

## ACTIVE, PRODUCTIVE 2012 FOR SOCIETY

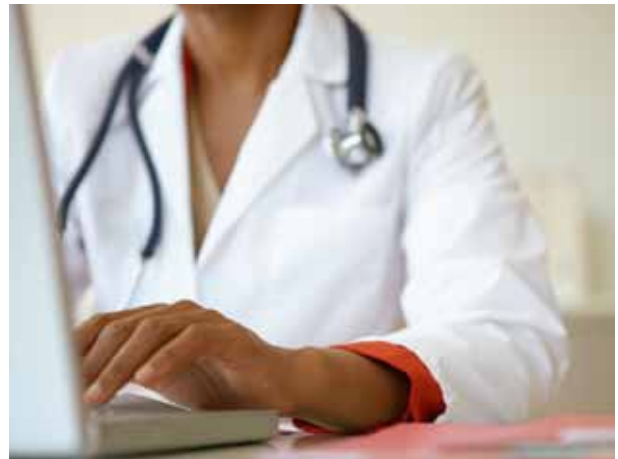
**T**owards the end of 2012 we can look back at a very active year in our society. This newsletter emphasises the activities in our standing committees. With your input (comments and contributions) we are looking forward to offer you even more value for being a member of SA Heart. It is sad however to see how many members have either not renewed their membership in 2012 or just did not care to be a member and contribute to make the practising of cardiology in South Africa more successful.

The latest newsletter from the World Congress of Paediatric Cardiology & Cardiac Surgery 2013 highlighted an extensive adult content as this congress incorporates the annual SA Heart Congress for 2013. I hope to see you all in Cape Town to gain from this prestigious event and support your colleagues during February next year. We have submitted our bid for the World Cardiology Congress 2016 Cape Town and should know before middle 2013 whether we will host yet another world event in South Africa.

You are again invited to submit specific problems with funders to our private practice committee. They envisage a meeting with funders highlighting their inexplicable, sometimes thoughtless or counter-productive, decisions. The more clinical cases we can use as examples the greater the success this meeting will be.

I recently had a patient with symptomatic ventricular fibrillation and bradycardia with nodal escape which fortunately up till now terminated spontaneously. With LVEF of 50% an RV ICD the minimum therapy was required. It took me many telephone calls and letters to the funder and, only after highlighting the potential claim should this patient die, did it authorise implantation of an ICD 6 weeks later. The funder in question then had the audacity to backdate its letter of authorisation to 6 weeks earlier when we first requested authorisation.

Some funders decided to pay the members as my bill was marginally higher than its rate of reimbursement and the patients subsequently spent the money. One can consider this as theft by the patient with the funder as accomplice.



Such actions by funders will certainly not promote better cooperation between service providers and funders.

An Ethics Forum consisting of members of the SA Heart Exco and industry representatives will discuss the ethical norms for sponsorship and support from industry to SA Heart and its members. Members are invited to forward their comments on the matter.

As part of the "Young Cardiologists of Tomorrow" programme the ESC offered free registration to a number of cardiologists in training who were recommended by the respective national society in this case, SA Heart. The incumbents must not have attended an European Society of Cardiology (ESC) congress before, nor have had an abstract accepted at the congress previously and be under the age of 36.

The medical schools made recommendations and 5 candidates were chosen to attend this year's ESC congress. Some last minute substitutions due to unforeseen circumstances in certain units were made, and SASCI stepped in to secure funding for travel and accommodation for the registrars. Please read the reports on their experiences.

**Adriaan Snyders**

**Editor SA Heart newsletter & President SA Heart**  
**asnyders@mweb.co.za**

## SHARE (SA HEART ASSOCIATION REGISTRY)

### 15 000 hearts | SHAREd story

By mid-2012 SHARE achieved the huge milestone of capturing 15 000 Cathlab cases.

During the past few years the cases captured have doubled annually, and for 2012 it is projected that 6 000 cases will be entered. Moreover, the surgical data base currently stands at an impressive 2 800 cases.

Data quality has improved, due to the introduction of an automated check of the mandatory dataset. The Cathlab cases are captured at 21 sites, 4 of which are in the public sector, by just over 70 individual doctors (15 to 20 in the public sector). Three quarters of the cases captured are in private hospitals, and not unexpectedly the case distribution is skewed towards Gauteng, which has 16 sites, followed by 2 each in the Western Cape and KwaZulu-Natal, and 1 in the Eastern Cape.

Karen Sliwa's co-option to the SHARE working group has renewed the focus on SHARE as a research database, which should in due course improve clinical excellence in South African cardiology, by highlighting local clinical trends against the benchmark of other international registries. The SHARE focus at the moment is to publish in a reputable international journal in 2013, and to host workshops at both the World Congress of Paediatric Cardiology in Cape Town, and the European Society of Cardiology (ESC) meeting.

The message to members is that SHARE is alive and well, and that with increasing pressure on the cardiology community from both government and private funders, the ability to self-review, and to respond to issues with our own data from the SHARE project, should not be undervalued.

Your continued support of this most important programme is greatly appreciated.

## MARK YOUR CALENDAR

## 17-22 FEBRUARY 2013 CAPE TOWN, SOUTH AFRICA



cape town 2013  
**6th WORLD CONGRESS**  
Paediatric Cardiology & Cardiac Surgery

### Conference Secretariat

Contact the conference secretariat  
or visit [www.pccs2013.co.za](http://www.pccs2013.co.za)

### Global Conferences Africa

PO Box 6761, Roggebaai, 8012, Cape Town, South Africa  
Telephone: +27(0) 21 408 9988  
Fax: +27(0) 21 408 9956  
E-mail: [info@pccs2013.co.za](mailto:info@pccs2013.co.za)

Hosted by:



The Paediatric Cardiac Society  
of South Africa



## COME TO CAPE TOWN...

A trendy, sophisticated, multi-cultural city at the foot of Africa in a diverse and beautiful natural environment. Cape Town is a destination with irresistible appeal. South Africa has a compelling history and with its abundance of game reserves offers visitors a uniquely different cultural and tourist experience.

The "World Congress" is the defining international event in the lives of surgeons, cardiologists, interventionists, anaesthetists, intensivists, nurses and other professional colleagues committed to the care of children and adults with congenital or acquired heart disease. The most distinguished international faculty available makes the "6th World Congress" an attractive, interactive and unique meeting place for clinicians, scientists, health care managers and policy developers from all across our world.

[www.pccs2013.co.za](http://www.pccs2013.co.za)

## POPULAR CONGRESSES FOR 2012 / 2013

CONGRESS	DATE	CITY	COUNTRY
ICI MEETING 2012 INNOVATIONS IN CARDIOVASCULAR INTERVENTIONS <a href="http://www.icimeeting.com">http://www.icimeeting.com</a>	2 - 4 December 2012	Tel Aviv	Israel
EUROECHO 2012 <a href="http://www.escardio.org/congresses/euroecho2012">http://www.escardio.org/congresses/euroecho2012</a>	5 - 8 December 2012	Athens	Greece
WORLD CONGRESS OF CLINICAL LIPIDOLOGY <a href="http://www.clinical-lipidology.com">http://www.clinical-lipidology.com</a>	6 - 8 December 2012	Budapest	Hungary
NEW YORK CARDIOVASCULAR SYMPOSIUM <a href="http://www.Cardiosource.org/nycvsymposiumD2">http://www.Cardiosource.org/nycvsymposiumD2</a>	7 - 9 December 2012	New York	USA
6TH WORLD CONGRESS ON PAEDIATRIC CARDIOLOGY & CARDIAC SURGERY <a href="http://www.pccs2013.co.za">http://www.pccs2013.co.za</a>	17 - 22 February 2013	Cape Town	South Africa
<b>SA HEART 2013</b> <a href="http://www.saheart.org">http://www.saheart.org</a>	<b>17 - 22 February 2013</b>	<b>Cape Town</b>	<b>South Africa</b>
JIM 2013 <a href="http://www.jim-vascular.com">http://www.jim-vascular.com</a>	14 - 16 February 2013	Rome	Italy
ACC 2013 <a href="http://www.scientificsessions.cardiosource.org">http://www.scientificsessions.cardiosource.org</a>	09 - 13 March 2013	San Francisco	USA
EUROHEARTCARE <a href="http://www.escardio.org/congresses">http://www.escardio.org/congresses</a>	22 - 23 March 2013	Glasgow	UK
EUROPREVENT 2013 <a href="http://www.escardio.org/congresses">http://www.escardio.org/congresses</a>	18 - 20 April 2013	Rome	Italy
11TH PASCAR CONGRESS AND 4TH ALL AFRICA CONFERENCE ON HEART DISEASE, STROKE AND DIABETES <a href="http://www.pascar.co.za">http://www.pascar.co.za</a>	15 - 20 May 2013	Dakar	Senegal
EUROPCR 2013 <a href="http://www.europcr.com">http://www.europcr.com</a>	21 - 24 May 2013	Paris	France
ESH 2013 <a href="http://www.eshonline.org">http://www.eshonline.org</a>	14 - 17 June 2013	Milan	Italy
8TH INTERNATIONAL MEETING IN INTENSIVE CARDIAC CARE <a href="http://www.isas.co.il/cardiac-care2013">http://www.isas.co.il/cardiac-care2013</a>	16 - 18 June 2013	Jerusalem	Israel
EHRA - EUROPACE <a href="http://www.escardio.org/congresses/ehra-europace-2013">http://www.escardio.org/congresses/ehra-europace-2013</a>	23 - 26 June 2013	Athens	Greece
ESC 2013 <a href="http://www.escardio.org/congresses">http://www.escardio.org/congresses</a>	31 August - 4 September 2013	Amsterdam	Netherlands
VENICE ARRHYTHMIA 2013 <a href="http://www.venicearrhythmia.org">http://www.venicearrhythmia.org</a>	6 - 9 October 2013	Venice	Italy

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## POPULAR CONGRESSES FOR 2012 / 2013 continued

CONGRESS	DATE	CITY	COUNTRY
ICC - INTERNATIONAL CONGRESS OF CARDIOLOGY	8 - 13 October 2013	Chicago II	USA
CHEST <a href="http://accmeeting.org/chest.2013">http://accmeeting.org/chest.2013</a>	26 - 31 October 2013	Chicago II	USA
TCT 2013 <a href="http://www.tctconference.com">http://www.tctconference.com</a>	29 October - 1 November 2013	San Francisco	USA
AHA 2013 <a href="http://www.scientificsessions.org">http://www.scientificsessions.org</a>	16 - 20 November 2013	Dallas, Texas	USA
5TH INTERNATIONAL CONFERENCE ON FIXED COMBINATIONS IN THE TREATMENT OF HYPERTENSION, DYSLIPIDAEMIA AND DIABETES MELLITUS <a href="http://www.fixedcombinations.com">http://www.fixedcombinations.com</a>	21 - 24 November 2013	Bangkok	Thailand

## REPORT ON THE EDUCATION COMMITTEE

New members were added to the education committee (EC) since the SA Heart Congress in July. Dr Brian Vezi was co-opted after the untimely death of Prof AO Okreglicky; Prof Pro Obel will also participate; and Dr Andre Brooks will represent the Paediatric Cardiac Society.

The issue around CASSA accreditation for ICD operators was revised and the status would be changed from accreditation to endorsement. The final document is still pending

The committee will revise the standards for Certification in Cardiology with our national coordinator Prof Commerford. A representative of this committee as well as Dr Tom Mabin will form part of the new central congress organising committee (SAHCOC). The education committee will oversee any national education lecture series.

**Dr Martin Mpe**



## SA CARDIOLOGIST PLACES CAPE TOWN AT FOREFRONT OF INTERNATIONAL MEDICINE

### 300 life saving heart procedures and counting

A Cape Town based medical team has once again placed the city of Cape Town at the forefront of international medicine, having completed over 300 life saving heart procedures using a robotic catheter system. This is the highest number of procedures of this kind ever performed in the world.

Dr Faizel Lorgat, an interventional cardiologist practicing at the Netcare Christiaan Barnard Memorial Hospital in Cape Town, specialises in the treatment of heart rhythm disturbances or arrhythmias. Dr Lorgat and his team have now completed 333 arrhythmia procedures using the state-of-the-art Sensei Robotic Catheter system, which was introduced at the hospital in September 2009.

"Dr Lorgat was the first medical specialist in the world to complete more than 300 of these extremely tricky procedures using this sophisticated technology," notes Chris Tilney, General Manager of the Netcare Christiaan Barnard Memorial Hospital. "This is an outstanding achievement, which positions Dr Lorgat as the global leader in the treatment of arrhythmias."

Dr Lorgat is the only cardiologist specialising in electrophysiology at the Netcare Christiaan Barnard Memorial Hospital and one of only a handful in South Africa. The Cape Town facility was the first centre in the Southern Hemisphere to use the Sensei Robotic Catheter system and it remains one of only two centres (the other is in Australia) to utilise this cutting edge technology. Dr Lorgat's vision of transforming Netcare Christiaan Barnard Memorial Hospital into an international referral centre for the treatment of arrhythmias has become a reality and today it treats patients from around South Africa and the sub-continent.

Dr Lorgat explains that the Sensei Robotic Catheter system allows "short circuits" in the heart to be destroyed with a heated catheter tip. This enables the heart's rhythm to return to normal, reducing the need for other treatments such as pacemakers and drugs. He says the robotic system allows greater control over the catheter compared to the manual techniques that have traditionally been used.

The electrophysiology unit at the Netcare Christiaan Barnard Memorial Hospital is becoming known for its firsts. The Sensei Robotic Catheter system has never been used before to treat arrhythmias in the ventricular tachycardia of the heart. Dr Lorgat is the first cardiologist ever to perform this procedure with this technology, and has already successfully treated six patients.

Dr Logat says that ventricular tachycardia (VT) arises from the bottom chambers of the heart and until now it has been difficult to correct electrical dysfunction found there. Arrhythmias originating in the ventricles are generally life threatening and need to be treated.

Dr Lorgat – one of modern medicine's true innovators - recently performed the procedure on a male patient who was suffering from a serious arrhythmia originating from his ventricles and was starting to suffer kidney failure as a result of a lack of oxygen. Doctors had given the patient a poor prognosis, but following the highly successful procedure performed by Dr Lorgat, the patient's arrhythmia was completely healed.

Dr Lorgat has also been the first cardiologist in the world to use the integrated Lynx catheter and sheath with the Sensei system. The Lynx has less set-up time than other technologies and is smaller in diameter. Dr Lorgat has shared his experience with the Lynx with the international medical fraternity through co-authored medical papers.

