

HCV ADVOCATE WEEKLY NEWS REVIEW

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

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Editor-in-Chief*

Week Ending: September 20, 2008

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Sep 13, 2008

Hepatitis sufferers, Mitsubishi Tanabe to reach accord

<http://www.japantoday.com>

SENDAI —

A group of hepatitis C sufferers and Mitsubishi Tanabe Pharma Corp are expected to strike a basic accord possibly by the end of September that will effectively put an end to their legal battle of nearly six years, plaintiffs’ lawyers said Saturday. If the plaintiffs and Mitsubishi Tanabe conclude their court struggle, Nippon Pharmaceutical Co will be the only remaining defendant as the hepatitis C sufferers and the state have already reached a settlement.

Mitsubishi Tanabe has been involved in the case as one of its predecessors was the now-defunct Green Cross Corp, a maker of fibrinogen blood products through which a number of people were infected with hepatitis C. Their lawyers said that given the likelihood that Mitsubishi Tanabe may not agree to reach a settlement with some of the plaintiffs, all the plaintiffs who have settled with the state will drop their case against the pharmaceutical maker after the basic accord is reached. Yoshiaki Yamanishi, chief secretary of a group of hepatitis C plaintiffs who filed lawsuits in Osaka, said, “We thought it would be better to focus our energy on realizing permanent measures (to help hepatitis C patients) rather than continuing fighting.”

Sep 15, 2008

Recent findings from Army highlight research in hepatitis C virus

www.newsrx.com

"Insulin resistance is extremely common and frequently is associated with comorbid conditions such as cardiovascular disease, hypertension, obesity, infertility, and neurodegeneration. In addition, insulin resistance is the driving force for type 2 diabetes mellitus," scientists in the United States report.

"Interestingly, co-existence of insulin resistance and chronic hepatitis C occurs more often than predicted by chance, with recent estimates indicating that 30% to 70% of patients with chronic hepatitis C display some evidence of insulin resistance. Recent research revealed several molecules, including tumor necrosis factor α , suppressor of cytokine signaling 1 and 3 proteins, insulin-receptor substrates 1 and 2, and other adipocytokines, potentially are involved in the development of insulin resistance in patients with chronic hepatitis C. Unfortunately, baseline insulin resistance has a negative impact on treatment outcomes in patients with chronic hepatitis

C. However, successfully managing insulin resistance or diabetes mellitus in these patients may improve patients' likelihoods of successful outcomes with antiviral therapy. Likewise, eradication of hepatitis C virus in patients with insulin resistance or diabetes mellitus appears to improve glucose metabolism. Although adjunctive therapies such as insulin sensitizers and weight loss often are recommended, their ability to improve antiviral treatment response in patients with chronic hepatitis C is unproven," wrote S.A. Harrison and colleagues, Army.

The researchers concluded: "Studies are under way to determine whether improving insulin sensitivity results in better outcomes in patients receiving pegylated interferon alfa plus ribavirin therapy for chronic hepatitis C."

Harrison and colleagues published their study in *Clinical Gastroenterology and Hepatology* (Insulin resistance among patients with chronic hepatitis C: Etiology and impact on treatment. *Clinical Gastroenterology and Hepatology*, 2008;6(8):864-876).

For more information, contact S.A. Harrison, Brooke Army Med Center, Division Gastroenterology & Hepatology, 3851 Roger Brooke Dr., Fort Sam Houston, TX 78234, USA.

Researchers Invigorate "Exhausted" Immune Cells: Findings Support New Therapies for HIV, Hepatitis, Cancer

<http://www.newswise.com>

Newswise — In battles against chronic infections, the body's key immune cells often become exhausted and ineffective. Researchers at The Wistar Institute have found a way to restore vigor to these killer T cells by blocking a key receptor on their surface, findings that may advance the development of new therapies for diseases such as HIV, hepatitis B and C, and cancer.

In their study, published online September 15 in the *Proceedings of the National Academy of Sciences* (PNAS), Wistar Institute investigators and colleagues report that using an antibody to block the receptor, known as programmed death-1 (PD-1), dramatically restored immunity in chronically infected mice. Furthermore, they discovered a method to distinguish between T cells that can be revitalized in this way and those that can't.

The findings will help researchers develop PD-1 blocking agents, and also provide a way to select patients who may benefit most from such novel drugs, says the study's lead author E. John Wherry, Ph.D., an assistant professor in Wistar's Immunology Program.

"Blocking PD-1 may provide a novel tool to fight chronic infection as well as some cancers, like melanoma, that are susceptible to destruction by the immune system," Wherry said. Examples of infections that often result in T-cell exhaustion are HIV, hepatitis B, and hepatitis C, he says.

Wherry's continuing research on PD-1 has provided the groundwork for developing antibody therapies that inhibit the receptor. Wherry says he knows of a pharmaceutical company preparing to test one of these agents in patients with hepatitis C.

Researchers have known that T cells – white blood cells capable of inducing the death of infected or cancerous cells – become progressively less functional over time. In earlier studies,

Wherry and his colleagues found that, during the course of a chronic infection, gene expression in killer T cells changed dramatically as the cells became exhausted and immune response to a pathogen slowed down. Wistar investigators then identified one gene that played a central role in this tamping down of immune response – PD-1, which produces PD-1 protein receptors that stud the surface of these T cells.

In follow-up experiments, they found that if they blocked PD-1 receptors in cell cultures using an antibody made up of one of the protein’s natural binding ligands they could alleviate T-cell exhaustion. This demonstrated that PD-1 serves as a “brake” on T-cell function.

Wherry suspects that this reaction is designed to protect a body against the ravages that a chronically over-stimulated immune system can wreak. “The immune system can cause a lot of damage in an effort to control an infection. If you can’t clear an infection and are making yourself sick trying to do so, it may be better off to live with the infection than die from the immune-mediated collateral damage,” he said.

In the current study, Wherry and colleagues tested in mice infected with lymphocytic choriomeningitis virus the effect of plugging the PD-1 receptor with the antibody, thus releasing the “brake” on the immune system. And they studied two different subsets of killer T cells: those with the highest expression of PD-1 receptors and ones with an “intermediate” expression. Researchers theorized that those T cells with the highest PD-1 expression, signifying the deepest exhaustion, would benefit most from an antibody to PD-1.

To their surprise, that is not what they found. They implanted these two different subsets of cells into infected mice, and then gave the mice a PD-1 antibody. Those mice implanted with T cells with intermediate expression of PD-1 recovered their vigor, while mice with the highest PD-1 expression did not. “It may be the killer T cells expressing a lot more PD-1 are already committed to cell death,” Wherry said.

Knowing which subset of T cells will respond to an antibody drug will help physicians identify patients who could respond, if these novel agents reach extensive clinical testing, Wherry says. “We can optimize the promise of such a medical tool and minimize wasteful treatment,” he said.

Wherry says this study provides insights into how potential PD-1 agents can be refined so as not to provoke an autoimmune response, in which the body errantly attacks its own tissue. And in the same way, it suggests strategies by which to disarm autoimmune disorders, such as lupus, he says. “If we can understand how to turn PD-1 off to enhance immunity, this will provide insights on how to turn it on to treat autoimmune disorders,” Wherry said.

