead and he has no idea who operated on him at Branson more than a quarter century ago.

Letters from Doctors

What he does have is a letter from Dr. S.V. Feinman of the Mount Sinai liver study unit where Brook was accepted in 1998 to receive Interferon treatment and who has stated that he was satisfied Brook "most probably" got hep C from a blood transfusion.

He also has a letter from his current family doctor as well as his liver specialist, all agreeing that Brook was not an IV drug user and that a transfusion was the cause of his disease. He has a letter from his cousin, also a doctor, who remembers Brook being injured in the baseball game and being given blood because he was going into shock.

Still, it's not enough. Do they really believe all these physicians are lying?

"They're covering their behinds pretty good," Brook says in frustration. "They just keep slamming the door."

A spokesman for Crawford would not speak to Brook's case or even respond to general questions. Instead, she insisted all information must come from their website.

Going there is hardly comforting. As of May 2, 2008, they had received 1,664 completed claims and had approved or paid only 45% of them, to the tune of \$100 million. That's hardly an exemplary record.

Meanwhile these people are slowly slipping away. In the summer, a Windsor hepatitis C activist died just weeks after she'd been turned down by Crawford. They told her she wasn't sick enough to qualify for federal compensation.

Now Brook, as he waits for that beeper to sound, is being sent from doctor's office to doctor's office in a seemingly endless quest to satisfy their insatiable demands.

And while Crawford stalls, hep C victims like Brook die, and conveniently fall off their list.

Barbers reuse razors: Health Unit

<http://lfpres.ca>:

By John Miner, Sun Media

Anyone who had their neck, face or sideburns shaved at a barbershop in London and Middlesex County is being asked to contact the health unit and their barber after inspectors found some barbers reusing razor blades.

Although the risk is low, re-using razor blades carries the possibility of transmitting blood-borne infections such as HIV, hepatitis B and hepatitis C, the health unit said.

Associate medical officer of health Dr. Bryna Warshawsky said people should ask their barber if they ever re-used razor blades when they were a customer at the shop.

If the re-use of razor blades is suspected, the health unit is recommending individuals have their blood tested now and in six months.

"Check with your barber and then check with us and together we can help make a risk assessment to see if testing is needed," said Warshawsky.

Information on the health inspections can be obtained by calling 519-663-5317 ext. 2330.

The health unit inspected 30 barbershops in the city and county and found a variety of practices, Warshawsky said.

The majority followed proper procedures, but others weren't aware they shouldn't reuse razor

blades. Some were taking steps to disinfect the blades that the health unit did not consider sufficient, Warshawsky said.

If someone is not confident with assurances from their barber, the safest thing is to be tested, she said.

“In the interim we are advising people to use safer sex precautions and not share razors and scissors in the very unlikely chance they are infected,” Warshawsky said.

In order for someone to be infected from a razor blade, the blade would have had to be used to shave someone who was infectious.

Then whatever disinfection method was being used would have to fail to remove the virus. Finally, the virus would have to enter the skin of the individual through a cut or opening.

“That is a chain of events that can happen, but is unlikely to happen,” said Warshawsky.

For people being shaved at a barbershop, the health unit advises customers to ask if a new blade is being used.

“Ask to see that the blade is actually being put on in front of you and that it is a new blade taken from a fresh package,” said Warshawsky.

Jan 30, 2009

Study supports early initiation of HIV treatment by HIV/hepatitis C co-infected patients

www.aidsmap.com

Michael Carter

Early initiation of HIV treatment can help prevent liver damage in HIV/hepatitis C co-infected patients, French investigators report in the February edition of the *Journal of Acquired Immune Deficiency Syndromes*. The investigators suggest that, in co-infected patients who have not responded to treatment for hepatitis C, “early highly active antiretroviral therapy may help to protect the liver”.

The study adds to a growing body of research suggesting that HIV treatment can help reduce the risk of liver-related illness and death in co-infected patients. Current UK HIV treatment guidelines state that co-infected patients should be encouraged to start treatment when their CD4 cell count is in the region of 350 cells/mm³. A separate Danish study reported here on aidsmap.com showed that the preservation of a functioning immune system reduced the risk of liver-related death for co-infected patients to such an extent that it was no different to that seen in patients only infected with hepatitis C.

