Court File No. 98-CV-141369 CP00

### ONTARIO SUPERIOR COURT OF JUSTICE

BETWEEN:

DIANNA LOUISE PARSONS, MICHAEL HERBERT CRUICKSHANKS, DAVID TULL, MARTIN HENRY GRIFFEN, ANNA KARDISH, ELSIE KOTYK, Executrix of the Estate of Harry Kotyk, deceased and ELSIE KOTYK, personally

**Plaintiffs** 

and

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN, HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA, HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD

. ISLAND,

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND, THE GOVERNMENT OF THE NORTHWEST TERRITORIES, THE GOVERNMENT OF NUNAVUT and THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

Court File No. 98-CV-146405

BETWEEN:

JAMES KREPPNER, BARRY ISAAC, NORMAN LANDRY, as Executor of the Estate of the late SERGE LANDRY, PETER FELSING, DONALD MILLIGAN, ALLAN GRUHLKE, JIM LOVE and PAULINE FOURNIER as Executrix of the Estate of the late PIERRE FOURNIER

Plaintiffs

and

THE CANADIAN RED CROSS SOCIETY, THE ATTORNEY GENERAL OF CANADA and HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO

Defendants

and

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF ALBERTA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF SASKATCHEWAN,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF MANITOBA,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEW BRUNSWICK,
HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF PRINCE EDWARD
ISLAND

HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NOVA SCOTIA HER MAJESTY THE QUEEN IN THE RIGHT OF THE PROVINCE OF NEWFOUNDLAND, THE GOVERNMENT OF THE NORTHWEST TERRITORIES, THE GOVERNMENT OF NUNAVUT AND THE GOVERNMENT OF THE YUKON TERRITORY

Intervenors

Proceeding under the Class Proceedings Act, 1992

No. C965349 Vancouver Registry

In the Supreme Court of British Columbia

Between:

Anita Endean, as representative plaintiff

Plaintiff

and:

The Canadian Red Cross Society Her Majesty the Queen in Right of the Province of British Columbia, and The Attorney General of Canada

Defendants

and:

Prince George Regional Hospital, Dr. William Galliford, Dr. Robert Hart Dykes, Dr. Peter Houghton, Dr. John Doe, Her Majesty the Queen in Right of Canada, and Her Majesty the Queen in Right of the Province of British Columbia

Third Parties

Proceeding under the Class Proceedings Act, R.S.B.C. 1996, C. 50

CANADA			
PROVINCE OF QUÉBEC	SUPERIOR COURT		
DISTRICT OF MONTRÉAL	Class action		
NO : 500-06-000016-960	DOMINIQUE HONHON		
	Plaintiff		
13	-vs-		
	THE ATTORNEY GENERAL OF CANADA THE ATTORNEY GENERAL OF QUÉBEC THE CANADIAN RED CROSS SOCIETY		
	Defendants		
	-and-		
	MICHEL SAVONITTO, in the capacity of the Joint Committee member for the province of Québec		
	PETITIONER		
	-and-		
	FONDS D'AIDE AUX RECOURS COLLECTIFS		
	-and-		
	LE CURATEUR PUBLIC DU QUÉBEC		
	Mis-en-cause		
CANADA			
PROVINCE OF QUÉBEC	SUPERIOR COURT		
DISTRICT OF MONTRÉAL	Class action		
NO: 500-06-000068-987	DAVID PAGE		
	Plaintiff		
	-vs-		
	THE ATTORNEY GENERAL OF CANADA THE ATTORNEY GENERAL OF QUÉBEC THE CANADIAN RED CROSS SOCIETY		
	Defendants		
	-and-		
	FONDS D'AIDE AUX RECOURS COLLECTIFS		
	-and-		
	LE CURATEUR PUBLIC DU QUÉBEC		
	Mis-en-cause		

