

SA HEART NEWS

Dear Readers

Despite some delay with the winter edition, we once again present to you a SA Heart Newsletter packed with information to help keep you informed; to assist you in your work and to keep us, as providers of cardiac health care, united and enthusiastic. Fragmentation of our health care system is a major stumbling block in the way of providing efficient, cost effective and high standard of care. The excellence which is achieved in units abroad is only possible through dedicated and intensive volume experienced people. To be the best you need to spend time observing and doing 10 000 hours' worth of procedures. While we try to be everything to everybody, we do not have the time to be the best in everything. I am a supporter of group practices where resources, time and expertise can be best applied and utilised. Why is there so much antagonism towards centres of excellence? Why not rather join such a center and thus become part of the excellence rather than fighting your own battles? What is wrong with hospitals employing health care professionals? This will help promote adherence to guidelines and the collection of accurate data while also utilising resources more efficiently. Incentives can certainly be adopted in order to reward excellence. This idea does not differ so much from the situation in the USA, about the only other country which presently has a majority private health care system.

The SA Heart annual congress 2014, the congress for you, will take place from 16 - 19 October 2014 in Durban. The innovative and exciting programme will cater for a range of needs and tastes. ESC Global Scientific Activities, which will bring the ESC highlights to the SA Heart congress, will add even more value to the experience of attendees. For your benefit the programme has been structured to facilitate your attendance at our AGM. The AGM is notoriously poorly attended, despite the opportunity it presents to participate in the planning and running of your society. Calls for nominations to serve on the SA Heart Exco and its committees will also have reached you by this time and **if** you have the courage, **if** you can contribute and **if** you can do even better by raising the management to a new level, you should definitely participate: even lobby for support and ask to be nominated. However, if you only wish to

criticise and you cannot improve or you choose to not participate and contribute, at least support those who do.

The SA Heart-SASCI STEMI Early reperfusion project is now available to all regions but without champions and regional leaders, we might need to resort to patient awareness and pressure to provide this most important project with momentum. It is not just about the few with STEMI being able to get primary PCI, but also about the hundreds with chest pain that will be assisted by an efficient network, which is operated by educated participants, towards appropriate care. This will all be done in a concerted effort to assist in the making of a right diagnosis and to help realise the cost effective management of health care. The present status is costly, mainly as a result of inefficient diagnosis with delayed inappropriate or sub-optimal management which leaves a significant and unacceptable downstream morbidity as sad legacy. Raise your hand, participate in the development of an efficient team and let this plan come together!

Please exercise your right to gain knowledge and participate and read this newsletter carefully, seeking out your role within our cardiac society. While many colleagues have the opportunity, and are privileged, to participate in and learn from wonderful meetings around the world; I see little sharing of new knowledge amongst members of our own community. This newsletter provides a comfortable way of sharing your experience and views. We welcome all meeting reports for publication. The mark of good leadership is to know when others can do better than you and, after many years as editor of this newsletter, there certainly must be a colleague who is passionate about what we do and which will take this newsletter to new heights.

At the ESC Congress 2014 in Barcelona you will find the SA Heart Booth in the ESC Plaza C370. The South African Tourism Bureau has come on board and helped with the design as well as covering the expenses. I hope to see more governmental and institutional participation in the future as the money and effort spent here may well be more efficient than spending millions on seminars that have no outcome. Talking of outcomes – SHARE – Our Research portfolio is looking forward to your participation

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SA HEART NEWS CONTINUED

in projects, outcome based, which will have an impact on our practice and patient care. The SA Heart annual congress 2015, organised by the Bloemfontein Branch, will be a stand-alone congress to be held at Sun City from 25 - 28 October whilst for 2016 we are looking at joining forces with the 26th World Congress of the World Society of Cardio-thoracic Surgeons in Cape Town. We have not abandoned the prospect of a World Cardiology Congress for 2018.

SA Heart welcomes the opportunity for a closer relationship and combined strategies with the Heart and Stroke Foundation as well as Industry. You will find informative contributions in this newsletter from HSF and SAMED. The activities and contributions from our SIGs, in matters pertaining to education and logistic and financial support for all members, are noteworthy and help strengthen SA Heart. The enthusiasm from the (at times neglected) paediatric cardiology and research groups as well as our new ISCAP group should inspire you to be part of that which is happening around you. It will certainly prove worth your while to read their reports with attention.

We congratulate Stellenbosch and Tygerberg Hospital with their combined echo-screening initiative in the Cape Flats together with the British Society of Echocardiography. There must be a huge opportunity to launch similar projects with our colleagues in Europe and elsewhere but we need

local initiative and leadership to make this happen. The number of attendees at ISCAP meetings should serve as an example to other professionals. I hope that I am not naïve in thinking that this is not merely indicative of an attitude of **to get** and **to take** but also signifies an attitude of **to give**. PASCAR is growing and the use of terminology such as Task Force, Education, Eliminating Disease and Society Management promises exciting outcomes. Active involvement of our local leadership structures will help to ensure further growth in this regard. We certainly can achieve much more together, working as a team. I took part in Cardio Alex Egypt in 2013 and this year SA Heart, with Profs Andrew Sarkin and Francis Smit, continued our involvement. Congratulations to Prof Commerford who took up the responsibility of Chief Editor of CVJA.

Africa PCR 2015 in Johannesburg is but one item which you should note in advance on your 2015 calendar. If you want to know more about the continued activities of our private practice committee, ethics committee, full time salaried committee, educational committee or SHARE and other SA Heart activities, please contact us via our Operations Officer, Erika Dau, at erika@saheart.org.

Enjoy your reading

Adriaan Snyders (asnyders@mweb.co.za)
President, SA Heart Association



15th ANNUAL SA HEART CONGRESS



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POPULAR CONGRESSES FOR 2014

CONGRESS	DATE	CITY	COUNTRY
ESC CONGRESS http://www.escardio.org/congresses/esc-2014/Pages/welcome.aspx	30 August - 3 September 2014	Barcelona	Spain
TCT http://www.tct-cmrglobalgroupservices.com/pages/Home.aspx	13 - 17 September 2014	Washington DC	USA
SA HEART 2014 http://www.saheart.org	16 - 19 October 2014	Durban	South Africa
LAA LEFT ATRIAL APPENDAGE http://www.cso-laa.org	14 - 15 November 2014	Frankfurt	Germany
AHA SCIENTIFIC SESSIONS http://www.scientificsessions.org	15 - 19 November 2014	Chicago	USA
EURO ECHO IMAGING http://www.escardio.org/congresses/euroecho-imaging-2014/Pages/welcome.aspx?hit=nav	3 - 6 December 2014	Vienna	Austria
2ND WORLD CONGRESS OF CLINICAL LIPIDOLOGY http://www.clinical-lipidology.com	5 - 7 December 2014	Vienna	Austria
CARDIORHYTHM 2015 http://www.cr2015.org	30 January - 1 February 2015	Hong Kong	Hong Kong
JIM 2015 http://www.jim-vascular.com	12 - 14 February 2015	Rome	Italy
ACC.15 http://www.scientificsessions.org	14 - 16 March 2015	San Diego	USA
AFRICAPCR 2015 http://www.africapcr.com	26 - 28 March 2015	Johannesburg	South Africa
EUROPREVENT http://www.escardio.org	14 - 16 May 2015	Lisbon	Portugal
EUROPCR 2015 http://www.europcr.com	19 - 22 May 2015	Paris	France
HEARTFAILURE 2015 http://www.escardip.org	23 - 26 May 2015	Seville	Spain
AMERICAN SOCIETY ECHOCARDIOGRAPHY (ASE) http://www.asescientificsessions.org	13 - 16 June 2015	Boston Massachusetts	USA
ESC 2015 http://www.escardio.org	29 August - 2 September 2015	London	UK
WSA 2015 (WORLD CONGRESS ON CARDIOLOGY, ARRHYTHMIA, PACING AND EP) www.wsa2015.org	17 - 20 September 2015	Beijing	China
TCT2015 http://www.crf.org/tct	12 - 16 October 2015	San Francisco California	USA
VENICE ARRHYTHMIA http://www.venicearrhythmia.org	16 - 18 October 2015	Venice	Italy
AHA http://my.americanheart.org	7 - 11 November 2015	Orlando Florida	USA

ISCAP NEWS

The theme for this year's SA Heart Congress, "Bridging the Divide", may be interpreted in many ways. Our field of interest serves the entire spectrum of society, ranging from privileged to underprivileged patients, who are treated in turn in either the public or private sector by cardiologists, nursing professionals, technologists and radiographers, all of whom receive training in different aspects of the patient's management.

