Hepatitis C
Know your options and take action

Fatty Liver Disease
Take preventive measures

Life-saving liver transplant
Survivor shares her story

Brittney Payton turns tragedy into awareness

LOVE YOUR LIVER
LOVE YOUR LIFE

Photo: Billy Rood | figPhoto.net

3 TIPS

AN INDEPENDENT SUPPLEMENT BY MEDIAPLANET TO CHICAGO TRIBUNE
Liver disease does not discriminate.
It can strike children, people in their prime family and career building years, and the elderly.

Healthy liver for a lifetime

Often people have little understanding of what functions the liver performs to keep the body healthy or steps to take to achieve liver wellness. The fact is, the liver is a vital organ, and a person simply cannot live without it. The liver helps the body digest food, store energy, manufacture proteins and remove poisons from air, exhaust, smoke and chemicals that a person may breathe.

Keep your liver healthy

One way to ensure that your liver stays healthy and strong is to keep a healthy lifestyle. The no-brainer here is to eat a well balanced diet and maintain a healthy weight. The liver makes the cholesterol your body needs, but too many high calorie foods can cause fatty liver disease, one of the fastest growing conditions, leading to severe liver disease. Another area to focus attention is alcohol intake. Using alcohol responsibly is key to maintaining a healthy liver. It is known that too many alcoholic beverages can create many health problems, including scarring of your liver. Additionally, over-the-counter medications can affect the liver as well. Everyone needs to read labels carefully to ensure they are not abusing medication that can have dire consequences for the liver.

Vaccinations and screening

One way to ensure a healthy liver is to go out and get screened for some of the more common liver diseases. While there are now vaccinations for hepatitis A and B, hepatitis C still has no vaccination. Prevention is key, but to ensure you do not have hepatitis, screening is a necessity. If you have risk factors such as intravenous drug use, blood transfusion prior to 1992, shared razors, needles or toothbrushes or have had unprotected sex than it is very important to be tested. Simple blood tests can determine many types of liver disease. Ask your physician for a complete liver analysis.

The American Liver Foundation (ALF) is the nation’s leading nonprofit organization promoting liver health and disease prevention. ALF provides research, education and advocacy for those affected by liver-related diseases, including hepatitis. ALF has many events throughout the year that need people like you to help with fundraising and educational programs. Get involved today! Call ALF to volunteer! Make a donation. Help make a difference.

For more information about liver disease or the American Liver Foundation, go to www.liverfoundation.org or call 1-800-GO-LIVER. (800-465-4837).

THE AMERICAN LIVER FOUNDATION
editorial@mediaplanet.com
A legacy of understanding.
A vision of discovery.

Merck is committed to building on its strong legacy in the hepatitis field by continuing to discover, develop, and deliver therapies that treat viral hepatitis. Extensive research efforts are underway to develop compounds that help advance hepatitis care.
Prevent hepatitis B in Asian-Americans

Hepatitis B is a serious infection of the liver caused by the hepatitis B virus (HBV).

Up to 25 percent of those affected with HBV die prematurely due to cirrhosis and liver cancer. HBV poses a significant global challenge with up to 400 million people infected globally, but also a national challenge with more than 1.4 million people infected in the United States. Up to one million deaths globally and 5,000 deaths in the United States are attributed annually to HBV.

HBV is preventable

In the United States, Asian-Americans are disproportionately affected, comprising more than 50 percent of those with chronic HBV. Approximately one in 10 Asian-Americans are infected with chronic HBV, with a greater prevalence in those who are foreign-born. As most Asian-Americans are infected during birth or childhood, they are more likely to proceed to chronic HBV infection and to delayed diagnosis and treatment. Unfortunately, although simple diagnostic tests are available and inexpensive, most of those affected remain untreated and unaware of their infection as there are often no symptoms or signs until it is too late. Absent medical education and intervention, this trend appears unlikely to be altered.

The tragedy of this situation is that HBV is preventable with the availability of an effective and safe vaccine since 1986. Yet, hepatitis B remains one of the leading causes of death among infections which are preventable with education and vaccination. Moreover, more than seven FDA approved medications are available for the treatment of HBV with excellent safety and efficacy profiles.

Although the CDC has recommended that Asian-Americans born abroad and their children be screened and vaccinated for hepatitis B, the fact remains that a significant proportion of Asian-Americans remain untested, untreated, and unvaccinated. One of the most important limitations in HBV intervention remains the lack of awareness regarding HBV among physicians and members of the impacted communities. A growing movement exists in the United States with national organizations such as the Asian Health Foundation, with the support of medical professionals and hospitals, to spread the word that HBV in the Asian-American community is prevalent, preventable, and treatable. Given the great burden of the disease, this call to action toward screening, vaccination, and linkage to care to eradicate HBV is one that we cannot ignore.

