

NEWS FROM THE PRESIDENT OF SA HEART®

Professor Bongani Mayosi, 28 January 1967 - 27 July 2018: The South African, African and global cardiovascular community has lost a man, a colleague and a researcher of the greatest stature. As the SA Heart® President from 2008 - 2010, he was an important part of our development and growth as an association.

Bongani Mayosi was a wonderful man, a great friend, a polymath and a leader of rare quality. His leadership in cardiovascular diseases of the poor has been profound. However, as he did so, he used his innate and special ability to recognise talented people and to inspire them to greater heights. He was a man above all men who believed in "sharing the love". That success was programmatic and the ideas far more important than the money. He cared deeply about those he mentored, and believed in his core that he could do better, contribute more, and serve more deeply. He had a strong moral compass and was a man with a deep faith. His prayer every morning was for the wisdom and the courage to do the best he could.

This theme: **"Lift as you rise"**, was central to everything he did. He allowed all who were around him and who worked with him to feel the reality of this plan: He made his team feel they could be better than they ever thought they could be, for those who were immensely privileged to be his students to pursue a subject to every depth necessary, to each site and investigator to build capacity and academic strength, and to every community affected by cardiovascular diseases of the poor the opportunity to grow, be empowered and understand the disease. His work was rooted unapologetically and fundamentally in Africa.

In life, this man was a champion of the poor people of Africa with cardiovascular diseases and he taught us that at every occasion we were together. In passing, Bongani also teaches us a profound lesson. Some of his very last conversations were about taking time for oneself and enjoying some "off time". Included are a few photographs taken in Australia after a long 3-day meeting – where we enjoyed the beauty of the ocean and the chance to talk about family and life. Let us all remember the fragility of life and consider the humanity of our colleagues, and work in respect, collegiality and kindness.



Liesl Zühlke and Bongani Mayosi, taken in Cape Town April 2017.

The simplicity and honesty of his family in revealing his humanity reveal so much of the man. A giant tree has fallen. Many of the saplings he left behind will grow to release oxygen to our continent. For those of us who knew him personally, the impact on our lives (not our careers) has been immeasurable. **We salute you Bongani – may the Lord grant you eternal peace and rest.**

I leave you again with the vision statement of SA Heart® and ask for people to truly consider how our association should face the challenges of dealing with cardiovascular diseases in our country and continent in the years to come. To that end, it is my pleasure to officially announce that our 20th Annual congress will be a joint venture with PASCAR, the Pan-African Society of Cardiology, and with the theme "Cardiovascular care – meeting the needs of Africa". Rob Dyer and his team from Durban will lead a committee jointly with PASCAR members to produce a conference focused on this important theme. It is truly time to take an accelerated approach to meeting our cardiovascular needs in a way that deals with our specific and unique contexts.

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NEWS FROM THE PRESIDENT OF SA HEART® continued

SA HEART® – OUR VISION

“Influencing and enabling cardiovascular health in South Africa”

To achieve this vision, we set ourselves the mission to do the following:

- Support and promote all aspects of cardiac health and wellbeing in the country;
- Endeavour that all South Africans should have access to cardiac assessment and care;
- Be aware of the shortcomings in the healthcare sector related to access to cardiac assessment and care;
- Facilitate the training of cardiologists and address inter alia numbers, lack of equipment, and limitation of resources;
- Advocate a holistic approach, under the umbrella of SA Heart®, to cardiac health promotion, in alliance with allied organisations, regional branches and SIGs, and amplify their important contributions that are currently being offered; and
- Promote a public and government understanding that cardiac disease is common, on the increase, is cost-effective to manage effectively, and should be integrated into all levels of care.

Among other activities, we plan to:

- Speak out on issues of cardiovascular healthcare in South Africa.



Research area: Walking on Rottness Island, Perth, Australia.

Several of our executive members and past and present presidents have been active rheumatic heart disease researchers and campaigners for several years. Bongani

Mayosi has led this process, with key datasets looking at primary prevention, secondary prevention, cost-effectiveness of primary prevention, and spearheading a continental response to RHD through the ASAP programme and his work through PASCAR. Karen Sliwa published the first incidence paper of rheumatic heart disease in her heart of Soweto series, and Prof Cilliers of Baragwanath has provided important clinical information regarding steroids in ARF. The REMEDY study was led by the Cape Town group and focused on the gaps in evidence-based interventions, the lack of surgical and catheter interventions in low- and middle-income countries, and surgeons such as Prof Zilla and Prof Hewitson have provided important papers and are currently researching innovative solutions to this problem – among many others in our community. It is thus a remarkable victory for RHD campaigners all around the world that in May this year, an RHD resolution was debated at the 71st WHA in Geneva, to pass a global resolution to eliminate ARF and control RHD in the world.

I look forward to meeting you all at our congress, and despite the current financial climate and new rules in terms of sponsorship, we have great interest with good trade links and growing registration numbers. Some of the highlights awaiting you are: imaging of the future, a live case and discussion from Scotland, and a closing event focused on all the highlights in SA Heart®, the European Heart Journal, Heart Asia and JaACC-imaging, led by the editors. The CVD Imbizo is directed at career and capacity building and allows for the opportunity to talk directly to key members of the SA Heart® community, as well as our international faculty. This year, for the first time, we have kept registration costs at 2017 prices – with special rates for South African and African fellows. More importantly, there are several fully funded scholarships for local, African and European fellows! Limited sponsorships to attend the 19th Annual SA Heart® Congress at Sun City from 4 - 7 October 2018 are now available through support from industry:
<https://evolve.eventoptions.co.za/register/sahgrant/details>

Finally, again my thanks go to Blanche for all the effort put into producing this newsletter, and please continue to send in your contributions. Also remember to like us on Facebook: <https://web.facebook.com/SAHeartassociation/>,



Liesl Zühlke, Dylan Barth (PhD student supervised by Bongani Mayosi) and Bongani in Perth.

and follow us on twitter@SAHeart_ZA with the hashtag #SAHeartforyou.

Best wishes and see you in the next edition of our newsletter.

Liesl Zühlke
SA Heart® Association President



Featuring scientific sessions from



PASCAR 2019
14TH CONGRESS
 in association with
20TH ANNUAL
SA Heart Congress
31 OCTOBER - 3 NOVEMBER 2019
SANDTON CONVENTION CENTRE
JOHANNESBURG, SOUTH AFRICA

Cardiovascular Care – Meeting the Needs of Africa

www.saheart.org/congress2019

POPULAR CONGRESSES FOR 2018

CONGRESS	DATE	CITY	COUNTRY
CARDIOLOGY AND HEALTHCARE http://www.escardio.org	25 - 29 August 2018	München	Germany
PCR LONDON VALVES https://www.pcronline.com/Courses/PCR-London-Valves/PCR-London-Valves-2018	9 - 11 September 2018	London	United Kingdom
TRANSCATHETER CARDIOVASCULAR THERAPEUTICS (TCT) 2018 http://www.crf.org	21 - 25 September 2018	San Diego	United States of America
CARDIAC DISEASE IN PREGNANCY SYMPOSIUM http://www.hatter.uct.ac.za/event/cape-town-cardiac-disease-pregnancy-symposium-2018	27 - 29 September 2018	Cape Town	South Africa
AFCC - 23RD AESAN FEDERATION OF CARDIOLOGY CONGRESS http://afccbkk2018.com	29 September - 1 October 2018	Bangkok	Thailand
19TH ANNUAL SA HEART® CONGRESS http://www.saheart.org/congress2018	4 - 7 October 2018	Sun City	South Africa
5TH INTERNATIONAL CONFERENCE ON HYPERTENSION & HEALTHCARE https://hypertension.cardiologymeeting.com	18 - 19 October 2018	Abu Dhabi	UAE
34TH WORLD CONGRESS OF INTERNAL MEDICINE http://www.wcim2018.com	18 - 21 October 2018	Cape Town	South Africa
27TH EUROPEAN CARDIOLOGY CONFERENCE https://cardiology.conferenceseries.com/europe	22 - 24 October 2018	Rome	Italy
14TH INTERNATIONAL DEAD SEA SYMPOSIUM (IDSS) ON INNOVATIONS AND CONTROVERSIES IN CARDIAC ARRHYTHMIAS http://2018.idss-ep.com	28 - 31 October 2018	Tel Aviv	Israel
CMR CONGRESS OF SOUTH AFRICA 2018: NEGLECTED DISEASES www.sacmrcongress.co.za	30 October - 4 November	Cape Town	South Africa
AHA SCIENTIFIC SESSIONS http://ahascientificsessions.org	10 - 14 November 2018	Chicago	United States
RAAS SATELLITE MEETING https://raas2018.org.za	28 - 30 November 2018	Stellenbosch	South Africa
CSI AFRICA 2018 https://www.csi-congress.org/africa	30 November - 1 December 2018	Cairo	Egypt
WORLD CONGRESS OF CARDIOLOGY https://www.world-heart-federation.org/congress	5 - 8 December 2018	Dubai	UAE

Please also consult the SA Heart® website at www.saheart.org for constant updates to this list as well as local training opportunities offered by SA Heart®, SIGs and other role-players.