Having a theme has spurred us on to think how we can bridge that divide which is proving to be quite a challenge!

ISCAP workshops

As you are aware, the ISCAP workshops form a large part of the ISCAP initiative. Once again, delegates have responded in huge numbers to the meetings which have been held countrywide. Thank you for your interest, support and loyalty. A wide variety of topics are offered in order to address the diverse interests and needs of the Allied Professionals in their scope of practice.

2015 calendar

The meeting schedule for the 2015 calendar year will be slightly altered. There will be fewer meetings, but they will be packed with more punch. The meetings will be predetermined, and most will be offered at a national level. ISCAP will be doing this in order to provide a higher standard of training, and to ensure quality education across South Africa.

As always, ISCAP would like to cover those topics which delegates are interested in, e.g. new techniques, innovative products, niche tools, new pharmaceutical regimes and, of course, pathophysiology which contributes to coronary artery disease, arrhythmic anomalies and congenital heart disease.

With the new hybrid Labs, ISCAP would like to add to the above with topics of interest e.g. EVAR, aortic stenting techniques, carotid intervention etc.

So, please step up and let us know what you would like us to include in the 2015 programme.

“Our field of endeavour serves the entire spectrum of society, ranging from privileged to underprivileged patients.”

Basic Life Support course

A wonderful coup for ISCAP, in conjunction with Medtronic Africa, is the Basic Life Support course which will go from city to city, giving all clinical technologists and radiographers the opportunity to add this important item to their CVs, not to mention the CPD points!

ISCAP Crossroads course

The ISCAP Crossroads Course, which has been a popular event for many years now, has also had large turnouts in the different cities.

EuroPCR

For the second time, ISCAP was invited to present at EuroPCR. This year the topic was Challenges Facing the Cath Lab Allied Professionals in South Africa. From the questions asked, it was obvious that delegates were very interested in the first world level of care offered by all hospitals and care givers in Southern Africa. The bad news is that in almost all countries represented at EuroPCR 2014, there is still no legislation regarding practice or standardisation of professional requirements for the Allied staff working in Cath Labs. However, the struggle

for recognition of the Allied Professionals will continue! Any ISCAP member who would like to represent ISCAP at EuroPCR 2015 must contact the ISCAP office for more information.

Synergy workshops

Training for Industry is planned. SASCI and ISCAP Industry representatives will work closely with the ISCAP Executive to develop the material for these workshops. The aim will be to design a programme that will determine and state the expectations, the clinical experience and the minimum standard of behaviour for all parties in the Cath Lab.

Cath Lab

ISCAP has donated 50 Cardiac Catheterisation Training Manuals to Cath Lab Units across Africa. ISCAP wishes to initiate educational partnerships with cath labs across Africa. This partnership will ultimately benefit the interventional cardiology patient in Africa and this is a first step towards achieving this goal.

ISCAP is proud to congratulate the Cath Lab personnel who completed the first Netcare Cath Laboratory course:

- Phillip Oosthuizen,
- Isabel Bender and
- Linda Van Heerden.

Netcare are planning the next course for January 2015 based at the Netcare Training Academy in Auckland Park. Netcare has a Cath Lab forum working on the standards. The Netcare Cath Lab Course is open to all hospital groups but for other hospital groups to take part, assessors with cath lab experience need to be trained so that the formative and summative assessments can be done on the students. For more information please contact Helen Hatting on helen.hatting@netcare.co.za.

SA Heart Congress

We are planning 2 sessions at the SA Heart Congress which will focus on the principle of "Time is Muscle". These

sessions are sure to be very exciting and I am confident that they will be successful.

Africa PCR 2015

The needs analysis for Africa PCR 2015 has been completed for the Allied Professionals session. We have started to check the various interesting topics which have been forwarded to us, so that we can start planning the programme. More details regarding the congress will be made available soon.

ISCAP would like to thank all our corporate supporters for their loyal support: Africa X-Ray Industrial & Medical, Amayeza Abantu Bio Medical, Angio Quip Medical Supplies, Aspen Pharmacare, AstraZeneca, B Braun Medical, Baroque Medical, Biotronik SA, Boston Scientific South Africa, Cardiac Output, Cordis, Johnson and Johnson Medical, DISA Vascular, Edwards Lifesciences, Logan Medical and Surgical PTY, Medtronic Africa, Paragmed, Pharma Dynamics, Surgical Innovations, The Scientific Group, Torque Medical and Volcano Therapeutics SA.

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

**Dianne Kerrigan
Chairperson, ISCAP**



SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

The South African Society of Cardiovascular Intervention (SASCI) has been very active in the first half of 2014.

Memorandum of Understanding

SASCI has recently signed a Memorandum of Understanding with Discovery Health which will see them visiting your practice with a proposal for voluntarily participation in a global fee arrangement for suspected IHD patients.

Coding

Coding however remains a major challenge requiring extensive time. Even with inclusion in SAMA, DBM individual funders (administrators) still need to decide to firstly include new codes in their coding structure and then decide on the funding level. SASCI is working to make claiming a less cumbersome and complex procedure. JP Theron must be acknowledged for his hard work in putting together a coding handbook for cardiology. The first draft will be available for review by the end of June and will be sent to the Exco for comment. Lenny Steingo, Mark Abelson and David Jankelow have been very involved in the process. This information will eventually be communicated to members and funders and will hopefully lead to a reduced number of queries in future.

AfricaPCR

In our previous newsletter we reported on the successful AfricaPCR Course 2014. We are currently in the planning stages of the second standalone AfricaPCR Course in 2015. A needs analysis has been prepared and it has been discussed with the AfricaPCR Board.

SAVE THE DATE!

AfricaPCR 2015

The Forum, The Campus, Johannesburg, South Africa
26 - 28 March, 2015

Visiting Professor Programme

We also reported on the Visiting Professor Programme 2014 - Prof Tony Gershlick (University of Leicester, UK)

left a legacy that will remain for a long time in the respective departments and with the individuals who interacted with him during his 2 month visit. SASCI has a standing invitation for VPP 2015 with Prof David Holmes (USA) and we hope to finalise the details in the near future. Medtronic must be thanked for their longstanding and continued support of this programme and thanks also goes to Pharma Dynamics who continue to sponsor the Visiting Professor Evening Lecture series.

Rotablator meeting

Locally SASCI also hosted a very successful Rotablator meeting which was attended by more than 50 cardiologists. On the international stage SASCI was well represented at this year's EuroPCR 2014 congress.

Annual SASCI Fellows Programme

The 9th Annual SASCI Fellows Programme took place from 6 - 8 June 2014 at the Balalaika Hotel in Johannesburg with Chris Zambakides as programme convenor. Thirty two fellows/registrar and recently qualified cardiologists attended this popular workshop, including delegates from Mauritius and Angola. SASCI plans to develop the programme for 2015 to further increase peer interaction and include even more case based discussions. SASCI wishes to thank Chris Zambakides (convener) and the faculty Farrel Hellig, Dave Kettles, Adriaan Snyders, Anthony Becker, Rafique Essop, Rashid Essop and JP Theron for their extensive contribution to the success of this long standing meeting. The following meeting sponsors are also gratefully acknowledged: Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Biotronik, Boston, Cardiac Output, Cordis, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Torque Medical and Volcano.

SA Heart Congress 2014

Having started the year at full pace, we now have to keep up the momentum that we gained as we go into the latter half. True to form, SASCI actively supports the SA Heart Congress 2014 and contributes to the scientific programme. Jean Vorster (SASCI) has been tasked to assist Sajidah Khan (SA Heart congress chairperson) in developing a focussed interventional programme. The international faculty will include a high-powered delegation from the European Society of Cardiology who will be hosting 2

dedicated sessions at SA Heart. These sessions will include “hot messages” and “late-breaking clinical trials” from the 2014 ESC Congress in Barcelona. SASCI members are invited to participate in a joint session with anaesthetists, surgeons and cardiologists called “Let the Team Meet” and to submit unusual or vexing clinical cases/images for the session entitled “Out of Africa - the weird and wonderful”.

Early Reperfusion STEMI

Lecture material is available and members should contact the SASCI office if they wish to get involved within regional educational initiatives. Adriaan Snyders is the SA Heart project leader and he is assisted by Dave Kettles for SASCI.

“Our corporate supporters have been committed to our society.”

