



## SA HEART NEWS 2015

### SA Heart Exco

The 2015 SA Heart National Council held its first day-long face to face meeting, during which matters that concern us all were debated in an effort to finally deliver effective patient care. The names and contact details of the SA Heart Exco, SIGs and Regional Branches are published in this issue for your convenience, so that you know where to raise your concerns, and offer solutions, to the problems you face. The structure, function and vision of the Association was again debated at length, and some of the important issues which were discussed will be highlighted in this newsletter.



### The 2015 SA Heart National Council

From left to right: Dr Andrew Thornton (President CASSA), Dr Adriaan Snyders (Immediate Past President, SA Heart and editor of SA Heart Newsletter), Prof Mpiko Ntsheke (Chair, SHARE registry committee, SA Heart), Prof Francis Smit (Treasurer, SA Heart, here also representing Bloemfontein Regional Branch), Prof Karen Sliwa (President, SA Heart), Dr Robbie Kleinloog (Secretary, SA Heart and President, Surgical Interest Group), Liesl Zühlke (President, PCSSA), Prof Andrew Sarkin (Chair: Fulltime Salaried Practice Committee), Prof Anton Doubell (Editor, SA Heart Journal, here also representing CISSA), Dr Martin Mpe (Chair: Education Committee, SA Heart, here also representing Pretoria Regional Branch), Dr Sajidah Khan (President, SA Heart KwaZulu-Natal Regional Branch, here also representing SASCI), Prof Sandrine Lecour (President, SASCAR), Dr Eric Klug (President HeFSSA), Dr Jean Paul Theron (Chair: Private Practice Committee, SA Heart) and Dr Les Osrin (Chair: Ethics and Guidelines Committee, SA Heart).

Not in photo: Dr David Jankelow (Vice President, SA Heart and President Johannesburg Regional Branch).



After a long all day meeting with brainstorming, discussions and decisions, Prof Sliwa invited the members of the National Council for Sundowners to her house in Camps Bay. Here Prof Ntsheke and Prof Sliwa are sharing a light moment.



Discussions were continued over a glass of wine – Dr Adriaan Snyders in conversation with Prof Francis Smit.

### Our congress/activities for 2015 and congress programme

Be sure to book Sunday 25 - Wednesday 28 October in your diary so that you do not miss the SA Heart Congress 2015 which will be held in Sun City. For this congress Prof Francis Smit and his Bloemfontein team are organising yet another excellent programme. For SA Heart Congress 2016, we are joining forces with the Society of Thoracic Surgeons of South Africa who are hosting the Congress of the World Society of Cardiothoracic Surgeons, from

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## SA HEART NEWS 2015 continued

8 - 11 September 2016 in Cape Town. Dr Alfonso Pecoraro, together with Prof Anton Doubell and the executive of the Western Cape Branch, will be responsible for the cardiology programme of this joint congress. Planning is well under way for SA Heart Congress 2017, with interviews and shortlisting of the PCO for that year currently taking place. No final decision has been taken regarding the possibility of bidding for the World Cardiology Congress 2018.

By the time you receive this newsletter, you may be preparing for the imminent AfricaPCR 2015 in Johannesburg from 26 - 28 March, which looks to be an excellent meeting featuring very interesting case presentations. Three industry-initiated cardiometabolic meetings are scheduled to take place during the first 3 months of 2015, and we are eagerly awaiting the reports on these meetings. Some of you might be fortunate enough to attend the M & M Meeting early in June, after EuroPCR. Elsewhere, in this newsletter, you will see the CASSA Clinical Symposium and SunEcho course advertised. We are awaiting details from other SIGs on their academic programme for the year. SA Heart will roll-out its lecture series on AF to 8 new venues this year, and start roll-out of its lecture series on Hypertension. Please consult the Events Calendar on our website [www.saheart.org](http://www.saheart.org) for regular updates of congresses, training programmes and events taking place.

We remain particularly interested in receiving information on your interactions with funders, especially when adequate therapy is being denied. Drs J.P. Theron, David Jankelow and Jean Vorster will collaborate and also assist you in these matters. SASCI's "Guidelines to Coding" regarding interventional procedures should be available during Africa PCR. This document could help you benchmark your practice against acceptable norms - this is a working document, awaiting your contribution. Dr J.P. Theron and his Private Practice committee are busy looking at other aspects of cardiology practice for updating the coding manual. Please assist where you can.

### SA Heart office/website

We are looking forward to the launch in April this year of our new cloud-based Engagement Membership System

(EMS), which will incorporate our current website and which will automate the membership invoicing system. This is an interactive membership tool which will be our one-stop solution and allow you, amongst other things, to update your own contact details, find your colleagues, obtain all the information you need, participate in forums and publish cases for comment. Members will have real-time access to their membership fees status, and a secure online portal for membership fees will be incorporated, as well as a function to load all your CPD points in one place. This will be an excellent site on which to publish any questions or case/s for comment by your colleagues. We also plan to offer more E-Learning opportunities and online CPD accredited courses for your benefit. Have you visited our present website recently – regularly – and commented? As invoicing will be automated through this system, membership invoices for 2015 will be slightly delayed this year, you can expect them – in electronic format – by the end of April. This new EMS system will be enhanced by your buy-in to the system - embrace it and actively participate in the forums and functions it offers – systems and Associations are only as good as their members - we rely on members to make it vibrant.

### SHARE update/SA Heart SASCI STEMI early reperfusion

We will start with the STEMI survey in Pretoria, and other hospitals are welcome to join as soon as they are ready. Pretoria offers a second round of education in the city and larger referral areas; this time more inclusive and also offering an excellent ECG workshop. A revised analysis of additional information from our pilot project has been submitted for publication in the next SA Heart Journal and may be presented at ESC by Prof Rhena Delpont. Our Project Algorithm poster may, within the next few months, be delivered to relevant ERs. SHARE will start to develop the electronic database, but we plan to continue using paper CRFs for data collection of source information. Important documentation regarding the project will be made available to interested parties through MediShare, a very secure platform for such activities. Should you wish to actively participate in the programme and be part of the group discussion, you may apply on the MediShare

Website at <https://medishare.co.za/group/stemi>, after registering as user. To further develop our Network we plan an Indaba during 2016, similar to the very successful Stent India Programme. Industry supporters are kept up to date, but more support is needed as we can only do that which we have funding and support for. The patient awareness programme, which will assist in driving the network, will also commence during 2015.

News on the TAVI registry is that 38 patients had been entered by mid-February. Refer to the separate article on the CDM registry for further news on SHARE activities.

Ongoing discussions are underway to involve an editorial board and SIGs. New financing models are being evaluated. The quality and content of the Journal certainly makes it well worth reading.

### **E-learning/case sharing/reporting from meetings**

#### **Cardiology diabetes nephrology at the limits**

This meeting was once again held during February with fewer and fewer South African Colleagues attending due to limited financial support for this prestigious, but expensive, meeting. The content was, however, superb as always and included the opportunity to listen to

“ We remain particularly interested in receiving information on your interactions with funders, especially when adequate therapy is being denied.”

### **Members/correspondence**

We are preparing a survey in order to ascertain your opinion of SA Heart and to determine your needs. You are invited to participate, so please keep a look-out for this initiative. Constructive ideas and feedback will be welcomed.

### **E-Library**

The E-Library could not continue due to the simple fact that we did not have sufficient funds to pay the immediate subscription fee. Dr David Jankelow and Prof Sandrine Lecour will continue with their efforts to find a solution but you are also invited to formulate a strategy.

### **Journal**

SA Heart Journal will continue in electronic format with only a limited number of printed copies. Each SHARE project will publish at least one article in SA Heart Journal.