CARDIAC UNIT AT PE PROVINCIAL HOSPITAL, PORT ELIZABETH

CURRENT INFRASTRUCTURE

Current Staff

Dr Mukesh Chhiba:	Full-time Consultant Cardiologist
Dr Tawanda Butau:	Sessional Consultant Cardiologist
Dr Nalin Maharaj:	Sessional Consultant Cardiologist
Dr Noel Valdez:	Cuban Physician/Cardiology Fellow
Dr Themba Hashe:	Medical Officer
Dr Themba Botha:	Medical Officer
Dr Tarry-Ann Cook:	Medical Officer

The Cardiac unit at PE Provincial Hospital comprises the Cardiac Clinic, the Cath lab and a 30-bed Cardiac ward. The Cardiac Clinic is open every day of the week. New cardiac patients are seen by consultants from Mondays - Thursdays (average of 6 new patients per day), while chronic follow-up patients are seen daily by medical officers. The Cardiac clinic has 1 echo machine, as well as a treadmill for exercise stress-testing. Allied staff include 4 nurses and 2 ECG technicians. New patient referrals come from Port Elizabeth as well as from many surrounding areas such as Jeffrey's Bay, Graaff-Reinet, Cradock, Grahamstown and Port Alfred. Patients from East London are admitted to the ward for assessment, investigation and treatment because of the long distance from Port Elizabeth.

The Cath lab staff includes 5 dedicated nurses, 3 radiographers and 2 cardiac technologists. It has a biplane cardiac catheterisation machine. We share the Cath lab with our paediatric colleagues, headed by Dr Adele Greyling. The adult cardiologists use the lab on Mondays, Wednesdays and Fridays to perform various diagnostic catheterisations and coronary interventions, as well as device implantations including single and dual chamber pacemakers and cardiac resynchronisation therapies. Our paediatric colleagues use the lab on Tuesdays and Thursdays to perform various diagnostic catheterisations, mostly for babies and children with congenital heart disease, but also for interventional procedures such as percutaneous closures of ASDs and PDAs. Dr Adele Greyling has also sub-specialised in electrophysiology and does various EP studies and interventions, including ablations of atrial flutter, accessory pathways and various other SVTs.

We have a good working relationship with our cardiothoracic surgeons who perform an average of 12 adult open-heart surgeries per month and 8 paediatric open-heart surgeries per month. These patients are managed

post-operatively in a 6-bed surgical ICU. As PE Provincial Hospital does not have a dedicated cardiac coronary care unit or ICU, we are unable to offer acute cardiac care and interventions to high risk patients, such as those with acute coronary syndromes and acute heart failure/cardiogenic shock requiring inotropes. These patients are managed by our neighbouring hospitals, including Livingstone and Dora Nginza Hospitals.



We have a 30-bed cardiac ward for stable patients who are admitted for clinical and echocardiographic assessment and elective diagnostic and interventional procedures, as outlined above. It is also a step down ward for post-operative open heart surgical cases that need further management prior to discharge.

FUTURE PLANS/VISION FOR THE CARDIAC UNIT

Plans are in motion for our Cardiac Unit to move to Livingstone Tertiary Hospital. There are plans to build a new Cath lab, as well as a dedicated Cardiac ICU/Coronary Care Unit. It is envisaged that the new Cath lab and ICU will be completed and fully operational by June 2019. Our Cardiac ward and clinic will also move to Livingstone Tertiary Hospital. Once we are there, we will be able to assess and manage acute high risk cardiac patients – a much-needed service in Port Elizabeth. In order to improve service delivery to acute and stable patients, we will certainly need more medical staff, particularly consultant cardiologists and medical officers. There are 3 full-time consultant posts, and currently only one post is occupied. With the move to Livingstone Tertiary Hospital, we aim to provide more teaching and training for medical staff – particularly medical students and rotating medical registrars. In due course, we also hope to gain recognition from the Colleges of Medicine of South Africa (CMSA) as a Cardiology Sub-speciality training unit, thus becoming a true academic unit. Finally, through our affiliation with Walter Sisulu University in Port Elizabeth, we hope to contribute to cardiovascular research.

Dr Mukesh Chhiba

REPORT ON ATTENDANCE OF THE 86TH EUROPEAN ATHEROSCLEROSIS SOCIETY (EAS) CONGRESS

LISBON, PORTUGAL, 5 – 8 MAY 2018

HANS STRIJDOM – RECIPIENT OF THE LOUIS VOGELPOEL TRAVEL AWARD

It is my great honour and pleasure to report on my attendance at the EAS Congress, made possible by the Louis Vogelpoel Travel Award. The EAS was founded in 1964, and its overarching goal is to facilitate and coordinate scientific and clinical discussions of new developments in the field of atherosclerosis – including basic research, diagnosis and therapy. The official journal of the EAS, *Atherosclerosis*, is widely respected with an impact factor of 4.2. The EAS congresses are organised annually, and this year approximately 3 000 delegates attended the meeting at the Lisbon Congress Centre. The scientific programme of the meeting was very well organised, with a daily mixture of plenaries, workshops, oral communication sessions, e-posters, and conventional poster sessions. In addition, there were three keynote lectures given by distinguished scientists in the field. This year, Prof Peter Libby (Harvard Medical School, USA), Prof Marja-Riitta Taskinen (University of Helsinki, Finland) and Prof Anne Tybjaerg Hansen (University of Copenhagen, Denmark) delivered the keynote lectures.

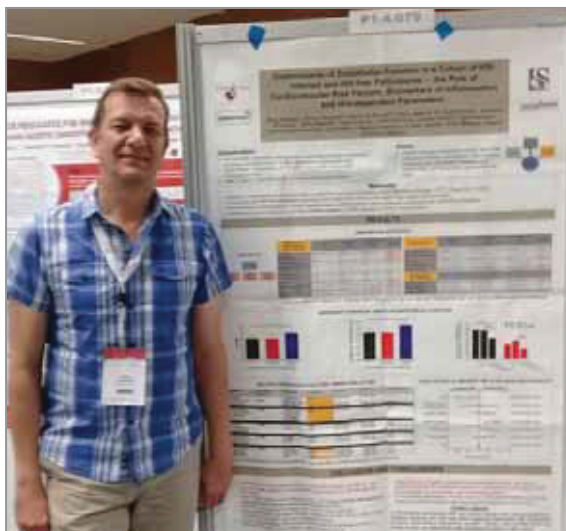
I was particularly impressed by the lecture given by Prof Libby, who updated us on the data from the CANTOS

trial, and the newest developments related to treatment of atherosclerosis with anti-inflammatory therapy. Another talk that was very relevant to research in cardiovascular risk factors in the sub-Saharan African context, was given by Prof Salim Yusuf (Hamilton, Canada). He spoke about the interpretation of epidemiological data on cardiovascular risk, and how environmental factors (e.g. air pollution) are often neglected in large population studies – particularly in low- to middle-income countries. The huge impact that evidence-based conclusions from studies that include environmental risk factors could have on reducing morbidity and mortality (in the global context) is undervalued. Instead, millions of dollars are ploughed into, for example, genetic causes of cardiovascular disease, which according to Prof Yusuf, has a much smaller impact on the burden of cardiovascular disease reduction compared to environmental risk factors such as air pollution or effective anti-smoking campaigns in the developing world.

