

CHAIRPERSON'S REPORT

INTRODUCTION

Dear colleagues, it is with pleasure that I report to you on the governance of the South African Heart Association (SA Heart® NPC) in the year since our last general meeting, held exactly a year ago. I look forward to meeting some of you personally at the 2022 Congress / AGM as we move back to physical attendance. Although this is an in-person AGM, provisions have been made for off-site call-in to allow for and encourage participation of those members unable to attend our Congress.

I summarise the main activities of the Board towards delivery on our mandate, give highlights and milestones achieved, and discuss items that are under way but not yet completed due to complexities involved in their resolution.

More detailed information on the achievements of the Board committees, Executive, Special Interest Groups (SIGs) and Branches can be found in the included reports by the president and respective chairs.

SA HEART® STRATEGY

A workshop facilitated by visibility, was held in November 2021 to discuss SA Heart®'s strategy. Four strategic pillars of our Association were identified, and short- (6 month), medium (2 year) and long-term (5 - 10 year) plans developed. The pillars are given below with some mid-term goals:

- **Membership:** Creating an improved value proposition for members to attract more members of various disciplines, portal optimisation, roadshow, access to grants.
- **Education:** Building an education platform: Membership survey, workshops, journal clubs, partnerships with industry.
- **Science:** Enabling interdisciplinary research, Congress organisation (organiser and PCO), journal support.
- **Policy:** Ensuring that South Africa be a premier and international representative in the field. Networks and interaction with private sector; closer work with SIGs and surgeons, interaction and consultation with the DoH.

BOARD COMPOSITION AND GOVERNANCE

I start by thanking the individual members of the Board for their continued contributions, including but not limited to:

- Dr Blanche Cupido, who, in addition to her role as president, has also chaired the Exco committee as de facto CEO as well as the Stakeholder Committee, and who played decisive roles in a majority of governance and executive activities;
- Dr Alfonso Pecoraro, who has been elected by the SA Heart® Board as deputy chair and serves as active member of the Exco committee, where his wide range of knowledge and experience is applied and much appreciated;
- Dr Martin Mpe, chair of the Ethics and Social Committee, who is spearheading a CVD Indaba and engaging the Department of Health, to ensure our stature in the field, and that our voice is heard in terms of policy;
- Dr Tawanda Butau, chair of the Nominations Committee, who oversees all nominations and appointments, and is driving the challenging search for a CEO;
- Robyn Hey, our legal expert, who oversees negotiations and contracts, including those with PCOs and other vendors, and prepares and oversees the required changes in our Mol;
- François Mintoor, who looks after our financial wellbeing, oversees our audits, plays a key role in all major financial decisions as head of the Board Audit and Risk Committee, and on whom one may draw regarding his experience and knowledge of governance protocol;
- Dr Tom Mabin, who also serves on the Audit and Risk Committee, and brings his wealth of experience, institutional knowledge and wisdom to bear by advising on difficult / sensitive issues related to all aspects of governance.
- Erika Dau, our general manager, for her dedication to her work and for the preparations and minutes for our Board meetings, AGMs and other committees.

Continued on page 102

CHAIRPERSON'S REPORT *continued*

Regarding the transition from a loose Association to a NPC, with all the requirements relating to this change, we have achieved much and continue to optimise the structures to best suit our needs:

- The establishment and solidification of our vision.
- Optimising our structure and guidelines to facilitate appointments.
- Optimising Board membership on committees to reduce the burden on overloading members.
- Re-evaluating the requirement for a company secretary, a post normally required for large companies, but covered in the current structure by existing personnel and committees.
- The appointment of a CEO: After inability to attract suitable candidates under the current proposed conditions, a full business case analysis has been commissioned to evaluate required functions and long-term affordability of this post.
- Changes to the Memorandum of Incorporation required to streamline governance while ensuring continued adherence to the guidelines pertaining to non-profit companies (NPCs) have been implemented, while others currently under discussion / finalisation.

OUTGOING PRESIDENT

The Board and all members of SA Heart® re-iterate their appreciation to Dr Blanche Cupido for the superhuman effort and input over the past 2 years. As president and de facto CEO she has provided vision, leadership, and hands-on involvement in all aspects of the organisation. Dr Cupido is awarded honorary membership of SA Heart® for her contributions as president, and we are happy to report that she will remain a member of the Executive Committee to ensure a smooth transition and transfer of institutional and specific knowledge related to ongoing issues.

PRESIDENT-ELECT

It is with great pleasure that we welcome Prof Eric Klug (president-elect) to the presidency for the next 2-year term. Dr Klug had been invited to attend Board and Executive Committee meetings over the past year to

familiarise himself with both governance and executive issues. This measure, together with the fact that the outgoing president will remain on the Exco, are aimed at ensuring seamless succession.

STANDING COMMITTEES AND PROJECTS

Nominations for new members of the standing committees, namely the Ethics and Guidelines Committee, the Private Practice Committee and the Education Committee have been obtained. After additional nominations by the SIGs, the nominees will be appointed (with an election if / where required) and chairs ratified by the nomination committee. We urge members to consider taking on the responsibility to chair and drive these committees.

B-BBEE, PBO AND POPIA STATUS

We are in the process of updating our B-BEEE (Broad-Based Black Economic Empowerment) certification process, with the input of a firm of attorneys with experience in this field. The filing will be based on self-identified ethnicity and gender when members register / update their accounts using the new online platform.

A new firm had also been contacted to assist in obtaining PBO (Public Beneficiary Organisation) status. This is a challenging and slow process involving interrelated issues, but worth the effort as it offers tax and other benefits to SA Heart® and donors.

We are also still working towards full POPIA (Protection of Personal Information Act) compliance, which is essentially in place but requires the appointment of a POPIA officer.

CONGRESS

The 2021 Congress was challenging for the Association especially due to a virtual platform. Dr David Jankelow and his organising committee pulled out all the stops and ensured the full realisation of the potential of the online event, with top local and international speakers, and excellent scientific and financial outcomes.

Dr Farouk Mamdoo and his committee are thanked for organising the current face-to-face Congress that we are enjoying at present. A special mention to Event Options,

our PCO for the last 2 congresses, for their excellent and professional service provided. The Association is in the process of requesting tenders for the organisation of the 2023 SA Heart® Congress.

BRANDING / WEBPAGE / TRADEMARKS / SOCIAL MEDIA

SA Heart® has recently completed a rebranding to ensure a more coherent image of the Association and its Special Interest Groups (SIGs). Our new unified logo with identical outer Heart / Africa shape, distinguished for each SIG by using different colours for the inner heart, was agreed upon and adopted by SA Heart®, LASSA, HEFSA, CISSA, CASSA and SASCAR. The new logos are in process of being trademarked.

The webpage has also been completely redesigned to match the new logo and colour scheme, and more importantly contains fully updated information on the Association, its Board, committees, SIGs, Congress and other events, newsletters / journal publications, member search functions, and a variety of resources for patients and health care professionals. In addition, a new member administration system has been integrated, allowing for the online registration of members with SA Heart® and its SIGs. This was no mean feat as a change in service providers required full rebuild of the platform from scratch. We encourage all members who have not yet done so to activate their member profile via this website <https://www.saheart.org/member-registration>, even though they may be long-term members. It only requires a few minutes and will also ensure that all members' details are current and correct.

Marlize Stander has taken over as our social media expert, and our social media footprint continues to grow.

FINANCIAL

SA Heart® was audited for the financial year 2022, and declared a going concern. Francois Mintoor, the BARC (Board Audit and Risk Committee) chair, presented the audited financial statements and findings to the board who have accepted and approved the audit. He will present the financial position of SA Heart® in more detail in the BARC report.

TRAINING AND EDUCATION

The Association has continued and escalated its activity in this field, with a Fellows Exam Preparation course, Journal clubs, Branch events, ESC conference updates and training platforms. More details on these activities can be found in the accompanying reports.

SA Heart®
has recently
completed a
rebranding.

JOURNAL

The SA Heart® Journal has been (for the past 18 years) and remains a mouthpiece for South African and other researchers to publish clinical and basic research in the field, particularly (but not limited to) those with local interest and application. Prof Ntobeko Ntusi and his editorial board are working on issues related to submission and review, and require the support of all members to contribute and assist in order to achieve their goals of having online submission / tracking and achieving Pubmed accreditation / listing.

SHARE

The SHARE registry has gone from strength to strength with a moderated ePoster presented at the ESC congress and discussions for a MitraClip registry is under way.

Wishing SA Heart® and all its members a prosperous and fulfilling year.

Best regards

Deon Bezuidenhout
SA Heart® Chair of the Board

PRESIDENT'S REPORT

The past 19 months have been a time of tremendous growth and exhilaration for me - I reflect with great satisfaction and hope on the current state of our organisation, having experienced so much academic richness, enthusiasm, and a renewed desire for engagement. This is refreshing, following the difficult 2 years of the COVID-19 pandemic when most of our academic activity was either halted entirely or markedly curtailed.

We are an organisation of great potential – a few tweaks here and there, ensuring that we share the common goals and visions of equitable cardiovascular healthcare for all, and a sense of “pulling together in the same direction”, will see us going from strength to strength.

I would like to thank the SA Heart® Board, for the constant support and encouragement they provided, for their speedy replies, and digging together with me in the trenches. Given that we still require a CEO, many operational issues were taken to Board level, and it's their willingness to get involved timeously and efficiently, that allowed for massive strides to be made in such a short period of time.

In March 2021, SA Heart® implemented the Memorandum of Incorporation and started the processes mandated and encouraged for a non-profit company. This entailed major organisational structural change (depicted alongside) as well as a series of terms of reference and SOPs to be developed.

Though we are a small organisation, and one may question the need for so much structure, we believed it to be essential. The presence of robust and transparent policies that will stand beyond regular leadership changes provides a framework within which to operate more efficiently. This will also streamline processes for the next set of leaders in years to come, removing the need for every President to re-invent the wheel on every issue every time.

My personal vision for the organisation had 3 main aims, against which I considered all of my decisions:

- Championing excellence for SA Heart® as an organisation.
- Strengthening the organisation through inclusivity and diversity.
- Training and education.



Dr Blanche Cupido.

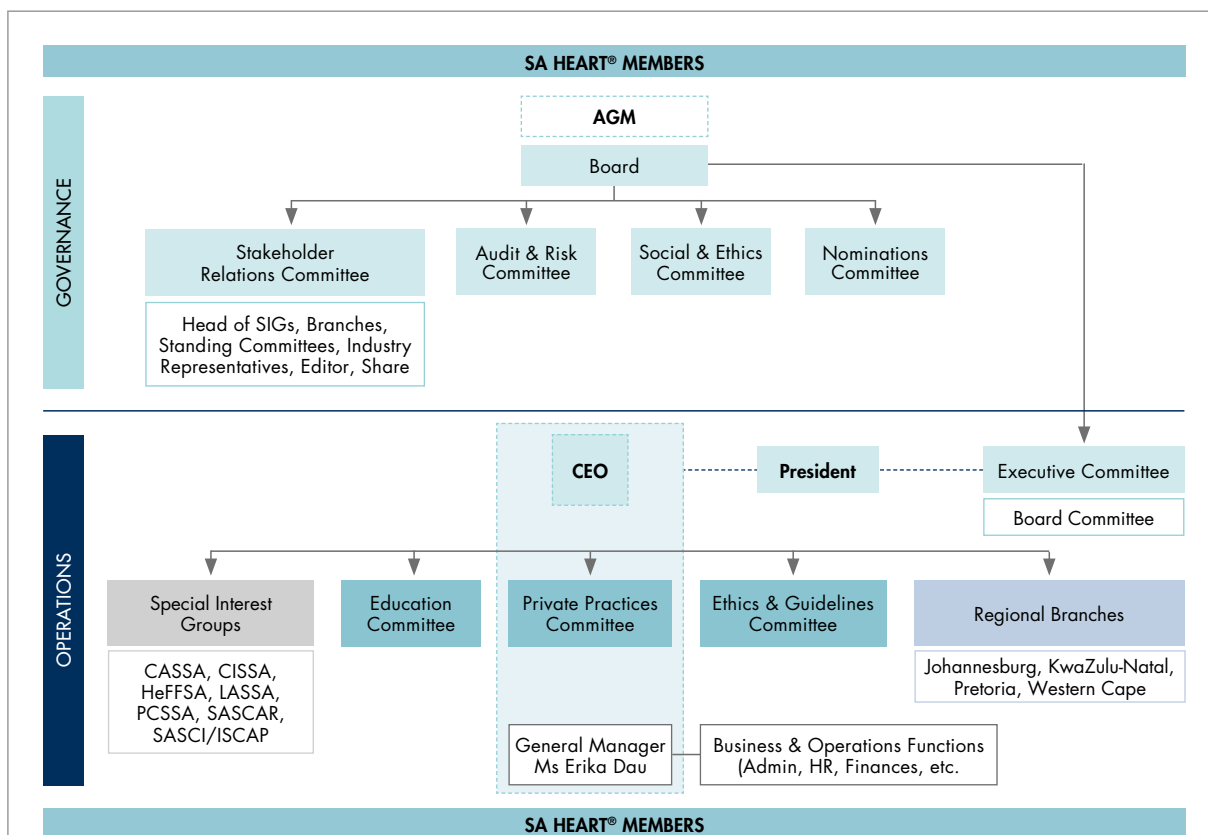
We have started making some in-roads into these issues, and hopefully it's something we can continue to build on.

CHAMPIONING EXCELLENCE FOR SA HEART® AS AN ORGANISATION

The 4 pillars that underpin our vision are science, education, membership and policy. As an organisation, we are all aiming for these goals, regardless of our individual discipline, our individual branches or individual SIGs. I will say it again: A united SA Heart® is certainly a strong SA Heart®! To the branches and SIGs – thank you for the amazing efforts, the growth and endurance you showed in difficult times. The KwaZulu-Natal branch has once again started actively engaging, after a newly-elected leadership. I wish Dr Lutchman and colleagues all the best in getting momentum going within the branch.

Please refer to the Congress journal edition for the reports of our SIGs and branches – certainly a commendable effort of all.

The Committees too (Education Committee, Private Practice Committee, Ethics and Guidelines Committee), through the Terms of References, have been encouraged to have tangible, concrete and measurable goals. Here too, there has in 2022 been increased activity. The Ethics and Guide-



SA Heart® Governance and Operations structure.

lines Committee, under the leadership of Prof Eric Klug, has published an SA Heart® consensus document on PFO closures in the Cardiovascular Journal of Africa. David Jankelow and the SA Heart® PPC Committee started working more closely together with the SASCI PPC committee. The Education Committee has had a flurry of activity, ranging from representing SA Heart® through academic sessions at various congresses (e.g. British Cardiac Society and European Society of Cardiology), to an active and sustainable Fellows programme.

We will be changing over the committees this year, and I would like to request the outgoing members, especially the chairs, to have formal handovers with the new Chairs, in order to provide some continuity. I'd also request the new members to avail themselves diligently and enthusiastically to our cause. A further challenge would be in building

capacity and sustainability by involving our younger cardiologists and enabling and encouraging them to take up leadership positions within SA Heart®. To this end, I would like to encourage younger members of the cardiovascular community to be active in putting up your hand for involvement, and for the older members to seek out younger members to help you do certain tasks. We need to build the pipeline.

The SA Heart® Board embarked on a strategic planning meeting in November last year. The aim was to crystallise 2, 5, and 10 year plans for each of SA Heart's® Strategic Pillars of Membership, Education, Science and Policy / Advocacy. The session was facilitated by Alison Mathem from Vizibiliti and Natalie Zimmelman (CEO, Anaesthetist Society) to help SA Heart® navigate the waters to move away from pure crisis management (being side-tracked by minutia of

Continued on page 106

PRESIDENT'S REPORT *continued*

emails and day-to-day tasks) and to move towards specific short- and long-term goals. Within each pillar and time frame the Board identified tasks and allocated responsible parties with timelines.

SA Heart® should remain and forge more prominently its position as the key opinion leader on cardiovascular issues at national and global level. Dr Martin Mpe and his Social and Ethics Committee have engaged with the National Department of Health (NDoH) on a regular basis and are now in the process of planning a major meeting around NCDs together with the DoH. I would like to thank Martin for these very momentous strides – this will hopefully open the doors to more fruitful collaborations and interactions with the DoH. Our engagement with the public remains mainly through our social media platforms (Facebook and Twitter) and has continued to grow with >16 000 members / page likes this year. The incremental growth in numbers especially on Twitter is slow but steady. Marelize Stander is our new social media editor. I would like to encourage young members of our community to get involved here – be an SA Heart® influencer.

We have this year embarked on rebranding, in line with the Board decision of 2020. The new SA Heart® logo presents fresh clean lines, with the dominant colours of mint green and dark blue. Furthermore, a monolithic branding strategy was employed and most of our SIGs have rebranded accordingly.

Our new website has been launched and still in its infancy stages, but this too, we hope, will provide long-term efficiency in terms of membership functions and a portal for valuable resources.

STRENGTHENING THE ORGANISATION THROUGH INCLUSIVITY AND DIVERSITY

SA Heart® aims to serve every individual in our organisation involved in cardiovascular care. The value-add to ALL members of SA Heart®: Adult and paediatric cardiology, surgery, anaesthesia, nurses, cardiac technicians, radiographers, scientists, and industry is to exercise their voice in raising concerns and partaking in creating solutions. Our

aim too is to serve and support both public and private sectors, and finding ways to address the different needs especially in a time of uncertainty with NHI looming.

We have aimed at addressing many of the deficiencies mentioned in the first member and industry survey of 2021. There is still much work to be done, especially in terms of training for allied professionals and engagement with the public. We will embark on another survey in early 2023.

We have also approached many members of our community, not previously involved, to assist with radio interviews and other educational events. I would urge anyone who wishes to get more involved in the organisation to contact the Chair of the area they wish to be involved in.

TRAINING AND EDUCATION

In 2021, we initiated a few new educational activities like the SA Heart® Fellows Course and the journal clubs.

Fellows Support and Fellows Course

The weekly component of this programme was initiated and run by Dr Marshall Heredien. Marshall's tireless enthusiasm is much appreciated. We also held our second SA Heart® Fellows Examination Preparation Course. A subgroup of the Education Committee, led by Drs B. Cupido and S. Khan organised the second SA Heart® Fellows Exam Preparation Course which took place on 16 - 18 September 2022. The course was well attended by Fellows from all institutions and the feedback was overwhelmingly positive. I would like to thank the faculty for the great amount of effort they have put into teaching.

Monthly National Journal Club

The ongoing monthly national journal clubs have proven to be an excellent source of academic input. Thank you to all of the groups and presenters who participated over the last year. I would like to encourage our entire community, to schedule the time to attend these. Thank you also to our industry partners for your generous sponsorship. These meetings will remain a recurring feature on the first Wednesday of every month.