Wistar’s Shawn D. Blackburn and Haina Shin assisted with the study, along with Gordon J. Freeman, Ph.D., of the Dana-Farber Cancer Center.

The research was supported by grants from the National Institutes of Health and the Commonwealth Universal Research Enhancement Program, Pennsylvania Department of Health.

The Wistar Institute is an international leader in biomedical research with special expertise in cancer research and vaccine development. Founded in 1892 as the first independent nonprofit biomedical research institute in the country, Wistar has long held the prestigious Cancer Center

designation from the National Cancer Institute. The Institute works actively to ensure that research advances move from the laboratory to the clinic as quickly as possible. The Wistar Institute: Today's Discoveries – Tomorrow's Cures. On the Web at <http://www.wistar.org>.

Groups offering Hepatitis B screenings

<http://abclocal.go.com>

Stanford University's Asian Liver Center and the Asian American for Community Involvement organization are providing Hepatitis B screenings and low-cost vaccinations on several upcoming Saturdays.

The screenings and vaccinations, which are available to anyone regardless of their health insurance status, will be held at the Asian American for Community Involvement center Saturday, as well as on Oct. 4, Oct. 18, Nov. 1, Nov. 15 and Dec. 6. Dates for 2009 will also be announced soon.

The center, located at 2400 Moorpark Ave., Suite 111 in San Jose, will be open for service from 10 a.m. to 1 p.m. No appointments are required, and the center takes cash only.

Hepatitis B is a disease that can lead to cirrhosis of the liver, liver failure and liver cancer. Eighty percent of liver cancer worldwide is caused by chronic Hepatitis B infection.

The Santa Clara County Hep B Free Campaign is targeting the adult Asian Pacific Islander community, which is disproportionately affected by Hepatitis B, with about one in 10 people suffering from the problem.

The services are offered at a fraction of their normal cost. For instance, three Hepatitis B shots and a Hepatitis B screening cost \$30, compared to the original cost of \$230.

For more information, please call the Asian Liver Center at (888) 311-3331, or go to <http://liver.stanford.edu>

Sep 16, 2008

Stanley Greene: Photographing Illness While Confronting His Own

<http://www.pdnonline.com>

By Daryl Lang

Ask Stanley Greene. Greene, the award-winning photographer with the NOOR agency, recently revealed that has been battling Hepatitis C.

After several months on the sidelines, Greene has the disease under control with medication. Recently he traveled to Afghanistan and shot a powerful photo story about the crisis of drug abuse and infectious disease.

Greene revealed that he had Hepatitis C while speaking before an audience at the Visa pour l'Image festival in Perpignan, France, on Sept. 5. Greene thinks he may have contracted the disease from a contaminated razor when he was working in Chad last year and got a shave.

In an interview with PDN, Greene stressed that illness is no reason for an editor not to consider a photographer for an assignment.

"If we want to stop, let us decide that. If we think that we can do these stories, if we think that we can go there, then trust us," Greene said. "We won't let you down."

Greene kept a busy schedule at Visa pour l'Image and spoke animatedly about his work. But he said he was confined to bed for a month recently. "There were times I couldn't climb up the stairs at the subway. My legs just felt like cement. I couldn't stop crying. Yeah, it was really bad," he says.

Greene credits his friends, including fellow photographers at the NOOR agency and Visa pour l'Image director Jean-Francois Leroy, with motivating him to seek treatment and get back to work. Leroy visited Greene in New York to convince him to shoot a project to be exhibited at the festival. Leroy also helped Greene find backers to fund the Afghanistan project, including the Russian Reporter Magazine.

Traveling with a translator and filmmaker Nina Alvarez, Greene went into drug dens and hospitals, photographing addicts and doctors. He completed the story in a month. He says the pressure to finish the project before the festival and the state he was in – a "fog" – actually helped his photography.

Greene sounded impatient with editors who passed on the project initially but were praising it when they saw it on display at Perpignan. "Many people had an opportunity to support this project. They decided not to," he said.

At the panel discussion at Perpignan, Greene spoke about a moment in Afghanistan when he watched a doctor diagnose a child with Hepatitis C – likely transmitted through a contaminated blood supply in Kabul. Greene told an audience he felt particularly angry at the moment, understanding that the doctor's diagnosis was like a "death sentence" for the child.

Hepatitis C is spread through blood and can lead to chronic liver disease, which can be fatal. There is no vaccine and Hepatitis C remains in an infected person's bloodstream, but many people infected with the disease display no symptoms at all.

Asked if he can keep working indefinitely, Greene immediately said yes.

"Of course I'm going to keep working. I mean, there's nothing else to do. What am I going to do, stop working?," he said. "It's what I do, it's my life. I'm not going to stop."

[Watch the video](#)

Supervisors, go with grand jury on needle swap

<http://www.modbee.com>

Stanislaus County supervisors are amply paid to make tough decisions. Tonight they face one: A recommendation from last year's civil grand jury that a syringe exchange program be started to reduce the spread of hepatitis C, a chronic and incurable disease that damages the liver.

The Health Services Agency and three advisory committees support the proposal; county law enforcement executives oppose it.

As we said earlier in the summer, the 2007-08 grand jury stepped beyond its traditional role by addressing this vital public health issue that affects more than 4,500 county residents and is increasing at the rate of about 500 cases per year. Many of those with hepatitis C are intravenous drug users, and shared needles contribute to the spread of the disease.

Tonight, the supervisors are scheduled to hear the staff response to the jury report. Often such responses are predictable. But on this issue there is disagreement, to the point where a committee of top executives was unable to reach a consensus.

The Health Services Agency supports the grand jury report, agreeing with 19 of its 26 findings and partially agreeing with some others. It agrees with the recommendation that a needle exchange program could be an effective means to prevent the spread of a communicable disease, the chief responsibility of any public health agency.

Police chiefs, the sheriff and the district attorney oppose a syringe exchange, citing concerns about officer safety and that the program could increase the potential for more "dirty" needles in the community.

But the strategy supported by public health officials would call for a one-for-one exchange, meaning no net increase in syringes and assuring the proper disposal of needles. Furthermore, the exchange would provide an opportunity "to counsel for drug prevention or at a minimum to educate regarding disease," the staff report states.

The health agency staff does not recommend that the county operate or fund the exchange program. It suggests that it should be operated by a not-for-profit community organization, abiding by standards set by the public health department.

Under this proposal, the county would not have to pay for the program and would stand to save a significant amount of money. That's because many of the people with hepatitis C are medically indigent adults whose health care costs are borne by the county. During 2007-08 those costs added up to \$750,000.

The grand jury and the Health Service Agency present persuasive arguments. Supervisors should ask the agency leaders to proceed with identifying an organization that can obtain the money and has the wherewithal to operate a one-for-one needle exchange.

The Board of Supervisors meets at 6:30 p.m. today in the basement of Tenth Street Place. Meetings are televised live on Comcast Channel 7 and Charter Channel 19, and video is on the Web site, www.stancounty.com.

Family Hepatitis Service: Crossing the Hospital and Community Divide

<http://www.pharmiweb.com>

It is reasonably safe to argue that awareness of HIV has increased to a point where much of the world recognises it as a life-threatening problem. Few people by now can have missed, at some level, the stories, images, public health campaigns or evidence attached to HIV/AIDS, the world's highest profile blood-borne killer virus.