My contribution was in the form of a poster presentation given on Sunday 6 May at the so-called “Wine and Science” session. What can be more effective in drawing the crowds to a poster session than free cheese and wine? Large scientific meetings often have a reputation for neglecting the poster sessions; however, this year’s EAS poster-viewing sessions were very successful in my opinion. There



Entrance to the Lisbon Congress Centre with the famous 25 de Abril Bridge connecting Lisbon with Almada across the Tagus River, in the background. (Image courtesy of the 86th EAS Congress website.)



Hans Strijdom in front of his poster.

was a large audience, and although I was initially a bit concerned that the topic of my presentation ("Determinants of endothelial function in a cohort of HIV-infected and HIV-free participants: The role of cardiovascular risk factors, biomarkers of inflammation and HIV-dependent parameters") might not be a large drawing card for the mostly European audience, due to the relatively low prevalence of HIV/AIDS in that part of the world, I was surprised by the interest shown. My poster was visited by several colleagues from other institutions, and many interesting discussions on the data were conducted. In particular, the improvement of vascular endothelial function (measured by the ultrasound-based flow-mediated dilatation [FMD] technique) in HIV-infected participants receiving antiretroviral therapy, was received very favourably. This is a novel finding in the South African context, and follow-up data from our EndoAfrica cohort are eagerly awaited. Among the persons that visited my poster was Dr Anna Lebedeva from the Laboratory of Atherothrombosis at Moscow State University, Russian Federation. She was interested in our FMD data as she and her group have been assessing FMD analyses in persons infected with cytomegalovirus (the latter is known to be a common co-infection with HIV). Her group is collaborating with Dr Jean-Charles Grivel and Dr Leonid Margolis from the National Institutes of Health in the USA. We will remain



Dr Mashudu Mthethwa (post-doctoral fellow in Hans Strijdom's research group) presenting her poster to a conference delegate.

in contact to explore possible future collaboration between our research groups.

One of my former PhD students and current post-doctoral fellow, Dr Mashudu Mthethwa, obtained travel funding from the NRF, and she joined me at the EAS meeting, where she presented a poster on "Endothelial dysfunction in aortic and cardiac microvascular endothelial cells: The heterogeneous response to the pro-inflammatory cytokine, tumor necrosis factor- α (TNF- α)". Her poster presentation was also well attended. In this regard, it was wonderful that I could accompany her and in this way contribute to the capacity development of a future researcher!

In conclusion, the EAS congress of 2018 was a great occasion, and was an excellent opportunity to listen to and engage with recent advances in the field of atherosclerosis and vascular biology. I am also very satisfied that data from my research group could be disseminated at the meeting. Thank you very much to the SA Heart Association of the Western Cape for selecting me as the 2018 recipient of the Louis Vogelpoel Travel Award!

Hans Strijdom

Head: Cardiovascular Research Group

Project coordinator and PI: EndoAfrica study

HeFFSA TRAVEL AWARD: ESC HEART FAILURE CONGRESS 2018

Thanks to the generous travel grant awarded by HeFFSA, I was fortunate to attend the ESC Heart Failure Congress in Vienna in May of this year. This elegant city (well known for music and art), hosted a world class heart failure congress with state-of-the-art lectures, where the contemporary management of heart failure was discussed and debated.

As a research fellow with an interest in heart failure, I recently worked on a project on peripartum cardiomyopathy with Prof Karen Sliwa and a German research fellow,

Julian Hövelmann. The results of our study were presented as a poster at the congress. I also had the opportunity to attend the EURObservational Research Programme (EORP) peripartum cardiomyopathy registry meeting, and the Heart Failure Association (HFA) career café.

HEREWITH A FEW HIGHLIGHTS FROM THE CONGRESS

It is estimated that 2% - 3% of the population has chronic heart failure, with up to 20% of the elderly affected. Patients with chronic heart failure have an increased risk for cardiovascular morbidity and mortality.⁽¹⁾ This holds true even for the stable patient with a New York Heart Association (NYHA) functional class II. For patients who present with acute de novo heart failure, HFpEF carries the same prognosis as HFrEF.⁽²⁾

Treatment with an angiotensin-converting enzyme inhibitor (ACEI), angiotensin II receptor blocker (ARB), beta-blocker (BB), mineralocorticoid receptor antagonist (MRA), and angiotensin receptor-neprilysin inhibitor (ARNI) and their combinations are effective in reducing all-cause mortality in patients with heart failure. A recent meta-analysis found that the combination of BB, MRA and ARNI had the greatest reduction in mortality.⁽³⁾ By reducing hospitalisation for heart failure, ARNI was shown to be a cost-effective treatment of HFrEF in the UK, Denmark and Columbia.⁽⁴⁾ ARNI are now available in the South African private sector; however, whether this treatment will be cost-effective in our public sector remains unknown.

The combined use of MRA and ACEI, ARB or ARNI poses the risk of hyperkalaemia, especially in the setting of chronic



Charle Viljoen outside the conference venue.



Julian Hövelmann, Prof Karen Sliwa and Charle Viljoen.



Some sightseeing in Vienna – Stephansdom.

kidney disease.⁽⁵⁾ New potassium lowering drugs such as patiomer, have the potential to increase the use of RAAS inhibitors in patients with heart failure, and thereby further reduce cardiovascular hospitalisation and death.^(5,6)

Iron deficiency is common in heart failure and predicts a poor outcome.⁽⁷⁾ Oral supplementation is often associated with poor absorption and non-compliance due to pill burden.⁽⁸⁾ The CONFIRM-HF trial showed improved symptoms, quality of life and functional capacity in symptomatic heart failure patients with iron deficiency, after the administration of intravenous ferric carboxymaltose.⁽⁹⁾ Furthermore, intravenous iron has been shown to reduce recurrent heart failure hospitalisations and may therefore be considered as an addition to current heart failure therapies.⁽¹⁰⁾

In patients with heart failure, statins are recommended, only if there is an indication for lipid lowering.⁽¹¹⁾ Although

statins have been shown to reduce non-fatal heart failure hospitalisation in major primary- and secondary-prevention trials, there is currently no evidence to suggest that statins reduce heart failure death.⁽¹²⁾

Coronary artery disease remains an important risk factor for the development of heart failure. The STITCH trial initially reported no difference in survival among patients with coronary artery disease and heart failure who were treated with optimal medical therapy or medical therapy with coronary artery bypass graft (CABG).^(13,14) However, emerging evidence shows improved survival in patients with severe ischaemic heart disease and who undergo CABG.⁽¹⁵⁻¹⁷⁾ CABG has also been found to improve symptoms and the quality of life in patients with heart failure.⁽¹⁸⁾

The co-existence of HFrEF and atrial fibrillation (AF) is common, and increases the risk of stroke, hospitalisation and all-cause mortality.⁽¹⁹⁾ Although with drug therapy, a

HeFSSA TRAVEL AWARD continued

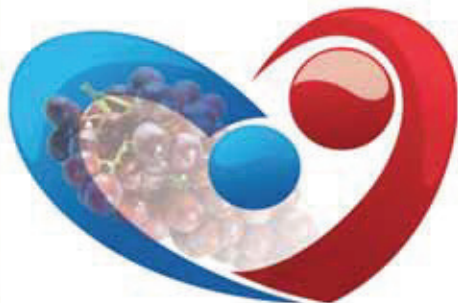
rhythm strategy is not superior to a rate control strategy in reducing cardiovascular death in patients with heart failure and AF,⁽²⁰⁾ interventional management of AF is currently under investigation. The first results of the CABANA trial showed no difference in the primary outcome, death, disabling stroke, serious bleeding, or cardiac arrest at 5 years for catheter ablation versus drug therapy.⁽²¹⁾ However, in the CASTLE-AF trial, there was a significantly lower rate of a composite end-point of death from any cause or hospitalisation for worsening heart failure in patients that underwent catheter ablation – as compared with patients treated with medical therapy.⁽²²⁾