Training in South Africa / Head of Departments Platform

The number of training facilities and paid training posts in particular, coupled with the poor resources and working conditions in some units, remain a concern. A thorough needs assessment of the training institutions, engagement with both trainers and trainees as well as streamlined and thought-through curriculae for training for our local context, are areas we can start working on immediately. Longer term sustainable training strategies to diversify and expand training opportunities would include more collaborative efforts with the larger cardiology community, both locally and abroad.

The education committee provides a suitable platform to discuss training and standardise initiatives across the country and deal with the issues pertaining to CMSA, HPCSA and training. This group includes adult cardiologists, paediatric cardiologists, surgeons, and anaesthetists. I have met with HODs in adult and paediatric cardiology as well as with some of the surgeons to delineate the exact issues and current needs of each discipline. Some of these issues are agenda points on the future meeting with the Department of Health. Furthermore, private sector engagement is also an avenue to be explored.

- **SIG Educational Activities:** Our SIGs have continued with very successful educational activities. I'd like to thank our SIGs for their continued commitment to education. Please refer to each SIG report for a list of their activities.

- **SA Heart® Congress 2022:** Dr Farouk Mamdoo, is the Congress Convenor for 2022 and has agreed to stay on for Congress 2023. Together with Sue McGuinness, Larna Jackson and Rob Miller from Event Options, they have worked fervently to bring you the first face-to-face meeting since 2019. The Congress titled: "Face-to-face: The case for hybrid cardiology" eludes to the changing times we are working in, both in terms of the mechanism of academic engagement but speaks also to the increasing collaboration and cross-talk between different subspecialties. The line-up, once again, is stellar, featuring both local and international speakers.

I would like to thank Erika Dau, in particular, for the continuous help and support over the last 2 years – Erika has been my right hand and ensured manageable administration for a busy, time-poor clinician.... Erika, thank you so much.

The real litmus test of whether we can, not only survive as a cardiovascular community, but thrive and grow, is whether or not we can pull in the same direction for the common good with an organisation that becomes more than a mere sum of its parts. My hope remains that you continue to partner with me and the SA Heart® Board on this exciting venture, to get "stuck in" and help our organisation reach its full potential.

That is the challenge I leave you, and one that I think Prof Klug is most capable and driven to work towards.

Blanche Cupido
Outgoing SA Heart® President

INDUSTRY FORUM FEEDBACK

We have hosted 3 Industry Forum meetings this year, where we have discussed how to ensure there's alignment between industry and SA Heart®, the upcoming congress and any other challenges faced by industry or any innovative ideas. We have set up a patient education/ awareness committee that is focusing on how we can ensure that there's suitable content for patients across a variety of diseases/treatment areas on the new SA Heart® website. A WhatsApp group has been implemented for improved communication across the industry, so that we can handle queries as promptly as possible.

MEMBERSHIP UPDATE

Please visit the **new SA Heart® website www.saheart.org** launched in September with many resources available for download. Kindly ensure to activate your member profile and pay your annual subscription through the member portal on this new website. Detailed information and procedural guidance were emailed or can be requested from info@saheart.org. Only members who have activated their membership profile on the new system and paid their fees will be counted as active, paid-up members going forward. Follow us and interact on our social media platforms.

POPULAR CONGRESSES FOR 2022

CONGRESS	DATE	PLATFORM	HOST
FIRST EUROPEAN PULMONARY EMBOLISM RESPONSE EXPERTISE CONFERENCE (EXPERT) https://www.expert-pe.org	15 - 16 October 2022	Leiden	Netherlands
23RD ANNUAL CONGRESS OF THE SOUTH AFRICAN HEART ASSOCIATION https://www.saheartcongress.org	27 - 30 October 2022	Sandton Convention Centre	South Africa
AHA SCIENTIFIC SESSIONS https://professional.heart.org/es/meetings/scientific-sessions	05 - 07 November 2022	Chicago and Online	United States of America
SA HEART JOURNAL CLUB - PERIOPERATIVE Check your email for registration code - member only	09 November 2022	Virtual	South Africa
HeFSSA HEART FAILURE SPECIALIST TREATMENT AND DEVICE THERAPY COURSE 2022 info@hefssa.co.za	25 - 26 November 2022	TBC	South Africa
CASSA SYMPOSIUM https://cassa.co.za/cassa	25 - 26 February 2023	Vineyard Hotel Newlands	South Africa

Check SA Heart® online calendar for updates and training events across the country.
<https://www.saheart.org/calendar>

THE SA HEART® EMERGING LEADER: 2021 - 2022

Thabo Ngaka received the award for the SA Heart® Emerging Leader 2021 - 2022.

Thabo is a clinical technologist who trained in KwaZulu-Natal (Durban University of Technology) and did his practical training at Groote Schuur Hospital, Cape Town. Thabo has shown exceptional promise as a cardiac technologist as well as a leader. He moved to the Eastern Cape where he assisted Dr K. Moeketsi in the new unit in Umtata. He now resides in Kimberley with his wife.

Thabo has a great heart for patient education. He is planning on producing a series of video podcasts of common cardiac conditions for patients. He currently serves as the editor of the SA Heart® newsletter.

Thabo recently achieved his Certification in EPS from the Heart Rhythm Society, made possible by this award.

Thabo, well done!!



IN MEMORY OF DR JOSEPH MCKIBBIN

Joe was born in Zambia, the son of an Irish missionary. He started cardiology training at the Johannesburg / Charlotte Maxeke hospital in the early 1970s. Joe did not fit the frame of ordinary mortals. He was honest, modest, and unassuming. Moreover, he was gentle and compassionate with extreme grit and courage. A lovely human being, he insured that his service to humanity would triumph over materialism. With his humble demeanour, he sought no personal accolades for his extraordinary achievements. The cornerstones or beacons in his life were family, faith, fellowship, and friends.

In the last few days of his life, he was so keen to see his daughter and grandchildren from Austria. With negligible intake, hypovolemia, and incipient renal failure, he agreed to intravenous fluids. At the time of his passing in hospital, his wife Beth, children and all eight grandchildren were at his home. Such was his family devotion.

Joe's faith was profound, sincere, and unshakable, never fearing the afterlife. He sought to welcome God's embrace to provide him with the peace and comfort which had eluded him in his final years while courageously fighting four separate malignancies with a multitude of major operations.

In 1980, Joe was seconded to the JG Strydom / Helen Joseph Hospital by the late Professor John Barlow as the full-time cardiologist. A state-of-the-art catheterisation laboratory was installed, and his career blossomed.

With a remarkable spirit of innovation and determination he developed special skills in interventional cardiology. Indeed, much to the chagrin of RHK and PRC, he said adult cardiac surgery would soon be obsolete! With true fellowship and collegiality, he was always prepared to help others with complex interventions, regardless of hospital or practice.

As an enthusiastic naturalist he relished visits to the "bush" with family and friends. These were quality times. Furthermore, he developed an absolute passion for golf playing on courses around the world. A day before he passed, in a solo moment, one of us (RHK) reminded him of a match we had against 2 rather reluctant losers. We were 2 down with 3 to play. Joe scored par, birdie, par. We had won! Joe smiled from ear to ear breaking out into a chuckle. He cherished living the memory.

Knowing Joe was a privilege. As with so many, he had a profound influence on our lives, not only through his academic excellence but also as a friend. He will sorely be missed by family, friends, patients, and colleagues.

Rest in peace Joe. Sincere condolences to Beth, children, and grandchildren.

Robin H. Kinsley, Peter R. Colsen and John Benjamin

SNIPPETS

EP TECHS: INVITATION TO APPLY FOR CASSA ACCREDITATION



Cardiac Arrhythmia Society of Southern Africa (CASSA) hereby formally invites all Cardiac Technologists performing electrophysiology procedures to apply for CASSA accreditation for EP Technologists. This accreditation is open to all paid-up CASSA members. For those who are not yet CASSA members, please register for membership on <https://www.saheart.org> before sending in your application. Please see attached link to article for qualifying criteria and more information regarding the accreditation process: <https://www.journals.ac.za/index.php/SAHJ>.

Please send your completed application form, along with supporting documents to Glenda Nichols at gnichols603@gmail.com and to Human Nieuwenhuis at humannieuwenhuis@yahoo.com.

ANNUAL REPORTS 2022

BOARD COMMITTEE REPORTS

SA HEART® BOARD AUDIT AND RISK COMMITTEE (“BARC”)

Committee members

Mr François Mintoor (Chair), Dr Blanche Cupido, Ms Robyn Hey, Dr Thomas Mabin and Dr Alfonso Pecoraro.

- The BARC discussed the Congress 2022 Budget (i.e. income and expenses) in March 2022 and the same was tabled to the Board for approval. A social media expense was approved for proper marketing and branding.
- The BARC tabled, deliberated and recommended to the Board a Risk Register and the same was approved.
- During May 2022, the BARC revised the Congress 2022 registration fees downwards as it felt the fees were too high in comparison to prior years and was approved by the Board.
- The BARC discussed the Discovery Workshop Proposal, which was proposed by the Event Organiser. The Board, via the BARC, resolved to approve the Discovery Workshop Proposal - subject to - “if a delegate only attends the workshop (Discovery), that delegate will pay the respective fees (R1 200) to attend same”, “those delegates who attends the SA Heart® Conference can also register and attend the Discovery workshop, without paying for same”.

At the August 2022 meeting, the BARC deliberated on the following matters, which was also tabled to the Board for approval:

- The BARC terms of reference.
- Risk Register (updated from the March 2022 meeting).
- Standard operating procedures.
- Annual Financial Statements (AFS), for the year ended February 2022, together with the Solvency and Liquidity ratios were tabled and discussed.
 - The Chair of the BARC met with the External Auditors to discuss same with some recommended changes;
 - Here, 3 matters of concern were identified: (i) Lack of BBBEE certificate, (ii) Outstanding tax matters and (iii) Lack of Information Officer. Of these, only the Information Officer is considered material at this stage. The Board is aware of the need for an Information Officer and are in the process of filling the position;
 - Materiality had been set at R60 000.00 and no material issues were identified;
 - No going concern issues;
 - The Trademark patent will come to an end in about 2 years' time. Management is in the process to renew the same;
 - The Auditor advised that no control weaknesses were identified;
 - No matters concerning fraud were identified;
 - No material events occurred after year end;
 - The Audit opinion is an unqualified report, meaning the AFS present fairly, in all material respects, the financial position of the SA Heart® NPC;
 - The sample size of testing increased significantly, in line with the significant increase in revenue and expenses;
 - The figures were generally in line with those forecasted for, from an approved Budget perspective.
- Letter to Special Interest Groups (“SIGs”) was circulated – reminding them of the Memorandum of Understanding.

François Mintoor
Chair, Board Audit and Risk Committee

SA HEART® EXECUTIVE COMMITTEE

Committee members

Dr Blanche Cupido, Prof Deon Bezuidenhout, Dr Alfonso Pecoraro and Ms Erika Dau.

Co-opted members

Mr Joseph Shaw, Prof Karen Sliwa and Dr Iftikar Ebrahim.

This group has been meeting monthly to discuss pertinent issues relating to SA Heart®. It serves to workshop issues pertaining to the operational aspects of SA Heart® and present viable options for decision-making to the SA Heart® Board. I am currently Chairing this Committee but only until SA Heart® has appointed a CEO.

A number of issues addressed this year thus far include:

- Website / digital and branding strategy – a proposal is made for the Board re: Remote and Brandtree.
- Input into our income (derived from limited streams).
- Expanding the member base.
- Expanding from a financial / fundraising side beyond just the medical industry.
- Introduction of an "Immediate past president" post (1 year) to allow for continuity: This post will allow for the past president to be part of Exco meetings at an operational level to ensure continuity but have no standing at Board level.

Details are available on request.

Blanche Cupido

SA HEART® NOMINATIONS COMMITTEE

Committee members

Dr Tawanda Butau (Chairperson), Prof Deon Bezuidenhout (Ex-Officio), Dr Blanche Cupido, Dr Martin Mpe and Ms Robyn Hey.

The SA Heart® Board decided to appoint a CEO for the Association and NPC to steer SA Heart® to new heights and fulfil the provision in the Mol and Board Committee terms of reference and mandated the Nominations Committee with this task.

The process of appointing a new CEO for the organisation is still ongoing. The position was advertised and over 40 applications were received. However, the calibre of the candidates that applied was felt to not quite meet the requirements of the position. As such, steps have been taken to possibly engage the services of a recruitment agency to actively pursue a suitable candidate.

Tawanda Butau Chairperson, Nominations Committee

SA HEART® SOCIAL AND ETHICS COMMITTEE

Committee members

Dr Martin Mpe (Non-executive Board Member and Chairperson), Dr Tawanda Butau (Non-executive Board Member), Prof Deon Bezuidenhout (Chairperson of the Board, Ex-officio), Prof Eric Klug (Chairperson: Ethics and Guidelines Standing Committee) and Dr Hanneke Dannheimer (Nominated SA Heart Member)

The Social and Ethics Committee is a committee of the Board, and the Board nominates its Chair. The role of the Committee is to ensure that the SA Heart® complies with all relevant laws, legislation and non-compulsory codes and standards relevant to the organisation.

ANNUAL REPORTS 2022 continued

The Committee has the power to investigate all activities that are set out in its terms of reference.

The Committee met twice this year. The first meeting was to appraise the terms of reference and nominate 2 additional members. In the second meeting, some resolutions were adopted by the Committee.

Payment of honoraria for Congress Scientific Committee members, including Board members

The Board of SA Heart® tasked the Committee to consider and make a recommendation regarding payment of honoraria for active members of the Scientific Programme Committee of the annual SA Heart® Congress. The Social and Ethics Committee resolved to recommend to Board (which will need to ratify this recommendation at its next business meeting in November) that Congress Scientific Committee members may be awarded an honorarium as a token of appreciation. This amount should not be excessive, the token be seen as a gift of appreciation and not payment for services rendered. The conference convener will make a recommendation regarding the distribution of the individual amounts in consultation with the Professional Congress Organisers (PCO), to be presented to the Social and Ethics Committee for consideration. This distribution will be based on individual participation in the organisation of the conference and contribution to the programme committee. Should any member of the SA Heart® Board participate in the Scientific Committee, such a member will be also entitled to the honorarium commensurate with the extent of contribution. The total amount to be shared will be limited to a maximum of R70 000.00 and should not exceed 5% of the Congress surplus.

Medical Device Code of Ethical Marketing and Business Practice

In 2017, the South African Medical Technology Industry Association (SAMED) implemented a prohibition on direct sponsorship of HCPs to third-party arranged educational congresses by SAMED members as part of the Medical Device Code of Ethical Marketing and Business Practice (Code). SAMED proposed that the disbursement of such funds should be through professional societies or event organisers through a transparent selection process of deserving candidates based on such factors as historically disadvantaged individual status, gender, geographical location in rural and inaccessible areas, young practitioners and developing practitioners, etc.

It, however, appears that some Health Care Professionals (HCPs) are accepting and, in some instances, soliciting direct sponsorships from medical technology suppliers to attend local and international third-party arranged educational congresses. This act is perceived to be carried out by medical device companies that are NOT signatories to the Code and thus continue to offer direct sponsorship to HCP.

The Committee views this issue as important. The Committee resolved to investigate the HPCSA ethical rules to clarify the HCP's obligations in this regard. A report will be tabled, which will also serve as a guide to the practitioners' responsibilities to ensure that our conduct and interaction with the industry remain ethical.

Establishment of Ministerial Advisory Committee

The SA Heart® Board has mandated Dr Martin Mpe as the representative of SA Heart® in a collaborative effort to engage with the National Department of Health towards establishing a Ministerial Advisory Committee (MAC) on managing cardiovascular diseases. The MAC will form part of the National Department's NCD portfolio. The NCD partners identified in this mission include besides SA Heart®, the SA Hypertension Society, SA Heart® and Stroke Foundation and Lipid and Atherosclerosis Society of Southern Africa, among others. This initiative will culminate in a Cardiovascular Indaba where the National Department of Health and NCD partners will sign a declaration of intent on future engagements.

The Social and Ethics Committee is aligned with the Board's directive but proposed that funding for the CV Indaba should be channelled through an independent body and not through the SA Heart®. This was borne of the fact that the NDOH is averse to attending an industry sponsored event where the business of the Department is going to be discussed.

State of cardiology training in the country

The Committee resolved to study the report compiled by Dr Blanche Cupido on the state of training of cardiology fellows across the country. This will guide the type of engagement with the necessary government department to improve the training posts and mobilise support for the training units.

Martin Mpe
Chairperson, Social and Ethics Committee

SA HEART® STAKEHOLDER RELATIONS COMMITTEE

Committee members

Dr Blanche Cupido (SA Heart® President, Committee Chair; Chair Education Committee), Prof Deon Bezuidenhout (Board Chair), Dr Hellmuth Weich (President SASCI), Dr Martin Mpe (President HeFSSA), Waheeda Howel (President ISCAP), Dr Adele Greyling (President CASSA), Prof Neil Davies (President SASCAR), Prof David Marais (President LASSA), Hopewell Ntsinjana (President PCSSA), Dr Alfonso Pecoraro (President CISSA and Western Cape Branch), Dr Iftikhar Ebrahim (President Pretoria Branch), Dr Rob Dyer (President KwaZulu-Natal Branch), Dr Ahmed Vachiat (President Johannesburg Branch), Prof Stephen Brown (Treasurer; Bloemfontein Branch), Dr David Jankelow (Chair; Private Practice Committee, Convenor SA Heart® Congress 2021), Dr Nqoba Tsabedze (Chair SHARE Committee), Prof Eric Klug (Chair; Ethics and Guidelines Committee), Prof Ntobeko Ntusi (Editor-in-Chief, SA Heart® Journal) and Jaco Joubert (Device Industry Committee Chair).

Background

This Stakeholder Committee was formed early March 2021 and replaces the previous National Advisory Council (NAC) with an increased focus on governance compliance and strategic planning in a co-ordinated effort to strengthen the organisation and obtain operational feedback from SIGs and branches. Representation includes the leaders from each of the SIGs, branches, and other special task groups within SA Heart®. The new governance structure aims to foster good governance and allows us to identify deficiencies, and plan to address them, thus building sustainability and continuity.