FW de Klerk, the former South African President, who was pivotal in assisting our country towards a peaceful representative democracy. The facts so well known to (most) South Africans came as an eye opener to many British attendees. This was indeed a prestigious academic research event, and it seems clear that the level of academic and research activities in the UK and Europe is at a higher level than that reached in SA – a debate for another day.

### **Cardiology training**

There is an ongoing concern that we are not training enough cardiologists and, for that matter, cardiothoracic surgeons. Further, it is feared that the ones who do qualify may not have enough experience in modern techniques to serve their patients optimally outside of – or even inside - tertiary institutions. The idea of training non-interventionist cardiologists is certainly an option worthy of exploration as

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## SA HEART NEWS 2015 continued

Hypertension, Heart Failure and many other cardiac conditions are still clinical diseases needing a clinician. Surely specialist physicians, with an interest in cardiology, can be trained to fulfill this role in as much as technologists can be trained to assist in the public health sector in an effort to address the vacancy of proper cardiac evaluation. Integrating the returning Cuban trained South African aspirant doctors, may not solve all the problems. Keeping in mind the billions spent on legal claims against the public health system, we may need to look at a different system of care where the trained cardiologists/specialists spend their time more appropriately in accordance with their level of expertise. Managing a practice, completing forms or

recording a history when a patient has been referred with a note of "chest pain" or "tiredness, please evaluate" is hardly a cost effective way to make the best use of the limited, highly trained professional cardiac resources we have in SA.

### Newsletter editor

I am still eagerly waiting for an enthusiastic colleague willing to assist with our newsletter. Please contact me at [asnyders@mweb.co.za](mailto:asnyders@mweb.co.za).

**Adriaan Snyders**

**Editor SA Heart newsletter, President SA Heart**  
[asnyders@mweb.co.za](mailto:asnyders@mweb.co.za)



Beating to the rhythm of *life*

**INVITE**

**Annual CASSA Clinical Symposium**

**Dates**  
Cape Town at Vineyard Hotel on 11 April 2015  
Johannesburg at Holiday Inn Sandton on 18 April 2015

**Highlights for 2015**  
Join us for case based presentations on important clinical problems and hear about the latest trends in the treatment of:

- Palpitations/Tachycardia
- Syncope
- Sudden Cardiac Death (childhood, adult & sportsmen)
- Heart Failure

If you are a delegate or sponsor and wish to reserve your space, please contact Elouise Cloete from Shift at [elouise@shiftideas.co.za](mailto:elouise@shiftideas.co.za) or 011-465 4764

*Hurry, stand space and seats are limited and selling fast!*



## POPULAR CONGRESSES FOR 2015

CONGRESS	DATE	CITY	COUNTRY
ACC 2015 <a href="http://www.scientificsessions.org">http://www.scientificsessions.org</a>	14 - 16 March 2015	San Diego	USA
AFRICAPCR 2015 <a href="http://www.africapcr.com">http://www.africapcr.com</a>	26 - 28 March 2015	Cape Town	South Africa
EUROPREVENT <a href="http://www.escardio.org">http://www.escardio.org</a>	14 - 16 May 2015	Lisbon	Portugal
EUROPCR 2015 <a href="http://www.europcr.com">http://www.europcr.com</a>	19 - 22 May 2015	Paris	France
2ND WORLD CONGRESS ON ACUTE HEART FAILURE 2015 <a href="http://www.escardip.org">http://www.escardip.org</a>	23 - 26 May 2015	Seville	Spain
AMERICAN SOCIETY ECHOCARDIOGRAPHY (ASE) <a href="http://www.asescientificsessions.org">http://www.asescientificsessions.org</a>	13 - 16 June 2015	Boston Massachusetts	USA
EHRA - EUROPACE - CARDIOSTIM 2015 <a href="http://www.escardio.org/congresses/ehra-europace-2015/Pages/welcome.aspx">http://www.escardio.org/congresses/ehra-europace-2015/Pages/welcome.aspx</a>	21 - 24 June 2015	Milan	Italy
ESC 2015 <a href="http://www.escardio.org">http://www.escardio.org</a>	29 August - 2 September 2015	London	UK
WSA 2015 (WORLD CONGRESS ON CARDIOLOGY, ARRHYTHMIA, PACING AND EP) <a href="http://www.wsa2015.org">http://www.wsa2015.org</a>	17 - 20 September 2015	Beijing	China
PASCAR <a href="http://www.pascar.org">http://www.pascar.org</a>	3 - 7 October 2015	Hammamet	Tunisia
TCT 2015 <a href="http://www.crf.org/tct">http://www.crf.org/tct</a>	12 - 16 October 2015	San Francisco California	USA
VENICE ARRHYTHMIA <a href="http://www.venicearrhythmia.org">http://www.venicearrhythmia.org</a>	16 - 18 October 2015	Venice	Italy
<b>16TH ANNUAL SA HEART CONGRESS</b> <a href="http://www.saheart.org/congress2015">http://www.saheart.org/congress2015</a>	<b>25 - 28 October 2015</b>	<b>Sun City</b>	<b>South Africa</b>
AHA <a href="http://my.americanheart.org">http://my.americanheart.org</a>	07 - 11 November 2015	Orlando Florida	USA

Please also consult the SA Heart website at [www.saheart.org](http://www.saheart.org) for constant updates to this list as well as local training opportunities offered by SA Heart, SIGs and other role players.



## WESTERN CAPE BRANCH OF SA HEART

The Western Cape Branch had its inaugural meeting on 4 February 2015 at Tygerberg Hospital. This branch is an amalgamation of the former Tygerberg and Cape Town branches and represent a new phase in local SA Heart activities.

The academic meeting was a great success with 26 attendees from all over the Cape. The first presentation was by the head of Paediatric Services, John Lawrenson, who reflected on the Cath Labs in Africa and new models of intervention for the future. This was followed by excellent case presentations from the Tygerberg team, looking at fascinating cases of sub-mitral aneurysm, deroofed coronary sinus together with persistent Left SVC, and percutaneous treatment of a post-infarction VSD followed by stimulating discussion, dealing with presentation, management and prognosis.

Following the academic component, Prof Anton Doubell introduced the interim executive: Chair - Prof Doubell, Vice-chair - Prof Brink, Treasurer - Alfonso Pecararo, Secretary - Liesl Zuhlke and members: Philip Herbst, Jens Hitzeroth, Karen Sliwa-Hanle and Hellmuth Weich. One of the major opportunities facing this branch is the upcoming SA Heart meeting in 2016, which will be

presented in conjunction with the World Society of Thoracic and Cardiothoracic Surgeons, in Cape Town in September 2016.

The local organising committee from the branch will be spearheaded by Alfonso Pecararo, John Lawrenson, Anton Doubell and Karen Sliwa-Hanle. Alfonso summarised the activities of the committee thus far. Clearly, this conference is one to diarise now.

The next academic meeting is scheduled for Wednesday, 13 May at the Transplant museum at the Old Main Building, Groote Schuur. Prof Brink will be giving us a glimpse into the transplant programme, followed by a tour of the famed museum. Please RSVP to either [liesl.zuhlke@uct.ac.za](mailto:liesl.zuhlke@uct.ac.za) or [erika@saheart.org](mailto:erika@saheart.org).

This promises to be a vibrant, exciting branch with a congress and many stimulating academic activities planned for the future. Please consider being part of the executive – the next AGM will be held in August 2015 - and do join us at all the meetings and events until then.