In the developed world, there is growing concern that patients with advanced heart failure are referred too late for assessment for heart transplantation and left ventricular assist devices (LVADs).⁽²³⁾ Due to the considerable costs involved, we do not readily have access to LVADs and extracorporeal membrane oxygenation (ECMO) in South Africa. We do, however, have heart transplantation services in both the public and private sectors. The heart transplant services are underutilised for the burden of heart failure in our country. Early referral for assessment by a specialist with a special interest in heart failure will help identify suitable candidates for heart transplantation and assist with the appropriate work-up and treatment.⁽²⁴⁾

Dr Charle Viljoen
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RAAS Satellite Meeting 2018

28-30 November 2018
Devonvale Wine Estate,
Stellenbosch, South Africa



Emerging trends in the endocrinology of cardiovascular diseases with a special focus on the RAAS

Topics:

- Endocrinology of cardiovascular disease
- Targeting the ACE2/Ang 1-7 axis of the RAAS
- AT2 Receptors
- Metabolic aspects of cardiovascular disease
- Molecular mechanisms of hypertension
- Therapeutic interventions targeting the RAAS (ARNI/Angiotensinogen siRNA)
- Cardioprotection and interventions for heart failure

Speakers:

Rhian Touyz (University of Glasgow), Jan Daner (Erasmus MC), Muscha Steckelings (University of Southern Denmark), Catherine Ilorens-Cortes (College de Frans), Gian Paolo Rossi (University of Padova), Colin Sumners (University of Florida), Brian Rayner (University of Cape Town), Alta Schutte (Northwest University), Angela Woodiwiss (University of Witwatersrand), Faadiel Essop (University of Stellenbosch), Gavin Norton (University of Witwatersrand), Ed Sturrock (University of Cape Town), Robson Santos (Federal University of Minas Gerais), Marko Poglich - Attoquant, Karen Sliwa-Hahnle (University of Cape Town)

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RAAS Meeting Office 2018

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• email: raas2018@allevents.co.za
<http://raas2018.org.za/>

Official ICE 2018 Satellite Meeting



18th International Congress of Endocrinology
53rd SEMDSA Congress

1 - 4 December 2018 - Cape Town - South Africa

REPORT BACK FROM HEART RHYTHM SOCIETY 2018 MEETING, BOSTON, MASSACHUSETTS

This year I was afforded the opportunity to attend the Heart Rhythm Society annual congress, which was held in Boston, USA. The congress was held from 9 - 12 May at the Boston Convention Center. All the arrangements were made by Prof Mpiko Ntsekhe, Head of Cardiology at Groote Schuur, with special thanks also to Shanaaz Davids for all of her efforts.

I arrived in Boston on the evening of 7 May, via Dubai, and checked in at the Hilton Boston Downtown. The hotel is situated in the heart of downtown Boston, in a 1920s Art Deco skyscraper which is a mere 5-minute walk to the picturesque Long Wharf and 20 minutes from the convention center. The walk to the convention center is pleasant as you get to take in a lot of the harbour and sights of the city along the way, and when it got too cold we made use of the shuttle service provided. The city is steeped in American history and I was able to explore some of that on the day before the congress started. I walked up the Rose Kennedy greenway to Long Wharf and hopped on one of the many harbour cruises to enjoy a view of the Boston skyline, while learning about some of history of the American Civil War. After time at the

harbour I explored the Freedom Trail, a 2.5-mile, red-lined route that leads you to 16 historically significant sites around the city. I visited museums and famous meeting houses, churches, and burying grounds and learned about the many historical figures that have shaped America. The American Revolution began in Boston and a single day was not enough for me explore all of what the city had to offer.

The next day, the congress began in earnest and Prof Ashley Chin (Head of Electrophysiology at Groote Schuur) and I made our way to the convention center quite early, in the hopes of navigating the registration and orientation process swiftly. We soon found that our worries were unnecessary, as the whole process was managed efficiently and we were done within 15 minutes of our arrival. We then proceeded to the grand ballroom for the opening plenary session, which was an address by invited speaker, Sherry Turkle – a professor, author, consultant and researcher who has spent the last 30 years researching the psychology of people's relationships with technology. Her enlightening talk focused on bringing attention to the power of talk in our digital culture and how technology is affecting the way we see patients. From an allied health point of view, I found



South African attendees at the HRS 2018 conference.



Marclyn Govender

this interesting as we, as cardiac technologists, are often the first to be introduced to new technologies that we accept without question. Often they make things easier and decrease our workload, but they also remove the human aspect and we are yet to understand the full ramifications of these advances.

I planned my days on the handy “HRS App” and tried to attend most of the allied health sessions. The problem, as always, is that there are many interesting sessions going on at the same time. Nevertheless, I did manage to attend some very good talks that focussed on complex electrophysiology procedures such as “Defining the substrate in VT” and “Mapping techniques for atypical flutters and micro re-entrant atrial tachycardia”. There were numerous talks on complex pacemaker and implantable cardiac defibrillator follow-up, as well as programming recommendations.

The hot topic of discussion at this year’s congress was the results of the CABANA trial – which was presented at the 2018 Late-breaking clinical trials session. CABANA looked at catheter ablation versus antiarrhythmic drug therapy in atrial fibrillation, with the aim of deciding which

treatment approach is best and if, under certain circumstances, 1 therapy is preferred over the other. The CABANA study also compared the cost of care for the 2 treatment approaches and determined the effect these therapies would have on quality of life. The trial failed to show that catheter ablation was superior to drug therapy, and this sparked intense discussions among electrophysiologists from all over the world – many of whom were adamant that they would still support the clinical practice of ablation as a first-line therapy for AF.

‘We, as cardiac technologists, are often the first to be introduced to new technologies that we accept without question.’

There were many interesting developments from a tech point-of-view, and I learned about these and many more when visiting the exhibit hall. Cardiac Contractility Modulation (CCM) therapy, for instance, by Impulse Dynamics, is a device-based approach that consists of relatively high voltage signals delivered to the heart during the absolute refractory period – to strengthen the cardiac muscular contraction. The pacemaker has one atrial lead for sensing and two RV leads for sensing and CCM delivery.

At Groote Schuur Hospital, Prof A Chin was involved in the initial MICRA leadless pacemaker trial and my team and I have been following up these patients for the last 3 years. As a result, I was very interested to see what

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REPORT BACK FROM HEART RHYTHM SOCIETY continued



Conference centre - Boston.



Downtown Boston.

new advancements have been made since the advent of the leadless pacemaker. I found that Medtronic had initiated the MARVEL clinical trial that had enrolled 64 patients with MICRA devices to have the MARVEL software downloaded to the device. This is a new algorithm that uses the device's triple-axis accelerometer to detect atrial contraction – thereby allowing for AV synchrony. This was achieved in 87% of patients, and, according to Medtronic, showed that accelerometer-based atrial sensing was feasible.

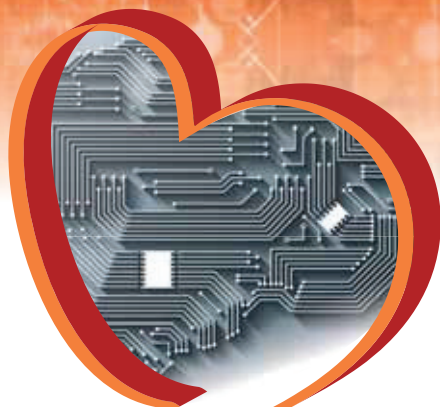
All in all, HRS 2018 was highly enjoyable and beneficial. The days were packed with informative talks and presentations and at night we got to sample the best cuisine that Boston had to offer with good friends and colleagues. Coming back to Groote Schuur – where I have 3 qualified techs, 9 student techs and a training EP tech under my supervision – I feel better equipped to provide them with the quality of teaching and guidance that will ensure that the Groote Schuur Hospital Cardiology Department, continues to produce trained cardiac technologists who can provide a meaningful service wherever they go.

Marclyn Govender
Groote Schuur Hospital



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PASSING OF PROFESSOR BONGANI MAYOSI

It is with profound sadness that we announce the passing of Professor Bongani Mayosi on 27 July 2018.