#### **AFFIDAVIT**

- I, DR. VINCE BAIN, of University of Alberta, 1.55 Zeidler Center, 130 University Campus, Edmonton, Alberta, SWEAR (OR AFFIRM) THAT:
- 1. My qualifications are as set out in the affidavits I swore in each of these proceedings on March 11, 2015. I my updated curriculum vitae is appended as Exhibit A to this affidavit.
- 2. I have been asked to review the affidavit of Dr. Sam Lee affirmed January 26, 2016 and answer questions about some of the matters on which Dr. Lee opines.
- 3. In making this affidavit, I certify that I am aware that my duty is to:
  - (a) provide opinion evidence that is fair, objective and non-partisan and related only to matters within my area of expertise; and
  - (b) assist the court and provide such additional assistance as the court may reasonably require to determine a matter in issue.
- 4. I am aware that the foregoing duties prevail over any obligation I may owe to any party on whose behalf I am engaged and I am aware that I am not to be an advocate for any party. I confirm that this affidavit conforms with the above-noted duties. I further confirm that if called upon to give oral or written testimony, I will give such testimony in conformity with these duties.
- 5. At paragraph 21 of his affidavit, Dr. Lee says that "With the introduction of DAA agents in 2011, the treatment burden of HCV-infected persons declined markedly and health outcomes improved greatly...". In my view, an important qualifier to that statement is that the first DAA (direct antiviral agents) drugs introduced in 2011, telaprevir and boceprevir, were associated with a much higher incidence of severe side effects after they were approved than was projected during the trials that preceded their

approval. The side effects included rashes that in some cases became life threatening, nausea, joint pain, anemia, low white blood cell counts, and anal problems such as itching, burning and hemorrhoids. Many more patients than anticipated during the trial phase could not tolerate the full course of therapy and so treatment was discontinued in such patients prior to the prescribed length at the outset. In those with severe side effects, the treatment burden increased and the health outcomes decreased compared to pegylated interferon and ribavirin alone.

- 6. At paragraph 22 of his affidavit, Dr. Lee refers to DAA drugs approved in 2013 and 2014. Later in that the paragraph he says that current DAA treatment is associated with no discernible side effects and a cure rate exceeding 90%. I put some qualifications on the statement that there are no discernible side effects as follows:
  - (a) DAA drugs approved in 2013, simeprevir and sofosbuvir, were combined with pegylated interferon and ribavirin and so those treatment regimes did not avoid the side effects associated with pegylated interferon and ribavirin although the treatment duration was shorter;
  - (b) one of the DAA treatment combinations approved in 2014, known commonly as a Holkira Pak (it is a combination of ombitasvir, dasabuvir, paritaprevir and a boosting agent called ritonavir) must be taken with ribavirin for patients with genotypes 1a (which is very common). When combined with ribavirin, the side effects of ribavirin are not avoided and are discernible;
  - (c) among the patients I have treated with the 2014 and 2015 drugs which do not include pegylated interferon or ribavirin, (Harvoni and Holkira Pak in some cases), I do not agree that universally there are no discernible side effects. To date, all of my patients have been able to complete the treatment on these regimes, but some do have side effects (described at paragraph 51 of my March 11, 2015 affidavits). The impact of the side effects is markedly less and the side effects do not generally impact day to

day functioning compared to pegylated interferon and ribavirin, telaprevir or boceprevir regimes.

- 7. The qualifications expressed at paragraphs 6(b) and (c) above apply to the statement of Dr. Lee at paragraph 24 of his affidavit where he says "[t]here is no medical reason to suggest that any patient would undergo a hardship in following either Holkira Pak or Harvoni treatment regimes."
- 8. At paragraph 31 of his affidavit, Dr. Lee describes that provincial formularies do not cover the cost of Harvoni or Holkira Pak unless the patient has advanced to at least the non-bridging fibrosis of disease stage F2 on the Metavir scale. I agree with this description. I take issue with the following statements in paragraph 31 of Dr. Lee's affidavit:

It may be objected that the only modest benefit of treatment of early-stage HCV infection may be psychological. Treatment offers no useful medical or public health benefits in such patients other than alleviating anxiety from the stress of knowing that they are infected.