**Liesl Zuhlke, Secretary**  
**Anton Doubell, Chairman**

## WEBSITE LINKS

<b>SASCI</b>	<a href="http://www.sasci.co.za">www.sasci.co.za</a>
<b>CASSA</b>	<a href="http://www.cassa.co.za">www.cassa.co.za</a>
<b>SA Heart</b>	<a href="http://www.saheart.org">www.saheart.org</a>
<b>HeFSSA</b>	<a href="http://www.hefssa.org">www.hefssa.org</a>
<b>ACC</b>	<a href="http://www.acc.org">www.acc.org</a>
<b>SASCAR (Research)</b>	<a href="http://www.sascar.org.za">www.sascar.org.za</a>
<b>ESC</b>	<a href="http://www.escardio.org">www.escardio.org</a>
<b>PCSSA</b>	<a href="http://www.saheart.org/pcssa">www.saheart.org/pcssa</a>
<b>World Heart</b>	<a href="http://www.world-heart-federation.org">www.world-heart-federation.org</a>

## EDITOR SA HEART NEWSLETTER

Are you **PASSIONATE** about SA Heart,  
Co-Operation, Teamwork

And do you like to **WRITE, MOTIVATE**  
and **FACILITATE**

And **INFLUENCE** the cardiology community?

Then we have a **CHALLENGE** for you...

Apply to take on the responsibility as  
Editor of the SA Heart Newsletter

**Contact Dr Adriaan Snyders at**  
**[asnyders@mweb.co.za](mailto:asnyders@mweb.co.za)**



## HEART AND STROKE FOUNDATION SOUTH AFRICA

### CALENDAR EVENTS

#### Ongoing campaign: Salt Watch

The HSF has been mandated to conduct a national public awareness and education campaign to reduce salt consumption in South Africa. The campaign is run through Salt Watch South Africa (SW), a multi-sectorial coalition, coordinated by the HSF, supported by the national department of health (DOH) and a member of World Action on Salt and Health (WASH). This campaign aims to raise awareness of the dangers of too much salt and to help South Africans make better food choices to reduce their salt intake.

#### Activities

- Radio and TV advertisements
- PR and Communication
- Engagement with Health Care Professionals

#### IMPORTANT DATES

##### January

**19 - 23**      **UCT GP Conference**  
Present with a stand

##### February

**2 - 28**      **Running campaign #HaveHeart**  
to raise funds to fight heart disease  
in children.

**28**      **Cape Town Wellness Weekend**  
Supporting the WC government in  
implementing wellness weekend.

##### March

**16 - 22**      **World Salt Awareness Week**  
Highlighting the importance of a  
healthy start for children. As part of  
the week we will be encouraging the  
food industry to act more responsibly  
by reducing the amount of salt they  
add to children's food and to stop  
advertising high salt food to children.

Will support with PR and  
Communication



##### May

**17**      **World Hypertension Day**  
Will support with PR and  
Communication

**31**      **World No Tobacco Day**  
Will support with PR and  
Communication

##### August

**4 - 10**      **Rheumatic Fever and  
Rheumatic Heart Disease  
Week**  
Will support with PR and  
Communication

##### September

**Whole month**      **Heart Awareness Month**  
Campaign to raise awareness of CVD  
and to provide diet and lifestyle  
recommendations to help in the  
prevention of CVD

**29**      **World Heart Awareness Day**  
Will support with PR and  
Communication

##### October

**9 - 15**      **National Nutrition Week**

**15 - 19**      **National Obesity Week**  
Will support with PR and  
Communication

**25 - 28**      **SA Heart Congress**  
Aim to be present with speaker  
and stand

**28 October -  
3 November**      **Stroke Week**

**29**      **World Stroke Day**  
Will support with PR and  
Communication

## SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

SASCI plays a pivotal role as a representative body of interventional cardiologists in South Africa, and also internationally. Read more about our activities in this newsletter.

The SASCI Executive is working conscientiously towards attaining our objectives. A sincere thank you to them all. The SASCI Executive consists of:

<b>Farrel Hellig</b>	President: Africa PCR, Funders, International Relations and Congresses
<b>Dave Kettles</b>	Vice-President: STEMI Early Reperfusion Programme
<b>Sajidah Khan</b>	Educational, including ESC eLearning Platform and AfricaPCR
<b>Cobus Badenhorst</b>	Treasurer, ISCAP Cath Lab Manual and Fellows 2015
<b>Adie Horak</b>	Secretary and Rota Workshops
<b>Graham Cassel</b>	Ex-officio President: AfricaPCR and non-invasive coronary imaging
<b>Mpiko Ntsekhe</b>	Academic: Visiting Professors Programme, SHARE TAVI Registry and AfricaPCR
<b>Chris Zambakides</b>	CTO workgroup and Fellows Workshop 2014
<b>Len Steingo</b>	SA Heart PPC: Coding and Funders
<b>Mark Abelson</b>	SA Heart PPC: Coding and Funders
<b>Jean Vorster</b>	SA Heart Congress 2014 and Fellows 2015
<b>Gill Longano</b>	ISCAP
<b>Dianne Kerrigan</b>	ISCAP

I would like to thank JP Theron (co-opted to Exco at AGM 2014) who worked tirelessly (with support from

the Exco) to establish a standard cardiology coding handbook which will be put forward for approval at the 2015 AGM.

The SASCI Exco representatives for industry are Tracey du Preez (Medtronic), Dan Willemse (Amayeza) and Andrew Sartor (Boston) as well as the ISCAP Exco industry representatives: Tina Halkiadakis (Medtronic), Marelize Snyman (Boston Scientific) and Amy Wolfe (Baroque).

### EDUCATIONAL FOR MEMBERS AND FELLOWS

#### AfricaPCR course

SASCI is very proud to partner with Europa Organisation, SA Heart and PASCAR to offer the second standalone AfricaPCR Course that will be taking place in Johannesburg from 26 - 28 March 2015 at the Forum, the Campus in Bryanston. The 2015 Course will build on the objective of exploring clinical challenges, specific to Africa, and forging solutions through a highly interactive process of sharing, learning, questioning and challenging. The highlights of the 2015 programme are: STEMI – exploring solutions to problems defined in 2014; setting up a Cath Lab service in Africa and managing patients with resource limitations. There will be a focus on the local environment and the particular circumstances of each African region. Visit [www.africapcr.com](http://www.africapcr.com) for programme details and to register, or contact the organisers, Europa Organisation Africa at 011 325 0020 or email [claudette@eoafrika.co.za](mailto:claudette@eoafrika.co.za).

#### SASCI Annual General Meeting

It is my pleasure to personally invite you to attend this year's SASCI Annual General Meeting to be held on Friday, 27 March 2015 at 18h00 during the AfricaPCR Course in Johannesburg. This AGM is of the utmost importance, as the past year's activities and finances will be reviewed and a new leadership elected (Executive Committee representatives and President). Crucial developments in interventional cardiology will also be up for discussion. If you plan to attend the AGM, please RSVP to [sasci@sasci.co.za](mailto:sasci@sasci.co.za).

#### SA Heart Congress 2015

SASCI actively supports the SA Heart Congress 2015 and will contribute to the scientific programme. This year the



congress will take place from 25 - 28 October at Sun City, North West Province. Sajidah Khan will represent SASCI on the organising committee and will assist in developing a focussed interventional programme, staying within the theme of "Hearts in Sight". A high quality and extensive Allied Programme (ISCAP) will also be offered which should ensure high attendance from our Allied group members.

### **Medtronic and Pharma Dynamics**

It is my pleasure to confirm that the renowned interventional cardiologist, Prof Jean Marco from Toulouse, France, will be visiting South Africa from middle March to middle May 2015. We are looking forward to his contribution to education, especially that of Fellows, in South Africa. We know that he will add immense benefit as an innovative educator, teacher and organiser (as seen through well-known PCR courses). Medtronic and Pharma Dynamics must be thanked for their loyal and sustained support of this programme.