Professor Mayosi was born on 28 January 1967 in Mthatha, Eastern Cape. He studied at what is now the Nelson Mandela School of Medicine at the University of KwaZulu-Natal, earning 2 medical degrees with distinction. After stints at Livingstone Hospital in Port Elizabeth and then as a registrar in Cape Town in the mid-1990s, Prof Mayosi accepted a fellowship at Oxford University in the UK where he completed his PhD in 2003. Whilst there, his interest in cardiomyopathy and rheumatic heart disease developed and he decided to focus on a research-centred career in the field of cardiology – in particular cardiovascular diseases of the poor.

Upon returning to Cape Town, Prof Mayosi assumed research, teaching and clinical responsibilities in internal medicine and cardiology at the University of Cape Town and Groote Schuur Hospital. In 2006, at the age of 38, he was made the youngest Professor and Head of the Department of Medicine at the University of Cape Town. He was awarded the country's highest honour, the Order of Mapungubwe (Silver) in 2009 for his contribution to medicine and dedication to improving the health of people in developing countries, and was appointed Dean of the Faculty of Health Sciences at the University of Cape Town in 2016.

His A-rating from the National Research Foundation (NRF) counted him among the ranks of leading international researchers and in 2017 he was elected to the National Academy of Medicine in the United States, becoming the only African on the highly prestigious list – considered one

of the highest honours in the fields of health and medicine and which is awarded to individuals who have demonstrated outstanding professional achievement and commitment to service. Among his many other achievements, Prof Mayosi was a member of the Academy of Science of South Africa, a former President of the College of Physicians of South Africa, President of the South African Heart Association 2008 - 2010, Immediate Past President of the Pan-African Society of Cardiology, and Chairman of the South African National Health Research Committee.

He was highly regarded for his work in a range of fields with his research interests spanning the genetics of cardiovascular traits, treatment of tuberculous pericarditis, epidemiology of heart failure in Africa, and the prevention of rheumatic fever and rheumatic heart disease. Last year a research team led by him made international headlines for identifying a new gene that is a major cause of sudden death by heart failure among young people and athletes. Professor Mayosi's involvement in this research included spending 20 years monitoring a South African family that was affected by this disorder – bearing testimony to his tenacious pursuit of pioneering research that can help save lives.

Prof Mayosi was an inspiration to many and a great leader in work that reached across boundaries and touched people across continents, a great friend who always found time to share in the lives of those around him, and a great mentor whose support and counsel led many to aspire to and achieve what was not thought possible. A man above

all men, who believed in lifting as you rise and that ideas are far more important than money, Bongani cared about every part of those he mentored, asking about family and home before the subject of work. He believed to his core that he could be better, do more, and serve more deeply.

His loss to South Africa, Africa, cardiovascular diseases of poverty, his family and friends is unfathomable. Professor Mayosi will be deeply missed by everyone who had the pleasure and fortune to cross his path, and will always be remembered for his integrity, scientific rigour and dedication to improving public health.

Lisa Telford

Research Assistant, Red Cross Children's Hospital

With great sadness I learned about the loss of Prof Bongani Mayosi, one of the greatest scientists, researchers, teachers and mentors of the South African Heart Association. He was truly a great visionary physician and scientist - also representing both the older and younger generations of the South African Heart Association.

He also was a personal friend, whom I met over the last decade and admired very much.

I wish his family and your Society all the strength that is needed in this difficult period.

Jeroen J. Bax

President of the ESC 2016 - 2018



**“A Friend, A Brother, A Mentor, A Leader,
A Champion, A Warrior and a True son of Africa.”**

Prof Bongani Mayosi, 51-year-old Dean of Health Sciences at the University of Cape Town sadly passed away on Friday, 27 July in Cape Town.

PASCAR joins many, with great sadness, in mourning a man who truly impacted and inspired all who crossed his path. No one was ever left untouched by Bongani's presence.

Bongani Mayosi made his name as one of the world's top cardiology researchers and his legacy will continue in the African Research and Networks he fostered in especially Rheumatic Heart Disease in Africa. As a leader he truly believed in inclusive leadership, and UBUNTU was ingrained in who he was. Bongani at his time of passing was Ex-Officio President of the Pan-African Society of Cardiology (President 2013 - 2017). We can only hope to emulate him and carry his legacy forward.

The funeral was to be held in Cape Town on 4 August 2018.

PASCAR expresses its condolences to his spouse Nonhlanhla Khumalo, their 2 daughters, the extended family and his cardiology colleagues in Africa and all over the world. Africa has truly lost an exceptional leader.

The Pan-African Society of Cardiology

Continued on page 250

PASSING OF PROFESSOR BONGANI MAYOSI continued

The South African Society of Obstetricians and Gynaecologists is deeply saddened by the sudden passing of Prof Bongani Mayosi. We would like to extend our sincere condolences to members of the SA Heart® Association, colleagues, and students in the Faculty of Health Sciences at the University of Cape Town.

Prof Mayosi will be remembered particularly for his research in rheumatic heart disease, an important cause of maternal morbidity and mortality in South Africa.

Prof Priya Soma-Pillay

Honorary Secretary: South African Society of Obstetricians and Gynaecologists



It is with deep regret and sadness that we have learned of the untimely passing of Bongani Mayosi. Bongani was a friend, a colleague and a mentor to many.

Our deepest condolences to his family and friends.

Robert Kleinloog

Chairman: Society of Cardiothoracic Surgeons of South Africa

It is with a sense of deep sorrow and profound shock that we mourn the untimely and tragic passing of Prof Bongani Mayosi.

There were so many facets to this gifted life. Bongani was the consummate professional, and an utterly charming gentleman. He was a talented physician, an outrageously successful cardiologist, a world-renowned researcher and academic.

He achieved the greatest successes, and received the highest accolades that our profession could enjoy. He did all this and so much more whilst remaining accessible, humble, modest, and always enthusiastic.

Not only did Bongani achieve, but he built relationships. To many he was a mentor, a co-worker, a memorable teacher, a confidant and a trusted friend.

Bongani, words cannot express the ways that we will miss you.

We extend our heartfelt condolences to his dear family in this time of heart-wrenching grief. Thank you for sharing Bongani with us. We will forever hold so many precious memories in our hearts.

Dave Kettles

SASCI President

Thank you for the opportunity to write a few words in tribute to Bongani. His brilliant academic achievements and his exceptional career are a testament to his amazing intellect, and they speak for themselves. As a man, he was the epitome of what we should all aspire to be. He was kind, compassionate, humble, empathetic, generous and always prepared to give of himself to others. A truly remarkable human being. He will be deeply missed by us all.

Adie Horak

**A friend, a brother, a mentor, a leader,
a champion, a warrior and a true son of Africa**

"When a man dies
Drawing the mysterious curtain over his life,
Flash from his birth, the narration quickens
And the book is closed.
On the last page-
Not his noble birth,
Or his illustrious sires;
Neither his trophies nor his fame;
Not his dynasty, not his might,
Not his knowledge, or his wits,
Nor the Social Register;
The wreathes may cluster on the bier,
Empty mansion for a piece of Earth;
Not his gold, not his name,
But his simple way-
All what he has been to his fellow men;
His highest note, perhaps unnoticed,
His glory, unpretentious; His purest testimony-
That "he was a good man"
(E. Latunde Odeku)

Since Friday 28 July 2018 when I got the news of the sudden death of Prof Bongani M. Mayosi, I have been in "psychological shock", and this will remain with me for a long time to come.

Bongani had called me a day or 2 earlier (while I was in Mombasa, Kenya, attending the annual conference of the Kenya Cardiac Society), to get an update on the INVICTUS trial in Nigeria. I had promised to call him back from Nigeria on Monday 30 July.

It is therefore very hard for me to accept that a brother, a friend, a mentor, a warrior, a champion, a leader and a true son of Africa, has suddenly left this side of eternity. This is devastating.

My first personal contact with Bongani was at the PASCAR renaissance meeting (4 - 9 February 2007) in Kenya (although he had earlier contacted some of us indirectly via email through Prof Mpiko Ntsekhe/Dr Akinyemi Aje, on 3 January 2007, to join the IMPI trial).

