

## SA HEART ASSOCIATION FORMALLY REGISTERS AS A NON-PROFIT COMPANY

**T**he executive of the South African Heart Association had decided during the course of 2015 to draft a more formal business structure for the association. The process of registering the SA Heart Association as a non-profit company (NPC) was initiated. A memorandum of incorporation, which was based on the SA Heart constitution, was drawn up. Calls for nominations and elections for board members were made and the board of directors voted in were Dr Sajidah Khan, Dr Hellmuth Weich and Dr Belinda Mitchell, aside from Prof Karen Sliwa and Prof Francis Smit who, as president and treasurer of SA Heart respectively, remain ex-officio members of the board.

The SA Heart auditors facilitated the entire process of registering with the CIPC (companies and intellectual properties commission), obtaining a new tax number as well as a VAT number. It is envisaged that, as of 1 March 2016, the start of the new financial year, we will be operating as the South African Heart Association NPC. Membership invoices for 2016 will only be sent out once the new VAT number has been granted, with the expectation that this will take place by the end of March or early April.

**A NOTE TO ALL MEMBERS is that the SA Heart NPC contact details have changed to PO Box 3213, Matieland, 7602 and the telephone and fax numbers to 021 889 6129. The old numbers will remain in place for one year and then discontinued.**

In addition, the process of applying for trademark registration for the SA Heart logo and name had begun a few years earlier. The certificates to grant the ® have just been issued, in time for the start as the new NPC.

The structure of the executive committee remains unaltered, with the board taking over fiduciary responsibility and administration of the company. The executive committee will promote the objectives of the company, representing and acting as spokespersons, overseeing annual elections and the AGM. Prof Karen Sliwa remains president and Prof Francis Smit the treasurer, for this term;



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## SA HEART REGISTERS AS A NON-PROFIT COMPANY continued

the chairpersons and committee members of the standing committees remain in office until the 2016 AGM. The new executive board members are Dr Liesl Zühlke as president-elect, Prof Stephen Brown as vice president and Dr Sajidah Khan as secretary.

The first board of directors meeting, as well as the first national council meeting, took place in Cape Town on 12 February 2016. The major issues discussed centred around the upcoming annual SA Heart congress, delegate sponsorship to congresses as well as discussions on the alteration in structure of the SA Heart Journal. The online presence of the journal is to be improved with future capability for online submissions. Dr Derrik van Vuuren has taken on the task of online journal manager. A new editorial board with local and international experts and sub-editors per speciality, are in the process of being appointed. Sub-editors include Prof Sandrine Lecour for basic sciences, Dr Ntobeko Ntusi for adult cardiology and Dr Jacques Janson for cardiac surgery.

A new editorial board is in the process of being appointed.

**A set of guidelines, specifying responsibilities and timelines, is being drafted and details thereof will be published in the next issue of the newsletter.**



**Some of the SA Heart members at the National Council meeting in Cape Town (12 February 2016)**

From left to right: Erika Dau (Operations Officer, SA Heart), Francis Smit (Treasurer and Bloemfontein Branch), David Jankelow (Johannesburg Branch), David Kettles (SASCI & ISCAP), Karen Sliwa (President), Sandrine Lecour (SASCAR and sub editor SA Heart Journal), Liesl Zühlke (President Elect and PCSSA), Sajidah Khan (Director and Secretary), Jean Paul Theron (Private Practice Committee), Lindy Mitchell (Director and Pretoria Branch), Rajendren Naidu (KwaZulu-Natal Branch) and Elizabeth Schaafsma (SHARE project manager). Not all members of the meeting made it to the photo session.

## POPULAR CONGRESSES FOR 2015 / 2016

CONGRESS	DATE	CITY	COUNTRY
4TH INTERNATIONAL CONGRESS ON CARDIAC PROBLEMS IN PREGNANCY (CPP 2016) <a href="http://www.2016.cppcongress.com">http://www.2016.cppcongress.com</a>	27 February - 1 March 2016	Las Vegas Nevada	USA
4TH INTERNATIONAL CONFERENCE ON PREHYPERTENSION, HYPERTENSION AND CARDIO METABOLIC SYNDROME <a href="http://www.prehypertension.org">http://www.prehypertension.org</a>	3 - 6 March 2016	Venice	Italy
THE 13TH INTERNATIONAL DEAD SEA SYMPOSIUM (IDSS) ON INNOVATIONS IN CARDIAC ARRHYTHMIAS AND DEVICE THERAPY <a href="http://www.idss-ep.com">http://www.idss-ep.com</a>	6 - 9 March 2016	Tel Aviv	Israel
AFRICAPCR <a href="http://www.africapcr.com">http://www.africapcr.com</a>	10 - 12 March 2016	Fourways, Johannesburg	South Africa
65TH ANNUAL SCIENTIFIC SESSION AMERICAN COLLEGE OF CARDIOLOGY <a href="http://www.accscientificsession.acc.org">http://www.accscientificsession.acc.org</a>	2 - 4 April 2016	Chicago	Illinois, USA
SUNECHO COURSE <a href="http://www.sunecho.co.za">http://www.sunecho.co.za</a>	19 - 22 April 2016	Tygerberg	South Africa
3RD WORLD CONGRESS ON ACUTE HEART FAILURE <a href="http://www.escardio.org/HFA">http://www.escardio.org/HFA</a>	21 - 22 May 2016	Florence	Italy
EUROPCR <a href="http://www.europcr.com">http://www.europcr.com</a>	17 - 20 May 2016	Paris	France
WORLD CONGRESS OF CARDIOLOGY AND CARDIOVASCULAR HEALTH <a href="http://www.worldcardiologycongress.org">http://www.worldcardiologycongress.org</a>	4 - 7 June 2016	Mexico City	Mexico
CARDIOSTIM <a href="http://www.cardiostim.com">http://www.cardiostim.com</a>	8 - 11 June 2016	Nice	France
LEADERSHIP AND MANAGEMENT IN CARDIOVASCULAR MEDICINE <a href="http://www.tbc">http://www.tbc</a>	16 - 18 June 2016	Vienna	Austria
1ST CONGRESS OF CARDIOVASCULAR PREVENTION IN PRE-ELDERLY AND ELDERLY INDIVIDUALS <a href="http://www.cardioelderly.org">http://www.cardioelderly.org</a>	30 June - 2 July 2016	Bratislava	Slovakia
10TH ASIAN SOCIETY OF CARDIOVASCULAR IMAGING ASCI <a href="http://www.asci2016.com">http://www.asci2016.com</a>	4 - 6 August 2016	Singapore	Singapore
ESC CONGRESS 2016 <a href="http://www.escardio.org/Congresses-&amp;-Events/Upcoming-congresses/ESC-Congress/Next-congress/ESC-Congress-2016">http://www.escardio.org/Congresses-&amp;-Events/Upcoming-congresses/ESC-Congress/Next-congress/ESC-Congress-2016</a>	27 - 31 August 2016	Rome	Italy

## POPULAR CONGRESSES FOR 2015 / 2016 continued

CONGRESS	DATE	CITY	COUNTRY
26TH WORLD CONGRESS OF WORLD SOCIETY OF CARDIOTHORACIC SURGEONS AND 17TH ANNUAL SA HEART CONGRESS <a href="http://www.wscts2016.co.za">http://www.wscts2016.co.za</a>	8 - 11 September 2016	Cape Town	South Africa
HYPERTENSION SEOUL - 26TH SCIENTIFIC MEETING OF THE INTERNATIONAL SOCIETY OF HYPERTENSION (ISH) <a href="http://www.ish2016.org">http://www.ish2016.org</a>	24 - 29 September 2016	Seoul	Korea
9TH ASIA PACIFIC HEART RHYTHM SOCIETY SCIENTIFIC SESSION <a href="http://www.aphrs2016.com">http://www.aphrs2016.com</a>	12 - 15 October 2016	Seoul	Korea

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

## PROF KAREN SLIWA NOMINATED FOR THE POSITION OF PRESIDENT-ELECT OF THE WORLD HEART FEDERATION

The SA Heart Association is proud to announce, that our current president, Prof Karen Sliwa, has been nominated as one of 2 candidates for president-elect of the World Heart Federation (WHF) for the term beginning 1 January 2017. The formal selection process will be undertaken during the General Assembly of the WHF which will be held in Mexico City on the 6 June 2016 during the World Congress of Cardiology.

### As the WHF nomination committee commented:

The Committee were impressed by the interest expressed by our members in nominating the best possible candidates for these positions. This enabled the Committee to have a fruitful discussion on the skills and competencies needed to lead the World Heart Federation over the coming years. The members of the Committee recognise that you both demonstrate excellence in your contribution towards cardiovascular health in your respective countries, region and globally.

We congratulate Prof Sliwa and wish her every success for the election. Whatever the outcome of the election



process, contested between Prof Sliwa and Dr Jagat Narula (the other candidate), Prof Sliwa will be assured of a place on the WHF Board in 2017 - 19.