Routes of transmission for Hepatitis B include contact with infectious blood, semen, and other body fluids, primarily through:

- Birth to an infected mother
- Sexual contact with an infected person
- Sharing of contaminated needles, syringes or other injection drug equipment
- Needlesticks or other sharp instrument injuries.

“Approximately one in 10 Asian-Americans are infected with chronic HBV, with a greater prevalence in those who are foreign-born.”

Dr. Joseph Ahn
Associate Director, Section of Hepatology at Loyola University Hospital

“I hope you will join me and other organizations in supporting hepatitis B awareness and prevention. It is important that we all do our part to bring hepatitis B to the forefront, and normalize the discussion of this deadly and silent disease.”

Fiona Ma
Honorary Chairperson SF Hep B Free Campaign

Hepatitis B prevention

Hepatitis B awareness is key in prevention

Approximately 1.4 million Americans are infected with hepatitis B. More than half of the 1.4 million Americans infected are Asian/Pacific Islander Americans—I am one of them.

I contracted the disease from my mother via perinatal exposure which is a common way hepatitis B is transmitted. I am perfectly healthy and fine today, but hepatitis B is something that should be monitored closely because the disease rarely shows symptoms until it is too late for treatment. This is why I feel it is extremely important for people to get screened and vaccinated.

Chronic hepatitis B is the leading cause of liver cancer and liver transplants. Individuals chronically infected with hepatitis B are at a higher risk of developing cirrhosis of the liver or liver cancer. Hepatitis B-related liver cancer is the leading cause of cancer death among Asian/Pacific Islander men.

Talking about issues like hepatitis B isn’t particularly “sexy,” but hepatitis B is becoming more and more of a problem within the Asian-American community and we need to do more about it. We need to bring the discussion to the forefront and make sure everything that can be done to promote awareness and prevention of hepatitis B is done.

A lack of awareness coupled with cultural differences and language barriers prevent many Asian-Americans from getting screened and seeking medical attention. Many people who contract hepatitis B will never develop symptoms, but can still transmit the disease to others.

For the last two years, I’ve worked in San Francisco to make people aware of the impact of hepatitis B in California’s diverse communities. Through the Hep B Free campaign (www.sfhepbfree.org), we’ve tested thousands of San Franciscans, provided vaccination and treatment information, and formed a network of groups committed to ending hepatitis B.

I hope you will join me and other organizations in supporting hepatitis B awareness and prevention. It is important that we all do our part to bring hepatitis B to the forefront, and normalize the discussion of this deadly and silent disease.
Hepatitis C virus (HCV) is a global problem with more than 170 million infected individuals. In the United States, it is the most common bloodborne infection. Almost four million individuals have been exposed to HCV and 2.7 million have an active infection.

A dynamic virus

HCV is a dynamic virus with an estimated turn-over rate of 2.7 hours, producing more than 12 billion virus particles a day. The virus sacrifices accuracy for efficiency, and the many “mistakes” it makes allow it to escape both medications as well as the immune system. Nonetheless, successful therapy for hepatitis C permanently eliminates active viral production and the development of long-term consequences of disease, such as cirrhosis, liver cancer, and the need for liver transplantation.

With significant advances in understanding the viral characteristics and replication process, current therapy is effective in almost 50 percent of candidates for treatment.

Outlook for 2011

Research has helped to identify those patients most likely to respond. For example, patients that respond rapidly (in the first month) to treatment are very likely to achieve a cure and may even achieve this with less than the traditional year of therapy. New genetic testing can identify patients with improved interferon sensitivity, helping to identify those that may respond best to our currently available medications.

Perhaps most exciting is the news that HCV therapy is on the brink of a revolution. We anticipate the FDA approval of two HCV protease inhibitors in 2011. These are the first of many new agents expected to transform the treatment of HCV. Unlike our current therapy, these new agents will predominately be direct-acting antivirals. These potent medications will actively interfere with viral production in the liver. Early investigations suggest that these drugs, when added to the backbone of current therapy, will increase the chance of cure to about 70 percent in those who have not received prior therapy, and are infected with the most common HCV strain. Of course by adding these drugs, the potential for side effects will also increase and, in addition, individuals who have failed previous treatment may respond less vigorously. Furthermore, these medications will not be a good option for those that cannot tolerate current treatment, which remains essential for cure. The response to this therapy will also need to be monitored closely. Viral resistance to this new treatment combination will affect the effectiveness of future therapies.

