

# 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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## ***Haemophilia patients infected with Hepatitis C and HIV 'should be compensated'***

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

by Rebecca Smith, Medical Editor

*Haemophilia patients infected with Hepatitis C and HIV through infected blood should receive compensation, an inquiry will say.*

Thousands of patients with the bleeding disorder haemophilia have been exposed to successive viruses through treatment with clotting products made from donor blood and 1,757 have since died.

An independent inquiry, chaired by former solicitor general Lord Archer of Sandwell, is due to report on Monday into the contamination of blood and products made using blood.

In the 1970s and 1980s blood derivatives were sourced from within the UK and from the USA where donors were paid and often funded their drug habit through the payments. Blood was later found to be infected with Hepatitis C and later HIV and thousands became infected through using the products.

Successive governments have failed to acknowledge any fault and compensation has so far been limited to 'ex gratia payments', Lord Archer of Sandwell said at the opening of the inquiry in March 2007.

The inquiry is expected to recommend that further compensation payments be made to those who have contracted viruses and the families of those who have since died.

The report will also point to the new danger to haemophiliacs of vCJD as they may have been given products contaminated with the human form of mad cow disease before the 1998 ruling that all clotting factors should be sourced from outside the UK.

Earlier this week the Health Protection Agency confirmed the death of the first haemophiliac to have contracted vCJD from contaminated blood although this did not cause his death. The donor died six months after giving blood in 1996.

All patients with bleeding conditions were told in 2004 that they were at risk of having contracted vCJD from contaminated products that were administered between 1980 and 2001.

The inquiry was set up by Lord Morris of Manchester, who is president of the Haemophilia Society, who has fought for better treatment of patients infected with contaminated blood products for a number of years.

Former health minister Dr Lord Owen has given evidence along with patients, doctors and advocates.

In 1998 the Department of Health announced that plasma for clotting factors would be sourced

from outside the UK and synthetic products were introduced for all patients in Scotland and Wales, but these were restricted to children under 16 only in England.

One of the patients who contracted hepatitis C through infected products, campaigner Peter Mossman, said: "I hope the inquiry will draw a line under this. We are all tired and what it over with."

The patients gave evidence that they have faced financial hardship since becoming infected with many becoming too ill to work and they have argued they cannot get health insurance because of their condition.

### ***Health District Wants Power to Protect Patients***

<http://www.lasvegasnow.com>

Edward Lawrence

When more than 100 cases of hepatitis C were linked to two Las Vegas medical centers last year, it became the largest outbreak of the disease in the United States. Nevada lawmakers want to give health officials more legal muscle when it comes to dealing with these kinds of situations.

The outbreak involved the Endoscopy Center of Southern Nevada on Shadow Lane and the Desert Shadow Endoscopy Center on Burnham Avenue which potentially exposed nearly 60,000 people to the blood-borne illness by reusing syringes and failing to properly clean medical equipment between procedures.

(Dr. Dipak Desai who is accused of using the unsafe practices has been ordered to have an independent medical evaluation)

The Southern Nevada Health District uncovered the unsafe practices but did not have the authority to close the clinics. Lawmakers, who will meet on Saturday for a public hearing, want to change that. They are reviewing three proposed bills. Among other things, the bills would give the health district the authority to close a medical business if there is a potential danger to patients. Ultimately, in the hepatitis C case, it was the city that pulled the business licenses of the medical clinics and that took weeks.

In addition, when it came to fines, the State Bureau of Licensure could only fine the center a maximum of a few thousand dollars for putting all of those patients at risk. The new bills would give local health districts more teeth in levying fines and making doctors pay for the investigation or any patient treatment.

"We need to make changes so that we can prevent this kind of event from happening again as well as improve our ability to take action when we discover that," said Lawrence Sands, SNHD Chief Medical Officer.

The all day public hearing takes place at the Grant Sawyer building.

## ***Newspaper With a Heart: Liver Disease Raised Need for Assistance***

By Eric Pera  
*THE LEDGER*

LAKE ALFRED | By the time DeWayne Oaks was diagnosed with hepatitis C, his liver was shot. That's the insidious nature of the infection. Destruction can go unnoticed for decades, until it's too late.

Confronted with the frightful diagnosis in 2006, Oaks, a trucker from Lake Alfred, sought medical treatment through the Veterans Administration. He spent the next few years in declining health and it cost him his job.

Despite monetary assistance from friends and relatives, Oaks and his wife, Barbara, who stocks shelves at Wal-Mart, find themselves unable to meet expenses, prompting a request for help through The Ledger's Newspaper with a Heart program.

Now in its 40th year, the Heart program gives families and individuals in crisis the assistance to weather a short-term financial storm. The stories reflected in the newspaper represent only a fraction of those who receive help made possible by contributions from generous donors.

Oaks, 55, finally got a new liver just a few days after Christmas, but by then he and his wife were deep in debt and facing foreclosure on their home. To buy time, relatives and friends raised nearly \$8,000, said Oaks, but it wasn't enough.

With the Heart program's further assistance with household expenses, Oaks said he can make it through the next few months of recuperation from his liver transplant, then go back to work for R&L Carriers.

"I was making good money, \$800 to \$900 a week," Oaks said of his freight delivery days, driving an 18-wheeler on daily runs to the Cocoa Beach area, leaving at 7 a.m. and returning by 7 p.m. "I was pretty big," he said. "I could handle my own, I got my gym workout at work. But now it's hard for me to lift anything."

### **TRACED TO VIETNAM**

Oaks traces his illness to his days as a tractor driver aboard the aircraft carrier USS Enterprise, helping launch and land aircraft from the waters off Vietnam between 1971 and 1973, when he left the Navy.