## NEW COLLABORATIONS BETWEEN THE EUROPEAN HEART RHYTHM ASSOCIATION AND CASSA / PASCAR

The European Heart Rhythm Association (EHRA), a sub-speciality group of the European Society of Cardiology approached the South African Heart Association (SA Heart), the Cardiac Arrhythmia Society of South Africa (CASSA) and the Pan African Society of Cardiology (PASCAR) for closer collaboration. Representatives of EHRA – president Prof Gerhard Hindricks (Germany), Prof Christophe Leclercq (France) and Prof Peter Schwartz (Italy) - together with Syva Karaim Fanchon from the European Heart House, met with Drs Andrew Thornton and Ashley Chin from CASSA. The intention was to learn more about each other's activities and structures, deliberate on challenges encountered and to discuss possibilities for scientific collaborations, educational endeavours, opportunities with joint sessions at annual scientific meetings and other collaboration prospects.

### The Challenges of Sudden Cardiac Death

Prof Karen Sliwa, president of SA Heart, hosted the meetings which began with collegial discussions around dinner and concluded with a joint symposium on "The Challenges on Sudden Cardiac Death (SCD)" at the Hatter Institute for Cardiovascular Research. The symposium was attended by adult and paediatric cardiologists, physicians, forensic pathologists, researchers as well as industry representatives.

### Heart Disease in Africa

Prof Sliwa began the symposium by providing an overview of Heart Disease in Africa - Gaps and Opportunities and highlighted how disease patterns were different in Africa compared to other European countries. She presented data on atrial fibrillation from the Heart of Soweto cohort showing that heart failure and valvular heart disease were the most important contributing factors. She also presented results of an ECG sub-study from the THESUS-HF registry which showed that ECG abnormalities are almost universal, but non-specific, in patients who present with acute heart failure.

### Genetics and Sudden Death

Prof Peter Schwartz, who has been working in South Africa for 3 months/year for the past 16 years, discussed his research activity which is focused on the role of genetics in SCD. He spoke on Genetics and Sudden Death: a Window on the Future. He explained how insights from genetic research and risk stratification are impacting on clinical practice. His group was especially interested in investigating genes connected to the long QT syndrome



(LQTS), a leading cause of SCD in the young and a paradigm for the studies on SCD. He explained how the 3 main genes causing LQTS are associated with SCD in specific conditions (one during exercise and emotions, one with sudden noises such as an alarm clock, and one during sleep). This understanding has led to gene-specific management. He also discussed his work in South Africa which is focused on understanding the role of common genetic variants in either increasing or decreasing the risk of SCD caused by the mutations that cause LQTS and explained how this understanding can lead to novel therapies.

“The intention was to gain insight into each other’s activities and structures.”

### The Burden of SCD in Europe

In his talk on The Burden of SCD in Europe, Prof Gerard Hindricks, who was part of the writing group for the ESC, reviewed aspects of the ESC Guidelines for the management of patients with ventricular arrhythmias and the prevention of sudden death.

### The Burden of SCD in Africa

Dr Ashley Chin presented some interesting statistics in his talk on the Burden of SCD in Africa. He stated that there is a paucity of information regarding SCD in Africa and that

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## NEW COLLABORATIONS continued

the proposed PASCAR Pan-African SCD study aims to estimate the incidence, prevalence and causes of SCD in Africa. He presented data from the Global Burden of Disease survey which showed that ischaemic heart disease is on the rise in sub-saharan Africa and is likely to contribute to increasing SCD rates in the future. He also presented data which showed that "neglected diseases" (such as hypertensive heart disease, valvular heart disease and pericardial disease) may contribute significantly to the SCD burden in Africa but needs further study. Participating delegates working in forensic pathology pointed out the

importance of forensic and molecular autopsy, when available, to assist in the work-up of sudden cardiac death.

### Prevention of SCD with Drugs

After some delectable lunch, Dr Andrew Thornton spoke on the Prevention of SCD with Drugs. He reminded the audience of the pro-arrhythmic effects, and discussed the benefits and side effects of anti-arrhythmic agents.

### Prevention of SCD with Devices

Prof Christophe Leclercq concluded the meeting with a review on the Prevention of SCD with Devices.



### EHRA sudden cardiac death symposium

Back from left to right: Mr Egmont Fourie, Prof Gerhard Hindricks, Prof Christophe Leclercq, Dr Feriel Azibani, Dr Jane Moses, Prof Karen Sliwa, Prof Peter Schwartz, Dr Frederic Nduhirabandi, Mr Stephen Kamuli, Dr Johan van Niekerk, Dr Johan Rossow, Ms Nelde Taljaard, Dr Charle Viljoen, Dr Sarah Kraus, Dr Gasnat Shaboodien. Front from left to right: Mrs Olivia Briton, Ms Janine Saayman, Ms Tafadzwa Machipisa, Ms Siobhan Slier, Dr Andrew Thornton, Ms Aqueela Imamdin, Dr Marianne Tiemensma, Dr Ashley Chin, Dr Mandy Date-Chong, Prof Rob Scott Millar, Dr Gaurang Deshpande.

## JOINT SA HEART / SA THORACIC SOCIETY WORKING GROUP ON PULMONARY HYPERTENSION

The Joint Working group on Pulmonary Hypertension held its second annual meeting at Milpark Hospital chaired by Prof M.R. Essop (Cardiology) and Dr P. Williams (Pulmonology) on the 5 December 2015. The meeting was dedicated to the management of chronic thrombo-embolic pulmonary hypertension (CTEPH) with participation from 2 leading international authorities on the subject. These included Prof N. Galie (lead author of the new European guidelines on pulmonary hypertension) and Prof J. Pepke-Zaba (Cambridge University). A strong message to emerge from the meeting was the frequency of a missed diagnosis for a condition which, in appropriately selected patients, surgical thrombo-endarterectomy could offer a potential cure.

**Rafique Essop**

## Retraction

In a previous newsletter of SA Heart, CISSA announced that regarding echocardiography billing codes, Momentum (together with schemes within the MMI group) had agreed to reimburse both codes 3620 and 3625. CISSA wishes to place on record that this statement was in error. Only Momentum, and not medical aids within the MMI scheme, will reimburse codes 3620 and 3625 together. CISSA wishes to apologise to all concerned.

## Remuneration for echocardiography

Over the past year CISSA has continued to devote much of its time to issues of remuneration for echocardiography. In these negotiations, CISSA wishes to acknowledge the important contribution from Dr C. Venter (billing and coding committee) and Dr D. Jankelow (Johannesburg branch SA Heart). Data obtained from some of the medical funders indicates that the majority of claims for echocardiography are submitted by non-cardiologists. CISSA continues to subscribe to the belief that far greater savings would be incurred by the funders if only people who are trained and accredited in echocardiography are remunerated.

## Save the date

The annual Sun Echo course hosted by Tygerberg Hospital is scheduled for the 19 - 22 April and everyone is encouraged to participate.

**Rafique Essop**

19 - 22  
APRIL  
2016

SUNECHO 2016



## THE BRITISH SOCIETY OF ECHOCARDIOGRAPHY (BSE) ACCREDITATION EXAMINATIONS IN SOUTH AFRICA

### News from our SUNEcho colleagues at Tygerberg Hospital

The British Society of Echocardiography (BSE) accreditation process for trans-thoracic and trans-oesophageal echocardiography is divided into 2 parts. Part one includes 2 written papers. After successful completion, applicants are required to submit a logbook of 250 cases done over a 2 year period.

It is possible to sit for the written papers in South Africa on an annual basis. The 2016 examination will be held on 7 September 2016 at the College of Medicine, Rondebosch, Cape Town

**For further information or registration, please visit [www.bsecho.org](http://www.bsecho.org).**

## WEBSITE LINKS

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

## SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH

As we are at the beginning of 2016, we would like to take this opportunity to wish all our members much success for the year ahead and to thank them for their support during 2015.

### SASCAR'S RECENT ACTIVITIES

#### Inauguration of the Lionel Opie Pre-clinical Imaging Facility (LOPI)

SASCAR was closely involved with the opening of this exciting facility due to the participation of 2 of our members, Profs Sandrine Lecour and Neil Davies, as co-directors of LOPI. The facility is a regional resource for all cardiovascular researchers who require access to pre-clinical imaging. The facility presently has 2 ultrasound imaging systems, a high-end portable clinical General Electric system suitable for imaging larger animals and a Vevo® 2100, suitable for imaging small animals. The Vevo® High-Frequency Ultrasound System is the only commercially available imaging platform that enables the researcher to obtain in vivo anatomical, functional, physiological and molecular data simultaneously, in real-time and with a



Lionel Opie at the Inauguration of the Lionel Opie Pre-clinical Imaging (LOPI) Core Facility



#### Inauguration of the LOPI Core Facility

From left to right: Prof Neil Davies (Co-Director of LOPI), Prof Karen Sliwa (SA Heart President), Prof Lionel Opie, Mrs Carol Opie, Dr Sandra Meyer (Visualsonics), Prof Francis Peterson (Deputy Vice-chancellor, UCT), Prof Sandrine Lecour (co-director of LOPI), Dr Fatima Kakal (AGBL), Dr Greg Northfield (Separation Scientific), Prof Justiaan Swanevelder (Head of Department of Anaesthesia, UCT), Dr Tamer Degheidy (AGBL)



resolution down to 30µm. The system is easy to use, non-invasive and fast, providing extremely high throughput when needed.