What was achieved:

- The Memorandum of Understanding (MoU) governs the relationship between SA Heart® and its special interest groups (SIGs) and Regional Branches (RB). A draft MoU was formulated by the previous Board and signed by the SIGs and Branches in mid-2021.
- One of our aims is to improve the value proposition to all of our members. All SA Heart® members residing in South Africa have full voting rights (regardless of occupation). SA Heart® conducted 2 surveys in 2021, one for members and one for industry which showed gaps, but also value and strength. The results of these surveys were published in the last SA Heart® newsletter. Most related to educational needs, all of which is currently being addressed through active ongoing projects instituted by SA Heart®. A follow-up survey to assess progress and ascertain the next set of deficiencies / tasks will follow in due course.
- A great difficulty has been to get people involved in the branches especially when they are already committed to involvement with other committees and SIGs. Furthermore, continuity and institutional memory remains an important issue to address. The development of terms of reference, policies and standard operating procedures (SOPs) will aid this. It serves to establish a baseline that future leadership can fall back on without having to start from scratch or reinvent. Part of the terms of reference is also to capacity build and plan for succession.
- The Emerging Leaders Cohort has been established to contribute to career development and ensure continuity and capacity building and successive leadership for the branches or SIGs. Apart from scanty involvement, this cohort has not been very active in daily activities of SA Heart®. In future, more discreet tasks / areas of involvement should be identified.
- **Industry Forum:** The introduction of this forum, currently led by Jaco Joubert (device industry) and Tamara Chetty (pharma). The Industry Forum is planning a meeting in the next 2 - 3 weeks discussing better ways to integrate with SA Heart®. There seems to be a positive feeling and drive with industry partners. This group now meets 3 - 4 times per year, and meets with the president twice yearly. They also have representation on the stakeholder committee meeting. We implore better and more transparent relationships with industry. A major suggestion from industry is for SA Heart® to get more involved with patient education and advocacy activity which, though the new website and collaboration with the Education Committee, is on the cards for the next 2 - 5 years in terms of content development.
- SA Heart® rebranding complete.
- SA Heart® has rebranded towards a monolithic branding policy. All SIGs, apart from SASCI and PCSSA has taken on the new monolithic style logo. The new SA Heart® logo has now been finalised, and all the SIGs that have opted to follow the monolithic branding have received their new logo and branding guideline, some have started using the new look.

Continued on page 114

ANNUAL REPORTS 2022 *continued*

- As the new logo includes the fact that the SIG is a special interest group of SA Heart®, when branding, the SIGs using the new logo do not need to include the SA Heart® logo as well, whereas SASCI and PCSSA who are not currently following the monolithic branding approach, will have to display both logos to indicate this as per stipulation in MOU.
- Initially a launch of the new logo, corporate colours, etc., together with the new website was planned, but as the website is delayed, the new branding is implemented in phases.
- SA Heart® website update.

SA Heart® is redesigning its website with more functionality which will have a number of resources for members to download, a forum for industry partners and incorporate a new Association / Member management system. This is currently from a member management system slower than anticipated with a few last-minute gremlins being sorted. Please note, that when up and functional, SIGs have a presence on the home page with their logos displayed, but also have a separate page where each SIG can maintain their information and if applicable have a link to their own website. SIGs will be given administrative rights to their respective SIG page to update information there.

Resources will be downloadable, currently for free for both members and public, although some will be restricted to members only. Patient resources and links to be uploaded need to be submitted to the education committee for vetting that they are from reputable source. Industry Forum is also keen on including patient resources and has formed a subcommittee to put some together:

- The move was necessary as the current service provider MPC has given SA Heart® notice. While agreeing to keeping the system afloat, this is based on old technology and challenges are experienced, with MPC not committed to fixing these on a system they are busy phasing out.
- Once the new website and membership system are ready, all current members will have to log in and activate their profile on the new system. Once contact details and affiliations are confirmed, members will be taken to a secure online portal to pay membership via card. Renewal will then work similar to renewing computer software, with advance warning of expiry and invitation to renew will be sent to members. Members will be notified, and SIGs are asked to follow up with their members, too.
- **Board Social and Ethics Committee:** A Ministerial Advising Committee is busy being set up, in order for experts to give input into guidelines and recommendations for implementation on national level. Currently lay persons compile such guidelines and SA Heart® or special interest groups are only asked for comment afterwards, and rarely are comments and recommendations integrated in the policy document, but simply listed as received. Dr Mpe hopes for 3 SA Heart® (including SIGs) representatives on this committee.
- **KwaZulu-Natal branch:** Dr Rohan Lutchman was elected president and the KwaZulu-Natal branch has resumed activity. With a newly-elected leadership, they are primed to start activity in forms of regular meeting once again.
- **Bloemfontein branch:** Bloemfontein branch remains dormant from since pre-COVID-19 times. Dr Cupido has reached out to some of the Bloemfontein clinicians again.
- **Other SIG and branch reports** delineating their tasks and progress are referred to separately, later in this AGM report.

I would like to thank everyone involved for your efforts. It has been incredibly rewarding to see how everyone has something to bring to the table and the way we can make a difference in the country. Even if the ball seems to be rolling slowly, we are comforted that it will keep rolling and effect positive change along the way.

Blanche Cupido
Chair, Stakeholder Committee

STANDING COMMITTEE AND PROJECT REPORTS

SA HEART® EDUCATION COMMITTEE

Elected Members: Ashley Chin, Antoinette Cilliers, Blanche Cupido, Shungu Mogaladi, Arthur Mutyaba, Jane Moses, Timothy Pennel, Justiaan Swanevelder and Nqoba Tsabedze.

HOD members: Steven Brown, Anton Doubell, Adele Greyling, Ebrahim Hoosen, John Lawrenson, Mpiko Ntsekhe, Mashudu Nethononda, Mokoali Makotoko, D Naidoo, Andrew Sarkin and Mamokgethi Mukhari.

Co-opted members: Marshall Heredien (Co-chair), David Jankelow (Congress Scientific Programme Convenor) and Sajidah Khan (Fellows Course Convenor).

A number of initiatives were started in 2021 and continued in 2022:

Fellows sub group

Fellows exam preparation course: The first course was held virtually in July 2021 with state-of-the-art lectures provided by numerous leaders in the cardiovascular field in South Africa. This year we opted for an intimate face-to-face meeting in Johannesburg from 16 - 18 September, attended by adult cardiology fellows and a small faculty. The focus was on difficult concepts that are currently not taught well universally, as well as examination technique, culminating in mock oral with some of the more seasoned CMSA examiners on the Sunday.

Other fellows activities:

- Fellows' Whatsapp group – to allow for easier communication and dissemination of relevant information, e.g. interesting articles, etc.
- Marshall Heredien (director) maintains the Fellows Support Programme, with weekly to 2-weekly meetings via Zoom around cases - involving teaching, sharing and even looking at some research projects and giving support. The details and logistics of these remain complementary to and not instead of local institutional practices.

Head of Departments sub group

This committee provides a suitable platform to discuss training and standardise initiatives across the country and deal with the issues pertaining to CMSA, HPSCA and training. This discussion through a series of meetings in late January 2022, included adult cardiologists, paediatric cardiologists, surgeons, anaesthetists. I have met separately with the adult and paediatric cardiology HODs, and telephonically with a number of surgeons.

There are profound deficiencies in the teaching and training of cardiologists, worse than ever before. In 2016, SA Heart® wrote an article in CVJA delineating the issues around training for adult cardiology, paediatric cardiology and cardiothoracic surgery in South Africa. A number of changes and plans were suggested. No tangible change occurred as a result of this submission or the subsequent meeting with the DoH. It is important as group of HODs to revisit these issues and drive the process of improvement, e.g. liaise with the Department of Health, for DoH to realise academic institutions are not merely to be seen as a burden to the economy.

Main problem areas highlighted:

- There is no consistency re many of the issues across the provinces, resulting in huge diversity between training centres re posts, and access to devices and even certain medical therapies. Ideally, there should be a unified approach to access and training across the provinces, either through collaboration and crosstalk between provincial DoH or a central directive from national DoH.
- In all aspects of CV care, in adult, paediatric or surgical domains, there is a lack of training posts / lack of consultant posts. In paediatric cardiology, for example, there is only 1 - 2 paid training posts in SA!
- An inertia in ensuring resources – person, equipment and finances. Prolonged downtime in Cath labs poses a particularly high risk to service cessation.

Continued on page 116

ANNUAL REPORTS 2022 continued

- Particular to paediatrics: There is a paucity of congenital surgeons nationally with little training happening. Furthermore, increasing numbers of adults with CHD and poor transition to adult care places a huge strain on paediatric services.

Various avenues of engagement with the DoH are being investigated. Dr Martin Mpe (SA Heart® Social and Ethics Chair) had been instrumental in engagement with the DoH. There will be a CVD Indaba hosted together with the DoH where we hope many of these issues will be raised. This is an ongoing issue, and though far from resolution, engagement through this platform will be necessary to effect change.

Social Media posts

Our social media presence has increased significantly over the last 2 years with an increasing number of engagements from both clinicians and the public alike. We currently have over 16 000 followers and many more post likes and comments. On Twitter the uptake is a bit slower. We have also, in the last 3 months, started a LinkedIn account. Our new media editor, Marlize Stander, sources or writes articles / tweets for social media. This material is vetted (currently by myself) to ensure accuracy of content before we post. The content is aimed mainly at the patient population and public, for general education around prevention of heart disease and patient controllable factors. For the months leading up to the congress, we have appointed social media ambassadors – thank you to all of you assisting in this task in getting our messaging, adverts and news snippets shared far and wide.

We are currently looking for a few people to assist with the editing and vetting of articles – for those interested, please contact me.

SA Heart® National Journal Club

This idea conceived by the previous SA Heart® Board has continued on a monthly basis since August 2021. I would like to thank everyone involved from the scientific programmes presented thus far. Erika and the team from Event Options (led by Larna Jackson and team) thank you for the logistics needed to make this even happen. For each of the meetings, the academic programme was excellent with presentations and journal articles which were practically relevant to our community. Participation was close to 100 at some of the meetings.

We are looking forward to a continued varied programme with the support of all the sub groups and “members for members” approach, making this monthly SA Heart® Journal Club a sought-after regular event on our calendar. This meeting will continue on a monthly basis – the first Wednesday of every month on a round-robin basis in terms of hosting.

I'd like to encourage all SIGs and branches who have not yet signed up for their month to contact Erika and do so. I would also like to encourage you to attend the meetings of others – some of our smaller branches and SIGs too have hosted excellent meetings with content that is really valuable. The diversity of input would serve fellows and other trainees well. Feedback from our members that attended these Journal Club one or more of these meetings were very positive, educational and well presented.

Recordings of the Journal Club presentations will be available in the member section of the new SA Heart® website once this is launched later in the year.

Branch meetings

Many branches have this year started having face-to-face meetings again. For those not yet active, we encourage you to join a journal club as a first port to start up again.

SIG endeavours

Please refer to the individual AGM reports. These have been ongoing with a number of the SIGs returning to the face-to-face format of meeting with huge success. Thank you to all our SIGs for the amazing work you do in keeping the educational platforms going, so diligently.

SA Heart® at British Cardiac Society (BCS) Centenary meeting – 7 June 2022

SA Heart® was invited to present at the BCS Centenary Congress during their “Around the World Day”. Our session was entitled “A clash of pandemics: CV disease at the tip of Africa” – speaking to the dual burden of disease in terms of communi-

cable and non-communicable diseases that we face on a daily basis. Prof Eric Klug delivered a stellar lecture on heart failure in the South African context. Prof Liesl Zühlke provided an update of rheumatic heart disease in 2022, and Dr Ahmed Vachiat spoke to the challenges we face with STEMI care in South Africa and gave a systems approach to LMICs. The talks were well received and sparked a lot of discussion from the live audience in Manchester, United Kingdom. As always, we have to commend our clinicians for achieving so much, with so little resources. Thank you to all who contributed to this programme.

SA Heart® at ESC August 2022

The SA Heart® / ESC Joint Session on Infective Endocarditis took place on Friday 26 August 2022. The theme around diagnostic challenges in IE was represented from the SA side by:

Dr Fonnice Pecararo – Native Valve infective endocarditis: Echocardiographic challenges and solutions.

Prof Ruchika Meel – Infective Endocarditis and IV drug use: Challenges in diagnosis and treatment.

Dr Blanche Cupido – Infective Endocarditis during pregnancy: The diagnostic and therapeutic challenges.

In addition to the joint session, many of our members partook, either in chairing sessions or presenting abstracts / posters. We would like to commend you all for your stellar work:

Karim Hassan, Vitaris Kodogo, Sandrine Lecour, Karen Sliwa, Charle Viljoen, Julian Hovvelman, Mamatabo Rossy Matshela, Nene Mboweni, Sandra Mukasa, Ntobeko Ntusi, Elizabeth Schaafsma, Liesl Zühlke and Pieter van der Bijl.

Travel and research grants

Both travel grants and research grants, after a period of austerity, has now been re-instituted.

Travel grant: R 25 000

Research grant: R75 000

Please go to the SA Heart® website for details of these grants. We encourage and support your academic endeavours and strive to support especially young and junior clinicians in this regard.

Other tasks

- Talks, TV and radio interviews and other patient educational endeavours – these are ongoing, with a particular series of patient educational talks around World Heart Day.
- Essential Drug List and Standard Treatment Guidelines Submission – thank you to the over 20 clinicians, representing all of our SIGs, who contributed to this submission. A vast, evidence-based document supporting the proposed changes was submitted to the DoH. Giving a collective voice as the cardiovascular community of South Africa will hopefully carry more weight with the DoH.
- Engagement with DOH – this is currently a huge gap. Over the next few months, the aim is to start engaging with relevant areas of the Department of Health so that we may, as an organisation, have a better footprint in terms of advocacy and policy. Thanks to Dr Martin Mpe, there has been good strides made in the engagement with DoH with a CVD Indaba in the pipeline for later in the year. This will hopefully improve the footprint SA Heart® has with the DoH and for us to open lines of communication re NCDs in South Africa.

I'd like to thank everyone for their tremendous work and would also like to encourage you to partner with and encourage more junior members of our organisation to get involved.

Let's be active, let's create change...

Blanche Cupido
Chair, Education Committee

Continued on page 118

ANNUAL REPORTS 2022 continued

SA HEART® ETHICS AND GUIDELINES COMMITTEE

Committee members

Prof Eric Klug (Chairperson), Prof John Lawrenson (PCSSA), Dr Jens Hitzeroth (SASCI), Dr Pieter van der Bijl, Dr Ruchika Meel (CISSA), Dr Ferande Peters, Dr Darshan Reddy (Surgeon), Dr Samkelo Jiyana, Dr Graham Cassel, Dr Dirk Blom (Co-opted, LASSA), Prof Frederic Michel (Co-opted SASCAR) and Mr Selvan Govindsamy (co-opted ISCAP).

The SA Heart® consensus statement on closure of patent foramen ovale was published in the Cardiovascular Journal of Africa. (Jens Hitzeroth, Pieter van der Bijl, Ruchika Meel, Blanche Cupido, Frederic Michel and Eric Klug).

No new activities to report.

Eric Klug

Chairperson, Ethics and Guidelines Committee

SA HEART® PRIVATE PRACTICE COMMITTEE (PPC)

Committee members

Dr David Jankelow (Co-opted), Dr Andrew Asherson, Dr Pieter Van der Bijl, Dr Adele Greyling, Dr Gavin Angel, Dr Tawanda Butau, Dr Muso Mogwera and Dr Vernon Freeman.

I am humbled to have been tasked to chair the PPC, which I have been involved with for many years. However, the operational directive / terms of reference with respect to the workings of this committee has been difficult. In the past, the PPC has always integrated with the SASCI PPC, which has represented SA Heart®. The SA Heart Board in 2022 tasked such a committee to be entirely within SA Heart®. A committee with 8 members was therefore chosen.

On Wednesday, 9 February 2022, I requested a Zoom meeting with the PPC on 17 February 2022. The intention was for a strategy going forward. I wrote:

"My vision is for us to build a business unit that would cater for our members' practice issues, relating to funders, coding, legal issues, and funder audits.

The SASCI PPC, which traditionally has represented SA Heart®, has conducted a coding cross-walk, which was completed some time ago. I plan to engage with George Nel to discuss the latter in order to provide feedback as to where we are with this project.

I plan to meet with the larger funders – Discovery (Darren Sweiden and Maurice Goodman) and Medscheme (Claude Ndlovu) – to discuss how we can constructively engage with each other in the future.

I also plan to reach out to the SAMA coding unit to discuss us giving input into the codes – 2 years ago, there were mistakes in the coding manual, that were fortunately corrected, but could have severely impacted on our practices."

Unfortunately, none of the members of the PPC actually joined the Zoom meeting, after scheduling this (and sending notification) for the evening of the 17 February 2022.

A meeting thereafter was held between Dr Hellmuth Weich, Dr Blanche Cupido, Mr George Nel and myself to discuss the PPC and SA Heart®'s workings thereof with SASCI. It was decided that I would now integrate back with the SASCI PPC to continue my practical involvement on these issues. I have thereafter continued to give my opinions with various private practice matters.

Dr Cupido recently raised the following concerns that requires an opinion:

- There is a growing concern that certain cardiology practices are routinely performing carotid scanning with every echocardiogram. This almost doubles the cost of every echocardiogram.

- In addition, the use of industry for pacemaker / complex device checks in Gauteng and clinicians billing for this, when they've not done this themselves. Two issues were raised.
- Doctors billing for checks when they have not done it. The increasing demand and the burden it places on industry to keep up with the demand.

I have now requested the entire PPC, CISSA and CASSA to assist with consensus thereof.

Lastly, we are in the process of developing a practical parallel symposium at SA Heart® 2022 "The business of cardiology – what they didn't teach you at medical school". We want to give key practical advice for all those in private cardiology practice.

David Jankelow
Chairperson, Private Practice Committee

SA HEART® REGISTRY – SHARE COMMITTEE

Committee members

Nqoba Tsabedze (Chairperson), Erika Dau, Elizabeth Schaafsma, Jacques Scherman, Hellmuth Weich, Ashley Chin, Martin Mpe, Eric Klug, Andrew Thornton and Jens Hitzeroth.

The COVID-19 pandemic brought much turmoil to the lives of all South Africans and especially healthcare professionals, in the previous two years, also affecting the SHARE registry projects during the lockdowns as healthcare services focused almost exclusively on COVID-19-related care. Fortunately, 2022 has been a year of recovery and a gradual return to the "new normal" for all, and there has been a pleasing uptake in registry entries as healthcare providers have once again been able to look at regular services and clinics.

Associate Prof Tsabedze, in the position of Chair of the SHARE Committee, took over the reins smoothly from Prof Mpiko Ntsekhe in 2021, during a very difficult time for cardiac care in South Africa, and his enthusiastic and dedicated approach has seen the registry projects growing in 2022.

Although the COVID-19 pandemic in 2020 and 2021 caused a reduction in the annual number of TAVI implantations, new evaluations for TAVI have climbed this year, with the number of patients who have applications for TAVI funding in progress now sitting at over 400 patients. This shows that the reduction in implant numbers in 2020/21 was not linked to demand but was circumstantial to the pandemic.