Liver disease is now a leading cause of death in HIV-positive patients co-infected with hepatitis C. Before HIV treatment became available, hepatitis C co-infection was associated with the rapid progression of liver fibrosis (hardening of the liver) and cirrhosis (scarring of the liver).

There is debate about the impact of HIV treatment on the progression of liver disease in patients co-infected with hepatitis C, and therefore French investigators designed a retrospective study involving 395 co-infected patients to examine the progression of liver disease in co-infected patients in the era of effective HIV treatment.

All the patients had had a liver biopsy that showed at least mild liver fibrosis and had a CD4 cell count above 200 cells/mm³. None of the patients had taken antiretroviral treatment in the three months before entry to the study.

The patients were divided into two groups according to the extent of fibrosis they had developed. The first group included 286 patients who had less severe fibrosis (stages 1 and 2); the second, 109 individuals with more advanced fibrosis (stages 3 and 4).

Liver biopsies were performed on the patients an average of seven months before entry to the study. HIV treatment was started by 297 patients (75%) before or at the time of liver biopsy.

In the first set of statistical analysis, the factors associated with more advanced fibrosis were:

- Older age.
- Treatment with anti-HIV drugs.
- Longer interval between HIV diagnosis and starting HIV treatment.
- Longer duration of HIV treatment.
- Taking a nucleoside reverse transcriptase inhibitor-based (NRTI) HIV-treatment combination.
- Treatment with 3TC (lamivudine, Epivir).
- Steatosis (fatty liver).

However, in multivariate analysis that controlled for possible confounding factors, the researchers found that only two factors were associated with severe fibrosis: the interval between HIV diagnosis and starting HIV treatment (for each year, odds ratio 1.084, 95% confidence interval [CI], 1.029-1.143, $p = 0.025$) and having a fatty liver (odds ratio, 1.912, 95% CI, 1.179-3.102, $p = 0.0086$).

“The interval between diagnosis of HIV infection and initiation of antiretroviral therapy was significantly longer with significant fibrosis”, comment the investigators.

They note, however, that these patients with more advanced fibrosis were more likely to be HIV treatment-experienced and to have received anti-HIV drugs for longer than individuals with less advanced fibrosis.

“This suggests that it is not the prescription or duration of highly active antiretroviral therapy that protects from hepatic fibrosis but, rather, its early initiation after diagnosis of HIV infection,” add the investigators.

Reference

Bani-Sadr F et al. Does early antiretroviral treatment prevent liver fibrosis in HIV/HCV coinfecting patients? *J Acquir Immune Defic Syndr*: 50 234-36, 2009.

Pitt Receives \$11 Million From NIH To Coordinate Hepatitis B Clinical Research Network

<http://www.medicalnewstoday.com>

The National Institute of Diabetes and Digestive and Kidney Diseases has awarded a seven-year \$11 million grant to the University of Pittsburgh Graduate School of Public Health to coordinate the Hepatitis B Clinical Research Network - a consortium of 15 clinical and research centers in the U.S. and Canada that will conduct translational research on hepatitis B.

The network will include a multi-site treatment trial, create and maintain a large database of study results and store tissue and serum samples to facilitate clinical and basic research.

Hepatitis B is an infection that affects the liver. About 1.5 million Americans and 350 million people worldwide have chronic hepatitis B infection, which can lead to more serious diseases such as cirrhosis, liver failure and liver cancer.

"Medical advances have led to many treatments for chronic hepatitis B infection and most patients respond to them," said Steven Belle, Ph.D., principal investigator of the data coordinating center and professor of epidemiology, University of Pittsburgh Graduate School of Public Health. "However, these treatments do not cure the infection, but contain it by making it more difficult for the virus to reproduce."

Many patients need to stay on therapy for a long time, he added. And when treatment is prolonged, the virus can become resistant, making further treatment ineffective.

"We don't know why treatment works better for some patients than others, and we cannot accurately predict who may go on to develop liver abnormalities," said Dr. Belle. "But with the interdisciplinary expertise within the network, we hope to learn more about the immune changes that occur with hepatitis B infection and make inroads to finding a lasting cure."