Dr Lorgat is of the opinion that the Sensei Robotic Catheter system has "already withstood the test of time and proved itself a major advance in the treatment of heart rhythm disturbances". He says the efficiency of the system should see it becoming standard equipment for the treatment of electrical problems in the heart. While other remote systems have been introduced to South Africa they have so far not proved as user friendly or effective.

The Sensei system at the Netcare Christiaan Barnard Memorial Hospital was purchased from developers Hansen Medical through local distributor Amayeza Abuntu Biomedical.

**With acknowledgement: Cape Argus, Wed. 1 Feb. 2012.**

## HEART FAILURE SOCIETY OF SOUTH AFRICA NEWS

### Ongoing education, research gain impetus

Herewith the report on HeFSSA's activities over the last few months and our plans for 2013:

I congratulate the new members of the Exco and those who have assumed different responsibilities. Prof Karen Sliwa, immediate past president, will continue her significant contributions to the Society as an Exco member. My own and the Society's appreciation goes to Karen who was the main driving force in our establishment. Her dedication over the past 6 years has been immense and is much appreciated.

The following members continue on Exco (office in brackets): Eric Klug (president), Martin Mpe (vice-president), Darryl Smith (treasurer), Jens Hitzeroth (secretary), T. Lachman, P. Obel, C. Radulescu, J. Vorster and S. Lecour. Luigi Zampieri represents industry.

### GP Cardio Update 2012

To achieve our educational goals, HeFSSA once again organised the Cardio Update for Non-Cardiologists at 2012's Sun City SA Heart Congress. As this programme is proudly sponsored by AstraZeneca, we were able to offer it at no charge to local medical practitioners. A total of 140 GPs registered and all the sessions were well attended. Dr Martin Mpe was the convener with other Exco members, including Prof Karen Sliwa, Drs Eric Klug and Jean Vorster who was part of the academic faculty. I thank them for their time and commitment to this successful programme.

The HeFSSA and HeFSSA/SASCAR parallel sessions at SA Heart 2012 Congress were well attended and feedback from the attendees shows that the topics, such as Acute Heart Failure were highly informative and educational.

### HeFSSA - Acute heart failure: Detection and management, Ballroom north @ 11h00 - 13h00

11h00 - 13h00	Parallel Session 1: HeFSSA - Acute heart failure: Detection and management	Chairperson: Dr M. Mpe (SA)
11h00 - 11h30	Detection and management of acute viral myocarditis	Prof L. Cooper (USA)
11h30 - 12h00	Detection and management of acute heart failure in pregnancy	Prof K. Sliwa (SA)
12h00 - 12h30	Detection and management of acute heart failure in the elderly	Dr E. Klug (SA)
12h30 - 13h00	What is new in the management of acute heart failure (based on ESC guidelines)	Dr T. Lachman (SA)

### SASCAR/HeFSSA Workshop - Acute heart failure: From bench to bedside Ballroom north @ 14h00 - 16h30

14h00 - 16h30	Parallel Session 2: SASCAR/HeFSSA Workshop Acute heart failure: From bench to bedside	Chairpersons: Proff K. Sliwa and S. Lecour (SA)
14h00 - 14h30	Histology and biomarkers in viral myocarditis	Prof L. Cooper (USA)
14h30 - 15h00	Biomarkers in heart failure: BNP and beyond	Prof H. Katus (Germany)
15h00 - 15h30	Micro particles as a new biomarker for heart failure	Dr K. Bachelier (Germany)
15h30 - 16h00	Metabolic changes in acute heart failure	Prof L. Opie (SA)

## SASCAR/HeFSSA Workshop - Acute heart failure: From bench to bedside continued

### Abstract presentations

16h00 - 16h15	Clinical and Echocardiographic follow-up of the Isolated Left Ventricular Non Compaction cohort at Chris Hani Baragwanath Hospital	Dr F. Botha (SA)
16h15 - 16h30	Potential mechanisms that account for obesity-related decreases in left ventricular diastolic function	Dr C.D. Libhaber (SA)

### GP HF programmes 2012

Following the success of the GP Heart Failure programmes (2010 - 2011) the HeFSSA Exco decided to continue the educational programme. The rural areas need to be targeted and GPs have expressed the need for further cardiac education. The current programme's goal is to expand on the basic pathophysiology and management of Heart Failure (HF) with a particular focus on Acute Heart Failure and Right Ventricle Heart Failure. There are 14 GP meetings planned for this year (4 August - 3 November) which will be held in Nelspruit, Cape Town, Durban, Pretoria, Port Elizabeth, Johannesburg, George, Rustenburg, East-Rand, Bloemfontein, Potchefstroom, Windhoek and Walvis Bay. The slide compendium was prepared by Eric Klug, Karen Sliwa, Martin Mpe, Pro Obel and Tony Lachman. These programmes are sponsored by AstraZeneca, Pharma Dynamics and Servier as primary sponsors with Medtronic as a secondary contributor.

We are planning the HF programme for 2013 which will follow a clinical, case-based approach.

### HeFSSA HF travel scholarship

HeFSSA considers the support of this award to be part of its contribution towards optimising patient health care and to enhance and further local expertise in Heart Failure in South Africa. For more information on this R 50 000 annual travel scholarship, visit Education on our website [www.hefssa.org](http://www.hefssa.org). You can also contact our office at 083 458 5954.

HeFSSA is also involved in research programmes as research forms part of our Society's mission. We are currently involved in the Inter-CHF study (A McMaster University/PHRI registry initiative led by Prof Karen Sliwa) as well as the Global Awareness and Perception Study in HF (GAPS, a World Heart Failure Society Initiative managed by Dr Jens Hitzeroth).

There are wide variations in the management of HF both within and also between countries. The GAPS questionnaire aims to describe the diagnosis and the different forms of care and treatment of HF across a wide variety of countries by medical practitioners managing HF patients. Please contact the HeFSSA office if you need more information or go to <http://gaps-hf.whfs.org> to be part of this important survey.

The impact of this inter-country HF registry is of great significance:

- It will be the largest systematic evaluation of HF in lower and middle income countries in Africa, Asia and South America;
- The registry will describe the causes, clinical risk factors and burden of disease; document the prevalent approaches to patient management; and identify gaps in the care of HF patients;
- It will also examine patient and physician knowledge and perceptions towards HF, and identify barriers to prevention and treatment, thereby suggesting possible solutions, which may then be evaluated in future studies.

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## HeFSSA NEWS continued

Such information will also be critical for the development of National guidelines, research programmes, and possible policies and interventions. If you are interested, please contact the HeFSSA office. The aim is to capture the information of at least 400 South African heart failure patients.

### Discovery Health HF Programme

This is a home-based nurse-led programme which HeFSSA as a society under the leadership of Eric Klug structured and conceptualised. We trust it will hopefully be relevant to all patients with heart failure and not just for specific medical funders.

### HF Guideline and Algorithm

The committee has updated the Chronic Heart Failure Algorithm of 2008. Our Exco discussed the changes extensively and a new, updated algorithm was designed (based on ESC 2011 CHF guidelines) and accepted by the Exco. The updated algorithm will be used as part of the GP education programme. We are also looking at the possibility of a HeFSSA pamphlet series and a Guideline 2012 Update highlighting the new changes and different areas of emphasis with regards to South Africa.

### Website

[www.hefssa.org](http://www.hefssa.org)

HeFSSA's website is well maintained and updated to ensure that a visitor gets the latest news, publications and general information on upcoming events. Our Exco contributes to ensure that content stays relevant and interesting. The website is also updated with current lecture material and information on our 2012 GP Programme.

We are also looking into the development of a web-based invitation and registration programme with the ability to earn CPD points thus ensuring that we maintain our professional status and to assist us in our quest to drive more people to the website as well.

An informative hard copy leaflet/pamphlet or HeFSSA "business card" with the aim of driving medical practitioners to our website is also planned for 2013. The minutes of the AGM as well as the Annual Report for 2012 are also available here.

‘ HeFSSA’s website is well maintained and updated to ensure that a visitor gets the latest news, publications and general information on upcoming events. ’

HeFSSA can only achieve these goals thanks to our loyal corporate members who support us with generous educational grants. Our sincerest appreciation goes to AstraZeneca, Servier, Pharma Dynamics, Medtronic and Merck.

Please contact the HeFSSA office if you want to learn more about any of these events or want to participate in any of the programmes.

### Contact details

**George Nel** Email: [info@hefssa.org](mailto:info@hefssa.org)  
Cell: 083 458 5954

**Sanette Zietsman** Email: [szietsman@telkomsa.net](mailto:szietsman@telkomsa.net)  
Cell: 083 253 5212

**Dr Eric Klug**  
President of HeFSSA



## ETHICS AND GUIDELINES COMMITTEE FEEDBACK

The committee has grown to 8 in number with the recent welcome additions of Professor Karen Sliwa representing HeFSSA and Dr Ebrahim Hoosen representing the Paediatric Group. (The original members remain Drs Cobus Badenhorst, James Fulton, Ronnie Jardine, Mpiko Ntsekhe, Les Osrin and Leslie Ponnusamy).

As regards the functionality of the committee, a set of principles has gradually evolved over the last year through discussions and trial and error, and include:

- Matters other than the ESC guidelines are to be referred to the SA Heart Exco.
- Funding for the operations of the Ethics and Guidelines Committee including travel, accommodation, meetings and honoraria must come from SA Heart and not directly from industry.
- Declarations of (lack of) conflict of interest are to be obtained from participants in the review/consensus process before commencement.
- Each of these reviews/consensus statements will be headed by Task Force chairman (one of the committee members).
- A disclaimer against medico-legal consequences of guidelines/consensus statements should be included therein.
- Consensus/position statements on matters referred from SA Heart Exco will be published in the SA Heart Journal, SA Heart website and other journals as the need arises.
- Although ESC Guidelines are automatically adopted by the Association, new guidelines will be reviewed and annotations published in the SA Heart Journal.

The consensus statement for renal denervation which was drafted by members of the advisory board to Medtronic, has been modified (Dr Mpiko Ntsekhe) and will appear as a joint publication between the authors, SA Heart and SA Hypertension Society. The modifications relate mainly to the recommendation that patients who received this therapy must be enrolled in a prospective registry because a) there are no long term outcome data, and b) the unique South African demographic profile of the patients may produce different results. The other modification that we have recommended is that the decision for this therapy needs to be taken by or in consultation with a specialist (physician, cardiologist, nephrologist or endocrinologist) not performing the procedure.

In regard to the last point, 6 new guidelines have been published by the ESC this year. It is our intention to serially review these and publish annotations one at a time in our newsletter. The first of these on cardiovascular disease prevention will appear in the next issue, authored by Dr Cobus Badenhorst.

The new Heart Failure Guidelines have been reviewed by HeFSSA, and the committee has not participated in that process formally. It is of course necessary for the guidelines review process to include leaders from the relevant Special Interest Groups (SIGs), and it is envisaged that these reviews should include member(s) from both the E&G committee and the relevant SIGs in future. The other 4 ESC guidelines under review are: atrial fibrillation (Drs R. Jardine), universal definition of MI (Dr L. Ponnusamy), ST-elevation MI (Dr L. Osrin), and valvular heart disease (Dr J. Fulton and L. Ponnusamy).

**Dr R.M. Jardine**

**Chairman: Ethics & Guidelines Committee**

## WEBSITE LINKS

**SA Heart** [www.saheart.org](http://www.saheart.org) | **SASCI** [www.sasci.co.za](http://www.sasci.co.za) | **HeFSSA** [www.hefssa.org](http://www.hefssa.org) | **ACC** [www.acc.org](http://www.acc.org)  
**CASSA** [www.cassa.co.za](http://www.cassa.co.za) | **Research (SASCAR)** [www.sascar.org.za](http://www.sascar.org.za) | **ESC** [www.escardio.org](http://www.escardio.org)

## SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

It is almost the end of the year and SASCAR's activities over the past 3 months have been rich in events, with the SA Heart meeting and the 2nd UK/SA Cardiovascular Research workshop.

### SA Heart meeting

For the 4th year in a row, a Basic Science programme was presented at the annual SA Heart congress in Sun City. SASCAR was involved in one independent session and a joint workshop with HeFSSA.

Professor Lionel Opie opened the SASCAR session with a plenary lecture on "Metabolic therapy for acute myocardial infarction". This was followed by plenary lectures by Prof Anna Mart Engelbrecht (University of Stellenbosch [US]), Prof Amanda Lochner (US) and Mr Gerald Maarmann (University of Cape Town [UCT]).

of her many contributions to cardiovascular medicine). Prof Lochner received her pre- as well as postgraduate training at the University of Stellenbosch. Afterwards she spent some time as a research fellow at the University of Texas, where she investigated the phenomenon of ethanol-induced hypoglycaemia. After obtaining a DSc degree, she joined the CSIR Degenerative Diseases Group in the Dept of Internal Medicine at the US. Currently she is a member of the Heart Research group in the Dept of Biomedical Sciences of the Medical Research Council (MRC) Cape Heart Group.

Her research so far has focused on ischaemic heart disease with the aim of obtaining more insight into the molecular and cellular events during ischaemia and reperfusion injury

# Prof Amanda Lochner received the Cardiovascular Journal of Africa Award for Outstanding Research.

Competition for the best abstract presentation was close and in the end Dr Sarah Pedretti (UCT) won the prize for best oral presentation in the Basic Research Category for her work on HDL/Sphingosine-1-phosphate induced cardioprotection and Ms. Lisa Uys (North West University) won the prize for best clinical research presentation for her work on the "Sympathetic activity and Ambulatory Blood Pressure in Africans" study.

The theme of this year's joint SASCAR/HeFSSA workshop was "Acute Heart Failure; from bench to bedside". The keynote lectures were presented by Prof L. Cooper (USA), Prof H. Katus (Germany), Dr K. Bachelier (Germany) and Prof Lionel Opie (University of Cape Town).

Prof Amanda Lochner received the Cardiovascular Journal of Africa Award for Outstanding Research (in appreciation

of the heart as well as to develop strategies to prevent or attenuate these changes. Prof Lochner has 190 publications in peer-reviewed journals and she is actively involved in the training of postgraduate students. On behalf of all our members, we would like to express our sincerest congratulations to Prof Lochner on her fantastic achievements.