Oaks said he's not sure how he contracted hepatitis C, a virus that attacks the liver, but Vietnam veterans do have a higher than normal incidence of the disease, according to the Hepatitis Research Foundation.

Exposure to tainted blood either through direct contact or by way of infected needles is a contributing factor.

Another sobering statistic: As many as 10,000 Americans die each year from the disease, while

another 1,000 are saved annually through liver transplants. Roughly two-thirds of those infected never experience early symptoms such as fatigue, muscle aches and nausea.

In Oaks' case, it began with a sharp pain in his side, which turned out to be a symptom of cirrhosis, which led to the discovery of hepatitis C. For two years the VA doctors kept Oaks somewhat stable through medications, he said, but his condition and the pain worsened.

Too weak and disoriented to continue driving for a living, Oaks took advantage of the Family Medical Leave Act and stopped working in September. He said he was counseled to drop medical coverage through the VA so that he might increase his chances for a liver transplant.

"They told me it was because of all the red tape and bureaucracy in Washington" that veterans who use the VA wait longer for a transplant, Oaks said.

So in October, using his employer-based health policy, Oaks was able to obtain the services of LifeLink Foundation and Tampa General Hospital. There was more testing, medications and a diet of mostly leafy greens, chicken and fish.

And then on Dec. 27 at 3:30 a.m. he got the first phone call from LifeLink.

The Oaks jumped in their car and drove to the Tampa hospital, only to learn a few hours later that the donor kidney did not pass the scrutiny of his doctors. The Oaks were sent home.

"It didn't bother me too much," Oaks said. "I wasn't really ready, I was so nervous. You don't realize the emotions you go through. When they said go home I could kind of calm down."

He and his wife said that hospital staff raised hopes for a second chance by mentioning that the traffic death rate rises during the holidays, because more people are drinking and driving. And while they're not certain of the circumstances, the Oaks were back at TGH the next evening. By 8 p.m. Oaks was under the knife.

"That liver transplant just changed my life," he said. "The pain is gone."

### ***Doctors arrested in India after hepatitis kills 36***

<http://news.scotsman.com>

Authorities in western India have arrested eight doctors for alleged medical malpractice after a hepatitis B outbreak killed at least 36 people, officials said.

At least 100 others in the Modasa district of Gujarat state have been infected with the virus in the past two weeks and are undergoing treatment, state Health Minister Jaynarayan Vyas said.

The doctors have been charged with malpractice for using the same syringe on multiple patients, negligence and improper disposal of medical waste, regional deputy superintendent of police K.K. Mysorewala said late yesterday.

If convicted, they could face between two years and life in prison.

Hepatitis B is a liver disease that can lead to liver damage and cancer.

It is spread through infected blood, semen and from using contaminated needles. It can be prevented through vaccination.

Mr Vyas said a mass immunisation drive has been started in Modasa following the outbreak.

Health care in India is often dismal, especially in small towns and villages. Public hospitals and clinics are frequently filthy, overcrowded and poorly equipped.

### ***Man 'murdered' by contaminated blood***

<http://news.scotsman.com>

David Fielding believes his older brother was "murdered" by the health system that allowed him to become infected with HIV from contaminated blood.

Both brothers suffered from haemophilia and both contracted deadly viruses from blood transfusions that were, ironically, intended to save their lives.

Mr Fielding, 53, from Bolton, Greater Manchester, was infected with hepatitis B and C, and his life has been plagued by ill health.

But he considers himself lucky compared to his brother, who died in 1990 at the age of 46, having learnt he had HIV five years earlier.

Mr Fielding says: "Even now, 19 years on after his death, what he went through mentally, I don't want to contemplate."

He adds: "My family believe my brother was murdered, and I stick by that."

Mr Fielding gave evidence on the first day of the Archer inquiry into the blood contamination scandal and attended every subsequent hearing.

He was determined to see the truth about what happened come to light after many years in the shadows.

"I still can't deal with things unless there's some form of justice for my brother and for what my family's gone through," he said.

"This has affected thousands of people. You're looking at widows, children, mums, dads – we're talking about babies who are infected."

Mr Fielding said he was not offered any counselling when he was told he had hepatitis C in 1993.

"I was told to go home and lead my life, that there was nothing to worry about at all."

But there was plenty to worry about – as a result of his hepatitis he developed cirrhosis of the

liver and by October 1998 he urgently needed a transplant.

Just before the procedure he married his wife in Manchester Royal Infirmary, fearing he would not survive.

He recalled: "I just didn't think I was going to make it, and I had three young kids.

"A week later I was on the operating table undergoing a transplant. I just deteriorated that quickly.

"But I'm here 10 years on to tell my story."

Mr Fielding is very grateful for his liver transplant, saying it has meant he was able to see his children grow up.

His daughter is now pregnant and he is looking forward to seeing his first grandchild.

But he has had to give up his work as a watch and clock repairer because of health problems, and he believes there should be more compensation for those who suffered in the blood contamination scandal.

"I don't think I will be here in five or ten years' time. I need to make sure that my children are going to be OK," he said.

He hopes that the conclusion of the Archer inquiry will bring a form of closure for "a bad chapter of our lives".

"People tried to cover up this story. Everybody hoped we would go away, but we're resilient people, haemophiliacs," he said.

**Feb 23, 2009**

### ***Routine tests may not totally rule out hepatitis, HIV***

<http://timesofindia.indiatimes.com/>

CHENNAI: While scores of people have died in Gujarat due to hepatitis in over a week, a city-based blood bank has found that the regular tests for HIV, hepatitis B and hepatitis C or HIV prescribed by the government may not be foolproof.