The facility was opened by UCT Deputy Vice Chancellor Francis Peterson on the 16 October 2015 as a joint venture between the Departments of Medicine (S Lecour), Surgery (N Davies) and Anaesthesia (J Swanevelder). Several talks were given by researchers from the various academic centres including UCT, University of Stellenbosch, the Medical Research Council and the Cape Peninsula University of Technology. The talks highlighted how research would benefit from the availability of high-resolution ultrasound systems. In addition, delegates were exposed to highly informative and educational lectures on "The present potential of pre-clinical imaging systems" by Dr Tamer from AGBL and "The specific abilities of the Vevo 2100" by Dr Meyer from Visualsonics.

The LOPI, named in honour of Prof Lionel Opie for his invaluable contribution to cardiovascular research not only in South Africa but worldwide as well, would greatly enhance research capabilities in the Western Cape Region. The LOPI is actively working on expanding its resources in the exciting field of pre-clinical imaging with particular interest in obtaining a state of the art optical imaging system for small animals. Additional information about this core facility can be found on [www.lopi.uct.ac.za](http://www.lopi.uct.ac.za).

### Workshops for 2016

Our main workshop in 2016 will certainly be the 3rd European/SA Cardiovascular Research workshop that will be held in Cape Town, from the 5 - 9 September, 2016. After a successful workshop that was held in Cape Town in August 2012, we once again look forward to hosting the meeting at the University of Cape Town. We are delighted to announce that this meeting has been endorsed by the Cellular Biology Unit of the Heart Working Group of the European Society of Cardiology. The workshop will take place in the week leading up to the 26th World Congress of the Society of Cardio-Thoracic Surgeons. This congruence facilitates the development of an exciting programme with several top international speakers. These include Prof Derek Hausenloy, Prof Peter Ferdinandy, Prof Joost Sluijter and Prof Rosalinda Madonna.

Five PhD students from Europe will spend a week visiting different cardiovascular research laboratories at the University of Cape Town and the University of Stellenbosch under the leadership of South African students. (Details about the programme and registration will be posted on our website).



### The 17<sup>th</sup> Annual Congress of the South African Heart Association

8-11 September 2016, Cape Town, South Africa

### Save the date

#### Annual South African Heart Association meeting: CTICC Cape Town, 8 - 11 September 2016

The annual South African Heart Association meeting will feature exceptional basic sciences sessions on cardio-protection, cardiometabolic and cardiac regenerative aspects. Prof Derek Hausenloy will update us on the latest aspects of both pre-clinical and clinical findings in cardio-protection. Prof Rosalinda Madonna, a world expert in stem cells, will give us an overview on stem cell therapies for cardiac repair. Prof Sluijter will present the latest findings on microRNAs and cardiovascular disease. Prof Ferdinandy will detail the role of nitric oxide in cardio-protection and highlight the contribution of co-morbidities in the success of cardioprotective therapies. We are aware that the registration fee for this meeting is higher than in previous years but SASCAR has committed to offer bursaries of R1 000 each to any member making either an oral or poster presentation (20 bursaries will be made available, so do not delay your registration).

**Please visit our website [www.sascar.org.za](http://www.sascar.org.za) for more details on our future workshops, information on SASCAR members and the latest activities of the society.**

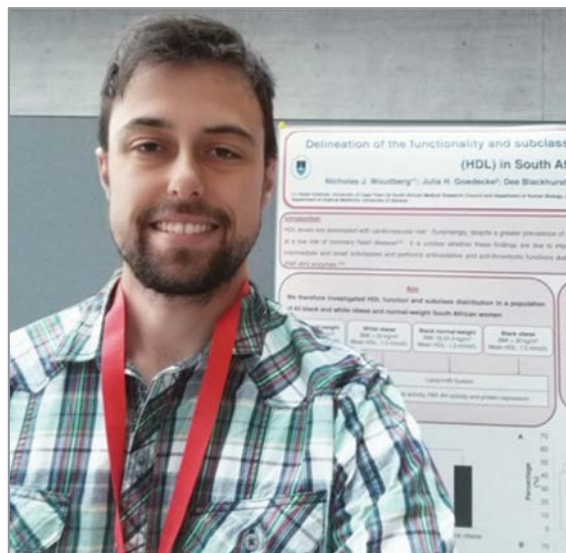
### SASCAR Executive Committee

S. Lecour (chairperson), N. Davies (vice-chairperson), S. Dennis (Secretary), F. Essop, D. Van Vuuren, K. Sliwa.



## THE SA HEART ASSOCIATION TRAVEL GRANT

The SA Heart Association travel grant enabled Dr Woudberg to travel to Fribourg, Switzerland to present his research on HDL function and subclasses in South African women. This basic science meeting, which took place over the 14 and 15 January 2016, has a particular focus on research in the fields of cardiovascular health, diabetes and inflammatory disorders. Feedback from Dr Woudberg was that he found presentations on new techniques for the analysis of lipid profiles to be of particular value. He also singled out talks by Dr Sarah Pedretti and Dr Miguel Frias (University of Geneva) on the subject of HDL function with respect to microRNA induction and glycation in diabetic patients, to be particularly stimulating. The meeting allowed him the opportunity to interact and network with well-established basic science researchers. He also mentioned that he was fortunate to have met with Arnold von Eckardstein, an executive member of the European Atherosclerosis Society, who provided valuable feedback on his research.



Our Travel Grant Recipient, Dr Nicholas Woudberg, is awarded best poster at the Cardiovascular and Metabolic Research meeting in Switzerland.



**WORLD HEART FEDERATION®** | **World Congress of Cardiology & Cardiovascular Health**  
 4-7 June 2016 | Mexico City, Mexico

**REGISTER NOW!**

SA Heart has received a number of discounted registration fees from the World Heart Federation for the **World Congress of Cardiology** 4 - 7 June 2016 in Mexico this year. To make use of these, members can please contact Erika at the SA Heart office [erika@saheart.org](mailto:erika@saheart.org) for a special code when registering.

**A**n exciting milestone was reached in the SHARE registries just after the SA Heart Congress 2015 – the first patients in the TAVI SHARE registry have completed their 1 year follow-up, and we will now be able to start including these figures in future presentations, and benchmarking to other international registries. The existing SHARE registries are progressing well, and SHARE has reached the point where we can say that the concept for this revised format of SHARE has been proved successful, and will be used to model other SA Heart registries going forward. As SHARE was previously a large drain on the finances of SA Heart, it was proposed that all future SHARE registries be self-funding, and this concept has been made possible through generous support from Astra Zeneca, Edwards Life Sciences and Medtronic in the form of grants directed specifically at SHARE databases.

### **The Cardiac Disease in Maternity SHARE registry**

The Cardiac Disease in Maternity (CDM) SHARE registry is capturing patients in 3 provinces in SA, and 2 more local sites will start capturing in 2016. Through Prof Karen Sliwa's extensive academic collaboration in Africa and through the wonderful collegial networks built at PASCAR meetings, we will soon be adding an additional 3 CDM sites from Africa. They are in the final stages of their local ethics submissions and will be on board later this year. We have already had more than 50 patients entered into the database, and as soon as the first 100 patients are completed, we plan to publish the first data cohort.

### **TAVI**

TAVI too is proving successful, with capture at 9 of the 10 active TAVI sites in South Africa. Enrolment of 157 patients has seen the procedural and follow-up data for implants in 94 patients being captured, with remaining patients being mostly in the process of applications for funding. It has been interesting to note the medical funders that are dragging their heels regards granting funding for this life-changing procedure. We have set up a form that can be printed directly from the TAVI registry, showing sites that are actively participating, patient's data that has been entered and the information needed by funders to assist with their decision-making for TAVI funding. Following very positive meetings with Medscheme and Discovery, it has been possible to assist them with streamlining and

speeding up the funding approval processes, by asking sites to send the SHARE form with their motivation letters. The feedback from sites using these forms has been very positive, as it reduces the "back and forth" which seems to be the norm for TAVI funding applications. We hope that this accelerated approval process will be implemented by other funders in the near future, and have started negotiations with other funders for this purpose.

Plans have been made to submit abstracts for the TAVI data to various symposia.

Also, in keeping with the revised format for SHARE, plans have been made to submit abstracts for the TAVI data to various symposia, including the ESC, TCT and EACTS, as well as the locally staged WSCTS-SA Heart 2016 meeting in Cape Town. Progress is also being made in the initiation of 4 new SHARE databases, and will be reported on further at the SA Heart Congress. All SA Heart members who are interested in research to improve patient care, are invited to approach SHARE and submit additional project proposals according to the SHARE guidelines.

**These guidelines are available on  
[www.saheart.org](http://www.saheart.org) or contact  
Elizabeth Schaafsma on  
[elizabeth@vodamail.co.za](mailto:elizabeth@vodamail.co.za) or 083 603 7700,  
for further discussions.**

## PRIVATE PRACTICE COMMITTEE

**T**he Private Practice Committee (PPC) has forged a close working and ongoing link with the SASCI PPC for common goals. We have been very active. There is presently a lot going on behind the scenes (sub-judice at this time) that will eventually benefit all SA Heart members. There is a major disparity in power between the funders and the individual specialist. We plan to address this in a constructive way and a major project is in the planning stages. This will challenge the imbalance, as well as influence how SA Heart interacts with all funders. There is a major disparity in power between the funders and individual specialists.

‘We have provided ongoing coding advice to our members as well as to the funders.’

