

LIVING FREE OF HEPATITIS C

Almost 40 years after unknowingly contracting the liver-damaging virus during surgery, Sharon Rider declared cured after completing her treatment

SHARON RIDER WAS JUST 16 WHEN SHE CONTRACTED HEPATITIS C from a tainted blood transfusion during surgery. But she didn't find out she'd been infected until 23 years later, at the age of 39, when a presurgery blood test came up positive for the virus.

The blood-borne virus, which can lead to cirrhosis, liver failure or liver cancer if untreated, can be present in the body for decades before a person begins to experience symptoms – by which time the liver may be seriously damaged. Rider, who lives about an hour northwest of Toronto in Acton, Ont., didn't start to feel ill until she reached her forties, when she developed fatigue.

"I thought I was tired because moms are tired," says Rider, a mother of two who worked full-time. Eventually, her general practitioner referred her to Morris Sherman, a Toronto hepatologist, who prescribed interferon, then an experimental drug treatment for hepatitis C. Not only was it ineffective, it caused unpleasant side effects. "I was tired a

lot and had flu-like symptoms – very similar to what chemotherapy would be like," she recalls.

Afterwards, Rider felt hopeless. "The one cure that they had didn't work," she says. "My husband and I started ticking off things on our bucket list. We were very scared that I wasn't going to see the future."

But in 2014, she underwent another experimental treatment – this one involving a regimen of antiviral meds. It worked and Rider says she didn't suffer any side effects.

Now 56, Rider, who once feared she wouldn't live long enough to see her children get married, recently became a grandmother for the second time and says she feels fantastic. "They've checked me several times since I had the treatment to make sure I am still totally cured. And, yes, I still am." Though the risk of reinfection is extremely low (one to two per cent), physicians may retest patients for at least a year post treatment.

Like Rider, who was born in 1962, the majority of Canadians with hepatitis C were born between 1945 and 1975. Most don't know about their increased risk and only one-quarter has been tested, according to the Canadian Liver Foundation. An estimated 250,000 to 300,000 Canadians with hepatitis C are undiagnosed.

In up to 30 per cent of cases, no clear risk factors have been identified. In those instances, Dr. Sherman believes hepatitis C may have been acquired from long-ago medical procedures. "In bygone eras, they were performed with glass syringes,



After the drug interferon failed to treat her hepatitis C, Sharon Rider feared that she wouldn't live long enough to see her children get married. In 2014, a new type of pill cured her disease. PHOTO: THOMAS BOLLMANN

reusable syringes and needles. We believe that was one of the factors responsible for a lot of infection."

High risk factors include injection drug use, incarceration and receiving an organ transplant, blood or blood products prior to 1990. Tattoos, body piercing, multiple sex partners and sharing personal items, such as razors and toothbrushes, with someone infected by hepatitis C, fall under the moderate risk category.

Dr. Sherman points out that the cure rate for hepatitis C using treatment with antiviral drugs is better than 95 per cent.

"It's not like the old days when there was this terrible interferon that people had to take with a low success rate," he says. "That's completely changed. We now have

drugs that are very effective." And more good news: Canada is also making big strides toward having the cost of hepatitis C drugs covered by provincial health-care plans across the country.

"The reality is that many Canadians have hepatitis C and they don't know they have it," Rider says.

SETTING A GOAL

Canada backs the World Health Organization's quest to reduce new hepatitis C cases and mortality by 2030

Researchers who specialize in liver diseases are urging the Canadian government to adopt a co-ordinated national action plan to eliminate hepatitis C, an often unrecognized and undiagnosed disease they say causes a greater health burden than any other infectious disease in the country. Yet it is one that can be treated effectively with antiviral drugs.

"Hepatitis C kills people slowly," says Dr. Jordan Feld, a Toronto liver specialist who is also the clinical research lead of the Canadian Network on Hepatitis C (CanHepC), a national research network. "It's not like Ebola, so it's a bit harder to convey a sense of urgency."