### Executive committee

Prof Sandrine Lecour (chair), Dr Neil Davies (treasurer), Prof Hans Strijdom (workshops), Miss Sylvia Dennis (secretary), Mr Gideon Burger (website) and Prof Karen Sliwa will remain on the committee for the next 2 years. Dr Roisin Kelly-Laubscher (newsletter and public relations) and Prof Anna-Mart Engelbrecht (workshops) have been elected as new Exco members.

## 2nd UK-SA Cardiovascular Workshop

The 2nd UK-SA Cardiovascular Research workshop was held in Cape Town in August 2012. The workshop hosted by SASCAR at UCT was organised by Prof Sandrine Lecour, head of the cardioprotection group at the Hatter Institute for Cardiovascular Research in Africa, UCT and Dr Derek Hausenloy, British Heart Foundation Senior Clinical Research Fellow at the Hatter Institute, University College, London.

The main purpose of this Joint UK-SA Cardiovascular Research Workshop is to highlight the work of our young clinical and basic science researchers and to promote fruitful cardiovascular research collaborations between the UK and South Africa through the auspices of the European Society of Cardiology (ESC), UCT and SASCAR.

The main research themes of the workshop represented the major overlapping research interests in both countries, and included novel cardioprotective therapeutic approaches, cardiomyopathies, cardiovascular risk factors, clinical cardiovascular research, signalling pathways in cardioprotection and myocardial ischaemia-reperfusion injury. There were also presentations on problems more relevant locally such as rheumatic heart disease; myocarditis in HIV associated cardiomyopathies; and the effects of antiretroviral therapy on cardiac contractile function.

Over 65 delegates attended the workshop including invited faculty from Europe, the US and SA, 5 invited and sponsored Cardiovascular Research PhD students from academic institutions in Europe and approximately 50 South African cardiovascular researchers and students. At the beginning of the week, the 5 invited European students had the opportunity to visit and spend time in research laboratories in South Africa. The workshop took place on the Thursday and Friday and each of the European and South African students had the opportunity to present their work.

Although the main aim of the workshop is to foster international collaboration, PhD students are also exposed to local opportunities, mainly through networking with local scientists at the workshop dinner. They also had the

opportunity to listen to plenary talks by some of the most successful upcoming local researchers from the UCT (Prof Edward Sturrock, Dr Gasnat Shaboodien, Dr Liezl Zuhlke and Prof Sandrine Lecour), the US (Prof Faadiel Essop and Prof Hans Strijdom) and the University of Kwazulu Natal (Prof Sajidah Khan).

Based on their presentations, there was a prize for both the Best South African and Best European PhD student. Locally Ms Kathleen Reyskens from the US won with her work on the effects of antiretroviral treatment on the heart, while European student Ms Uma Mukherjee from the Hatter Institute at University College London got awarded for her work on a molecule called DJ-1.

The student presentations were accompanied by plenary lectures from experts in cardiovascular research. A European Society for Cardiology extra nucleus meeting of the working group in cellular biology of the heart entitled "Frontiers in Cardioprotection" formed part of the programme. Finally, the meeting was concluded with a presentation by Prof Lionel Opie on "How to become a successful researcher".

One of the highlights of the 2nd joint meeting was that it extended past the UK borders with the participation of other European PhD students and cardiovascular researchers. The next UK-SA (or UK-EU) workshop will be held in France in 2 years' time.

The event was funded by UCT and the European Society for Cardiology, a European exchange programme (PROMISE) and industry partners (SANOFI, Abcam).

**Remember to visit our website [www.sascar.org.za](http://www.sascar.org.za) for more details on future workshops, our members and the latest information on the Society's activities.**

**Dr Roisin Kelly**



## PROGRESS WITH THE STEMI EARLY REPERFUSION PROJECT IN SOUTH AFRICA

The optimal treatment for a STEMI patient is primary PCI (percutaneous cardiac intervention) within 90 minutes of first medical contact or within 120 minutes from onset of symptoms. This is a proven and well researched fact and needs no further debate. In reality it is not always possible for a STEMI patient to get to a cathlab within 2 hours. Sometimes this is due to simple logistical issues e.g. the cathlab hospital is more than 2 hours away, or it would have been possible had the patient had a pathway to a cathlab managed by informed people and it was free of delays and bottlenecks.

Delays can severely compromise the patient's quality of life and longevity and add cost by lengthening the patient's stay in hospital, increasing downstream medical costs and causing the potential loss of productivity of economically active people.

The case for focussing on streamlining patient access to primary PCI is compelling. Based on a small-scale survey undertaken in the Pretoria area, it seems that South Africa falls far behind the ideal. The SA Heart Association therefore undertook to implement a project aimed at improving the situation.

### Project objectives

- Improve quality of acute myocardial infarction (AMI) care;
- Improve the network of care in order to give more patients access to reperfusion therapy; and
- Decrease AMI mortality.

### Project design

The approach used in South Africa is based on that of the Stent for Life programme in Europe which follows the following process:

- Select a limited geographical area for a pilot study.
- Undertake a survey to measure the timeline of STEMI patients' pathway to the cathlab as a baseline.
- Develop a strategy for the removal of barriers in the pathway, including education and training of key players.

- Training commences in the cathlab/ICU, then emergency rooms at the cathlab hospitals followed by emergency services and the referral network of doctors and referring hospitals. The final leg is patient education and awareness.
- Repeat the survey to measure results, which hopefully show an improvement in patient access to primary percutaneous cardiac intervention (PCI).
- Roll-out the strategy in other areas.

The focus of attention is on STEMI patients only but, clearly, if we are able to improve the pathway for STEMIs, AMIs will benefit as well.

### Current progress

#### Pilot study

The Pretoria area was selected for the pilot study as it is manageable in terms of area and allows us to measure the pathway of patients living in Pretoria and in outlying areas without cathlabs e.g. Witbank, Nelspruit and Polokwane. In other words, we get to measure a variety of cases.

#### Survey

There are 8 hospitals in Pretoria with cathlabs: 2 are public and 6 private. Due to a variety of factors, implementation of the survey took longer than expected but we have managed to implement it in 5 private hospitals. The survey phase will be completed by end September 2012 when we will have data on approximately 35 patients. The findings will be shared with all key stakeholders.

In addition to gathering data, the survey phase has been useful in terms of interacting and building relationships with stakeholders at each of the hospitals including the ER and ICU staff, hospital management, cardiologists and in some cases head office clinical or quality control staff.

### Future plans

#### Educating & training medical staff

Crossroads of Abbot Vascular have 4 training modules available, each designed for specific groups:

- Cathlab team and department
- Emergency room staff
- Clinical cardiologists and primary care physicians
- Emergency medical services

The course material requires some adjustments for the South African environment and we intend to undertake this exercise in the coming month.

In the interim, training will be undertaken at the cathlab hospitals in Pretoria (hopefully all 8) and with the major EMS (emergency medical services) providers. We have identified/nominated the "lead cardiologist" in each hospital who will undertake the training – sessions of approximate 2 hours – at his/her hospital premises with the existing training kits as basis this year still.

Once the training material has been modified we will roll out the programme to all stakeholders in the referral network. We shall cover all of Pretoria and the cities and towns to the North. Special focus will be placed on the larger centres such as Witbank, Polokwane, etc. The programme will be planned this year for implementation early in 2013 and will be undertaken by Pretoria-based cardiologists.

#### **Patient awareness**

We expect the training of all medical staff in Pretoria and the bulk of surrounding areas to be completed by April 2013. Thereafter we shall commence a patient education and awareness programme. Depending on budget we will use regional and/or national media with print editorial, radio and TV interviews and other means of promotion.

#### **STEMI protocol**

SA Heart is to undertake the development of the Protocol for STEMI which will be based on the ESC Guidelines. Ultimately the protocol will require approval from the Guidelines Committee which could take some time.

We will develop printed material in simple language to help emergency services paramedics, ER nurses and doctors with a protocol that enables optimal patient care: whether to "drip and ship" or "ship" immediately.

In addition all paramedics and response teams from EMS providers will be given the telephone numbers and locations of the cathlab hospitals in print. In this way STEMI patients will be taken directly to a cathlab hospital and lives

saved. The cellphone numbers of relevant cardiologists (with their permission) may also be included so that ECGs can be sent for diagnosis and preparation prior to the patients' arrival.

‘SA Heart is to undertake the development of the Protocol for STEMI which will be based on the ESC Guidelines.’

#### **Public sector**

The involvement of the 2 public hospitals in Pretoria has been disappointing - a concern - as the bulk of STEMI patients receive treatment in this sector. We remain convinced that the case for early reperfusion is compelling. A presentation document is being drafted to highlight the benefits (including savings on downstream medical costs) of this project and representations will be made to appropriate people in government.

#### **Funders**

Similarly funders can benefit from patients receiving early reperfusion in a streamlined manner. A presentation document will also be developed and presented to the major medical funders before year end.

**Cecilia Andrews, Project manager**  
**Adriaan Snyders, Project chairman**

## HEFSSA TRAVEL AWARD

### “ENHANCE HEART FAILURE MANAGEMENT IN SOUTH AFRICA”

#### Introduction

The Executive Committee of HeFSSA has established the Enhance Heart Failure Management Award. HeFSSA considers this initiative as part of our contribution towards optimising patient health care and promoting local heart failure expertise. We hope that the information gained during this event and the possibility to share your experience and open a dialogue with other specialists will broaden all our knowledge with regard to new therapies in heart failure. We also hope that this experience will help you to develop educational programmes at your medical institution and/or to share the acquired knowledge with your patients and colleagues.

#### Value

The grant is valued at R50 000 (fifty thousand Rand) per annum and must be utilised towards airfare (economy class), congress registration and accommodation expenses.

The successful recipient is liable for all payments towards general expenses and airfares him/herself in advance, and can then claim these back from HeFSSA after submitting the necessary proof of payment and appropriate receipts. A recipient will be refunded immediately on receipt of these expenses.

#### Eligibility

Cardiologists or Physicians in either the Public or Private sector can be potential candidates and they are required to be a citizen or permanent resident of South Africa. The applicant's annual SA Heart Association and HeFSSA's membership fees must be fully paid up. The Congress/ Programme/Course must be internationally or locally accredited, and be predominantly focussed on Congestive Heart Failure.

#### Application procedure

Application forms are available on [www.hefssa.org](http://www.hefssa.org) and must be completed and returned to HeFSSA, fax number: 086 603 9885.

#### Please take note of the following:

- The application form must be accompanied by the official programme. Applications should be sent by email (as an attachment) in a single pdf file;
- The title of the email should read: "HeFSSA Award towards Enhance Heart Failure Management in South Africa"; and
- HeFSSA will acknowledge receipt of all applications by return email.

#### Terms and conditions

It is hereby placed on record that no guarantees can be given to any applicant that his/her application will be successful.

The decision in granting an award to a successful applicant will be final. No appeal process will be considered.

Applicants will be notified of the outcome within 4 weeks of application.

The successful recipient of the grant needs to take note of the following:

- An attendance certificate must be provided to HeFSSA on the applicant's return;
- You are bound to provide HeFSSA with a written evaluation/review of the course/conference no later than 3 months after returning;
- Depending on the type of course/conference that the successful candidate attends, HeFSSA reserves its right to request the candidate to prepare and deliver a presentation at an appropriate forum; and
- The successful recipient is liable for all payments towards general expenses and airfares him/herself in advance, and can then claim these back from HeFSSA after submitting the necessary proof of payment and appropriate receipts. A recipient will be refunded immediately on receipt of these expenses.

## ESC CONGRESS INSPIRES FURTHER STUDY

It is with the greatest gratitude that I relate the experience regarding my nomination for, participation in and outcome of the ESC Congress 2012. I would first and foremost like to thank the ESC, SA Heart and SASCI for the opportunity afforded to cardiologists-in-training to attend such a prestigious event. ESC's programme for the Cardiologists of Tomorrow is already benefitting more than 4000 young cardiologists or cardiologists-in-training from the 54 ESC member countries and 34 Affiliated cardiac societies – of which SA Heart is one.

Further, I would like to thank my Head of Department (Cardiology - Steve Biko Academic Hospital/University of Pretoria) Prof Sarkin, for nominating me as a candidate for the scholarship. Lastly, but by no means least, I would like to express my appreciation to Pharma Dynamics, who sponsored my travel and accommodation costs during the congress. At this point as well, mention is in order of Medtronic, who, under the stewardship of Mr Claude van der Merwe, took us under their wing and looked after our entertainment needs. We enjoyed every bit of it.

The congress itself was a huge event, having been told that it had attracted more than 25000 delegates. The programme was elaborate, covering topics in heart failure,

coronary artery disease, arrhythmias, percutaneous interventions and valvular heart disease amongst others. At times, it was challenging to choose which talk to attend as all were very attractive, with world renowned speakers covering each of them. The landmark trials and subsequent change in the ESC Guidelines were one of the most appealing events to me.

What fascinated me most, were the highlights of the management-changing landmark trials such as WOEST (dropping of aspirin in patients who are on warfarin, aspirin and clopidogrel), PARAMOUNT (phase III trial of LCZ686 in the management of diastolic heart failure) and a lot more that can be accessed on the ESC webcast.

This lifetime career experience has fascinated me to such an extent that I am more resolved than ever to embark on an academic and research career in cardiology by starting my PhD project in cardiomyopathy and to contribute to the body of knowledge in medicine and cardiology in particular.

**Dr S.D. Mthiyane**  
Cardiology Fellow, Department of Cardiology  
Steve Biko Academic Hospital/University of Pretoria

## IAS visiting fellowship opportunities!



- Improve your skills and knowledge in the field of cardiovascular disease.
- Learn new research techniques.
- Implement new techniques or initiate new programmes in atherosclerosis and cardiovascular disease.

### Any researcher who is:

- actively engaged in research in the field of cardiovascular disease;
- has an MD/PhD or an equivalent degree required; and
- 40-years-old or less may apply.

**Application deadline**  
**30 January 2013**

### Visiting Fellowship Award

3-month Visiting Fellowship award: \$5 000  
6-month Visiting Fellowship award: \$8 000

Contact: Ann S. Jackson, Executive Director, Fellowships, Finances and Legal Affairs, International Atherosclerosis Society  
Houston, TX, USA | Tel: +1 713 7979620 | Email: [ias@bcm.edu](mailto:ias@bcm.edu) | Website: [www.athero.org](http://www.athero.org)

## SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION NEWS

I am pleased to report on our AGM and activities for the rest of 2012 and planning for 2013.

