

Our Mission The American Liver Foundation is the nation's leading nonprofit organization promoting liver health and disease prevention. We provide research, education, and advocacy for those affected by liver-related diseases, including hepatitis.

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For Everyone

ALF

Spring 2007

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The Rocky Mountain Chapter of the American Liver Foundation kicked off the year with its 3rd Annual Bulls, Buckles & Brawn event! The fun-filled, family event took place on Tuesday, January 9th at the Cattleman's Club in the Hall of Education during the National Western Stock Show.

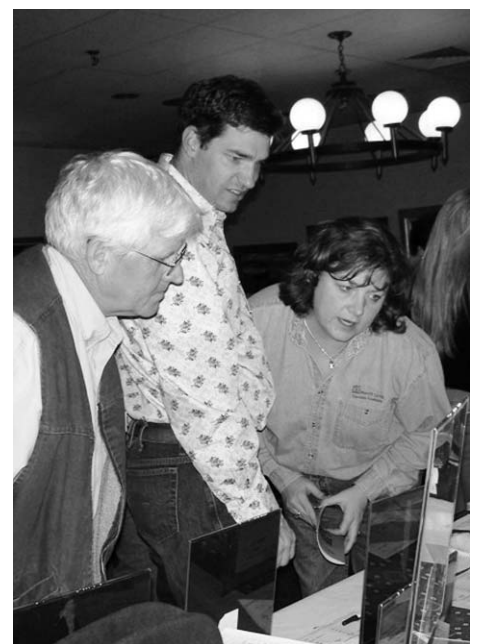
Guests at the event reflected all aspects of the ALF family, and ranged from physicians and patients of liver disease to community partners and corporate sponsors. Each guest was treated to a buffet dinner featuring all natural pork from Prairie Grove Farms.

In conjunction with dinner, guests had the opportunity to participate in live and silent auctions filled with a variety of exciting items from local restaurants, western wear stores, athletic events, museums and more! The live auction created quite a stir and bidding peaked during the live auction of Big Spread, a painting by local artist Carrie Fell, and the Autographed Sylvester Stallone boxing gloves donated by Gil Whiteley. Thanks to the generosity of all our donors, more than \$9,000 was raised through the live and silent auctions, enabling the Rocky Mountain Chapter to reach its fundraising goals for the evening!

From reserved seats, guests were able to witness 45 professional bull riders participating in preliminary competition.

With all-day grounds access and reserved seating for the Professional Bull Rider's Rodeo, our guests certainly had the opportunity to experience all that the National Western Stock Show had to offer!

A special thanks to our Event Sponsors for helping to make this year's Bulls, Buckles & Brawn a success; Prairie Grove Farms, Merrill Lynch, Roche, and 92.5 the Wolf.



Silent auction bidders.



Your Liver. Your Life.

Letter from the president

Dear Friends:

What were your New Year's resolutions? Can't remember them? Here is one sure to bring you lots of fun and no pain (unlike some of those other resolutions): resolve to volunteer for the American Liver Foundation.

We always need help with putting on our fundraising events and, this year, we will be kicking off new educational initiatives that we will need volunteers to assist with. So whether your skills are working with your hands, working with numbers or just greeting people, please consider volunteering a few hours of your time to help a wonderful cause. Just give the office a call and Regina or Brooke will be happy to get you started. We guarantee you'll have fun and meet some amazing people.

Speaking of amazing people, we never cease to be amazed by the performance of the Pro Bull Riders we had the pleasure of seeing at this year's Bulls, Buckles and Brawn event. You'll find more details about this great event elsewhere in this letter. But, I did want to say a special thank you to this year's new presenting sponsor, Prairie Grove Farms, to this year's new silver sponsor, Merrill Lynch and to returning silver sponsor, Roche Pharmaceuticals. Thank you to these great companies for supporting the mission of the American Liver Foundation.

Shortly after our last newsletter went to press, we had the opportunity to welcome another new board member. Paul Peterson, a recent liver transplant recipient, brings a wealth of media and public relations experience to the Board of the Rocky Mountain Chapter. Welcome, Paul, and thanks in advance for your hard work.