### **Rotational Atherectomy workshop**

Dr Adie Horak is the convener of the second full day Rotational Atherectomy workshop, "Master the Complex", that will be held on 7 March 2015 at the Boston Scientific Training Academy. The workshop is proudly sponsored by Boston Scientific.

### **SASCI Fellows programme**

The 10th Annual SASCI Fellows Programme is currently being planned. This year the conveners are Drs Jean Vorster and Cobus Badenhorst. Please be on the lookout for this programme.

### **SA Heart and SASCI Early Reperfusion programme (STEMI)**

Lecture slides and algorithms are available and members should contact the SASCI office if they wish to get involved with regional educational initiatives. Adriaan Snyders is the National SA Heart project leader and he is assisted by Dave Kettles and Sajidah Khan from SASCI. A STEMI Survey is also being rolled out (in Pretoria initially) and will ultimately be offered nationally, on a voluntary basis.

### **Postgraduate Cardiology training programme**

The society also supports a Postgraduate Cardiology training programme. The aim is to ensure that individuals are exposed to high volume interventional units and thus receive the opportunity to observe and work with different operators, including surgeons in the private environment. SASCI will establish a Task Group, with open invitation to all Head of Departments to discuss, design and to drive this additional training forward in interventional cardiology in Sout Africa.

‘There will be a focus on the local environment and particular circumstances of each African region.’

### **ESC eLearning Platform**

Sajidah Khan is the South African national coordinator for the new ESC eLearning Platform. This programme focuses on web based Fellows training, offering training opportunities in 6 sub-specialties with the first module being interventional cardiology. The duration of EAPCI Learning Programme is 3 years (in addition to theoretical training, there is a very specific interventional case mix requirement for certification). Although we do not have a candidate participating yet, SASCI hopes that the first South African trainee will soon join this programme.

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## SASCI continued



### **Boston Scientific RC Fraser International Fellowship**

The recipient of the Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention for 2014 is Dr Pieter van der Bijl. He will join the unit of Prof Simon Redwood (Professor of Interventional Cardiology, Consultant Interventional Cardiologist) at St Thomas' Hospital in London for a period of one month in April 2015. We are looking forward to his feedback.

### **OTHER ACTIVITIES INCLUDE**

#### **Memorandum of Understanding with Discovery Health**

SASCI has signed a Memorandum of Understanding with Discovery Health which will see them visiting your practice with a proposal for voluntarily participation.

#### **Coding**

Coding remains a major challenge requiring extensive time. Even with inclusion in SAMA, DBM individual funders (administrators) still need to decide to firstly include new codes in their coding structure and then on the funding level. SASCI is working on a process to try and make claiming less cumbersome and less complex. JP Theron must be acknowledged for his hard work in compiling a coding handbook for cardiology. Lenny Steingo, Mark Abelson and David Jankelow have also been very involved in this initiative. This information will be communicated to members for consideration, then eventually to funders, and will hopefully lead to a reduction in the number of queries.

### **Interventional Society Of Cath Lab Allied Professionals (ISCAP)**

Our Associated Group continues its high activity levels and we request that full members continue to support them through lecturing and creating opportunities for your team to get involved on national and branch levels. In 2015 ISCAP, together with our industry supporters, will take these CPD accredited meetings on tour throughout the country in an effort to standardise education, protocols and practice across the Cath Labs in South Africa and in due course Africa. Please read the full ISCAP news elsewhere in this newsletter.

#### **Corporate supporters**

The following loyal corporate supporters have been committed to our society and have been supporting education in South Africa: Amayeza, Angio Quip, Aspen, AstraZeneca, Baroque, BBraun, Biotronik, Boston, Cordis, Edwards, Logan Medical and Surgical, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Scientific Group, Surgical Innovations, Torque Medical, Volcano as well as Cardiac Output and Condor Medical. We are looking forward to continuing our collaboration with you.

Please contact SASCI's Executive Officer, George Nel, at 083 458 5954 or via email at [sasci@sasci.co.za](mailto:sasci@sasci.co.za) if you need any assistance or wish to formally communicate with the executive.

**Farrel Hellig**  
President, SASCI



SASCI

South African  
Society of  
Cardiovascular  
Intervention

## THE ESC ABSTRACT REPORT

### Determinants of timely reperfusion of STEMI – patient and system delays across referral pathways

#### ABSTRACT

**Background:** Extensive system delays are observed in African regions where percutaneous coronary intervention (PCI) facilities are sparsely distributed. The pharmaco-invasive strategy is advocated for treatment of STEMI patients living in remote areas to achieve the goal of reperfusion in all patients with 12 hours duration of symptom onset. This study proposes to inform educational initiatives and systems of care strategies for rural and urban regions.

**Purpose:** The aim of the study is to assess the relationship between patient and system delays and attainment of treatment goals.

**Methods:** The study has a cross-sectional observational design. Cardiologists from five private PCI-capable hospitals recruited STEMI patients in the catheterisation laboratory and recorded time intervals along referral pathways. Fifty-two patients were enrolled in the study of which 29 were inter-facility transfer (IFT) and 23 direct access to PCI-capable hospitals (DA) patients.

**Results:** Time intervals and frequencies are reported for the whole group in the table. The strongest determinant of reperfusion in all patients >12 hours duration of symptom onset was duration to first medical contact (FMC) dichotomised as  $\leq$  /  $>$ 120 minutes of symptom onset (Odds ratio 12.7; 95% CI 2.9-56.2), independent of referral pathway. Risk for fibrinolysis in  $\leq$ 30 minutes on FMC increased four-fold with indirect referral (95% CI: 1.01-15.86) and was not associated with patient delay.

Indicators of timely reperfusion (minutes or frequencies)	Median (IQ range)
Symptom onset to first medical contact (FMC)	152 (5 - 1 230)
FMC to Cath lab admission	692 (208 - 2 973)
FMC within 120 minutes of symptom onset	36%
FMC to Primary PCI of $\leq$ 60 / $\leq$ 90 minutes in 35 patients presenting at a PCI-capable facility or within 120 minutes of symptom onset	3 ( $\leq$ 60 minutes) 5 ( $\leq$ 90 minutes)
FMC to diagnosis time	60 (8 - 870)
Door-to-balloon time	222 (71 - 1 020)
Door-to-balloon $\leq$ 90 minutes	28%
FMC to fibrinolysis time in 42 patients	64 (24 - 660)
FMC to Fibrinolysis $\leq$ 30 minutes	36%
Total time delay to reperfusion therapy by PCI	1 515 (284 - 4 450)
Reperfusion in all patients with 12 hours duration of symptom onset	50%

**Conclusion:** Extensive patient and system delays are evident irrespective of referral pathway. Education initiatives are mandated to alleviate patient delays to reperfusion in <12 hours duration of symptom onset and may contribute to early fibrinolysis with indirect referral to a PCI facility.

**Determinants of reperfusion time >120min are investigated, irrespective of referral pathway, whereas the SA Heart paper compares referral pathways.**

## INTERVENTIONAL SOCIETY FOR CATH LAB ALLIED PROFESSIONALS

**D**uring the AfricaPCR 2015 Meeting in Johannesburg in March, new members will be elected to serve on the Executive Committee. Industry members will remain until 2016.

This year we will be saying farewell to some of the Founding members of ISCAP.