Continuing research for better outcomes

Although we eagerly await these new therapeutic options in 2011, a second wave of agents are also in development. Some of these drugs will target different aspects of viral replication and will hopefully result in combinations of medications that will not only cure more patients but also shorten and simplify HCV therapy. Even more exciting, preliminary studies have shown that combinations of complementary medications (targeting different aspects of the virus life cycle) suppress the virus. We can now hopefully envision a future regimen of only oral medications that will effectively cure those affected by HCV.

It is important to remember that although we expect great improvements to the medications currently available, many people respond well to this therapy and may not be well-served waiting for these improvements. The success of treatment can be predicted in addition to determining how rapidly the virus responds to the medications. Also, many centers are enrolling for trials involving new agents including regimens of all oral drugs. For more information talk to your doctor to see if hepatitis C therapy may be appropriate for you. Accurate information can also be obtained through the American Liver Foundations (www.liverfoundation.org) and the American Association for the Study of Liver Diseases (www.aasld.org).

Washington needs to act now to address hepatitis B and C

Nearly six million Americans are estimated to be infected with chronic hepatitis B or C.

Because our health care system does a poor job of screening and testing those most at risk—Baby Boomers, Asian-Americans, and African-Americans—most individuals afflicted with viral hepatitis are unaware of their infection until it is too late. Left unchecked, hepatitis B and C can lead to far more serious and expensive medical conditions, including cirrhosis, liver failure, or liver cancer. The cost of many of these conditions is often borne by Medicare and Medicaid, which are already struggling.

An overwhelming majority of liver cancer cases result from chronic hepatitis B or C infection. Liver cancer is the fifth most common cancer worldwide and is one of the top 10 occurring cancers in the US, annually striking an estimated 24,000 Americans. If Congress takes action to promote state-based screening and early intervention on hepatitis B and C, we are certain to see a long-term decline in liver cancer cases and deaths—and a corresponding reduction in health care costs.

The good news is that hepatitis B and hepatitis C are winnable battles. Hepatitis B is preventable through a vaccine and hepatitis C can be cured in about 50 percent of cases—and that number is poised to grow significantly with the advent of new therapies. Hepatitis C is currently the only curable virus.

Regrettably, our public health response has not kept pace. In 2011, federal funding to support state-based hepatitis screening, testing, and education programs is expected to be less than it was a decade ago, even as caseloads rise. This neglect has sparked consternation among patients, clinicians, and policymakers from both sides of the aisle. And it carries a hefty price tag—without an adequate response to this crisis, it is estimated that the annual cost of treating hepatitis C alone will more than triple to $85 billion by 2024.

Over the past year, two different expert reports—one from the Institute of Medicine (IOM), the other from the Trust for America’s Health—have set forth specific policy actions that should be taken to address this hidden crisis. With bipartisan hepatitis legislation languishing in Congress and the US Department of Health & Human Services slow to release a long-awaited report on these diseases, it’s clear we need to pick up the pace. Washington knows what needs to be done, but has simply lacked the political will.

The epidemics of hepatitis B and C aren’t going away unless we take decisive action to help support state-based efforts. Policymakers can choose to pay for success now or pay for failure later. A modest investment in screening and education programs will have a long-term payoff through lower health care costs, reduced liver cancer cases, and, ultimately, saved lives. And that’s a reason for real hope.
Our Target: Hepatitis C

Genentech is committed to rigorous and groundbreaking science. For more than 30 years, Genentech has been using innovative science to develop breakthrough medicines for people with serious or life-threatening diseases such as hepatitis C. We continue to investigate new approaches to the treatment of patients with hepatitis C and have multiple potential medicines in development.
INSPiRATIoN

Question: How can a simple gesture, like joining your local organ donor registry, help give hope to those in need of lifesaving donations?

Answer: For those like 8th grader Emma Brown of Athens, Ohio, who received a life saving liver transplant at the age of nine, organ donors are the unsung heroes to those with transplant needs.

Becoming an organ donor can save lives

Emma Brown was living the life of a normal grade school student living in Ohio when illness suddenly plagued her and left her in desperate need for a liver transplant. The liver transplant and an organ donor were in fact, her only remaining hope.

According to the official U.S. government web site for organ and tissue donation, there are currently more than 108,000 individuals in need of a lifesaving donation. However the number of people who need transplants continues to far outpace the number of available donors.