However, many of those same people might well plead ignorance of the other, potentially lethal blood-borne viruses. These are Hepatitis B virus (HBV), Hepatitis C virus (HCV) and, much less prevalent in the UK, Human T-Lymphotropic virus (HTLV-1). HBV infection is defined by the World Health Organisation (WHO) as 'one of the major diseases of mankind and a serious global public health problem.' Incredibly, it is 50 to 100 times more infectious than HIV.

Hepatitis actually means inflammation of the liver, and the various strains produce a range of acute symptoms, from chronic fatigue to jaundice, nausea and abdominal pain, that can be debilitating and dangerous. Both HBV and HCV, if left untreated, can go on to kill. The WHO estimates there are two billion people worldwide infected with HBV, more than 350 million of them with chronic, lifelong infections that may eventually prove fatal by developing into liver cancer and/ or cirrhosis of the liver.

The good news is that a vaccine exists against HBV which is 95% effective in preventing chronic infections from developing. Infants are at high risk unless they receive a vaccination, with a 90% probability of going on to develop a chronic infection.

The bad news is that hepatitis is actually a family disease, but is not generally recognised or treated as such. To provide really effective prevention and care, a more holistic approach is needed and that is why St Mary's Hospital, Paddington, part of the Imperial College Healthcare NHS Trust, has developed its own unique Family Hepatitis Service.

Gareth Tudor-Williams has been instrumental in developing the service, together with hepatologist Ashley Brown and Professor Lesley Regan, who got buy-in from her obstetric and midwifery colleagues to help start the service up. Tudor-Williams is in no doubt that the service is innovative and currently found nowhere else in the UK. "We see adults and children together, rather as we do with our family service for HIV. In fact, we borrowed the idea from our HIV clinic because chronic viral hepatitis is a family problem," he says.

HBV and HCV are transmitted through blood to blood contact. This means significant numbers of babies around the world are born with the virus, transmitted through the mother in pregnancy or during delivery. But there are other ways that infection can occur, putting partners and other family members at risk. These range from uncovered cuts and grazes, used needle injuries,

transfusions with infected blood, unprotected sex and lack of sterilisation of simple medical instruments.

In the UK, all pregnant women are now tested for hepatitis B. Like HIV, hepatitis carries its own stigma.

One of the real issues with the virus, according to Tudor-Williams, is that many people simply don't know they are infected. "What happens with your liver is a bit like your car running out of petrol – it seems to run fine until one day all its reserves are used up, and it is only at this point you realise you have a problem," he says.

Whilst HBV screening has been standard practice for many years for expecting mothers, screening for hepatitis C virus is not, and it is here that Tudor-Williams believes St Mary's may also be leading the pack. "We are now adding this to the list of tests which we routinely offer pregnant women and there has been a 98% take-up rate. The logistics are simple since the blood samples are being taken anyway; it is just a case of ticking one more box on the blood test form, and is a very minor extra in terms of laboratory on-costs," he says.

As many as half a million people in the UK may be infected with HCV, which is also transmitted blood to blood, though not generally through sexual contact. St Mary's is currently collating and analysing data on HCV in the antenatal population over the last six years and has already presented preliminary findings to the Department of Health's Advisory Group on Hepatitis.

Tudor-Williams is anxious to stress the robustness and multidisciplinary approach of the St Mary's Family Hepatitis Service. "This is a truly innovative, one-stop clinic which offers a seamless service for the whole family. It starts in pregnancy, provides a high level of multi-disciplinary support and treatment for those infected and also offers highly effective ways of stopping the virus spreading. The family-based follow-up involves screening partners and siblings," he emphasises.

"We are playing our part in addressing the black hole of knowledge, especially with testing of anti HIV and anti hepatitis drugs for children. As an academic health science centre, we can provide additional leadership in this field. While the mother may be identified in hospital, her baby will require immunisations and the family members will need to be tested and immunised or referred for treatment by GPs and Health Visitors, which requires really good communication with all our colleagues in the community," he says.

Patient Contracts Hepatitis-C from Dialysis Center

<http://wcbstv.com>

NYC Clinic Shut Down, Nearly 700 Urged To Get Tested For Hepatitis, HIV; Blood Found On Chairs, Machines

NEW YORK (CBS) — An Upper West Side dialysis center was shut down by the state Health Department and hundreds of patients were urged to be tested after at least one patient contracted hepatitis C from treatment at the center.

The Health Department notified 657 patients of the Life Care Dialysis Center at 221 W. 61st St. that they should be tested for both hepatitis B and C strains, as well as HIV.

Nearly 200 patients were forced to be transferred to other centers to continue dialysis, a treatment that filter's a patients blood through a machine when the kidneys can no longer function properly.

After a week-long inspection of the center, Health Department officials said they uncovered poor infection control practices, including "blood on the treatment chairs and dialysis machines, lack of proper hand hygiene, and inadequate disinfection of equipment," according to a release.

Officials say anyone treated at the center at any time after Jan. 23, 2004 should contact their physicians and get tested.

Hepatitis C is a chronic disease contracted through sex or contact with blood of an infected person.

The department has established a toll-free information hotline for LCDC patients at 1-800-278-2965 that will receive calls 24 hours a day, 7 days a week, for the foreseeable future.

Blood agency honours retired judge

<http://www.canada.com>

Thulasi Srikanthan, Ottawa Citizen

OTTAWA - The retired justice who presided over a historic inquiry into the tainted blood scandal called the current blood system "an incredible improvement" over the one that left thousands of Canadians infected with HIV and hepatitis C.

Horace Krever was in Ottawa Monday to accept a lifetime achievement award from the Canadian Blood Services. The not-for-profit organization, created in 1998 following recommendations from the Krever-headed inquiry, also celebrated its 10th anniversary Monday.

"I am satisfied it's a system that has resulted in a safe blood supply," said Mr. Krever.

He led a 1997 federal inquiry that determined that thousands of Canadians had been needlessly infected with blood-borne HIV and hepatitis C during the 1980s. The Krever inquiry found that the Canadian Red Cross did not begin screening blood for the AIDS virus until eight months after a test was available on the market. It did not start testing for hepatitis C until four years after the test for that became available.

Canadian Blood Services manages the supply of blood and blood products everywhere but Quebec.

"We have regained the (public's) trust, but I always remind the organization, I remind myself every day, that trust is a very fragile concept and one mistake and the whole thing will come crashing down on us," CEO Graham Sher said.

Jazz Pharmaceuticals, Inc. Announces Final Patient Has Completed Phase III Clinical Trial of Sodium Oxybate to Treat Fibromyalgia

www.medicalnewstoday.com

PALO ALTO, Calif., Sept. 11 -- Jazz Pharmaceuticals, Inc. (Nasdaq: JAZZ) today announced that the final patient has completed participation in the first Phase III pivotal clinical trial of JZP-6 (sodium oxybate) for the treatment of fibromyalgia.

