BOWLING MARATHON TO BENEFIT WPCNHF

The Western Pennsylvania Chapter of the National Hemophilia Foundation Strikes Out Bleeding Disorders

Starting on January 31, 2014 participants were given their own team fundraising page and asked to raise $1,000. After a cancellation due to weather, the 30 day fundraising campaign ended on Sunday, March 9, 2014 with WPCNHF’s 2nd Annual Bowling for Bleeding Disorders bowling marathon.

Bowling for Bleeding Disorders was once again held at Paradise Island Bowl in Neville Township, Pennsylvania. This year, 14 teams bowled for three hours. The event was open to the general public and quickly sold out! The cost to bowl was $25 per participant which included shoe rental, bowling, pizza, wings, and unlimited soft drinks.

Trophies were given out during the event to the highest scoring and lowest scoring bowler and team and also to the highest fundraising team. The highest fundraising team award went to Gino’s Gutter Gang who raised $700! Way to go!

Nearly 80 people attended the event. The sponsors of the event included Baxter, CSL Behring, the Hemophilia Center of Western Pennsylvania, Novo Nordisk, Grifols, Accredo, BioRx, and Pfizer. Over $16,000 was raised to benefit the Western Pennsylvania Chapter of the National Hemophilia Foundation.

WPCNHF would like to thank all who attended and participated in making the 2nd Annual Bowling for Bleeding Disorders a success.
The first few months of the year have already been filled with some great programs and events. I am thankful for the work of all of our staff: Alison, Brittan, Janet, and Kara. They work tirelessly to improve this Chapter and to provide superior service to our members.

We just held our first of three fundraisers for the year – our 2nd Annual Bowling for Bleeding Disorders – which was very successful. Despite having to delay it a week due to a snowstorm, we still had over 70 bowlers and raised over $3,400 – more than a 100% increase over last year! Bowlers supported the program on Saturday morning and being resilient and creative can help us change our community and our health outcomes. The Leading Edge program was generously sponsored by Pfizer.

While the adults participated in the opening session, children ages 5-12 would also like to recognize and thank our volunteers who helped keep the children and teen programs running smoothly: Nikole Scapce, Melissa Kendall, Jessica Graham, and Airin Roby. In addition, we like to thank nurses Anne Graham and Anna Dracar, from the Hemophilia Center of Western PA for being available throughout the weekend! The children’s programs were full of fun and educational activities throughout the day. Young children learned how to “infuse” stuffied animals with toy medical kits and instruction from nurses from the Hemophilia Center of Western PA. Nurses from Children’s Hospital of Pittsburgh presented an interactive hospital discovery program for young children and taught first aid to older children. The children also learned about the blood clotting process through creative games that were sponsored by CSL Behring. In addition, children participated in a Jr. Scientist program and a program called My Amazing Blood, which concluded with the children making yummy “blood sundae!” The latter two programs were sponsored by Accredo. In addition, some of the children created cards for Project SHARE, a humanitarian program that donates factor to patients in developing countries. The children also enjoyed mini-golf, bowling, games, and crafts.

The Family Education Weekend would not be possible without generous support from our industry sponsors. We would like to thank the following for sponsoring educational programs:

- Baxter
- Bayer
- Biogen Idec
- CSL Behring
- Hemophilia Center of Western PA
- Novo Nordisk
- Pfizer

We would also like to thank the following companies for supporting the conference with Exhibit Displays and sharing their information with our members:

- Accredo
- Aetna
- Baxter
- Biogen Idec
- Biomed Pharmaceuticals
- BioPlus
- BioRX
- Cytokinetics
- Factor Support Network
- Grifols
- Hemophilia Center of Western PA
- Novo Nordisk
- Octapharma
- Pfizer
- Walgreens

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- Octapharma
- Pfizer
- Walgreens

This year, you will see an increased effort to expand programming across our entire geographic territory. Since coming on the board, I have been passionate about serving our entire territory, which covers 26 counties, and the staff and Board are supportive of this vision. Therefore, as you see programs in your area, please take advantage of them and show your support for our efforts. You will continue to see an expansion in topics as well as geography. To that end, please feel free to contact Alison or Janet with any ideas you have for programs – what types of educational programs do you want to see us offer? We would love to hear from you with your thoughts and ideas of what we might do to fulfill our mission of making your lives better through education, advocacy, resource and referral.