"We did both the ELISA test prescribed by the government and the advanced Nucleic Acid Testing (NAT) test with every donation. Three samples of donor blood tested negative for the mandatory tests but tested positive for Hepatitis B after NAT. Two of these three donations also tested positive for Anti HBc (total), indicating past exposure to Hepatitis B virus. We have prevented a potential transfusion associated with Hepatitis B in as many as nine patients, as each unit of blood is separated into three components," Jeevan Blood Bank chairman Dr P Srinivsan said on Thursday.

The core antibody to Hepatitis B (Anti HBc Total) is positive in 10 - 12% of population suggesting they were "exposed" to the virus at some point in their life. But they remain negative

for HBsAg as they have no symptoms or signs. "Hence by the current testing practices followed in the blood banks they remain undetected. These people transmit the virus to the recipient, when blood donated by them is transfused and the recipient shows symptoms. Unfortunately, we don't have a look back programme in this country for data on number of patients who come back with infections," he said.

"Ensuring blood safety and prevention of transfusion-associated infections is the responsibility of all stake holders of health care delivery system. When an effective technology is available for prevention of a disease which could harm a life, it is the responsibility of blood banks to upgrade themselves. In the absence of NAT, the only option that was available to blood banks to prevent transfusion associated Hepatitis B was to do Anti HBc (total) test on all blood donations and reject the blood units that were positive," said the bank's medical director Saranya Narayan.

According to chief pathologist Dr Vinod Kumar Panicker, who heads blood bank at the Sri Ramachandra University, the window period in case of hepatitis B is reduced to 34.5 days against more than 40 days in the conventional test and to less than a week in cases of HIV and hepatitis C. "We are doing NAT tests for the last one week. Technically we know its a safer method," he said.

Rejection of Anti-HBc (total) positive blood accounts for a loss of around 10% of blood donations and a financial loss of approximately Rs 12, lakh every year to a blood bank collecting 10,000 blood donations. In addition, over 1000 blood donors are asked not to donate blood again.

Urging the authorities for a revision in safety norms, Dr Srinivasan said: "Safety is ignored citing an additional cost of approximately Rs 600 per blood component. It translates to an additional expense of Rs 1,800 for a common surgical procedure which is often a one-time event in someone's life. In any case, the amount is cheaper than a cost of bottled water a health conscious person spends for a year."

### ***Study may lead to new tests for liver toxicity***

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

By Julie Steenhuisen

CHICAGO (Reuters) - Small fragments of genetic material in the blood may offer an early-warning sign that drugs are causing harm to the liver, U.S. researchers said on Monday.

Researchers at the Institute for Systems Biology, a research organization in Seattle, found that tiny bits of genetic material known microRNAs helped to accurately predict which mice had been given a toxic dose of the painkiller Tylenol, known generically as acetaminophen or paracetamol.

"It is a possibility that these microRNAs will be a very important biomarker not only for drug-induced liver injury, but for many different types of diseases," said Dr. Leroy Hood, whose study appears in the journal Proceedings of the National Academy of Sciences.

Liver toxicity is a common side effect of many drugs, Hood said. But doctors often lack a quick, easy blood test to detect toxicity before it causes serious harm.

"In this study, what we did was to look at normal animals and animals that were poisoned with acetaminophen," he said.

Next, they checked for levels of tiny bits of RNA in the blood that appeared in higher concentrations in the first 48 hours of acetaminophen poisoning.

"We found a relatively large number of microRNAs that changed in accordance with the liver toxicity," Hood said.

They found many of the microRNAs originated in the liver and made their way into the blood, suggesting they might be useful as a blood test.

Hood thinks the biomarkers might be useful as a way of testing whether a drug is causing harm to the liver.

"I think it could be used for any kind of drug-induced liver toxicity," he said.

Hood said he hopes the biomarkers eventually will become part of the process for all drugs undergoing safety screening while being considered for approval by the U.S. Food and Drug Administration.

(Editing by Sandra Maler)

**Feb 24, 2009**

### ***BRIEF: \$250,000 Approved for Officer's Liver Transplant Treatment***

<http://www.istockanalyst.com>

By Warren Fiske, The Virginian-Pilot, Norfolk, Va.

Feb. 23--RICHMOND -- A Smithfield policeman who contracted Hepatitis C in a 1988 attempt to save an infant's life was awarded \$250,000 by the General Assembly on Monday

Beach, 52, has developed grave liver problems and is on a national waiting list for a transplant, for which his health insurance would pay.

The state money would pay for 10-years worth of organ anti-rejection drugs.

HB2243 passed with unanimous votes in the House and Senate.

**Feb 25, 2009**

### ***Hepatitis C: be aware***

<http://www.healthcarerepublic.com>

GP Dr Dylan Phillips and Shabana Begum, a hepatitis C patient determined to clear the virus, give their two individual perspectives on fighting this blood-borne infection.

**Dr Dylan Phillips, GP**

**What's the profile of your 'average' patient?**

Hepatitis C doesn't discriminate and anyone can become infected if they're exposed to it. Since hepatitis C infection doesn't usually cause symptoms for many years, the challenge for us as healthcare professionals is to identify those at risk of infection and offer testing, as effective treatment is available.

**What initially triggers you to test for hepatitis C?**

We try to identify whether a patient may have ever been at risk of hepatitis C infection. We would recommend the patient be tested if they have ever: injected drugs; had a tattoo or piercing using unsterilised equipment; received medical or dental treatment abroad where unsterile equipment may have been used or received a blood transfusion before 1991 or a blood product before 1986.

**How do you manage initial reaction and shock?**

It's important to consider a support network for the patient at an early stage. It may be useful to direct them to local and national support services. The Hepatitis C Information Line (0800 451 451) gives patients information about hepatitis C transmission, testing, diagnosis and treatment. The Hepatitis C Trust Helpline (0845 233 4424) is staffed by people who have experience of hepatitis C and provides support for those diagnosed.