Post Graduate Cardiology Training programme

The society supports a Post Graduate Cardiology Training programme. The aim is to ensure that individuals receive exposure to high volume interventional units and also get the opportunity to observe and work with different operators, including surgeons, in the private environment. SASCI will establish a Task Group, with an open invitation to all Heads of Departments to participate, to form and drive this addition to interventional cardiology training in South Africa.

ESC eLearning Platform

Sajidah Khan is the South African national coordinator for the new ESC eLearning Platform. This programme focuses on web based Fellows training and offers training in 6 sub-specialties with the first module being interventional cardiology. The duration of the EAPCI Learning Pro-

gramme is 3 years (in addition to theoretical training there is a very specific interventional case mix requirement for certification). Although we do not have a candidate participating yet, SASCI hopes that the first South African trainee will join this programme in the not too distant future.

RC Fraser International Fellowship

The call for nominations for the 2014 RC Fraser International Fellowship has been distributed to all roll players and the next recipient, who will be able to spend one month at Dr Martyn Thomas’ unit in the UK, will be announced soon.

Executive members

We express our sincere appreciation towards the committed Executive members who form the heart of this society: F Hellig (President), G Cassel (Ex-officio President), D Kettles (Vice-President), C Badenhorst (Treasurer), A Horak (Secretary), S Khan, M Ntsekhe, C Zambakides, M Abelson, L Steingo and J Vorster.

Corporate supporters

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

Please contact SASCI’s Executive Officer, George Nel at 083 458 5954 or email sasci@sasci.co.za if you need any assistance or need to formally communicate with the executive.

Farrel Hellig
President, SASCI



SASCI

South African
Society of
Cardiovascular
Intervention

PANAFRICAN SOCIETY OF CARDIOLOGY (PASCAR)

PASCAR is an organisation (established in 1981) of physicians from across Africa involved in the prevention and treatment of cardiovascular disease. PASCAR's Governing Council consists of a core group of committed individuals with extraordinary knowledge of the African cardiovascular environment and the passion to make a difference.



PASCAR National Council (Dakar, Senegal, May 2013)

From left to right - Back row: Dr Anastase Dzudie, Cameroon, Assistant Secretary General (Central Africa); Dr Harun Otieno, Kenya, Assistant Secretary General (East); Dr Saad Subahi, Sudan, Vice-President (North); Prof Elijah Ogola, Kenya, Vice-President (East); Dr Awad Mohamed, Sudan, Assistant Secretary General (North); Prof Serigne Ba, Senegal, Vice-President (West); Prof Samuel Kingue, Cameroon, Vice-President (Central); Prof Johan Brink, South Africa, Assistant Secretary General (South). Front row: Prof Toure Ali Ibrahim, Niger, Assistant Secretary General (West); Dr Ana-Olga Mocumbi, Mozambique, Vice-President (South); Prof Bongani Mayosi, South Africa, President; Prof Karen Sliwa-Hahnle, South Africa, Treasurer; Dr Benedict Anisiuba, Nigeria, Secretary General. Not in picture: Prof Patrick Commerford, South Africa (Editor, Cardiovascular Journal of Africa).

In addition to our geographical aligned structures (North, East, South and West Africa), PASCAR Task Forces bring together representatives from key cardiovascular sub-specialties such as interventional cardiology, life style risk modification and allied catheterisation laboratory professionals. Professor Bongani Mayosi has stated that PASCAR will actively engage with Africa, North of the Sahara to become an active contributing region in PASCAR. This has culminated in the PASCAR 2015 Congress being awarded to the Tunisia Cardiac Society.

PASCAR is currently involved in the following programmes:

“Cardiac pacing services for every African country”

There are 3 potential barriers to the establishment of an effective cardiac pacing service in Africa: The cost of pacemakers, lack of implantation facilities and absence of clinical expertise. The high cost of new pacemaker devices may be overcome by the re-use of pacemakers, a practice that has been demonstrated to be safe and cost-effective. Pacing requires the availability of x-ray equipment with fluoroscopic capabilities and aseptic conditions which are available in many hospitals in sub-Saharan Africa and in almost all academic centres. It is not necessary for the procedure to be carried out in a dedicated cardiac catheterisation laboratory, a facility that is not available in the majority of African countries. Finally, the lack of trained doctors in pacemaker implantation and non-physician clinicians (or nurses) in supportive care is the only other significant barrier to the establishment of cardiac pacing in many countries in the region. African Fellowships in Cardiac Pacing and Clinical Cardiology addresses the lack of expertise through a 6-month intensive training programme at high volume pacemaker implanting and training centre such as University of Cape Town, South Africa. Some North African countries could also act as training facilities. The first unit under this programme should be operational in Sierra Leone from mid-2015.

PASCAR brings together medical experts from across Africa: Convene to forge a path to eliminate rheumatic heart disease

A historic assembly took place at the Zambezi Sun, Livingstone, Zambia bringing together Africa's leading experts in rheumatic heart disease (RHD) in order to design a roadmap for the control and elimination of the disease in Africa. The second Pan-African “Stop Rheumatic Heart Disease A.S.A.P in Africa” Continental Congress, being held under the auspices of the Pan African Society of Cardiology (PASCAR) and in partnership with Novartis, included cardiac specialists from more than 30 countries in Africa as well as representatives from the World Health



Organisation (WHO), the African Union Commission (AUC) and the World Heart Federation (WHF). "The time is now to scale up our efforts if we are to realise the elimination of rheumatic heart disease in Africa in our lifetime," said Prof Bongani Mayosi, a leading advocate for patients with RHD globally. The meeting took place from 31 January - 4 February in Livingstone, Zambia. The Zambian Minister of Health gave the opening address, welcoming the 50 delegates from over 20 countries from across Africa, Cape to Cairo. "Despite its high prevalence, for a very long time rheumatic heart disease has been a neglected disease in Africa, but this is slowly changing," said Dr John Musuku, paediatric cardiologist at the University Teaching Hospital in Lusaka, Zambia. Under the auspices of PASCAR and in partnership with Novartis, Dr Musuku is leading a broad effort in Zambia to measure the prevalence of RHD in school children and to create a new electronic patient registry. The other delegates are working in all areas in Africa, leading important new research in RHD contemporary measures as well as the genetic epidemiology of RHD – the REMEDY study and RHDGen represents the start of a new era in ground-breaking RHD research in Africa.

PASCAR task force on hypertension

PASCAR embarked on a process to write, disseminate, implement and monitor a very practical guideline towards the management of high blood pressure in Africa. High blood pressure (BP) is the most common single risk factor for cardiovascular related events and deaths worldwide. Over the last years, a substantial number of publications have highlighted the growing evidence of high BP as a largely underdiagnosed and undertreated disease associated with poverty and ignorance, henceforth leading to complications like stroke, kidney disease and heart failure. Recently, under the high patronage of the Senegalese president, as the leading continental organisation, PASCAR has engaged and adopted "The 10 Best Buys" to combat heart disease, diabetes and stroke in Africa with hypertension management as the first priority. PASCAR has not only taken a real measurement of the condition and the challenges but also the opportunities that exist in developing a credible preventive programme with the following elements:

- Clinical and very practical guidelines that answer the specific questions related to high blood pressure in Africa,

- Implementation plan with the use of the World health organisation-Africa policy,
- Monitoring, evaluation and regular revision.

PASCAR educational collaboration in Catheter Laboratories of Africa

The South African Allied Group Society, ISCAP (The Interventional Society of Cath Lab Allied Professionals) donated a complimentary copy of their recently published Cardiac Catheterisation Training Manual to every cath lab unit in Africa. This will be the first of hopefully many more collaboration opportunities in this cardiac environment.

PASCAR task force on nutrition and cardiovascular diseases

This new initiative was launched in June 2014 and will consist of a situational analysis on nutrition and CVD in Africa as well as stakeholders' consultation and systematic reviews of published data (including data meta-analysis). The task force will issue stakeholders' consultation report, peer-reviewed publications, guidelines on lifestyle management to reduce CVD risk in Africa and a handbook on nutrition and CVD in Africa. Evidence will be gathered from the cross country project and a multi-country, school-based programme with eventual communication through the PASCAR website, social media and a Satellite symposium in Tunisia (September 2015).