Firstly, a big thank to my Exco for their continued willingness to contribute and I am pleased to report that we have no vacancies to fill. I would like to restate my expressed gratitude to Graham Cassel for his immense contribution to SASCI as President during the past 4 years. Our corporate member companies elected new representatives and it is a pleasure to welcome Craig Goodburn, Hans Buyl and Tracey du Preez. A big thank you goes to outgoing industry representatives Rob Millar, Salome Snyders and Mariska Fouché.

Please note that you can contact our Exco members on issues relating to their portfolios or talk to George Nel at 083 458 5954 or [sasci@sasci.co.za](mailto:sasci@sasci.co.za) (SASCI Executive Officer).

<b>Farrel Hellig</b>	President: AfricaPCR, Funders, International Relations and Congresses
<b>Sajidah Khan</b>	Vice-President: AfricaPCR, international congresses, education and guidelines
<b>Cobus Badenhorst</b>	Treasurer: SHARE, SA Heart Congress 2012 and HS-troponin guidelines
<b>Adie Horak</b>	Secretary: SASCI @ WPCSSA Congress 2013
<b>Graham Cassel</b>	Ex-officio President: AfricaPCR and non-invasive coronary imaging
<b>Mpiko Ntsekhe</b>	Academic: visiting professors programme and HS-troponin guidelines
<b>Chris Zambakides</b>	Johannesburg and academic: TAVI funding and CTO working group
<b>Len Steingo</b>	SA Heart PPC: coding and funders
<b>Mark Abelson</b>	SA Heart PPC: coding and funders

**Dave Kettles** Eastern Cape: fellows workshop 2012

**Jean Vorster** Pretoria: funders

**Gill Longano** ISCAP

**Liezel La Grange** ISCAP

2012 has been an exceptionally busy period. We are in the midst of flux in our environment and the challenges are many.

### SASCI and funders

The CT angio project is currently under discussion at Discovery Health with input from SASCI (Graham Cassel). The objective of this programme will be to - at the very least - improve access of members to CT angio (without co-payment). In addition Mark Abelson is drafting a SASCI guidance document on FFR and IVUS for general distribution to the funders with the objective of reducing post procedural paperwork. SASCI (Dave Kettles) will also support general availability of "covered stents" in the market and will request funders to allow use without undue paperwork afterwards.

### Private Practice Committee

Len Steingo and Mark Abelson continue to work with SA Heart's Private Practice Committee. SASCI envisages a workshop in the near future to consider (and advise members) on the appropriate claim codes to use in cases where existing codes do not cater for newer procedures.

### Launch & programme of AfricaPCR at SA Heart 2012 congress

AfricaPCR was officially announced by Prof Jean Marco during his opening address at the recent SA Heart congress. The announcement was met with excitement and interest by both South African and African delegates.

At the congress SASCI and PCR offered the first AfricaPCR programme (Friday 20 July). The launch was well received and standing room only was available. A world class international and local faculty was assembled and delegates were exposed to learning through the unique PCR teaching methods.



### **AfricaPCR course at WPCSSA 2013**

The 2nd AfricaPCR programme will be offered during the World Congress of Paediatric Cardiology in Cape Town (full day on 22 February). More details can be found elsewhere in this newsletter. I would like to thank PCR (Prof Jean Marco and William Wijns) for their continued support as well as our local PASCAR committee members. The AfricaPCR Board (appointed until 2015) has Farrel Hellig (SA) and William Wijns (Belgium) as Directors with Co-Directors Bernard Gersh (USA), Otieno Harun (Kenya), Sajidah Khan (SA), Tom Mabin (SA), Ganesh Manoharan (Ireland), Christoph Naber (Germany) and Mpiko Ntsekhe (SA).

In addition to the AfricaPCR programme SASCI will be offering 2 breakfast symposia (21 & 22 February) with coronary disease content for the adult cardiologist in addition to the 5-day interventional track which is part of the World Congress. SASCI believes this congress will offer our members world class teaching over a broad spectrum and urge you to attend. I would like to thank our designated representative Adie Horak for his contribution to the programme.

SASCI's track: "Catheter-based interventions from foetus to adult" will include live presentations augmented by a combination of lectures, debates, master classes and pre-recorded cases spread over the five congress days. These cases will highlight more recent interventions such as transcatheter valve placements and atrial appendage ablations. Invitations have been extended to an excellent international faculty, and this promises to be a stimulating and exciting congress, which will cater for both adult and paediatric cardiologists.

### **Visiting professor programme**

Unfortunately Prof Jean Marco (who would have been our 3rd annual Visiting Professor) informed us that he will not be able to travel to South Africa in 2013. SASCI is currently exploring other possibilities and would like to thank Medtronic for their continued unconditional support of this important educational initiative.

### **Opportunities for Fellows**

Five South African Fellows had the opportunity to attend the European Society of Cardiology Congress (2012) for

the 1st time! Feedback (see elsewhere in this newsletter) from Tawanda Butau (UCT/Groote Schuur), Nompumelelo Gogo (University of Limpopo/Medunsa), Parmanand Naran (Pretoria/Steve Biko), Pieter van der Bijl (Stellenbosch/Tygerberg) and Siswe Mthiyane (Pretoria/Steve Biko) was very positive and all extended their appreciation to the ESC, SA Heart, SASCI and industry sponsors Winthrop, Pharma Dynamics, B Braun and Medtronic for making this educational initiative possible. SASCI hopes that this may become an annual programme.

SASCI is proud to confirm that Dr Aine Mugabi is the 2012 recipient of the RC Fraser International Fellowship in cardiovascular intervention award. Dr Mugabi will go to Dr Martyn Thomas (consultant cardiologist & clinical director for cardiovascular services unit) at Guys & St Thomas' Hospital, London for one month in 2013 where he will be able to expand his knowledge and further his abilities. This award is annually sponsored by Boston Scientific.

South African Fellows once again will have the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows Programme in Las Vegas (December 2012). The SA delegation for 2012 is G. Visagie (UFS), B. Cupido (UCT), S. Gafoor (IALH) and K. McCutcheon (JHB Gen). Boston Scientific sponsors the flights to Las Vegas and the SCAI offer includes registration, accommodation and meals during the programme.

The 8th annual SASCI Fellows Programme will be held in Somerset West (Mediclinic Vergelegen Hospital) with Dr Mark Abelson as programme director. Please watch this space: dates will be confirmed soon. Please talk to Mark Abelson or George Nel if you would like to contribute or attend.

### **Interventional Society of Cathlab Allied Professionals (ISCAP)**

ISCAP: Please read the full report on activities elsewhere in this issue. Of note is that a number of regional educational meetings have already taken place for allied and that a basic cathlab training manual will be available early in 2013. Well done to ISCAP's steering committee!

*Continued on page 306*

## SASCI NEWS continued

### Council for Medical Schemes - TAVI

SASCI currently has one of Tom Mabin's cases on appeal after the CMS initially ruled "in favour" of the medical aid not funding TAVI as a PMB. Elsabe Klinck is supporting SASCI from a legal perspective and highlighted various areas of concern with the CMS ruling(s). The actual documentation is available on request.

### Acknowledgements

I would like to thank my hard-working executive and also our industry partners for their continued and unwavering support of SASCI and its constitutional objectives. These companies have demonstrated their commitment to our Society and education in South Africa: Angio Quip,

Aspen, AstraZeneca, Baroque, B Braun, Boehringer-Ingelheim, Boston, Cipla Medpro, Cordis, Disa Vascular, Edwards, Medtronic, Paragmed, Pharma Dynamics, Surgical Innovations, Torque Medical, Viking, Volcano and Winthrop.

Please contact your Executive Officer George Nel at 083 458 5954 or [sasci@sasci.co.za](mailto:sasci@sasci.co.za) if you need assistance in any way or want to formally communicate with the executive.

**Farrel Hellig**  
President, SASCI



SASCI

**South African  
Society of  
Cardiovascular  
Intervention**

## PRIVATE PRACTICE COMMITTEE

SA Heart's Private Practice Committee (PPC) aims to optimise its representation of cardiac practitioners in the private sector and is working closely with SAMAs PPC to ensure a united and stronger voice. The PPC wants to represent as many practitioners as possible when interacting with medical funders and other stakeholders to ensure members are remunerated fairly and according to the high level of skill required to do their work.

The PPC aims to update the Cardiology billing codes to keep up with the vast number of new procedures which are currently not listed and to adjust inappropriate codes. The target is to have new codes ready for publication in the 2014 SAMA Doctors' Billing Manual. We have requested SA Heart's special interest groups (SIGs) to assist as they know best which procedures require an update.

The PPC has engaged the major funders to find the best outcomes for our members. We had several meetings with Discovery Health which yielded fruitful results as indicated in Dr Jankelow's report. Discovery has also accepted our position to do away with filling out chronic forms.

On a prescription page the following details need to be present: The patient's name and surname; Medical Aid number; ICD 10 code; if the patient is hypertensive, the reading that diagnosed hypertension; and finally, the patient's signature showing that he/she has given permission for his/her medical information to be divulged. If the treatment is for dyslipidaemia and for primary prevention of CVDN, then

the lipogram results should also be faxed. This should help reduce the administrative burden of a lot of doctors.

A meeting with Medscheme's Medical Adviser has paved the way for discussions similar to that with Discovery.

It is worth repeating the words of caution put out by Dr Jankelow about the codes required for High Care (HCU)/ICU treatment; also what categorises one as an ICU or High Care patient, and to ensure that the hospital code is in agreement with the doctor's code. Drs David Jankelow and Jean Vorster have volunteered and been tasked to deal with billing and coding queries from SA Heart members. They will also take up any issues with any funder as the need arises on behalf of the PPC. We would like to standardise the handling of these queries so that cardiac practice positions only come from our Association.

The Private Practice Committee has had meetings with Discovery Health regarding coding, billing and we have created a forum whereby we can thrash out areas of difficulty. The lines of communication will remain open and they have enabled us to resolve important issues. We are having meetings with Medscheme at this point on the possible formation of a "Specialist Forum", also aimed at discussing problems and finding resolutions.

We aim to continue to improve the practising environment for SA Heart members.

**Makoali Makotoko**  
Chairman, Private Practice Committee, SA Heart

## REPORT ON ESC MEETING, 25 - 29 AUGUST 2012

I'm most grateful to SASCI and SA Heart for being afforded the opportunity to attend such a large-scale congress. It was a great privilege to listen to prominent figures in cardiology presenting their research work. Listening to Dr E. Braunwald and other well-known names in the world of cardiology "in the flesh" was actually a great experience and learning opportunity.

Many symposia took place where topics were succinctly presented from basic science to clinical application by world authorities in the various sub-disciplines of cardiology. I also had the opportunity to listen to some of the members of the working groups drafting the ESC guidelines and hear cardiologists from all over the world comment and criticise their recommendations. Overall, it was a thoroughly enriching academic experience which I hope will be availed to other fellows in the future.

Dr Tawanda Butau

## THIRD UNIVERSAL DEFINITION OF MYOCARDIAL INFARCTION

My sincerest thanks to SA Heart and Medtronic for the once in a lifetime opportunity to attend the ESC congress. It truly was an eye opener. Interesting topics were discussed and the third definition of myocardial infarction has been one among many.

The overall pathological definition of myocardial infarction remains as myocardial cells a result of prolonged ischaemia, with the definition applicable in any of 5 types:

### **TYPE 1: Spontaneous myocardial infarction**

Related to atherosclerotic plaque rupture, ulceration, fissuring, erosion or dissection with resulting intraluminal thrombus in one or more of the coronary arteries leading to decreased myocardial blood flow or distal platelet emboli with ensuing myocyte necrosis.

### **TYPE 2: Myocardial infarction secondary to an ischaemic imbalance**

In instances of myocardial injury with necrosis where a condition other than Coronary Artery Disease contributes to an imbalance between myocardial oxygen supply and/or demand, for example coronary endothelial dysfunction, coronary artery spasm, coronary embolism or anaemia.

### **TYPE 3: Myocardial infarction resulting in death when biomarker values are unavailable**

Cardiac death with symptoms suggestive of myocardial ischaemia and presumed new ischaemic ECG changes or

new Left Bundle Branch Block, but death occurring before blood samples could be obtained, before cardiac marker could rise or, in rare instances, cardiac biomarkers were not collected.

### **TYPE 4a: Myocardial Infarction related to Percutaneous Coronary Intervention (PCI)**

It is defined by elevation of cardiac Troponin values  $>5 \times 99$ th percentile Upper Reference Limit (URL) in patients with normal baseline values or a rise of cardiac troponins values  $>20\%$  if the baseline values are elevated.

### **TYPE 4b: Myocardial infarction related to stent thrombosis**

It is detected by coronary angiography or autopsy.

### **TYPE 5: Myocardial infarction related to coronary artery bypass grafting (CABG)**

It is defined by elevation of cardiac troponins  $>10 \times 99$ th URL. In this latest definition the concept of myocardial infarction has not changed but the diagnosis is based on patient symptoms, ECG changes, highly sensitive biomarkers and information gleaned from various imaging techniques.

Additional information applies to PCI, CABG, cardiac and non-cardiac surgery and in clinical trials where myocardial infarction can be used as either an entry criterion or as an end-point.

Dr Nonpumelelo Gogo

## 6TH INTERNATIONAL CONGRESS OF THE AFRICAN ASSOCIATION OF PHYSIOLOGICAL SCIENCES

I submitted an abstract on part of the research for my Masters degree about the role of STAT3 and progression of heart failure with age in mice to the 6th International Congress of the African Association of Physiological Sciences (AAPS) in Ismailia, Egypt from 1 - 5 September this year. The conference showcased research carried out by African doctors addressing health and science topics relevant to Africa and included keynote lectures from speakers from Japan, Britain, Pakistan, Finland and the USA.

I requested a poster presentation and was instead invited to give a 20 minute oral presentation during the opening session. It was my first time presenting (much less to an international audience) but it went off very smoothly and was well received. I was congratulated by several senior scientists including Prof David Eisner. He serves on the editorial boards of Basic Research in Cardiology, Cell Calcium and Experimental Physiology. He is a senior consulting editor of Circulation Research and the editor-in-chief of The Journal of Molecular and Cellular Cardiology one of the major journals in my field. I was also approached by some of the attending scientists including Dr Yasser El Wazir from the University of Cairo, Dr Prem Gathiram from the University of KwaZulu-Natal and Dr Saartjie Roux from the Nelson Mandela Metropolitan University who requested we keep in touch and perhaps see about working on joint projects later on.