- 9. I take issue with these statements because in my view the eradication of the disease as early as possible in persons who have chronic HCV holds medical benefits for these patients. I note that the current guidelines for treating Hepatitis C issued by the Canadian Association for the Study of the Liver (CASL), and which are attached to my March 11, 2015 affidavits, state that all persons with chronic HCV infection should be considered for treatment. That would include persons below Metavir F2.
- 10. The medical benefits for the patient include:
  - (a) some symptoms of HCV chronic infection can occur prior to evidence of liver scarring being detected by biopsy or fibroscan. These symptoms can include fatigue, weight loss, upper right abdominal discomfort, mood disturbance, poor concentration, anxiety and depression. Treating such persons with the chance of also eradicating the symptoms is of medical benefit;

- (b) chronic HCV can be associated with conditions such as cryoglobulinemia, which can cause kidney damage and can occur prior to reaching F2 scarring, and an increased risk of lymphoma, which risk is increased prior to the F2 stage. Avoiding these conditions or treating to eliminate these conditions is of medical benefit:
- (c) conversely, a person can feel well while the process of liver inflammation and scarring proceeds. There is no magical health line crossed at F2, and no way to determine when a person with chronic HCV will cross the line to F2 short of constantly testing the liver through biopsy or fibroscan. In my view, it is medically beneficial to treat a patient with the object of attaining an SVR before the inflammation and/or scarring process has begun or as early as possible in the inflammation and/or scarring process and it is not sound to wait and see if the disease progresses;
- (d) it is understood that chronic HCV is associated with mental health conditions such as mood disturbance, anxiety and depression. These mental health conditions are medical conditions and a corresponding medical benefit of treatment is to avoid or reduce them through treatment.
- 11. At paragraph 32 of his affidavit, Dr. Lee discusses that financial barriers such as provincial formularies limiting coverage to Metavir F2 and above do not inhibit persons who have access to compensation under the 1986-1990 Hepatitis C Settlement Agreement. He goes on to comment on how physicians would approach treatment in such patients and says "most clinicians would be prepared to accede to the wishes of such a patient so long as he/she understood the financial burden of the antiviral therapy". In my experience it would be approached differently: if the patient has no financial barrier to treatment, for example he or she has private health insurance, access to compensation from the settlement agreement or can afford it personally, then the patient would be counselled to take the treatment. It is not a matter of the patient persuading the clinician, it is a matter of the clinician counselling the patient on the proper course of medical treatment taking into account all of the circumstances.

- 12. At paragraphs 34-41, Dr. Lee discusses spontaneous viral clearance. With regard to paragraph 34 of Dr. Lee's affidavit, it is not clear to me whether he is suggesting that spontaneous viral clearance can occur in patients after the first year of infection. I consider that to be rare.
- 13. At paragraph 38 of his affidavit, Dr. Lee states that he expects a spontaneous viral clearance rate among the persons eligible to claim compensation under the 1986-1990 Hepatitis C Settlement Agreement of at least 25%. Dr. Lee's states, at paragraph 42, that most of his patients are not transfused persons eligible to claim under the settlement. The same is true of my practice. My estimate, based on my practice and review of the literature, is that about 1 in 4, or 25%, of persons infected with HCV experience spontaneous viral clearance during or immediately after the acute phase on infection (within 6 months of infection). Spontaneous viral clearance more than year after infection is rare.
- 14. With regard to paragraphs 43-46 of Dr. Lee's affidavit, my practice includes transfused patients who missed the application deadline for one or the other of the settlements pertaining to persons whose chronic HCV was acquired through blood transfusion or blood product infusion. Those interactions have included persons who were not aware of the settlements prior to the deadline passing.
- 15. With regard to paragraph 47 of Dr. Lee's affidavit, while I agree that some patients are asymptomatic with chronic HCV, I disagree that patients who are symptomatic "usually have carried the virus for many years and are at or approaching late-stage liver disease". I disagree because some patients are symptomatic at very early stages of chronic HCV infection, as described in paragraph 10(a) above and paragraph 25 of my March 11, 2015 affidavits.
- 16. With regard to paragraphs 59-62 of Dr. Lee's affidavit, in my view the types of estimates he provides must be qualified as follows:

- (a) the estimates assume that the estimator knows how many people are infected with HCV in total in Canada, and so can determine what percentage of that total are "aware of their need for medical attention" at any given stage. It is not well understood how many people are infected with HCV, and so estimating a percentage of that total based on observing HCV patients in a clinical practice must result in an inherently rough estimate;
- (b) as stated above, some persons with chronic HCV have symptoms or develop associated conditions at very early stages of the disease while others are asymptomatic and feel well until late stages of the disease. Given the variability in how HCV infected persons present clinically compared to their actual disease progression, estimates of the sort Dr. Lee provides are not in my view very reliable. At the very least they should be stated as broad ranges because lower or higher estimates could also be reasonable.
- 17. With regard to paragraphs 59 and 62, in paragraph 59 Dr. Lee states that two-thirds to three-quarters of patients at the cirrhotic stage of HCV infection likely have sought medical attention and been diagnosed. At paragraph 62, Dr. Lee states that 70-85% of persons at level 5, which he describes as compensated cirrhosis, will have presented as patients and have been diagnosed. Since those percentages are different, I assume he means them to cover different groups. The cirrhotic stage can include those with compensated cirrhosis (level 5) and those with decompensated cirrhosis (level 6). The percentage of that group that has presented as patients and been diagnosed should be greater for all cirrhotics (described in paragraph 59) than for compensated cirrhotics alone (level 5 described in paragraph 62), but Dr. Lee's estimates are the opposite.

Alternatively, Dr. Lee could be equating the cirrhotic stage with only the 18. compensated cirrhotic stage, in which case the percentage of those who present as patients and been diagnosed should be the same in paragraphs 59 and 62.

SWORN (OR AFFIRMED) BEFORE ME at Edmonton , Alberta, on **3** /Mar/2016.

DR. VINCE BAIN

A\Notary Public or a Commissioner of

Oaths in Alberta Volanda van Wachem Barrister and Solicitor in and for the Province of Alberta



November 17, 2015

BIRTHPLACE:

Edmonton, Alberta, Canada

CITIZENSHIP:

Canadian

DOB:

October 12, 1957

MARITAL STATUS:

Married - Lola T. Baydala (MD, FRCPC - Pediatrics)

3 Children (Graham, Jessie, Tamara)

**EDUCATION:** 

1975 - Senior Matric (Honors) - Strathcona

Composite High School, Edmonton.

1979 - B.Sc. with Distinction, University of

Alberta, Edmonton, Canada.

1981 - M.D. First-Class Standing with Distinction,

University of Alberta, Edmonton, Canada.

INTERNSHIP:

1981 - 1982 - Rotating Intern, Victoria Hospital,

London, Ontario.

RESIDENCY:

1982 - 1985 - Resident in Internal Medicine,

University of Alberta Hospital, Edmonton, Alberta.

Director: Dr. A.M. Edwards.

FELLOWSHIPS:

1985 - 1987 - Gastroenterology, University of Alberta

Hospital, Edmonton, Alberta. Director: Dr. A.B.R. Thomson.

1987 - 1989 - MRC Research Fellow, Liver Unit, Kings College

Hospital, London, England. Supervisor: Dr. Roger Williams.

CURRENT

POSITIONS:

Professor, Div of Gastroenterology,

Dept of Medicine, University of Alberta,

Edmonton, Canada, 2002 - present.