**What lifestyle changes do you recommend?**

Reduction or total abstinence from alcohol and advice on safe sex. Also, if the patient is overweight, we would look at ways in which we can support weight reduction.

**What are the key challenges in managing the process from diagnosis to treatment?**

It's vital to make sure that the patient has all the support they need to attend their appointments, whether they are at the surgery or the hospital. Patients often need help and encouragement to do so.

**Has your experience in treating patients with hepatitis C altered your outlook towards testing more at risk patients?**

Yes, we definitely test much more widely now as outcome of treatment is now so much better. The effective treatments for hepatitis C that are available mean that on average over half of those accessing treatment will be cured. Different strains of the virus are more responsive than others, but early diagnosis can significantly help a patient's chance of recovery.

**Shabana Begum, Hep C Patient, 41****How did you become infected with hepatitis C?**

I believe that I was infected with hepatitis C whilst undergoing medical treatment in Pakistan, where I lived as a young woman in the 70s.

**When were you diagnosed?**

I was one of the few people who actually experienced any symptoms. In 2004, I wasn't feeling very well generally. I didn't have much energy at the time and so I went to my GP who conducted a series of tests, which told me that I had hepatitis C.

**What treatment did you undergo?**

After a combination of pegylated interferon alpha and ribavirin for 6 months, I managed to clear the virus.

**After diagnosis, how did you initially cope with the shock and stigma that surrounds hepatitis C?**

I was really upset at first, I instantly thought my life was going to come to an end. Also I did experience a lot of stigma from my community, but I never hid the fact that I had the virus.

It was recommended that I go to a support group called the Peacock Project. It was really helpful for me to meet other people with hepatitis C, and to meet other people who were undergoing treatment.

**How vital was the relationship between yourself and your GP in helping you come to terms with the diagnosis and treatment?**

My GP was very supportive through diagnosis and he helped me deal with the side effects of the treatment. He always made time to sit down and chat with me, which was a real help through the tough times.

**What message would you like to send to GPs about the importance of raising awareness of hepatitis C?**

Be open-minded about who you test. Being aware of hepatitis C can save your patient's life. Also, being diagnosed with hepatitis C and undergoing treatment can be really tough so GPs need to realise how important it is to offer support.

***Nurse gets award for Hep C work***

<http://www.canada.com>

By Derek Spalding, *Daily News*

*Support services aim to dispel fear and embarrassment*

Fran Falconer lies in bed at night thinking about the meticulously organized green files she keeps back at her office. She has one file for each of the 700 hepatitis patients treated since 2001.

The Hep C support nurse remains passionate about her work even after 14 years of dedication. To honour Falconer's effort, the Canadian Association of Hepatology Nurses is giving her the clinical practice award, recognizing excellence in hepatology care.

Falconer did her registered nurse training 32 years ago, back when in-hospital training was the only accepted method. She has spent the last 14 years focused on Hep C, treating patients and helping them get over the negative stigma surrounding the disease. In 2008, she went back to the classroom when she enrolled in the nursing program at Vancouver Island University.

She needs to do the courses to move on to her master's degree.

The award recognizes her innovation in delivering care, her commitment to evidence-based best practices, and her leadership.

"I'm really thrilled," she said. "It's a really huge honour for me, especially because it comes from my peers."

Falconer got into Hep C support more than a decade ago when she saw an increase of people asking for treatment.

Embarrassed, she did not know what to tell them, she explained from her office at the Beaufort Communicable Disease Clinic.

"I could see the fear in their eyes and I had no idea," she said.

The research began and the registered nurse found a focus. Her office sees about 100 people every year and the number continues to grow.

Falconer has long been trying to eliminate the negative stigma. People should not be ashamed of the disease that infects 170 million people around the world, 250,000 of those in Canada.

Of those infected, only about 11% receive treatment, she said this week and that low number often stems from the embarrassment people feel.

The statistics get even more severe in B.C. where 85 people for every 100,000 people are diagnosed with Hep C, twice the rate of the rest of the country. Hepatitis C is a blood-borne disease that primarily targets the liver, causing inflammation, which can lead to fibrosis -- scarring.

Too much scar tissue can then lead to cirrhosis of the liver making people susceptible to liver cancer.

Not everyone will have Hep C symptoms, but people can carry the disease for decades before it attacks their system.

With just one more course left to complete her bachelor's degree in nursing, she looks forward to getting started on that MA. In the meantime, she continues to dispel the myths and misconceptions about Hep C.

More common risk factors for getting infected with Hepatitis C are intravenous drug use, blood transfusions, snorting cocaine, tattoos and body piercings, but lesser known means for spreading the disease are sharing of razors, toothbrushes, scissors and nail clippers, or any other equipment which could be contaminated with blood.

Hepatitis C cannot be spread by hugging, kissing or shaking hands or by means of food or water.

To collect her award, Falconer heads to Banff on Thursday for the CAHN annual conference.

## ***Liver Tumors Associated With Metabolic Syndrome Differ From Other Tumors***

<http://www.sciencedaily.com>

ScienceDaily (Feb. 25, 2009) — Liver cancer in patients whose only risk factor is metabolic syndrome has distinct forms and structures compared to other liver tumors.

Cancer of the liver, also known as hepatocellular carcinoma, is the fifth most common type of cancer in the world. It is increasing in incidence, largely due to the spread of hepatitis C. Its growing prevalence may also be related to the rise of obesity and type-2 diabetes, which are associated with non-alcoholic fatty liver disease (NAFLD). However, liver cancers associated with NAFLD have been poorly described.