The JZP-6 Phase III clinical trial program includes two randomized, double blind, placebo-controlled studies. The first study enrolled 550 fibromyalgia patients at 65 centers in the U.S. The second Phase III study is enrolling patients at sites in the U.S. and Europe. The primary endpoint for both studies is the change from baseline in pain based on the pain visual analog scale, which the U.S. Food and Drug Administration (FDA) and the European Medicines Agency have indicated is the appropriate primary endpoint.

"Completion of the final patient's participation in this trial is a key milestone in the JZP-6 program," said Samuel Saks, M.D., Chief Executive Officer. "The trial results remain blinded to the company, investigators, and patients. We will remain blinded as we conduct analysis of the extensive data set generated by this study. We anticipate releasing primary efficacy and safety data from the first Phase III clinical trial on schedule in the fourth quarter of this year, and we continue to plan for submission of a New Drug Application to the FDA by the end of 2009."

"We appreciate the dedication of the patients, clinical investigators and Jazz Pharmaceuticals employees who are taking part in this important program," Dr. Saks continued.

The JZP-6 clinical program also includes an open-label continuation trial to provide long-term safety data. Enrollment in this trial is ongoing, and the trial is open to patients who complete either of the two pivotal Phase III trials.

Sodium oxybate is the active ingredient in Xyrem(R), a Jazz Pharmaceuticals product approved by the FDA for the treatment of excessive daytime sleepiness and cataplexy (the sudden loss of muscle tone) in patients with narcolepsy. Sodium oxybate has not been approved for the treatment of fibromyalgia.

About Fibromyalgia

Fibromyalgia is a chronic pain syndrome defined by widespread pain lasting at least three months. According to the American College of Rheumatology, between two and four percent of the U.S. population suffers from fibromyalgia. Fibromyalgia is believed to be a central nervous system condition. In addition to pain, fibromyalgia patients often suffer from a combination of muscle stiffness, fatigue, disturbed sleep, restless legs syndrome and impaired memory and concentration. Although physicians do not understand the cause of fibromyalgia, it may be triggered by physical trauma, emotional stress or infection. The criteria established by the American College of Rheumatology for the classification of fibromyalgia require the application of pressure at 18 different points on the body and measurement of pain induced by such pressure. If at least 11 of the 18 points are painful and have been painful for three months, the patient is diagnosed with fibromyalgia.

About Jazz Pharmaceuticals, Inc.

Jazz Pharmaceuticals is a specialty pharmaceutical company focused on identifying, developing and commercializing innovative products to meet unmet medical needs in neurology and psychiatry. For further information see <http://www.JazzPharmaceuticals.com>.

Hep C drug developer lays off all of its staff

<http://www.canada.com>

Bill Mah, *The Edmonton Journal*

City biotech ViRexx fails to find financing

EDMONTON -- Edmonton-based biotech company ViRexx Medical Corp. has laid off all employees after a financing plan collapsed.

Four board members and company executives, including chief financial officer Brent Johnston, have resigned, ViRexx said in a news release.

Darrell Elliott remains as board chairman and interim CEO, the statement said. Elliott could not be reached for comment on Tuesday.

The company did not say how many employees were affected, but said the layoffs were indefinite. Management will appoint a committee to manage daily operations and oversee restructuring of assets, the statement said.

The cuts follow a failure to raise money through a rights offering that offered discounted stock to shareholders.

"ViRexx ... announces that it has been unable to secure alternative financing to replace the funding LM Funds Corp. failed to advance as the standby guarantor for the company's rights offering," ViRexx said.

LM had agreed to buy a sufficient number of shares to ensure minimum gross proceeds from the rights offering of \$3 million, the company had previously announced.

The research biotech has been working on potential treatments for hepatitis B, hepatitis C, avian influenza viral infections, late-stage ovarian cancer and other applications.

In 2007, ViRexx reported a net loss of \$31.5 million. It did not have any revenue from the commercial sale of product candidates and relied on equity and debt financing to support operations, its annual report said.

The rights offering was touted by management as a way to protect shareholders against dilution while obtaining necessary money to finance development of its Chimigen hepatitis B and C vaccines and pursue partnerships.

Shareholders purchased about 14 million rights, which provided gross proceeds of \$633,550.

Shareholders who deposited money will be refunded through Computershare Investor Services Inc., the subscription agent, ViRexx said.

ViRexx reported the failure of its lead cancer drug OvaRex in Phase 3 clinical trials in December 2007.

Elliott was not quoted in the company's latest release, but he documented the company's resulting financial quandary in the 2007 annual report.

"One of the results of the December trial failure was a narrowing of the financing alternatives available to ViRexx," Elliott wrote.

"Conventionally, companies finance future development through a combination of new equity, partnering receipts and ultimately milestones and royalties.

"ViRexx had every reason to expect to have the latter two during 2008, but that will now be postponed for several years.

"In addition, recourse to more traditional private placement methods would result in great dilution, which is clearly to be avoided when the public stock price is some small fraction of the underlying value of the component parts."

The drug failure was only part of a turbulent year. Some of ViRexx's largest shareholders began an internal shakeup in February 2007 that saw the then-board chairman replaced and a contentious \$15-million public financing stopped. The dissident group opposed the share offering, saying it would dilute shareholder value too much.

Two members of the group were subsequently appointed to the board.

President Marc Canton, chief financial officer Scott Langille and business development director Jean Paul Laurin were terminated at the same time.

In July 2007, the company announced the resignation of vice-president Michael Stewart, joining several other senior managers who left the biotech since the dissident shareholders started forcing changes. It also announced three former employees had filed lawsuits for severance and other claims totalling \$1.7 million, and Clarus Securities was suing for \$500,000 over the cancelling of the share offering.

Last month, ViRexx reported encouraging results from laboratory studies on its lead Chimigen vaccine for chronic hepatitis B patients. ViRexx said then it hoped to start a clinical trial of Chimigen with a partner in late 2009 or early 2010.

ViRexx was founded by former University of Alberta medicine dean Lorne Tyrell and former U of A professor Tony Noujaim.

ViRexx stock fell one cent to two cents on volume of 285,435 shares on the Toronto Stock Exchange Tuesday.

Three Rivers Pharmaceuticals(R), LLC Obtains Additional Commercial Rights to Infergen(R) from Amgen Inc.

<http://www.marketwatch.com>

CRANBERRY TOWNSHIP, Pa., Sept 17, 2008 /PRNewswire via COMTEX/ -- Three Rivers Pharmaceuticals, LLC announced today that it has signed a definitive license agreement with Amgen Inc. to expand its commercial rights to the hepatitis C drug Infergen. Three Rivers Pharmaceuticals will obtain commercial rights to Infergen in all markets except Japan. In addition, Three Rivers Pharmaceuticals will obtain commercial rights to China effective March 31, 2009. Three Rivers Pharmaceuticals currently has commercial rights to Infergen in the United States and Canada.

"The expansion of commercial rights to Infergen compliments Three Rivers Pharmaceuticals strategy to continue to grow its hepatitis C franchise," stated Patrick Kerrish RPh., MBA Three Rivers Pharmaceuticals' Executive Vice President of Business Development.

Three Rivers Pharmaceuticals will seek marketing partners to assist with the commercialization of Infergen outside of the United States. Interested marketing partners should contact Patrick Kerrish at pkerrish@3riverspharma.com.