We have been engaging with the medical aid societies when our members are audited. We have successfully resolved a number of these. We have provided ongoing coding advice to our members as well as to the funders. We have noticed that audits often occur when our members leave the actual billing up to their practice manager. The funders are on the constant look-out for “outliers and creative” billing practices. Recent issues include charging for ICU visits when the hospital charged for high-care consults. There cannot be a disparity in the level of care between you and your hospital. You need to be aware of this and create uniformity between yourselves and your institutions. Other issues have been the use of the trans-oesophageal colour doppler code when per-

forming only a trans-thoracic (TT) study; the TT colour code is 3620. The inappropriate use of the additional code 0147 has come up in a recent audit. 0147 is meant for emergency consultation with travel; the code 0145 is meant for adding to a hospital consultation away from the rooms. We caution you to update your knowledge about the common billing codes and rules surrounding these. Ignorance is no excuse!

A major problem has been reimbursement of the echocardiography codes 3625 (doppler) and 3620 (colour doppler). A number of funders believe that we cannot be reimbursed for the latter unless the patient has complex congenital heart disease; an outdated opinion to say the least. The Cardiac Imaging Society (CISSA) and SA Heart PPC have issued a statement that when a cardiologist performs echocardiography, all modalities including doppler and colour doppler must be included. The study would be deficient without the latter. There is therefore no reason to deny funding of these codes. In addition, it has been strongly stated that the funders should accept medico-legal responsibility for any misdiagnosis if these modalities are not permitted. We have pointed out that they would do far better to reimburse only appropriately trained echocardiographers. There are many non-cardiologists charging for echocardiography. It is up to the medical aids to confirm such competency. CISSA will develop a position statement as to what are the minimum training requirements. One other important aspect is that the individual cardiologist should submit acceptable ICD codes that justify imaging the heart. At times our members are blasé in this regard. Momentum recently submitted a spreadsheet of ICD codes for echocardiography for our perusal; there were many examples of ridiculous diagnoses, such as dyslipidaemia and even gastro-enteritis, which in our opinion is not a sole reason for echocardiography.

**PPC invites you to contact us at any time for advice and assistance. You could email either myself ([djankelow@icon.co.za](mailto:djankelow@icon.co.za) / [djankelow@lkdoctors.netcare.co.za](mailto:djankelow@lkdoctors.netcare.co.za)) or Dr J-P Theron ([jptheronmd@jptcardiology.co.za](mailto:jptheronmd@jptcardiology.co.za)).**

**David Jankelow on behalf of PPC and SASCI PPC**



## SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION



### A watershed event as SASCI makes representations to the Competition Commission Health Market Inquiry on behalf of its members

On the 18 February 2016, for the very first time, SASCI (a special interest group of the SA Heart Association) was allowed the opportunity to make representations in a public forum to the Competition Commission Health Market Inquiry (HMI), in order to raise concerns on behalf of cardiologists, on the inequalities in the private medical sector.

A delegation from SASCI led by Dave Kettles (SASCI president) and JP Theron (chair SA Heart private practice committee [PPC] and SASCI PPC) and including Dave Jankelow (SASCI PPC), George Nel (SASCI executive officer), Joe Botha (SASCI PPC liaison) and Shakira Ramlakhan (legal representative for Elsabe Klinck Consulting) used the opportunity to address the Competition Commission Health Market Inquiry (HMI) in Pretoria during a marathon 2 hour session, which included more than an hour of intense Q and A from a very interested and engaged panel. The HMI chairperson is former Chief Justice Sandile Ngcobo.

#### SASCI raised and addressed some key issues including:

- The relationship between interventional cardiologists and their patients.
- The power imbalance which results in patient disempowerment and disenfranchisement by the funder.
- Lack of access to innovation and administrative roadblocks.
- Access as a function of affordability AND availability:
  - The availability of cardiologists to treat patients in future.
  - The rising complexity and costs in the environment in which specialists practise.

Please find the YouTube video of the full presentation at [https://www.youtube.com/watch?v=-cn\\_elW48X0](https://www.youtube.com/watch?v=-cn_elW48X0). Dave



Kettles presentation starts at 49h50. The SASCI presentation will be made available on our website at [www.sasci.co.za](http://www.sasci.co.za).

In addition, we have attached a summary of the proceedings which was prepared by Shakira who attended as part of the SASCI delegation.

We wish to thank Dave Kettles and JP Theron, both of whom spearheaded preparations and presented on the day, SASCI PPC members Jean Vorster and Gavin Angel, as well as Zaid Mohammed a SA Heart member, who helped contextualise relevant issues and place it firmly on the agenda.

Various press engagements occurred immediately after the presentation. These presentations will be circulated by follow-up mail and are available on our website, including :

- An interview with Dave Kettles on Radio 702 (Friday Midday Report).
- <http://www.timeslive.co.za/thetimes/2016/02/19/Medical-aids-pesters-docs-over-patient-care>
- <http://www.netwerk24.com/Nuus/Gesondheid/kansa-kardiologie-siekfondse-beleetsommige-behandelings-20160218>



**We request that our members refer interested parties to the SASCI office for follow-up and appropriate engagement.**

**SASCI**  
South African  
Society of  
Cardiovascular  
Intervention

## CTO WORKSHOP

A hugely successful CTO (chronic total occlusion) workshop was recently held in Johannesburg with live case demonstrations from Sunninghill and Baragwanath hospitals. The expert international faculty, leaders in the CTO field, were ably assisted in the live case demonstrations by local operators Drs Hellig and Zambakides. Turnout for this highly specialised meeting was better than expected with the attending interventionalists commenting that the learning experience was superb. Multiple complex techniques were demonstrated, including subintimal tracking and re-entry with the Crossboss and Stingray devices. It was sobering to hear an expert conclude that cases are determined by the need to revascularise, rather than the vessel anatomy.

### Dr Dave Kettles



Dr Hellig – microphone in hand – leading intense discussions.



SASCI president, Dr Dave Kettles, with Dr Zaid Mohamed



From left to right: Rafique Essop, Farrell Hellig, Chris Zambakides, Simon Walsh (Ireland) and Alfredo Galasssi (president of the Euro CTO club).

## SASCI VISITING PROFESSORS PROGRAMME 2016



**Augusto D. Pichard** is a renowned international leader in the field of Interventional Cardiology. A dedicated teacher, who travels extensively, he has trained many American and international cardiologists in the percutaneous treatment of coronary and structural heart disease. Many of his trainees have gone

on to become leaders in their fields around the world. He is a founding Fellow of the Society for Cardiac Catheterisation and Interventions (SCAI). He is a committed academician and Professor of Medicine (Cardiology) at Georgetown University. He is presently the Director Emeritus of the Cardiac Catheterisation Laboratories and Director of Innovation and Structural Heart Disease at MedStar Washington Hospital Center and Vice Chair of the Board of the Medstar Heart and Vascular Institute. He created 10 cardiac cath labs, known for their high quality, efficiency and scientific achievements. He also created 3 hybrid OR/Cath Labs for the performance of complex structural heart disease procedures, often involving the collaboration of multiple specialists (cardiologists, cardiac surgeons, imaging specialists, cardiac anesthesiologists, etc).

Dr Pichard graduated with highest honors from the Catholic University of Chile. He completed his cardiology fellowship at the Cleveland Clinic (1971 - 3) and remained on staff at the Cleveland Clinic until 1975. He was director of the cath labs at Mount Sinai Hospital in New York from 1975 - 1981, and started coronary angioplasty at that institution. He returned to his alma mater, the Catholic University in Chile, for a sabbatical in 1982 and initiated an angioplasty and clinical research programme there. He came to Washington in 1983 as Director of the Cath Labs at the Washington Hospital Center and Professor of Medicine of the George Washington University. He is Board Certified in Internal Medicine, Cardiovascular Disease, and Interventional Cardiology.

Dr Pichard is active in clinical research. His research expertise is in invasive cardiology, including coronary angioplasty, intracoronary imaging, percutaneous valve repair and replacement. He has written more than 600 manuscripts for peer-reviewed journals on numerous topics, including innovative heart disease treatment techniques. Dr Pichard serves on several editorial boards and is a fellow of numerous professional organisations, both in the United States and abroad.

SASCI is honoured to be hosting Prof Pichard and hope that he will find his 2 month stay with us fulfilling.

‘Many of his trainees have gone on to become leaders in their fields around the world.’

**Please save the dates for Prof Pichard's evening lecture series**

**JOHANNESBURG**

**16 March**

**PRETORIA**

**6 April**

**DURBAN**

**13 April**

**BLOEMFONTEIN**

**21 April**

**CAPE TOWN**

**4 May**

## STEMI SA STATUS REPORT - FEBRUARY 2016

International guidelines emphasise early appropriate treatment for S-T elevation myocardial infarction (STEMI) where "Time is Muscle". In alignment with the Stent-for-Life initiative, of which South Africa is now an affiliated country, the SA Heart-SASCI STEMI Early Reperfusion Programme seeks to improve the management of STEMI in South Africa by engaging with key stakeholders. Education initiatives, enabled by industry, were commenced in 2011, targeting staff at hospitals with a cath lab, at referral hospitals as well as general practitioners.