The poster and oral presentations covered a multitude of topics from the use of gum Arabic to better health outcomes to the dangers of having electro-magnetic equipment such as cell phones and laptops too close to the body. One of the lectures I found most intriguing was delivered by Dr Akimichi Kaneko of Japan, it was titled: The retinal mechanism of visual contrast enhancement. He spoke about the mechanism of sight and cells involved in the transmission of visual signals in the eye and how they cooperate to give rise to real time visual recognition. It was fascinating.

Two prominent topics were heart/vascular research and research related to pulmonary function – problems which



Ms Aqeela Imamdin (front, second from left) won the SA Heart travel scholarship for the second term in 2012 and attended the 66th International Congress of the African Association of Physiological Sciences in Egypt.

are common here in Africa. The content covered was of a good quality and much of the data presented held promise for further extrapolation or clinical application.

The conference proved to be a fantastic opportunity to network; not only to meet other researchers in Africa, but also to extend a hand to work together and form a closer-knit community.

In South Africa we are blessed when it comes to our resources compared to the other African countries. We have far easier access to facilities that we need for research, and building bridges with other scientists in nearby countries would step up research output not only for us, but for them too. It was a fantastic atmosphere, each day started early and ended late with talking to other people there who were enthusiastic and such a delight to be with.

The conference was comparatively small as the AAPS is still in its elementary phase of growth but, having heard what people had to say at and about the conference, I am sure it will grow with time. It was a pleasure to attend and present at this conference and I am truly grateful for the opportunity to have attended. I would like to express my heart-felt gratitude to the South African Heart Association for its support which made my attendance possible.

**Aqeela Imamdin**

## FULL TIME SALARIED COMMITTEE TACKLES VARIOUS MATTERS

Prof Andrew Sarkin reports that his committee now meets regularly and is in the process to investigate and draw up a proposal to industry regarding ways to effectively support full time public service cardiac care for mutual benefit.

Eastern Cape doctors were facing disciplinary action as a result of raising concerns. We wrote a letter on behalf of SA Heart indicating that this appeared counter-productive and it now seems that all of the charges have been dropped.

With regards to the National Health Initiative (NHI) policy statement, Prof Sarkin has been working on this together with Dr Mokali Mokotoko and Prof Francis Smit.

Prof Sarkin and his team on the full time committee, together with SA Heart is preparing a booklet setting out guidelines for basic treatment and referral of patients (taking into account our circumstances) with specific diseases primarily for use in the secondary and district hospitals.

Obviously, each department has its own specific approach but the generalities of a disease are the same. It is not aimed to set out the ideal, first world care, but the realities of what is achievable within our existing system. The aim is to set out what we can expect and what we can do to empower our referral hospitals. Baragwanath is in the process of preparing such a guideline in relation to ST elevation MI.

## 14<sup>TH</sup> ANNUAL CONGRESS OF THE SOUTH AFRICAN HEART ASSOCIATION 17 - 22 FEBRUARY 2013, CAPE TOWN, SOUTH AFRICA



### Join us for exciting sessions with world leaders on:

- **Cardiac intervention:** Filled with live cases from 4 different centres together with state-of-the-art lectures by experts in their fields.
- **Healthy hearts, exercise physiology and sudden death:** We will highlight interventions, management and successes while focusing on new trends in lifestyle management and appropriate treatment of hyperlipidaemia. Learn about the limits of human endurance, physical activity for those with established heart disease and look at screening of athletes both competitively and at school level. Finally a unique summit of Sudden Death interest groups will be a "don't-miss" for those working in this field
- **AfricaPCR:** AfricaPCR is a collaborative initiative between SA Heart, the South African Society for Cardiovascular Interventions (SASCI), PASCAR, PCR and EUROPA (which organises the popular EUROPCR meetings). AfricaPCR is a course with the primary role of education in Interventional Cardiovascular Medicine. The focus is on learning techniques, practical skills and

transfer of knowledge, experience and practice through case based discussions. The 2nd annual AfricaPCR course will be offered on Friday 22 February as part of this congress.

- **Adults with congenital heart disease:** The complexity of dealing with congenital heart disease in the adult, juxtaposed with coronary artery and degenerative heart disease is a focus in several sessions. Experts review management of these patients, options for improved outcomes and highlighting important issues such as contraception, modes of delivery for pregnant women with ACHD and impact of congenital heart disease on general cardiovascular health.
- **This and much more** will be on offer during the **14th Annual Congress of the South African Heart Association** in Cape Town from **17-22 February 2013**. Please note that the annual congress has been moved forward to coincide with the WCPCCS happening at the same time.

Register and view the full programme on the website of WCPCCS, who is coordinating this congress for SA Heart. <http://wcpccs2013.co.za>

## SA HEART 2012 CONGRESS: FEEDBACK

### Applied Sciences workshop

The workshop was reasonably well attended throughout the day with between 20 and 40 participants at each presentation. Active participation from the audience was evident. The aim of the workshop was to explore the scientific rationale/biochemical basis for, as well as pathogenesis relating to:

- Cardiac biomarkers and radiographic investigations;
- Specific treatment options;
- Cardiomyopathies and conduction disorders; and
- Myocardial necrosis in the animal model.

### Comments

- The presentations by, and contributions of the 2 international speakers to discussions added "depth" to the workshop.
- The title of the workshop may have been misleading as only one paper resulted from research in the "Basic Sciences".
- The topics appeared to have solicited interest and discussion.
- The contributions from non-cardiologist disciplines (pathology, radiology and pharmacology) should probably have been better informed by cardiologists' needs/expectations however, the audience did not constitute mainly cardiologists.
- The need for a Basic (Applied) Sciences workshop should be explored where scientific/methodological expertise is shared across the spectrum of preventative cardiology (dietetics, lifestyle, etc.), laboratory (genetic or biochemical cardiac markers) or clinical/experimental (animal and human) research.
- The need for a Scientific Update session should be investigated.

### Abstracts

A total of 54 abstracts were accepted for the conference, 32 as poster presentations and the rest as platform presentations. Twelve of the platform presentations and 20 of the poster presentations were clinical.

Three abstracts were not deemed suitable for publication in the SA Heart. No re-submissions were received for these 3 submissions following request for revision. Authors

were allowed to present the papers as posters and were requested to consider comments for improvement.

An instrument was devised to guide the adjudication for the awards.

The willingness of all evaluators and adjudicators to contribute as experts to the scientific level of excellence of the conference is gratefully acknowledged.

### Comments and suggestions

Scientific contributions from local and international researchers should be encouraged and show-cased to promote research nationally and to ensure the scientific integrity of our Society.

The administrative workload of managing abstract submissions, evaluations and adjudications for awards warrant the designation of a chairperson and team.

The continual electronic display of the posters appeared to work well as did the prize for the most favourite poster and the draw for the correct identification of the best poster as identified by the adjudicators.

- Deadlines for submissions should be honoured – late submissions lead to an increased administrative burden and also to inconsistency in appraisal.
- Pre-screening of the scientific format and adequacy upon submission, and timely rebuttal prior to distribution amongst evaluators is imperative.
- Evaluators from different interest groups should be contracted well in advance with clear guidelines for provisional acceptance as either poster or platform presentations.
- Adjudicators for the different interest group posters/platform presentations should be contracted well in advance with clear guidelines on recognition of excellence.
- The policy for recognising and awarding excellence should be well thought through and transparent to all concerned.
- Industry may be invited to sponsor interest-group-specific awards, e.g. sponsorship of a conference. SA Heart may consider sponsoring the best poster award(s).

### Feedback from industry via email

- Delegates and trade commented on the congress being different (in a positive way).
- Some complaints from trade about low number of cardiologists. This is seen as a “problem” every year.
- The meeting was well arranged. It is becoming very expensive for companies to attend these meetings.
- One of the best SAHA meetings I have attended, good value for money. I would like to say however that the “gala” dinner should be questioned, I am not sure that the money could not be better spent some other way. It costs a fortune and adds little value. The industry pays the bill, but very often there is no space for us. Another point is that some companies don't exhibit but still attend the meeting, not sure if this is really fair.

### Comments, recommendations on international speakers

- The speakers were very good as always.
- Great quality speakers.

### Venue

- Only positive feedback.
- Suggested the need for a “map” on back of delegate's name tag.
- Sun City is getting old, it needs a revamp. It is a nice venue though, as it keeps attendees near the conference centre and we have more opportunity to interact with them. Places like Cape Town do not allow for this.
- Sun City is a great venue, in my eyes the meeting should be held at the same venue every year, this will help curtail costs. Venue costs come down. Most delegates are from Gauteng, so the costs are kept under control.

### Programme

- Great. Not much needed to improve on. Always nice to have some of our speciality products discussed.
- Programme was great; I heard a lot of really strong feedback from delegates, great faculty as well.

AfricaPCR was a truly amazing session; people say should have been longer. One issue that was a problem, was taking the breakaways to different hotels which meant one could not just pop from 1 room to another if one wished to. It also diluted traffic to trade exhibitions.

### Breakfast sessions

- No comment.
- Did not attend any.

### Industry

- As stated it is becoming excessively expensive to attend ALL the meetings. We need to consolidate and decide what is important and what is a nice to have. The industry always attends these meetings well.
- Sun City is a great venue, costs are manageable and the venue works. People are safe. We don't lose as same many delegates at Sun City as everyone stays at the same venue.

### The deal for international speakers and our local speakers

- I do think that our local speakers are as good as most of the international speakers.
- Local speakers get better every year; we don't have to stand back.

### A photographer and a congress report

- I don't think it's necessary.
- Too much money little value.

### Central Congress Organising Committee (CCOC)

**What do you think of SA Heart's idea that a Central Congress Organising Committee be formed out of our Exco which takes responsibility for the finances and logistic and the regions in turn – with involvement of all groups – to organise the scientific content?**

- I support the idea, the more you do something, the better and easier it gets, thus improving every time, same for the venue.

*Continued on page 312*

## SA HEART 2012 CONGRESS continued

### Trade conference evaluation form

1. Have your expectations for the SA Heart 2012 Congress been met?

Not at all			Partly			Completely
①	②	③	④	⑤	⑥	⑦
☺☺	☺			☺	☺☺☺☺	

2. Were you satisfied with the exposure you were provided with, to the delegates?

Not at all			Partly			Completely
①	②	③	④	⑤	⑥	⑦
	☺	☺☺		☺☺	☺☺	

3. Were you satisfied with the breadth of health professionals you were exposed to?

Not at all			Partly			Completely
①	②	③	④	⑤	⑥	⑦
				☺☺☺☺	☺☺	☺

4. Were all details relating to the trade setup and sponsorship opportunities communicated to you in a timeous and satisfactory manner?

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
				☺☺☺☺	☺☺	☺

5. Do you believe that you received value-for-money at this congress?

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
	☺		☺☺	☺☺	☺☺	☺

6. Please rate Sun City as a venue for future SA Heart congresses

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
	☺		☺☺	☺☺	☺	☺☺

7. Please rate the food at Sun City

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
			☺☺	☺☺☺	☺☺	



8. How would you rate the cocktail function held on Thursday, 19 July?

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
	☺	☺	☺	☺	☺☺☺	☺

9. How would you rate the SA Heart Congress Dinner held on Saturday, 21 July?

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
				☺☺	☺☺	☺

10. How would you rate the topics in the main programme?

Poor			Average			Great
①	②	③	④	⑤	⑥	⑦
				☺	☺☺☺☺	☺

11. How would you rate the PCO congress organisers: Londocor?

	Very poor			Average			Very good
	①	②	③	④	⑤	⑥	⑦
Organisation skills				☺		☺☺☺☺☺	☺☺
Professionalism					☺☺	☺☺	☺☺☺☺
Communication re: your requirements?				☺	☺☺	☺	☺☺☺☺
Exhibition				☺		☺☺☺☺	☺☺☺

**Do you have any suggestions/feedback for future SA Heart Congresses (topics, speakers, PCO etc.)?**

- I was more than happy with Londocor’s organisation of the congress.
- In terms of value to us - and a concern expressed prior to the 2012 event – in that our target audience, the top guys are not the ones coming to the stands, but rather the nursing sisters who come and interact with us.
- High cost and low visibility/interaction by/with KOLs will lead to us evaluating if our participation in future

SA Heart congresses warrants this kind of investment. By no means a reflection on Londocor but rather the low level of interaction with key customers.

- Sorry but I am not a fan of Sun City. It is too expensive and far away for logistics, and too many medical congresses are held there every year. No competition allows them to load prices: R1 500 for a cabana room is too high, the restaurants are limited and it only has one entertainment venue Traders. The pool bars close at 17h00. I do not see why - when we pay so much for the stands - that drinks for the cocktail function cannot

Continued on page 314

## SA HEART 2012 CONGRESS continued

be provided by the congress. The date being so close to ESC meant less delegates. There were very few Cape Town delegates.

- Tea breaks should be restricted to exhibition areas only to ensure maximum exposure for exhibitors.
- This SA Heart was not attended by as many doctors as in the past.
- Many doctors got "stuck" in the first section of the exhibition hall and never made it round to all the stands.
- The opening evening or cocktail evening has been the same for many years now - how about a change - do something different?
- I was a bit late ordering my wine and in the end Sun City said no go - buy your own and pay corkage - not very flexible. I bought my own and, ended up not paying corkage!