Infergen, or consensus interferon, is a unique, bio-optimized, selective and highly potent type 1 interferon alpha originally developed by Amgen and launched in the United States in 1997. Infergen is indicated for the treatment of chronic HCV infection in patients 18 years of age or older with compensated liver disease who have anti-HCV serum antibodies and /or the presence of HCV RNA.

Important Safety Information

Physicians and patients can obtain additional prescribing information regarding Infergen, including the product's safety profile and the box warning for all interferon alphas regarding neuropsychiatric, autoimmune, ischemic and infectious disorders, by visiting www.infergen.com.

About Three Rivers Pharmaceuticals

Three Rivers Pharmaceuticals is a privately held company headquartered in Cranberry Township, Pennsylvania that focuses on specialized therapies including hepatitis C therapies. With its unique experience and understanding of the complex challenges of treating chronic, difficult diseases, Three Rivers is a valuable partner in the healthcare community. The company's mission is to develop, manufacture, and market the highest quality branded and generic drug products for patients with serious diseases. Three Rivers Pharmaceuticals focuses on the specialized therapies because of its extensive knowledge and experience in this area. More information about the company can be found at www.3riverspharma.com.

SOURCE Three Rivers Pharmaceuticals, LLC

<http://www.3riverspharma.com>

Aethlon Medical Reports Promising Treatment Results In Hepatitis-C Infected Patients

<http://www.centredaily.com>

SAN DIEGO — Aethlon Medical, Inc. (OTCBB:AEMD) today announced preliminary data of Hepatitis-C (HCV) infected patients treated with the **Aethlon Hemopurifier(R)**, a medical device designed to assist the immune response in combating infectious disease. The HCV treated patients were among end-stage renal disease (kidney dialysis) patients enrolled in human safety studies being conducted at the Fortis Hospital, in Delhi, India.

In the studies, robust viral load reductions were observed in tested patients completing a three-treatment Hemopurifier(R) protocol. The resulting data documented that two of three HCV patients tested responded with measurable viral load reductions during the course of three 4-hour Hemopurifier(R) treatments. The three treatments were administered during scheduled dialysis therapy every other day over the span of five days. The third patient showed both increases and decreases in viral load during the course of treatment, but demonstrated an overall reduction in follow-on viral load tests. Given the small sample size, viral load data was averaged for all 3 patients. Average initial HCV viral load was 3.13×10^8 viral units per ml of blood. After completion of three Hemopurifier(R) treatments, viral load was reduced an average 57% (final 4.1×10^7 IU/ml). The stepwise drop in HCV viral load averaged 36% per treatment. Follow-on testing indicated that HCV viral load was 60% lower than initial viral load values when measured three days after final Hemopurifier(R) treatment, and at seven days post treatment, viral load declined to 82% below starting viral load values. Additionally, none of the patients were being treated with antiviral drug therapy. Viral load measurements were performed with real-time quantitative polymerase chain reaction (RT-PCR). Control samples were measured in duplicate while treatment samples were generally measured in triplicate. In conclusion, the Hemopurifier(R) treatment of HCV infected patients undergoing dialysis resulted in a net viral load reduction of 60 to 80% with the effects of treatment progressing at least 7 days beyond Hemopurifier(R) treatment.

"The observation of progressive viral load reduction after only three Hemopurifier(R) treatments suggests that extended Hemopurifier(R) treatment applications could effectively inhibit disease progression in HCV patients," stated Aethlon Chairman and CEO, James A. Joyce. "We now plan to further demonstrate a rapid virological response (RVR) through a case study of an HCV patient receiving up to four weeks of Hemopurifier(R) therapy." Studies have shown that rapid virological response (RVR) at week four is a strong predictor of sustained virological response (SVR) in HCV patients. SVR is defined as undetectable viral load for a minimum period of five months after completion of treatment.

The opportunity for new antiviral strategies to fight HCV is significant, as approximately 180 million people worldwide (3% of the world's population) are HCV infected. According to the World Health Organization (WHO), only 30-50% of infected patients beneficially respond to the 48-week pegylated interferon-ribavirin treatment standard.

The Hemopurifier(R) is a first-in-class medical device designed to assist the immune response in combating infectious disease by rapidly clearing viruses and immunosuppressive proteins from circulation. The device provides a novel mechanism to complement antiviral therapies by suppressing the emergence of viral strains that cause drug resistance. The Hemopurifier(R) is

also positioned to fill the unmet clinical need of treating patients resistant to drug therapy or infected by viral pathogens that are untreatable with drug and vaccine therapy. In HCV care, the device is positioned as an adjunct to improve clinical outcomes of the pegylated interferon-ribavirin treatment standard. Other opportunities in HCV care include the treatment of individuals who fail or are unable to endure standard of care therapy, end-stage renal patients infected with HCV, and HIV patients co-infected with HCV.

About Aethlon Medical

Aethlon Medical is the developer of the Hemopurifier(R), a first-in-class medical device designed to treat infectious disease. The Hemopurifier(R) provides real-time therapeutic filtration of infectious viruses and immunosuppressive particles, and is positioned to address the treatment of drug and vaccine resistant viruses. Additionally, the device holds promise in cancer care, as research studies have verified the Hemopurifier(R) is able to capture immunosuppressive particles secreted by tumors. The Hemopurifier(R) is designed to act both as a stand-alone therapeutic, and as an adjunct treatment to enhance clinical benefit of established therapies. Pre-clinical studies conducted by researchers representing leading government and non-government health organizations both in the United States and abroad have documented the effectiveness of the Hemopurifier(R) in capturing from circulation the viruses that constitute pandemic threats, including H5N1 Avian Influenza (bird flu), and Dengue Hemorrhagic Fever (DHF) from circulation. The company is conducting studies to support the use of the Hemopurifier(R) as a broad-spectrum treatment countermeasure against bioterror threats, including Smallpox, and Ebola, Marburg, and Lassa hemorrhagic fever. Regulatory and commercialization initiatives in the United States are presently focused on bioterror threats, while international initiatives are directed toward naturally evolving pandemic threats, and chronic infectious disease conditions including the Human Immunodeficiency Virus (HIV) and Hepatitis-C (HCV). Aethlon demonstrated the safety of the Hemopurifier(R) in a 24-treatment human study at the Apollo Hospital in Delhi, India, and is currently conducting further human studies at the Fortis Hospital, also located in Delhi. The company has submitted an investigational device exemption (IDE) to the U.S. Food and Drug Administration (FDA) to advance the Hemopurifier(R) as a broad-spectrum treatment countermeasure against category "A" bioterror threats. Additional information regarding Aethlon Medical and its Hemopurifier(R) technology is available online at www.aethlonmedical.com.

Certain of the statements herein may be forward-looking and involve risks and uncertainties. Such forward-looking statements involve assumptions, known and unknown risks, uncertainties and other factors which may cause the actual results, performance or achievements of Aethlon Medical, Inc to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statements. Such potential risks and uncertainties include, without limitation, the Company's ability to raise capital when needed, the Company's ability to complete the development of its planned products, the ability of the Company to obtain FDA and other regulatory approvals permitting the sale of its products, the Company's ability to manufacture its products and provide its services, the impact of government regulations, patent protection on the Company's proprietary technology, product liability exposure, uncertainty of market acceptance, competition, technological change, and other risk factors. In such instances, actual results could differ materially as a result of a variety of factors, including the risks associated with the effect of changing economic conditions and other risk factors detailed in the Company's Securities and Exchange Commission filings.