While we are in the welcoming mode, I would like to officially welcome Brooke Fritz, the Community Events Coordinator for the Rocky Mountain Chapter. Brooke is a graduate of the University of Wisconsin and is currently enrolled in the Master of Nonprofit Management program at Regis University. Brooke previously served as an AmeriCorps*National Civilian Community Corps Member and AmeriCorps*VISTA Leader with the American Red Cross where she gained experience in fundraising, recruiting and managing volunteers, securing donations, writing press releases, and many other valuable skills. Brooke's energy and enthusiasm for our cause is infectious. We look forward to outstanding contributions from Brooke in the months and years to come.

Sincerely yours,

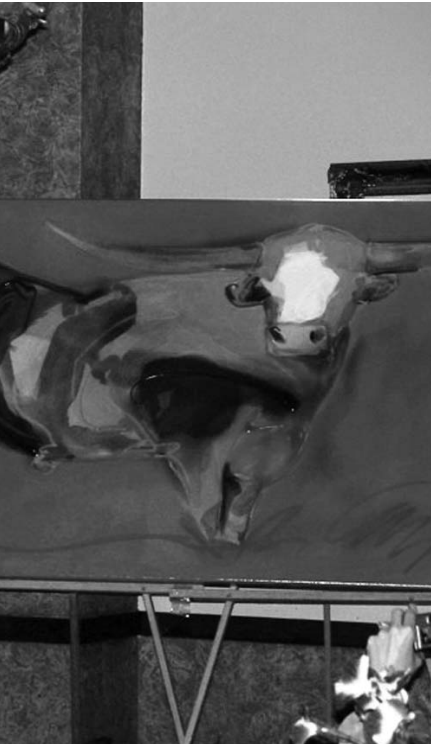


Jon Zeschin, Board of Directors, President

Bulls, Buckles & Brawn continued from cover page...



Our Upcoming Events



Top: Artist Carrie Fell and "Big Spread" at the start of the Live Auction. Bottom: Everyone having a "howling" good time.

4/21/07

Liver Wellness and Diet and Your Liver Training

Have you ever wanted to be an Educational Ambassador for the American Liver Foundation? Join us on April 21 and let us train you to be a Liver Wellness Trainer. After the training, you will be qualified to go to corporations, community centers, schools and other public venues and educate the public on how to keep their livers healthy and what risk factors they should be aware of. Training will take place from 11:00 am – 2:00 pm and a lunch will be provided. Location to be determined.

5/02/07

Flavors of Denver

Please join the Rocky Mountain Chapter for *Flavors of Denver* 2007! Come delight in an evening of cocktails, cuisine and conversation featuring 20 of Denver's premier chefs. The 8th annual Flavors of Denver will be held at the Belmar Center in Lakewood. Each chef will design his/her own menu and prepare a five-course gourmet dinner including fine wines – as well as hors d'oeuvres for the reception. In addition, each chef is providing his/her table settings in the décor of his/her restaurant, creating a unique atmosphere.



8/06/07

The Rocky Mountain Golf Classic

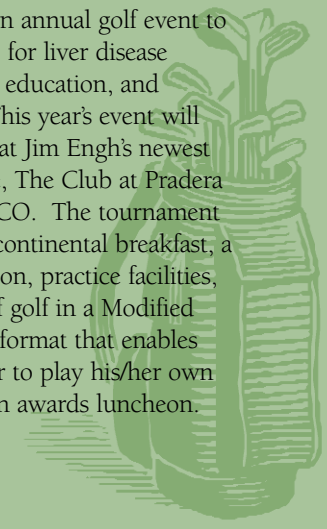
The Rocky Mountain Golf Classic is an annual golf event to raise funds for liver disease awareness, education, and research. This year's event will take place at Jim Engh's newest golf course, The Club at Pradera in Parker, CO. The tournament features a continental breakfast, a silent auction, practice facilities, 18 holes of golf in a Modified Stableford format that enables each player to play his/her own ball, and an awards luncheon.

9/15/07

Football Walk for Liver Wellness

The Football Walk for Liver Wellness (FWLW) is an opportunity for the American Liver Foundation to become the first and only charitable organization to leverage America's love of football. The FWLW is a pledged fundraising 5k walk event. Hundreds of walkers will be recruited through business corporations and the community and will participate in a fun football themed walk. Gather friends and family. Bring a Team! Visit www.footballwalk.org to set up your team or personal fundraising page.