### International speakers

- It was my pleasure and honour to be able to participate at your annual conference. It was a pity I had to return to London last Saturday, but I look forward to visiting South Africa again. **Mr Victor T. Tsang, Consultant Cardiothoracic Surgeon, Great Ormond Street Hospital.**
- Once again it was a privilege to be invited and to spend time with all of our wonderful colleagues in South Africa! It was a great meeting, and I truly enjoyed all aspects: our "Mayo" symposium, the plenary and the congenital sessions. The safari trip after the congress was so amazing, please know we are very thankful for the kind and gracious hospitality and the chance to visit and form friendships after the congress. **Allison (and Jeff) Cabalka**
- Thank you very much. **Jean Marco**
- Baie dankie vir al jou reëlings. Die kongres was ongelooflik goed georganiseer en dit was vir my 'n groot voorreg om as spreker op te tree. Dankie ook

vir die bederf na die kongres by die Lodge. Groete uit 'n (voorlopig) sonnige België. **Dr Derize Boshoff**

- I thoroughly enjoyed my brief visit to your wonderful country which is filled with beautiful people. I am pleased our educational offerings were well received. You all are to be congratulated on organising and conducting a great annual meeting. **Prof. Paul Julsrud**
- It was indeed a great experience for all of us. I enjoyed my stay quite a bit thanks to the great hospitality. The conference was very well attended and it was nice to hear other speakers. There is no question South Africa won my heart. It was a very memorable trip. You all should be commended for the wonderful job and preparation. Very, very well done. **Dr Naser Ammash**
- I have had a wonderful time in South Africa and enjoyed meeting all the delegates. You did a marvellous job organising the meeting. We have set up several collaborations with investigators in Pretoria and Cape Town. I look forward to seeing you again on future visits to South Africa. **Prof Leslie Cooper**
- I thank you and the organising committee for the opportunity to participate in the SA Heart Congress. It is a real privilege for me to be able to do that and you have always made my colleagues and I feel very welcomed and we always enjoy the trip there. Thanks again and I do appreciate your message. **Vuyisile Nkomo**
- Many thanks. Was a great meeting both scientifically and socially. Look forward to returning sometime. Very best. **David Taggart, Prof of Cardiovascular Surgery, University of Oxford.**
- The meeting was great and the interchange with the speakers and the delegates was wonderful. Thanks for the chance and for all of your help. **David Holmes**
- I had a great time. I gather that Ivory tree was also a huge success as was the Saturday night gala. I thought

that that the entire meeting was of a very high standard and so pleased to be involved. **Bernard Gersh**

- Thank you. You did a wonderful job and the meeting was great. We had a great time in South Africa!  
**Dr Norman Silverman**

- Thank you for your invitation, your overwhelming hospitality and the great organisation you did. It was a great meeting in a great country. I hope to see you soon in Germany or South Africa. **Dr Roland Tilz**

- Spectacular meeting! Perfectly timed to the victory of my rugby team (Sharks), SA cricket team and Ernie!  
**Michael D. Ezekowitz**

### Comments by Dr Snyders

- Some academics were unhappy that the congress did not provide more financial support for fellows to present their research. In the past tertiary institutions used their own research funds for that purpose – it seems that these funds are not readily available any longer?
- International speakers should give at least 4 talks.
- Consider adding an ESC Guideline 1-day session: ESC will most probably sponsor speakers' travel cost and congress will have to sponsor accommodation costs.
- Gala dinners are not allowed at congresses in Europe and USA: Do we need that? At SA Heart Congress delegates pay an additional fee for this event (which is optional) and therefore it does not necessarily impact on the profit. Entertainment expenses for this year's congress were also lower than previous years.
- Investigate a Hypertension Day and invite Hypertension Society to run the programme.
- I understand the surgeons are still unhappy?
- Despite their criticism, the industry did not offer much in line of useful advice or help.

- Industry that complained the most were also the ones that contributed and participated least and are the same ones that complain every year.
- Keep in mind that AfricaPCR may not be part of SA Heart Congress in future though there will always be a SASCI programme. AfricaPCR will also be held in other African countries.
- We need to continue to analyse money wastage: the huge cost of building stands can probably be used more efficiently. Do we need stands? Would an exhibition area not suffice where industry builds smaller stands or supply pull-up banners only? This needs to be discussed with industry.
- The 2012 SA Heart Congress is over, but we have time (with our central congress organising committee) to discuss the way forward for 2013 and future congresses. We should continue to liaise with the industry, academics and, most importantly, our members to identify needs.

### Attendee analysis

We've not had time to give a break-down on registered doctors for the 2009 and 2011 congresses. For the 2012 congress (a total of 978 delegates were registered), we can report the following registration figures:

- 301 medical professionals (adults & paediatric cardiologists, cardiothoracic surgeons and others (i.e. anaesthetists, general practitioners, specialist physicians). (The numbers exclude the pre-congress workshops);
- 367 allied professionals (nurses, perfusionists, technologists and others); and
- 310 trade delegates.

Last but not least, it was disturbing to see how many of prominent attendees only paid their SA Heart membership at the Congress – thus not leading by example.

**Adriaan Snyders**  
**Chairman 2012 COC**

## PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA

### Programme for PCCSA World Congress

The Paediatric Cardiac Society of South Africa's (PCCSA) main objective is 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. The PCCSA is also the primary advocacy group for children with heart disease in South Africa. Membership is open and we actively encourage participation from colleagues in Africa as well as interaction with special interest groups.

Our new Exco was elected at the recent SA Heart meeting and they will serve until 2014. The executive consists of:

<b>Liesl Zühlke</b>	President
<b>Paul Adams</b>	Vice-president and public service
<b>Jeff Harrisberg</b>	Private practice
<b>Stephen Brown</b>	Treasurer
<b>Lindy Mitchell</b>	Secretary
<b>Andre Brooks</b>	Education
<b>Ebrahim Hoosen</b>	Ex-officio and ethics
<b>Christopher Hugo-Hamman</b>	CEO of the 2013 congress company

The new executive is excited to be at the helm of the Society over the next 24 months, which promises to be extremely productive indeed.

### Important 2012 events

#### PCCA Symposium

The 5th Annual Symposium of the Paediatric Cardiac Centre for Africa (PCCA) was held on March 30th and 31st at Sandton's Netcare Auditorium with prominent surgeons David Barron, Tom Spray and John Brown on the guest list. The meeting, convened by Rob Kingsley, was interesting and engaging and provided an opportunity to hear from leading international faculty in an informal setting.

‘We are mere months away from hosting the largest ever cardiovascular event on the continent of Africa!’

#### SA Heart Congress 2012

With Lindy Mitchell and her organising team at the helm, an excellent programme was held with guests including former South African Derize Boshoff of Belgium, Victor Tsang from the UK and Norman Silverman from the US this year. These eminent clinicians held several riveting sessions filled with debate and comprehensive information. A pre-congress workshop entitled “Tetralogy of Fallot from Child to Adult” was an excellent start to the paediatric programme, followed by focused sessions on the evaluation and management of Hypertrophic Cardiomyopathy, Atrio-ventricular Septal Defects, Ebstein Anomaly and Hypoplastic Left Heart Syndrome. A session on “Nightmare cases in the cathlab” as well as interactive sessions made for an outstanding programme. Congratulations to Lindy and her team for the success following your incredible hard work and thanks to our international and national speakers. We also want to congratulate our fellows who presented and indeed won some of the prizes this year. The prize for the favourite e-poster went to Dr Himal Dama, a fellow from Inkosi Albert Luthuli.



## New on our website!

An extremely exciting development in our Society has been the fact that we have secured access to Pedheart Resource - the most comprehensive educational website on congenital heart disease. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable image library, collections of patients' hand-outs and over 1200 PowerPoint slides in several different languages. (<http://www.heartpassport.com/>)

In addition, PCSSA now has a site providing information on congenital heart disease for both parents (<http://www.africa.congenital.org/>), and medical practitioners. Links to both these sites can be found on PCSSA's home page (<http://www.saheart.org/pcssa/>). Access to the parent information site is available to everyone, but only paid-up PCSSA members have access to the medical practitioner site.

**Important events for 2013**  
6th World Congress of Paediatric  
Cardiology and Cardiac Surgery,  
Cape Town 17 - 22 February 2013



### My heart leaps up when I behold

My heart leaps up when I behold  
A rainbow in the sky:  
So was it when my life began;  
So is it now I am a man;  
So be it when I shall grow old,  
Or let me die!  
The Child is father of the Man;  
I could wish my days to be  
Bound each to each by natural piety

**William Wordsworth, 1802**

We are mere months away from hosting the largest ever cardiovascular event on the continent of Africa! This is truly a remarkable opportunity to showcase the progress made in congenital heart disease (CHD) over the past decades, meet the absolute experts in the field and welcome international faculty and returning friends to our country. However, it is also an opportunity for adult cardiology colleagues to enjoy some ground-breaking and relevant scientific sessions. Indeed, the child is the father of the man.

### Africa PCR

AfricaPCR is a collaborative initiative between the South African Society for Cardiovascular Interventions (SASCI), SA Heart, PASCAR and EUROPA (which organises the popular EUROPCR meetings). AfricaPCR is a course with the primary role of education in Interventional Cardiovascular Medicine (ICM) and the 2nd annual AfricaPCR course will be held on Friday, 22 February at the World Congress of Paediatric Cardiology and Cardiac Surgery. The programme will include "AfricaPCR Case Corner", Interventional medicine for pericardial and valvular disease. The focus remains on learning techniques, practical skills and interactive case discussions.

### Catheter interventions from foetus to adult

This track promises to be extremely exciting for paediatric cardiologists and adult cardiologists managing atrial fibrillation and degenerative aortic valve disease alike. There will be live cases from 4 different centres with state-of-the-art lectures by experts in their fields of interest. Approximately 25 - 30 live cases will be transmitted directly to the lecture hall in the course of 4 days from Frankfurt, Germany (Horst Sievert) and Milano, Italy (Mario Carminati). The 2 local, South African centres transmitting live cases will be Sunninghill clinic in Johannesburg and the Chris Barnard Memorial Hospital in Cape Town.

The live cases will focus on structural congenital cardiac defects in both children and adults. Cases planned include VSD closures, occlusion of left atrial appendage, complex pulmonary artery and coarctation stenting as well as percutaneous pulmonary and aortic valve implantations.

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## PCCSA continued

There will be many topics of interest for adult cardiologists, including transcatheter aortic valve implantation, PFO controversies, occlusion of left atrial appendage and management of complex aortic coarctation.

### Adults with congenital heart disease

Whilst congenital heart disease (CHD) has long been regarded as a "paediatric" domain, there are now more adults in the more well-resourced nations living with CHD than there are children. The complexities of dealing with CHD in the adult, juxtaposed with coronary artery and degenerative heart disease, will be a focus in several of the sessions. We will be reviewing management of these patients and options for improved outcomes and also highlight important issues such as contraception, modes of delivery for pregnant women and look at the impact of CHD on cardiovascular health.

of Sudden Death interest groups will be a "don't-miss" for those working in this field.

### Computational technology and the latest in 3- and 4-D imaging, MRI and CR reconstructions

Finally, all of us enjoy new technologies and this conference will showcase the newest and latest in computational technology and imaging. Some of the world's experts in echo will be available to share insights into the uses (and abuses!) of these technologies and astound you with their capabilities and its potential impact on patient care.

Please use this opportunity to register for the congress and view the faculty and programme on our website at <http://wcpccs2013.co.za/>

‘Healthy hearts  
imply a healthier lifestyle and  
increased activity.’

### Healthy hearts, exercise physiology and sudden death

Preventative cardiology, risk reduction and the promotion of healthier lifestyles through exercise and better nutrition is quite obviously an indivisible science as these antecedents of adult onset heart disease already occur - and have to be prevented - in children. Cardiovascular disease now causes over 80% of deaths in the world with the greatest increase occurring in Africa. We will highlight interventions, management and successes while focusing on new trends in lifestyle management and appropriate treatment of lipidaemias. Healthy hearts imply a healthier lifestyle and increased activity. Sessions will unpack the limits of human endurance, physical activity for those with established heart disease and look at screening of athletes both competitively and at school level. Finally a unique summit

To all the regular PCSSA members - we encourage you to be active in our society - and look forward to receiving your suggestions and new ideas. This is going to be a remarkable year for our Society and SA Heart as we host the world congress together. We as the new executive look forward to seeing you at upcoming events and wish you all the best for the rest of the year.

### Contact details

**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)

Kind regards to all and see you at the World Congress!

**Liesl Zühlke**

## CONTENT-RICH PCCS WORLD CONGRESS SOON IN CAPE TOWN

### 4... 3... 2... 1...!

With just 4 months to go before the 6th World Congress of Paediatric Cardiology and Cardiac Surgery (PCCS) the countdown to 17 February has begun in earnest.

Our October newsletter aims to answer a question many may, at first glance, regard as a little out of place at a conference for paediatric cardiology: What's in it for adult cardiologists and adults with heart disease? The answer is "a lot". Some time back the organisers recognised the need for a programme with "adult" content. The reasons are 3-fold:

- Firstly, in all heart disease from heart failure (HF) to rheumatic heart disease (RHD) and interventions the scientific separation of "paediatric" and "adult" is based on an arbitrary genealogical end-point which is regarded as outdated and inappropriate by many;
- Secondly, while congenital heart disease (CHD) has long been regarded as "paediatric" domain the number of adults living with CHD exceed that of children in more well-resourced nations. The message is that cardiologists ignore CHD at their patient's peril; and
- Finally, preventative cardiology, risk reduction and healthier lifestyle promotion through exercise and better nutrition is obviously an indivisible science in preventing adult onset heart disease in children and for managing CHD in adults.

### The intervention track

This track promises to be the one of the most exciting and is filled with live cases from 4 different centres. State-of-the-art lectures by experts in their fields of interest will furthermore prove informative to both paediatric and adult cardiologists managing grown-up congenital heart (GUCH) patients, atrial fibrillation and degenerative aortic valve disease.

### Adults with congenital heart disease

As William Wordsworth said in his famous 1802 poem, My Heart leaps When I Behold: "The Child is father of the Man". The complexity of dealing with ACHD juxtaposed with coronary artery and degenerative heart disease is a focus in several sessions. Experts review the management of these patients, look at options for improved outcomes, highlight important issues such as contraception, modes of delivery for pregnant women with ACHD and discuss the impact of CHD on general cardiovascular health.

### Healthy hearts, exercise physiology and sudden death

Cardiovascular disease now causes over 80% of deaths in the world with the greatest increase in deaths occurring in Africa. We will highlight interventions, management and successes while focusing on new trends in lifestyle management and appropriate treatment of hyperlipidaemia. Healthy hearts imply a healthier lifestyle and increased activity. Sessions will unpack the limits of human endurance, physical activity for those with established heart disease and will also look at the screening of athletes both competitively and at school level. Finally a unique discussion of Sudden Death by interest groups will be a "don't miss" for those working in this field.

### AfricaPCR

AfricaPCR is a collaborative initiative between SA Heart, the South African Society for Cardiovascular Interventions (SASCI), PASCAR, PCR and EUROPA (which organises the popular EUROPCR meetings). AfricaPCR is a course with the primary role of education in Interventional Cardiovascular Medicine. The focus is on learning techniques, practical skills and transfer of knowledge, experience and practice through case-based discussions. The 2nd annual AfricaPCR course will be offered on Friday, 22 February as part of the PCCS world congress.