As the sun begins to shine and summer approaches, I am looking forward to another wonderful year as the Chapter continues to serve our community. As always, feel free to contact the office with any questions or concerns you have. We are here to be a resource for you; therefore, you should never hesitate to call.

Sincerely,
Scott Miller
WPNHF Board President

Letter From The Executive Director, Alison Yazer

Dear Members and Friends,

I hope that our Spring newsletter finds you and your family well (and that the snow has FINALLY stopped for the season!). I keep waiting for us to hit our “quiet period” but with the continuous planning of fundraisers and events, it looks like we aren’t getting one – which is a good thing for our members! We’ve already held several events and our first of three fundraisers for the year and we’re still busy planning – upcoming events include our 3rd Annual Infusion Day in conjunction with the HCWP nurses and staff, our first joint Men’s & Women’s Group meetings, our Annual Meeting, the Walk and so much more!

This year, the NHF Annual Meeting is practically in our backyard – Washington DC – from September 18th-20th. Please keep your eyes out for a scholarship application for you and your family to attend this incredible event. We are hoping to send as many members as we can to the weekend-long educational and social event.

As always, please contact the staff of WPCNHF with any questions, concerns or suggestions. We can only meet your needs if we know what they are! Thank you for all that you do on behalf of the bleeding disorders community.

Sincerely,
Alison Yazer
Executive Director

If you recently purchased insurance through the Marketplace and didn’t sign up for automatic payments, be sure to pay your premiums to ensure continuous coverage!
Calendar of Upcoming Events

Tuesday, April 8
State Advocacy Day
Harrisburg, PA

Saturday, April 26
Infusion Day
Cranberry Township, PA

Thursday, May 1
Hemophilia A & Inhibitors
Homestead, PA

Saturday, May 10
Men’s Group
Pittsburgh, PA

Saturday, May 10
Women’s Group
Pittsburgh, PA

Thursday, May 15
Healthcare Reform
Robinson Township, PA

Saturday, September 13
Hemophilia Walk
Allison Park, PA

Wednesday, November 19 – Saturday, November 22
Take A Bough
Oxford Centre, Pittsburgh, PA

Ask us about sponsorship opportunities and how you can help!

Combined Federal Campaign

WPCNFH is an approved charitable organization for the Combined Federal Campaign (CFC). If you participate in the CFC, please consider designating all or a portion of your donation to the Chapter.

WPCNFH CFC Number is: 81343

UNLOCKING SELF-POTENTIAL

PROPHYLAXIS WITH ADVATE REDUCED BLEEDS IN A CLINICAL STUDY1,2

ADVATE is the only recombinant factor VIII (eight) that is FDA approved for prophylaxis in both adults & children (0-16 years)3

Significant reduction in median annual bleed rate (ABR) with prophylaxis treatment compared with on-demand treatment 4,5

- 60% reduction in median annual bleed rate (ABR) from 44 to 1 when switched from on-demand to prophylaxis 1,2
- 97% reduction in joint bleeds from 38.7 to 1 after switching from on-demand to prophylaxis 1,2

In clinical study, after switching from 6 months of on-demand treatment to 12 months of prophylaxis with ADVATE in 53 previously treated patients with severe or moderately severe hemophilia A.

Ask your healthcare provider if prophylaxis with ADVATE is right for you.

Detailed Important Risk Information for ADVATE

You should not use ADVATE if you are allergic to mice or hamsters or any ingredients in ADVATE.

You should tell your healthcare provider if you have or have had any medical problems, take any medicines, including prescription and non-prescription medicines and dietary supplements, have any allergies, including allergies to mice or hamsters, are nursing, are pregnant, or have been told that you have inhibitors to factor VIII.

You can have an allergic reaction to ADVATE. Call your healthcare provider right away and stop treatment if you get a rash or hives, itching, tightness of the throat, chest pain or tightness, difficulty breathing, lightheadedness, dizziness, nausea, or fainting.

Your body may form inhibitors to factor VIII. An inhibitor is part of the body’s normal defense system. If you form inhibitors, it may stop ADVATE from working properly. Consult with your healthcare provider to make sure you are carefully monitored with blood tests for the development of inhibitors to factor VIII.

Side effects that have been reported with ADVATE include: cough, sore throat, unusual taste, abdominal pain, diarrhea, nausea/vomiting, headache, fever, dizziness, hot flashes, chills, swelling, pain, weakness, itching, hematomas, swelling of legs, sinus congestion, and rash.