It can take decades for patients to show symptoms of this disease, which causes slow and progressive liver damage. Dr. Feld says his "nightmare" is diagnosing hepatitis C in someone with advanced liver disease or cancer. "That's an infection that's been sitting there for 20, 30 or 40 years, and, had it been identified earlier, it could have been treated and cured."

In 2016, the World Health Organization called on countries to reduce new hepatitis infections by 90 per cent and related mortality by 65 per cent by 2030 with a combination of treatment and prevention, a goal that Canada endorsed. To that end, CanHepC produced a blueprint for



Liver specialist Dr. Jordan Feld says that hepatitis C kills people slowly and can be prevented.

eliminating the hepatitis C virus, which Dr. Feld and his colleagues presented at the Global Hepatitis Summit in Toronto this year.

CanHepC's blueprint covers prevention, testing and treatment. Increased testing will be critical, it says, to get people diagnosed and into care. Dr. Feld feels that if there is efficient screening of baby boomers, the majority of individuals with hepatitis C can be identified.

"Traditionally, we've tested people based on their risk for acquiring the infection, which intuitively makes sense," he explains. "The problem is healthcare professionals are not very good at identifying

who's at risk and people may not want to talk about their risk factors." He says screening baby boomers will help normalize testing.

CanHepC is pushing for the federal government to create strategies for each group affected by hepatitis C. "A strategy that's going to work for baby boomers is different than one that might work for people who use [injectable] drugs," says Dr. Julie Bruneau, epidemiology research lead of CanHepC.

She says Canada needs to be more aggressive about implementing prevention strategies like safe needle programs and opiate substitution therapy in combination with treatment.

Not only will more people die from the virus, but the cost of treating those with advanced liver diseases will skyrocket, according to Dr. Feld. "Screening and treating people for hepatitis C would be a better value for health-care dollars than most things we do."

This content was produced by The Globe and Mail's Globe Edge Content Studio on behalf of an Innovative Medicines Canada (IMC) member company. The Globe's editorial department was not involved in its creation. All treatment options have benefits and risks which vary by individual.

HEPATITIS C

KILLS MORE CANADIANS THAN ANY OTHER INFECTIOUS DISEASE AND IS A LEADING CAUSE OF LIVER CANCER

AN ESTIMATED
1 OUT OF EVERY 100 CANADIANS
HAS HEPATITIS C

PEOPLE WITH HEPATITIS C OFTEN
SHOW NO SYMPTOMS
UNTIL THEIR LIVER IS SEVERELY DAMAGED

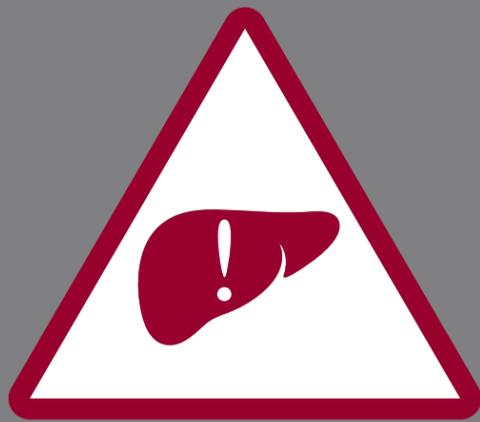
NEW TREATMENTS CAN
CURE HEPATITIS C
PREVENT FURTHER LIVER DAMAGE AND IMPROVE HEALTH OUTCOMES

IF IT'S TREATED SOON ENOUGH

70%

OF CANADIANS INFECTED WITH HEPATITIS C ARE
BABY BOOMERS
BORN 1945-1975

There is no warning for Hepatitis C.



This is your warning!

If you were born between 1945 – 1975, get tested.

To learn more, visit
www.liver.ca/ThisIsYourWarning

liver.ca

Canadian Liver Foundation
Fondation canadienne du foie