Marilyn de Meyer, who was one of the founding members of SATS (SA Theatre society), said in 2010 "Just do it!" - set a date, a programme and do it! Well, we have certainly turned her words into reality, thanks to the contributions of many companies and individuals! Gill Longano will be retiring as Vice-Chairperson, but will be remaining on in a mentorship capacity until the future Vice-Chairperson is ready to take over the portfolio. Marina Meyer volunteered to put Port Elizabeth and East London on the map, and I know that she will keep the ISCAP flag flying in that area! Melanie Winter from Cape Town is also stepping down and her enthusiasm will definitely be missed. Michelle Ehardt from Paragmed, who has been our Industry ISCAP representative in Cape Town for the past year, has also resigned. Marelize Snyman, from Boston Scientific, will once again join the ISCAP Executive Committee.

On behalf of ISCAP, I would like to thank all of you for your contribution in laying the foundations of ISCAP. I am hoping that we can continue to build and expand on those foundations and create a well-trained, motivated group of future Cath Lab staff!

In 2014, ISCAP consolidated the congress participation and workshops and these have become Portfolios. I will remain as ISCAP Chairperson, until the new Vice-Chairperson is able to take over my Portfolio.

### Events planned for 2015

- Workshop Programme for regions
- AfricaPCR
- SA Heart Congress
- Cath Lab Procedure Manual
- EuroPCR
- Synergy workshops

Sr Isabel Bender from the Union Hospital Cath Lab will be talking on Bifurcations at EuroPCR in Paris.

### Synergy Workshop

Our first Synergy Workshop for Company Representatives took place at Milpark Hospital on 28 February. We have had a wonderful response, indicating that there is a need for ongoing education in this sphere, and Cath Lab staff can certainly play a role. The talks will be CPD accredited, for those in industry who require points.

I would like to thank the ISCAP Management committee for their hard work. Everyone on the Executive and Regional Committees has played a part in our success. The need for continuing education and sharing knowledge has proved that our efforts are not in vain!

### Cath Lab Course

I am hoping that another Cath Lab Course will take place in September this year under the auspices of the Netcare Training Academy. I believe that by having an official training course available; staff will be more confident and will learn the skills required to maintain standards in the Cath Lab.

I would like to thank the cardiologists and physicians who have contributed to our Workshops and Congresses. Their input has inspired us and has truly been invaluable. I hope that there will be a continual awareness of the work done in the Cath Lab and the challenging future awaiting all those who dare enter its doors!

If you want to learn more about  
these events or if you want to  
participate in any of the programmes,  
please contact Sanette Zietsman (ISCAP Office)  
at 083 253 5212 or  
email [sanette@medsoc.co.za](mailto:sanette@medsoc.co.za).

**Dianne Kerrigan**  
Chairperson, ISCAP

## ISCAP Workshop Programme 2015 for regions

### BLOEMFONTEIN

Sponsoring Company	Theme	Date	Venue
Paragmed (Pty) Ltd Volcano Therapeutics Torque Medical	Congenital Heart Defect and Closure with Devices; Intravascular Imaging and functional measurement; LVAD or Echmo: What is it?	18 April 2015	Protea Willow Lake
Medtronic Africa	REF: Complications in Interventional Cardiology; latest advances in heart failure therapy and ethics.	16 May 2015	
Boston Scientific	Master the complex	20 June 2015	
Merit	Radial	15 August 2015	
Crossroads	Multidisciplinary teams: the ethical, clinical and human factors.	19 September 2015	
AstraZeneca Pharmaceutical Company Aspen Pharmacare B Braun Medical (Pty) Ltd Cardiac Output	Antiplatelet therapies; Management of restenosis and ethics.	7 November 2015	

### CAPE TOWN

Sponsoring Company	Theme	Date	Venue
Merit	Radial	14 March 2015	Tygerberg Hospital
Crossroads	Multidisciplinary teams: the ethical, clinical and human factors.	18 April 2015	Venue to be confirmed
Paragmed (Pty) Ltd Volcano Therapeutics Torque Medical	Congenital Heart Defect and Closure with Devices; Intravascular Imaging and functional measurement; LVAD or Echmo: What is it?	29 May 2015	Crystal Towers
Medtronic Africa	REF: Complications in Interventional Cardiology; latest advances in heart failure therapy and ethics.	15 August 2015	
Boston Scientific	Master the complex	26 September 2015	
AstraZeneca Pharmaceutical Company Aspen Pharmacare B Braun Medical (Pty) Ltd Cardiac Output	Antiplatelet therapies; Management of restenosis and ethics.	14 November 2015	

Continued on page 46

## ISCAP continued

### DURBAN

Sponsoring Company	Theme	Date	Venue
Crossroads	Multidisciplinary teams: the ethical, clinical and human factors.	14 March 2015	Endless Horizons
Boston Scientific	Master the complex	18 April 2015	
Medtronic	REF: Complications in Interventional Cardiology, latest advances in heart failure therapy and ethics.	11 July 15	
Paragmed/Volcano/Torque	Congenital Heart Defect and Closure with Devices; Intravascular Imaging and functional measurement; LVAD or Echmo: What is it?	12 September 2015	
Merit	Radial	3 October 2015	
AstraZeneca Pharmaceutical Company Aspen Pharmacare B Braun Medical (Pty) Ltd Cardiac Output	Antiplatelet therapies; Management of restenosis and ethics.	Date to be confirmed	

### GAUTENG

Sponsoring Company	Theme	Date	Venue
Paragmed (Pty) Ltd Volcano Therapeutics Torque Medical	Congenital Heart Defect and Closure with Devices; Intravascular Imaging and functional measurement; LVAD or Echmo: What is it?	25 April 2015	Midrand Conference
Crossroads	Multidisciplinary teams: the ethical, clinical and human factors.	9 May 2015	Crossroads Training facility
Boston Scientific	Master the complex	23 May 2015	Boston Scientific Offices
Merit	Radial	6 June 2015	Midrand Conference
AstraZeneca Pharmaceutical Company Aspen Pharmacare B Braun Medical (Pty) Ltd Cardiac Output	Antiplatelet therapies; Management of restenosis and ethics.	15 August 2015	Midrand Conference
Medtronic Africa	REF: Complications in Interventional Cardiology; latest advances in heart failure therapy and ethics	14 November 2015	Medtronic Offices



## PORT ELIZABETH

Sponsoring Company	Theme	Date	Venue
AstraZeneca Pharmaceutical Company Aspen Pharmacare B Braun Medical (Pty) Ltd Cardiac Output	Antiplatelet therapies; Management of restenosis and ethics.	9 May 2015	39 on Church Isango Gate Hotel
Boston Scientific	Master the complex	6 June 2015	
Crossroads	Multidisciplinary teams: the ethical, clinical and human factors.	1 August 2015	
Medtronic	REF: Complications in Interventional Cardiology; latest advances in heart failure therapy and ethics.	12 September 2015	
Paragmed (Pty) Ltd Volcano Therapeutics Torque Medical	Congenital Heart Defect and Closure with Devices; Intravascular Imaging and functional measurement; LVAD or Echmo: What is it?	31 October 2015	
Merit	Radial	5 December 2015	

## SAVE THE DATE



### JOINT CONGRESS BETWEEN THE PAN-AFRICAN SOCIETY OF CARDIOLOGY AND TUNISIAN SOCIETY OF CARDIOLOGY AND CARDIOVASCULAR SURGERY

**3-7 OCTOBER 2015**

**Médina Yasmine Hammamet, Tunisia**

[www.pascar-stcccv2015.org](http://www.pascar-stcccv2015.org)



#### FOR MORE INFORMATION PLEASE CONTACT THE CONGRESS ORGANISERS:

Sonja du Plessis (Londocor Event Management, South Africa)  
Registration, trade and sponsorship, abstracts, scientific programme and congress logistics  
Tel: +27 11 954 5753 / E-mail: [sonja@londocor.co.za](mailto:sonja@londocor.co.za)