Call your healthcare provider right away about any side effects that bother you or if your bleeding does not stop after taking ADVATE.

INDICATION FOR ADVATE

ADVATE (Antihemophilic Factor (Recombinant), Plasma/Albumin-Free Method) is a medicine used to replace clotting factor VIII that is missing in people with hemophilia A (also called “classic” hemophilia). ADVATE is used to prevent and control bleeding in adults and children (0-16 years) with hemophilia A. Your healthcare provider may give you ADVATE when you have surgery. ADVATE can reduce the number of bleeding episodes in adults and children (0-16 years) when used regularly (prophylaxis). ADVATE is not used to treat von Willebrand Disease.

Please see Brief Summary of ADVATE Prescribing Information on the next page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

References:
For those in the bleeding disorder community who are uninsured, underserved, or experiencing lapses in private health insurance coverage, there are also assistance programs to help families facing financial strain to get access to factor products.
Exercise and Menstrual Cramps

Heating pad. Salt and vinegar potato chips. TV remote control. Those creature comforts help many women get through that time of the month while they cram on the MCAT or study hard. But there is a better way to ride out the bloating, cramps and nausea that often accompany periods. The answer is just a walk, bike ride or yoga class away.

Cramps 101

Every month, the lining of the uterus, or endometrium, builds up to prepare for pregnancy. If the egg released by the ovaries is not fertilized, this thickened endometrium is shed. “At the time of the period, the arteries clamp down and that’s a sloughing of the tissues that had built up during the second half of the cycle,” says Michelle Warren, MD, professor of medicine and obstetrics & gynecology at Columbia University Department of Medicine in New York City. “Women with bleeding disorders may sometimes need to have those small arteries; therefore, their periods may be very heavy.” Prolonged, heavy periods may continue to ooze from those small blood vessels; a distinctive edge over other INSTIs in combinations with other HIV medications.

Prostaglandins cause smooth muscles in the uterus to contract, restricting blood flow and oxygen to the endometrium, which dies. Those muscular contractions, or cramps, squeeze the dead endometrial tissue, the menstrual flow, through the cervix and out through the vagina.

Cramps usually begin a day before the first day of menstruation and peak the next day. They can be felt in several areas—the abdomen, lower back, hips and thighs. Cramps range from mild to severe, with pain that feels dull, sharp, continuous or intermittent. How strong the cramps may be linked to the amount of prostaglandins and leukotrienes, chemical messengers that cause inflammation and trigger contractions, her body produces. It may also be a function of nerve stimulation. “There are innervations to the uterus that will cause cramping,” says Warren. For women with dysmenorrhea, or painful periods, it’s important to rule out other conditions. Causes of secondary dysmenorrhea include ovarian cysts, pelvic inflammatory disease, endometriosis and uterine fibroids. (Read “A Difficult Combination,” page 15.)

Pain relief the natural way

The feel-good chemical in your brain, called an endorphin, is produced in the pituitary gland and hypothalamus when you exercise. Endorphin, or “endorphic morphine” (morphine produced in the body), is the natural version of morphine, the opiate pain reliever. “It increases the threshold at which you feel pain,” Warren says. Endorphin also improves your mood and gives you a sense of well-being. That’s why marathoners can become mileage junkies, logging in long runs and experiencing the so-called “runner’s high.”

So it makes sense that if you can do something physically to produce more endorphins, it’s bound to take your mind off your body. You don’t have to be an ultra-marathoner, though. Even 30-minute exercise segments can provide a positive effect.

Exercise options

Gentle stretching of the lower back or abdominal muscles might spell relief. “You’re providing a different sensory input to that area, so it might help to alleviate some of the sensation of the cramping,” says Deb Voss, PT, ATC, CSCS, of the Hemophilia Center of Western Pennsylvania in Pittsburgh. “Low back PT exercises include knee-to-chest exercises and lower-trunk rotation.” Progressive muscle release—starting at your head or feet and tensioning, while relaxing different muscle groups—might also help with cramps.

Certain yoga poses can help women dealing with painful cramps. A 2011 study in the Journal of Pediatric Adolescent Gynecology showed that pain intensity and duration were significantly lower in approximately 180 adolescent women with primary dysmenorrhea who performed the cat, cobra and fish poses. Plus, there’s the added benefit of mindful meditation and focused breathing. “With yoga, you have the whole mind-body connection,” Voss says. “Helping to relieve stress and strain, and letting go of some physical tension may help.”