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Hyponatremia May Predict Mortality Among Patients Awaiting Liver Transplant

www.medscape.com

Laurie Barclay, MD

September 8, 2008 — The Model for End-Stage Liver Disease (MELD) and the serum sodium concentration are important predictors of survival among candidates for liver transplantation, according to the results of a study reported in the September 4 issue of the *New England Journal of Medicine*.

"Under the current liver-transplantation policy, donor organs are offered to patients with the highest risk of death," write W. Ray Kim, MD, from the Mayo Clinic College of Medicine in Rochester, Minnesota, and colleagues. "However, the MELD score may not accurately reflect the risk of death in some groups of patients."

The investigators developed and validated a multivariable survival model to predict mortality at 90 days after registration, using data derived from all adult candidates for primary liver transplantation who were registered with the Organ Procurement and Transplantation Network in 2005 and 2006. The MELD score, both with and without the addition of the serum sodium concentration, was used as the predictor variable.

The MELD score is calculated from the serum bilirubin and creatinine concentrations and the international normalized ratio (INR) for the prothrombin time. It is scored from 6 to 40, with higher values indicating more severe disease.

Of 6769 Organ Procurement and Transplantation Network registrants in 2005, 1781 underwent liver transplantation, and 422 died within 90 days after registration on the waiting list. The MELD score and the serum sodium concentration were each associated with mortality (hazard ratio [HR] for death, 1.21 per MELD point and 1.05 per 1-unit decrease in the serum sodium concentration for values between 125 and 140 mmol/L; $P < .001$ for each). There was a significant interaction between the MELD score and the serum sodium concentration, with a greater effect of the serum sodium concentration in patients with a low MELD score.

Analysis of the 2006 data showed that when 477 patients died within 3 months after registration on the waiting list, the combination of the MELD score and the serum sodium concentration was considerably higher than the MELD score alone in 32 patients who died (7%). Assigning priority based on the MELD score combined with the serum sodium concentration (MELDNa) may therefore have resulted in transplantation and prevented death.

"This population-wide study shows that the MELD score and the serum sodium concentration are important predictors of survival among candidates for liver transplantation," the study authors write. "Our analysis suggests that as many as 7% of waiting-list deaths could be averted

if the MELDNa score were used for liver allocation; this would project to 90 lives saved (7% of 1291 patients who died) for the period from 2005 to 2006. Although this may be a modest number, we believe that the use of the MELDNa score could be an important improvement in identifying a subgroup of patients with cirrhosis who have severe fluid retention and a high risk of death."

Limitations of this study include using data on serum sodium concentrations obtained at a single time point, that the analysis is based on a waiting list registry rather than on a database specifically created for the study, and the use of the intact MELD score rather than refitting coefficients for its components.

"Despite these shortcomings, we believe our analysis shows that the MELDNa score may provide significantly better prediction of mortality among registrants on the waiting list for liver transplantation," the study authors conclude. "We think that with the priority for organ allocation based on urgency for liver transplantation, adoption of the MELDNa score should be tested to see whether it reduces mortality among patients on the waiting list."

In an accompanying editorial, Andrés Cárdenas, MD, and Pere Ginès, MD, from the University of Barcelona in Spain, call this study a "benchmark in quantifying the risk of death among patients with cirrhosis," despite its limitations.

"The improved prognostic accuracy of the new MELDNa scoring system can be offset by the lability of the serum sodium concentration and the potentially increased risk of complications among patients with hyponatremia after transplantation," Dr. Cárdenas and Dr. Ginès write. "The possibility that this new MELDNa scoring system might reduce mortality among patients on the waiting list needs to be evaluated and validated in prospective studies that take into account not only mortality among patients on the waiting list but also the outcomes after liver transplantation."

The National Institute of Diabetes and Digestive and Kidney Diseases, the Palumbo Foundation, and the Jan Albrecht Commitment to Clinical Research in Liver Disease Award from the American Liver Foundation supported this study. The authors have disclosed no relevant financial relationships.

New Engl J Med. 2008;359:1018-1026, 1060-1062.

Sep 18, 2008

Blacks have higher mortality after liver surgery

www.reuters.com

NEW YORK (Reuters Health) - African-American patients are approximately twice as likely as their Caucasian counterparts to die following major liver surgery, or hepatectomy, U.S. researchers report.

Exactly why this is the case is unclear, but it does not seem to relate to clinical factors, hospital factors, or insurance status, according to the report in the *Journal of the American College of Surgery*.

"Our study shows a racial divide in regards to in-hospital mortality after major hepatectomy," senior author Dr. Timothy Pawlik, from Johns Hopkins University School of Medicine in Baltimore, said in a statement. "This finding is of special note because of the magnitude of the observed gap in outcomes."

Pawlik's team analyzed hospital discharge data for 3,552 patients who were entered in the Nationwide Inpatient Sample and underwent major hepatectomy from 1998 to 2005. Of the subjects, 59 percent were Caucasian, 6 percent African-American, 5 percent Hispanic, 7 percent Asian/Pacific Islander, and 24 percent other or unknown.

After adjusting for potential confounders, in-hospital mortality was 2.15-times higher among African Americans compared with Caucasians. Moreover, as mentioned, a racial gap was still apparent after further analyses were performed based on patient factors, such as other insurance status and hospital caseload.

"There has previously not been any research on racial disparities in the outcomes of liver resection," lead author Dr. Hari Nathan, also from Johns Hopkins, said in a statement, but this issue is important to examine because the rates of liver resection, or surgery, have increased dramatically in the U.S.

Nathan added that further research is needed to better understand the cause of this racial disparity and the best means to intervene.

SOURCE: Journal of the American College of Surgery, September 2008.

Familial Sources, Genetic Predisposition Seen in Clustering of Hepatitis C

www.medscape.com

By Will Boggs, MD

NEW YORK (Reuters Health) Sept 17 - Intrafamilial transmission of hepatitis C virus (HCV) and genetic predisposition to infection may explain the familial component of hepatitis C in endemic countries, according to a report in the September issue of *Gut*.

HCV seropositivity is significantly higher "within families than expected by chance, even after adjustment for known risk factors for infection," Dr. Sabine Plancoulaine from INSERM, Paris, France told Reuters Health. At least a part of this "could be explained by host genetic predisposition to HCV infection."

Dr. Plancoulaine and colleagues investigated familial clustering of HCV infection in a population living in rural Egypt, a highly endemic area. The study involved 3994 subjects from 475 familial clusters.

Evaluation of serological status showed highly significant father-child, mother-child, and sibling-sibling associations, the authors report, with odds ratios ranging from 3.4 to 9.3. A weaker association was seen between spouses, but age was strongly associated with the risk of HCV infection.

Viral strain similarity was significantly more frequent for patients from the same family than for unrelated subjects, the researchers note.