Faiza Pearce (Londocor Event Management, South Africa)  
Registration, trade and sponsorship, abstracts, scientific programme and congress logistics  
Tel: +27 21 393 5950 / E-mail: [faiza@londocor.co.za](mailto:faiza@londocor.co.za)



## SA HEART CONTACT DETAILS

Name	Email
<b>SA HEART OFFICE</b>	
Ms Erika Dau, Operations Officer	erika@saheart.org

### EXECUTIVE COMMITTEE 2014/2015

Prof Karen Sliwa, President	Karen.Sliwa-Hahnle@uct.ac.za
Dr Adriaan Snyders, Immediate Past President & Editor: SA Heart Newsletter	asnyders@mweb.co.za
Dr David Jankelow, Vice President	djankelow@icon.co.za
Dr Robbie Kleinloog, Secretary	rkleinloog@ehhc.co.za
Prof Francis Smit, Treasurer	SmitFE@ufs.ac.za; cc: ErasmusJ@ufs.ac.za
Prof Mpiko Ntsekhe, Chair: SHARE	Mpiko.Ntsekhe@uct.ac.za
Dr Les Osrin, Chair: Ethics & Guidelines Committee	ozcard@iburst.co.za
Dr Jean Paul Theron, Chair: Private Practice Committee	jptheronmd@gmail.com; cc: admin@jptcardiology.co.za
Prof Andrew Sarkin, Chair: Full time Salaried Practice Committee	Andrew.Sarkin@up.ac.za
Dr Martin Mpe, Chair: Education Committee	martin@mtmpe.co.za
Prof Anton Doubell, Editor: SA Heart Journal	afd@sun.ac.za; cc: Ylana Waller at myw@sun.ac.za

### SA HEART STANDING COMMITTEES

#### EDUCATION COMMITTEE

Martin Mpe (HeFSSA)	martin@mtmpe.co.za
Anthony Becker	abecker@worldonline.co.za
Mpiko Ntsekhe (SASCI)	Mpiko.Ntsekhe@uct.ac.za
Ashley Chin (CASSA)	ashley.chin1@gmail.com
Tom Mabin	tom@helderbergheart.co.za
Johan Brink (surgeons)	johan.brink@uct.ac.za
Liesl Zühlke (PCSSA)	liesl.zuhlke@uct.ac.za

#### SUB COMMITTEE – ALL HEADS OF CARDIOLOGY DEPARTMENTS

Prof M. Ntsekhe	Mpiko.Ntsekhe@uct.ac.za
Prof M.R. Essop	essopmr@wits.medicine.ac.za
Prof A. Doubell	afd@sun.ac.za; cc: Ylana Waller at myw@sun.ac.za
Prof P. Mntla	pmntla@ul.ac.za; pindile.mntla@ul.ac.za
Prof P. Manga	Pravin.Manga@wits.ac.za
Dr M Makotoko, from January 2015	makoali@vodamail.co.za
Prof D. Naidoo	naidood@ukzn.ac.za; cc: Zanele at Magwaza4@ukzn.ac.za
Prof A. Sarkin, UP & Steve Biko	andrew.sarkin@up.ac.za
Dr J. Lawrenson	John.lawrenson@uct.ac.za

Name	Email
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#### SUB COMMITTEE – ALL HEADS OF CARDIOLOGY DEPARTMENTS continued

Prof Antoinette Cilliers, CH Baragwanath/Paed	amcilliers@icon.co.za
Prof Steve Brown	gnpdscb.md@ufs.ac.za
Dr Ebrahim Hoosen	EbrahimHoo@ialch.co.za
Dr Lungile Pepeta	dr.l.pepeta@gmail.com
Prof Fari Takawira	

#### CO-OPTED CONVENER OF ANNUAL CONGRESS

Prof Francis Smit (2015)	smitFE@ufs.ac.za
Dr Robbie Kleinloog (2016)	rkleinloog@ehhc.co.za

#### ETHICS & GUIDELINES COMMITTEE

Les Osrin	ozcard@iburst.co.za, ozpracl@iburst.co.za
Cobus Badenhorst	cbadenhorst@doctors.netcare.co.za
Mpiko Ntsekhe (SASCI)	Mpiko.Ntsekhe@uct.ac.za
Andrew Thornton (CASSA)	andrewthornt@gmail.com
John Lawrenson (PCSSA)	John.lawrenson@uct.ac.za
James Fulton (surgeons)	fulton.james1@gmail.com
Karen Sliwa (HeFSSA)	Karen.Sliwa-Hahnle@uct.ac.za

#### FULLTIME SALARIED PRACTICE

Andrew Sarkin	andrew.sarkin@up.ac.za
Riaz Dawood	riazdwd@yahoo.com
Sajidah Khan (SASCI)	sajidahkha@ialch.co.za; khans19@ukzn.ac.za
Blanche Cupido	bjcupido@yahoo.com
Ashley Chin (CASSA)	ashley.chin1@gmail.com
Elias Zigiariadis (surgeons)	zigigabriel@hotmail.com
Johan Jordaan (surgeons)	JordaanCJ@ufs.ac.za; drjjordaan@gmail.com
Paul Adams (PCSSA)	pauleadams@gmail.com

#### PRIVATE PRACTICE COMMITTEE

Jean Paul Theron	jptheronmd@gmail.com
Jens Hitzeroth	jens314@gmail.com
Jean Vorster	jtvorster@mweb.co.za
Zaid Mohamed	heart@telkomsa.net
Lungile Pepeta (PCSSA)	dr.l.pepeta@gmail.com
Mark Abelson (SASCI)	katmak@mweb.co.za
Larry Rampini (surgeons)	lrampini@mweb.co.za
Daryl Smith (HeFSSA)	dsmithza@hotmail.com
Andrew Thornton (CASSA)	andrewthornt@gmail.com

Continued on page 50

## SA HEART CONTACT DETAILS continued

Title	Name	Email
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### SA HEART SPECIAL INTEREST GROUPS

#### SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION (SASCI)

President	Dr Farrel Hellig	drhellig@tickerdoc.co.za
Vice President	Dr Dave Kettles	debbie.browne@sainet.co.za
Secretary	Dr Adie Horak	doctorarh@mweb.co.za
Administrator/CEO	Mr George Nel	sasci@sasci.co.za
Treasurer	Dr Cobus Badenhorst	cobus@bbcardio.co.za; bb@uitweb.co.za

#### HEARTFAILURE SOCIETY OF SOUTH AFRICA (HeFSSA)

President	Dr Eric Klug	drklug@tickerdoc.co.za
Vice President	Dr Martine Mpe	martin@mtmpe.co.za
Secretary	Dr Jens Hitzeroth	jens.hitzeroth@uct.ac.za
Administrator/CEO	Mr George Nel	george@medcoc.co.za
Treasurer	Dr Darryl Smith	dsmithza@hotmail.com
Exco Member	Prof Karen Sliwa	Karen.Sliwa-Hahnle@uct.ac.za
Exco Member	Dr Tony Lachman	draslachman@gmail.com
Exco Member	Dr Kemi Tibazarwa	ktibazarwa@yahoo.com

#### CARDIAC ARRHYTHMIA SOCIETY OF SOUTH AFRICA (CASSA)

President	Dr Andrew Thornton	andrewthornt@gmail.com
Co-ordinator	Ms Noelene Lee	n.lee@cassa.co.za

#### PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA (PCSSA)

President	Dr Liesl Zühlke	liesl.zuhlke@uct.ac.za
Vice President	Dr Paul Adams	pauleadams@gmail.com
Secretary	Dr Lindy Mitchell	lindy.mitchell@up.ac.za
Treasurer	Prof Stephen Brown	gnpdsb@ufs.ac.za

#### CARDIAC IMAGING SOCIETY OF SOUTH AFRICA (CISSA)

President	Prof Rafique Essop	essopmr@medicine.wits.ac.za
Vice President	Prof Anton Doubell	afd@sun.ac.za cc myw@sun.ac.za
Secretary	Prof D.P. Naidoo	naidood@ukzn.ac.za
Treasurer	Dr Darryl Smith	dsmithza@hotmail.com
Chairman Echo	Dr Ferande Peters	ferande.peters@gmail.com
Chairman Nuclear	Dr Carlos Libhaber	carlosnuclear1@gmail.com
Chairman CMR	Dr R. Nethononda	thloni@worldonline.co.za
Chairman CT	Dr Phillip Herbst	pgherbst@sun.ac.za

Title	Name	Email
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## SA HEART SPECIAL INTEREST GROUPS continued

### SURGICAL INTEREST GROUP

President	Dr Robbie Kleinloog	rkleinloog@ehhc.co.za
Vice President	Prof Johan Brink	johan.brink@uct.ac.za
Secretary	Dr Elias Zigiariadis	zigigabriel@hotmail.com

### LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTH AFRICA (LASSA)

Chairperson	Prof David Marais	david.marais@uct.ac.za
Secretary	Prof Frederick Raal	Frederick.Raal@wits.ac.za

### SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR RESEARCH (SASCAR)

President	Prof Sandrine Lecour	sandrine.lecour@uct.ac.za
Admin Secretary	Ms Silvia Dennis	sylvia.dennis@uct.ac.za
President Elect	Dr Neil Davies	neil.davies@uct.ac.za
Exco Member	Dr Rosin Kelley	roisin.kelly@uct.ac.za
Exco Member	Prof Karen Sliwa	Karen.Sliwa-Hahnle@uct.ac.za
Exco Member	Dr Derick van Vuuren	dvuuren@sun.ac.za
Exco Member	Prof Faadiel Essop	mfessop@sun.ac.za

### SHARE REGISTRY

Project Manager	Mrs Elizabeth Schaafsma	elizabeth@vodamail.co.za
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## SA HEART REGIONAL BRANCHES

### WESTERN CAPE BRANCH

President	Prof Anton Doubell	afd@sun.ac.za
Vice President	Prof Johan Brink	johan.brink@uct.ac.za
Treasurer	Dr Alfonso Pecoraro	pecoraro@sun.ac.za

### PRETORIA BRANCH

President	Dr Iftikmar Ebrahim	drioebrahim@gmail.com
Administrator	George Nel	george@medcoc.co.za

### JOHANNESBURG BRANCH

President	Dr David Jankelow	djankelow@icon.co.za
Treasurer	Dr David Jankelow	djankelow@icon.co.za

### KWAZULU-NATAL BRANCH

President	Dr Sajidah Khan	sajidahkha@ialch.co.za; khans19@ukzn.ac.za
Treasurer	Dr Jai Patel	jaijp@iafrica.com

### BLOEMFONTEIN BRANCH

President	Dr Nico van der Merwe	ronel@kardio.bfnmcc.co.za
Treasurer	Prof Stephen Brown	Gnpsdscb.MD@ufs.ac.za

## SHARE II CDM - THE CARDIAC DISEASE IN MATERNITY PROJECT PHASE II

The SA Heart SHARE Project committee is happy to announce the launch of its second project-based registry – the SHARE II CDM Registry – the Cardiac Disease in Maternity Registry, which aims to improve the treatment and outcomes of pregnant women presenting with cardiovascular disease. This registry will follow the SHARE II format, and will be project based and set up along the lines of a clinical trial model, with Professors Karen Sliwa and John Anthony acting as the 2 Principal Investigators. The project protocol has already been submitted to the UCT Ethics Board for review and approval has been granted.

Worldwide the number of women who have a pre-existing cardiovascular disease, or develop cardiac problems during pregnancy, is increasing, resulting in significant morbidity and mortality. Etiology and outcome vary between developing and developed countries. In developing countries women may have a pre-existing disease which is unmasked by pregnancy (e.g. mitral stenosis due to rheumatic heart disease), or a superimposed condition unique to pregnancy (e.g. peripartum cardiomyopathy), or a complication of pregnancy itself such as pregnancy-induced hypertension. In addition, the worldwide obesity epidemic is associated with an increased incidence of diabetes and hypertension, all of which have an effect on the manifestation of cardiovascular disease in pregnancy, as well as maternal and foetal outcome.

In the United Kingdom, the leading cardiac causes of maternal death are now acquired diseases, rising from 3.8 per million in 1990 to 20.8 per million in 2005, with rheumatic heart disease re-emerging as a cause of maternal death, particularly in immigrants. In Africa, HIV/AIDS, postpartum haemorrhage and cardiovascular diseases are the most common causes of maternal death in pregnant women. This occurs in the setting of a very high overall maternal mortality, which has far reaching effects on the lives of the families affected and on the communities' contribution to the economy.

In 2014 Sliwa, et al. (Heart 2014) reported on a South African prospective single-centre study which docu-

mented maternal and foetal outcome in patients with cardiac disease, noting a markedly different disease pattern to that found in higher income countries. Joint obstetric-cardiac care showed that the survival rates of mothers presenting while pregnant, as well as survival rates of their offspring, are similar to that observed in the Western world. However, high mortality occurred in the postpartum period, and due to the convention of reporting maternal mortality as death within 42 days of delivery, there is an implied underreporting of maternal death in SA of nearly 90% of affected patients.

‘All participating centres will be co-authors on data published.’

This initial study showed that there was scope for an outcomes-based registry to document patients in or post pregnancy, with a known cardiac condition (e.g. operated congenital heart disease, operated valvular disease), or a new diagnosis of a suspected cardiac condition, at multiple centres in South Africa, and possibly other African centres. This new study is being conducted through SA Heart Association's own SHARE Registry project structure and is designed to be a hospital-based, prospective longitudinal observational study of the clinical, echocardiographic, biochemical and immunological features of women with pre-existing cardiovascular disease falling pregnant or developing a cardiac condition pre- or postpartum.

*Continued on page 54*



## TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart Travel Scholarship of the first term 2015 to reach the SA Heart Office by 31 March 2015.

The scholarship is funded by an educational grant from B. Braun to the value of R20 000.00 maximum for international meetings and R7 500.00 for local meetings.

This scholarship is available to all members and associate members residing in South Africa. Its primary goal is to assist junior colleagues, thereby ensuring their continued participation in local or international scientific meetings or workshops.

### REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least one year.
- Applications must include the following:
  - Full details of the meeting/workshop;
  - An abbreviated CV of the applicant; and
  - A breakdown of the expected expenses.
- Applications must reach the Association **a minimum of 3 months ahead** of the scheduled event.

### RECOMMENDATIONS

- Acceptance of an **abstract at the scientific meeting** to be attended. (If acceptance of the abstract is pending, the application must still be submitted 3 months prior to the event with a note stating when the approval is to be expected. In such a case the scholarship might be granted conditionally – and proof needs to be submitted once the abstract has been accepted.);
- Invitation to participate at the meeting as an invited speaker;
- Publications in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

### APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association  
PO Box 19062  
Tygerberg  
7505  
And submitted electronically to [erika@saheart.org](mailto:erika@saheart.org)

**Applicants that have benefited from a SA Heart Travel Scholarship in the past 3 years need not apply. Preference is further given to members who have never benefited from a SA Heart Scholarship.**

## SHARE II CDM continued

The SHARE II CDM study is planned to run for a period of 3 years, with recruitment over 2 years from 1 January 2015, and an additional year to document pregnancy outcomes of the last patients collected. We envisage a sample size of 500 cases. The end of the study will be defined as the final visit of the last participant (6 month outcome). The purpose of the study is to collect clinical information, and the sites will have access to their own data via the data entry platform. Some centres will participate in blood sample collection (serum and plasma) - however, this is not mandatory.