For information on any of the above programs or events, please contact the Rocky Mountain Chapter at 303-988-4388 or rminfo@liverfoundation.org.



Patient|Volunteer:

A Letter from A Hopeful Survivor

The impact of ALF's work can be felt across the country, as well as in neighborhoods throughout the Rocky Mountain area. "John" is a local hepatitis C "survivor", and he has given us permission to share his inspirational story with our readers. John has successfully overcome one of the nation's leading liver diseases, one that we are working to fight here at ALF.

Discovery of my problem

Following some routine blood work in October of 2004, my doctor told me that I probably had hepatitis C. I had no clue what this disease was. When he told me, I was stunned. To this day, I have no clue how I could have been exposed to the virus. Until that day I had no idea that I had something wrong with me. I worked out almost daily. I felt healthy and strong.

My doctor told me that a treatment did exist, but that it was only effective in about 50% of the cases. I asked what one could expect if the treatment was not successful. He probably mentioned a few things I no longer remember, but I do recall that he told me about liver transplant if all else failed. This, of course, was a shock to me. Through more thorough blood testing in December 2004, it was confirmed that I had the virus, HCV virus Genotype 1b, Grade 2, Stage II.

Searching for a doctor

Wanting to receive proper attention and care, I began the search for a good liver specialist. I contacted the Rocky Mountain Chapter of the American Liver Foundation for advice on picking a specialist. They gave me some names and the one I selected from the list turned out to be a wonderful, caring, and competent doctor. I had full confidence in him to help me make the right decisions. Trusting my doctor put my mind at ease.

Treatment

This same doctor told me about a study, which I ultimately began participation in during the spring of 2005 where I received standard medication to treat my disease. The benefit of signing up was that my

medication and my follow-up visits were covered and I could also call the doctor's office in case of an emergency. I would encourage anyone seeking treatment to at least research this option. Information about clinical studies currently going on in your area are available at the American Liver Foundation.

Final words

Today I received an e-mail from my doctor's office of the results of my final follow up visit (24 weeks after the last injection) showing that my viral count was still undetectable. In other words, it looks like I'm in remission! It's mid-December and this is the nicest Christmas present I could have hoped for.

My advice to people contemplating or undergoing treatment is to listen to your trusted doctor; educate yourself on what activities would defeat the treatment encouraging the virus to grow—and quit those 100 percent; do your own research, but be very selective of the sources; eat well; exercise as much as you can; and keep a positive mental attitude. It is amazing the feeling of control/power one has by doing the right things. And this matters (at least it was important to me), where one might feel completely helpless otherwise. Perhaps this "control" was just an illusion, but it did put my mind at ease.

Having such a disease made me think of how uncertain things are. The only thing to do was to accept the facts and to deal with them to the best of my abilities in the present. This is the best thing one can do.

Sincerely,

"John"

A hopeful survivor

A New Weapon in the Fight Against Hepatitis B

Hepatitis B is a major health problem in our country. Hepatitis B is spread by contact with the bodily fluids of an infected person and can be transmitted from mother to child during birth. Most are short-term infections, but about 5% of adults who become infected develop chronic hepatitis B. In the long run, hepatitis B can lead to cirrhosis, liver failure and liver cancer. This highly infectious disease is spreading rapidly, so it is always exciting to hear of new treatments that will help those living with hepatitis B.

The Food and Drug Administration has recently approved Tyzeka (telbivudine), developed by Idenix Pharmaceuticals, for the treatment of adults with chronic hepatitis B. Designed to be taken once a day, the Tyzeka pill has been shown to rapidly and profoundly suppress the hepatitis B virus in patients.

Approximately 1.4 million people in the United States are living with chronic hepatitis B. Some 80,000 new cases of hepatitis B are reported in the U.S. each year. The virus is 100 times more infectious than the AIDS virus and affects Asian-Americans more than any other ethnic group. It is estimated that 1 in 10 Asian-Americans may be suffering from hepatitis B.

"We always welcome any new drug that helps fight hepatitis B," said Dr. James Boyer, chair of the board of directors of the American Liver Foundation.

"Developments of new drugs and treatments only show the crucial need for continuing research into liver disease. It is our hope that with continued work that we can relieve the suffering of the millions of people afflicted with this disease."