I speak for all the members of the organising committee when I say that we are determined to ensure that when we meet on the African continent it will be most memorable. I am inspired when I look at the list of 284 world leaders in surgery and cardiology who have already joined our Faculty. And have good reason to believe that this Faculty will continue to grow.

The number of delegates is growing rapidly as well, with over 725 delegates from 61 countries already registered. If you have not registered yet, you still have a chance to book.

Finally, our website has practical information for foreign delegates at [www.wcpccs2013.co.za](http://www.wcpccs2013.co.za) Aspects relating to visas, accommodation, transport, shopping, wining & dining and special offers are all covered here.

**4...3...2...1... see you in Cape Town soon!**

**Christopher Hugo-Hamman**

**Chairman, 6th World Congress Paediatric Cardiology & Cardiac Surgery 2013**

## HEART AND STROKE FOUNDATION SOUTH AFRICA

### Heart awareness “know your numbers”

September 2012's Heart Awareness Month was an extremely busy time for the Heart and Stroke Foundation (HSF). One of our key messages to the public was to “know your numbers” – that is cholesterol, blood glucose, blood pressure and body mass index. To this end, we held 12 free screenings in 4 locations around the country (Gauteng, Cape Town, KwaZulu-Natal and Port Elizabeth), funded by Pharma Dynamics and the Willowton group and partnered with Mediclinic for free health screenings as well.

We had strong media presence with appearances on Morning Live on SABC, e-tv news, the Dr Mol show and 7de Laan, national and regional radio interviews, print media (magazines and newspapers) and a health screening challenge between the Gareth Cliff and DJ Fresh teams on 5FM. The response from the South African public is huge as witnessed by a host of phone calls and email enquiries as well as a marked leap in website and social media hits.

### Cooking from the heart

The HSF was proud to launch a brand new recipe book *Cooking from the heart* in September. The R4 million groundbreaking project ran over 2 years. Pharma Dynamics's sole sponsorship ensures the book is made freely available to the public.

The recipes in the book recognise the need for tasty, healthier versions of family favourites, using affordable ingredients commonly found in SA kitchens. “Tasty” was a prerequisite to dispel the myth that healthy food is inevitably bland. To our knowledge, there is no equivalent resource in the country. The Chronic Diseases Initiative in Africa and Medical Research Council provided the research to ensure the recipe book was evidence-based to ensure it is relevant and appropriate.

We collected the nation's favourite recipes from around country. These were adapted and tested by our dieticians and food consultant Heleen Meyer, to ensure the recipes remain healthy, delicious and easy to make.

### The low carbohydrate, high fat debate

The HSF released a position statement on the recent debate initiated by Prof Tim Noakes on protein and fat loading. Whilst the argument presented by Prof Noakes holds some merits, there are some elements that greatly concern us. We also note our support of the arguments presented by the cardiologists in their letter to the Cape Times dated 14 September.

The HSF doesn't deny that some fats in the diet are important, but the type of fat is important. The real issue is the quality of fats we eat weighted against the total kilojoules in the diet. While studies are unclear about the effect of saturated fats on health, there is solid proof that replacing saturated fats with unsaturated fats will improve cholesterol levels, reduce heart disease risk and prevent insulin resistance, a precursor of diabetes. Eating good fats instead of saturated fats lowers the risk of heart disease.

We trust that Prof Noakes is not recommending that people increase their trans fat intake which significantly increases the risk for cardiovascular disease (CVD) and should thus be avoided. Trans fats have a worse effect on cholesterol levels than saturated fats. They also fire inflammation which Prof Noakes quite rightly refers to and raise the risk of CVD and diabetes. This type of fat is commonly found in re-used frying oil (as found in restaurants or fast food outlets), commercially fried and baked foods, processed snacks and hard margarines.

There is no doubt that unrefined or wholegrain carbohydrates are healthy and protective against certain diseases including cancer. Refined carbohydrates on the other hand should be treated with caution. The real issue is the abundance of refined carbohydrates found in many everyday foods. These, together with hidden sugars and fats, are the traps found in most processed and convenience foods.

In reality, when people cut back on fat, they fill up on foods full of refined carbohydrates (e.g. white bread, sugary drinks) or use fat-free products without the healthy fats and which contain hidden sugars. The result is an increased risk for obesity, CVD and diabetes, which is





why we recommend replacing foods high in bad fats with foods high in good fat, not with refined carbohydrates.

Then there is matter of over-simplifying the causes of heart disease. It is common knowledge that the causes of heart disease are multi-factorial, and are not exclusive to only blood cholesterol and a high fat diet as claimed. In fact, overweight and obesity are one of the risk factors. Maintaining a healthy weight requires much more than a diet. It means having to balance your energy intake with energy used through exercise. Despite Prof Noakes advocating exercise together with his diet, the exercise message gets lost in the debate, which is a danger.

As the Harvard School of Public Health reminds us, "looking at a single nutrient in isolation cannot tell us the whole story about a person's heart disease risk. It is important to remember that people eat food not nutrients and it is eaten in an overall dietary pattern". To ignore other contributing factors, behaviours and living context that lead to heart disease would be erroneous and dangerous.

### **World Stroke Day: 29 October**

29 October was World Stroke Day and the HSF had an awareness drive. We will be highlighting the causes of stroke.

### **Draft salt regulations released for comment**

The DOH (Department of Health) released draft regulations on 11 July 2012, proposing maximum limits for the sodium content of a range of widely consumed foods. The HSF commends the Minister of Health for taking this bold step, and fully supports the proposed legislation as it will play a significant role in decreasing population salt intake and the burden of hypertension and CVD in South Africa.

The proposed regulation aims to gradually reduce the sodium content of certain commonly consumed foods, with an initial reduction by June 2016 and a further reduction by June 2018. This gradual reduction in salt content will allow for taste adaptation by the public, and give time for food producers to reformulate their products.

In a bid to support the proposed legislative changes, the HSF is joining forces with all interested stakeholders to

drive a public awareness campaign which will educate consumers on the effects of salt on health and encourage behaviour modification. The HSF encourages all organisations and health practitioners to support the proposed regulation.

### **Draft regulations on smoking in public and certain outdoor public places**

New regulations have been proposed to ensure that all public places and certain outdoor public places in South Africa will become 100% smoke-free. Given the great harms resulting from tobacco use, the HSF is delighted and hopes that the proposed regulations will go a long way in reducing the health risks and deaths attributable to exposure to second hand smoke (SHS).

Vulnerable groups such as children are being exposed to SHS (second hand smoke) mainly by adults in places where children live. Some researchers have found that exposure to SHS increased a non-smoking pregnant woman's chances of stillbirth by 23%, and increased the risk of delivering a baby with birth defects by 13%. The risk to children also extends beyond the period immediately after birth. The Centre for Disease Control (CDC) identifies several health effects of SHS on children, including ear infections, more frequent and severe asthma attacks, respiratory symptoms, respiratory infections and a greater risk for sudden infant death syndrome (SIDS).

There is no safe level of exposure to SHS as much as there is no right to smoke in the constitution of the Republic of South Africa. In fact, in some countries such as the United States of America it has been shown that a smoking ban is the only means of effectively eliminating exposure to SHS. The HSF strongly supports these draft regulations, and calls on health practitioners in all fields to support them too.

For more information, visit [www.heartfoundation.co.za](http://www.heartfoundation.co.za).

**Dr Vash Mungal-Singh**

**Chief Executive Officer**

**Heart and Stroke Foundation SA (HSF)**

## CONGRESS A MINDBOGGLING, WONDERFUL EXPERIENCE

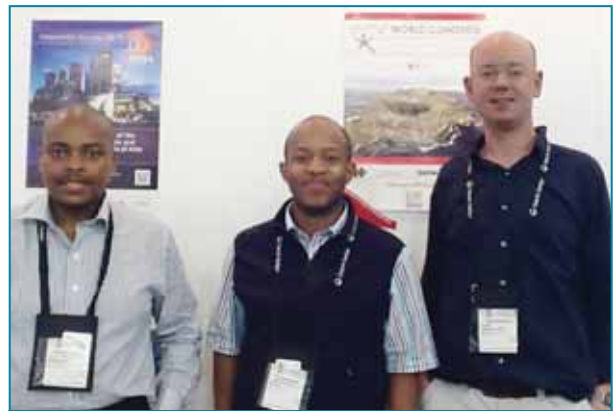
I was very pleased and excited when told that I was one of the Fellows to be sponsored by SASCI and Winthrop to attend the ESC congress in Munich. It was my first trip to such a high profile event. The sheer scale of the whole congress was mindboggling with 28 000 delegates attending and at least 120 sessions over the 5 days. Nevertheless, it was well organised and every session I attended started on time without any hitches.



Attending the ESC annual conference in Munich as part of the Young Cardiologists of Tomorrow programme are from left Drs T. Butau, P. Naran, (Dr A. Jafta accompanying), N. Gogo and S.D. Mthiyane sharing in the fun.

With a 500 page programme, deciding what to attend was always going to be difficult, and I often had to choose between 3 or 4 interesting sessions that were being held at the same time. I therefore decided to attend sessions that would have clinical relevance and would improve my knowledge and abilities in the wards:

- I particularly enjoyed a session on cardiogenic shock, looking at the pathophysiology, prevention of and new modalities of treatment.
- Eugene Braunwald chaired an excellent session entitled "Thrombin and its role in Acute Coronary Syndromes". This was where the Plato study was mentioned and the differences between Ticagrelor and Clopidogrel were highlighted.
- The hotline sessions were great and it was fascinating how, as soon as a Study was presented, it was published immediately in one of the major journals online.
- The inventor of TAVI, Henning Anderson, gave a very emotional talk about the early days and how he needed to persevere for 23 years before getting anywhere.
- The Brugada Brothers chaired a brilliant session on the diagnosis of Brugada Syndrome and I also learnt a great deal about LV assist devices.
- I also attended a few sessions dealing with lipids and newer modalities of treatment to control dyslipidaemia.



Here are (from left) Drs S.D. Mthiyane, T. Butau and P. van der Bijl representing South Africa on the Cardiologists of Tomorrow programme supporting the SA Heart display at the ESC Congress in Munich.



The Cardiologists of Tomorrow programme had a dedicated lounge for the young cardiologists at the recent ESC congress in Munich.

All in all, it was a wonderful experience, and I am deeply indebted to Professor Sarkin for the nomination, as well as the wonderful people from SA Heart and SASCI.

**Parmanand Naran**  
Steve Biko Academic Hospital, University of Pretoria

## FEEDBACK: ESC CONGRESS 2012, MUNICH 25 - 29 AUGUST 2012

Arguably the premier event on the global cardiology calendar, the European Society of Cardiologists' (ESC) congress certainly lived up to its reputation. With more than 30 000 attendees from all continents, the epithet "European" is almost a misnomer. It was an honour and a privilege to attend, and I wish to thank SA Heart, SASCI and Medtronic (South Africa) for facilitating my participation.

Many of the presentations were of a superlative standard, and of particular note is the fact that a significant number of sessions were either chaired or presented by the authors of the ESC guidelines on the relevant topic.

I gained insight into not only the cutting edge of cardiology and "breaking" trials (e.g. IABP-SHOCK-II, putting paid to the notion that intra-aortic balloon-counterpulsation influences mortality, FAME-II, supporting the use of FFR in patients with stable, ischaemic heart disease and SERAPHIN, investigating the potential for macitentan, a novel endothelin-antagonist, in the treatment of pulmonary hypertension) but also rationales for constituting guidelines and overviews of the evidence for best practice. Other highlights were the concluding session, furnishing a resume of all the most salient aspects and the appearance of household names in Cardiology, like Alain Cribier and Ottavio Alfieri. Recurring themes in parallel sessions appeared to be secondary, mitral regurgitation and interventional treatment thereof, imaging of ischaemic heart disease, the treatment of pulmonary hypertension and novel approaches to the treatment of cardiac failure.

The Munich congress centre is modern, accessible and the organisation generally was seamless. Free internet access was provided as well as lunch boxes in neat, fold-away containers. Two large exhibition halls were filled to capacity with trade representation, even including a flight simulator taking the "shrunken-down" cardiologist on a headlong voyage through the pulmonary circulation!

The travel and accommodation arrangements made by Tourvest Travel Services and my stay in the Victor's



Claude van der Merwe from Medtronic (left) as host for the 5 candidates of the Young Cardiologists of Tomorrow, Drs S. Mthiyane, P. van der Bijl, P. Naran, N. Gogo and T. Butau enjoying a light moment.



Here readers can get a bird's eye view of the venue for the ESC's conference in Munich, Germany.

Residenz Hotel were superb. The representative from Medtronic, South Africa (Claude van der Merwe) was an excellent host, and I experienced Munich as a welcoming venue.

**Dr Pieter van der Bijl**

## BILLING AND CODING ISSUES

SA Heart has been busy with various coding issues and negotiations with Discovery Health and I gladly report back on some vitally important issues which members need to be aware of.

### Unsatisfactory audit resolved

First, one of our cardiologists was audited by Discovery Health in view of charging ICU rates when patients were actually treated in a High Care Unit (HCU). This led to a disparity in the level of care charged by the hospital and the treating cardiologist. The result unfortunately was a reversal of just over R188 000 in fees received!

The audit had led to an extremely acrimonious situation and both the cardiologist and Discovery requested SA Heart to intervene. It had been explained that our colleague's hospital has a small ICU which is often full and, as a result, patients requiring active haemodynamic and cardiovascular intervention are therefore sometimes treated in the HCU. Category 2 or 3 ICU rates were however charged.

Two of us from SA Heart examined the case records of a representative sample and came to the conclusion that an ICU charge was appropriate for the clinical setting of each patient. They were all ill, warranting active intervention and not merely monitoring (which is what a HCU is for).

Discovery had also stated that these patients were hardly ever downgraded and discharged from a general ward. The Discovery data however showed the vast majority of patients did in fact go to a general ward before discharge. A report of our conclusions was issued to Discovery and the funds were reimbursed back to the cardiologist in full.

- We recommended that a future solution for this hospital would be to extend its ICU to accommodate such ill patients.
- In addition our colleague will now liaise better with the case manager to inform Discovery if an ICU patient has to be treated in the HCU because of a lack of beds.

- We ask you all to be cautious w.r.t. ICU/HCU coding so that this situation does not arise again. The funders are profiling everyone to assess outliers and disparities.
- Please note: The code I204 for high care can only be charged by the primary doctor. The other specialists assisting with clinical management may only charge ward rates for their services.
- Discovery has now also agreed that it will approach SA Heart about individual cardiologist billing problems. The company will not individually audit and investigate our members without approaching SA Heart first.