At the PASCAR meeting in Kenya, Bongani spoke with great passion and emotion and with very rare eloquence on the need for collaboration to tackle diseases that are endemic in the continent (especially "cardiovascular diseases of the poor", such as rheumatic heart disease, tuberculous pericarditis, and endemic cardiomyopathies).

Since then, Bongani has remained a source of leadership and inspiration, not only to me, but also to my other colleagues from Nigeria – including Prof Mahmoud Sani and Dr Dike Ojji.

On 17 October 2007, I sent the proposal/ protocol of the Nigerian Heart Failure Registry to him. Bongani replied and made very useful comments – but suggested that we join the Continental HF registry (THESUS-HF).

Then started the era (contemporary) of very fruitful and rewarding collaboration in cardiovascular disease research, through the instrumentality and able leadership of Prof Bongani Mayosi, Prof Karen Sliwa (who I first met at the WHO/WELLCOME Trust Workshop on secondary prevention of CVDs in LMIC, in London, 6 - 8 June 2007) and Prof Albertino Damasceno (who I first met at the ISH Hypertension Teaching seminar in Maputo, Mozambique on 21 - 22 September, 2006). These include the IMPI trial, REMEDY, RELY_AF Registry, PAPUCO, BAHEF trial, CREOLE, and the INVICTUS trial.

For Bongani to leave us at a moment like this, is very saddening and frustrating. We shall miss his useful advice. We shall miss his encouraging words and leadership.

"O death, where is thy sting? O grave, where is thy victory?"

Our consolation is that you fought a good fight and ran your race well, while you were on this side of eternity.

The story of the African Union and United Nations Resolution on Rheumatic Heart Disease will not be complete without the name of Bongani M. Mayosi.

My deepest condolences to his immediate family and all his associates worldwide. God willing, we shall keep the candle of collaboration he ignited burning.

"Fading away like the stars of the morning,
Losing their light in the glorious sun –
Thus would we pass from the earth and its toiling,
Only remembered by what we have done.
Only remembered, only remembered,
Only remembered by what we have done." (Horatius Bonar)

Adieu Bongani Mayosi!

**Okechukwu Ogah
University College Hospital Ibadan**

PASSING OF PROFESSOR BONGANI MAYOSI continued

I show students at both campuses the picture of the Drakensberg (ASAP - 2006) meeting when I give them a lecture on rheumatic heart disease. At Stellenbosch I point out their dean (Jimmy Volmink) who is in the picture and highlight the contribution of Bongani in kick starting the research at UCT. I usually make a joke about how young looking Bongani is and wish that I had more hair in the picture! I show them a slide with the latest Duckett Jones criteria and point out Bongani's name.

Drakensberg Declaration 2006

I have been sent twice to speak on his behalf in other countries - Fiji and Cameroon. On both occasions I felt like the wrong guy for the job and hoped that the audience did not think that they were getting the "C" or "D" team! They got the old model. It made me work really hard. I don't think I coped well in Fiji; I was sick and jet lagged out of my skull, but at least by the time I went to Cameroon we had the Nature Reviews criteria published and I felt I had some minor street cred. There were so many of his acolytes there; I guess they felt that they owed it to him to give me a chance.



Dr Lawrenson and Prof Mayosi with a delegation at Leeuwenhof.

I wasn't a very good at sports, and very short sighted, and as a child I was often the second to last one picked for pick up games of soccer. That was until I got taller than the other kids and I was first choice goalie! So it was wonderful to be made an early part of the team whenever Bongani had a project involving children in mind. The call came a few times at 7h30 a.m. on a Sunday, but it was one of those moments when this "operator was standing by to receive his call" – and it was a joy to be asked to be involved.

Bongani brought out the very best in me, just like he brought out the best in many others. He lifted as he went – even old dogs like me.

John Lawrenson



Prof N Khumalo, Dr Manzini, Prof Mayosi, at Johan Brink's farewell recently.

Bongani, what a great friend, colleague and inspiration you have been to me and countless others in our faculty, our country, and in Africa. Apart from your amazing academic achievements, which will be well recorded by others, what I remember most about you is your fantastic humility, your humanity, and your humour. You were always so positive, enthusiastic and encouraging. Seeing and chatting to you was always such an enjoyable experience, as you always had the ability to see the bright side of any situation. You brought out the best in everyone and made them believe in themselves, and helped them achieve what they did not believe they could! I am just so very sorry that we, your friends and colleagues, could not reach out and help you during your time of deep despair and pain, which we did not recognise because of your always cheerful, positive and enthusiastic nature. We did not realise the cost to you and your family flowing from all your hard work, commitment and achievements, while remaining so soft and humane.

The memory of you and your positive personality will remain with me and so many others for a very long time, and your spirit will live on in your family, friends and colleagues. You have left an indelible mark in our faculty and university. With your passing we have lost an amazing, wonderful and inspirational human being.

Hambe Kahle, Bongani.

Johan Brink

Prof Bongani Mayosi was a formidable spirit, and beautiful mind charged with boundless energy. His utmost generosity, integrity and empathy toward others would become his signature traits. My professional trajectory has been a function of his direct involvement, and for that I thank him dearly. Although he has passed, his influence will galvanise many future generations to come.

His characteristic smile and humble approach will be sorely missed, as will his limitless optimism. His contribution to the fabric of society is immense and something of an anomaly. I have learned so much from Bongani, but the greatest lesson I have learned from my mentor and friend in passing, is to acknowledge our intrinsic vulnerability as human beings and to recognise the importance of maintaining our 'cosmic' perspective.

Dear Bongani, may you rest in peace. Thank you for your life. My prayers are with you and your beautiful family.

Chevaan Hendrickse

On behalf of the Foundation Staff, Chairperson of the Board and Board members, it is with much sadness and pain that I announce the passing away of Prof Bongani Mayosi, Dean of the Faculty of Health Sciences, University of Cape Town. Prof Mayosi gave much of life to the cardiovascular (CVD) community and dedicated his work to improving the lives of South Africans, the African region and people globally by mobilising his research and clinical work to reduce CVD morbidity and mortality. His death is tragic and we are all so overwhelmed with grief.

Our thoughts and prayers go out to his nearest and dearest family, friends and colleagues from South Africa and around the World.

Prof Pamela Naidoo
CEO: Heart and Stroke Foundation, SA



It is with great sadness that I write this tribute to our dearly departed Prof Mayosi. I am still in a state of shock and disbelief that he left us so suddenly at the tender age of 51. He was a great academic whose contributions to cardiovascular medicine in Africa led to multiple national and international awards and fame. He was an excellent physician and cardiologist who always had time to provide the best care for his patients. Personally, he was very instrumental in my training and development as a physician, junior researcher, and cardiologist. His hard work and dedication inspired me to do the same. His untimely death is a great loss for the University of Cape Town and the international medical community at large. While I continue to mourn his passing, I am also left with a sense of pride that I was fortunate enough to have known him and been his student for the past 12 years. It has been my honour and privilege to have known such a brilliant scholar and warm-hearted and generous human being.

My prayers are with his wife, daughters and family. May God bless his soul and may he rest in peace.

Goodbye Prof, I shall miss you very much.

Mukesh Chhiba

WELCOME THE FOLLOWING MEMBERS TO THE CARDIOLOGY FRATERNITY OF SOUTH AFRICA

ADULT CARDIOLOGISTS

DR BRIAN KIGGUNDU

I did my MBChB at Makerere College of Health Sciences at Mulago Hospital in Uganda and completed my internship at St Francis Hospital, Kampala, Uganda, in 2007.

I worked as a medical officer in the Mulago National referral hospital, and this was followed by a fellowship and MMed (Internal Medicine) at the Makerere College of Health Sciences, Mulago Hospital, which was completed in 2013.

I then joined Groote Schuur Hospital/University of Cape Town, where I have completed my training in cardiology.

I will return to Uganda to work as a cardiologist at the heart institute at the end of my time at GSH. I am very grateful to my teachers at GSH/UCT.

I have a keen interest in interventional cardiology and plan to do further training where feasible.