Clinical Research Studies

University of Colorado

Achieve 2/3

Drug being used: **Alb Interferon vs. Peg Interferon**

Type of patients being enrolled: **Geno 2/3 Naïve with compensated liver disease**

Randomization ratio: **1:1:1**

Treatment period: **24 weeks**

Follow-up period: **24 weeks**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Jennifer DeSanto, RN (303) 315-1128

Progress Study for Patients with High Body Weight

Drug being used: **High induction doses of Pegasys/Ribavirin**

Type of patients being enrolled: **High body weight > 85 kg, Geno 1, Naive**

Randomization ratio: **1:1:2:2**

Treatment period: **48 weeks**

Follow-up period: **24 weeks**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Jennifer DeSanto, RN (303) 315-1128

Achieve 1

Drug being used: **Alb Interferon vs. Peg Interferon**

Type of patients being enrolled: **Genotype 1, Naïve with compensated liver disease**

Randomization ratio: **1:1:1**

Treatment period: **48 weeks**

Follow-up period: **24 weeks**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Jennifer DeSanto, RN (303) 315-1128

Peach Study

Drug being used: **R05024048, Phase 1**

Type of patients being enrolled: **Genotype 1, Relapser or non-responder on no medication, healthy**

Randomization ratio: **3:1**

Treatment period: **2 weeks**

Follow-up period: **2 weeks**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Andrea Herman, RN (303) 315-6827

Satavaptan Cirrhotic Ascites Treatment Study (CATS)

Drug being used: **Satavaptan vs. placebo**

Type of patients being enrolled: **Patients with history of cirrhotic ascites, but having had no more than one therapeutic paracentesis in past six months**

Randomization ratio: **1:1**

Treatment period: **Up to 1 year**

Follow-up period: **none**

James Trotter, M.D.

University of Colorado Health Sciences Center

Contact Ted Perry, (303) 315-0528

A Multi-center, Randomized, Double-Blind, Placebo-Controlled Trial to Evaluate the Efficiency of Rifaximin 550 mg BID for 6 months in Preventing Hepatic Encephalopathy

Drug being used: **Rifaximin vs placebo**

Type of patients being enrolled: **At least two episodes of hepatic encephalopathy in the last six months**

Randomization ratio: **1:1**

Treatment period: **6 months**

Follow-up period: **None, possible opportunity for open-label study**

Lisa Forman, M.D.

University of Colorado Health Sciences Center

Contact Anastasia Krojec, RN (303) 315-0985

Hepatitis C-Naïve/relapse/non-responder preferred

Drug being used: **GI 5005 01**

Type of patients being enrolled: **Non-cirrhotic, non-diabetic, all genotypes**

Randomization ratio: **Patient randomized 12:4**

Treatment period: **1 year complete--7 total injections during the 12 week period with follow-up after injections completed.**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Marlene Warren, RN, (303) 315-1135

Phase 2 study of Chronic Hepatitis B Decompensated liver disease

Drug being used: **Comparing Tenofovir, Emtricitabine and Entecavir**

Type of patients being enrolled: **Chronic Hepatitis B with Decompensated liver disease and a CPT score of 7-12**

Randomization ratio: **2:2:1**

Treatment period: **96 weeks**

Follow-up period: **none**

Gregory T. Everson, M.D.

University of Colorado Health Sciences Center

Contact Marlene Warren, RN, (303) 315-1135

South Denver Gastroenterology

Non-Responders/Relapsers

Drug being used: **Combination: Pegasys/Copegus/VX-950**

Type of patients being enrolled: **Partial Inclusions: Genotype 1; Diagnosis >6months prior to screen; Stable hematology; Min. Tx of 12 weeks with Peg-IFN/RBV. Partial Exclusions: Prior use of Protease Inhibitor for any duration; Significant Liver Disease in Addition to Hepatitis C; Drug/Alcohol Abuse within 12 months**

Marcelo Kuglemas, M.D.

South Denver Gastroenterology

Contact Lisa Montgomery, BA CRC (303) 406-4139

Continue on page 6

Clinical Research Studies_{cont.}

Non-Responders/Relapsers

Drug being used: **Combination: Pegasys/Copegus/Polymerase Inhibitor**

Type of patients being enrolled: **Partial Inclusions: Genotype 1; Liver Biopsy within 24 months: Cirrohsis may be allowed; Compensated Liver Disease (Child-Pugh Grade A clinical classification only). Partial Exclusions: Platelet count <90,000; ANC <1500; Hgb <13; History of severe psychiatric disease, including psychosis and/or depression requiring hospitalization; Alcohol/drug abuse within 12 months of study participation.**

Marcelo Kuglema, M.D.