A pilot study was undertaken in the Tshwane Metropolis (May - October 2012) to establish baseline time intervals along the referral pathways, from onset of symptoms to percutaneous coronary intervention (SA Heart 2015;12:72-78). System delays were evident with inter-facility transport (IFT) compared with direct access (DA) to a PCI facility (median 3.7 vs. 30.4 hours;  $p < 0.001$ ). Door-to-balloon times of  $\leq 90$  minutes were achieved in a mere 22% DA and 33% IFT patients, and fibrinolysis within  $\leq 30$  minutes was only achieved in 50% DA and 20% IFT patients.

**A research project:** "Delays in early reperfusion for ST-segment-elevation myocardial infarction – an observational study in South African hospitals", has been launched in late 2015 to measure and monitor the effect of education and other strategic interventions.

### Programme goals for the next 24 months are:

- Recruitment of key cardiologists in regions across South Africa to drive the educational project, identify system constraints and record cases in the registry;
- Launching of a patient awareness programme through the Heart and Stroke Foundation (HSF) within the broader context of acute coronary syndrome management;
- Establishment of a network amongst STEMI care providers (public and private), central and local government, medical insurance companies and private sector funders; and
- Collaboration with countries with similar needs, to learn from them and share our experiences with them.

The STEMI Early Reperfusion programme is similar to programmes in India, Europe and the USA with whom SASCI is collaborating. The reality in South Africa is that in many STEMI cases no attempt at myocardial reperfusion is undertaken due to inadequate access to health care, lack of timely transport to facilities that could provide appropriate

care and also unavailability of thrombolytic therapy. Furthermore, half of the interventional cardiologists in South Africa practise in Gauteng, primary PCI-capable facilities are mainly stationed in metropolitan areas, and 2 provinces do not have even a single PCI facility. STEMI India has developed sustainable systems of care for both public and private patients. Contributions from central government to regional or national social insurance schemes ensure appropriate treatment of registered below-poverty-income (BPI) patients. In an environment with scarce resources, working as a team is the only way to avoid the increasing disparity in health care between affluent and poor residents. With this programme, run under the auspices of SA Heart and SASCI, with Dr Adriaan Snyders as national champion and with dedicated cardiologists as regional- and hospital champions as well as support from an administration and research team, we believe we can save lives, ensure a better outcome for all STEMI patients, and importantly, at less of a financial burden to society. Our activities are curtailed by limited resources and collaborations with groups like STEMI India assists us in moving ahead with our planned strategy. This initiative is enabled by the financial and logistical support from industry as well as the dedicated input of our colleagues.

### What is needed to achieve successful outcomes for the programme?

- Patient education to recognise STEMI symptoms and understand the urgency for immediate treatment.
- Patients should preferably contact an EMS and/or go to the nearest PCI-capable hospital or emergency room (ER).
- An ECG should immediately be performed on all patients presenting with chest pain, unless a very clear alternative cause is obvious. These patients should not be made to "wait for their turn" to be attended to and at the very least have an ECG done immediately.
- Health care professionals should be able to diagnose STEMI, based on clinical observations and supported by ECG findings.
- Health care professionals should be familiar with the treatment options for STEMI and immediately commence appropriate therapy, depending on time of onset of pain and accessibility to timeous PCI. Transfer of patient to a PCI-capable hospital for rescue PCI should be mandatory.
- Tenecteplase, Actilyse or Streptokinase should be available at all secondary health care facilities for primary thrombolysis.



- Health care professionals should have access to a cardiologist or other trained professionals to assist with decision-making.
- All specialist facilities should contribute to the SA Heart-SASCI STEMI Early Reperfusion Registry to monitor treatment and outcomes in order to optimise STEMI care nationally.

### Report on SASCI Educational Meetings held during 2015

Presentations on the appropriate management of STEMI, ACS and other chest pain syndromes were conducted in Pretoria, Middelburg, Rustenburg, Eastern Cape and Bloemfontein. All the meetings were well attended (a total of 270 RSVP's received and 287 actual attendances). The feedback from attendees, including faculty members, was generally positive with regards to quality and educational value. These initiatives will continue in 2016 and will be extended to other regions.

The contributions of SASCI enthusiasts (Drs A Snyders, D Kettles, L Steingo and N van der Merwe) are gratefully acknowledged, as is the financial support from AstraZeneca, Boston Scientific, Medtronic, Angio Quip, Biotronik and Boehringer Ingelheim.

### Report on the research project for 2015

**The research project:** "Delays in early reperfusion for ST-segment-elevation myocardial infarction – an observational study in South African hospitals", was launched late in 2015 and to date, 3 hospitals in Pretoria and 1 in Johannesburg are actively involved in data collection. The principal investigator is Dr Adriaan Snyders; Prof Rhena Delpont is the co-investigator and national co-ordinator, and the co-workers are cardiologists from the SA Heart Association. This project is a cross-sectional observational study in which we aim to investigate whether primary PCI/Thrombolysis is performed in a timely and appropriate way, and to identify barriers to effective STEMI management. Change in the above parameters is deemed to reflect the impact of educational interventions and national/regional networking initiatives. To date, 3 hospitals in Pretoria and 1 in Johannesburg are actively involved in data collection and 32 cases have been enrolled. The questionnaire is currently being revised to ensure alignment with international guidelines for the compilation of STEMI registries (2013 ACCF/AHA Guidelines (Circulation. 2013 Mar 5;127(9):1052-89).

### Data recorded covers:

- Demographic data and risk factors
- Previous treatment interventions
- History of symptoms and actions taken
- Diagnosis and treatment interventions
- Time lapses along the referral pathway and arrival-in-cath lab intervals
- Discharge medication
- Outcome at follow-up

Cardiologists interested in participating should contact Prof Delpont ([rhena.delpont@up.ac.za](mailto:rhena.delpont@up.ac.za)) or Dr Adriaan Snyders ([DrSnyders@drsnyders.co.za](mailto:DrSnyders@drsnyders.co.za)) for detailed information. Approval from CEOs from all participating hospitals has to be obtained prior to commencement of the study at the hospital. The data will be anonymised by using codes to protect patient-, cardiologist- and hospital privacy.

‘Patient education to recognise STEMI symptoms.’

### Report on strategy and networking for 2016

We are working in collaboration with STEMI India, establishing a hub- and spoke- model with the PCI-capable facility being the hub and the referring hospitals as spokes. India has very similar challenges relating to timely reperfusion, as many of their patients are classified as Below Poverty Income (BPI) cases. We investigated the STEMI India software for the capturing of STEMI management data and found it easy to use and practical. We will pursue negotiations to reach an acceptable logistic and financial arrangement to make the software available to selective, actively participating hospitals/hospital doctors. This data will eventually be transferred to the SHARE database. A printable version of the case data will be used for archiving purposes and for quality assurance. The paper-based questionnaire that is currently being used in our STEMI project will be updated to reflect the STEMI India

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## STEMI SA STATUS REPORT continued

data fields and all currently enrolled- and future cases will be captured in the STEMI India system.

STEMI India's Total Solution Package includes loading this software onto devices used for enrolling and monitoring STEMI patients upon first medical contact and in transit. These mobile devices are capable of capturing patient demographic data, monitoring vital signs and cardiac rhythms, recording, storing and submitting ECGs for (confirmation of) diagnosis by a designated cardiologist(s) and directing EMS to the nearest appropriate treatment facility using GPS. The designated cardiologist provides directives for treatment and activates the cath-lab prior to arrival of the patient. The patient is then admitted directly to cath lab, bypassing the ER, which ensures a shorter door-to-balloon time. We will pilot the device with Wilgers Hospital as the hub hospital, and 3 major referral ER's (as well as Wilgers's ER), as spoke hospitals.

Discussions with ER24 will commence shortly. The preliminary findings of a PhD study in Emergency Medicine on regional STEMI referral pathways and the employment of Telemetry, will be discussed. Solutions need to be found for the integration of existing EMS devices within the STEMI

India system, and the collaborators in India have offered their support in this regard.

The number of cardiologists currently engaged in the project is fewer than expected and targeted personal meetings, rather than communication by email and incidental discussions, are being planned to encourage participation.