There are now a total of 2 670 patients' clinical data contained in the TAVI registry. Of these, more than 1 860 patients have proceeded to a TAVI implant and will be followed up annually for 8 years, as local data is needed on the longevity of the TAVI implants. The remaining approximately 400 patients in the registry, who were mostly declined for funding or who had unsuitable anatomy, are followed up for a period of 1 year.

Developing relationships with a wider network of funders to encourage them to support access to implants for their members is a priority for the project in the short term. The local TAVI data from the registry is presented with outcomes comparative to other international registries and to RCTs so that the funders may make an informed review of the outcomes in the local South African context. The SHARE Investigators presented the first 5-year outcomes from the TAVI registry at the ESC Congress 2022 in Barcelona, and the presentation was well received, with several pertinent questions from the audience. The Investigators will also present an abstract at the SA Heart® Congress this year, looking at other aspects of the 5-year outcomes and a trend of higher mortality in a subgroup of frail patients.

SHARE is also directed to publish the outcomes from the data collected in the registries, and the aim in 2021 of producing a manuscript by December needed to be paused as many patients had not attended their follow-up visits for fear of catching COVID-19 during their appointments. Sr Jackie Staveley has joined the TAVI Office team in the short term to assist with a strong data QA drive. We have also made use of a database linked to the Department of Home Affairs' records to verify dates

Continued on page 120

ANNUAL REPORTS 2022 continued

of death for patients suspected of being deceased in cases of Lost to Follow-up, and this has been very effective. This, together with focused follow-up drives by sites through the course of this year, has resulted in much of this data being obtained, and the analysis and write-up for the planned manuscripts will go ahead after a meeting of the TAVI Investigators at the 2022 SA Heart® Congress where input from all sites can be obtained, and the manuscript preparation can be discussed further.

Several barriers remain to access to TAVI technology for appropriately selected patients. Funder resistance and geographically equitable access are being addressed through interactions with Industry and Funders. Several Funders are resisting the establishment of additional TAVI centres and do not fund procedures during the proctorship period. This liaison with Funders and Industry is considered an important part of the mission of the SHARE projects, which primarily aims to improve patient care, and facilitating access to appropriate care is regarded as part of that mission. We now have 23 sites available for TAVI in South Africa. Several new TAVI sites were initiated in the last 2 years, and with 2 of these being situated in the Eastern Cape, we are pleased to be addressing the issue of geographic access to TAVI.

The SHARE-TAVI registry is seen to be of significant value by both the sites involved and by the funding organisations, who have entrenched the registry-generated data sheets into their own approval processes, and who have shown significant interest in the local outcomes data that has been presented from the registry. This has enabled greater access to TAVI technology for appropriately selected patients.

As always, we remain grateful to our original sponsors - both Medtronic and Edwards have continued to support the registry through various grants - and we thank them for their continued support. We would also like to thank and welcome Boston Scientific, our newest TAVI registry sponsor, who has joined in the support for the registry this year. We hope that as further industry members expand their product offerings to include TAVI implants, they, too, will support the registry.

A new device registry for a Mitral Clip procedure has been proposed, and a dataset for this registry has been worked on extensively and is now approved. Drs Jens Hitzeroth and Hellmuth Weich have played a major role in the development of the dataset and will take on the roles of Principal Investigators for this registry with Associate Prof Nqoba Tsabedze.

The proposed CRT-D registry, with Prof Eric Klug and Dr Andrew Thornton as the Principal Investigators, has also been receiving attention, with some small changes to the dataset having been proposed, and we are in the process of finalising the dataset before continuing to the next steps of obtaining funding, recruiting sites to participate, and obtaining ethics approval for the project.

The Atrial Flutter / Fibrillation registry, SHARE-SAFFR, led by Dr Martin Mpe and Prof Ashley Chin, has been developed and tested by the Investigators, and ethics approval has been obtained for the initial sites. Further sites have been identified, and ethics approval is in progress for these sites too. Initiation of new sites was delayed during the lockdown period, but as a semblance of normality has returned to both business and healthcare this year, data capture has increased at the existing sites, as patients have returned to clinics and rooms for non-COVID-19 treatments. There are plans to expand the registry to include patient-reported feedback and to use the registry data together with this feedback to help improve awareness and access to care for this condition in South Africa.

Despite the unexpected disruption by COVID-19 in the last 2 years, the registry projects continue to build on their solid and successful base, and we will continue to generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future.

The SHARE registry committee remains thankful to individual members of SA Heart®, the SA Heart® Executive, Industry partners, Funders and hospital groups for their continued interest and support of SHARE, and of course, most importantly, our very grateful thanks to the Investigators and participants at all our registry sites.

Elizabeth Schaafsma **Nqoba Tsabedze**
Chairperson, SHARE Committee

SA HEART® SOCIAL MEDIA

Overview

On 1 May 2022, Marelize Stander took over the social media management from Jade Taylor Cook who created content for SA Heart®'s Facebook and Twitter accounts from July 2021. On 5 May, Erika Dau introduced Marelize to Lama Jackson from Event Options to share access to the accounts for the purpose of posting exclusively about the October 2022 Annual Congress. The first Congress related post was done by Lama's team on 25 May and it has been ongoing since then with a marked increase in post frequency during the past 2 months, mostly through sharing graphics.

As per Jade's focus, the content from May onwards remained on topics relating to lifestyle advice (nutrition, disease prevention) and medical / scientific posts (terminology, professional community, research, world health days). Reminders of the monthly Journal Clubs were also included.

As part of the monthly budget relating to social media posts (excluding Congress posts on separate budget), the aim is to include 2 boosted posts per month. The value is generally set at R400 to R450 per post (excluding vat) and runs over 4 or 5 days. The boosted posts are critical for business pages as part of the overall strategy to increase visibility significantly and grow the audience, beyond the organic reach through post engagement (likes, comments, shares, tags). Within the 4 month period from 1 May - 31 August the boosted posts were varied – either using the suggested audience for the page or experimenting with other audience selections. Some boosted posts performed significantly better than others and the analytics informed future boosts and selection of more relevant content.

■ By the end of April 2022 when Marelize took over from Jade, the Facebook page had 15 244 likes and 15 505 follows. The Twitter account had 829 followers.

■ **Facebook demographics:** 71.2% women / 28.8% men. **Age group:** 25 - 44 most prominent.

Facebook activity from May to August 2022

	FACEBOOK PAID REACH	FACEBOOK PAGE REACH	FACEBOOK PAGE VISITS	FACEBOOK PAGE NEW LIKES
MAY	88 720 (+1.5K%)	109 644 (+155.4%)	1 155 (+514.4%)	401 (+516.9%)
JUNE	29 479 (-66.8%)	38 816 (-64.6%)	479 (-58.4%)	74 (-81.5%)
JULY	75 504 (+156.1%)	84 932 (+118.5%)	397 (-18.3%)	109 (+39.7%)
AUGUST	10 154 (-86.6%)	11 217 (-86.8%)	277 (-30.2%)	44 (-59.6%)

Current (16 September 2022): Page Likes = 15 768, Page Follows = 16 086

Top towns overall: Cape Town (17.5%), Durban (6.5%), Pretoria (5.2%), Port Elizabeth (3.2%), Johannesburg (2.8)

Top country overall: South Africa (94%), followed by Egypt, United Kingdom, Namibia, United States of America and Australia

Twitter

At the time of creating this report (16 / 9/ 2022), the total number of followers was 1 023, which is up by 23.4% from 829 on 30 April 2022. Unfortunately, as per Jade's reporting in the previous year, other metrics for Twitter are not available without a third-party, paid-for analytics dashboard. A marked increase in engagement and follows occurred during the ESC Congress at the end of August and the opportunity to engage with the global community was maximised.

Continued on page 122

ANNUAL REPORTS 2022 continued

Top posts for the past 4 months

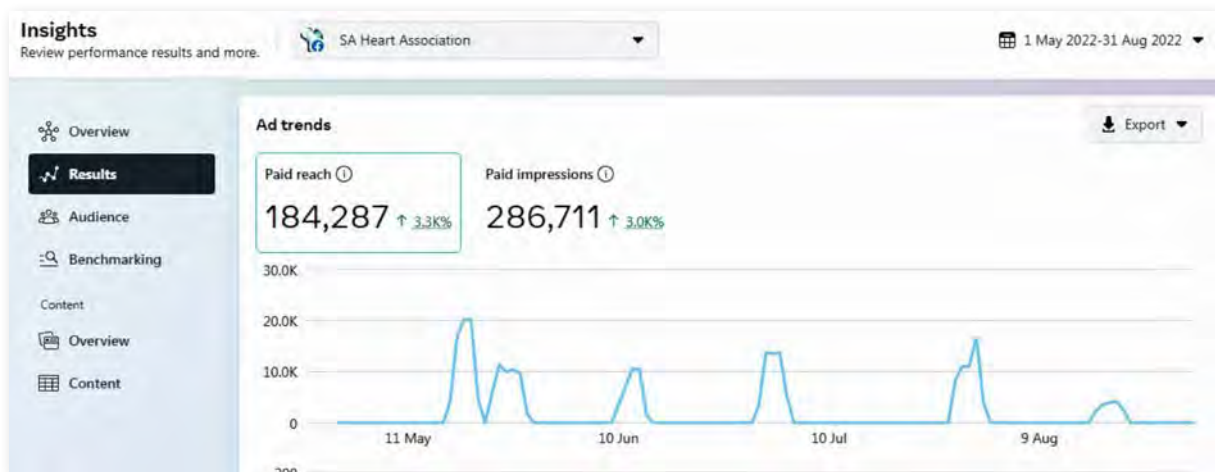
- May 2022:** World Hypertension Day (17 May) with a reach of 71 427
- June 2022:** Lifestyle Change (30 June) with a reach of 39 884
- July 2022:** Know your Risk, Know your Numbers (27 July) with a reach of 45 096
- August 2022:** Who cares for the Care Giver (17 August) with a reach of 6 659

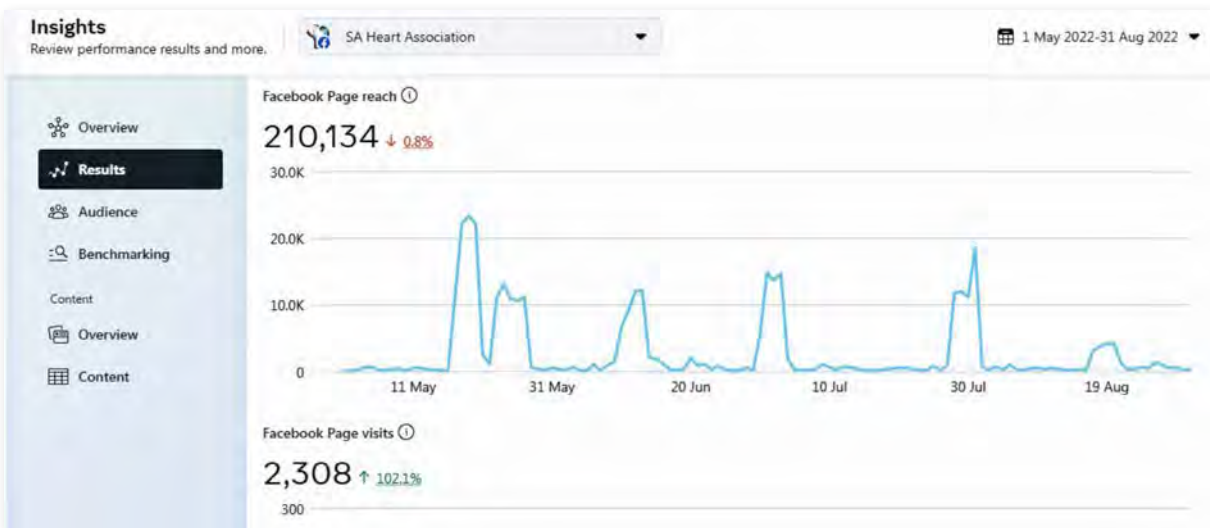
General comments

The past 4 months have been a great opportunity to build on Jade's momentum and at the same time see how the SA Heart® audience is responding to posts in order to tweak content and sharpen the focus going forward. A non-boosted post that received a lot of attention was the photos shared on 26 August of the ESC Congress in Spain. It proves that more personal (SA Heart® team related) content is noticed and gets engagement, rather than more general sharing of articles and information. The ideal is to find a balance between industry professionals featured and informative content for the public.

Especially during the months of August and September, posts relating to the 2022 Congress have increased, including speaker and partner announcements as well as weekly countdown posts to boost registrations. Just in the period of 5 - 14 September, there were 9 separate posts with speaker announcements and the concern is that the overall monthly post volume may contribute to a decrease in interaction on other posts aimed at the general public. The important focus on Congress-related content has to be prioritised leading up to 27 October. At the same time, it is important to share high quality content with regards to CVD and prevention (after conclusion of the Congress) and also to use the opportunity of raised awareness around World Heart Day on 29 September.

Below are screenshots of Facebook page analytics in addition to abovementioned data. It has become increasingly important to share more video content and stories in order to increase engagement.





Explanation of terms

- **Engagement:** The number of reactions, comments, shares and clicks on your post.
- **Reach:** The number of people who saw any content from your Page or about your Page, including posts, stories, and ads.
- **Page Likes vs. Follows:** The number of followers indicates the number of people who may see your Page's updates and posts in their feed. When people like your Page, they also automatically "follow" you, which allow them to see your posts in their feed. People who like the Page can also choose to unfollow the Page and not see its posts in their feed. They still demonstrate their support.

Marlize Stander
Editor, Social Media

Continued on page 124

ANNUAL REPORTS 2022

SPECIAL INTEREST GROUPS (SIG) REPORTS

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

Committee members

Dr Adelle Greyling (President), Prof Ashley Chin (Immediate Past President), Dr Kaveshree Govender (Treasurer), Dr Andrew Thornton, Dr Jane Moses, Prof Rob Scott Millar, Dr Pro Obel, Mr Human Nieuwenhuys, Mr George van der Merwe and Mrs Laura Avnit.

Ongoing education

Several teaching webinars and journal clubs for cardiac technologists were held.

Furthermore, a pacing course aimed at clinical technologists, will commence soon.

CASSA planned the arrhythmia track on the virtual SA Heart® congress last year. We have and will be hosting webinars focussing on ECG teaching again this year.

CASSA will be running sessions at SA Heart® congress this year, including a joint session with the ESC and a session in the paediatric track.

Prof Ashley Chin was an invited member of the faculty for HRS held in San Francisco this year.

Annual 2022 CASSA symposia

Our annual CASSA symposium was held on the last weekend of February and first weekend of March. This year's meeting was again a free virtual event. The symposium consisted of 4 different sessions over the 2 Saturdays. A broad range of topics was discussed with several international speakers as members of faculty. Interactive sessions were held on device troubleshooting and the ever popular ECG sessions.

Planning for the 2023 symposium is underway. Next year's event will be a hybrid meeting and we are all looking forward to meeting in person again.

Other news

We have made updates to our website, online and social media presence. There will be increased focus on patient awareness campaigns.

The process of accreditation of EP clinical technologists has started. Guidelines were published in SA Heart® Journal last year and we are in the process of reviewing the first batch of applicants.

Thanks

I would like to thank the CASSA Exco for their support and patience, this is a steep learning curve for me: Ashley Chin (immediate past president), Kavi Govender (treasurer), Jane Moses, Rob Scott Millar, Andrew Thornton, Ruan Louw, Pro Obel, Human Nieuwenhuis (allied professional), 2 industry representatives (George van der Merwe and Laura Avnit) and of course, Glenda Nichols (CASSA co-ordinator).

A special thanks also to our corporate members and sponsors for their continued support in the current economic climate. They are Medtronic, Vertice, Biosense-Webster, Boston Scientific, Biotronik, Boehringer Ingelheim, Bayer Pharmaceuticals and Inova Pharmaceuticals.

Adele Greyling
President, CASSA

CARDIAC IMAGING SOCIETY OF SOUTH AFRICA (CISSA)

Committee members

Alfonso Pecoraro, Blanche Cupido, Philip Herbst, Anton Doubell, Ruchika Meel, Wayne Lubbe and Ntobeko Ntusi.

Educational activities

- CISSA will host a pre-congress workshop during the 2022 SA Heart® Congress.
- SUNECHO was successfully hosted by Stellenbosch University during April 2022.
- **Upcoming events: New Horizon's** will be hosted in Johannesburg from 17 - 19 November 2022.

Accreditation

We are encouraged by the number of members, in particular cardiac physiologists, that have accredited with international imaging societies. Members who need information or supervision should contract Mr Jan Steyn.

Alfonso Pecoraro
President, CISSA

HEART FAILURE SOCIETY OF SOUTH AFRICA (HeFSSA)

Executive Committee

Martin Mpe (President), Nqoba Tsabedze (Vice-President), Eric Klug (Ex-Officio President), Darryl Smith (Treasurer) and Nash Ranjith (Secretary), Karen Sliwa, Tony Lachman, Jens Hitzeroth, Ntobeko Ntusi, Mpiko Ntsekhe and Pro Obel.

HeFSSA Annual General Meeting

At SA Heart® Congress 2022, the HeFSSA Annual General Meeting (AGM) will see a new leadership been elected and I am grateful for succession plan with Nqoba Tsabedze elected as Vice-President at our last AGM. I will step down as President at this AGM and are looking forward to continuing to support the leadership as ex-Officio President. It has always been a privilege to work with such committed and passionate leaders in the heart failure space.

Monolithic logo

During the HeFSSA AGM (January 2022) it was decided to adopt the monolithic logo as prepared by SA Heart® and will work with SA Heart® to ensure an impactful and professional migration. The HeFSSA migration took place mid-August 2022 with www.hefssa.org been updated to reflect the new logo as well as look and feel.

Educational

Education remains the cornerstone of the Society activities.

Journal Club webinar

SA Heart® and HeFSSA HF Journal Club webinar took place early in February 2022 with Prof Tsabedze as convener.

Nutritional Heart News and Recipes Info Series

Dr Sandra Pretorius's HeFSSA Nutritional Heart News and Recipes Info Series continued with a patient-centric approach for the Winter 2022 Edition. This series continues to be provided in 8 of the official languages (English, Afrikaans, isiZulu, isiXhosa, Sepedi, Sesotho, Xitsonga, and Setswana). For more information, visit <https://www.hefssa.org/static/patients>.

Continued on page 126

ANNUAL REPORTS 2022 continued

Regional GP F2F meetings

Regional GP F2F meetings (case-based discussion) will be offered during Q4 2022 and Q1 2023 (with final virtual programme to conclude the series).

- Management of congestion in heart failure (Prof Eric Klug).
- The fantastic 4 of HFrEF treatment: Tailored approach (Dr Jens Hitzeroth).
- Risk assessment and heart failure prevention (Dr Tony Lachman).
- Heart failure in patients with chronic kidney disease (Prof Ntobeko Ntusi).

