CAHN
Canadian Association Of Hepatology Nurses
Association Canadienne Des Infirmieres D'Hepatologie

Spring 2009

President's Message

It is both an honour and privilege to be elected CAHN President. I would like to thank the membership for their encouragement and support in achieving this goal. I recognize I am following in the footsteps of 3 previous Presidents, Colina Yim, Vera Simon and JoAnn Ford, all who have worked exhaustingly along with their executives to shape the organization and make it the success it is today. I am also very fortunate to step into the Presidency at a time when there is a very experienced executive, and together we will continue to work and build upon previous successes.

The 2009 Annual CAHN conference was once again held in conjunction with CASL and CAG, in Banff Alberta. Thanks to the hard work of the education co-chairs and their conference planning committee, it was another exemplary educational event. The program covered a variety of topics and issues relevant to our practices. Once again, a number of CAHN members were able to present their personal work and research through both oral and poster presentations. Remember it is never too early to start working on abstracts for next years meeting.

For the first time ever, CAHN Awards were presented in the categories of leadership, research, education, and clinical practice. Nominations arise from within the membership and are rated by the Awards Committee. A task which is tougher than it sounds…as all the nominees were deserving of awards. This year's award winners were Leadership- Kathy Poldre, Research- Gail Butt, Education- Ciro Panessa, and Clinical Practice- Frances Falconer. I encourage all of you to consider your peers for an award, and remember the deadline for the 2010 awards is October.

In the upcoming months I anticipate the executive and the various committees will be busy with ongoing projects and of course some new ones. If you are interested in joining a committee, check out the website at www.livernurses.org and feel free to contact the committee chair or myself.

On behalf of the membership I would like to acknowledge JoAnn Ford for her commitment and work as President. JoAnn you accomplished all the goals you set for your tenure. You should be proud. Congratulations.

I encourage all of you to feel free to contact me with your ideas and comments for CAHN. Your participation is important to the maintenance and growth of our organization. I look forward to serving as your President.

Cheryl Dale

Conference update

This year was a raving success. Special thanks go to the Conference Committee, chaired by Stephanie Elioart, for all their effort in organizing such a dynamic meeting. If the conference evaluations are any indication, every speaker and topic selection was well received by our members. Credit for this goes to Stephanie and her committee for their excellent selections. Every effort will be made to address all the CAHN/CASL CONFERENCE – February 2009

Constructive comments were received from the evaluations. Presently, we are already in the infant stages of planning the next conference and would welcome any topic ideas and potential speakers. Chair – Stephnaie Eiloart –stephanieelioart@hotmail.com or Sharon Bojarski – sharonbojarski@hotmail.com

CAHN conference committee

Awards Committee

This year the CAHN Awards Committee presented their first CAHN Awards for leadership, research, clinical practice and education. This special awards ceremony took place at the AGM on Saturday February 26, 2009.Congratulations to the recipients and to all the nominees of these very prestigious awards. The following awards were presented.

Leadership award went to **Kathy Poldre** who exemplifies the qualities of an outstanding devoted leader. Today's nursing environment calls on mentors and leaders capable of working well with others. Kathy continually strives to innovate and inspire her fellow nurses. She has extraordinary skills that she brings to every project that she undertakes.

Research award was presented to **Gail Butt**. Gail has been described by one of her nominators as a well published Nurse Researcher who is dedicated to the field of Hepatology. Her research involves looking at HCV as a chronic illness and the integration of Hep C Prevention and Health Services. Another area of Gail's interest is self-advocacy in relation to viral hepatitis.

Clinical Practice award was given to **Frances Falconer** who has been the sole Hep C Nurse in Nanaimo on Vancouver Island for over 15 years. Fran is an outstanding nurse who has worked tirelessly to advance the care of Hep C clients despite not having clinical structure and support. **Lynn Schindel** was nominated as well. Lynn has been instrumental in setting up the Viral Hepatitis program in Calgary and a vital part of the team coordinating care for hundreds of clients. She has been a respected and admired mentor for many new nurses entering the field of Hepatology.