This is Exhibit "A" referred to in the Affidavit of VINCE BAIN

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Sworn before me this 31

MARCH

day of \_\_\_\_

1

A Commissioner for Oaths in and for the Province of Alberta

Medical Director, Liver Transplant Program, University of Alberta, Edmonton, Canada, 1989-Present.

Director, Liver Unit, Div of Gastroenterology Department of Medicine, University of Alberta Edmonton, Canada, 2000 - Present

PREVIOUS POSITIONS:

Associate Professor, Div of Gastroenterology, Dept of Medicine, University of Alberta, Edmonton, Canada, 1995 - 2002

Assistant Professor, Division of Gastroenterology, Department of Medicine, University of Alberta, Edmonton, Canada, 1989 - 1994.

Program Director, GI Fellowship Program, University of Alberta, Edmonton, Canada, 1992 - 1997.

NATIONAL
ADMIN
POSITIONS:

AL		
NS:	1998-2000	-Chairman, Education Comm, Cdn Assoc. for the Study of the Liver.
	2000-2001	-Vice President, Cdn Assoc. for the Study of the Liver.
	2000-2002	-Chairman, Hepatology and Liver Transplant Committee, Cdn Assoc. of Gastroenterology.
	2002-2004	-Vice-Chair, Medical Advisory Board, Canadian Liver Foundation
	2002-2004	-President, Cdn Assoc for the Study of the Liver.
	2004 - 2006	-Chairman, Medical Advisory Board, Canadian Liver Foundation

## PROFESSIONAL QUALIFICATIONS:

1981	- Licentiate, Medical Council of	
	Canada.	
1982	- National Board of Medical Examiners.	
1985	- American Board of Internal Medicine.	
1986	- Fellow of the Royal College of	

Physicians of Canada - Internal

Medicine.

1987 - Fellow of the Royal College of

Physicians of Canada -

Gastroenterology.

1990

- Fellow, American College of

Physicians.

LICENCES:

1983- Present

- College of Physicians and Surgeons of Alberta.

#### PROFESSIONAL SOCIETIES AND ORGANIZATIONS:

Alberta Medical Association.

American Association for the Study of Liver Disease.

Canadian Association of Gastroenterology.

Canadian Association for the Study of Liver Diseases.

Canadian Medical Association.

Canadian Transplant Society

European Association for the Study of Liver Diseases.

#### AWARDS

Jonathon B Meddings Clinical Innovation Award 2009-2010

Distinguished Service and Meritorious Achievement Award, Canadian Assoc for the Study of the Liver 2012

Excellence in Humanism Certificate, Presented by the Faculty of Medicine and Dentistry, 2013.

Awarded Fellowship Designation in the American Association For the Study of Liver Diseases, 2014.

Champion of Care recognizing excellence of care by the University of Alberta Hospital, 2014.

Prix D'excellence/Specialist of the Year (RAC1). Presented by the Royal College of Physicians and Surgeons, 2015.

#### JOURNAL AND GRANT REVIEWS:

(last 5 years)

2002 - 2012 - American Journal of Transplantation-Reviewer

2015- Hepatic Oncology-Reviewer

2013-2015- Clinical Gastro and Hepatology

2014 - Liver Transplantation - Reviewer

2011-2015- Liver International-Reviewer

2014 - World Journal of Gastro - Reviewer

1990 - 2012 - Canadian Journal of Gastroenterology. 2000 - 2003,

Editorial Board

**2009 - 2012 –** Transplantation

2012 - Journal of Viral Hepatitis

2010 -2014 - Hepatology - Reviewer

#### **PUBLICATIONS:**

#### A. Peer Reviewed Articles

1. Bain GO and Bain VG.

Increased numbers of lymphocytes with single class surface immunoglobulins in Hodgkin's Disease.

American Journal of Clinical Pathology 82:674, 1984.

2. Bain VG and Bain GO.

Lymphocyte populations with abnormal Kappa: Lambda ratios in reactive lymphoid hyperplasia. Journal of Surgical Oncology 29:227, 1985.