Medical Society Management

PASCAR has recently appointed Medical Society Management to assist the society with an office and management infrastructure. This allows the Governing Council to focus on identifying key issues, brainstorm novel solutions and design appropriate programmes to combat cardiovascular disease across the continent. The PASCAR office focuses on liaising with stakeholders and the successful implementation of priority programmes. The level of additional resource required is determined by the specific programme and is funded by third parties with mutual interests. PASCAR is forming working relationships with other organisations and departments with a similar mandate and focus in Africa.

Please contact PASCAR at george@medsoc.co.za or www.pascar.org.

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

We have once again reached the "conference season" time of the year and SASCAR and many of its members have been, or will be involved in different national and international meetings over the next few months. In this newsletter it is thus our pleasure to report on some of them:

Joint ISHR/SASCAR session at the ESC Frontiers in Cardiovascular Biology Meeting, Barcelona, Spain from 3 - 6 July 2014

For the first time, a joint session between the International Society for Heart Research (ISHR) and SASCAR formed part of the programme at the basic cardiovascular research meeting which is organised by the ESC every 2 years. Six members of SASCAR attended and presented their research at this exciting meeting: Sandrine Lecour, Barbara Huisamen, Hans Strijdom, Gerald Maarman, Sarah Pedretti

and Corli Westcott. In addition, Sandrine Lecour was an invited speaker at the ISHR pre-symposium and Hans Strijdom served as a session chair.

RAAS Satellite Meeting 2014, Spier Estate, Stellenbosch from 11 - 12 July 2014

Emerging Trends in the Pharmacology of drugs for hypertension and heart failure with a special focus on the RAAS were the central themes at this meeting which was held at Spier, 11 - 12 July 2014. This meeting, which was organised by Prof Edward Sturrock, was endorsed by SASCAR, HeFSSA and the University of Cape Town. A large number of national and international prestigious guest speakers were invited for an exciting programme. The invited Faculty of the meeting included many SASCAR members: Neil Davies, Sandrine Lecour and Karen Sliwa. For more information, visit the website: <http://raassatellite2014.org>

15th Annual SA Heart Congress, Durban from 16 - 19 October 2014

This year's meeting, with the theme: "Bridging the Divide", will boast no less than 3 basic sciences sessions, the most in recent years! Prof Rainer Schulz, from Giessen, Germany, will be a SASCAR-invited member of the international Faculty of SA Heart 2014. Other speakers invited by SASCAR include Faadiel Essop (University of Stellenbosch) and Carola Niessler (University of KwaZulu-Natal). Please visit <http://www.saheartcongress2014.co.za/> for more information. The SASCAR basic sciences sessions will be a combination of invited lectures and selected abstract presentations. Here are some of the scientific programme highlights of the basic sciences sessions:



FRIDAY 17 OCTOBER, SASCAR PARALLEL SESSION

CARDIAC PROTECTION

13h30 - 13h55	Anti-platelet therapy in acute coronary syndromes: from bench to bedside
	Rainer Schulz
13h55 - 14h20	Anaesthetics and cardioprotection
	Justiaan Swanevelder (UCT)
14h20 - 14h40	HDL therapy for cardioprotection
	Sandrine Lecour (UCT)
14h40 - 15h00	Phosphatases and cardioprotection
	Derick Van Vuuren (US)
15h00 - 15h15	Selected abstract

SATURDAY 18 OCTOBER, SASCAR PARALLEL SESSION

BASIC SCIENCES

11h00 - 11h30	Protease inhibitors induced cardiometabolic dysfunction
	F Essop (US)
11h30 - 12h00	TBA
	Angela Woodiwiss (Wits)
12h00 - 12h15	Selected abstract
12h15 - 12h30	Selected abstract

STEM CELL THERAPY

13h30 - 13h55	Stem cell therapy for cardiac repair: hype or hope?
	B Gersh
13h55 - 14h20	Stem cell therapy: an African perspective
	C Niesler (UKZN)
14h20 - 14h45	Delivery mode for stem cell therapy
	N Davies (UCT)
14h45 - 15h00	Selected abstract
15h00 - 15h15	Selected abstract

Achievements

SASCAR member Balindiwe Sishi (University of Stellenbosch) was recently recognised in the Mail & Guardian newspaper when a feature appeared on her scientific achievements as part of the newspaper's "200 Young South Africans 2013" series.

Research grant

Hans Strijdom was recently awarded a multi-million Rand research grant for a clinical study on the association between HIV-infection, antiretroviral treatment and endothelial dysfunction in Sub-Saharan African populations. The study proposal, of which Strijdom is the coordinator, was submitted to the ERAfrica project as part of the European Commission's 7th Framework Programme for Research. The research consortium consists of researchers from South Africa, Kenya, Côte d'Ivoire, Belgium and Austria and the study will initially run for 3 years.



SHARE REGISTRY

Since the SA Heart executive tasked the SHARE committee with the design of a new sustainable registry, the committee has met several times and has taken the input and the experience gained with the first phase of SHARE to help mould SHARE II into something a little different. In the first phase of SHARE we envisioned one national cathlab registry which aimed to capture highly detailed clinical information at every cathlab in the country on an ongoing basis, as a snapshot of what is being seen in the cathlab. We also had a surgical registry which covered adult and paediatric cardiac surgery, and thoracic surgery in great clinical detail, with significant overlap in the data elements between cardiology and surgery.

It was not financially viable to continue with this model as it became significantly more expensive as more participants came online. Some participants were also reluctant to capture this highly detailed information on a seemingly never-ending basis for every patient coming through cathlab. The committee has also heeded past comments from members regarding the paucity of follow-up data in the registry, which has reduced the usefulness of the data for research to some extent. Following consensus from the vast majority of participants, it was decided to close down the data collection for both surgery and cardiology and end phase one of the SHARE data collection.

To overcome these issues in the second phase of SHARE, the committee decided to structure SHARE II on a “per-project” basis and has set out some guidelines about participation in SHARE II relating to number and type of centres participating in each project, to ensure that we have a database that is reflective of practice in South Africa. While SA Heart will continue to contribute towards the running of the centralised SHARE office and will provide access to a centralised database platform through an approved developer, all projects will be responsible for raising their own funding for database development and project management and each must obtain Ethics Approval. The SHARE office will assist with this and provide guidance in each project where needed as part of the centralised service offered by SHARE.

The second phase of SHARE will run projects set up according to a model of clinical trials and anyone who wants to approach SA Heart to run a project, within the SHARE fold, will be able to obtain an Expression of Interest form from the SA Heart Website. Following the receipt of the Expression of Interest form, the SHARE II committee will review the application, and if the aims of the project align with the SHARE II objectives, first and foremost of which is improving patient care, the interested parties may then proceed to submit a protocol according to the guidelines which will be forwarded to them.

“Each project must have a champion fulfilling the same role as a Principal Investigator in a clinical trial.”

Each project must have a champion fulfilling the same role as a Principal Investigator in a clinical trial so that the projects are directed and driven by someone who is passionate about what they are doing. In addition the PI will, again with the help of the SHARE office, be instrumental in motivating other centres to participate. All participation will be voluntary and entered into with written commitment for the term of the project, which will be clearly defined from the beginning. The SHARE committee believe that only if our members take ownership of a project and the data collection, and have a clearly defined

project goal (which includes publication and presentation of the results of the study) will SHARE II be able to fulfil its aim of providing high quality research data for use by our community to improve standards of practice and patient care.

SHARE II has already been approached and has accepted proposals from 2 groups to run projects within SHARE. The data collection in both of these cardiology projects will be officially launched at the SA Heart Congress in Durban in October and they are already in the development phase with the software developer. Through negotiations by the SHARE Project manager with the software provider, e-MD has graciously allowed the existing surgical registries on the phase I SHARE e-MD platform to be used by the UFS at no charge for a period of a year. These registries will now be run by the SCTSSA and future development of surgical registries will be spearheaded by this SIG.

SHARE II is a SA Heart platform and resource that is available to all our members – surgeons, cardiologists, medical scientists and industry. While further projects are already being contemplated for the end of the year, we invite our members in Industry and academia to look to the SHARE infrastructure for future project collaborations, particularly with the surgeons.

If you are interested in using the SHARE II platform for a project, please contact Elizabeth Schaafsma at 083 603 7700 or email elizabeth@vodamail.co.za for further information.

EDITOR SA HEART NEWSLETTER



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

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

And **INFLUENCE** the cardiology community?