### Recent and future events

#### Stent for Life (SFL) Forum

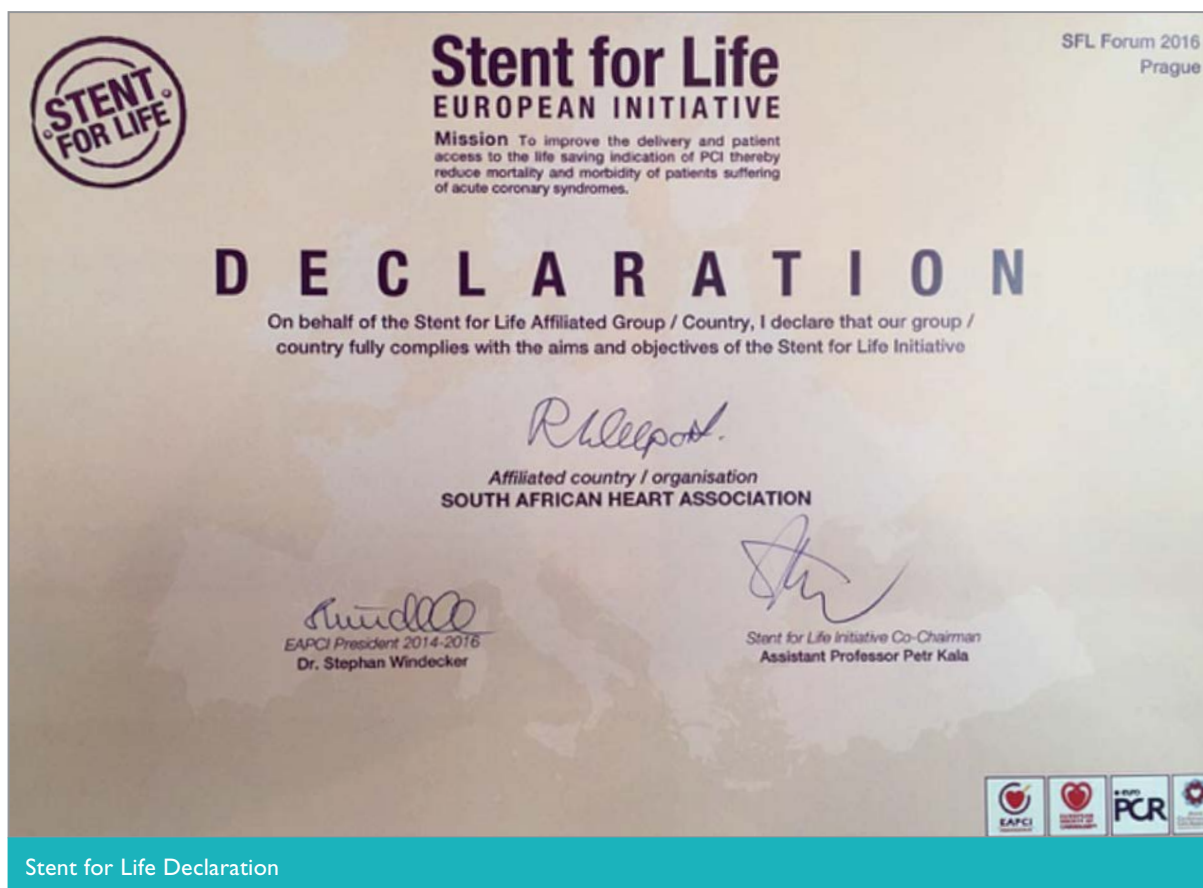
The Stent for Life (SFL) Forum held at the end of February in Prague where we signed on as an affiliate member of Europe SFL and shared our strategic plans and experiences with other ESC affiliated countries. Prof Delport presented a paper on Can patient education influence patients' outcomes, risk profile and CVD mortality (sponsored by Biotronik).

#### The European Society of Cardiology Stent for Life Educational Initiative

Contract4Life After Heart Attack – In-hospital Earliest Secondary Prevention After Myocardial Infarction – meeting to be attended by Prof Delport as a member of the advisory board.



Prof Rhena Delport (centre) signing the Stent for Life Declaration, flanked by Prof Petr Kala (Chairperson Stent for Life Initiative) and Prof Stephan Windecker (President EAPCI).



Stent for Life Declaration



Left to right: Prof William Wijns (Stent for Life Initiative co-founder & chairman of EuroPCR) and Profs Petr Kala, Rhenia Delpont and Stephan Windecker.

#### ACS/STEMI Discussion Meeting

The ACS/STEMI Discussion Meeting with Prof Walsh (Canada) held on 21 February in Johannesburg (sponsored by Astra Zeneca).

#### STEMI India

At the end of June 2016, to be attended by SASCI delegates (sponsored by Boehringer Ingelheim).

#### STEMI Indaba

To be held later in 2016, aimed at improving patient access to appropriate therapy and improving networking between private and public health care.

We thank our industry partners for making the running of this project possible. Our project manager/CEO, George Nel, is preparing a business plan to support the appointment of one or 2 research assistants to ensure continued data-capturing, as well as a business plan for the software deployment, which we trust will attract further industry support.

#### STEMI SA steering committee



## JOINT SUDAN HEART SOCIETY AND PASCAR IMAGING CONFERENCE

The PASCAR First Cardiac Imaging conference took place jointly with the Sudan Heart Society's Fourth International conference in Khartoum from the 28 - 31 January. Thirty three international faculty members, representing the US, Europe, Asia, Africa and the Arab world contributed to the academic programme. As the spectrum of cardiac pathology mirrors the South African situation, with a large burden of rheumatic heart disease, dilated cardiomyopathy, hypertension and coronary artery disease, the 4 South African faculty members had much to exchange and share with local delegates. A surprising feature, certainly for a cardiology meeting, was the large number of female delegates who contributed actively both as audience and faculty members. My co-faculty for the interventional stream was Anjela Hoye from the UK. Sudan has 15 medical schools, and after South Africa, the largest number of cath theatres (17) in sub-saharan Africa. The congress was an enriching experience for the South African delegation, as we partook of the unique Afro-Arab culture and the beautiful location at the confluence of the blue and the white Nile rivers.

### Sajidah Khan

Sajidah Khan, Karen Sliwa and Liesl Zühlke (below) were invited faculty at the Sudan Heart Society Meeting where we held an impromptu meeting of all paediatric cardiologist and paediatric-interested physicians with over 13 people contributing to ideas for PASCAR meetings and paediatric cardiac services in Africa. A special thank you to the wonderful Sudanese hosts who were warm, generous and extremely welcoming. The social programme was filled with music, song and delicious food with a Nile cruise the highlight for many delegates.

### Liesl Zühlke



Sajidah Khan, Karen Sliwa and Liesl Zühlke at the Sudan Heart Society meeting.



George Nel (PASCAR) with Dr Anastase Dzudie, from Douala, Cameroon. Dr Dzudie has recently graduated with a PhD in cardiology from the University of Cape Town, on the subject Pulmonary hypertension in left heart disease.



Prof Sliwa with Prof Mahmoud Sani from Kano, Nigeria. Prof Sani is a SA Heart member and is currently working towards a PhD on acute heart failure through the University of Cape Town.



Dr Dina Fadl Elsied (front), a cardiology fellow who hopes to continue her training at UCT, with some of the many female members of the Sudan Heart society.



Prof Sliwa with Prof A. Ziadah, president Sudan Heart society (third from the left) on a barge on the Nile.



## DR ADRIAAN SNYDERS



The executive committee and members of the South African Heart Association (SA Heart) would like to acknowledge the important contribution of Dr Adriaan Snyders, a committed and productive member of the executive for nearly a decade.

Dr Adriaan Snyders was elected as vice president of SA Heart in 2009, before becoming president-elect and then president (2011 – 2014). He was the immediate past president, up to the October 2015 AGM. Prior to this he was an active member of the private practice committee of SA Heart.

He has been the editor of our SA Heart Newsletter for several years.

I would specifically like to highlight some of the important aspects of his involvement in moving the SA Heart Association forward.

Dr Snyders has a very "structured" approach and early on in his presidency, in 2012, he initiated the first ever Bosberaad/Strategic planning weekend. A new strategic plan for SA Heart was formalised under his leadership. Together with a core committee, he initiated the standard operating procedure for the SA Heart congress and facilitated the trademark application for the SA Heart logo. With the start of his tenure, links with the special interest groups (SIGs) were strengthened by inviting the representatives of these groups to become more active and to have a representative on the SA Heart standing committees.

One example of the increased interaction between the SA Heart and SIGs was the negotiations which led to the formation of the AfricaPCR meeting in 2012.

Furthermore, the part-time SA Heart administrator (Ms Erika Dau) was promoted to Operations officer and now holds a (near) full time position. This allowed her to promote the visibility of the SA Heart by representing us at national and international meetings, e.g. the European Cardiac Society and World Cardiology meetings.

In his role as president he attended several important congresses, including the Cardio Alex meeting in Egypt at which he strengthened ties with SA Heart. From 2012

onwards Dr Snyders has allocated a significant amount of time and effort in advocating early reperfusion in ST elevation myocardial infarction (STEMI) in South Africa. He is now wholeheartedly channelling his energy into this STEMI/Early reperfusion project which will, no doubt, be of great benefit to SA Heart and the South African community as a whole. During the presidency of Dr Snyders the SHARE registry, under the leadership of Prof Mpiko Ntsekhe, adopted its new structure and attained financial independence.

‘ Dr Snyders has allocated a significant amount of time and effort in advocating early reperfusion in ST elevation myocardial infarction (STEMI) in South Africa. ’

I would like to express my personal gratitude to Dr Snyders for his commitment, over so many years, to collecting news and producing an excellent newsletter. This task has now been taken over by Dr Sajidah Khan, in her capacity of secretary of SA Heart.

**Professor Karen Sliwa**  
**President, South African Heart Association**

## THE PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA



The Paediatric Cardiac Society of South Africa's overall objectives are to improve the quality of care for children with congenital and acquired heart disease by promoting research and supporting education and training of heart

specialists. Our goals for 2016 are to increase and promote research and publications within our society, especially amongst our fellows, to develop outstanding educational resources and support local educational programmes, and to advocate for paediatric cardiac services in South Africa as well as the African continent. To that end, we have created travel and publication awards and have sponsored educational activities held by local units.