3. Bain VG, Ardao GH, Kowalewska-Grochowska K, Wensel RH and Jewell LD.

Biliary Ascariasis.

Journal of Clinical Gastroenterology 10:448, 1988.

4. Bain VG and Alexander GJM.

Progress in the treatment of chronic hepatitis B. Journal of Antimicrobial Chemotherapy 22:780, 1988.

5. Bain VG, Daniels HM, Chanas A, Alexander GJM, Williams R.

Foscarnet therapy in chronic hepatitis B virus E antigen carriers.

Journal of Medical Virology 29:152, 1989.

**6. Bain VG**, Bailey RJ, Jhamandas JH.

Post-shunt myelopathy.

Journal of Clinical Gastroenterology 13:562, 1991.

7. Lau JYN, Hansen LJ, **Bain VG**, Chaggar K, Smith HM, Portmann BC, Vergani D, Alexander GJM, Williams R.

Expression of intrahepatic hepatitis D viral antigen in chronic HDV infection.

Journal of Clinical Pathology 44:549, 1991.

8. Lau JYN, Bain VG, Davis SE, Alexander GJM, Williams R.

Export of intracellular hepatitis B virus (HBV) surface antigen in chronic HBV infection is related to viral replication.

Hepatology 14:416, 1991.

9. Lau JYN Bain VG, Naoumov NV, Smith HM, Alexander GJ Williams R.

Effect of gamma interferon on hepatitis B viral antigen expression in primary hepatocyte culture. Hepatology 14:975,1991.

10. Fingerote RJ, Bain VG, Fedorak RN.

Liver transplants for alcoholic liver disease.

Canadian Journal of Gastroenterology 5:195,1991.

11. Lau JYN, Bain VG, Smith HM, Alexander GJ, Williams R.

Modulation of hepatitis B viral antigen expression by immunosuppressive drugs in primary hepatocyte culture.

Transplantation 53:894, 1992.

12. Lau JYN Bain VG, Davies SE, O'Grady JG, Alberti A, Alexander GJM, Williams R.

High level expression of hepatitis B virus antigens in fibrosing cholestatic hepatitis.

Gastroenterology 102:956,1992.

13. Fingerote RJ, Bain VG.

Fulminant hepatic failure.

American Journal of Gastroenterology 88:1000, 1993.

14. Mason AL, Wick M, White HM, Benner KH, Lee RG, Regenstein F, Bain VG, Campbell C, Perrillo RP.

Increased hepatocyte expression of hepatitis B virus transcription in patients with features of fibrosing cholestatic hepatitis.

Gastroenterology 105:237, 1993.

15. Duerksen DR, Jewell LD, Bain VG.

Hepatic giant cell arteritis and polymyalgia rheumatica.

Canadian Journal of Gastroenterology 8:36, 1994.

16. Ma M, Ryan E, Bain VG.

The development of hemochromatosis after treatment for celiac sprue. Canadian Journal of Gastroenterology 8:358, 1994.

17. Tipples GA, Ma MM, Fischer KP, Bain VG, Kneteman NM, Tyrrell DL.

Mutation in HBV RNA-dependent DNA polymerase confers resistance to lamivudine in vivo. Hepatology 24:714, 1996.

18. Shapiro AMJ, Bain VG, Sigalet DL, Kneteman NM.

Rapid resolution of chylous ascites after liver transplantation using somatostatin analog and total. Transplantation 61:1410, 1996.

**19. Bain VG**, Kneteman NM, Ma MM, Gutfreund K, Shapiro AMJ, Fischer KP, Tipples G, Lee H, Jewell LD, Tyrrell DL.

Efficacy of lamivudine in chronic hepatitis B patients with active viral replication and decompensated cirrhosis undergoing liver transplantation.

Transplantation 62:1456,1996.