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

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

Contact Dr Adriaan Snyders at asnyders@mweb.co.za

WEBSITE LINKS

SASCI www.sasci.co.za | **CASSA** www.cassa.co.za | **SA Heart** www.saheart.org | **HeFSSA** www.hefssa.org

ACC www.acc.org | **Research (SASCAR)** www.sascar.org.za | **ESC** www.escardio.org

PCSSA www.saheart.org/pcssa | **World Heart Federation** www.world-heart-federation.org

REPORT ON FCVB 2014 BY DR SARAH PEDRETTI

I had the opportunity to attend the Frontiers in Cardio-Vascular Biology 2014 meeting in Barcelona (Spain) from the 4 - 6 July.

3 July 2014

I attended the ISHR pre-symposium which offered several sessions including novel aspects in cardio-protection (a joint session with SASCAR), mito-chondria and cardiovascular disease, GPL-1 and the heart, multiple pathways to cell death; followed by the young investigator award session. The day concluded with the moderated poster session.

4 July 2014

The day started with an interesting keynote lecture on the 2 pathways of translational cardiovascular research: The next decade. This was followed by several sessions including atheroprotective mechanisms of HDL, Scientist of tomorrow: New pathway for basic research and longevity. Throughout the day I looked at several really interesting studies in the poster area which covered different topics like ischaemia/reperfusion, atherosclerosis and signalling.

5 July 2014

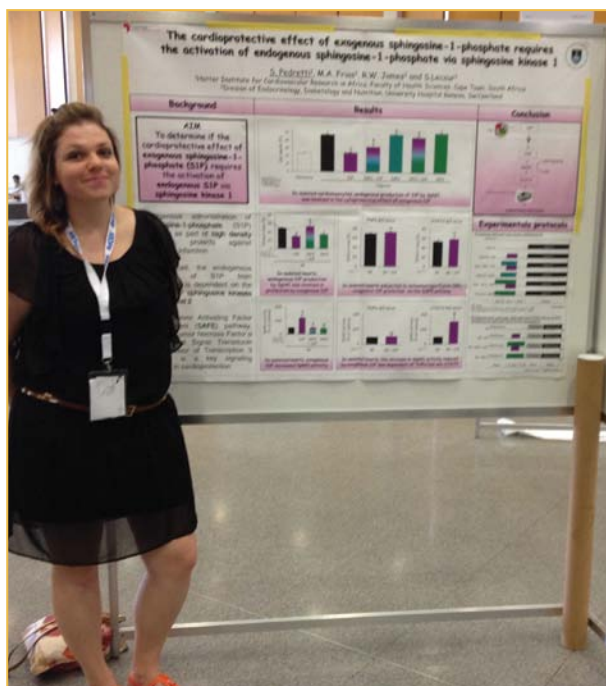
The day started with interesting sessions on frontiers in IPS technology and coronary microvasculature remodelling, followed by a keynote lecture on IPSCs for cardiovascular diseases. The young investigators competition, which featured great quality speakers, took place in the afternoon.

“I am grateful to the SA Heart.”

6 July 2014

The last day started with sessions on miRNA functions in atherosclerosis and vascular biology as well as RNAs on cardiovascular medicine. During the lunch break I had the opportunity to present my results in the poster area. I received a lot of feedback on my work and some great ideas for my future research. This was a highlight for me as I had the opportunity to discuss my work with well-known scientists.

I am grateful to the SA Heart which awarded me the SA Heart-Cipla Travel Scholarship.



Dr Pedretti displaying her poster



Prof Sandrine Lecour, Mr Gerard Maarman and Dr Sarah Pedretti (from the Hatter institute) enjoying a moment at the CVB in Barcelona.

ECHO IN AFRICA: THE SEARCH FOR RHEUMATIC HEART DISEASE

Echo in Africa (EIA) is a joint venture of the British Society of Echocardiography (BSE) and SUNheart, a not for profit foundation of the University of Stellenbosch, residing in the division of cardiology at Tygerberg hospital.

This exciting project has at its core 2 important objectives. The first is humanitarian in nature and will provide for an echocardiography screening programme aimed at searching for early signs of heart disease (including rheumatic heart disease) amongst 2 000 school children in Ravensmead and Khayelitsha and providing for aftercare of any affected individuals identified through screening. In addition, a research arm of the project will test important hypotheses related to the echocardiographic screening for rheumatic heart disease. The concept of pre-screening will be formally assessed and important questions around the importance of morphological versus functional aspects of currently used echocardiographic screening criteria will be asked, to name but 2.



From left to right: Dr Philip Herbst, Professor Anton Doubel and Dr Alfonso Pecoraro in the newly completed Echo in Africa training and research center at Tygerberg Hospital.

‘The project takes place over an 8 week period.’

The project will take place in a purpose renovated training and research center recently completed and situated adjacent to the cardiology ward in Tygerberg hospital. The facility makes provision for 12 echocardiography scanning stations that can be occupied and run simultaneously. The 12 stations are networked to the TBH cardiology imaging archive and network system (GE ECHOPAC) and this provides for effective storage, review and post analysis of echocardiography studies. In addition, a research facility with viewing and review stations for data analysis complete the working end of this state of the art facility.

The project takes place over an 8 week period spanning 3 months and kicks off on 28 July 2014. It is supported by close to 100 experienced BSE accredited sonographers from the UK. This amazing group of individuals has taken on and successfully completed a fundraising initiative in the

UK in support of the project. Approximately 2 000 high school learners from 4 schools in the Ravensmead and Khayelitsha areas of Cape Town will be screened in the first year of the project and the support and enthusiasm from the learners, schools and parents for this project has been overwhelming. Echocardiography based research on a large scale is expensive, labour intensive and time consuming. It is hoped that this programme will be a blueprint for future large scale echocardiographic research based on this format. It is planned that the current Echo in Africa programme will run for a 5-year period. The Echo in Africa project is fully endorsed by SA Heart.

Dr Philip Herbst
Consultant Cardiologist
University of Stellenbosch and Tygerberg Hospital

HEART AND STROKE FOUNDATION SOUTH AFRICA

Let's unite in the fight against salt

South Africa has one of the highest rates of high blood pressure in the world. In fact, one in 3 adult South Africans are living with high blood pressure which is one of the leading causes for heart disease or stroke. Every day 225 people die from heart disease, 76 of them due to a stroke. An estimated 10 people will suffer a stroke and 5 people will have a heart attack every hour! The link between salt and high blood pressure is well-documented, but on average, South Africans are consuming more than double the recommended amount of salt! These statistics alone highlight the dire need for the Salt Watch awareness and education campaign which aims to encourage South Africans to eat less salt. The Heart and Stroke Foundation South Africa is calling on you to unite with us in the fight against salt.

Regulation alone isn't enough

South Africa is considered to be a world leader because globally we are the first country to regulate salt content across a wide spectrum of foods. However, regulations alone will not be sufficient; South Africa needs education and health promotion efforts as well. Forty percent of salt consumed in South Africa is discretionary salt, which is added during cooking and at the table. Furthermore, according to a recent study presented at the Salt Summit on 13 March 2014, researchers found that nearly a fifth of consumers compensated for a reduced salt meal (prepared by a reduced salt stock cube) by adding salt back into the meal, even to the point of overcompensation. Thus education and heightened awareness is necessary in order to bring about behavioural changes and to reduce salt intake.

How will the regulations affect the people of South Africa?

A recent study calculated the potential impact of these salt reduction targets in a cohort of South African adults.

Achieving the salt reduction targets set by the National Department of Health of less than 5g of salt per day per person would translate to an average of 2.9g to 3.3g per



day lower salt intake per person. These targets are estimated to:

- Reduce CVD deaths by 11%, averting 3 363 deaths and 6 563 new cases of CVD per year in the general population;
- Amount to an annual household saving of R42 million in healthcare costs, mostly among middle-class families; and
- Save the government approximately R536 million a year in health care subsidies alone.

We need your help

Research has shown that people view the medical community as a trusted source of information. We therefore call on all medical practitioners to partner with us to help win this fight by spreading the same consistent messages regarding the dangers of too much salt.

In support of the public awareness campaign, we need the help of medical practitioners to get the following key messages across to the public:

- Too much salt increases blood pressure, which causes heart attacks and strokes.
- Many South Africans consume too much salt, up to twice the recommended amount.
- The foods that we buy already contain a lot of salt, so we can use less salt at home while cooking and at the table.

Lights, camera, action!

A crucial element of the Salt Watch campaign is advertising – fortunately the National Department of Health sponsored R5 million towards this. The campaign aims to utilise radio and television as key channels to reach the majority of South Africans to educate them about the dangers of eating too much salt and to encourage them to eat less salt. The adverts are scheduled to air from mid-July, so keep an eye out for them!