Researchers, led by Valerie Paradis of Beaujon hospital in Paris, decided to analyze a series of liver cancers which arose in patients whose only risk factor for chronic liver disease was metabolic syndrome. They compared their findings to the characteristics of hepatocellular carcinomas that developed in the setting of other chronic liver diseases.

Their retrospective analysis included 128 patients in their hospital who had undergone surgery to remove a liver tumor between 1995 and 2007. Of these, 81 patients had an overt cause of chronic liver disease (CLD), like hepatitis B or hepatitis C. Thirty-one patients had features of the metabolic syndrome (MS) as their only risk factor. And sixteen patients had no identifiable risk factors.

“Most hepatocellular carcinoma associated with features of metabolic syndrome as the only risk factor for chronic liver disease develop in non-fibrotic liver,” the authors report. They found that just over 35 percent of liver tumors in these patients occurred in bridging fibrosis or cirrhosis, compared to 75 percent in the patients with chronic liver disease.

“Our results suggest that well-recognized multistep progression, i.e. fibrosis-cirrhosis-HCC, may not be the main carcinogenic pathway in the context of metabolic syndrome,” they write. They suggest that the metabolic syndrome itself could have a direct cancer-causing effect, perhaps through the effects of insulin, lipid peroxidation or free radical oxidative stress.

They noted that most tumors arising in the context of the metabolic syndrome were well differentiated – nearly 65 percent compared to 28 percent in the patients with chronic liver disease. These tumors were more similar to those in patients with tumors from unknown causes, which also had better differentiation and a low prevalence of significant fibrosis.

Interestingly, the researchers found that among the patients with metabolic syndrome, five cases of liver cancer were associated with liver cell adenoma (a benign liver tumor).

“Our results suggest that a significant percentage of hepatocellular carcinoma that developed in the context of metabolic syndrome without significant fibrosis arose from malignant transformation of liver cell adenoma,” they report.

**Journal reference:**

Paradis et al. Hepatocellular carcinomas in patients with metabolic syndrome often develop without significant liver fibrosis: A pathological analysis. *Hepatology*, 2009; 49 (3): 851 DOI: 10.1002/hep.22734

*Adapted from materials provided by Wiley-Blackwell.*

## ***U.S. Panel Widens Recommendations on Hepatitis A Vaccination***

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

CHICAGO (Reuters) Feb 25 - U.S. citizens who expect to have close contact with an adopted child from countries with high rates of hepatitis A should be immunized if they have not been already, U.S. immunization advisers said on Wednesday.

The Advisory Committee on Immunization Practices, which advises the U.S. Centers for Disease Control and Prevention, said unvaccinated people who will have close contact with the child should get the vaccine within 60 days of the adoptee's arrival in the United States.

Prior recommendations covered only parents traveling to countries with high or intermediate rates of hepatitis A infection.

Last year, the CDC received several reports of hepatitis A infections in children and adults linked to adoptees from Ethiopia.

The committee, meeting in Atlanta, said adoptive parents and caregivers should get the first dose of the hepatitis A vaccine as soon as adoption is planned.

Ideally, the first of two doses of the vaccine should be administered at least two weeks before the child's arrival.

The CDC recommends vaccination for all children starting at age 1, for travelers to certain countries and others at risk.

**Feb 26, 2009**

## ***Eiger snaps up \$7.1M to treat hepatitis***

<http://venturebeat.com>

Camille Ricketts

Eiger BioPharmaceuticals, developer of treatments for strains of hepatitis, announced that it brought in \$7.1 million in first-round funding from InterWest Partners and Vivo Ventures. The Palo Alto, Calif. company will use the new money to push its lead compound — which targets hepatitis C — through its pipeline. It is also working on treatments for hepatitis D and various other viruses, it says.

Eiger spun out from research conducted on hepatitis C at Stanford University. It says the latest round of funding should give it a year's worth of runway to continue drug testing and refinement.

## ***Liver transplant recipients with hepatitis B may need lifelong antiviral treatment***

<http://www.physorg.com>

Patients who undergo liver transplantation for hepatitis B-related liver damage should receive lifelong antiviral treatment to keep the disease from coming back. A new study shows that they lack cellular immunity against the disease, making recurrence likely if antiviral treatment is withdrawn. These findings are in the March issue of *Liver Transplantation*.

Chronic hepatitis B (HBV) is a common cause of advanced liver disease and liver cancer. Liver transplantation is the most effective treatment, however, without ongoing antiviral therapy, HBV recurs in 80 percent of recipients. While the patient's immune system plays a critical role in both viral clearance and liver injury, the role of HBV-specific cellular immunity in liver transplant patients has been unclear.

Researchers, led by Chung Mau Lo, of The University of Hong Kong, set out to understand this immunity in patients with HBV who received a liver transplant. They examined HBV-specific CD4 T-cell immune response in 52 HBV patients who'd undergone liver transplantation. Forty of these patients had experienced HBV recurrence and 12 had not. They compared data from 63 people with HBV who had not undergone transplantation. Forty such patients had chronic HBV and 23 had self-limited infection.

Researchers introduced HBV-encoded antigens to blood samples from each patient. They then determined T-cell proliferation and interferon- $\gamma$  production in vitro. They found that cellular immunity in transplant recipients with recurrence was not significantly different from that of chronically infected individuals with elevated aminotransferases. However, transplant patients without recurrence had lower or undetectable CD4 T-cell response.

"Our results provide strong evidence to support the concept that the CD4 T cell-mediated immune response is an antigen-driven process," the authors report.

An accompanying editorial by Anne Marie Roque-Afonso of Hopital Paul Brousse in France suggests that the study points to the need for indefinite antiviral therapy in liver transplant recipients with HBV, due to their lack of anti-HBV immunity.