Aerobic exercise, in which your body uses oxygen for fuel, elevates your heart rate and breathing. It helps improve blood flow throughout your body and refocuses your thoughts. “Involving yourself in an exercise program can be very helpful,” Warren says. “If exercise were a pill, I’d give it to everybody.”

But with your body feeling like one big thermostat, it’s probably best to refrain from vigorous exercise during your period, says expert. “Women may not feel they’re able to even develop the energy to do high-intensity activity,” says Voss. Instead, some women may prefer light hiking, walking or swimming, she says.

So next time you’re hit by a wave of menstrual cramps, stash the junk food and grab the leash. You and your four-legged friend will both benefit from a brisk walk.

Possible side effects

Overall, patients experienced few side effects compared with traditional clinical trials. The most common were insomnia and headache. Because dolutegravir can affect liver enzymes, patients with hepatitis B or C are encouraged to have blood tests for liver toxicity prior to and during treatment.

Tivicay is contraindicated for patients who take dofetilide, an antiarrhythmia drug, because it can increase concentrations in the blood, causing life-threatening events. Safe for patients with hepatitis C

Patients with bleeding disorders who have HIV and hepatitis C most likely will be candidates for Tivicay. “The drug looks very promising for this group because it does not interact with medications that are currently used for treating hepatitis C,” says Sax. “While increased rates of liver toxicity occur with all HIV medications in people with hepatitis C, this drug does not appear to be particularly harmful to the liver.” If you’re interested in taking Tivicay, ask your hematologist or hepatologist if the drug is right for you.

FDA Approves New HIV V Drug

When the US Food and Drug Administration (FDA) approved Tivicay® (dolutegravir), a new drug to treat HIV, in August 2013, it gave patients a new option for suppressing the virus. Tivicay is a 50-mg pill recommended for adults and children 12 years old and older in combination with at least two other HIV drugs. It is manufactured by Viiv Healthcare, a company established in 2009 by GlaxoSmithKline and Pfizer.

Tivicay advantages

Tivicay is in a class of HIV drugs called integrase strand transfer inhibitors (INSTIs). “They work by inhibiting integrase, a key enzyme that’s used to integrate the HIV RNA into the HIV DNA,” says Paul Sax, MD, director of the HIV program and the Division of Infectious Diseases at Brigham and Women’s Hospital in Boston and professor of medicine at Harvard Medical School. By blocking HIV from inserting its genetic components into a person’s cells, the virus cannot make more copies of itself, and chronic infection is prevented. The new drug must be taken daily and should never be stopped without consulting one’s physician.

Tivicay is the third INSTI to get the go-ahead from the FDA, following elvitegravir in 2012, approved as part of a “boosted” (four-drug combination) therapy, and raltegravir in 2007. It has a distinctive edge over other INSTIs in that it is well tolerated, can be taken with or without food, and, for some patients, is a once-daily pill. Unlike other INSTIs, it is less likely to cause drug resistance. It also doesn’t require a boosting agent, such as cobicistat or ritonavir, which are used with other HIV medications.

Clinical trial results

During the multicenter international Phase 3 trials of Tivicay, 2,557 adults were tested. In two of the four clinical trials, the drug was given with two different nucleoside reverse transcriptase inhibitors (NRTIs), which block the action of reverse transcriptase, an enzyme HIV needs to reproduce. By combining drugs from different classes, HIV is prevented from mutating and then producing new strains that are resistant to the drugs. The goal of HIV therapy is to decrease a patient’s viral load in the blood to undetectable levels.

The findings that are more relevant for people with hemophilia and HIV come from the two trials of Tivicay in 179 adults, all of whom had failed their current therapy but had never taken an integrase inhibitor. They were divided into two groups. In addition to their background single or combination regimen, one group received 400 mg of raltegravir twice daily; the other group received 50 mg of Tivicay once daily. After 24 weeks of treatment, 79% of the subjects in the Tivicay group were virologically suppressed, meaning they had fewer than 50 copies of HIV-1 RNA per cubic milliliter in their bloodstream. This was statistically significant compared with the raltegravir group, in which only 70% were virologically suppressed.