What about “hidden” salt?

Up to 55% of the salt we eat comes from processed foods!

In South Africa, the top contributors to daily salt intake are:

- Bread (all types)
- Processed meat products



- Soup/gravy powder
- Meat and vegetable extracts
- Hard/block margarine
- Savoury snacks (including crisps)
- Breakfast cereals.

Tips to eat less salt




You can use these handy tips to help your patients eat less salt – especially those who already have high blood pressure.

- **Cut down on processed foods** – salt is found in almost every pre-prepared food, from processed meat to canned soup, to bottled dressings and packaged sauces, bread and condiments such as ketchup and pickles. Try to use more fresh foods and less processed foods.
- **Cook at home** – preparing your own meals means that you can control how much salt you add as well as increasing the quantity of vegetables you add to dishes. Taste your food during cooking before you add salt, as it may not need it. If you have already added salty spices or a stock cube, you don't need to add salt too. If you used salt during cooking, you don't need to add more at the table. Don't put the salt shaker on the table. This will help stop the habit of adding salt to your plate.
- **Flavour your food** – but don't use salt. Choose fresh or dried herbs, spices, garlic or lemon juice to ensure that your food doesn't taste bland.
- **Read the list of ingredients** – if sodium or salt is listed in the first 3 ingredients, the food is likely to be a high-salt choice. Salt may also be “hidden” on the list as table salt, sodium chloride, monosodium glutamate (MSG), sodium nitrate, sodium bicarbonate and soy sauce – these are all salt as well!
- **Read the label** – some products may have a low salt, low sodium or no salt added version, but also be aware that these products may not necessarily be ‘healthy’ if they are also high in sugar or fat.
- **Look for the Heart Mark** - choose foods with the Heart Mark logo as these products have less salt (sodium) compared to similar products.

- **Eating out** – restaurants are notorious for creating salty meals, as this is an easy way to boost flavour. Ask your waiter to tell the chef to use less salt in your meal, and if the dish has a sauce or dressing, ask for this to be served on the side.

Useful resources

The table below can help your patients decide if a food is low, moderate or high in sodium. Show them how to look at the amount of sodium per 100 g of food and not per serving, which is found in the Nutritional Information Table on the packaging.

Nutritional Information Table			
Per 100g	Low eat more often 	Moderate eat sometimes 	High avoid or limit 
sodium	120 mg or less	120 mg - 600 mg	600 mg or more
Remember to look at per 100 g of food and not per serving			

Lending a helping hand

The HSF has several resources that may be helpful in assisting and encouraging your patients towards adopting heart-healthier lifestyles.

For more information, please contact 021 447 6268,
email heart@heartfoundation.co.za or visit
www.heartfoundation.co.za.
www.facebook.com/HeartStrokeSA
www.twitter.com/SAHeartStroke

You can also refer your patients to our Heart and Stroke Health Line – 0860 1 HEART (43278), where they can speak to one of our health consultants.

Dr Vash Mungal-Singh
Chief Executive Officer
Heart and Stroke Foundation SA (HSF)

SASCI STEMI EARLY REPERFUSION

As you are aware the SASCI STEMI Early Reperfusion project started in the Tshwane (Pretoria) region. This project focuses on STEMI as the diagnosis and management and is well defined and supported by evidence based studies. Although this project focuses on STEMI patients, which form a minority of acute coronary syndrome (ACS) patients, I am optimistic because the side effects of establishing good education, networking and capturing data will also benefit all other ACS patients. These 3 focus areas are detailed further below:

Education

Education starts at cathlab hospitals and is intended for nursing staff, allied professionals, emergency room doctors, specialists as well as hospital staff and managers. Educational activities are then launched in hospitals without cathlabs, emergency rooms found in other city hospitals, referring general practitioner groups and other referring suburban centres. We also try to include as many as possible emergency medical services (EMS) staff members, general practitioners, physicians, managers, nursing staff and anyone else who may be part of the process. Finally we intend to start a patient awareness programme through the Heart and Stroke Foundation (HSF). While these sessions focus on STEMI management, they also open up educational possibilities to all other aspects of the acute coronary syndrome (ASC) patient, therefore benefiting an even larger group of patients.

Networking

Establish a network to ensure proper transport of the patient to effective medical care. This will most likely assist all other ACS patients in obtaining appropriate care.

Research/Registry with follow up to ensure outcome data

Data for the South African population either does not exist or is frowned upon as the accuracy of the data is often not validated directly from the source.

Although it has taken some time to get the various stakeholders to start collaborating on improving care for acute myocardial infarction (AMI) patients in the Tshwane region, we are making progress. We are slowly identifying the responsible doctor in each cathlab and fostering commit-

ment to the project. We continue our work towards obtaining permission from the various hospitals to start the registry as soon as possible. We learnt in our pilot project that without buy in from hospitals and the hospital groups, the registry will not succeed. We do however plan on running a 2 months survey during the second part of 2014 but need to ensure that the hospitals are educated and prepared to enthusiastically support the capturing of data. Furthermore, in order for ethics approval to be given, we need to obtain permission from the respective cathlab hospitals. In the interim I have met with Dr Ashley Chengadoo from Netcare but was not yet able to meet with Dr Lloyd Kaseke from Life Healthcare. Dr Tom Mabin will meet with Mediclinic to obtain their support for the survey. We have also completed the last GP educational meetings and plan a second round of meetings in 2015.

Due to the success of the project in the Tshwane region, we have now reached the stage of national roll out. In order to drive the project forward a steering committee (as listed below) has been formed:

Dr Adriaan Snyders	National Coordinator
Dr David Kettles	SASCI Representative and Coordinator Eastern Cape
Dr Sajidah Khan	Coordinator KwaZulu-Natal and assisting in research survey registry
Prof Rhena Delport	Research/registry
Amy Wolfe	Education material and literature
George Nel (MSM)	Finances and Logistics
Dr Len Steingo	Coordinator Johannesburg North and West
Dr Chris Zambakides	Coordinator Johannesburg South and East
Dr Tom Mabin	Coordinator Western Cape; collaboration with HSF and patient awareness

Dr Shirley Middlemost Western Cape and education material

Although the national roll out is still in its infancy, a number of key steps have already been taken:

- The following industry members have funded the programme thus far: Axim, Boston, Aspen, Baroque, Angio Quip, Amayeza and Pharma Dynamics, with pledges received from Edwards, Medtronic, Biotronik, Boehringer, Torque Medical and B Braun.
- Prof Rhena Delpont assisted with a report for Stent for Life (SFL) to be published in a supplement of Euro-Intervention as part of a paper that describes the opportunities and challenges in building STEMI systems of care in SFL-affiliated and collaborating so-called emerging countries, namely India, China, South Africa and Mexico.
- Dr Sajidah Khan represented us at a SFL working dinner during the EuroPCR 2014 congress.
- I have started to meet with the EMS in the Pretoria region, although it has proven to be a daunting task. In Pretoria there are 24 different EMS but only 2 are capable of appropriately transporting and caring for myocardial infarctions namely Netcare and ER24. We still have limited information on the status of public health EMS.
- I met with Willem Stassen from ER 24, Chief Fire Medic and head of ER 24 Research Committee. He is one of 180 emergency medicine medics with a degree in emergency medicine and qualified to give thrombolytic medicine. Many of these 180 medics are involved with training and management and some are contracted to work elsewhere in Africa. He is presently working on his doctorate evaluating resources and efficacy of managing STEMI patients. This is a huge task and in line with our project. I offered our assistance with training in STEMI and explained our strategy of developing a network/team to effectively manage not only STEMI patients but all patients with cardiac chest pains.
- I am consulting with some industry partners to develop effective ECG diagnosis and to ensure that ECG units

on ambulances are suitable. There are also discussions with industry members concerning the development of an electronic registry and other aspects of our programme.

“We are slowly identifying the responsible doctor in each cathlab and fostering commitment to the project.”

- The educational activity in Mosselbay and the Eastern Cape has been driven by the enthusiasm of ISCAP. Until now we have not received any requests for assistance from any other regions. A priority focus of the project in the next 6 months will be the establishment of effective communication with government. We would like to see the regions well prepared before we embark on a patient awareness campaign. However, we may need to consider public pressure from patients for improved care if healthcare continues to ignore their responsibility.
- I met with Dr Lara Goldstein, Head of the Emergency Department and Helen Joseph Hospital, which is the first public Hospital indicating interest to participate in our project. It seems that rather than wishing or begging for public hospitals to participate, we will assist hospitals who want to participate voluntarily and who are able to identify a person to take responsibility for that hospital.