"The respective contribution of direct HCV transmission between relatives by close contacts or exposure to an unidentified common source of virus to the intrafamilial clustering of viral strains remains to be determined by an in-depth community study," the investigators say. "

"We are currently performing the segregation analysis which will allow us to determine whether or not there is a genetic part in the familial correlation for HCV infection and identify the genetic model (dominant, additive, or recessive) underlying this effect," Dr. Plancoulaine said. "The preliminary results are very encouraging and we plan to publish them by the end of this year."

The next step will be "to perform a linkage analysis for HCV infection to map the genetic effect within the whole genome," Dr. Plancoulaine added. "Genotyping of the informative families is ongoing. We hope to be able to publish the results next year."

Gut 2008;57:1268-1274.

Supervisors nix needle exchange

<http://www.modbee.com>

By TIM MORAN

The Stanislaus County Board of Supervisors voted 4-0 against establishing a needle exchange program Tuesday night, despite the recommendation of the civil grand jury and county health professionals.

County board Chairman Tom Mayfield was not at the meeting. Supervisor Jim DeMartini acted as chairman.

The vote came in response to the grand jury's report recommending a needle exchange program to address the problems of hepatitis C and human immunodeficiency virus infections in the county.

The county's health officials, including health officer John Walker, Health Services Agency Director Mary Ann Lee and Behavioral Health and Recovery Services Director Denise Hunt, gave a presentation spelling out the history of hepatitis C in the county and efforts to control it.

The county had 519 cases in 2007, Walker said. Almost all were adults, most were covered by private health insurance, and many didn't know how they were exposed to the disease, he said.

Needle exchange programs are controversial, Walker noted, but have several benefits, including reducing the spread of hepatitis C and HIV, and bringing intravenous drug users in regular contact with health care providers who can help them avoid disease transmission.

Hunt said the program reduces the number of dirty needles on the street. The county's Advisory Board on Substance Abuse Prevention voted to support the program after a lively debate, Hunt said.

"I urge the board to consider this as a public health issue and not a drug abuse issue," she said. "I urge you to adopt the grand jury recommendation."

Lee said she agreed with the recommendation, but that the program should be run by a nonprofit community organization without using HSA funds.

Law enforcement officials, including Sheriff Adam Christianson and District Attorney Birgit Fladager, spoke against the idea, saying it would enable drug users to continue their addiction.

"All of the challenges we are faced with in Stanislaus County, the gangs, methamphetamine, crimes, all have elements of drug addiction," Christianson said. "A syringe exchange program enables people to continue with their drug addiction," he said.

Fladager said a needle exchange program sends a message to young people that drugs aren't so bad or that the county will take care of them if they become addicted.

Supervisors agreed with the law enforcement officials.

Supervisor Bill O'Brien said hepatitis C infections are a relatively small health problem for the county, compared with depression, obesity, heart disease and infant mortality. Because most patients are covered by private insurance, it's not a big financial issue for the county, he said.

"Then there's the human issue. Giving a drug user a clean needle is not the best thing for him. Illegal drug use has a risk, and making it safer promotes it," he said.

DeMartini thanked the grand jury for the report, but added, "Like many well-intentioned programs that don't work out, this will never work out and deliver the benefits promised."

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The prevalence of hepatitis B virus infection in inflammatory bowel disease patients

<http://www.eurekalert.org>

Patients with IBD have high risk of infection by hepatitis viruses B or C because during the course of their disease, they need blood transfusions, and sometimes surgical and endoscopic procedures for diagnosis and treatment. It is important to alert health professionals about prevention and early diagnosis of HBV infection because the steroids and immunosuppressant drugs used in IBD treatment worsen the HBV liver disease. Few studies exist to verify if these drugs influence HBV infection in IBD patients.

A research article to be published on 28 May 2008, in the *World Journal of Gastroenterology* addresses this question. The research team led by Prof. Yolanda Faia Manhães Tolentino from Federal University of Rio de Janeiro evaluated the prevalence of HBV infection in IBD patients that followed up in the hospital and the possible risk factors involved in HBV infection transmission in the patients group.

It was a cross-sectional study for which 176 patients were selected according to their arrival for the medical interview. All those patients had already IBD diagnosis. The patient was interviewed and a questionnaire was filled out.

It was concluded that there was a high incidence of positive anti-HBc (17%) and positive HBsAg (2.3%) in IBD patient when compared with the overall population (7.9%).

The statistical analysis couldn't identify one possible risk factor for HBV transmission but the study found among the IBD patients 4 persons with positive HBsAg that was called inactive bearers. Studies show that immunological suppression caused by steroids, immunosuppressants drugs and the anti-TNF (anti necrosis antibodies - Infliximab) in IBD patients can influence the course of hepatic disease once used in HBsAg positive patients. Those drugs would take a viral replication and infection spread inside hepatocytes. It has already been related 1 case of hepatic insufficiency and death in a Crohn's disease (CD) patient and 1 case of fulminant hepatitis in rheumatoid arthritis patient both with positive HBsAg and treated with these drugs. In patients with positive HBsAg, it would be recommended the lamivudine use before immunological suppression.

After this study, it was recommended HBV vaccination for IBD patients that have never been infected by BV and also recommend lamivudine for patients with positive anti-HBc and needs to use steroids and immunomodulators.

Reference:

Tolentino YFM, Fogaça HS, Zaltman C, Ximenes LLL, Coelho HSM. Hepatitis B virus prevalence and transmission risk factors in inflammatory bowel disease patients at clementino fraga filho university hospital. World J Gastroenterol 2008; 14(20): 3201-3206
<http://www.wjgnet.com/1007-9327/14/3201.asp>

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New guidance for hepatitis B infection

www.upi.com

ATLANTA, Sept. 18 (UPI) -- For the first time health professionals have guidance for effective management of chronically infected hepatitis B patients, U.S. health officials said.

The national Centers for Disease Control and Prevention in Atlanta published new recommendations for healthcare providers that are designed to increase routine testing in the United States for chronic hepatitis B, a major cause of liver disease and liver cancer.

The CDC (NASDAQ:HINA) recommends testing all individuals born in Asia and Africa, as well as testing additional at-risk populations, including men who have sex with men and injection-drug users, the CDC's Morbidity and Mortality Weekly Report said.

"Chronic hepatitis B affects the lives of more than 1 million Americans, many of whom do not even know they are infected. These new recommendations are critical to identifying people who are living with the disease without the benefits of medical attention," Dr. John W. Ward, director of CDC's division of viral hepatitis said in a statement.

"Testing is the first step to identify infected persons so that they can receive lifesaving care and treatment, which can break the cycle of transmission, slow disease progression, and prevent deaths from liver cancer."

In the United States, chronic hepatitis B is the underlying cause of an estimated 2,000 to 4,000 deaths each year from cirrhosis and liver cancer, the CDC said.

Sep 19, 2008

Exercise reduces fat in livers of diabetics: study

www.reuters.com

By Will Dunham

WASHINGTON (Reuters) - Regular moderate exercise helps people with diabetes to reduce fat in their livers, in turn potentially preventing liver failure and heart disease, U.S. researchers said on Friday.

People with type 2 diabetes, the most common form of the disease and one closely tied to obesity, often have elevated liver fat levels and are at high risk for a condition called nonalcoholic fatty liver disease.