South Denver Gastroenterology

Contact Lisa Montgomery, BA
CRC (303) 406-4139

Treatment Naïve

Drug being used: **Open-Label Study: Albuferon Interferon Alfa-2b in Combination with Ribavirin Compared to Peginterferon Alfa-2a in Combination with Ribavirin**

Type of patients being enrolled: **Partial Inclusions: Genotype 1; Treatment Naïve; Stable hematology; AFP <20 ng/ml. Partial Exclusions: History of moderate, severe, or uncontrolled psychiatric disease- especially depression; Drug or Alcohol abuse within 6 months of study participation; A positive alcohol or drug screen at the start of study.**

Marcelo Kuglema, M.D.

South Denver Gastroenterology

Contact Lisa Montgomery, BA
CRC (303) 406-4139

Treatment Naïve

Drug being used: **Elevated doses of Pegasys and Copegus in Patients with a High Viral Titer and Baseline Body Weight of Greater than or Equal to 85kg**

Type of patients being enrolled: **Partial Inclusions: Genotype 1; Body Weight >85kg; HCV RNA > 400,000 IU/ml; Liver biopsy within two years; cirrhosis maybe accepted. Partial Exclusions: Previous treatment with Interferon, ribavirin, investigational protease or polymerase inhibitor drugs for any length of time; ANC < 1500; Plt count , 90,000; Severe psychiatric disease including depression resulting in hospitalization.**

Marcelo Kuglema, M.D.

South Denver Gastroenterology

Contact Lisa Montgomery, BA
CRC (303) 406-4139

Arapahoe Gastroenterology

A multicenter, randomized, open-label, parallel-group study of Infergen/Ribavirin in Patients with Chronic Hepatitis C Virus Who are Partial Responders after Peginterferon alfa/Ribavirin Therapy.

Drug being used: **Patients will be randomized to Infergen/Ribavirin or Peginterferon alfa-2a or 2b by weekly subcutaneous injection.**

Type of patients being enrolled: **Geno type 1 currently in therapy with a documented partial response at 4 and 12 weeks of therapy**

Randomization ratio: **2:1 Infergen vs Peginterferon alfa-2a or alfa 2b**

Treatment period: **Infergen will be for an additional 24 or 36 weeks after 12 weeks of therapy**

Follow-up period: **24 weeks**

Andrej Triebing, M.D., PhD

Arapahoe Gastroenterology/
Rocky Mountain Clinical Research

Contact Marylyn Baker, CCRC
(303) 279-1550

Study to Assess The Safety and Effectiveness of PYN17(a combination of Chinese and European medicinal herbs) in treatment of Fatigue and Compromised Quality of Life Associated with Chronic Hepatitis C.

Drug being used: **PYN17**

Type of patients being enrolled: **Geno type 1, Confirmed Biopsy within 2 years. May have failed or never received standard therapy**

Treatment period: **4 weeks**

Follow-up period: **4 weeks**

Bahri Bilir, M.D.

Arapahoe Gastroenterology/
Rocky Mountain Clinical Research

Contact Marylyn Baker, CCRC
(303) 279-1550

Rocky Mountain Gastroenterology

Study to Assess The Safety and Effectiveness of PYN17(a combination of Chinese and European medicinal herbs) in treatment of Fatigue and Compromised Quality of Life Associated with Chronic Hepatitis C.

Drug being used: **PYN17**

Type of patients being enrolled:

Geno type 1, Confirmed Biopsy within 2 years. May have failed or never received standard therapy.

Treatment period: **4 weeks**

Follow-up period: **4 weeks**

John S. Goff, M.D.

Rocky Mountain
Gastroenterology
Associates/Rocky Mountain
Clinical Research

Contact Gail Danhour, RN, CCRC
(303) 279-1550

Novartis Proof of Concept Study - Phase I study of a cyclosporine analog, NIM811, to determine the safety and tolerability and pharmacokinetics.

Drug being used: **NIM811**

Type of patients being enrolled: **Hepatitis C - Genotype 1**

Treatment period: **14 days**

Follow-up period: **28 weeks**

John S. Goff, M.D.