Giving and getting a chance
The need for organ donors, given these staggering figures, is obviously of the utmost importance, which is why the need to get more donors signed up and to make people aware of this important role they can play is crucial.

Astellas Pharmaceutical hosts a float in the Rose Parade each year for this very reason. “Astellas is committed to the Donate Life Rose Parade float because it provides such a meaningful and high-profile platform to promote organ donation,” said Charlotte Berlin, Senior Product Director, Immunology, for Astella. The seemingly simple act of joining a donor registry can then go on to change—and even save—many lives.

Brown said, “When I was nine, my life was saved because a random stranger decided to give the gift of life…. No amount of testing could determine why my liver suddenly failed.”

“When I was nine, my life was saved because a random stranger decided to give the Gift of Life…. No amount of testing could determine why my liver suddenly failed.”

Emma Brown
Winner of “Donate Life” essay contest

“Truly superheroes”
Emma Brown added, “The only superheroes I’ve ever known are the people who save lives. Thanking people has always been hard for me. But, if there’s one thing that has been the most instinctual thing I’ve done, it’s this: I thank everyone who has ever signed up for organ donation, because they might save another little girl like me.”

TIM RADWAY
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WALTeR PAYTON’S LIFE INSPIRED A CITY.
NOW, IT COULD INSPIRE A CURE.

What does it take to live up to the name Walter Payton? For the Walter Payton Liver Center, it means having a world-class medical staff with state-of-the-art tools at their disposal. As part of the University of Illinois Medical Center, we’re working towards finding a cure for liver cancer. To get there, we’ll need exceptional teamwork, talent and tenacity. In other words, all the things that made Walter Payton an extraordinary athlete and individual.

UILLINOISMEDCENTER.ORG/WPLC  1.866.682.WPLC
Question: How did Brittney Payton react to losing her father, football legend Walter Payton?
Answer: Despite being only 14 years old at the time of her father’s diagnosis and untimely passing, Brittney and two others at her high school started the “Youth for Life” program.

Daughter uses late father’s illness to raise awareness

In 1999, a few brief years removed from a brilliant NFL career which ended with Walter Payton as football’s all-time leading rusher, Payton was diagnosed with a rare liver disease known as primary sclerosing cholangitis, or PSC.

Brittney Payton took the news very hard, yet got to see her father’s incredible grit as he faced a difficult battle.

His passion and spirit were surely a part of Brittney’s fight to educate and spread the word about organ donation. “Although my father was losing his own fight against this dreadful disease, I watched him bravely speak out to the State of Illinois regarding the ongoing need for organ donors. With sincere and heartfelt words he significantly raised awareness of the need for help for those who wait on an organ transplant list in hope of receiving the ultimate gift—the ‘Gift of Life.’” Brittney said.

The importance of donation
Unfortunately, Walter faced an onset of cancerous tumors which precluded him from receiving what could have been a life saving liver donation. Yet Brittney heard the important message: the fact that people could become organ donors and help save the lives of those whose one chance at continuing to live was to receive these donations.

“On November 1st, 1999, Dad lost his battle, and I along with my family take every opportunity to talk on the importance of becoming an organ and tissue donor. It was my sophomore year at Barrington High School that two other kids and I started “Youth for Life: Remembering Walter Payton,” an outreach program that goes into Illinois schools to educate our young drivers on the importance of being a registered donor,” Brittney said.

Hope for the future
In many states, such as Illinois, becoming an organ donor is as simple as visiting a website. For more information on becoming an organ donor in your state, visit organdonor.gov and join Brittney in her fight to make people aware of their abilities to impact and save lives.
In conjunction with a doctor’s help, there are steps that can be taken to control or prevent non-alcoholic fatty liver disease.

- **Lose weight.** If you’re overweight or obese, reduce the number of calories you eat each day, particularly carbohydrates and increase physical activity in order to lose weight.
- **Choose a healthy diet.** Eat a healthy diet that’s rich in fruits and vegetables, healthy unsaturated fats, and whole grains.
- **Exercise and be more active.** Aim for at least 30 minutes of exercise most days of the week. Incorporate more activity in your day.
- **Control your diabetes.** Follow your doctor’s instructions to stay in control of your diabetes.
- **Lower your cholesterol.** A healthy diet, exercise, and medications can help keep your cholesterol at healthy levels.
- **Protect your liver.** Avoid things that will put extra stress on your liver. For instance, don’t drink alcohol. Follow the instructions on all medications and over-the-counter drugs.