Diabetics who did a six-month program of cardiovascular exercise and weight lifting three times a week cut the fat in their livers by about 40 percent in the study by researchers at Johns Hopkins University in Baltimore.

They said the study, which used magnetic resonance imaging scans, is the first to show exercise can get fat out of the livers of people with type 2 diabetes.

"What we were able to demonstrate pretty definitively is that yet another benefit of exercise is to help reduce liver fat," Johns Hopkins exercise physiologist Kerry Stewart said in a telephone interview.

Stewart presented the findings at an American Association of Cardiovascular and Pulmonary Rehabilitation meeting in Indianapolis.

The condition, also known as hepatic steatosis, can lead to cirrhosis of the liver, liver failure, liver cancer and a higher risk for diabetes-related heart problems.

Seventy-seven men and women with diabetes, most of whom were overweight or obese, took part in the study.

About half were assigned to moderate exercise including 45 minutes of running on a treadmill, using a stair-climbing machine or riding a bicycle for 45 minutes three times a week, along with 20 minutes of lifting weights.

The others were not placed in any formal fitness program, and most got little physical activity. At the end of six months, they had no improvement in liver fat.

Those in the exercise group also improved their overall fitness, shedding weight, gaining muscle strength and losing abdominal fat.

Type 2 diabetes is a growing problem in the United States and many other countries, fueled by increasing obesity. The American Diabetes Association said about 24 million people in the United States have diabetes, mostly type 2.

(Editing by Maggie Fox and Xavier Briand)

Cocoa woman starts hepatitis C support group

<http://www.myhometownnews.net>

By Tony Judnich

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COCOA - Five years ago, after dealing with frequent colds and extreme fatigue, Theresa Lang visited a doctor to undergo blood tests.

The results shocked the 56-year-old Cocoa resident and changed her life's direction.

"The results came back and they said I had hepatitis C," Ms. Lang said. "I almost had a stroke (from the shock)."

Hepatitis C is a blood-borne infectious disease that is caused by the hepatitis C virus, affecting the liver. The virus (HCV) is spread by blood-to-blood contact, and no vaccine against the disease is available, according to the Web site, http://en.wikipedia.org/wiki/Hepatitis_C.

"The infection is often asymptomatic, (or present but without symptoms), but once established, chronic infection can cause inflammation of the liver," the Web site said. "This condition can progress to scarring of the liver (fibrosis), and advanced scarring (cirrhosis). In some cases, those with cirrhosis will go on to develop liver failure or other complications of cirrhosis, including liver cancer."

Ms. Lang said she underwent a liver biopsy, and that her doctor told her dirty needles that were used to give her four tattoos in the 1970s caused her to get sick.

"The biopsy showed my liver was between cirrhosis and cancer," Ms. Lang said.

She soon began undergoing treatment, including a regimen that involved taking four to six pills a day and receiving a weekly injection.

Ms. Lang said the injections left her feeling like she was dealing with a major bout of the flu, and the treatment caused her to lose some of her hair.

"The symptoms of infection can be medically managed, and a proportion of patients can be cleared of the virus by a course of anti-viral medicines," the Web site said. "Although early medical intervention is helpful, people with HCV infection can experience mild symptoms, and consequently do not seek treatment."

An estimated 150-200 million people worldwide are infected with hepatitis C, according to the Web site.

"There is really no sign of having hepatitis C, except for the fatigue," Ms. Lang said. "I started getting sick more, because it attacks the liver."

Ms. Lang, who is a retired electrical apprentice, said she has been free of the virus for the past 2-1/2 years, and she is working to educate as many people as possible about hepatitis C.

She recently formed an organization called T's Angels for Hepatitis C Awareness and Support Group.

Ms. Lang said the Rockledge Lions Club gave her \$87.50 so she could obtain the nonprofit license for her group.

Her group has a three-member board of directors, which consists of herself, Ellie Eaton, who is a registered nurse with Health First, and Burton Green, who is a Cocoa Beach attorney.

Ms. Lang said the group plans to coordinate several benefits to help pay the medical expenses of people who have hepatitis C.

For example, the group is planning to have a motorcycle poker run benefit in the Cocoa, Cocoa Beach and Cape Canaveral areas around Thanksgiving.

The T's Angels group is in need of a fax machine and monetary donations, Ms. Lang said.

For information, call (321) 633-9288 or send an e-mail to ts-angels@netzero.net .

New Mexico in Focus” Takes an In-Depth Look at Hepatitis C

<http://www.unm.edu>

Thirty-six thousand New Mexicans are living with a very serious and very infectious disease. And, many of them don't even know they have it. It's called Hepatitis C. This week on a “New Mexico in Focus” special, find out more about this growing health crisis. “New Mexico in Focus” airs on KNME-TV, Channel 5 on Friday, Sept. 19 at 7 p.m.

A documentary by independent producer Dr. Ben Daitz's looks at how people get Hepatitis C, what makes it so debilitating, and the extraordinary steps medical providers are taking to treat this insidious disease.

Then, call in with your questions, as host Gene Grant is joined by doctors, a patient and one of the nation's leading experts on Hepatitis C. Your questions will be answered, as we find out "What in the World is Hepatitis C?"

This week's guests include Dr. Karen Armitage, chief medical officer for the New Mexico Department of Health, Dr. Sanjeev Arora, project director for the Extension for Community Healthcare Outcomes, and Dr. Saverio Sava, a family medical practitioner to discuss Hepatitis C.

"New Mexico in Focus" looks at social, political, economic, health, education and arts issues and gives them context beyond the "news of the moment." The one-hour show brings viewers important topics, opinions and insight, in an integrated and cohesive package.

Producers of 'New Mexico In Focus' are Kevin McDonald and Kathy Wimmer. Closed captioning has been made possible by a gift from Mrs. Elspeth G. Bobbs.

Natalie Cole hospitalized due to hepatitis C

<http://news.yahoo.com>

By NEKESA MUMBI MOODY, AP Music Writer

NEW YORK - Natalie Cole, who recently revealed she had hepatitis C, has been hospitalized as a result of side effects from her medication and a heavy promotional schedule, her representative said Friday.

The Grammy-winning singer has been in a New York City hospital since Sept. 12, and is expected to remain there for at least a few days, according to publicist Maureen O'Connor of the firm Rogers & Cowan.

Cole announced in July that she was suffering from hepatitis C, a liver disease spread through contact with infected blood. She said at the time that the disease was revealed during a routine examination and was likely caused by her drug use years ago.

O'Connor said Cole had been responding well to treatment, but blamed the medicine she has been taking and a busy publicity schedule to promote her new album, "Still Unforgettable," with causing her problems. Cole had taped several TV appearances and had appeared live on NBC's "Today" show on Sept. 11, a day before her hospitalization.

Cole is expected to be in the hospital for a few more days and then will return to her home in Los Angeles, where she will be on bedrest, O'Connor said.

"We canceling her activities in October, but we do expect her to have a complete recovery," she said. "She just needs some rest."

O'Connor said Cole has been well enough to talk on the phone everyday, but didn't have much information on her condition.

Cole, the daughter of jazz legend Nat King Cole, has sold millions of albums in her own long career. Her best-selling work was her 1991 multiple-Grammy winning CD, "Unforgettable ... With Love," on which she remade some of her father's classics