Heart Failure Academy for GPs, pharmacists, nurses

Prof Nash Ranjith successfully led the development of the HeFSSA Heart Failure Academy for GPs, pharmacists, nurses and other allied. This is an online self-study course consisting of 5 CPD Accredited Modules with automated MCQ assessment with HeFSSA Certificate of Completion after 5 Modules have been completed. Module 1 to 3 to be launched on 3 September 2022 with Modules 4 and 5 at the end of October 2022.

- **Module 1:** Introduction, epidemiology, definition and causes of heart failure (Prof Nash Ranjith).
- **Module 2:** Diagnosis of heart failure (Dr Martin Mpe).
- **Module 3:** Treatment of heart failure and its complications (Prof Nqoba Tsabedze).
- **Module 4:** Prevention of heart failure both at a primary and secondary level (Dr Tony Lachman).
- **Module 5:** Patient-centeredness - addressing patient priorities for heart failure, quality of life and their engagement in heart failure management (Prof Mpiko Ntsekhe).

Cardio update for Non-Cardiologists workshop at SA Heart® Congress 28 October 2022

- Convened by Prof Eric Klug with topics focussed on general cardiology incl heart failure.
- Offered as part of the Congress Day 1 tracked and allows 200 GPs from Gauteng to attend free of charge.

HeFSSA at SA Heart® Congress end October 2022

- Convened by Prof Nqoba Tsabedze and will see active collaboration with ESC.
- The HeFSSA AGM will also be hosted at the Congress.

Inaugural HeFSSA Cardiologist HF F2F Course 25 and 26 November 2022

- The theme for this course is "Efficacy and outcomes of chronic heart failure treatment and device therapies".
- The academic content was developed by HeFSSA Executive under convenorship of Prof Nqoba Tsabedze to focus on the specialists' needs and includes South African faculty from both private and public sector with international faculty to be invited.
- It includes topics on the latest advances in diagnosis, special investigations, imaging, medical treatment and device therapies from the perspective of the cardiologist with an emphasis on guideline recommended approaches as well as key practical and clinical application of the recommendations. The audience of 70 will primarily be cardiologists, cardiology fellows, and some physicians with a special interest in HF.

Other ongoing areas of focus are:

- **HeFSSA Heart Failure Survey** has been piloted by Dr Thabiso Litelu in the Free State at 3 hospitals with a "Data analysis and lessons learned" presentation expected at SA Heart® Congress 2022. The ethics approved protocol allows for

retrospective data capture in 3 hospitals: National District Hospital (Primary), Pelonomi Hospital (Secondary) and Universitas Academic Hospital (Tertiary). National rollout in 2023 is envisaged if the Proof of Concept is presented at SA Heart® Congress.

- Tony Lachman and Clint Cupido raised the issue of palliative care of the heart failure patient. They will spearhead engagement with the NDOH on development of protocols to guide HCPs on this matter.
- NDOH EDL Committee representation, the opportunity exists to nominate individuals to engage with the NDOH on issues such as EDL as well as evidence-based medicine and best practice.
- HeFFSA and Tony Dalby official engaged with Discovery Health on funding of heart failure treatment and specifically SGLT2 inhibitors. The initial engagement was fruitful and could lead to changes in funding of these molecules (to be confirmed by implementation of actual funding changes). This engagement will become regular with Discovery and opportunity will be extended to other funders such as Medscheme.

Martin Mpe
President, HeFSSA

Nqoba Tsabedze
Vice-President, HeFSSA

INTERVENTIONAL SOCIETY FOR CATHLAB ALLIED PROFESSIONALS (ISCAP)

Executive Committee

Selvan Govindsamy (Chairperson), Waheeda Howell (Past Chairperson), Isabel Bender (Vice Chair Nurses), Human Nieuwenhuis (Vice Chair Technologists) and Sabira Khatieb (Vice Chair Radiographers).

Membership drive

Our initial plan to visit Cath labs and bring awareness is implemented, but this is a slow process. Life Entabeni has agreed to pay for their nursing staff to be members of ISCAP. Capital hospital is also considering the same. I'm planning to meet all the Allies that are going to SA Heart® for further discussions on this matter.

Online modules

We have successfully updated all four online modules that we have on the ISCAP website. It is further envisioned, to add to these modules at a later stage. We plan to include endovascular and neuro radiology modules as these two disciplines are done in a Cath lab. We also plan to include the latest technology, i.e., FFR/IFR/IVUS/Rotablation, Shock wave therapy/OCT to Cardiology Modules.

ISCAP poster

We are planning on an ISCAP poster, to display in each Cath Lab, again to bring awareness. This poster will highlight the benefits of ISCAP, tell the audience what ISCAP is about and give details of EXCO members, should one want to reach out, for any advice or more information. We have asked for funding from SASCI, unfortunately there is no funding at this stage. We will nevertheless continue with a draft of this poster, and approach industry for funding.

Journal Club

We have successfully hosted the Journal Club on behalf of SA Heart®, on the 1 June 2022. This was Chaired by Dr Rob Dyer.

Presentations

Ivabradine in heart failure patients with reduced EF by Naeem Hassen.

STEMI: A case presentation by Ahmed Vachiat.

The uninvited guest: A case presentation by Shaune Rajoo.

Continued on page 128

ANNUAL REPORTS 2022 continued

PACMAN trial: Effect of Alirocumab added to high intensity statin therapy on coronary atherosclerosis in patients with AMI by Ash Naicker.

Tricuspid valve repair in left valvular heart surgery by Farouk Mamdoo. An unusual presentation of a rare disease by Charles Kyriakakis.

This was the first Journal Club hosted by ISCAP, and was a huge success.

SA Heart® Congress 27 - 30 October 2022

We have finalised the ISCAP Programme, finalised the speakers, and have forwarded to Dr Farouk Mamdoo. I have tried to include many ISCAP members to Chair sessions, to create a greater group involvement. This will largely depend on the educational grants.

SANC position paper

This SANC position paper was brought to the attention of ISCAP, as per the criteria for the UM post in a CATH lab. We engaged with SASCI, and resolved this matter, as this would have been precedence in all Cath labs.

Conclusion

The membership drive of ISCAP is ongoing, with the aim of creating awareness and increasing membership. The ISCAP poster will help, with visibility. We also would like to add to the online modules. We have a full and exciting ISCAP session at SA Heart® this year, and anticipate fully attended sessions. We will engage with the conveners, to afford us time to have an ISCAP meeting for all the Allies that are at SA Heart®.

Selvan Govindsamy
Chairperson, ISCAP

LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA (LASSA)

Executive Committee

Prof David Marais (Chairperson), Prof Derick Raal (Secretary), Dr Dee Blackhurst and Prof Dirk Blom. The committee elected before the lockdown period continued to serve the organisation as no elections or general meetings could be held during the constraints of the COVID-19 pandemic.

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains a small organisation with the chief aim of providing a network of clinical and laboratory expertise so that patients with lipid and lipoprotein disorders may receive the best care within the constraints in especially tertiary healthcare in South Africa. This will hopefully ensure that relevant teaching and applied research will be undertaken and eventually also basic science research. It is hoped that through alignment with the greater organisation of SA Heart®, improvements can be made to service, teaching and research in the cardiovascular field of medicine. LASSA also hopes to contribute in other fields such as internal medicine, paediatrics, gastroenterology, neurology and chemical pathology. This report covers the period from August 2021 - August 2022.

Activities

A lipidology course was offered from 7 - 10 October 2021 at the Vineyard Hotel in Newlands, Cape Town. This was attended for face-to-face interaction by 26 persons and an additional 22 persons attended online. The course was highly rated by attendants. The meeting was recorded and was made available at a low cost for persons who wish to become more acquainted with lipidology. The teaching about lipoprotein pathways and its errors was well received in a course in the Netherlands to which Prof Marais contributed. Consideration is being given to provide the LASSA lipidology course at medical schools in South Africa and other venues in Africa by applying for funding from the European Atherosclerosis Society if local funding is not possible.

Proff Raal and Marais remain involved in the European Atherosclerosis Society Familial Hypercholesterolaemia (FH) Study Collaboration. Prof Blom was also involved in the homozygous FH database. Proff Blom and Raal participated in international multicentre studies testing pharmaceutical agents in severe dyslipidaemia.

Prof Marais liaised with the European Atherosclerosis Society and the Egyptian Association of Vascular Biology and Atherosclerosis to promote education in Africa. A virtual meeting took place in January and another successful meeting was held in June. It is encouraging to see the expansion of lipidology in several countries in Africa but infrastructure to document and study disorders remains lacking in Africa and South Africa.

Prof Blom, Marais and Raal contributed to the "Know Your Risk, Treat Your Numbers" campaign to promote awareness of dyslipidaemia and its management. The Heart and Stroke Foundation as well as other members of the SA Heart® also made contributions to this campaign. The roll-out was from September - October and included patient interviews, public lectures and newspaper announcements.

An approach was made to medical schemes to expedite diagnosis and management of severe hypercholesterolaemia but has not borne fruit. A grant was made available to expedite diagnosis of hypercholesterolaemia $>12\text{mmol/L}$ and the hope is that with appropriate proof of these extremely high risk disorders appropriate treatment can be obtained in both the private and state healthcare sectors.

The Medical Research Council met with LASSA committee members to discuss merging databases for a national analysis of atherosclerotic vascular disease. It is clear that none of the lipid clinics in South Africa is adequately supported to capture information that could be used in such a study.

LASSA is conducting a study which aims to define the nature and cause of dyslipoproteinaemias in adolescents and adults in which the total cholesterol exceeds 12mmol/L and the triglyceride concentration is below 5mmol/L . The reason for focusing on this very high risk group is that combination statin and ezetimibe therapy will in most cases fail to achieve the target LDLC of $<5\text{mmol/L}$. This is a group in which monoclonal antibodies to PCSK9 could be lifesaving but the differential diagnosis includes some disorders which will not respond to these agents.

A newsletter was sent to members of the organisation in January, May and again in August. The latter used the new logo.

Achievements

Prof Dirk Blom was voted onto the International Atherosclerosis Society board as president-elect.

Prof Derick Raal was assigned an A rating by the National Research Foundation. This is an enormous achievement as his appointment is primarily to render endocrinology and internal medicine service.

Challenges

The LASSA committee remains concerned about the difficulties in developing the emerging discipline of lipidology in South Africa. It is essential that at least a few specialists dedicate their careers to the discipline and, given our limited resources, that they should have a broad and excellent foundation to serve a country of 60 million people. It is not possible to attract recent graduates into such a career owing to declining support for and fragmentation of responsibilities in the teaching hospitals. This applies to medical practitioners and scientists. There are few knowledgeable and experienced clinicians and scientists in lipidology. Clinics and a special laboratory dedicated to lipidology are required to serve both public and private sector patients and would not only ensure best healthcare for citizens with severe disorders but would also attract interested professionals. There is serious concern about succession in lipidology because several members of LASSA are about to retire. This will result in a loss of service, teaching, research and translation of new developments to in diagnosis and management of severe dyslipidaemias and other lipid disorders to patients in South Africa. In the interim financial support is required to sustain what we have but the long term solution requires serious and coordinated planning in many structures governing healthcare in this country. At the last stakeholder meeting it was resolved that this issue would be discussed on 1 October with the department of health meeting at which SA Heart® will be present.

David Marais
Chairperson, LASSA

ANNUAL REPORTS 2022 continued

PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA (PCSSA)

It is a great pleasure to report on the activities of the PCSSA over the past year. Although we are a small special interest group of SA Heart®, we represent a large portion of South Africa's population. When you consider that 1 in every 500 children will be born with a cardiac defect, the number of children that will need our care, intervention and advocacy can be fully appreciated.

Executive Committee

A new Executive of the PCSSA as elected by its members in November 2021. The new members are as follows:

Lindy Mitchell (President), Mamaila Lebea (Secretary), Jayneel Joshi (Treasurer), Darshan Reddy (Surgery, Private Sector), John Lawrenson (Education, Ethics), Ebrahim Hoosen (Public Sector) and Hopewell Ntsinjana (Ex-President).

We look forward to tackling this new term and facing the challenges of providing comprehensive, quality care to all children suffering from cardiac disease and defects in South Africa.

Financial Statements (31 March 2022)

The PCSSA is still in a good financial position. Our Treasurer of many years, Prof Stephen Brown, has handed over the reins to Dr Jayneel Joshi. We were very sorry to lose Prof Brown from this position, as he has run the finances of the society for many years in an exemplary fashion. We thank him for his years of dedicated service and guardianship. Our income is derived from the small amount of membership fees, as well as an Allan Grey investment account based on the profits of the WCC 2013. Our expenses for the last year were smaller than usual. Due to the fact that the 2021 SA Heart® Congress was held virtually, we did not have any sponsorship costs for members or nurses to attend. In addition, no Travel grants were allocated, as overseas travel to congresses has still been limited.

Academics

SA Heart® Congress 2021

After the cancellation of the SA Heart® Congress in 2020 due to Coronavirus constraints, we were all happy to attend the 2021 Congress albeit virtually. Our thanks go to Prof John Lawrenson, Dr Barend Fourie, and Dr Mamaila Lebea for putting together such a strong Paediatric Cardiology track for this congress. A wide number of topics were covered, with special emphasis on the management of Pulmonary Atresia. We all benefited from the expertise of the local and international invited faculty. On the last day, we enjoyed the Fellow quiz challenge, which led to a lot of collaboration and good laughs.

SA Heart® Congress 2022

After an absence of in-person congresses for the last 2 years, due to the COVID-19 pandemic, we are looking forward to this year's SA Heart® Congress. The Scientific Programme is in the capable hands of the KwaZulu-Natal unit – led by Ebrahim Hoosen and Darshan Reddy. As usual, the PCSSA will be responsible for an entire track at this year's congress – focussed on the interventional and surgical management of cardiac defects in children. A wide spread of important interventional and surgical aspects will be covered during the congress, with delegates benefiting from the input of local and international experts. In addition to our full parallel programme, PCSSA speakers will also deliver lectures in the plenaries.

SA Paediatric Association Congress 2021

The SAPA congress 2021 was organised by the team of University of Pretoria, with our own Dr Jayneel Joshi, heading up the scientific committee. The PCSSA again contributed at this meeting to raise awareness of cardiac disease in children, and to train our Paediatric colleagues in important skills in managing these defects. We always encourage non-cardiologists to join our society, to encourage in particular pulse-oximetry screening in their local and particularly private practices, and to raise the profile of the PCSSA. There has always been great interest from general paediatricians for further cardiology teaching and we will explore new ways of doing this in the following year.

Congratulations

We welcomed 5 new Paediatric Cardiologists to our number in the last year. They faced the challenge of completing their examinations solely on-line, with typed CMSA examinations and Zoom panel orals. Congratulations to them all for completing their fellowships so successfully – we look forward to seeing what new insights and innovations you can bring to our field. We also welcome our new fellows around the country; work hard and make us proud. The PCSSA has brought in the Dr Gina Dumani medal for outstanding achievement by a Fellow in Paediatric Cardiology CMSA examinations. Candidates who achieve their degree with an average above 80% will be awarded this award.

Challenges

Inadequate number of trained Paediatric Cardiologists and Congenital Cardiothoracic surgeons

The current number of Paediatric Cardiologists and congenital Cardiothoracic surgeons in South Africa, is woefully insufficient to meet the great demand for this service. It has been estimated that with a disease rate of 1 in every 500 births, there should be at least one Paediatric Cardiologist for every 500 000 population. In South Africa, with a population of 60 million, we should therefore have at least 120 qualified Paediatric Cardiologists to adequately diagnose, manage and follow up children with cardiac disease and defects - currently, we have only 45. The situation with Cardiothoracic surgeons who are trained in congenital cardiac surgery, is even more dismal. For our current population, we should have at least 60 fully trained, experienced congenital cardiac surgeons to operate the often- complex defects we see – currently we have only 12. This is simply not enough to operate all the children who need surgical intervention, and the waiting lists for these surgeries just become longer and longer.

No Paediatric Cardiology or Congenital Cardiac surgery services in 3 of the 9 provinces in South Africa

The existing Paediatric Cardiac units, small in number as they are, are by necessity placed in central, large areas: Pretoria, Johannesburg, Bloemfontein, Durban, Port Elizabeth and Cape Town. There are no Paediatric Cardiac services in most of Limpopo, Mpumalanga, North West and Northern Cape provinces. Patients therefore need to travel vast distances, over long hours, in order to see a Paediatric Cardiologist. New units must be funded and developed by these provinces in order to serve their provinces' needs. The availability of surgical care and ICU beds is even more restricted. Currently, surgery for congenital cardiac defects is only offered in Pretoria, Johannesburg, Durban, Bloemfontein and Cape Town.

Insufficient dedicated training posts

To remedy the shortage of trained Paediatric Cardiologists and Congenital Cardiothoracic surgeons, an intensive training programme must be started at as many units as possible, spread widely throughout South Africa. Unfortunately, the number of salaried training posts is a problem. Many units have the capacity to train more specialists, but no salary to pay the Fellows while they train. There are currently only 3 salaried Training posts in all the 7 training units across the whole of South Africa. Provincial governments again need to make the provision of salaried training posts a priority to serve the need in their provinces.

UNIT	REGION/S SERVED	PAEDIATRIC CARDIOLOGISTS	CONGENITAL CARDIOTHORACIC SURGEONS	SALARIED TRAINING POSTS	AVAILABLE TRAINING NUMBERS
Red Cross / Tygerberg (Cape Town)	Western Cape Northern Cape	4 qualified 1 empty post 3 trainees (1 self-funded)	1 full-time qualified 1 semi-retired 1 trainee	2	3
Baragwanath / CMH (Johannesburg)	South Gauteng North West	7 qualified 3 self-funded trainees	None	None	9 (6 empty)
Nelson Mandela CH (Johannesburg)	Gauteng Limpopo	2 qualified 0 trainees	2 qualified	None	2 (2 empty)
King Albert Luthuli (Durban)	KwaZulu-Natal	3 qualified 2 self-funded trainees	1 full-time qualified 1 part-time qualified	None	4 (2 empty)
Universitas (Bloemfontein)	Free State	3 qualified 1 trainee	2 qualified 2 trainees	1	3 (2 empty)
Dora Ngizwa (Port Elizabeth / Umtata)	Eastern Cape	3 qualified 1 Umtata-funded trainee	None (1 in private: part-time)	None	2 (1 empty)
Steve Biko (Pretoria)	North Gauteng Mpumalanga Limpopo North West	3 qualified 1 self-funded trainee	1 semi-retired 1 part-time 1 trainee	None	3 (2 empty)

Continued on page 132

ANNUAL REPORTS 2022 continued

The situation is dire and needs urgent attention at a provincial and national level. Congenital Cardiothoracic surgeons especially are an extremely scarce resource and funding needs to be allocated to make up this deficit. As one HOD said: "Many units are only one motor bike or car accident away from having NO surgical service".