### Problems with coding

We have been approached about other coding problems and SA Heart has decided the following with regard to other coding issues raised by Discovery:

- That it is unreasonable to charge code I230 for ECG interpretation when one has performed either a resting (code I232) or effort ECG (code I235).
- Allocating the same theatre time for the insertion of a temporary pacemaker as for a permanent pacemaker should be left entirely to the discretion of the attending cardiologist. You may therefore be asked for a motivation in this regard.

Please note: SA Heart would like to distance us from the SAMA opinion that was obtained from an individual cardiologist about this particular coding and pacing issue. We do not agree with this statement. We ask SA Heart members not to give individual opinions to the funders which may be problematic in the future. These should be released by consensus through SA Heart or the appropriate SIG (special interest group).

### Stents

- Discovery has decided to impose the CPT rule that one may not charge for more than one stent in the same vessel or its side-branch. It has however, been

repudiating virtually all claims for multiple stents even though these might have been deployed in different vessels. The company further stated that it cannot recognise where these have been deployed. The latter has led to more motivations and an unnecessary administrative burden.

Please note: We ask you all to investigate whether your practice accounting software can accommodate the actual description of which vessel was treated. i.e. I286 or I287 and stating in brackets RCA, Circumflex, LAD, so that Discovery will know what vessels were treated. Discovery has stated that it will then remunerate and not repudiate the claim, if it is able to identify that different vessels were addressed.

#### **PCI and stenting**

We have stated to Discovery that this still poses a major problem for us. PCI (Percutaneous Cardiac Intervention) and stenting requires much skill, training and responsibility. The procedure may be extremely complex and often more than one stent is required to fully revascularise the patient optimally.

- Discovery has stated that if the stent procedure was complex, the cardiologist(s) may apply to be more fully remunerated on rule J. This however does not guarantee payment, but will be considered. We have asked whom we as the cardiology community can easily liaise with i.e. a direct email or fax number of an individual medical officer who is knowledgeable regarding these procedures. We are presently awaiting a directive from Discovery in this regard.
- We plan to meet again with Discovery particularly on the stenting issue and will include SASCI in on these discussions.
- We also most importantly plan to take the stent problems/rule back to the next SAMA coding committee to have the rule changed once and for all.

#### **Rule G**

Discovery last year also tried to impose Rule G (i.e. a global fee that encompasses follow-up for either 30, 60 or 90 days) on electrophysiology percutaneous procedures. The company agreed that it was wrong in this regard. The global fee clearly does not apply to any such medical procedures apart from permanent pacing which is clearly stated in the CPT manual. We also will take this to the SAMA coding committee to increase the rand value for pacing. The current fees paid for pacing are not fair/commensurate with the skill, responsibility and time taken for pacemaker insertion.

‘PCI and stenting requires much skill, training and responsibility.’

#### **Apology**

We have clearly stated to Discovery that an apology/retraction is due to the electrophysiologists who were audited last year. This had created much anxiety and anger. To the best of our knowledge an individual retraction has never been issued. We would like to hear from you if you were subject to one of these audits.

We hope to continue our constructive engagement with Discovery in the future. We are also going to assist the company in revamping its drug formulary. We hope that this will lead to positive changes.

Lastly, please forward us any problems with the funders that you are having. We would like to deal head on with these issues to make constructive changes.

**David Jankelow**  
**Secretary, SA Heart**

## TOOLBOX FOR PREVENTION OF CARDIOVASCULAR DISEASE UPDATED

Cardiovascular disease remains the most important cause of premature death in developed countries but the prevalence in developing countries is increasing dramatically. More than 80% of CVD mortality worldwide occurs in developing countries, South Africa being no exception. Recognising and managing cardiovascular risk is the only effective way to have a positive impact on this growing epidemic.

The latest ESC guidelines for the prevention of CVD<sup>(1)</sup> were launched in May 2012 at the annual meeting of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR), EuroPrevent 2012, in Dublin, Ireland, and published simultaneously in the European Heart Journal and the European Journal of Preventive Cardiology. This guideline document is an important resource to guide us to effectively manage our patients at risk.

The guidelines were prepared by the 5th Joint Task Force (JTF) on Cardiovascular Disease Prevention which was composed of representatives of the ESC and 8 other societies including the European Atherosclerosis Society, European Society of Hypertension and European Association for Study of Diabetes.

The 2012 guidelines update the previous ESC guidelines issued in 2007<sup>(2)</sup> in a number of ways, including reduced length, greater emphasis on current scientific knowledge and the use of both traditional and contemporary grading systems to adapt more evidence-based recommendations for the needs of clinical practice. The update reflects the consensus of the participating organisations on the broader aspects of CVD prevention based on a comprehensive review and critical evaluation of diagnostic and therapeutic procedures, including assessment of risk-benefit ratios. For more detailed guidance, readers are referred to the specific guidelines from the participating societies.

The preparation and publication of the 5th JTF report was financially supported by the ESC without any involvement of the pharmaceutical industry. The joint task force writing

this guideline realised that the document was ever-increasing in size with each new version. They used a different format or formula and, although it is still a very comprehensive document, the amount of text compared to the previous guidelines was actually reduced. Says chairman of the task force, Prof Joep Perk: "This is a document in which we try to provide people in clinical practice with the rationale and toolbox for the practice of CVD prevention."

### What is new or different in these new guidelines?

- Both the American College of Cardiology/American Heart Association/ESC grading system - which awards recommendations for different classes (I, IIa, IIb, or III) according to the type of trial evidence - and the British Grading of Recommendations Assessment, Development and Evaluation (GRADE) system - which allows more evidence-based recommendations to be adapted to the needs of clinical practice – are used. Prof Perk explains: "That was important for us because in prevention you have only large population studies. You can't do randomised controlled trials, for example assigning smoking to a couple of thousand people and not smoking to another couple of thousand, and then following them for 20 years. As a result we've had a problem with the scientific weight of population studies. GRADE takes these figures into account. It makes recommendations even easier, especially for general practice, because it gives only a strong or a weak recommendation. "Strong" means "Do it." and "weak" means "You could do it, but you might well wish to put your effort or your money somewhere else." With this approach, we tried to make the recommendations as understandable and as easy as possible.
- The new guidelines use 4 different levels of cardiovascular risk: very high, high, moderate and low. This is compatible with the risk groups in the South African lipid guidelines, but note that the ESC use the SCORE

risk model instead of the Framingham model used in the South African lipid guidelines. To avoid confusion it is probably best to use the Framingham risk score as the preferred model in South Africa.

- The sections of the guidelines on smoking, diet and physical exercise, blood pressure, diabetes and lipids have been updated. For more detailed information the reader is referred to the specific guidelines for lipids, diabetes and hypertension. The term "Metabolic Syndrome" is not used in these guidelines on the advice of diabetologists who do not regard this as a disease entity anymore. The focus is rather on the different risk factors which constitutes the syndrome.
- In diabetics the usual treatment target for HbA1c has been increased from <6.5% to <7.0%. In the current guidelines aspirin is no longer recommended for primary prevention in patients with diabetes or non-diabetics due to its increased risk of bleeding. In the acute phase of coronary artery syndromes (CAS) and for the following 12 months, dual antiplatelet therapy with a P2Y12 inhibitor (ticagrelor or prasugrel) added to aspirin is recommended unless contraindicated due to excessive risk of bleeding. Clopidogrel is recommended for patients who cannot receive ticagrelor or prasugrel. Ticagrelor and prasugrel (in combination with aspirin) were proven to be superior to clopidogrel plus aspirin in patients with ACS for whom an early invasive strategy is planned (Ref: 501-503 in guidelines document). In South Africa however, cost effective resource allocation may favour the use of generic clopidogrel for many of these patients.
- The treatment of periodontitis is another new recommendation. The condition is associated with endothelial dysfunction, atherosclerosis, and an increased risk of myocardial infarction and stroke and is a risk indicator for a generally decreased cardio-vascular health status.
- An element of these guidelines that is completely new is the last chapter on where to deliver CVD preven-

tion. The aim is to target a much wider group than cardiologists and specialist physicians and to involve general practitioners, nurses, the patient and non-governmental organisations to create and maintain a general awareness of the importance of CVD prevention. The critical role of the general practitioner as the key person to initiate, co-ordinate and to provide long-term follow-up for CVD prevention is emphasised.

- This comprehensive guidelines document is to be used as a reference.
- At the beginning of each section the key messages are listed and at the end the most important new information as well as remaining gaps in evidence. The reader may find this useful as a summary.
- The task force will soon publish the pocket guidelines which will be much more practical for use in daily clinical practice.
- At this year's ESC congress in Munich a short one page summary will also be made available, especially for general practitioners.

## References

1. Perk J, De Backer G, Gohlke H, et al. European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of 9 societies and by invited experts). *Eur Heart J.* 2012;33:1635-1701. Abstract
2. Graham I, Atar D, Borch-Johnsen K, et al. European guidelines on cardiovascular disease prevention in clinical practice: full text. Fourth Joint Task Force of the European Society of Cardiology and other societies on cardiovascular disease prevention in clinical practice (constituted by representatives of nine societies and by invited experts). *Eur J Cardiovasc Prev Rehabil.* 2007;14 Suppl 2:S1-S113. Abstract.

## TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

The travel scholarship is available to all members and associate members living in South Africa and primarily aims to assist junior colleagues. In doing so, continued future participation in local or international scientific meetings/workshops is encouraged.

### REQUIREMENTS

- Applicants must be fully paid-up members/associate members in good standing for at least one year.
- Applications need to include:
  - Full details of the meeting/workshop;
  - The applicant's abbreviated CV; and
  - A breakdown of the anticipated expenses.
- Applications must reach the Association a minimum of 3 months before the event.

### RECOMMENDATIONS

- Acceptance of an abstract submitted by the applicant at the scientific meeting/workshop. (Should acceptance be pending, the application need still be submitted 3 months prior with a note stating expected time of approval.) In such a case the scholarship might be granted conditionally: that proof of the abstract being accepted is submitted afterwards);
- An invitation to participate as an invited speaker at the meeting;
- Publications in a peer reviewed journal/s in the preceding year;
- An applicant from a member of a previously disadvantaged community; and
- An application from a member younger than 35 years of age.

### ADDRESS APPLICATIONS TO:

The President  
South African Heart Association  
PO Box 19062  
Tygerberg  
7505

**A maximum of four scholarships will be awarded annually.  
Grants for international meetings will be a maximum of R20 000  
and local meetings a maximum of R7 500.**



## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2013. 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 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](mailto:johan.brink@uct.ac.za).

Previous recipients with this prestigious award were Sandrine Lecour, Roisin Kelle and Liesl Zühlke.

**Applications close on 31 January 2013.**

**TRIBUTE TO PROF ANDRIES JACOB BRINK 29 AUGUST 1923 - 17 OCTOBER 2012**



It is with great regret that we announce the death of Prof Andries Brink, former Dean of the Medical Faculty and Head of Cardiology at Tygerberg Hospital, University of Stellenbosch and previously the President of the South African Medical Research Council.

Prof Brink was among the modern pioneers who brought South African cardiology to the attention of the worldwide medical community. He achieved this through his own original research and later in his career by creating opportunities for others to conduct research which enhanced patient care throughout our continent.

In South Africa, he was a founder of the Faculty of Medicine, University of Stellenbosch; first President of the South African Medical Research Council (SAMRC) and a driving force in establishing the South African Heart Foundation.

He contributed further to the development and subsequent success of more than 25 organisations including the South African Medical and Dental Council, the South African Council for Scientific Research (CSIR), the Prime Minister's Scientific Advisory Council and the Council of the University of Stellenbosch.

Prof Brink's many achievements were recognised by academic institutions, professional organisations and societies. These honours included an Honorary Doctorate from the University of Stellenbosch, the Havenga Prize from the Suid Afrikaanse Akademie vir Wetenskap en Kuns, the Claude Leon Harris Merit Award, the SA Decoration for Meritorious Service and the Wellcome Trust Gold Medal.

Throughout his career, Prof Brink was a prolific author of many widely cited scientific papers. Additionally, he was a passionate believer in the academic development of Afrikaans as a modern medical language. After more than two decades of intense work, this resulted in the publica-

tion with co-workers of the authoritative *Woordeboek van Afrikaanse Geneeskundeterme*, which at last provided healthcare professionals and patients with the medical terminology which is now commonly used throughout South Africa.

More recently Prof Brink dedicated himself to bringing cardiology in Africa to a global audience. As always he led from the front. In 1990, he founded the *Cardiovascular Journal of South Africa* which he was determined should be "world class". As a result of the standards he set, the Journal achieved full Medline recognition within 10 years. Then, as South Africa became a member of the African cardiology community, Prof Brink with the support of the Pan African Society for Cardiology opened this Journal to the Continent, creating another unique contribution to the development of medical education in Africa.

Benewens Prof. Brink se talle veelbekroonde akademiese prestasies, is sy lewe besonders gedenkwaardig weens sy positiewe bydraes in ander se lewens, nie net op grond van wat hy vermag het nie, maar selfs belangriker, deur sy menswees. Deur die skep van akademiese platforms vir beide onderrig (in die Fakulteit vir Gesondheidsorg aan die Universiteit van Stellenbosch) en navorsing (in die Molekulêre en Sellulêre Navorsingseenheid in die Departement van Kardiologie aan die Universiteit van Stellenbosch, die Suid-Afrikaanse Mediese Navorsingsraad en die Suid-Afrikaanse Hartstigting) het hy bygedra tot die skep van wêreldwyd-erkende uitnemendheid in medisyne in Suid Afrika. Prof. Brink het toewyding as die sleutelement vir hoë kwaliteit navorsingsuitsette beskou; dit het medewerkers en navorsers besiel om hulself uit te daag en sodoende professioneel en akademies te groei (al was die proses soms bra ongemaklik!). Eienskappe wat kenmerkend was van Prof. Brink was sy fyn oplettendheid, vernuftige speursin, ondubbelsinnige uitsprake, waardering vir die kunste en die kuns óm te lewe, sy liefde vir sy mense, vir grond en natuur – en natuurlik ook sy skerp sin vir humor wat herkenbaar was aan 'n onverwagse binne-pret lag.

**The editors and editorial staff  
Cardiovascular Journal of Africa**

## 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; 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.

### ADDRESS APPLICATIONS TO:

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

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

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.

**NOTES**

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