FDA copyright 2014

Article courtesy of HemAware copyright 2014

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Spotlight on the Member: Stacy McCarthy

“I was pregnant with my first child when I found out I was a carrier. I was also diagnosed with VWD at this time, and with no known family history of this, I had no idea what VWD even was. My Ob-Gyn told me that my factor levels were so low that if I was having a boy that I should consider terminating my pregnancy! I went through amniocentesis and found out I was having a girl. Can you imagine if I didn’t know anything about hemophilia and followed the doctor’s suggestion?”

Knowing she was a carrier, and with a family history of hemophilia, Stacy McCarthy knew there was a chance her son would have it, so when he tested negative at birth, she was incredibly relieved. However, over the next 18 months, several incidents made her doubt the accuracy of Will’s diagnosis – a circumcision that wouldn’t stop bleeding, large hematomas from relatively minor bumps, etc. Every time, the pediatrician was negative at birth, she was incredibly surprised. When she went in to deliver her second child, she and her husband called Will, called the Hemophilia Center of Western PA, who connected the family with a home health care company that was able to deliver factor and treat Will quickly, even though the McCarthy’s weren’t registered or signed up with them. It was then that Stacy realized how tightly-knit the bleeding disorder community truly is, and how willing people within the community were to help out – no matter what.

Stacy says that the biggest challenges they faced when Will was first diagnosed was not knowing what they didn’t know and not knowing what questions to ask in order to learn. Stacy found that the hematologist they saw where they lived when Will was first diagnosed wasn’t particularly helpful, and it wasn’t until they returned to Erie and Will was treated at the HCWP that they began to get the answers they were looking for. Additionally, in the advances in treatment since Stacy’s brother was growing up with hemophilia made things more confusing for her since what she knew was no (Continued on page 13)

Hepatitis C Treatment Update

Anne Graham, RN

An estimated 4 million people in the U.S. are infected with Hepatitis C virus (HCV). The present standard therapy has a sustained virologic response (SVR) of 60% to 78%. (The SVR indicates an undetectable viral load or a clearing of the virus.) However, present medications used to treat HCV have a long duration of treatment (up to 48 weeks) and a high incidence of adverse events.

A new drug called sofosbuvir, recently approved by the FDA, when used in combination antiviral treatment, achieves a higher SVR (84 to 90 %) while shortening the duration of treatment and, for some types of HCV, eliminates the need for the medication causing the most adverse events. A concern with sofosbuvir is the cost - about $1000 per pill, and the cost for 12 weeks of treatment is $84,000. Some regimens require 24 weeks of treatment.

Another new medication with projected FDA approval in November, 2014, called declatasvir, when used with sofosbuvir, has also been shown to have a higher SVR with shorter duration of treatment in most patients. This includes patients with no response to prior therapy.

The staff at the Hemophilia Center will be discussing these treatment options with you at your next comprehensive clinic appointment. Please do not hesitate to call us for any questions or to schedule your appointment.

Hepatitis C

The possibilities when you’re well cared for.
Clotting factor VIII and IX concentrates were developed in the late 1960s and became available for home use in the early 1970s. For people with hemophilia, like me, who were born in the 1970s when only fresh frozen plasma was available to stop bleeding, factor concentrate was a miracle drug. First, it halted a bleeding episode, and ultimately, through prophylaxis, to prevent bleeds from occurring. Immediate infusion of factor minimized joint damage due to hemorrhaging, and led to increased mobility and less pain, so that people with hemophilia could lead a more normal life. Factor concentrates allowed many of us to treat at home instead of visiting emergency rooms every time we had a bleed. And factor opened a world of new possibilities to attend college, travel, and—most of all—become more independent.

Starting in the late 1970s through the mid-1980s, about half of our community became infected with—and many later succumbed to—HIV/AIDS and hepatitis C. Those who survived began a life-and-death struggle. By 1990, with the inception of COTT, a different kind of battle began: a battle for the truth, seeking to expose how factor manufacturers had allowed contaminated plasma to be used in manufacturing factor VIII and IX. The importance of this fight cannot be overstated. To this day, COTT labors to make sure an accurate history remains, always with the mindset that safety is paramount so that every generation can enjoy the benefits of factor without fear of blood-borne viruses.

The original founders of the COTT board were all infected with HIV, and most were also infected with hepatitis C. Most of them knew that inevitably they would succumb to AIDS or liver failure from hepatitis C. Nevertheless, they made great efforts to ensure that factor products became “cleaner” for future generations. Though their lives were shortened, their legacy was lengthened, as they became pioneers in blood safety. This legacy included working with government regulatory agencies such as FDA to establish more stringent regulations that protect the blood-product consumer today. As a community, we owe a debt of gratitude to all of these people, living or deceased, for their tremendous commitment and selfless efforts on our behalf to ensure safer factor products.