The year ahead

Several legacy projects were initiated after the World congress in 2013 and are still ongoing.

These include:

- **PCSSA Website and information portal** – including a platform for families of children with cardiac disease.
- **Pedheart resource** – where information about common cardiac conditions has been translated into a number of local languages, in order to better counsel patients and their families about their heart problems.
- **Pulse-oximetry screening programmes** – a number of units have introduced pulse oximetry screening as standard of care in their neonatal areas. This is aimed at the early recognition and timeous management of children with congenital heart defects.
- **Research fund** – stimulate research and publications
- **Travel grants** – SCAI workshops annually to increase local skills

My thanks to all the members of the PCSSA for their hard work in caring for children with cardiac disease and defects in our country. Keep well and stay healthy.

Lindy Mitchell
President, PCSSA

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart® Association, was created in October 2009.

Executive Committee

Prof Neil Davies (Chairperson), Dr Gerald Maarman (Secretary), Dr Rabia Johnson, Prof Frederic Michel, Dr Balindiwe Sisi and Mr Gideon Burger.

Conferences

SASCAR once again hosted the 5th EU/SA Cardiovascular Research Workshop. This time at the University of Cape Town's Faculty of Health Sciences on 25 May 2022. The Chris Barnard lecture theatre was packed for a day of interesting talks by participants from University College London, University of Cape Town, Stellenbosch University and the SA Medical Research Council. We look forward to the bi-annual follow up that will again be successfully organised by Prof Sandrine Lecour.

SASCAR will have a themed session "Phyto-medicine for cardiometabolic health" and a basis abstract session at the 2022 SA Heart® Conference.

Journal club

SASCAR presented a SA Heart® Journal Club online in May 2022. Topics that varied from renin-angiotensin system inhibitors and COVID-19 complications through cardiac tissue regeneration to pulmonary arterial hypertension were presented by Neil Davies, Rabia Johnson and Gerald Maarman. The journal club was well attended and received.

Workshops

Two workshops for graduate students are planned for the second half of 2022.

Neil Davies
Chairperson, SASCAR

SASCI / PPC / ISCAP / STEMI SA

After a challenging 2021 for SASCI and our members, we were looking forward to a return to normal in 2022. However, this new normal has called for adapting to a hybrid world, particularly for one key activity: Education. We are also facing increasing pressure to ensure sustainability for our colleagues within the private sector from funders and the spectre of the NHI proposals.

Executive Committee

I would like to thank the new SASCI Executive Committee elected at the SASCI AGM 2021 for their willingness to contribute and ongoing guidance. The SASCI Leadership team is Hellmuth Weich (President), Dave Kettles (Ex-Officio President), Sajidah Khan (Vice-President), Cobus Badenhorst (Treasurer), Graham Cassel (Secretary), Ahmed Vachiat (STEMI SA), Chevaan Hendrickse (SASCI PPC), Chris Zambakides, Jean Vorster, J.P. Theron, Shaheen Pandie, Jens Hitzeroth, Farai Dube, Arthur Mutyaba and Selvan Govinsamy (ISCAP). Jean Vorster stepped down as Private Practice Committee Chair following many years of serving our community in this role and we welcome Chevaan Hendrickse as PPC Chairperson.

We have continued to support the ongoing education of our experienced cardiologists and cardiologists in training. The 18th Annual Fellows Workshop, continue to take place as a successful face-to-face meeting was augmented by a webinar series, Fellows Summit, in partnership with Mayo Clinic Rochester. For our experienced members in private practice, several webinars in early 2022 addressed both clinical issues and related funding (CAD Programme and IVL). Jens Hitzeroth spearheads a much-needed update of our TAVI Guidelines, with publication expected in the next few months.

Congratulations to everybody involved for making the most of the situation and rising to the occasion. George Nel and his team deserve a special mention here – well done, and thank you. Special thanks also to the invaluable help received from Tom Mabin as CCC (chief cardiology consultant), Karen van der Westhuizen (coding champion) and Elsabe Klink (our legal guru).

Some ongoing key issues

Medico-Legal: SASCI guides issues relating to funding, member complaints of funders, member licensing and other medical-legal matters. Through the very able office of our legal counsel, Elsabe Klink, we are provided constant input on all the relevant legislation issued by DOH and government (which may impact our practices and may otherwise go unnoticed and unattended to).

National health insurance: The Department of Health is actively engaged in developing a framework for the proposed NHI. SASCI compiled numerous submissions and ongoing sought input from SA Heart®. We must continue to respond promptly and submit advice and opinions to NDOH regarding the practice of cardiovascular medicine in South Africa. We are particularly vulnerable to the prevailing mentality amongst the architects of NHI, which is best described as Luddite. We must maintain active participation in this field to ensure that our interests are considered.

Funder engagement: SASCI maintains active and productive engagement with private sector funders. With NHI looming, collaboration with funders is often needed and mutually beneficial. Through such engagement, SASCI played a constructive advisory role in funding new technologies such as IVL, RDN, and TAVI and advised on a Discovery Health initiative offering CTCA as part of an alternative cost-effective protocol for assessing low- and intermediate-risk patients with chest pain. In addition, SASCI continued to promote appropriate clinical coding. In redeveloping the outdated system, we are ultimately working towards an updated cardiology coding crosswalk (to CPT) that will allow practitioners to accurately reflect activities and be remunerated accordingly. The development of global fees will be part of this new paradigm.

Early in 2022 the SASCI Executive exercised considerable time on 2 important internal issues:

SASCI logo

The first was to consider adopting the proposed SA Heart® monolithic logo approach or remaining with the current SASCI logo. As a fully independent legal entity, the choice was to keep our logo, as it is associated with a recognisable brand that has bolstered trust in members, industry, and funders for over almost 20 years. However, our activities and all communications acknowledge our intrinsic attachment to SA Heart® in all matters of the cardiology community.

Continued on page 134

ANNUAL REPORTS 2022 continued

Membership fees

The second item addressed by the Executive was that of the membership fees. The increasing role of SASCI in safeguarding members' financial and academic interests has resulted in increased financial pressure on the Society. At the AGM 2021, members gave the SASCI Executive a mandate to consider a substantial increase in the current annual fee. Historically, our membership fees were increased in alignment with inflation and set at a level to indicate tacit support for SASCI's mandate but in monetary terms is only a token payment. Fees were so low that it failed in making a substantial financial contribution to day-to-day operations. During COVID-19 times, our funding model of offering sponsored educational events and activities with 10% retained income came under pressure. This coincided with increased non-educational societal activities requiring specialised resources. This includes coding, funder engagements, legal opinion, and submission on various aspects from NHI, Competition Act, HPCSA, CMS, NDOH, etc.

The annual membership fee for 2022 has, following much deliberation, been set at R3 000 for Full Members in Private Practice (cardiologists), R1 470 for Full Members in Academic / Public Sector (cardiologists), Other Doctor Full Members including Cardiology Fellows R750 and Associate Members (Allied Professionals under banner of ISCAP) R220 (all fees include VAT). The Executive believes this will raise some of the funding needed to cover some of the specialised Society services without unduly impacting individual members financially. A major concern is that the introduction of the new SA Heart® online membership platform has been delayed and that 2022 invoices have not been issued. This currently represents a material risk to our membership income for 2022.

I would also like to thank our corporate industry partners for their continued and unwavering support. Your professional and financial contribution is applauded. The following companies are recognised: Ascendis, Baroque, Biotronik, Boehringer Ingelheim, Boston, Disa, Edwards, Ethicare, GE, Merit Medical, Medtronic, Novartis, Pharma Dynamics, Siemens, Terumo, Teleflex, and Vertice Medtech.

The following noteworthy activities took place or will still take place:

Educational initiatives continue to be a cornerstone activity for the Society. Calendars are filled with webinars that have become the new normal for education events and meetings, and the unintended consequence of "webinar fatigue" is difficult to avoid. SASCI is, however, focused on providing continuous education to the cardiology community through interesting and worthwhile topics. This format allows for extended reach of audiences and expert faculty internationally. The highlights of our educational initiatives are:

- **SASCI Non-invasive Diagnostic and Discovery CAD Programme webinar** on 10 February 2022. Faculty: Tom Mabin, Tsungai Chipamaunga, Pieter Rossouw, André du Plessis, Charles Kyriakakis, Botho Mhozya (Discovery Health), with 200 attendees.
- **SASCI Innovations in Calcium Management webinar** on 24 February 2022. Faculty: Farrel Hellig, Adie Horak, Pieter van Wyk, James Spratt (London), with 207 attendees.
- **ISCAP webinar: Stroke Patient Journey and Stroke Management** on 12 March 2022. Faculty: Selvan Govindsamy, Mark Abelson, Jacqui Prim, Kerry Moir, with 300+ attendees.
- **The Cardio Fellows Summit webinar series:** Case discussion webinar, 28 March 2022. Faculty: Vaishak Vinod, Jacques Doubell, Amima Sundas, Hellmuth Weich, Sajidah Khan with 35 attendees and excellent audience-panel interaction.
- **The Cardio Fellows Summit webinar series:** Case discussion webinar, 9 May 2022. Case presenters: Priya Parbhoo and Jason September, Panel Zesiswe Ngubane with Conveners Hellmuth Weich and Sajidah Khan (50 attendees and excellent audience-panel interaction).
- **SASCI-Mayo Fellows Summit webinar** (20 June) with 70 delegates "Intracoronary Imaging: Plaque Characterisation, OCT, IVUS". Fellow case presenter and panelists: Siyo Sibeko, Lifa Dhlamini and Farai Sigauke
- **SASCI-Mayo Fellows Summit webinar** (12 August) embedded within Annual SASCI Fellows Workshop "Intracoronary Physiology: FFR, iFR, and CFR" with case presented by Siyo Sibeko and virtually facilitated by Greg Barsness and David Holmes with Hellmuth Weich in room.

- **Local VPP** see a South African-based senior interventional cardiologist travelling to academic units for a few days of proctorship and preceptorship. Dr Adie Horak continued to travel various academic units during 2022.
- **RC Fraser International Fellowship:** 1 month at Prof Simon Redwood at Guy's and St Thomas' Hospital, London. This year we caught up post-COVID-19 with 3 recipients travelling: George Harris (March), Kariem Hassan (April) and Zimasa Jama (September).
- **SASCI Visiting Professor Programme 2022:** Prof David Holmes, Mayo Rochester, USA, arrived on 9 May, but his tenure was tragically cut short after spending only 2 of the intended 8 weeks in South Africa. He did visit Pretoria and Baragwanath and the feedback from both units visited were exceptionally positive and grateful for the opportunity afforded to them.
- **SASCI VPP 2022 evening lectures were hosted with SA Heart® branches.** The much-awaited evening lecture series continued as hybrid following Prof Holmes's return to the USA.
 - 10 May: SASCI and SA Heart® Pretoria Branch (40 attended) as F2F.
 - 26 May: SASCI and SA Heart® Johannesburg Branch (35 attended), recorded presentation at F2F.
 - 15 June: SASCI and SA Heart® Western Cape Branch (65 attendees), virtual presentation at F2F.
 - 23 June: SASCI and SA Heart® KwaZulu-Natal Branch (50 attendees), virtual presentation at F2F.
 - The recorded lecture is available on the SASCI website, "Left main coronary artery disease: When and How, for What?"
- **For the SASCI VPP 2023:** Prof Thierry Lefevre from France has provisionally been confirmed for September and October 2023.
- **EuroPCR 2022, May 2022:** SASCI STEMI Complication Session with Korea and Pakistan.
- **International ECC Congress:** SASCI virtual hub on 23 June (16h30 - 18h00). ECC 2022 saw more than 500 delegates attend in person and virtually.
- **The 18th Annual SASCI Fellows Workshop** was hosted on 12 - 13 August 2022 in Cape Town and was well attend by 46 fellows and cardiologists. The fellows attended from all units with a good cross-section between 1, 2 and 3 years of study. The extensive faculty is thanked for their personal investment to upskill our incumbent cardiologists and noted with appreciation are Jean Vorster, Brad Griffiths, Chevaan Hendrickse, Hellmuth Weich, Menachem Levin, Charles Kyriakakis, Sajidah Khan, Richard Nethononda, Farouk Mamdoo, Adrian Horak, Jens Hitzeroth, Mark Abelson, and Ahmed Vachiat. The case-based presentation format of the programme saw numerous fellows from different units present and lively discussions ensued. The SASCI Mayo Summit webinar was embedded within the Fellows Programme and added an international albeit virtual flavour to the programme with Prof Bernard Gersh rounding off day 1 academics with a well-received presentation.
- **SA Heart® Congress 2022** (end October): SASCI with Jens Hitzeroth as Convener will be involved in numerous parts of the programme. There are 2 sessions that cover mitral and aortic valve disease where some of our members will contribute their expertise. The dedicated SASCI session (29 October, 14h00 - 17h00) covers coronary artery disease. This includes a debate on CABG vs. PCI in multivessel disease, updates on CTO intervention and techniques to deal with calcified lesions. There are also presentations FFR/iFR and intracoronary imaging OCT/IVUS. An informative talk on the current state of the STEMI-SA registry is also scheduled.
- **SCAI Fall Fellows Course**, Miami, Florida, United States of America (USA) from 2 - 6 December 2022: Following 2 years of virtual training, SCAI once again offered to support fellows from South Africa to attend this premier fellows-only course in the USA. The recipients for 2022 are Jacques Liebenberg, Vaishak Vinod and Mahmoud Al-Naili.

STEMI SA Update: Ahmed Vachiat

The aim of STEMI SA is to educate, improve networks and facilitate early reperfusion therapy of patients with ST Elevation myocardial infarction in South Africa. This initiative is a national programme, under SASCI, with clear goals and timelines.

ANNUAL REPORTS 2022 continued

We have a well-balanced group from both the public and private sectors, who are young and more experienced, as well as incorporating those individuals who have been instrumental in setting up STEMI SA.

STEMI SA Committee

The STEMI SA Committee is Ahmed Vachiat (Chairperson), Adriaan Snyders (Ex-officio Chairperson), Dave Kettles, Alfonso Pecoraro (Research), Martin Mpe, Len Steingo, Arthur Mutyaba, Sajidah Khan, Jens Hitzeroth, Rhena Delpont, Hellmuth Weich, Shaheen Pandie, J Vorster, Don Zacharia and Khulile Moeketsi.

Research

The main focus for 2022 has been on research with capture +300 patients at predominantly Tygerberg Hospital as well as St. Dominic's and Milpark Hospitals. This process led to intensive reviews of data and detailed feedback to STEMI India software group to make the software suitable for South Africa. STEMI SA software has now received final approval to be rolled out to more sites with Groote Schuur to next in line. The first data review will be presented at SA Heart® Congress 2022 with wider rollout to follow.

FMC education and awareness will be a major focus going forward but especially from early 2023 with regional STEMI champions leading this drive for their respective hospital hub and spokes.

SASCI Private Practice: Legal, Regulatory and Funder update

New Chairperson

SASCI PPC, now under new Chairperson Chevaan Hendrickse, benefits from consistent and substantial effort from Tom Mabin (as consultant) and Karen van der Westhuizen (coding expert) with ongoing support from Elsabe Klink Associates (legal) and George Nel (management).

The following formal submission, opinions and responses have been issued the past year:

- SASCI submission to support South African Law Reform Commission (February).
- SASCI submission to CMS:
 - SASCI formally approach CMS to issue an official Regulator Circular on TAVI as PMB.
 - Submitted appeal against proposed CMS Centralised HTA (May).
- SASCI submission to Competition Commission:
 - Objected to BHF (medical funders) exemption application (June).
 - Objected to "any piece meal" exemption for IPAF (GP network, July).
- SASCI submission to NDOH:
 - Essential Medicine List (July) supported SA Heart® to update list and submit to NDOH.
- SASCI submission to HPCSA on proposed Ethics rule changes (August)
- Elsabe Klink monthly Law and Policy update.

All SASCI submissions can be accessed at <http://www.sasci.co.za/content/page/sasci-guidelines>.

Cardiology coding

Establishing and maintaining a constructive and user friendly coding system for private practitioners in South Africa remains an essential function of SASCI. To this end, a Coding Think Tank team has been created and led by Karen van der Westhuizen (technical) and Tom Mabin (clinical), with J.P. Theron, Hellmuth Weich, Ahmed Vachiat, Chevaan Hendrickse, Farai Dube, Nachie Levin, David Jankelow (SA Heart®), Andrew Thornton (EP) and Adele Greyling (EP).

Coding projects

- SASCI Coding Basket: RDN
 - I 300 not accepted and no current CPT equivalent.
 - Appropriate coding combination was agreed upon with Society, SAMA, and Discovery.
- SASCI Coding Crosswalk
 - Cardiology CPT Crosswalk in essence completed.
 - Engaging with other stakeholders:
 - CASSA (CPT chapter billing rules to be reviewed by CASSA, very specialised).
 - Working on paediatric coding with paediatric cardiologists.
 - SASSA (will consider cardiology code changes when finalised).
 - SAMA will liaise with other specialities.
 - Extend coding engagement with Discovery (and Medscheme) will culminate in cost modelling in 2023 and funding implementation (2024 or 2025).
 - Implementation strategy and rollout:
 - SASCI member notification and engagement (late 2022 onwards).
 - SAMA submission early 2023.
 - Training during 2023 (with SAMA).
 - Publication of new codes 2024 (cost analysis be favourable to all parties).
- SASCI Coding Handbook: Living document
 - Promoting the most appropriate clinical coding, utilising an outdated system.
 - RDN Coding Basket developed using current available codes and rules (with appropriate RVU).
 - Develop global codes “based” on CPT descriptions.
- Ad hoc coding queries

SASCI and funders collaboration (spearheaded by Tom Mabin)

- Discovery
 - Revised CAD programme has been rolled out to members and non-members - episode fee to CAD programme cardiologist, with low- and medium-risk patient funded for 1st line CTCA.
 - Tom Mabin has been involved in CAD development for SASCI and is available to provide additional clinical guidance to SASCI members wishing to enrol with this programme.
 - MICRA - opinion developed with CASSA (and submitted).
 - Hospital Assessment Index (with David Jankelow for SA Heart®) – ongoing.
- Medscheme
 - Medscheme does not fund cases being proctored (such as TAVI, RDN, etc.) – Hellmuth Weich in ongoing discussions with Wayne Riback from Medscheme.
 - CTCA Project has been piloted with Dave Kettles and few others. Under consideration by SASCI.
 - Evidence underpinning Funding Protocols reviewed by individual member experts and PPC committee members.
 - Wireless pulmonary artery haemodynamic monitor.
 - Percutaneous transcatheter closure of prosthetic aorta or mitral paravalvular leaks.
 - Intravascular lithotripsy for calcified coronary arteries.
 - Transcatheter mitral valve implantation (TMVI).
 - Renal denervation.