The objective of this registry is to document the management, as well as maternal and foetal outcomes in those patients, and to identify parameters that serve as out-

come modifiers and which may then be useful for risk stratification. The outcomes measurements will primarily be the survival of mother and child, and secondarily the subsequent admissions, or development of chronic heart failure, with a combined endpoint of survival, LVEF and NYHA FC. All participating centres will be co-authors on data published, based on the SHARE author regulations.

**We have 3 units who have already started entering data, and would like to invite more of our SA Heart members and their colleagues in Obstetrics and Gynaecology, to participate in the study.** If you would like to participate in this study, please contact the Project Manager, Elizabeth Schaafsma, at 083 603 7700 or [elizabeth@vodamail.co.za](mailto:elizabeth@vodamail.co.za) or Prof Karen Sliwa at [karen.sliwa-hahnle@uct.ac.za](mailto:karen.sliwa-hahnle@uct.ac.za).

## TRIBUTE TO PROFESSOR PIETER-LUTTIG VAN DER MERWE



It is with sadness that the Society notes the death of Professor Pieter-Luttig van der Merwe. Prof Budgie (as he was known to all) was responsible for developing the paediatric cardiology unit at Tygerberg Hospital (affiliated with Stellenbosch University) and retired as head of

the department of Paediatrics and Child Health at the University about 6 years ago.

Professor van der Merwe was an "old-school" cardiologist who had to learn to look after adults and children when, as a newly qualified cardiologist, he spent many hours of on-call time looking after adults with myocardial infarctions while developing a new service for children.

Budgie was troubled by ill health for most of his adult life. His experience as a patient gave him great understanding of the plight of his own patients. He needed a pericardial stripping after developing constrictive pericarditis and was

thus part of a rare breed – cardiologists who have actually undergone cardiac surgery!

He was an astute clinician and beloved teacher. He was involved in teaching clinical skills to undergraduate and postgraduate students and particularly respected for his ability to prepare postgraduate students for their examinations in paediatrics.

He was responsible for groundbreaking research in familial heart block in a rural community in the Eastern Cape Province of South Africa. In addition, he was responsible for ensuring that acute rheumatic fever became a mandatorily notified illness in South Africa, thereby facilitating the appropriate assessment of the impact of a devastating disease on our country.

The greater South African community of cardiologists, especially those who look after children, has lost a great colleague who understood the importance of collegiality, the art of being a professional and the importance of kindness in his everyday interactions with staff and those under his care.

**Dr John Lawrenson**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

### REQUIREMENTS

- Applicants need to be fully paid-up members/associate members in good standing for at least one year.
- Applications must include
  - The applicant's abbreviated CV;
  - A breakdown of the anticipated expenses;
  - Ethics approval; and
  - Full details of the research.

### RECOMMENDATIONS

- Publications of related work in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

### APPLICATIONS MUST BE ADDRESS TO:

Education Standing Committee  
South African Heart Association  
PO Box 19062  
Tygerberg  
7505

And submitted to the SA Heart Office electronically: [erika@saheart.org](mailto:erika@saheart.org)

### THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2015.

**One** scholarship to a maximum amount of R50 000 will be awarded annually.

### APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDE:

- An abstract (maximum 200 words);
- A brief review of the literature (maximum 200 words);
- A brief description of the hypothesis to be investigated (maximum 100 words);
- A detailed methodology (maximum 500 words); and
- References.

**Members who have received this scholarship in the past 3 years need not apply.**

## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2016. An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and University of Cape Town. He had an exceptional career of over more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. Dr Vogelpoel's commitment to patient care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher he was instrumental in the training of generations of under-graduates by regular bedside tutorials. He served as an outstanding role model for post-graduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

All applications for the scholarship will be reviewed by the executive committee of the Western Cape branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include: (1) A brief synopsis of the work the applicant wishes to present at the congress and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be

accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

‘A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.’

Applications should be sent to Prof Johan Brink, President of the Western Cape branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory 7925 or alternatively email: [johan.brink@uct.ac.za](mailto:johan.brink@uct.ac.za).

Previous recipients of this prestigious award include Sandrine Lecour, Roisin Kelle and Liesl Zühlke.

**Applications close on 31 January 2016.**

## THE ESC ABSTRACT REPORT

### Referral pathways for reperfusion of STEMI – strategies for appropriate intervention – the SA Heart STEMI Early Intervention Project

#### ABSTRACT

**Introduction:** The SA Heart Association seeks to improved STEMI management in South Africa. This pilot study investigates time -intervals related to referral pathways to PCI facilities in the Tshwane Metropolis with the aim of identifying constraints to appropriate management of STEMI.

**Method:** Cardiologists from 5 PCI-capable hospitals recruited the patients in the catheterisation laboratory and recorded the data. Interviews were conducted with 3 EMS providers to assess paramedic's scope of practice and identify barriers to effective management of STEMI patients.

**Results:** Median system delays were longer with inter-facility transport (IFT; n=29) compared with direct access (DA; n=23) patients (approximately 3.7 vs. 30.4 hours;  $p < 0.001$ ). Treatment goals for PCI within  $\leq 60/\leq 90$  minutes were poorly achieved for most patients and door-to-balloon times of  $\leq 90$  minutes were achieved in 22% and 33% for DA and IFT patients. Fibrinolysis within  $\leq 30$  minutes was achieved in 50% DA and 20% IFT patients, reperfusion being attempted in  $< 12$  hours of symptom onset in significantly more DA than IFT patients (70% vs. 34%;  $p = 0.012$  respectively). Paramedics appear suitably trained and ambulances reasonably equipped to manage STEMI patients. EMS appears poorly solicited by the public.

**Conclusion:** Education initiatives and improved systems of care will improve STEMI patient outcome in South Africa.



#### Course Directors

Farrel Hellig, South Africa  
William Wijns, Belgium

## A Course by and for the African cardiovascular community

#### Plenary sessions:

- ▶ STEMI: evolving management strategies for Africa
- ▶ The high-risk patient
- ▶ Setting up a new cathlab service in Africa
- ▶ Atrial septal defect
- ▶ Left main coronary disease
- ▶ Left atrial appendage occlusion
- ▶ Peri-procedural antithrombotic pharmacology for acute coronary syndrome

#### Allied professionals sessions:

- ▶ Congenital heart disease
- ▶ How to help physicians when dealing with complications

#### Interactive Case Corners:

- ▶ STEMI
- ▶ Coronary
- ▶ Structural / Peripheral
- ▶ Complications



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CLOSING DATE FOR REGISTRATION: **10 APRIL 2015**

## SNIPPETS

### Membership Engagement System

SA Heart is moving to a new Membership Engagement System which will incorporate the SA Heart website and allow for different forums and groups to be formed. Members will be able to update their own details and decide how much details they want to be shown, can access their statements real-time online and manage their CPD points on this platform.

### Implementation

This has been slightly delayed to be able to incorporate new updates which were recently released in the technology world – will commence shortly.

### Invoicing

Invoicing will be done from this platform for 2015 membership year. Members can expect their 2015 membership invoice electronically by the end of April. Please ensure that the SA Heart office has a functional email address for you for this purpose.