Continued on page 114

SASCI STEMI EARLY REPERFUSION CONTINUED

‘We continue to learn about challenges that other countries have faced.’



- I am in the process of making contact with Stent India. India launched a very successful programme and has already had 2 2-day courses which were not only attended by physicians but all other members of the network including participation and active involvement from their government. I envision developing a similar programme and inviting them to South Africa. Please visit their website: www.stemiindia.com

From an international perspective, we continue to learn about challenges that other countries have faced and how they have managed to overcome these hurdles. India has started a very successful programme in certain provinces and one of the key contributors to their success has been the involvement of the Indian government. In order to highlight the importance of managing AMI patients, India STEMI held a weekend symposium involving the government. Delegates included doctors, EMS and hospital staff with the focus of the meeting being on upskilling and the development of a network monitored by an effective registry to which all physicians had to contribute. The success of this project can be attributed to the involvement of government. In the South Africa setting, our fragmented medical services are a challenge but should not make an effective network impossible.

Another key step to improving AMI patient care in India has been the development of a PC based ECG which is

installed in ambulances and which immediately sends the patient's ECG to the doctor on call. Local government, in a few Indian provinces, has also taken out and continues to pay for medical insurance for all registered inhabitants who do not have access to private health care to ensure that every STEMI patient will be covered for transport to a cathlab center and consequent effective treatment. If India has been able to implement such a successful system, there is no reason that South Africa cannot follow suit. I have made contact with the India STEMI project to investigate the possibility of learning from their programme and maybe work towards a similar symposium in South Africa in 2015.

Effective/Correct Diagnosis that lead to correct/Effective Management is Cost Effective at any price while Ineffective/incorrect Diagnosis and or Incorrect/ineffective Management is expensive at any price.

All readers are invited to contact their local SASCI group or myself for further information but also to contribute with your participation. We have educational material, a poster available and you are also invited to contribute to our educational library which is managed by Amy Wolfe.

Adriaan Snyders
asnyders@mweb.co.za

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

REQUIREMENTS

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

RECOMMENDATIONS

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

APPLICATIONS MUST BE ADDRESS TO:

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

And submitted to the SA Heart Office electronically: erika@saheart.org

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

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.

INDUSTRY SUPPORT FOR MEDICAL CONGRESSES AND CONTINUED MEDICAL EDUCATION – INTERNATIONAL AND LOCAL TRENDS

Historically the medical device industry has sponsored healthcare professionals to attend both local and international congresses as well as sponsoring the event itself. In the past congresses were often held at exotic venues like beach and ski resorts or on luxury cruise ships. While attending the congress, some doctors received 5 star treatment which included champagne breakfasts, trips to the theatre, skiing excursions or games of golf. Although the majority of time spent at a congresses focused on educational content, a significant amount of time was also spent on entertainment. However, this is a thing of the past. Of late professional bodies like the American Medical Association (AMA), American College of Cardiology (ACC) and many other organisations and bodies in the USA and other western countries have introduced punitive measures which ban doctors from accepting favours in cash or kind from the industry.

Certain countries have also decided to introduce legislation in order to curb this behaviour. Chief among these is the Foreign Corrupt Practices Act and the Physician Payment Sunshine Provision (Sunshine Act) in the USA. Passed in an effort to allay concerns about conflicts of interest between physicians and the pharmaceutical and medical device industries, the Sunshine Act requires manufacturers of drugs, devices, biologicals and medical supplies to record all payments to physicians. The goal of the law is to enhance patient safety by increasing the transparency of financial relationships between health care providers, pharmaceutical and medical device manufacturers.

Inspired in part by this law, France passed its own Sunshine Act in 2011, as well as Slovakia, which passed several amendments that subject health care companies to certain restrictions and requirements regarding their relationships with medical practitioners. The European Federation of Pharmaceutical Industries and Associations (EFPIA) represents 33 European national pharmaceutical industry associations and requires its members to publish reports detailing any financial support.

Industry organisations in Australia and the Netherlands have adopted similar measures requiring health care companies

to publicly disclose financial relationships with medical professionals, while a professional association in Japan also requires that members implement specific transparency policies.

Advamed (the American Medical Device Industry Association) has amended its code and now prohibits direct sponsorship of healthcare professionals to attend local and international congresses. The Advamed Code also prohibits the giving of gifts to healthcare professionals. This was a key topic of discussion at the recent International Medical Device Compliance Conference which Tanya Vogt, Executive Officer of the South African Medical Device Industry Association (SAMEDI), attended. Vogt states: "We are seeing more countries e.g. Sweden moving toward restrictions on direct sponsorship and Denmark implementing onerous requests and reports that healthcare professionals must complete prior to receiving product related training".

Vogt further believes that asking the industry to completely divorce itself from the profession in terms of sponsorship of congresses and support for ongoing medical education is not a good idea. The medical device industry relies on the profession to provide valuable input towards new and innovative product development and the profession in turn relies on the industry to provide invaluable product training and sponsor the cost of congresses which helps defray some of the operating costs of their societies. However, there is no denying the fact that greater transparency is required in relation to industry funding of congresses and continued medical education. Vogt reiterates that "It is no longer a case of whether to, but when!"

Due to the fact that their parent companies are based in the USA or Europe, a number of SAMEDI members are also subject to adherence to the afore-mentioned international codes and legislation. For South African medical device companies this means different rules for multinational versus local entities and it makes it difficult to level the playing fields.

In the absence of similar legislation, countries like South Africa rely on industry-developed codes of conduct. The

Marketing Code of South Africa, to which SAMED members subscribe, offers clear guidelines regarding support by the industry for local and international congresses. The Code states that the healthcare industry should refrain from giving the incorrect impression about the industry to other stakeholders including patient and consumer associations, the press, healthcare professionals, government officials and also the general public by offering excessive hospitality that could harm the industry.

The Code clearly sets out rules regarding international and local travel, venues, meals, accommodation, hospitality and entertainment. For example, companies may only sponsor business class travel for faculty members presenting at a congress and Healthcare Professionals attending advisory boards and clinical investigations. It is also not appropriate to pay for travel expenses for guests or spouses/partners of Healthcare Professionals or for any other person who is not a trainee or an invited attendee to such a meeting. Travel should be arranged by the sponsoring company (or their designated travel agent) and should be restricted to the designated meeting dates (dependent on the travelling time involved, this may include arriving 48 hours before the meeting and departing soon thereafter). It is inappropriate to host Healthcare Professionals at venues that would be considered holiday destinations and which are distant from their normal place of practice, unless it is a bona fide educational meeting, conference or congress, endorsed by a Professional Healthcare Association.

Hospitality should be limited to reasonable hotel accommodation and meals, coffee breaks and a conference dinner or cocktail reception. Spouses, partners, family and/or other guests may not benefit from such hospitality.

Companies may not pay for or reimburse Healthcare Professional lodging expenses at top category or luxury hotels. Companies may also not provide or pay for any stand-alone entertainment or any recreational event or activity for any Healthcare Professional.

Whilst working under the umbrella of sustainability and the Code, SAMED understands and endorses the importance

of continued medical education and training and supports the idea of holding congresses to further this valuable imperative. Consequently, SAMED has convened a sub-committee, The SAMED Congress Committee, which has as its objective to address the difficulties that companies face in an effort to ensure continued sponsorship of congresses. In this regard, cooperation and collaboration between the Societies who host the congresses and Industry who sponsors the congresses is of vital importance to ensure sustainability.

‘Hospitality should be limited to reasonable hotel accommodation.’

The committee has drafted a principle document which they intend sharing with doctor societies. The document includes some suggestions such as having a trade representative on the society congress organising committee, ensuring that a tender system is used for deciding on event organisers (rather than using the same organiser year in and year out) and greater transparency regarding the congress budget and allocation of sponsorship funds. Ultimately, SAMED hopes that with active collaboration, all stakeholders will derive a greater return on investment.

**For further information please contact
Jeanette Smith at 011 704 2440 or
email Jeanette@samed.org.za.**

**Jeanette Smith
SAMED Communications Officer**

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2014. An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Cape Western branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

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

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

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

Applications should include (1) A brief synopsis of the work the applicant wishes to present at the congress and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or

international meeting. Should such an abstract not be accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

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

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

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

Applications close on 31 January 2015.