"Immunosuppression following liver transplantation for HBV-related disease presents the maximal risk of viral reactivation and mandates life-long prophylaxis," she concludes.

*Source: Wiley*

## ***Police bust used syringe racket***

Article from: Agence France-Presse

POLICE have reportedly arrested the kingpin of a used syringe racket in India that has been blamed for an outbreak of hepatitis B in which 48 people died.

Police raided 35 private hospitals and confiscated hundreds of thousands of recycled syringes, according to India's NDTV private news channel.

The head of a private hospital was also arrested.

The alleged mastermind of the racket - Saijuddin, who goes by one name - collected the used syringes from private clinics and hospitals and resold them, said the report.

Earlier in the week, police arrested two doctors on accusations of homicide for spreading hepatitis B by injecting patients using contaminated syringes.

The Press Trust of India (PTI) news agency reported that most of the infected patients had received treatment from the pair over the last two months.

At least 48 people have died in a hepatitis B outbreak in the town of Modasa in western Gujarat state, and another 154 people have been infected.

Hepatitis B is a virus that is spread through blood and bodily fluids.

PTI reported that the state government had immunised 70,000 people in Modasa and surrounding rural areas and launched a campaign to encourage the use of disposable syringes in hospitals and medical facilities.

**Feb 27, 2009**

## ***Martin County Fire-Rescue Mourns Firefighter's Death***

<http://www.wpbf.com>

*Firefighter Dies From Disease Contracted While On Duty*

MARTIN COUNTY, Fla. -- The Martin County Fire-Rescue Division is mourning the loss of one of its own.

Fred Pierno Jr. died Wednesday at his Port Saint Lucie home due to an illness he contracted on the job. He is the first firefighter to die in the line of duty in the history of the agency.

Pierno has been under medical treatment since October 2006 for a Hepatitis C Virus infection he sustained while performing his firefighter duties. He's the 13th firefighter in the United States and the seventh in Florida to be classified as a line of duty death due to a hepatitis infection.

"Sometimes in life you're privileged enough to serve with someone whose character and commitment you never question, someone whose loyalty and reliability are unwavering -- and Ferdinando 'Freddy' Pierno was just that person," said Chief Tom Billington. "You never want to lose anyone on the job, but to lose someone of Freddy's caliber and decency makes the loss all the more crushing."

Funeral services will be held Monday at St. Martin's De Porres Church in Jensen Beach. The ceremony begins at 11:30, with a procession to Forest Hills Memorial Park immediately following.

## ***Alcohol, Hepatitis C: Dangerous Cocktail***

<http://insciences.org>

By Meghan Lewit

Patients infected by the virus can develop liver cancer if they drink too much liquor, Keck School researchers find.

A new study led by researchers at the Keck School of Medicine of USC found that drinking alcohol greatly increases the chances that a patient infected by the hepatitis C virus will develop a common type of liver cancer.

The study appeared in the *Proceedings of the National Academy of Sciences*.

The research clarifies the complex molecular events that link alcoholism and the virus to increased risk of hepatocellular carcinoma HCC, the fifth most common cancer worldwide, according to Keigo Machida, assistant professor of molecular microbiology and immunology at the Keck School of Medicine.

There is ample evidence that chronic liver damage caused by viral infection, alcohol, metabolic syndrome or these factors in combination can increase the risk for the virus, Machida said. However, the molecular mechanism for the synergy among alcohol, the virus and liver cancer has remained unclear.

“Understanding the molecular link holds great potential for future treatment of this particular form of liver cancer,” Machida said. “The signaling mechanism gives researchers a new drug therapy target for treating HCC.”

Machida and his colleagues focused their research on a viral protein, NS5A, which in earlier experiments stimulated high expression of a receptor for bacterial endotoxins, known as Toll-like receptor 4 (TLR4). Alcohol intake increases the risk of leaking bacterial toxin from the gut, which the researchers believe causes over-activation of endotoxin receptor signaling if patients are also infected by hepatitis C virus.

This excess antibacterial reaction then results in an increased risk of tumor growth should the body’s natural anti-tumor response weaken as a result of the infection, Machida explained.

Researchers conducted a series of experiments with mice and also examined liver biopsy samples from human patients infected with the virus and found high levels of the protein NS5A and TLR4. In the subset of patients who were also alcoholics, the researchers saw signs of increased antibacterial response. The research also identified a specific molecule called Nanog, which acts as a stem cell marker in tumor development when activated by TLR4.

“There were several major findings that resulted from this study,” Machida said. “We established a mouse model which will enable us to better understand alcohol and hepatitis C virus infection, and we found the signaling that causes tumor development in mice through the receptor TLR4.”

“More research is needed, but if we are able to target and suppress these molecules identified in the study, we may be able to stop the cancer’s lifeline.

## **HCV-Infected Individuals at Increased Risk for Immune Thrombocytopenia Purpura and Autoimmune Hemolytic Anemia**

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

Eurona Earl Tilley

February 26, 2009 — The incidence of 2 severe autoimmune cytopenias — immune thrombocytopenia purpura (ITP) and autoimmune hemolytic anemia (AIHA) — has been shown to be elevated among individuals infected with hepatitis C virus (HCV). Research published in the February 23 issue of the *Archives of Internal Medicine* reveals that HCV-infected patients in the Veterans Affairs (VA) health system were at increased risk of developing ITP. However, those who underwent treatment were also at increased risk for AIHA.