Continued on page 138

ANNUAL REPORTS 2022 continued

- SASCI to provide evidence-based guidance to medical funders, but this doesn't always translate to "logical" funding decisions. We must and will keep on engaging with them.

Karen van der Westhuizen and Tom Mabin are available to guide members on issues pertaining to coding and funders interpretation thereof. Please send queries to George Nel at sasci@sasci.co.za.

I would like to congratulate and thank everybody involved for your hard work and especially George Nel and his team for running a very tight ship so smoothly. There are many challenges ahead but also many more exciting prospects that make me excited about the year ahead of us.

Hellmuth Weich
President, SASCI

SASCI RC FRASER INTERNATIONAL FELLOWSHIP PROGRAMME

I was granted the opportunity to visit St. Thomas Hospital as part of Prof Redwood's group in the Cathlab for the month of March 2022. It was really a great and inspiring experience. The doctors working there were friendly and down-to-earth.

I saw a large number of TAVI's in the month I was there. I was fortunate to stand in during an implantation of a mitral valve end-to-end repair device, as well as one for the tricuspid valve. Complex CTO cases were also done on a regular basis. Some Operators made quite a lot of use of IVUS and OCT.

The strong research environment was evident. It reminded me of how competitive the international environment is, and how much harder many of those doctors must work to get the same opportunities we are given in South Africa.

It was also an opportunity to make new friends. It was very stimulating hearing about the different research projects as well as the projects that had already been done. I was also able to attend the multidisciplinary meetings, which were very thorough.

I would like to thank Professor Redwood, St. Thomas Hospital, SASCI and the sponsor Boston Scientific for the great educational experience.

George Harris

BRANCH REPORTS

JOHANNESBURG BRANCH

Branch committee

Ahmed Vachiat, Mamaila Lebea, Rob Leibbrandt, David Jankelow, Farouk Mamdoo, Ruchika Meel, Pravin Manga, Riaz Dawood, Nqoba Tsabedze, Richard Nethononda, Antoinette Cilliers, Don Zachariah and Ricardo Goncalves.

A Zoom Executive meeting took place on 19 September 2022 where we discussed the 2022 calendar of SA Heart® events, Journal Club, the SA Heart® Congress and the SASCI visiting professor lecture. This lecture was hosted in Sandton where Left Main disease was discussed by Prof Holmes virtually.

Various members on the Johannesburg SA Heart® Executive were involved in the planning of the SA Heart® Annual Congress which is taking place at the end of October and we look forward to seeing fellow colleagues after a prolonged period.

Ahmed Vachiat

President, Johannesburg Branch

KWAZULU-NATAL BRANCH

The Branch hosted the SA Heart® Journal Club in November 2021, chaired by Dr Rohan Lutchman.

A successful live joint SASCI / SA Heart® KwaZulu-Natal Branch meeting was held on 23 June 2022 on "Left Main Coronary Disease", presented virtually by Dr David Holmes of the Mayo Clinic, the visiting SASCI Professor, who had been forced to return home prematurely. The meeting was well attended and thoroughly enjoyed, being the first live meeting held by the Branch since 15 March 2020, which was the exact day on which the national State of Disaster was declared and the COVID-19 pandemic struck home.

A successful online Branch election had been held in the week prior to this meeting, resulting in the successful election of a new KwaZulu-Natal Branch committee, the members of which are:

Branch committee

Dr Rohan Lutchman (President) and Dr Andrew Asherson (Treasurer). Members: Drs Darshan Reddy, Sphamandla Griffiths Zulu, Himal Dama, Andiswa Nzimela and Pumeshen Bisetty, from whom the group will decide on the Branch secretary.

Rohan Lutchman

President, KwaZulu-Natal Branch

PRETORIA BRANCH

Our focus to serve the educational needs of our Branch members (Cardiologists, Fellows, Allies, EP and Surgeons) has been curtailed by the COVID-19 pandemic and lockdown preventing face-to-face meetings.

We have returned to our face-to-face schedule in 2022 with the first meeting having taken place on 10 May 2022 with Prof David Holmes from the United States of America as the faculty (with SASCI). The meeting was well attended by approximately 50 delegates.

A second face-to-face meeting was scheduled for the 21 September 2022 with an Ethics lecture on Informed Consent and Clinical lecture on Radiation Safety. Members will actively contribute during the annual SA Heart® Congress 2022 (end October) and we hope that a 3rd face-to-face branch meeting will still be possible towards year end.

The Branch plans a further 3 face-to-face meetings for the remainder of the year with support from Pharma Dynamics.

Iftikhar Ebrahim

Chairperson, Pretoria Branch

Continued on page 140

ANNUAL REPORTS 2022

WESTERN CAPE BRANCH

Branch committee

Committee members: Chair: Dr M.C. Hendrickse, Deputy: Dr G. Comitis, Treasurer: Dr L. Joubert.

Executive Committee Members: Prof M. Ntsekhe, Dr B. Fourie, Prof A. Doubell, Prof J. Lawrenson, Dr B. Cupido, N. Da Silva.

The Western Cape Branch has been relatively active over the last year. The year commenced with an informative academic meeting featuring case presentations dedicated to the topic of myocarditis.

In July, Prof Holmes provided an excellent synopsis of management relating to left main coronary disease. The event was held at the beautiful Crystal Towers Hotel in Century City and was a collaborative effort between SASCI and the SA Heart® Branch.

On 16 August 2022, a Branch academic meeting was held at Tygerberg Hospital. The focus of the meeting was “structural cardiac intervention” and ended with an introductory session on MITRACLIP presented by Dr H. Weich and Dr J. Hitzeroth. This was a small meeting and served as a pilot meeting for larger sessions planned pertaining to MITRACLIP intervention (collaborative effort between GSH and TBH).

For the future we endeavour to increase frequency of meetings and Branch activity. We are looking to collaborate with student societies to foster greater interest in cardiology and heart diseases. In the public domain we are investigating a Community / City fun run. This will require the input of various stakeholders including the City and various regulatory bodies and forms an excellent initiative for intersectoral collaboration.

Chevaan Hendrickse
President, Western Cape Branch

WEBSITE LINKS

SA Heart®	www.saheart.org
CASSA	www.cassa.co.za
HeFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (Research)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
World Heart	www.world-heart-federation.org



INTRODUCING THE NEW INCOMING PRESIDENT SA HEART®: PROFESSOR ERIC KLUG

It gives me great pleasure to introduce to you Professor Eric Klug will take over the reins of SA Heart® as President at the AGM in October 2022.

Professor Klug is a cardiologist in private practice at Sunninghill Hospital in Johannesburg. He is also an associate professor of Cardiology at the University of the Witwatersrand where is the Head of the Heart Failure Clinic. He has a special interest in heart failure, structural heart disease, preventative cardiovascular medicine and geriatric cardiology.

Professor Klug is no stranger to the cardiovascular community and SA Heart®. He has been integrally involved, at all levels, in many areas of SA Heart® over the last 2 decades. Eric has been remained very involved with educational activities of teaching and learning, is heavily involved with research, and an integral member of many advisory boards.

He has been involved with the Heart Failure Society of South Africa (HeFFSA) since its inception and served as President for HeFFSA from 2011 - 2016. In 2010 - 2012 he served as Vice-president for SA Heart®. He has served on numerous standing committees of SA Heart®, has led the Congress Scientific Committee prior and most recently successfully headed up the Ethics and Guidelines Committee of 2020 - 2022, with a number of good papers emanating from this group.

Eric is married and has 3 children, including twin daughters.



Eric Klug

He is an avid tennis player and regrettably, a staunch Arsenal supporter!

I wish Eric all the best with his new role and I have no doubt that he'll be able to steer this ship effectively, and to greater realms.

All the best to you, Eric.

Blanche Cupido
Outgoing SA Heart® President



SA HEART® ANNUAL GENERAL MEETING

All members are invited to the
SA HEART® AGM

Starting at 17h15
On Saturday, 29 October 2022
Bill Gallagher Room, Sandton Convention Centre, Johannesburg.

Members that cannot join in person are invited to join the AGM via Zoom.
The registration link has been emailed.



INTRODUCING TAMARA CHETTY

SA Heart® is pleased to welcome Tamara Chetty as the Industry Representative.

Tamara is a qualified pharmacist with 9 years' experience in the pharma industry, 6 of which have been spent in the commercial space. She started at GSK as a Regulatory Affairs pharmacist for the southern Africa region in 2011, before transitioning into commercial as a brand manager in 2014 for the Respiratory and Allergy Portfolio in the southern Africa region.

In 2018, she joined Aspen Pharmacare where she successfully re-launched the Avamys Brand to South African HCPs. She recently joined Pfizer in September 2020, as a country brand lead for cardiovascular, rare disease and men's health, specifically focusing on Eliquis in the CV space. She has an interest in digital marketing and how we can improve our customer experience with brands utilising an omnichannel approach.

Tamara has completed a Management Advancement Programme through Wits Business School and has a Masters in Health Economics and Pharmacoeconomics through UPF



Tamara Chetty

(Spain). She is a perpetual student and recently completed a beginner's course in Portuguese. Her other interests include hiking and going on regular outings with her new canine family member.

SNIPPETS



LASSA
LIPID AND ATHEROSCLEROSIS SOCIETY
OF SOUTHERN AFRICA
A SPECIAL INTEREST GROUP OF SA HEART®

Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains concerned about the impact of the coronavirus pandemic on the diagnosis and management of dyslipidaemia. The lockdown has restricted access to medical practitioners and especially affected lipid clinic services at teaching hospital because the staff, not being fully committed to lipidology at the best of times, were diverted to other tasks.

The easing of restrictions made it possible to provide a lipidology course (08 - 10 October) which was attended by about 40 people, about half signing into a broadcast of the meeting. Recordings were made and a company can be approached for access to view these for a fee that will sustain this service for 6 months. An online portal is being created for this purpose. In the interim contact can be made with Elouise Cloete at elouise@shiftideas.co.za. It could be useful for persons training in internal medicine, paediatrics, cardiology, endocrinology, and chemical pathology. It may also be of interest to other fields allied to medicine.

LASSA along with the Heart and Stroke Foundation of South Africa and part of an emerging advocacy group for persons with uncontrolled hypercholesterolaemia, contributed to an awareness campaign in October. Two patients with familial hypercholesterolaemia gave testimony to the modern medication that will prevent the very premature coronary deaths in their families.

David Marais
LASSA President

WHAT'S A CONGRESS WITHOUT PRODUCTIVE FUN?

SA HEART® CONGRESS LIST OF WINNERS

Although the "virtual world" has afforded us an opportunity to interact more with local and international experts, it still did not feed the urge to handshake, high-five, give a hug, or engage in conversations over a glass of good wine. Be that as it may, SA Heart® tried the utmost best to make the 2021 annual congress as interactive and fun as possible.

There were opportunities to chat online with colleagues, industry personnel, etc., as well as answer a few quizzes to keep the brain active while having a little fun.

This is a list of winners who participated in the congress:

Best Abstract ePoster

Dr Mushitu Nyange
Dr Sarah Blydenstein
Dr Jacques Liebenberg

Best Oral Presentation

Dr Pieter-Paul Strauss
Dr Ahmad Omar Abolgasem
Dr Festus Kamau
Mapuleng Mofokeng

Henley Business Course winners

Dr Yasmin Bera (Cardiologist)
Dr Liso Ntaka (Doctor)
Shaune' Tamzon Rajoo (Cardiac Technologist)
Thabo Ngaka (Cardiac Technologist)

Scrubs winners

Dr Francois Uys
Dr Nontobeko Mathenjwa
Nondumiso Hadebe
Riana Marais
Dr Nazneen Allie
Yanita Singh
Dr Roberto Emmer

Fitbit winners

Andries Dieppenaar
Jacque Maritz
Francois Uys
Bongiwe Jessie Beckerling
Roberto Emmer

A WORD FROM ONE OF THE WINNERS: SHAUNE' TAMZON RAJOO

I would like to thank Discovery and the SA Heart® committee for awarding me the Discovery Clinical Excellence Award. SA Heart® was an incredible experience that I was privileged to be to attend. There was a remarkable calibre of speakers that really delved into the subject they were presenting in such unique ways, that was highly interactive and allowed for us to really reap the benefits of this world-class experience. It was everything that was promised and more. The fact that it was virtual did not put a damper on the experience, as the panel of speakers we were exposed to were fantastic. I think one of the aspects I enjoyed the most was a view of the future of cardiology and all the exciting things that are to come, so it was apt to have received a fully subsidised enrolment onto the Henley business school "Future-proof your Healthcare Practice" course. I am so excited to embark on this journey to bring new and innovative ways to allow my practice to grow and become more efficient and to also allow my patients to experience the excellent care we deliver with more convenience and ease. As a Technologist, I have always been apprehensive to interact much during talks as it sometimes feels overwhelming. However, the fact that this platform had avenues where you could communicate in chatrooms with smaller amounts of people and the exciting quizzes that popped up with prizes to be won, made the interacting during the SA Heart® congress an exciting experience. I encourage other Techs to utilise the variety of platforms, conferences, and webinars to interact and grow. It truly is a tool of growth not only for you, but to also allow you to give your very best to your patients and practice.



Shaune' Tamzon Rajoo

PROFESSOR LIESL ZÜHLKE APPOINTED VICE PRESIDENT: EXTRAMURAL RESEARCH & INTERNAL PORTFOLIO

Professor Liesl Zühlke, a Paediatric Cardiologist and leader in cardiovascular medicine on the continent has been appointed the SAMRC Vice President: Extramural Research & Internal Portfolio (VP-ERIP). There are currently 26 extramural and 11 intramural research SAMRC units prioritising research into the 10 most common causes of morbidity and mortality and associated risk factors in South Africa. The VP-ERIP will be responsible for enhancing the quality of science and health impact of research that is funded by the SAMRC with an emphasis on cutting edge, basic and solution driven research. The VP-ERIP will work with President and CEO, Professor Glenda Gray, and the Executive Management Committee (EMC), to formulate and implement research strategy and ensure integration of the research conducted and funded by the SAMRC in both its intramural and extramural research units.

Prof Zühlke joins the SAMRC from the University of Cape Town (UCT) where she was the Acting Deputy Dean of Research in the Faculty of Health Sciences, UCT, a Paediatric Cardiologist in the Department of Paediatric Cardiology at Red Cross Children's Hospital and the Director of the Children's Heart Disease Research Unit. She will retain her UCT affiliation and her research endeavours as a member of the Department of Paediatrics and Child Health at UCT.

Her research spans congenital and rheumatic heart disease (RHD), HIV in adolescents, grown-up congenital heart disease and cardiac disease in women of childbearing age. She is an NRF (CI-2016)-rated, with an H-Index of 42 with well over 26 000 citations, 8 published book chapters, she has edited 2 books and published 147 articles, including in New England Journal of Medicine, Lancet, Circulation, JACC and European Heart Journal.

Prof Zühlke believes in excellence, engaged scholarship and research rooted in communities. "I envisage this Portfolio leading the way on our continent in ensuring health and wellbeing for all, with a research agenda rooted in the needs of our country, region, and continent. The SAMRC research units are renowned for their contribution to the research landscape, the opportunity to shaping their direction as well as contributing to the mandate of the SAMRC is a unique one, and one I feel honoured to be a part of," says Zühlke.



Liesl Zühlke

She has managed several large-scale RHD projects in South Africa and on the African continent. She was instrumental in the development, coordination, and management of the largest prospective RHD registry, the Rheumatic Heart Disease Registry (the REMEDY study), involving 25 sites, in 12 African countries, Yemen and India.

Prof Glenda Gray, SAMRC President and CEO said: "I look forward to working with Prof Zühlke who will provide strategic leadership and make sure that the SAMRC fulfils its strategic goals and programmes in the Extramural Research and Internal Portfolio domain, this strategic appointment strengthens our focus on health impact and maintaining world class standards and a competitive position."

"On behalf of the SAMRC Board, I welcome Prof Zühlke who joins at a critical point with the SAMRC now implementing a new Strategic Plan 2020/21 - 2024/25 and strengthening its role in supporting the Department of Health on Outcome 2 of the NSDA: A Long and Healthy Life for All South Africans," said Professor Johnny Mahlangu SAMRC Board Chairperson.

Prof Zühlke has achieved the highest leadership positions within cardiology in South Africa; as President of the

Paediatric Cardiac Society of South Africa (2012 - 2016), President of the South African Heart Association (2016 - 2018) and currently chair of both the Paediatric and Rheumatic Heart Disease Taskforces in the Pan-African Society of Cardiology. Internationally she is the President of Reach (Rheumatic Heart Disease, Evidence, Advocacy, Communication and Hope) since 2018. She is a board member of the World Heart Federation and NCD (Non-Communicable Diseases Alliance), a member of the international scientific advisory board of Children's Heart Link and Global ARCH and an executive member of SAVAC (Strep A Vaccine Global Consortium).

She obtained a Master of Public Health degree in 2011 and PhD in 2016. Her doctoral dissertation focused on the outcomes of asymptomatic and symptomatic rheumatic heart disease. Her other degrees are related to her sub-specialist qualification in Paediatric Cardiology: DCH, FC Paeds, Cert Card (Paediatrics) FESC, and FACC. She also

‘I envisage this Portfolio leading the way on our continent.’

holds an MSc in Health Economics, Outcomes and Management of Cardiovascular Sciences (with merit) from the London School of Economics, obtained in 2018.

**Prof Glenda E. Gray and Prof Johnny Mahlangu
President and CEO of the South African Medical
Research Council & Board Chairperson**

SA HEART® NEW WEBSITE - visit www.saheart.org

The screenshot displays the SA HEART website interface. At the top, there is a search bar and navigation links for 'JOIN NOW', 'MEMBER LOGIN', 'INDUSTRY FORUM', and 'CART'. Below the navigation is a horizontal menu with categories: SA HEART, INTEREST GROUPS, CONGRESS & EVENTS, HEALTH CARE PROFESSIONALS, and PATIENT RESOURCES. The main content area features a large banner image of hands in blue gloves pointing at a document. Below the banner are two columns of content: 'RECENT NEWS' with a 'WELCOME TO OUR NEW WEBSITE' article dated 26 Aug 22, and 'UPCOMING EVENTS' with three items: 'Coronary artery disease in low and middle income countries: can we fix it in the bud?' (30 Sep 22), 'SA Heart Monthly Journal Club hosted by Johannesburg Branch' (05 Oct 22), and 'Understanding Cardiac amyloidosis- let's join forces' (08 Oct 22). On the right side, there is a large promotional banner for the 'FACE to FACE THE CASE FOR HYBRID CARDIOLOGY 22nd Annual SA Heart® Congress 2022' held at the Sandton Convention Centre in Johannesburg, South Africa, from 27-30 OCT.