We must not forget the lessons of the past. COTT is working toward building the Living Memorial to honor those who died, and to give their families and friends a place to visit and reflect on our fallen heroes. The Living Memorial will have greater significance if the entire hemophilia community embraces the idea that all of us—past, present, and future—are in this struggle together, living with hemophilia and remaining vigilant that blood products are safe. Bridges of trust and respect must be built between the generations, because a fragmented community increases the chance of an inadequate response to any potential new crisis.

Although an official site has yet to be confirmed at the time of this writing, we do know that the Living Memorial will be located in San Luis Obispo, California. Under the direction of Eddie Herrera and his team at COTT, the initial renderings of the Living Memorial have been completed at no cost.

If you're interested in contributing to this valuable and significant project, please visit the COTT website at www.cott1.org to donate and to see the artists' renderings of the planned Living Memorial.

We look forward to the day when a cure is found for hemophilia, but until that time, let's honor the men and women who gave their lives so that we may have fulfilling lives today and in the future.

Jeffrey Moualim is CFD and fund development coordinator of COTT. He was cured of hemophilia through a liver transplant, but continues to help the community. He can be reached at moualim@aol.com.

Meet The HCWP Staff

Jacqueline Washington
Jacqueline Washington is a native of the Pittsburgh area and has been working in research for the past 20 years. Jacqueline joined the team in January. She is an experienced research coordinator and is associated with multiple investigational studies including AIDS clinical trials, behavioral studies with adolescents, diabetes research in children, health outcomes in the elderly population as well as a longitudinal study in liver transplant. Jacqueline is a graduate of the University of Phoenix with a Bachelor of Science in Health Administration. She is the mother of 3 and enjoys making jewelry and is a volunteer in children’s ministry at her church.

Megan Hendricks
Megan is a native of Pittsburgh with a bachelor’s degree in Art History from Penn State University and an RN Diploma from St. Francis Nursing School. After graduation from nursing school, she worked as a Midwife assistant and then went on to work as a research nurse at the University of Pittsburgh for 13 years. In January of this year, she joined the research staff at the Hemophilia Center of Western Pennsylvania as a senior regulatory coordinator who will work closely with Dr. Ragni on approvals for her research studies. She loves music and enjoys cooking and the beach.

Stacy McCarthy
Stacy McCarthy
Stacy was born in 1980 in Laredo, Texas and moved to California when she was very young. She currently lives in Santa Rosa, California with her husband, Ion and their two children, Kamila and Will. Stacy has been involved with the bleeding disorders community for more than fifteen years. She is an advocate for the COTT Living Memorial and the Hemophilia Foundation of Northern California. Enjoying music and cooking, Stacy loves spending time with her family and educating others about childhood bleeding disorders.

Jeffrey Moualim
Jeffrey Moualim is the Fund Development Coordinator at COTT.

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Jeffrey Moualim is a native of San Diego and is the fund development coordinator for COTT. He has worked extensively with hemophilia in the past as a patient, and was involved in the Children of the 80’s project.

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Our Mission:
The Western Pennsylvania Chapter of the National Hemophilia Foundation is leading the way in Western Pennsylvania in improving the quality of care and enriching the lives of those with bleeding disorders through education, advocacy, resource, and referral.

WPCNHF Wish List
The Chapter is always doing fundraisers to raise money for our educational programs and member support activities but sometimes we just need a few small things for the office. WPCNHF has a list of items needed in the office. If you, or anyone you know, is interested in donating any of the following please contact the office at info@westpennhemophilia.org or call us at 724-741-6160.
- White copy paper by the ream or by the case
- Colored copy paper by the ream for invitations and newsletter inserts
- Legal pads for note taking
- Sticky Notes
- Forever U.S. Postage stamps
- 10 x 13 Ready-seal envelopes for newsletter mailings
- Paper towels
- Apartment-sized refrigerator
Having issues with co-pays or gaps in coverage for your hemophilia A treatment?

We may be able to help.

Bayer offers a range of programs that can help you navigate insurance questions about your hemophilia A treatment. If you’re having issues with co-pays or gaps in coverage, we may be able to offer assistance. Speak with one of our case specialists to find out more.

Call 1-800-288-8374 and press 1 to speak to a trained insurance specialist!