"Prior studies suggesting that HCV might be an etiologic risk factor for the development of autoimmune cytopenias have been based on small series of patients from single institutions," write Elizabeth W. Chiao, MD, MPH, from the Department of Medicine, Baylor College of Medicine, Houston, and the Houston Center for Quality of Care and Utilization Studies, Health Service Research and Development Service, Michael E. DeBakey Veterans Affairs Medical Center, Texas, and colleagues. "To our knowledge, no large study has been conducted. Given that US military veterans have a high prevalence of HCV infection (5%), this population provides a unique opportunity to observe HCV-related phenomena."

To determine the effect of HCV infection on the incidence rates of ITP and AIHA, researchers analyzed the inpatient and outpatient records as well as pharmacy data from HCV-infected (n = 120,691) and matched uninfected (n = 454,905) veterans. The diagnosis of ITP and AIHA was identified via hospitalization codes. Those with a prior diagnosis of lymphoproliferative disease, HIV, or cirrhosis were excluded from the analysis.

"In this large national cohort study including over half a million US veterans, we observed HCV-infected persons to be at increased risk of ITP and AIHA," explain the authors. A Cox proportional hazards regression model revealed that the hazard ratios (HRs) for ITP and AIHA were 1.8 (95% confidence interval [CI], 1.4 – 2.3) and 2.8 (95% CI, 1.8 – 4.2), respectively.

"Because both ITP and AIHA have been previously associated with interferon alfa use, we were also interested in assessing pharmacy data to account for the effects of HCV treatment," write Dr. Chiao and colleagues. While the incidence of ITP was elevated among both treated and untreated HCV-infected individuals, the incidence of AIHA was only elevated among those who had received treatment (HR, 11.6; 95% CI, 7.0 – 19.3).

These findings were further illustrated by examining the Kaplan-Meier curves of the cumulative incidence of each of the outcomes. The cumulative incidence of ITP was significantly greater among HCV-infected individuals vs matched control individuals (P < .001) and remained significant following censorship at the time of treatment (log rank test; P = .002). However, the cumulative incidence of AIHA was significantly greater among HCV-infected individuals vs matched control individuals (P < .001), but this difference was no longer significant following censorship at the time of treatment (log rank test; P = .84).

The main advantage of this study is that it is the first involving a large cohort to evaluate the effect of HCV infection on autoimmune cytopenias. However, there were several potential

limitations. These included that the diagnoses of ITP and AIHA were not confirmed through a review of the medical records; that the calculation of the cumulative incidence of ITP and AIHA did not take into consideration other competing risks, which could have resulted in biased estimates; that the study involved a relatively short follow-up, which resulted in fewer ITP and AIHA events, thereby limiting the power to detect differences; that the incidence rates of ITP and AIHA in this study were higher than the incidence rates previously reported for the general population; that the HCV genotype or the rates of sustained virologic response after treatment were not confirmed via laboratory data; that there was a limited ability to account for bias introduced by other factors, which resulted in patients being excluded from treatment based on their physician's decision; and last, that the study population was made up almost entirely (96.5%) of men.

Several biological mechanisms have been suggested to explain the relationship between HCV infection and the development of ITP. The current findings illustrate that chronic HCV infection may cause ITP via a platelet-specific mechanism in addition to the occurrence of generalized autoimmunity. Thus, the researchers suggest that the term "HCV-associated thrombocytopenias" may be appropriate for future studies. Furthermore, interferon alfa has previously been associated with ITP and AIHA. The results of this study reinforce the theory that immunomodulatory effects of interferon alfa may cause an increased risk for autoimmune cytopenia.

"Future research is needed to clarify the underlying mechanisms and implications of our findings," conclude the authors.

This study was supported by the Intramural Program of the National Cancer Institute, National Institutes of Health, and the Houston VA Health Services Research and Development Center of Excellence. The authors have disclosed no relevant financial relationships.

*Arch Intern Med.* 2009;169:357–363.

### ***La Quinta AIDS doctor pleads guilty to fraud***

<http://www.mydesert.com>

Marcel Honoré • *The Desert Sun*

An AIDS doctor with ties to the Coachella Valley faces up to 50 years in prison after pleading guilty this week to federal charges of health care fraud for giving AIDS, HIV and hepatitis patients diluted medications.

On Tuesday, Dr. George Steven Kooshian, 58, of La Quinta pleaded guilty to fraudulently billing health insurance providers for AIDS, HIV and hepatitis-related medications, according to the U.S. Attorney's Office.

Authorities say the insurance providers, which included Medicare, registered losses that could total about \$661,000.

In some of the cases, Kooshian billed insurance companies after patients no longer received medication, according to a plea agreement provided by the U.S. Attorney's Office.

In others cases, patients received a “diluted version” of their medication, yet Kooshian billed for the full dose, the agreement stated.

One patient believed he was getting doses of intravenous immunoglobulin, a drug used to treat peripheral neuropathy.

Instead, Kooshian intentionally had given the patient “saline and vitamins because defendant did not have IVIG,” the plea agreement stated.

The fraud took place from around 1995 to 2001, according to the United States Attorney's Office.

Kooshian had practices at four Southern California sites, according to the plea agreement: two Valley View Internal Medicine Group locations in Garden Grove, and Ocean View Internal Medicine Group locations in Laguna Beach and Long Beach.

Kooshian is scheduled to be sentenced May 11 by U.S. District Judge Alicemarie H. Stotler in Santa Ana, officials said.

## ***Elevate Study***

GlaxoSmithKline

Do you have **chronic liver disease** and a **low platelet level**? Do you need to have an **invasive medical or dental procedure**? **If so**, you may be eligible to participate in a clinical study called ELEVATE (**EL**trombopag **E**Valuated for its **A**bility to overcome **T**hrombocytopenia and **E**nable procedures).