Rocky Mountain
Gastroenterology
Associates/Rocky Mountain
Clinical Research

Contact Gail Danhour, RN, CCRC
(303) 279-1550

2006 Distinguished Service Award by the American Association for the Study of Liver Diseases (AASLD)



Dr. Allan Wolkoff is a member of the Board of Directors of the American Liver Foundation as well as Professor of Medicine and Anatomy and Structural Biology at the Albert Einstein College of Medicine. He is also Director of the Belfer Institute for Advanced Biomedical Studies and the Associate Director of the Marion Bessin Liver Research Center at Einstein. He is one of the most respected men in the field of hepatology and recently received important recognition of his accomplishments.

Dr. Wolkoff was presented with the 2006 Distinguished Service Award by the American Association for the Study of Liver Diseases (AASLD) during The Liver Meeting 2006, the nation's premier liver disease conference. The Distinguished Service Award is presented annually to an individual in honor of his or her sustained service to AASLD and/or liver disease research. It recognizes the recipient's lifelong commitment to the field of hepatology, and contribution to AASLD through service on numerous governance and scientific committees over the years.

"I am honored to have been chosen for this award," said Dr. Wolkoff. "However, an award such as this is really much more than to an individual, but is also recognition of the training and support that one has received over many years. In that vein, I would like to recognize the important role that my many mentors, especially Win Arias and Paul Berk have played in stimulating my fascination with the liver and its pathobiology. Receiving the AASLD Distinguished Service Award is one of the true highlights of my life."

Dr. Wolkoff's work relates to the mechanisms of liver cell transport and their aberrations leading to liver disease and sets the standard for the field. His work has consistently been funded by NIH, published in leading scientific journals, and recognized nationally and internationally by distinguished lectureships and honors. He has written over 150 peer reviewed research papers, review articles, and book chapters. He has been an editorial board member and an associate editor of the journal *Hepatology*. He also currently chairs the Hepatobiliary Pathophysiology Study Section at the National Institutes of Health.

Liver Cancer Deaths on the Rise

Recent news has focused on the overall decline in the number of deaths due to most cancers. Unfortunately, deaths from liver cancer have increased over the past year in both men and women, according to research done by the American Cancer Society.

An estimated 16,780 Americans will die of liver cancer this year – nearly 46 people each day. This is an increase of 580 deaths from the disease in 2006, and 4,000 deaths more than ten years ago. It is estimated that more than 19,000 new cases of liver cancer will be diagnosed in 2007. This is over 1,000 cases more than the previous year and 6,000 more than 1997.

"We are overjoyed at the news about the overall decline in cancer deaths," said Dr. James Boyer, Chair of the National Board of the American Liver Foundation. "However, it is important not to ignore the very clear fact that liver cancer is one of the

few cancers that are claiming more lives. Although survival rates for liver cancer are slowly improving, more people are being diagnosed with the disease than ever before."

The majority of liver cancer can be linked to cirrhosis of the liver. Many liver diseases eventually cause cirrhosis, most notably hepatitis B and C and fatty liver disease. Over four million Americans have been infected with the hepatitis C virus and another 1.4 million have chronic hepatitis B. It is further estimated that 10-20% of all Americans have fatty liver disease.

Both hepatitis B and fatty liver can be prevented, through vaccine and weight control, respectively. And new antiviral treatments can help limit the damage caused by hepatitis C in some patients. But, while progress is being made in the research lab, in order to drive down rates of liver cancer, we urge Americans to focus immediately on liver wellness. Only when we stop the growth of liver disease in America can we slow down the increase in liver cancer.

Facts about liver cancer

- **Liver cancer is the fourth leading cause of cancer-related deaths worldwide.**
- **Over 80 percent of liver cancer cases in the US can be linked to cirrhosis.**
- **Long-term infection with hepatitis B or C is linked to liver cancer because they often lead to cirrhosis. Hepatitis B can lead to liver cancer without cirrhosis.**
- **Fatty liver disease is also linked to both cirrhosis and liver cancer.**
- **The increase in hepatitis C infection and fatty liver disease in the US lead experts to believe that liver cancer rates will continue to increase.**
- **Early detection of liver cancer significantly improves a person's chance of survival.**