Education award was presented to **Ciro Panessa** and **Sharon Bojarski** was nominated. Ciro has been described as a gifted educator who has the innate ability to work effectively across diverse groups. He is skilled at policy formation and community mobilization. Sharon has a long-standing background in the promotion of Hepatology Education which started in 1999 when she became one of CAHN's founding members. Since 2004 she has worked diligently in the position of Chair of the CAHN Education Committee

submitted by by Joni Tsougrianis (Co-chair Awards Committee)

We are proud to be celebrating **40 years** of commitment to the liver health of Canadians. During Liver Health Month, we urge you to LIVERight by taking steps to safeguard your liver health in daily life. More than 1 in 10 Canadians suffer from some form of liver disease, some of which are preventable by making healthier lifestyle choices or taking simple precautions.

To learn more about LIVERight, click on the links below. To find Liver Health Month activities or other CLF events in your area, follow the links under 'CLF Locations'. **To visit the LIVERight microsite, click here**

For LIVERight links and programs, Click here

World Hepatitis Day –May 19, 2009

1 in 12 people world-wide are living
with hepatitis B or C -- including 600,000 Canadians.
The problem is many don't even know it

It's everywhere throughout the world. It's in every city and every country. One in 12 people world-wide have hepatitis B or C -- including 600,000 Canadians. The problem is, many don't even know it.

World Hepatitis Day is a global effort to bring greater awareness and spur government action to address hepatitis B and C as a serious health issues affecting half a billion people world-wide.

Hepatitis B and C are often silent diseases that may have few, if any, symptoms until they reach an advanced stage. As many as 600,000 Canadians are living with chronic hepatitis B and C and many have not yet been diagnosed. If left undiagnosed and untreated, chronic hepatitis B and C can lead to serious complications, liver cancer, the need for liver transplants and even death.

In conjunction with patient groups in countries around the world, Canadians living with hepatitis, their families, patient groups and health care professionals are joining together to urge everyone to learn about the risk factors for hepatitis and talk to their doctors about getting tested.

To find out more about hepatitis B and C or World Hepatitis Day activities held in Canada and around the world, click on the links below.

World Hepatitis Day –May 19, 2009

World Hepatitis Day global website

Click here

Information on hepatitis B - risk factors, prevention, diagnosis, treatment
Information on hepatitis C - risk factors, prevention, diagnosis, treatment

Here at CDHA we acknowledged the day by wearing tee shirts to promote awareness- Team members from Infectious Disease and the Liver Clinic

Please send any pictures or information on World Hepatitis Day in your area…. To geri.hirsch@cdha.nshleaht.ca

Conference Pictures

Stephanie Elioart and Sharon Bojarski

Conference co chairs/education directors

2009 CAHN Award Recipients

L-R: Jo Ann Ford, Lynn Schindel, Gail Butt,

Kathy Poldre, Frances Falconer,Ciro Panessa,Sharon Bojarski

2009 CAHN

Conference Committee

From the Literature

Telaprevir and Peginterferon with or without Ribavirin for Chronic HCV Infection....A total of 334 patients who had chronic infection with HCV genotype 1 and had not been treated previously (PROVE2) NEJM Apr 2009

Christophe HŽzode, M.D., Nicole Forestier, M.D., Geoffrey Dusheiko, M.D., Peter Ferenci, M.D., Stanislas Pol, M.D., Tobias Goeser, M.D., Jean-Pierre Bronowicki, M.D., Marc Bourli re, M.D., Shahin Gharakhanian, M.D., Leif Bengtsson, B.S.C., Lindsay McNair, M.D., M.P.H., Shelley George, M.D., Tara Kieffer, Ph.D., Ann Kwong, Ph.D., Robert S. Kauffman, M.D., Ph.D., John Alam, M.D., Jean-Michel Pawlotsky, M.D., Ph.D., Stefan Zeuzem, M.D., for the PROVE2 Study Team

ABSTRACT

Background- In patients with chronic infection with hepatitis C virus (HCV) genotype 1, treatment with peginterferon alfa and ribavirin for 48 weeks results in rates of sustained virologic response of 40 to 50%. Telaprevir is a specific inhibitor of the HCV serine protease and could be of value in HCV treatment.

Methods- A total of 334 patients who had chronic infection with HCV genotype 1 and had not been treated previously were randomly assigned to receive one of four treatments involving various combinations of telaprevir (1250 mg on day 1, then 750 mg every 8 hours), peginterferon alfa-2a (180 µg weekly), and ribavirin (dose according to body weight). The T12PR24 group (81 patients) received telaprevir, peginterferon alfa-2a, and ribavirin for 12 weeks, followed by peginterferon alfa-2a and ribavirin for 12 more weeks. The T12PR12 group (82 patients) received telaprevir, peginterferon alfa-2a, and ribavirin for 12 weeks. The T12P12 group (78 patients) received telaprevir and peginterferon alfa-2a without ribavirin for 12 weeks. The PR48 (control) group (82 patients) received peginterferon alfa-2a and ribavirin for 48 weeks. The primary end point, a sustained virologic response (an undetectable HCV RNA level 24 weeks after the end of therapy), was compared between the control group and the combined T12P12 and T12PR12 groups.