A **low level of platelets** in the blood, also known as thrombocytopenia, is common amongst people with **chronic liver disease**. Platelets, or thrombocytes, are a specific kind of blood cell that helps the blood to clot. They stop or prevent excessive bleeding. A low platelet level can be serious, especially if you need to undergo **invasive surgery or a dental procedure** for example. To help avoid excessive bleeding during this type of procedure, people with thrombocytopenia usually receive a platelet transfusion in order to increase the level of platelets in their blood. These are usually given by drip (infusion) as an outpatient procedure.

The ELEVATE study will test whether a drug called ‘eltrombopag’ works at raising platelet levels in people with chronic liver disease and thrombocytopenia. The goal of the study is to assess whether the use of this eltrombopag treatment can eliminate the need for you to receive this platelet transfusion.

You may be eligible to take part in the ELEVATE study and help in the development of this treatment, so here are a few more details about the study.

### **Who qualifies for this study?**

We would like to enroll up to 500 adults in the ELEVATE study, at research centers here in the US and other countries worldwide. Below are some of the criteria you must meet in order to be eligible to participate:

- At least 18 years old
- Diagnosed with chronic liver disease and have a low platelet count
- Candidate for an elective invasive procedure and will require a platelet transfusion to manage the risk of bleeding associated with the procedure
- Not currently pregnant or nursing

Additional test results and health information will be needed by research staff to confirm your eligibility.

### **What can you expect as a study participant?**

If you are eligible and you decide to participate in this clinical study, you will be asked to sign a consent form. You will undergo a medical history review, physical exam, and various laboratory tests (blood and urine) to confirm your eligibility. If you decide to participate in the study, you will then be asked to:

- Take the study medication by mouth once a day for 14 days prior to your invasive procedure
- Return to the clinic once a week for 4 weeks after the procedure for follow-up exams, including platelet counts and other laboratory tests
- All study-related medical exams, laboratory tests, and study medication will be provided to study participants at no cost.

If you are eligible and decide to participate in this study, you can withdraw from the study at any time.

### **If you would like to learn more about the ELEVATE study:**

Please talk to your physician about enrolling on this study, contact the US GSK Clinical Trials Center at 877-379-3718 or go to [www.clinicaltrials.gov](http://www.clinicaltrials.gov) and then search for: NCT00678587.

**Feb 28, 2009**

## ***Deadline spurs endoscopy lawsuits***

<http://www.lasvegassun.com>

By Jeff German

*By the bunch, thousands of patients file against clinics for stress they endured waiting for hepatitis test results*

As many as 5,000 former patients caught up in last year's hepatitis scare are suing the Endoscopy Center of Southern Nevada and its related clinics in what is regarded as the largest class of medical malpractice cases ever to hit Nevada courts.

The number of legal actions swelled this week as lawyers hurried to file to meet the one-year statutory deadline for filing lawsuits. Friday was the anniversary of the outbreak of the scare. As of 3 p.m., 53 suits had been filed in the previous 24 hours.

Lawyers estimate that little more than 100 of former patients who sued had tested positive for hepatitis C. They are getting priority in the courts because of their potentially life-threatening conditions.

The vast majority of the plaintiffs did not test positive. They are suing for the stress they

underwent in testing and waiting for results.

The volume is daunting for the court system.

“It’s going to be a nightmare for District Court,” said veteran medical malpractice lawyer Robert Eglet, whose firm alone has 3,466 clients, including 27 who think they contracted hepatitis C because of unsafe conditions at the clinics. “Somebody’s going to have to figure out a way to process these cases through the system.”

Will Kemp, a seasoned civil litigator who is playing a leading role among the lawyers suing the endoscopy center, described the process of moving the claims through the courts as overwhelming, with more than 200 lawyers on both sides involved in the litigation.

Kemp said he’s concerned that some plaintiffs may not see resolution of their cases within the five years required by state law. Cases that miss the deadline are dismissed.

District Judge Elizabeth Gonzalez, who oversees all judges who handle civil cases, acknowledged the courts face a difficult task.

“It’s an incredible burden,” she said. “We’re doing the best we can with the resources we have, but it’s bogging us down.”

For the past several months, District Judge Allan Earl has been overseeing the start-up phase of the litigation, dealing with pretrial matters in all the cases, including the taking of depositions and other efforts to collect evidence. Las Vegas lawyer Floyd Hale has been helping Earl sort things out, as a specially appointed hearing master.

Late last year, Earl ruled that plaintiffs without positive tests for hepatitis C could not sue as a class, so lawyers have been bundling their clients, naming dozens of plaintiffs in one suit. Earlier in the week, as the deadline approached, one attorney filed four suits, each with more than 90 plaintiffs.

Gonzalez said the first case is scheduled to go to trial Oct. 19, with 15 others set through January of 2011.

But before any trial can take place, the lawyers need to collect evidence, and that has proved difficult over the past several months.

“We’ve been somewhat handcuffed,” said Ed Bernstein, another plaintiffs’ lawyer.

Bernstein said attorneys have had a tough time getting information out of several law enforcement agencies investigating the hepatitis scare, including Metro Police and the FBI.

The Clark County Health District has also stalled legal efforts by not making public its final report of its investigation into the endoscopy center, lawyers said.

Additionally, lawyers said, the clinic’s physicians (including owner Dipak Desai), nurses and other employees have either asserted their Fifth Amendment rights against self-incrimination and

refused to testify at depositions or have put the lawyers on notice that they will take the Fifth if questioned.

Desai, who suffered a stroke last year, has taken that a step further.

His lawyer, Richard Wright, has informed lawyers that Desai is too sick to even show up to take the Fifth Amendment at his deposition in a couple of weeks. Wright is expected to assert the constitutional privilege for his client at the deposition.