### Fellowships, Travel and Publication awards

This Paediatric Cardiac Society travel fellowship afforded 2 recipients the opportunity to attend the Society for Cardiovascular Angiography and Interventions Foundations course, "Interventional Cardiology Fall Fellows Course" which is held in Las Vegas, Nevada each year. This course is the premier fellows-only interventional course in North America and is an annual sponsored event. We now also offer 2 fellowships to allow members of PCSSA to attend courses, train with international or local colleagues and visit units to learn specialised techniques. Finally, there are several publication prizes which will be decided at the SA Heart Association congress in 2016.

## PCSSA PUBLICATION AWARD

### Have you published this year?

There are 6 prizes this year for PCSSA publications – open to all cardiologist/surgeons and fellows.

### REQUIREMENTS

- Applicants need to be fully paid-up members of the PCSSA for at least one year.
- Publications must be in peer-reviewed journals.
- Only one paper per entrant.
- New data will score higher than review articles.
- Judged by our invited faculty.

### FELLOWS IN TRAINING

- 1st Prize: R5 000
- 2nd Prize: R3 000
- 3rd Prize: R1 000

### CARDIOLOGISTS/SURGEONS

- 1st Prize: R5 000
- 2nd Prize: R3 000
- 3rd Prize: R1 000

### APPLICATIONS

- A copy of the published article needs to be submitted prior to SA Heart 2016 to [liesl.zuhlke@uct.ac.za](mailto:liesl.zuhlke@uct.ac.za).

### QUANTITY

- These awards will be offered at SA Heart 2016.

## PCSSA TRAVEL AWARD

The fellowship will afford 2 recipients the opportunity to attend a training course, undertake a visit to another unit, or have a brief sabbatical.

- One fellowship is offered to qualified paediatric cardiologists or surgeons.
- One fellowship is offered to paediatric cardiologists or surgeons training in order to visit a local unit for further training or exposure.

### REQUIREMENTS

- Applicants need to be fully paid-up members of the PCSSA for at least one year.
- Applicants open to those in public service only.

### QUALIFIED CARDIOLOGISTS AND SURGEONS

- Courses such as Cardiology in the young, MRI course.
- Visit to colleagues or other units.
- Contribution during sabbatical leave.
- Training in a particular skill.

### FELLOWS IN TRAINING

- Visit to a local unit to gain further exposure (e.g. an EP unit).
- Attending a local course (e.g. New Horizons Course).
- Leave in order to complete MPhil/post graduate degree.

### APPLICATIONS

- **Applications must include:**
  - An abbreviated Curriculum Vitae.
  - A personal letter of motivation.
  - A letter of recommendation from your Head of Department (for trainees only).
  - A letter of invitation or course outline (for qualified applicants).
  - A budget to demonstrate costs.

### VALUE OF AWARD

- **The award will include:**
  - Up to R20 000 towards costs for qualified cardiologists/surgeons.
  - Up to R10 000 towards costs for fellows in training.

### STRICT TERMS APPLY

- **The recipients will be expected to:**
  - Write a report to be published in SA Heart PCSSA newsletter.
  - Prepare a short presentation highlighting key lessons learnt or outcomes for presentation at a local institution/unit.

### QUANTITY

- This award will be offered twice a year with application closing dates of 31 January 2016 and 30 June 2016.

## PCSSA continued

We have endeavoured to provide an up-to-date resource for both members and their patients and we aim to ultimately provide a resource in indigenous languages as well. Members are invited to assist, particularly in editing information and/or translation. An important element is the incorporation of our patient information portal and the Pedheart resources, as well as links to related websites and resources. These have included recent podcasts of interviews, recent publications and e-resources for all members. Our next objective is to create links to a paediatric cardiology seminar series and a journal club for use by registrars or PASCAR cardiology trainees.

### The Pedheart Resource

Members please note - the Pedheart Resource – which is the most comprehensive congenital heart disease educational website. It has detailed defect and treatment

descriptions, in-depth tutorials, a searchable image library, collections of patients' hand-outs and over 1 200 power point slides in several different languages at <http://www.heartpassport.com>.

In addition, PCSSA now has a site providing information on congenital heart disease to parents and medical practitioners at <http://www.africa.congenital.org>. Links to both these sites can be found on the home page of the PCSSA at [www.pccsa.org](http://www.pccsa.org). Access to the parent information site is available to everyone. Access to the medical practitioner site is limited to paid-up members of the PCSSA.



Paediatric Cardiac Society of South Africa

ESC  
CONGRESS  
ROME 2016  
27 - 31 August



**The European Society of Cardiology** has offered SA Heart a number of waived registration fees for the ESC Congress 27 - 31 August 2016 in Rome. To be considered for this programme, please contact the SA Heart office [erika@saheart.org](mailto:erika@saheart.org).



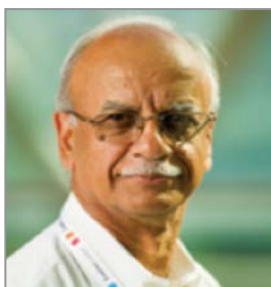
## CONGRESSES, MEETINGS AND WORKSHOPS

### CSI AFRICA 2015

#### Catheter Interventions in Congenital, Structural and Valvular Disease

Addis Ababa, Ethiopia: 27 - 28 November 2015

Following the inaugural CSI Africa meeting in 2014 which took place in Arusha, Tanzania, the second CSI Africa congress was held in Addis Ababa, Ethiopia in November 2015. It was gratifying to observe how attendance numbers have grown, with over 100 delegates from more than 10 African countries and the Middle East, Asia and Europe attending a well-organised event with a diverse programme. The delegates spanned the spectrum from adult to paediatric cardiac interventionalists. Certain presentations included surprisingly large numbers of cases, such as a series of more than 1 200 pulmonary valvuloplasties conducted over a period of 10 years, from Prof Sonia El Saiedi of Cairo University Childrens Hospital. Drs Jeff Harrisberg, Rik De Decker, John Lawrenson and Lungile Pepeta, who all made oral presentations, represented South Africa.



Course director  
Shakeel Qureshi



Course director  
Horst Sievert

Most presentations sparked lively discussions but none more so than Prof Shakeel Qureshi's concept of a mobile catheterisation laboratory. Its goal would be to bring much needed interventional catheterisation expertise to resource-limited hospitals in Africa. This discussion gave rise to appeals and eventually commitment to develop an Africa-wide association of cardiac interventionalists, possibly through the auspices of PASCAR. Dr Jean Claude Ambassa, from Shisong Cardiovascular Center in Cameroon, has offered to lead this initiative.

Special thanks go to Dr Endale Tefera and the Society of Cardiac Professionals in Ethiopia for planning and conducting the meeting, and for their warm hospitality. Professors Shakeel Qureshi and Horst Sievert are to be

commended on their vision in initiating CSI Africa, as well as for their unstinting support.

Report by Dr Rik De Decker



Dr Rik De Decker discusses a procedure.

“This discussion gave rise to appeals and eventually commitment.”



Drs John Lawrenson and Jeff Harrisberg at CSI.

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## CONGRESSES, MEETINGS AND WORKSHOPS continued

### Echochat 2016

**Red Cross Hospital: 15 - 16 February 2016**

Prof Norman Silverman, the world-renowned echo authority and cardiologist, visited Red Cross Hospital in February. He was in Cape Town for his 50th medical school reunion and his daughter's wedding, and at short notice the first Echochat meeting was held at Red Cross Hospital. The format of the meeting included 30 minute talks followed by live echo demonstrations under the supervision of Prof Silverman, illustrating echo skills. A professional video conferencing company (Kathea assisted by Pro-active) ensured transmission to invited colleagues at other units in South Africa, a few African countries as well as some units in the UK and US. This was the first time that a workshop of this type was hosted in Africa. The meeting was attended by over 30 delegates and was very informative and well-received. A special session was a wet lab demonstration conducted by Dr Helen Wainwright and Prof Silverman. The workshop was very well received both locally and off site with numerous requests for further similar workshops in future. The talks by all the speakers made a real impression on the audience and the quality of the images and audio feed was mostly reported as excellent. The recorded talks from the video conferencing company will be posted onto the resource section of the PCSSA website. The PCSSA provided some assistance for this course and hope that similar courses will be held in the future. Please let us know timeously if you are planning similar local endeavours so we can also assist with dissemination of information to our continental partners. Congratulations to George Comitits and his team for this excellent event.

meeting will be convened by Dr Andiswa Msimela who is based at Inkosi Albert Luthuli Hospital.

### World Congress of Thoracic surgery

**Cape Town 2016**

The World Congress of Thoracic Surgery organising committee members include Drs John Lawrenson and Andre Brooks, to whom we owe gratitude for representing us so ably. Included in the conference is a one-day RHD programme organised by Liesl Zühlke and Prof Peter Zilla.

### Cathchat

**March 2016**

An interactive paediatric interventional cardiac catheterisation workshop will be held at the Red Cross War Memorial Children's Hospital in the last week of March. We hope to broadcast all proceedings live from the cath lab to an audience in an on-campus auditorium, as well as those logged in online. Rik Decker and his team will be again be hosting Dr Oliver Stumper from Birmingham Children's Hospital, UK. Please contact Red.dedecker@uct.ac.za for further details and registration.

### World Congress of Cardiology and Cardiovascular Health 2016

The World Congress of Cardiology and Cardiovascular Health 2016 will be held in Mexico City in June. Liesl Zühlke is a member of the organising committee and the programme features congenital heart disease (cardiology and cardiac surgery pre-congress workshops, GUCH and adolescent and child health) and acquired heart disease.