DR ARTHUR MUTYABA

I recently completed my training as an adult cardiologist at Groote Schuur Hospital in Cape Town. My journey to this goal started in Pinetown (Durban), where I grew up and went to high school. After matriculating in 2001, I started undergraduate medical training at the University of Cape Town. I returned home to Durban for internship (2008 - 2009) at RK Khan hospital and moved on to Port Elizabeth (Livingstone Hospital) for my community service in 2010. In 2011, I returned to Groote Schuur Hospital and spent a year as a medical officer in internal medicine, before commencing registrar training in 2012. Having completed this in 2015, I commenced sub-specialty training in cardiology at the same institution, under the tutelage of Prof Mpiko Ntsekhe and his team.



Dr Brian Kiggundu, Dr Blanche Cupido and Dr Arthur Mutyaba.

The practice of cardiology in general is captivating for me, although interventional cardiology holds a particular interest. Going forward, I hope to train further in interventional cardiology at Groote Schuur Hospital and to undertake research in various aspects of coronary disease.

I look forward to making a meaningful contribution to the management of heart disease in South Africa.

DR ROBERT LEIBBRANDT

He also qualified as a cardiologist.

DR HW SNYMAN

I grew up in the North West and did my pre-graduate studies in Bloemfontein. My postgraduate studies were all done at Stellenbosch University. I will be working as a private cardiologist in the Southern Cape for now, but I hope to stay active in academic cardiology.



DR KEVIN HO

I was born and raised in Johannesburg, where I schooled at Sacred Heart College. I completed my MBChB undergraduate degree at the University of Witwatersrand, interned at Hillbrow Hospital, Johannesburg, before undertaking postgraduate studies in internal medicine at Chris Hani Baragwanath Hospital.

I practised as a physician at AngloGold Ashanti Western Deep Levels Hospital in Carletonville for a number of years, before taking up the position of Medical Director at Boehringer Ingelheim South Africa.

I then pursued further studies as a Cardiology Fellow at Steve Biko Academic Hospital, and am happy to have recently attained the Certificate.

I am married with 2 children, enjoy fly-fishing, and look forward to utilising my skills to promote patient care.



DR JERRY CHEN

My name is Min-Shien Chen. I emigrated from Taiwan in 1995 and have been calling South Africa home since then. I studied medicine at the University of Pretoria as an undergraduate. I completed my internship at Steve Biko Academic Hospital, and community service at Kalafong Hospital. I then completed my registrar training in the Wits circuit. I am currently finishing my cardiology fellowship time at Steve Biko Academic Hospital.

In my free time I am a connoisseur of classical music. I sometimes mow the lawn on the golf course with my golf clubs!

My interest is in electrophysiology. I am working toward getting more exposure in this field.

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PAEDIATRIC CARDIOLOGISTS

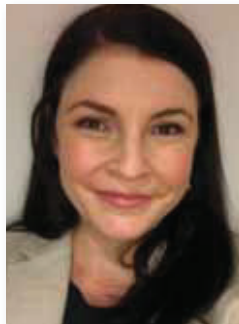


DR GODFREY MBAWALA

I have just completed my supernumerary training at Chris Hani Baragwanath Academic Hospital through Witwatersrand University. My experience has been fulfilling and was enabled by the guidance and support provided by Prof Antonate Cilliers and the entire Wits circuit team.

My paediatric cardiology journey started in 1999 when I started medical school at Muhimbili University College of Health Science. At the time, my younger sister, aged 14, was diagnosed with rheumatic heart disease and had to be referred to India for mitral valve replacement due to a lack of expertise in my country – Tanzania.

With this personal experience, I promised myself that I would pursue studies in paediatric cardiology – so as to be part of the team that would provide these life-saving interventions in Tanzania. I now look forward to this new chapter, as I return to Tanzania in order to serve my country.



DR MARELIZE BOSMAN

I was born and raised in Pretoria and from a young age dreamed of becoming a doctor. I am married to Kurt and have 2 beautiful (and very strong-willed) toddler twins – a little boy and girl who bring us tremendous joy and who remind us daily to appreciate the magic in little things. Being a doctor, wife, mom, daughter, sister and friend, has taught me the value of family, the importance of planning, as well as having family and friends who understand your hours and responsibilities – and love you anyway. In addition to my family and paediatric cardiology, I am also passionate about reading a good book and travelling.

I completed my undergraduate training at the University of Pretoria in 2005, and did my internship and community service in Cape Town. We moved to the beautiful province of KwaZulu-Natal in 2008 and fell in love with the people and the weather. After working as a medical officer and then Research Officer in Paediatrics and after obtaining my Diploma in Child Health, I joined the Paediatric Registrar training programme at the University of KwaZulu-Natal. It was during this time that I discovered my passion for paediatric cardiology. After qualifying as a paediatrician, I worked at King Edward VIII Hospital in Durban and was fortunate to be involved in the Paediatric Cardiology Clinic there – providing me with the opportunity to learn echocardiography. At the end of 2014 I applied for a Life Healthcare Scholarship to subspecialise, and was fortunate to be awarded the scholarship to pursue my subspecialty training at Inkosi Albert Luthuli Central Hospital (IALCH) in Durban.

I work with an amazing and inspirational team of paediatric cardiologists, and we are fortunate to have good facilities available to us and our patients – as well as a great team of paediatric cardiothoracic surgeons, catheterisation laboratory staff, and critical care teams. From September 2018 I will be employed as a Junior Paediatric Cardiologist at IALCH, and am thankful for the opportunity to keep working with the same team and the patients that I have come to know and love. At this stage of my career, I am fascinated by every aspect of paediatric cardiology and look forward to improving my clinical, echo and interventional skills. I do have a special interest in new-born saturation screening, and hope to work toward implementing this in our province.

DR FENNY SHIDHIKA

I completed my Cambridge HIGCSE exams at Oshigambo High School in 1999 and was to be enrolled at the University of Cape Town medical school in 2000 at the age of 16. My role model in high school was Prof Fillemon Amaambo, the first general surgeon in Namibia, who also happened to be an alumnus of my high school.

As a second-year undergraduate student I came across Christiaan Barnard's biography. He made the heart seem so fascinating – besides the fact that his bravery, creativity and “thinking out of the box” were completely captivating.

I completed my undergraduate training in 2005 and returned to Namibia to start my internship at Katutura State and Windhoek Central Hospitals. Shortly afterwards I joined the Department of Internal Medicine under Dr Ismael Katjitae. Dr Auala and I became the first medical officers in the unit.

We had to go to Cape Town soon afterwards for training as medical officers in cardiac care. Prof Mayosi allocated me to the Red Cross Children's Hospital for paediatric cardiology. I thought he was perhaps unaware that I was in internal medicine and wanted to be an adult cardiologist – so I emailed him to say none of us were in paediatrics. To this he responded “I know what I am doing”. As scary as this was, I joined the Department of Paediatric Cardiology at Red Cross Hospital in 2009, as a medical officer, and was completely ‘paediatric naive’. I was exposed to congenital cardiology, surgery and post-operative care for the first time, and that was an amazing experience. From then on, I changed my mind – I now wanted to be a paediatric cardiologist.

I went back to Namibia after 6 months and worked with Dr Christopher Hugo-Hamman (paediatric cardiologist) and Drs Amadhila, Baard et al (general paediatricians) – before returning to Red Cross Hospital to do my general paediatrics residency in 2011. I obtained my paediatrics fellowship in 2014. Before I completed my time, Prof Lawrenson offered me a training post in cardiology at Red Cross Hospital. After 3 years of hard work, volumes of material to read, and exposure to some fine breeds in the fields of cardiology and congenital cardiac surgery, I have just become the first Namibian paediatric cardiologist. This is an achievement for the whole community that took part in my journey. It is an achievement for my family that I left behind while studying in another country – especially my husband who has been my mentor par excellence and inspiration throughout.

My future career aspirations are rooted in continued professional development. I am fascinated by MRI cardiology and the concept of 3D printing. My future research interests lie in the molecular genetics/epigenetics of congenital heart disease, paediatric pulmonary hypertension, as well as foetal cardiology.

In the interim, I am going back to Namibia with a dream to grow the congenital cardiac service together with Drs Christopher Hugo-Hamman and Alfred Mureko, who is completing his congenital cardiac surgical training at Red Cross Hospital. I acknowledge the effort invested by Dr Hugo-Hamman in paving the way for looking after Namibian children born with congenital heart disease, and also all the cardiologists and cardiac surgeons involved in our training.