Co-investigators on the grant include Abdus Wahed, Ph.D., Michael Nalesnik, M.D., Obaid Shaikh, M.D., and Robert Squires, Jr., M.D., all with the University of Pittsburgh.

The network also includes Harvard University, Johns Hopkins University, Mayo Clinic, Saint Louis University, University of California at Los Angeles, University of California at San Francisco, University of Michigan, University of North Carolina at Chapel Hill, University of Pennsylvania, University of Texas Southwest, University of Toronto, University of Washington, Virginia Commonwealth University, the Centers for Disease Control and Prevention and the National Institutes of Health.

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Mark Your Calendars: The Race Is On!

<http://www.fool.com>

By Brian Orelli

The marathon race to bring the next hepatitis C drug to the market is coming to a close. In the last couple of weeks, both Schering-Plough (NYSE: SGP) and Vertex Pharmaceuticals (Nasdaq: VRTX) have announced that their phase 3 trials have finished enrolling patients.

That means investors can pretty much guess when data from the trials should be available. The timetable for hepatitis C trials is pretty clear, unlike cancer drugs, where the trials often conclude when enough events, like deaths or progression of the disease, have taken place, which makes the timing of their conclusion somewhat unpredictable. For instance, the results of Dendreon's (Nasdaq: DNDN) prostate cancer treatment Provenge are now expected a few months earlier than originally planned.

Almost there

Schering's Sprint-2 trial testing boceprevir and Vertex's Illuminate trial testing telaprevir have a maximum of 48 weeks of treatment and a 24-week follow up to see if the virus has been eradicated, so the subjects that just started treatment now should be done in about 17 months. Add a month or two to process the data, and investors should get results before the end of the summer next year.

Both companies are also testing the drug in patients who have failed the current treatments: Roche's Pegasys and Schering's Pegintron. Vertex is expecting final data from a phase 2 trial, confusingly called Prove 3, in the first half of this year. It's still a possibility that the company could file a marketing application with just that data given the unmet need, but the company needs to see the data and discuss it with the Food and Drug Administration first. If it can get approved with the phase 2 data, great -- Vertex would likely be first to market. But if that doesn't work out, it has a backup plan with a phase 3 trial that is expected to be fully enrolled this quarter. Schering's phase 3 trial for treatment-failure patients concluded enrollment last November.

Watch your back

Telaprevir and boceprevir are the two drugs getting the most attention, but Vertex and Schering aren't the only ones developing drugs to fight hepatitis C.

There are two drugs in development that are hoping to upstage the current treatment (Pegasys and Pegintron). Human Genome Sciences' (Nasdaq: HGSI) Albuferon has already proven itself as effective as Pegasys in treating patients infected with the easier-to-treat genotype 2 and 3 virus. Investors should find out in March whether it's effective against the harder-to-treat genotype 1 infection. Fortunately, Albuferon only has to prove that it's as effective as Pegasys to get approved since the drug is dosed half as often.

ZymoGenetics' (Nasdaq: ZGEN) PEG-interferon lambda is farther back in the clinic -- it recently completed a phase 1 trial -- but the drug is showing a lot of promise. So much promise, in fact, that Bristol-Myers Squibb (NYSE: BMY) licensed the drug for \$105 million upfront and another \$1 billion in milestone payments if the drug is successful in the clinic, approved by regulatory authorities for various indications, and reaches sales goals. For a phase 1 drug, that high price tag says a lot about how much potential Bristol-Myers thinks the drug has.

There are also other drugs set up to be used with the current treatment's pegylated interferons, rather than replace them. Roche, InterMune (Nasdaq: ITMN), and Pharmasset all have drugs that

are further behind telaprevir and boceprevir, but hope to prove superior by the time they conclude their phase 3 trials.

A long road

Hepatitis C is clearly a large market -- Pegintron and Pegasys combined for around \$1.7 billion in sales through the first nine months of last year. The first company to hit the market with a new drug will have a clear advantage, but it doesn't look like it'll last for very long. In the drug world, there's always someone on your tail.