“The talks by all the speakers made a real impression on the audience.”

### South African Paediatric Association congress

**September 2016**

The South African Paediatric Association congress will be held in September 2016 at the Durban ICC. Previously the PCSSA played a role at this meeting. This year's

### Congratulations

Firstly, congratulations to Dr Hopewell Ntsinjana who returned to Johannesburg this year after a fellowship in London, where he gained his PhD from the University College London. We are extremely proud of Hopewell and his amazing work on cardiac MRI and wish him and his



Dr Zühlke with Dr Engel, a co-supervisor for her PhD, at her recent graduation.

family a warm welcome home and fruitful pursuits in his old stomping ground.

Another PHD was recently awarded, this time to Dr Liesl Zühlke for her work on "Outcomes of asymptomatic and

symptomatic rheumatic heart disease". The degree was conferred in December 2015 at the University of Cape Town. Two PhDs in our small society is really something to be very proud of!

In 2015, we awarded Dr Christopher Hugo-Hamman an honorary lifetime membership of the PCSSA. Chris's role as a staunch advocate for children's cardiac services, his stalwart leadership in his terms as president of the PCSSA and his extraordinary vision for the world congress deserves this and so much more. Congratulations Chris, your influence within our society is far-reaching and profound, and hopefully will still continue for many years!

#### New executive 2016 - 2018

Please note that the current executive committee will have served its term by September 2016 and positions will be available for interested and committed members. Positions are held for a 2 year period, from 2016 - 2018. Nominations will open soon and the new executive committee will be announced at the AGM. Please let us know if you are willing to serve. Executive members must be paid-up members of the PCSSA.

We would like to keep up with all news from around the paediatric cardiac services community.

#### Please contact

**President:** Liesl Zühlke [liesl.zuhlke@uct.ac.za](mailto:liesl.zuhlke@uct.ac.za)  
**Secretary:** Belinda Mitchell [lindy.mitchell@up.ac.za](mailto:lindy.mitchell@up.ac.za)  
**Website:** [www.pcssa.org](http://www.pcssa.org)



**SAVE THE DATE**



**23 - 25 March 2017 | Gauteng | South Africa**

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## FELLOWS' FORUM



A recurring concern raised by our members is the paucity of cardiologists and cardiac surgeons (both adult and paediatric) being trained in the country. We hope to provide regular updates on the number of training posts as well as the number of fellows in each of our sub-disciplines in the various academic training institutes. As a start, we have listed the number of fellows in adult cardiology as at 1 January 2016.

In addition, we hope to profile new incumbents to each of our sub-disciplines as a regular feature in the newsletter. The 4 successful candidates in the recent (October 2015) Sub-specialty Certificate in Cardiology of the College of Physicians of South Africa examinations are featured below.

### Adult cardiology training posts

Institution	State funded posts	Super-numerary posts <sup>‡</sup>	Borrowed posts <sup>*</sup>	Total SA Fellows in Training
Wits/Charlotte Maxeke	3	1		4
Wits/Baragwanath	5	4		9
University of Stellenbosch <sup>†</sup>	3	2		3 <sup>†</sup>
University of Cape Town	4	1		5
University of the Free State	3			3
KwaZulu-Natal	3		2	5
Pretoria	2		2	4
Sefako Makgatho (Medunsa)	3			2

<sup>‡</sup> **Supernumerary posts** refers to private-funded, self-funded or internationally funded posts, some of which are occupied by non-South African fellows.

<sup>\*</sup> **Borrowed posts:** These are not dedicated cardiology posts but borrowed from other disciplines e.g. in KwaZulu-Natal, 2 posts were borrowed from the Department of Internal Medicine at Grey's Hospital in Pietermaritzburg. In return, the department at Albert Luthuli provides a cardiology service at Grey's, with fellows rotating through at Grey's.

<sup>†</sup> Though there are 3 **state funded posts** at the University of Stellenbosch, currently 1 post is vacant due to bureaucratic delays that prevent immediate filling of vacant posts in the state sector.





#### **Dr Jane Moses**

Dr Jane Moses did her cardiology fellowship training in the Division of Cardiology, University of Stellenbosch and Tygerberg Hospital. She is soon to begin a 2 year Fellowship in Electrophysiology. The Fellowship features a collaborative programme hosted jointly by the Divisions of Cardiology at Groote Schuur and Tygerberg Hospitals. Training will include some exposure to an electrophysiology service in the private sector and a period abroad at the Charite University Hospital in Berlin.



#### **Dr Pieter Rossouw**

Dr Pieter Rossouw completed his training at Tygerberg Hospital and has begun private practice at the Mediclinic Panorama in Parow. He has a special interest in cardiac imaging, in particular valvular disease and grown up congenital heart disease. He hopes to establish a referral centre for quality echocardiographic imaging that includes trans-oesophageal echocardiography. His other passion includes cardiac rehabilitative care.



#### **Dr Pumeshen Bisetty**

Dr Pumeshen Bisetty trained at the Department of Cardiology, Inkosi Albert Luthuli Central Hospital (IALCH) and the University of KwaZulu-Natal. Although an all-rounder, his passion is interventional cardiology. He has recently become a dad for the first time and is relishing the new experience. He will begin private practice at the Westville Life Healthcare hospital in Durban on the 1 April 2016.

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#### **Dr Kgomotso Moroka**

The fourth successful candidate was Dr Kgomotso Moroka who completed her training at the Universitas Hospital in Bloemfontein, University of the Free State. Kgomotso will remain at Universitas for the foreseeable future.

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## TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart Travel Scholarship of the second term 2016 to reach the SA Heart Office by 30 June 2016.

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association  
PO Box 3213  
Matieland  
7602  
And submitted electronically to [erika@saheart.org](mailto:erika@saheart.org)

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

## TRIBUTE TO DR ABDOOL RAZACK MOTI

### Dr Abdool Razack Moti

16 September 1942 – 5 February 2015

Our father, Abdool Razack Moti, was born in Polokwane (then known as Pietersburg), in 1942. He was in the first matric class of the Pietersburg Indian and Coloured High School and was the top student in his year. With good grades he was amongst the few non-whites accepted into the Wits Medical School and graduated in the class of 1966.

After medical school, he stayed on to specialise in Internal Medicine, becoming a Fellow of the College of Physicians of South Africa in 1971. He then spent a few years in Toronto, Canada where he became a Fellow of the Royal College of Physicians. He returned to South Africa and married my mum, Amina, in 1974. Together they had 4 children (3 daughters, Rabia [an ophthalmologist], Noori [a dermatologist], Farah [an ophthalmologist] and then a son, Mohamed [presently a community service medical officer]). In 1976, they re-located again to Ottawa, and thereafter to Boston. It was in Canada where he really developed a love for photography. He sought out the beauty and good in everything around him and made sure to capture that beauty – as we remember from our childhood, we were made to hold poses for tripod sessions for sometimes longer than we chose. As with everything he did, he tackled photography with a structured passion, subscribing to numerous magazines, building up an avid collection of filters and lenses and an everlasting passion.

In 1977, he was certified by the American Board of Internal Medicine and the sub-speciality of Cardiovascular Disease in 1979. My parents missed family and decided to return to South Africa in 1982. At the time, he was the first non-white sub-specialist in Johannesburg. He was instrumental in negotiating for non-white patients to be included for cardiovascular angiograms by creating a wing at the former Coronation Hospital where patients could sleep over and then be transferred on the morning of the procedure to the former Johannesburg General (whites- only) Hospital,

where he was allowed to perform the angiograms and then return to treating them at Coronation Hospital. With the help of good physician friends, he was allowed to begin private work at Milpark Hospital on non-white patients by sharing a morning slot with a fellow white colleague. Dr John Benjamin, a good friend and colleague, allocated time for my dad on his own list to perform cardiac catheterisations and angiograms. He continued private practice, first in Fordsburg and then at Brenthurst Clinic, and some years of additional public sector teaching at Helen Joseph (the former JG Strydom Hospital), until June 2014 when he was diagnosed with malignant mesothelioma.

Although he was in private practice, my dad would never turn away a patient who could not afford or did not have the means. Until this day his patients and their families remember him for his kindness and generosity.

The fact that all 4 of us are doctors and 3 thus far specialists, are due to all the support from him and my mum. He sat with us through our maths homework, made time to teach us how to read ECG's and shared numerous pearls of wisdom along the way. He managed his time to do all this, keep up his love for running, photography and for a period even take up golf, but is still best known in our community for his philanthropy. Amongst other charitable work, he was the president for 16 years of a non-profit organisation focused on granting deserving students full university bursaries. He firmly believed that knowledge is power.

During my dad's illness, he spoke to us of one of the few regrets that he had - he felt that he had not spent enough time with us, and we don't understand why he said so. He always dropped us off at school, was always home for supper to be with the family, even if he had to return to the hospital later. We can't remember a time when our dad was not there for us or for our mum, and yet his patients' always say that he was there for them. He was an extraordinary man. We miss him everyday. We think of him everyday. And we seek solace in the memories.

**Dr Farah R. Moti**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### APPLICATIONS MUST BE ADDRESS TO:

Education Standing Committee  
South African Heart Association  
PO Box 3213  
Matieland  
7602

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

**THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2016.**

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

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

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

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