20. Duerksen DR, Jewell LD, Mason AL, Bain VG.

Co-existence of hepatitis A and adult Reye=s syndrome. GUT 41:121, 1997.

21. Yoshida EM, Ma MM, Davis JE, Fischer KP, Kneteman NM, Erb SR, Tyrrell LD, Bain VG.

Post-liver transplant allograft re-infection with a lamivudine resistant strain of hepatitis B virus: long term follow-up.

Canadian Journal of Gastroenterology 12:125, 1998.

22. Kassam N, Bain VG.

Liver transplantation for neuropsychiatric Wilson disease.

Canadian Journal of Gastroenterology 12:65, 1998.

23. Poynard T, Marcellin P, Lee S, Niederau C, Minuk G, Ideo G, Bain VG, Heathcote J, Zeuzem S, Trepo C, Albrecht J.

An international randomized trial of interferon alfa-2B and ribavirin 48 or 24 weeks vs interferon alfa-2B 48 weeks, for first line treatment of chronic hepatitis C.

Lancet 352:1426, 1998.

24. Everson GT, Jensen DM, Craig JR, van Leeuwen DJ, Bain VG, Ehrinpreis MN, Albert D, John T, Witt K, and the Consensus Interferon Study Group.

Efficacy of interferon treatment for patients with chronic hepatitis C: comparison of response in cirrhotics, fibrotics or nonfibrotics.

Hepatology 30:271, 1999.

25. Wong W, Bain VG.

Update in liver transplantation.

Canadian Family Physician 45:1241, 1999.

26. Pockros PJ, Bain VG, Hunter EB, Conrad A, Balart LA, Hollinger FB, Albert D, and the Consensus Interferon Study Group.

A comparison of RT-PCR and bDNA assays for hepatitis C virus in patients receiving interferon treatment

Journal of Viral Hepatitis 6:145, 1999.

27. Shapiro AMJ, Bain VG, Preiksaitis JK, Ma MM, Issa S, Kneteman NM.

Oglivie=s syndrome associated with acute cytomegaloviral infection after liver transplantation. Transplant International 13:41,2000.

#### 28. Gutfreund KS, Bain VG.

Chronic viral hepatitis C: Management update.

Canadian Medical Association Journal 162:827, 2000.

29. Bain VG, Abraham N, Jhangri GS, Alexander TW, Henning RC, Hoskinson ME, Maguire CG, Lalor EAG, Sadowski DC.

Prospective study of biliary strictures to determine the predictors of malignancy.

Canadian Journal of Gastroenterology 14:397, 2000.

**30:** Gutfreund KS, Williams M, George R, **Bain VG**, Ma MM, Yoshida EM Villeneuve J-P, Fischer KP, Tyrrell DLJ.

Genotypic succession of mutations of the hepatitis B virus polymerase associated with lamivudine resistance.

Journal of Hepatology 33:469, 2000.

31. Romagnuolo J, Jewell DL, Kneteman NM, Bain VG.

Graft-versus-host disease after liver transplantation complicated by systemic aspergillosis with pancarditis.

Canadian Journal of Gastroenterology 14:637, 2000.

#### 32. Bain VG.

Hepatitis B in transplantation.

Transplant Infectious Disease 2:153, 2000.

**33.** Bain VG, Montero J-L, de la Mata M.

Bioartificial liver support.

Canadian Journal of Gastroenterology 15:313, 2001.

34. Romagnuolo J, Jhangri GS, Jewell LD, Bain VG.

Predicting the liver histology in chronic hepatitis C: How good is the clinician? American Journal of Gastroenterology 96:3165, 2001.

35. Wong P, Houston S, Power B, Lalor E, Bain VG.

A case of histoplasma capsulatum causing granulomatous liver disease and Addisonian crisis.

Canadian Journal of Gastroenterology 15:687, 2001.

#### 36. Bain VG.

Effect of HCV viral dynamics on treatment design: lessons learned from HIV. American Journal of Gastroenterology 96:2818, 2001.