B. BRAUN TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart – B. Braun Travel Scholarship to reach the SA Heart Office by 30 September 2014.

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

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

REQUIREMENTS

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

RECOMMENDATIONS

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

APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association
PO Box 19062
Tygerberg
7505
And submitted electronically to erika@saheart.org

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.

THE HEART FAILURE SOCIETY OF SOUTH AFRICA NEWS

Although we are in the midst of the cold winter, I am proud to report that the HeFSSA programmes are creating warmth as we move closer to the beginning of the first of the 16 Practitioner meetings that start in July. This programme is now in its 5th year and has been generously sponsored by our corporate supporters: AstraZeneca, Boston Scientific, Medtronic, Pharma Dynamics and Servier. The theme for 2014 is Acute Heart Failure. The case based talks for this year's programme were compiled by the HeFSSA exco, Drs Eric Klug, Martin Mpe, Darryl Smith and Jens Hitzeroth. Here follows a summary of the planned meetings:

AREA	DATE	VENUE	SPONSORS NAME	FACULTY
George	26 July 2014	Fancourt	Pharma Dynamics	Dr JA Lochner Dr S Blake
Port Shepstone	02 August 2014	Umdlalo Lodge	Pharma Dynamics	Dr K Govender Dr I Soosiwala
Bloemfontein	02 August 2014	Willow Lake	Pharma Dynamics + BSCI	Dr N van der Merwe Prof H du T Theron
Port Elizabeth	02 August 2014	Ibhayi Hotel	Servier	Prof P Commerford Dr E Klug
Windhoek	16 August 2014	Arebbusch	Pharma Dynamics	Prof K Sliwa Dr S Beshir
East London	16 August 2014	East London Golf Club	Pharma Dynamics + MDT	Dr D Kettles Dr W Lubbe
Durban	16 August 2014	The Hilton	Servier + BSCI	Prof AS Mitha Dr L Ponnusamy
Swakopmund	19 August 2014	Zum Kaiser Hotel	Servier	Prof K Sliwa Dr UR Hahnle
Nelspruit	23 August 2014	Mercure	Pharma Dynamics + BSCI	Dr E Maree Dr John Benjamin
Cape Town	06 September 2014	Crystal Towers	Servier + BSCI	Dr T Lachman Dr J Hitzeroth
Pretoria	06 September 2014	Casa Toscana	Servier + BSCI	Dr A Snyders Dr C Badenhorst
Potchefstroom	13 September 2014	Willows	AstraZeneca	Dr Pro Obel Dr Riaz Dawood
East Rand	13 September 2014	Birchwood	AstraZeneca + MDT	Dr R Jardine Dr D Smith
Rustenburg	13 September 2014	Orion Safari Lodge	AstraZeneca + MDT	Dr M Mpe
Johannesburg	27 September 2014	Sandton Holiday Inn	Servier + BSCI	Dr D Smith Dr JP Theron
Polokwane	25 October 2014	Fusion Boutique	Pharma Dynamics	Dr EM Makotoko



Cardio Update for Non-Cardiologists

HeFSSA further invests in the education of non-cardiologists by annually hosting the Cardio Update for Non-Cardiologists. This year's update will take place at the SA Heart Congress on 16 October 2014 in Durban at the ICCD. AstraZeneca is once again the sponsor and Martin Mpe is the convenor of the meeting. He is assisted by Leslie Ponnusamy. The topics are:

THURSDAY 16 OCTOBER

CARDIAC UPDATE

Chairpersons: Martin Mpe and Leslie Ponnusamy

12:00	Registration and lunch
13:00	Chest pain syndromes - when is it angina pectoris?
13:30	Pharmacological treatment of Heart Failure with reduced EF
14:00	CAD in a patient with diabetes
14:30	Management of lipid disorders
15:00	TEA BREAK
15:30	Ethics
16:00	Atrial Fibrillation and Stroke
16:30	Interactive ECG session
17:00	Close and departure

SA Heart Congress

HeFSSA will actively participate during the SA Heart Congress, 16 - 19 October 2014 at the ICC Durban. Dr Eric Klug represents HeFSSA on the organising committee. All the HeFSSA members are requested to register and attend the HeFSSA sessions as advertised. Professors McMurray and Clancy will be our special guests and along with Professor Anker and local speakers, we will have a compelling HeFSSA session. Please also diarise the HeFSSA AGM that will take place on Friday, 17 October 2014 at 17:00.

Physicians Update

Karen Sliwa represented HeFSSA at a Physicians Update in Maputo. The workshop took place on 9 April with Karen Sliwa also representing SA Heart and PASCAR. Eighty five physicians, cardiologists, surgeons and GPs attended the lectures given by Professors Albertino Damasceno (Mozambique), Ana Mocumbi (Mozambique), Peter Zartner (Germany) and Karen Sliwa (South Africa). Topics covered were heart failure due to HT and adult congenital heart disease with a focus on early detection and management. The meeting was a success and the audience was attentive and eager to learn. Sanofi Mozambique sponsored the meeting.

“HeFSSA is also investigating a number of possible programmes of interest.”

Programmes of interest

HeFSSA is also investigating a number of possible programmes of interest:

- GP Meetings arranged through Hospital Groups.
- HeFSSA is also liaising with Public Health with the aim of improving access to medication for all patients.
- The Kenyan HF Specialist/GP Programme - Medtronic and PASCAR have a standing programme with UCT training African physicians (with technologist) in treating patients with pacing implants. East Africa, and especially Kenya, is very interested in HF. Medtronic suggests a HF initiative for training Cardiologist in East Africa. Possible PASCAR and HeFSSA collaboration were discussed including Cardiologists from Ethiopia, Kenya and Tanzania. The programme might be expanded to include separate sessions for GPs. More information regarding these initiatives will be discussed in the next newsletter.

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HEFSSA NEWS CONTINUED

HeFSSA is a Special Interest Group within the SA Heart Association whose initiatives are driven by the Executive Committee.

The Executive Committee is:

Eric Klug	President
Martin Mpe	Vice-President
Darryl Smith	Treasurer
Jens Hitzeroth	Secretary

The representatives are:

Karen Sliwa
Cristina Radulescu
Sandrine Lecour
Tony Lachman

We need to thank them for their hard work that includes generously donating both their time and knowledge.

Until recently Dr Pro Obel has been an active executive member of the society. He has resigned as Exco member,

but is still contributing to the society. He is one of the HeFSSA GP Programme faculty members and has been presenting to the GPs in Potchefstroom since 2012. We wish him the best for all his future endeavours and will approach him in the future to gain some of his valuable input.

The HeFSSA Executive would also like to thank our loyal industry supporters: AstraZeneca, Boston Scientific, Medtronic, Merck, Novartis and Servier.

Please contact the HeFSSA office if you would like to contribute to any of these programmes or if you need more information.

Contact details

George Nel
 info@hefssa.org or 083 458 5954

Eric Klug
President HeFSSA

SNIPPETS

Bloemfontein tak, SA Heart

Die bestuur van die Bloemfontein tak van SA Heart wil sy diepe kommer uitspreek oor die krisis waarin kardiologie dienste in die Vrystaat en Noord-Kaap tans is. Na die aftrede van Prof Marx en die afdanking van Prof Theron is daar tans geen gekwalifiseerde kardiologie wat in diens van die staat is nie en dit beteken dat geen gespesialiseerde kardiologiese dienste tans aan staatspasiente in die Vrystaat en Noord-Kaap gelewer kan word nie.

'n Groep van 4 privaat kardiologie het op versoek van die mediese fakulteit vir die afgelope 3 maande daar 'n vrywillige diens gelewer, maar pogings van hierdie groep om 'n meer permanente onderneming met die staat die beding, is deur die CEO van Universitas hospitaal geignoreer. Die groep het toe eenparig besluit dat hulle onder huidige omstandighede nie langer betrokke kan wees nie.

Hierdie besluit is nie ligtelik geneem nie, aangesien dit verreikende gevolge inhou, nie net vir dienslewering nie, maar ook opleiding van voor- en nagraadse mediese studente, wat weer die akkreditasie van sekere departemente van die mediese fakulteit in gedrang kan bring.

Pasiente se lewens word tans in gevaar gestel weens die onvermoe of onwilligheid van persone in bestuursposisies om hierdie probleem daadwerklik aan te spreek en daarom wil hierdie vereniging 'n ernstige beroep doen op die Vrystaatse en Nasionale departemente van Gesondheid om in te gryp om hierdie situasie te beredder.

NOTES