SA HEART® MONTHLY NATIONAL JOURNAL CLUB: A YEAR OF OUTSTANDING CONTRIBUTIONS TO MEMBER EDUCATION

For member benefit, information and education, SA Heart® has launched a SA Heart® National Virtual Journal Club in August 2021. This member-only CPD accredited online event was well received, and it continues monthly (mostly) on the first Wednesday of each month, with a pause during the summer vacation. Our special interest groups, regional branches and some other affiliated groups take turn in hosting this event in rotation ensuring a varied and exciting programme throughout the year.

Johannesburg Branch took lead in August with Riaz Dawood and Pravin Manga debating COVID and Thrombosis, Ruchika Meel giving an overview on COVID and Myocarditis and Farouk Mamdoo giving a Journal article overview with Kaveer Sohan contributing on surgical aspects.

SASCI, with Jens Hitzeroth as chair, hosted the Journal Club in September. This event was kindly supported by Medtronic and included many article presentations. The articles were presented by experts in the field of interventional cardiology. Apart from showing the headline results of each of these trials, the presenters provided much needed perspective on the interpretation of the trials as well as context with reference to our clinical environment. The articles presented were:

- **Effect of a restrictive vs. liberal blood transfusion strategy on major cardiovascular events among patients with acute myocardial infarction and anaemia** – Brad Griffiths;
- **The European bifurcation club left main coronary stent study: A randomised comparison of stepwise provisional vs. systematic dual stenting strategies** – Dave Kettles;
- **5-year outcomes of PFO closure or antiplatelet therapy for cryptogenic stroke** – Adie Horak;
- **Comparative effectiveness of aspirin dosing in cardiovascular disease** – Jean Vorster;
- **Multivessel PCI guided by FFR or angiography for myocardial infarction** – Shaheen Pandie;
- **3-Year outcomes of transcatheter mitral valve repair in patients with heart failure** – Ahmed Vachiat;

- **Outcomes 2 years after transcatheter aortic valve replacement in patients at low surgical risk** – Farrel Hellig.

The results of these recently published trials have a significant impact on the clinical practice within the cardiac intervention community. It was important that this new information is disseminated quickly to a wide audience for practitioners to remain up to date with the latest clinical trial literature.

In October 2021 followed CASSA, a Journal Club supported by CIPLA, with Jane Moses giving an overview of AF guidelines and the importance of early rhythm control incorporating the 2020 ESC guidelines for the diagnosis and management of atrial fibrillation as developed in collaboration with EACTS and the 2021 Heart Rhythm Association practical guide on the use of non-Vitamin K antagonist oral anticoagulants in patients with AF. Adele Greyling, president of CASSA, presented on ablation as the first-line strategy in paroxysmal AF.

November saw the KwaZulu-Natal branch present on:

- **His bundle pacing** – Brian Vezi;
- **The management dilemma of SCAD** – Rob Dyer;
- **Outcomes after anomalous aortic origin of a coronary artery repair** – Darshan Reddy;
- **Trial of intensive blood pressure control in older patients with hypertension** – Chisala Chisala.

Sandoz supported this event with a grant.

The Paediatric Cardiology interest group PCSSA, concluded 2021 - an event sponsored by Vertice -with Jeff Harrisberg presenting on pulmonary artery banding for managing heart failure, Blanche Cupido Guidelines for management of adult congenital heart disease: A comparison study AHA/ACC vs. ESC and Antoinette Cilliers: A case of a PDA device closure in an adult patient.

In 2022, HeFSSA, under leadership of Nqoba Tsabedze started the monthly SA Heart® Journal Club cycle in February, with him, Martin Mpe, Eric Klug and Mpiko

Ntsekhe engaging in a lively debate on HFpEF after Mpiko had given an overview on the pathophysiology and diagnosis and Eric on evidence based treatment for HFpEF.

March saw the Western Cape Branch with Anton Doubell as chair and moderator present a number of journal articles in a Journal Club supported by Pfizer:

- **Multicentre study of endocarditis after transcatheter pulmonary valve replacement** – John Lawrenson. J Am Coll Cardiol. 2021 Aug 10;78(6):575-589;
- **Endovascular therapy for acute stroke with a large ischaemic region** – Lloyd Joubert. N Engl J Med. 2022; 1-11;
- **Fractional flow reserve: Guided PCI as compared with coronary bypass surgery** – Tsungai Chipamaunga. N Engl J Med. 2022 Jan 13;386(2):128-37;
- **A systematic review and network meta-analysis of pharmacological treatment of heart failure with reduced ejection fraction** – Charle Viljoen. JACC: Heart failure Vol. 10, No. 2, 2022;73-84.

LASSA took the opportunity in April to bring us up to speed on familial hypercholesterolaemia (FH) and dyslipidaemia classification that discerns patterns of derangements of lipoproteins. Prof Dirk Blom presented an article from The Lancet Vol. 399, No. 10326, 2022:719-728: Worldwide experience of homozygous familial hypercholesterolaemia: Retrospective cohort study. The LASSA president, David Marais, elaborated on a new phenotypic classification system for dyslipidemias based on the standard lipid panel as published in Lipids in Health and Disease <https://doi.org/10.1186/s12944-021-01585-8>. The conventional lipid profile was used to construct the dyslipoproteinaemia phenotypes in a similar system to that based on electrophoresis by Fredrickson in 1967. A few more categories were created and the risk of metabolic syndrome and hyper-triglyceridaemia is highlighted but the classification does not detect the highly atherogenic condition of dysbetalipoproteinaemia and also fails to detect LpX. This event was sponsored by Sandoz.

Our basic scientists from SASCAR presented interesting research during the Journal Club of May; an event sponsored

by Pfizer. Rabia Johnson discussed 2 Journal articles relating to COVID-19 and Renin Angiotensin System Inhibitors. SASCAR president, Neil Davies, presented an article from JACC 78, No. 21, 2021: Basic and Translational Research in Cardiac Repair and Regeneration; and Gerald Maarman deliberated on 2 papers relating to aspects of pulmonary hypertension.

The Allied Professionals ISCAP under their new chair, Selvan Govindsamy, put together a varied programme for June. Rob Dyer chaired this meeting with a number of case presentations, news on the PACMAN trial, discussion on Tricuspid valve repair in left valvular heart surgery and Ivabradine in heart failure patients with reduced EF.

‘The presenters provided much needed perspective on the interpretation of the trials.’

In July the Pretoria branch under leadership of Prof Sarkin involved the Steve Biko cardiology fellows with these cardiologists in training presenting a lively Journal Club kindly sponsored by Pfizer. Zama Ramagaga presented 2 cases of thrombosed prosthetic valves, with different outcomes with reference to relevant literature and treatment of thrombosed valves. Jason Schutte showed a complex case of HIV, ARVC and incessant VT with an unusual pharmacological treatment and Ebrahim Banderker spoke about new literature on subcutaneous vs. transvenous icd devices.

Continued on page 148

SA HEART® MONTHLY NATIONAL JOURNAL CLUB *continued*

The imaging special interest group, CISSA, took the opportunity on the first anniversary of the initiative with the president, Alfonso Pecoraro, as moderator. Pieter van der Bijl summarised from European Heart Journal “Guideline directed medical therapy and reduction of secondary mitral regurgitation”. In patients with heart failure and reduced ejection fraction, secondary mitral regurgitation (SMR) is common, and is associated with reduced quality of life as well as an increased risk of heart failure hospitalisation and all-cause mortality. SMR is caused by LV remodelling and displacement of the papillary muscles with leaflet tethering, as well as dyssynchrony. Treatment is mainly directed at left ventricular remodelling with guideline-directed medical therapy (GDMT), but the evidence remains scarce. In the study by Spinka and colleagues (Spinka G, et al. Eur Heart J Cardiovasc Imaging 2022;23:755-764), SMR severity was reduced by at least one degree in 39.3% of patients who received GDMT titration, whereas a progression of SMR was observed in only 6%. This supports contemporary HF guidelines for the treatment of SMR. Mahmoud Al-Naili discussed 2 articles from the Journal of the American Society of Echocardiography on Colour Doppler Splay and Mitral regurgitation. Jacques Liebenberg concluded with a case report from the Journal of the

American College of Cardiology named “Confirmation of aortic stenosis severity in case of discordance between aortic valve area and gradient”.

Feedback from our members that attended these Journal Club was very positive, delegates finding them of value, educational and well-presented.

SA Heart® leadership sincerely thanks all participating groups, presenters, chairs, moderators and supporting industry partners – and last but not least, the tech support team from Visual Options. We are looking forward to a continued varied programme with the support of all the subgroups and “members for members” approach, making this monthly SA Heart® Journal Club a sought-after regular event on our calendar. Look out for the registration link which is circulated via email every month.

Recordings of these Journal Club presentations are available for download to paid-up SA Heart® members on the new SA Heart® website. Members need to be logged into their profile to view these.

Erika Dau
General Manager, SA Heart®

SA HEART® AND SPECIAL INTEREST GROUPS’ NEW LOGOS



SASCI and PCSSA have (for now) decided to keep their old logos.

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to all members of the SA Heart® Association. 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 in good standing for at least 1 year.
- Applications must include:
 - The applicant's abbreviated CV
 - A breakdown of the anticipated expenses
 - Ethics approval
 - Full details of the research
 - The completed application form - please request a fillable MS Word document from erika@saheart.org
 - Contact details of Head of Department or supervisor/mentor
- The research for which funding support is sought has to have direct relevance to South Africa.

RECOMMENDATIONS

- Preference will be given to early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).

CONDITIONS

- Applicants may only submit 1 application every second year. Preference is given to those who have not had previous scholarships awarded.
- Awards are granted for one specific research project. Should that specific project be cancelled or the full amount allocated not be utilised for any reason, then the funds must revert to SA Heart®.

APPLICATIONS MUST BE EMAILED TO:

erika@saheart.org

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2023.

One scholarship to a maximum amount of R70 000 will be awarded annually.

SA Heart® commits to inclusive excellence by advancing equity and diversity.

We particularly encourage applications from members of historically under represented racial/ethnic groups, women and individuals with disabilities.

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2023. An amount of up to R20 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 the University of Cape Town. He had an exceptional career of 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 undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates 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: (i) A brief synopsis of the work the applicant wishes to present at the congress; and (ii) 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 Dr Alfonso Pecoraro, President of the Western Cape branch of the South African Heart Association, Division of Cardiology, Tygerberg Hospital, Francie van Zijl Drive, Tygerberg 7505; or alternatively email: pecoraro@sun.ac.za.

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

Applications close on 31 January 2023.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

Applications for the SA Heart® Travel Scholarship for the fourth term in 2022 are invited to reach the SA Heart® Office by 30 November 2022.

The scholarship is for the value of up to R30 000.00 for international meetings and R9 500.00 for local meetings.

This scholarship is available to all members of the SA Heart® Association. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members for at least 1 year.
- The research presented at the congress for which funding is sought, needs to be relevant to South Africa.

RECOMMENDATIONS

- Early and mid-career applicants (<5 years post-qualification as specialist and/or <5 years post-PhD qualification).
- Acceptance of an abstract/poster presentation at the scientific meeting to be attended.

CONDITIONS

- Awards will not be made for conferences or workshops retrospective to the application submission deadline. If the conference is taking place within six (6) weeks following the submission deadline, please indicate this in the appropriate place on the application form.
- It is not a requirement for the abstract to be accepted by the conference travel application closing date. Should the acceptance of the paper, including proof of registration not be available at the time of submission of the application, then a provisional award may be made pending receipt of the acceptance of the paper.
- Please ensure that applications are made as well in advance as possible (**preferably at least 6 months prior to the conference date**).
- Applicants may only submit 1 application every second year. The scholarship is for the value of up to R30 000.00 for international meetings and R9 500.00 for local meetings.
- Awards are only made in the event that a paper or a poster is being presented or in the event of a workshop attendance, if the reviewers deem the workshop attendance to be of high impact and consequently of benefit to the SA Heart® community.
- The applicant must ensure that the application is fully completed including the requirements as detailed in the checklist section. Applicants are asked to be concise and to only include applicable and relevant information.
- Awards are granted for 1 specific conference. Should that specific conference be cancelled or the full amount allocated not utilised for any reason, then the funds must revert to SA Heart®; and
- 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.

SUBMISSION REQUIREMENTS

- For more information and application forms, please visit <https://www.saheart.org/cms-home/category/39>.

TRAVEL SCHOLARSHIP REPORT

Awardee: Nonkanyiso Mboweni
Supervisor: Profs Muzi Maseko and Nqoba Tsabedze
Department: School of Physiology and Division of Cardiology, University of Witwatersrand
Conference: European Society of Cardiology Congress 2022, Barcelona
Sponsor: SA Heart®
Date of travel: 25 - 30 August 2022

OVERVIEW OF THE CONFERENCE

The European Society of Cardiology (ESC) Congress 2022 was held from 25 - 29 August 2022, in Barcelona, Spain. The Congress was highly well-organised, from the conference venue to the hands-on training and networking and career development sessions. The ESC faculty collectively organised the Congress into several sessions. Delegates from around the globe presented their work in the cardiovascular basic sciences and cardiology, including (but not exclusive to) numerous new insights into AF catheter ablation, heart failure management and echocardiographic imaging. Since our research focuses on heart failure with reduced ejection fraction and concomitant atrial fibrillation in sub-Saharan Africa, as well as novel biomarkers and imaging, this Congress was the ideal platform to present our work in the presence of researchers from around the world and experts in the field.

The abstract we submitted was allocated to a moderated poster session titled "Interplay between Heart Failure and Atrial Fibrillation" chaired by AF expert Prof Douglas Packer of the Mayo Clinic and principal investigator of the CABANA-AF trial. Within the session, I presented our abstract titled "The Clinical and Biochemical Effects of AF on HFrEF: A sub-Saharan Perspective". I was the third presenter on Monday, 29 August. During this 10-minute presentation, I presented findings from my PhD work demonstrating the following:

- HFrEF/AF patients in our cohort were significantly older than those in SR but much younger compared to patients in HICs.
- Hypertensive heart disease is a significant cause of HFrEF in our study cohort.

- Of all Caucasians in our study, the majority of them had HFrEF/AF.
- Patients with HFrEF/AF were clinically worse off than those with HFrEF/SR.
- Atrial fibrillation was a marker of fibrosis and disease severity in HFrEF.
- Patients with HFrEF/AF had elevated sST2 levels, a morphologically deformed left atrium, and poor tissue doppler function.

Lastly, we presented results on novel left atrial strain using 2D-speckle tracking. Our results demonstrated that HFrEF/AF patients had poor left atrial reservoir function.

The session was exhilarating! Prof Packer led lively conversations, asked probing questions about various aspects of my research, and expressed a strong desire to see the final paper published. This poster session was, without a doubt, the highlight of my trip!

Attending the Congress really afforded me an opportunity to establish valuable networks, expand my knowledge, gain new and valuable insights into the current work we are doing and the prospects thereof, and look at my research from a different perspective. It's always quite enlightening and refreshing to see what colleagues are doing on a global scale for two reasons: (i) to appreciate that in South Africa, we certainly are producing high-quality, impactful research and (ii) to recognise that there is still so much work to be done; for a young researcher like myself, this is something to be excited about and look forward to!

Days were packed and content-loaded. Due to clashes in the programme, it was often challenging to decide which sessions to prioritise over others. I could not attend all the sessions I would have liked to. Nevertheless, those I was able to participate in were well worth it!

A few sessions I thoroughly enjoyed:

- When to consider Catheter Ablation: Outcome and survival in specific cohorts (HFrEF/AF & HFpEF/AF).
- Oral anticoagulation in AF in extremes of body weight, multimorbidity, frailty, and polypharmacy.



Nonkanyiso and Velani Mboweni.

- Assessment of LV function beyond ejection fraction.
- Epidemiological aspects of AF (poster sessions).
- Risk stratification with myocardial strain.
- Young investigator award presentations.
- I thoroughly enjoyed and found the following presentation / study fascinating and novel: "The role of 4D flow vorticity and velocity in predicting risk of cardioembolic stroke AF".
- "Biomarkers and more" abstract session.
- Managing HFrEF with experts on the spot: There is no success without action.

In addition to attending sessions, I participated in a 3-day hands-on strain training course. This was another highlight of my trip. It was stimulating to see how very much alive myocardial strain is and just how much clinical utility it's proving to have. When I started my PhD in 2019, there was a paucity of literature and guidelines on 2D-speckle tracking strain. The amount of information accessible now and its clinical utility, particularly for AF patients, was validating and reassuring.

Another highlight of my trip was joining the WomenAsOne community for a networking event. What a fantastic experience! I was pretty hesitant to attend because I am still a medical student and not yet a physician. However, I was well received. I had a wonderful experience engaging in extensive networking and establishing new relationships /



Nonkanyiso Mboweni at the ESC Congress.

friendships, which I hope will lead to fruitful scientific collaboration soon.

Overall, I left the ESC Congress feeling extremely motivated, inspired and revived to push the final stretch of my PhD studies. I look forward to the next chapter of my career, which is already plagued with many ideas and research questions to explore further.

Finally, I would like to thank SA Heart® for allowing me to attend ESC Congress through their travel scholarship, which covered part of my travel expenses. Thanks to my supervisors, Profs Nqoba Tsabedze and Muzi Maseko, for their generous support and guidance. Also, many thanks to my brother, Velani Mboweni, for joining me on the trip and supporting my poster presentation.

Nonkanyiso Mboweni

SCIENTIFIC COMMITTEE FOR CONGRESS 2023

While preparation for the 22nd SA Heart® Congress (27 - 30 October 2022, Sandton Convention Centre www.saheartcongress.org) is in full force, the Board of SA Heart® is already starting with planning SA Heart® Congress 2023 and beyond.

Dr Farouk Mamdoo has kindly agreed to act as convenor for the SA Heart® Congress 2023.

The SA Heart® Board is now looking for a keen SA Heart® member who would join the scientific committee for congress 2023 as “convenor trainee” and will work closely with Dr Mamdoo with the aim to become convenor and chair of the scientific programme committee for SA Heart® Congress 2024 and 2025. Dr Mamdoo will then have a supporting role in 2024, and the new convenor will in turn mentor a new member to be convenor for congress 2026/27. This way SA Heart® wishes to build capacity and a pool of experienced congress convenors.

The convenor will be supported an experienced scientific programme committee, as well as a skilled professional congress organising team supporting with organisational, administrative and practical elements that make the congress run smoothly.

Should you be interested to chair the congress committee and act as convenor of the SA Heart® Congress 2024/25, or have any additional questions, kindly indicate your interest by writing to info@saheart.org by 21 November 2022.

The standard operation procedures governing the SA Heart® Congress are available on request.