#### 37. Ramji A, Yoshida EM, Bain VG et al.

Late Acute Rejection After Liver Transplantation: The Western Canada Experience. Liver Transplantation 8:945-951, 2002.

#### 38. Bain VG, Wong WW, Greig PD and Yoshida EM.

Hepatology and the Canadian Gastroenterologist: Interest, Attitudes and Patterns of Practice. A National Survey from the Canadian Association of Gastroenterology. Canadian Journal of Gastroenterology 17:25-29, 2002.

#### 39. Abdo AA, Bain VG, Kichian K, Lee SS.

Evolution of Autoimmune Hepatitis to Primary Sclerosing Cholangitis: A Sequential Syndrome. Hepatology 36:1393-1399, 2002.

#### 40. Kichian K, McLean R, Gramlich LM, Bailey RJ, Bain VG.

Non-alcoholic Fatty Liver Disease in Patients Investigated for Elevated Liver Enzymes. Canadian Journal of Gastroenterology 17:38-42, 2003.

**41.** Greig P, Lilly L, Scudamore C, Erb S, Yoshida E, Kneteman N, **Bain VG**, Ghent C, Marotta P, Grant D, Wall W, Tchervenkov J, Barkun J, Roy A, Marleau D, McAlister V, Peltekian K.

Early steroid withdrawal after liver transplantation: the Canadian tacrolimus versus microemulsion cyclosporin A trial: 1-year follow-up.

Liver Transplantation 9:587-595, 2003.

#### 42. Bain VG.

Hepatorenal syndrome, hepatopulmonary syndrome, and now, hepatospinal syndrome? Liver Transplantation 9:995-996, 2003.

**43.** Zeuzem S, Heathcote EJ, Shiffman ML, Wright TL, **Bain VG**, Sherman M, Feinman SV, Fried MW, Rasenack J, Sarrazin C, Jensen DM, Lin A, Hoffman JH, Sedarati F.

Twelve weeks of follow-up is sufficient for the determination of sustained virologic response in patients treated with interferon alpha for chronic hepatitis C. Journal of Hepatology 39:106-11, 2003.

44. Dahlan Y, Smith L, Simmonds D, Jewell LD, Wanless I, Heathcote EJ, Bain VG.

Pediatric-onset primary biliary cirrhosis. Gastroenterology 125:1476-1479, 2003.

**45. Bain VG**, Bonacini M, Govindarajan S, Ma M, Sherman M, Gibas A, Cotler SJ, Deschenes M, Kaita K, Jhangri GS.

A Multicentre study of the usefulness of liver biopsy in hepatitis C. Journal of Viral Hepatitis 11:375-382, 2004.

**46.** Kneteman NM, Oberholzer J, Al Saghler M, Meeberg GA, Blitz M, Ma MM, Wong WW, Gutfreund K, Mason AL, Jewell LD, Shapiro AM, **Bain VG**, Bigam DL.

Sirolimus-based immunosuppression for liver transplantation in the presence of extended criteria for hepatocellular carcinoma.

Liver Transplantation 10:1301-1311, 2004.

47. Shin JL, Teitel J, Swain MG, Bain VG, Adams PC, Croitoru K, Peltekian K, Schweiger F, Simmons M, Heathcote J.

A Canadian multicenter retrospective study evaluating transjugular liver biopsy in patients with a congenital bleeding disorders and hepatitis C: is it safe and useful?

American Journal Hematology. 78:85-93, 2005.

**48.** Chatur N, Ramji A, **Bain VG**, Ma MM, Marotta PJ, Ghent CN, Lilly LB, Heathcote EJ, Deschenes M, Lee SS, Steinbrecher UP, Yoshida EM.

Transplant immunosuppressive agents in non-transplant chronic autoimmune hepatitis: the Canadian Association for the Study of Liver (CASL) experience with mycophenolate mofetil and tacrolimus.

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