Results- The rate of sustained virologic response for the T12PR12 and T12P12 groups combined was 48% (77 of 160 patients), as compared with 46% (38 of 82) in the PR48 (control) group (P=0.89). The rate was 60% (49 of 82 patients) in the T12PR12 group (P=0.12 for the comparison with the PR48 group), as compared with 36% (28 of 78 patients) in the T12P12 group (P=0.003; P=0.20 for the comparison with the PR48 group). **The rate was significantly higher in the T12PR24 group (69% [56 of 81 patients]) than in the PR48 group (P=0.004). The adverse events with increased frequency in the telaprevir-based groups were pruritus, rash, and anemia.**

Conclusions; In this phase 2 study of patients infected with HCV genotype 1 who had not been treated previously, one of the three telaprevir groups had a significantly higher rate of sustained virologic response than that with standard therapy. Response rates were lowest with the regimen that did not include ribavirin. (ClinicalTrials.gov number, NCT00372385 [ClinicalTrials.gov] .)

From the Literature

TYPE 2 DIABETES (DM), OBESITY AND HYPERTENSION (HTN) ARE ASSOCIATED WITH MORTALITY IN HEPATITIS C (HCV) PATIENTS Presented at EASL 2009

N. Rafiq1,2, M. Stepanova1,2, B. Lam1, Z. Younossi1,2 1Center for Liver Diseases, Inova Fairfax Hospital, Inova Health System, 2Center for Integrated Research, Inova Health System, Falls Church, VA, USA

Background: Recent data suggests that components of metabolic syndrome (MS) are associated with adverse outcomes in HCV patients.

Aim: To determine the impact of components of MS on mortality of HCV patients.

Methods: We utilized the Third National Health and Nutrition Examination Survey (NHANES III) and Linked Mortality Files. HCV was defined as positive HCV RNA by PCR assay. Subjects without other causes of chronic liver disease such as presumed NAFLD, elevated serum aminotransferases (ALT> 40 U/L, AST> 37 U/L in men, and ALT> 31 U/L, AST>31 U/L in women), excessive alcohol use (>10 grams/day in women and > 20 grams/day in men), elevated transferrin saturation (>50%) and positive hepatitis Bs antigen were designated controls without liver disease. HCV patients were compared to HCV-negative individuals and controls without liver disease using Rao-Scott chi-square statistics. Adjusted hazard ratios (AHR, 95% CI) for overall mortality and cause-specific mortality were calculated for HCV patients using persons without HCV. Cox proportional hazard model was used for calculation of AHR for independent risk factors, and for the presence of HCV as a potential risk factor for overall mortality and cause-specific mortalities. MS was defined according to ATP-III and insulin resistance (IR) was defined as HOMA>3.0.

Results: Cohort included 15,866 individuals with complete data. Among those, 264 patients were HCV-positive, and 13,004 were considered controls. HCV patients had more IR (37.4±3.2% vs. 22.8±0.9%, p< 0.0001) and higher rate of DM (9.2±2.3% vs. 5.5±0.3%, p=0.0885) than controls. In comparison to the HCV-negative patients, HCV patients had higher overall mortality (AHR=2.80, 2.79-2.81), higher liver-related mortality (AHR=17.96, 17.80-18.12), higher DM-related mortality (AHR=18.55, 18.36-18.74) and higher mortality from solid organ malignancy (AHR=1.601, 1.587-1.616). In HCV-infected patients, top 3 predictors of liver related mortality were having higher BMI, presence of IR and elevated serum cholesterol. In HCV patients, increased overall mortality was associated with components of MS [DM (AHR=2.139, 2.11-2.16), higher BMI (AHR=1.054, 1.53-1.055) and HTN (AHR=1.408, 1.394-1.422)]. In HCV patients, increased liver-related mortality was associated with higher BMI (AHR=1.275, 1.274-1.277) and HTN (AHR=3.751, 3.653-3.851).

Conclusions: Components of MS are associated with overall and liver-related mortality in HCV infected patients

CAHN Executive 2009-2011

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