**Obesity has reached epidemic proportions in the industrialized world.**

In the United States, the number of obese (BMI > 30) and extremely-obese individuals (BMI > 40) has increased to 31-33 percent and three to seven percent of the population respectively. As a result, the incidences of diabetes and fatty liver disease have increased. Fatty liver occurs when there is excess fat stored in the liver cells. As a result, the liver exhausts its ability to break down the fats in a healthy way, leading to liver damage.

Non-alcoholic fatty liver disease (NAFLD) is the accumulation of fat in the liver in people who drink little to no alcohol. NAFLD affects about one third of the general population and has quickly become the most common cause of abnormal liver tests. NAFLD also affects more than six million children in the U.S. and is the most common cause of liver disease in children. The increase in the accumulated fats can, if left untreated, lead to a condition called steatohepatitis (NASH.) If not addressed, patients with NASH can suffer from liver failure or cirrhosis.

**Understanding NAFLD**

Fat can accumulate in the liver under many conditions: excess alcohol consumption, drug reactions, metabolic disease such as that related to obesity and diabetes, or malnutrition. Although most patients with NAFLD have abnormal liver tests, abnormalities are often mild and in a sizable number. This can make screening for liver disease in obese patients more challenging. Until non-invasive measurements of liver injury are established, liver biopsy will remain the standard to assess disease severity in NAFLD.

Generally, fatty liver disease causes no signs or symptoms. However, some affected people may experience symptoms like nausea, weakness, abdominal discomfort; signs of more advanced liver disease include leg swelling, dark urine, easy bruising, memory loss and mental confusion. This disease can be detected through routine blood tests or medical check-ups. The diagnosis of fatty liver can be made with ultrasound, CT scan, blood tests, biopsy or an MRI.

The most important intervention is weight loss. Weight loss can decrease fatty liver and improve the pre-diabetic state in patients without underlying diabetes or improve blood sugar control in those with diabetes.

**A promising treatment**

The management of NAFLD can be challenging. In very overweight patients, weight loss through diet and exercise can be difficult to achieve and sustain. Bariatric surgery holds promise as a treatment for many patients with NASH who are unable to lose weight, but is certainly not the answer for all. Drug therapy for NASH is not yet approved and when it is, it is unlikely to be a “one-size fits all” pill. Medical regimens will be tailored to the individual patient’s conditions.

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**Do you suffer from:**

- Fatty Liver
- Hepatitis
- Diabetes
- High cholesterol
- Overheating
- Itchy Skin
- Weight Excess
- Inability to lose weight
- Gall bladder problems
- Excess alcohol intake
- Allergies
- Bad breath
- Coated tongue
- Unexplained health problems

If so, your liver needs help!

For more information visit www.liverdoctor.com

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Fatty liver disease: what you need to know

Maintain a healthy liver

What are the most important factors involved with maintaining a healthy liver?

- Maintaining a healthy diet and weight are important for liver health. Obesity and diabetes can lead to fatty liver disease and non-alcoholic steatohepatitis (NASH), the most common cause of chronic liver disease in the United States. In addition, excess liver fat content can worsen other causes of liver disease including hepatitis C. Of course, excessive alcohol use and tobacco should be avoided.

What advice would you give to a person with HCV risk factors?

- People with risk factors for hepatitis C should see their doctor for a simple blood test. Don’t procrastinate. If you get tested and find that you have hepatitis C, you can do something about it.

What does the future look like for hep C patients?

- The future is bright for people with hepatitis C. While current treatment can be effective in many cases, new treatments are in development for hepatitis C that should dramatically improve response rates. The key is to identify those who are infected so that they can benefit from medical care.

"Don’t procrastinate. If you get tested and find that you have hepatitis C, you can do something about it.”

Scott Cotler, MD
Professor of Medicine Chief, Section of Hepatology University of Illinois at Chicago

Improvements in HCV therapy raise the possibility that people for whom earlier attempts at treatment have failed might be helped by new and better regimens. Approaches to re-treatment include use of higher doses of interferon, longer duration of therapy, use of different types of interferon, and the addition of ribavirin or use of a higher dose. Several factors predict whether re-treatment is likely to be successful. People who have relapsed are more likely to be successfully retreated than non-responders, as are those non-responders who had a significant decrease in HCV RNA during initial treatment. Patients who received prior treatment with interferon mono-therapy are considerably more likely to respond to further treatment.

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For more information on Hepatitis C treatment options and services, please call the Medical Affairs Department at 1.877.377.7862 or visit our corporate website at www.3riverspharma.com. Patients should speak with their healthcare providers.

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