DR MAMAILA LEBEA

I was inspired to follow a career in medicine by the iconic story of the first heart transplant by Chris Barnard. Since the day I read about this story, I knew I wanted to be a heart specialist. This led me to the University of Cape Town, where I did a Bachelor of Medicine and Surgery – graduating in 2007. This was followed by a MMed in Paediatrics at the University of Witwatersrand and a FcPaed(SA) in 2014. I was fortunate to obtain sponsorship from the Nelson Mandela Children's Hospital to do a Fellowship in Paediatric Cardiology at the University of the Witwatersrand. I had the time of my life trained by one of the best teachers: Prof Cilliers and her awesome team.

I recently completed my paediatric cardiology training and examinations, and will be joining the Nelson Mandela Children's Hospital as a Paediatric Cardiologist. I am planning on taking a fellowship in electrophysiology at Sick Kids Hospital (Canada) next year.

Besides academics, I recently became a mother to a baby boy, Motheo. I love reading and travelling. I also love acting and if I had not been a medical doctor, I would probably have become an actress. But hopefully I can still do that in the near future.

Continued on page 258

WELCOME THE FOLLOWING MEMBERS *continued*

CARDIOTHORACIC SURGEON



DR RODGERS MANGANYI

I recently qualified as a cardiothoracic surgeon and will soon be certified by HPCSA.

I completed my pre-tertiary education in Giyani, Limpopo, South Africa, where I was born and grew up. I then went to the University of Cape Town where I obtained my medical degree in 2003. After completion of internship and community service, which were at Chris Hani Baragwanath and Thabazimbi Hospital respectively, I embarked on training as a cardiothoracic surgeon. My training commenced at Dr George Mukhari Hospital, Ga-Rankuwa and I then moved to Groote Schuur Hospital, Cape Town, for a different experience.

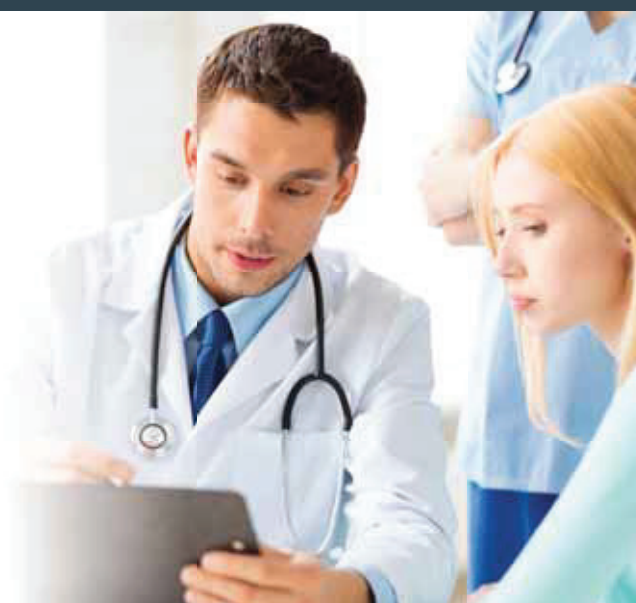
Career profile and personal attributes:

- Seven years of cardiothoracic training (1.5 years in Pretoria; 5.5 years in Cape Town);
- Six-monthly Paediatric Cardiac Surgery rotations (total: 2 years) at Red Cross War Memorial Children's Hospital;
- Have a positive attitude and a strong work ethic;
- Sound knowledge of advanced technologies and surgical therapies;
- Have the ability to work independently with little or no supervision;
- Strong analytical skills, and capable of assessing clinical conditions and implementing appropriate intervention; and
- I develop sound rapport with patients, family, staff, and colleagues.

I will soon be joining the Division of Cardiothoracic Surgery at Groote Schuur Hospital, as part of the consultants' team.

WEBSITE LINKS

SA HEART®	www.saheart.org
CASSA	www.cassa.co.za
HEFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (RESEARCH)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
WORLD HEART	www.world-heart-federation.org





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المؤتمر العالمي لأمراض القلب، والأوعية الدموية
**World Congress of Cardiology
& Cardiovascular Health**

5-8 December 2018 | Dubai, United Arab Emirates



Join us in Dubai 5-8 December 2018

World Congress of Cardiology & Cardiovascular Health

The World Heart Federation is honoured to return to Dubai for WCC 2018 where we will host an outstanding line-up of world leaders in cardiology, cardiovascular medicine and health.

The event offers an exciting scientific programme, workshops, debates, expert sessions, chances to network, moderated abstracts and more.

Together, we can shape the future of heart health.

Find out more and register your interest at **www.worldcardiocongress.org**

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2019. An amount of up to R20 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

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

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

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

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

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

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

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

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

Applications close on 31 January 2019.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

Applications for the SA Heart® Travel Scholarship for the third term in 2018 are invited to reach the SA Heart® Office by 30 September 2018.

The scholarship is for the value of up to R20 000.00 for international meetings and R7 500.00 for local meetings.

This scholarship is available to all members and associate members residing in South Africa. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least 1 year.

RECOMMENDATIONS

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

CONDITIONS

- Awards will not be made for conferences or workshops retrospective to the application submission deadline. If the conference is taking place within six (6) weeks following the submission deadline, please indicate this in the appropriate place on the application form.
- It is not a requirement for the abstract to be accepted by the conference travel application closing date. Should the acceptance of the paper, including proof of registration not be available at the time of submission of the application, then a provisional award may be made pending receipt of the acceptance of the paper.
- Please ensure that applications are made as well in advance as possible (**preferably at least 6 months prior to the conference date**).
- Applicants may only submit 1 application every second year. The scholarship is for the value of up to R20 000.00 for international meetings and R7 500.00 for local meetings.
- Awards are only made in the event that a paper or a poster is being presented or in the event of a workshop attendance, if the reviewers deem the workshop attendance to be of high impact and consequently of benefit to the SA Heart® community.
- The applicant must ensure that the application is fully completed including the requirements as detailed in the checklist section. Applicants are asked to be concise and to only include applicable and relevant information.
- Awards are granted for 1 specific conference. Should that specific conference be cancelled or the full amount allocated not utilised for any reason, then the funds must revert to SA Heart®; and
- A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

SUBMISSION REQUIREMENTS

- Completed applications may be emailed to erika@saheart.org on or before the deadline date.
- Please request a fillable MS Word version of the application form from erika@saheart.org



SAVE
THE
DATE

30 OCT
-04 NOV



Cardiovascular Diseases
of Pestilence Workshop

Achieve
levels I & II
accreditation

THURS 30 OCT

DOUBLETREE BY HILTON | CAPE TOWN

INTERNATIONAL SPEAKERS

Dr Ron Jacob | Dr Anna Herrey | Dr Mark Westwood | Prof Debiao Li | Dr Katia Menacho



REMEMBERING DR SAMUEL J. ANIE



With deep regret, I announce the passing of Dr Samuel J. Anie in South Africa on 5 April 2018, following a short illness.

Dr Samuel J. Anie, as you know, was a member of SA Heart® and a practising physician specialist – with his medical practice in Mafikeng. He was also a founding fellow of the College of Physicians and Surgeons, Ghana.

The family is yet to come to terms with this sudden loss. He leaves behind 4 daughters.

The funeral was held on 4 May 2018 in Ghana and a memorial service was held in Mafikeng on 19 May 2018.

The SA Heart® Association was close to his heart, and in this regard we are conveying this information. We are also setting up a fund in his memory.

Dr Sylvia Anie
(his sister)

THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

REQUIREMENTS

- Applicants need to be fully paid up members/associate members in good standing for at least one year.
- Applications must include:
 - The applicant's abbreviated CV
 - A breakdown of the anticipated expenses
 - Ethics approval
 - Full details of the research
 - The completed application form - please request a fillable MS Word document from erika@saheart.org
 - Contact details of Head of Department or supervisor/mentor

RECOMMENDATIONS

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

CONDITIONS

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

APPLICATIONS MUST BE EMAILED TO:

erika@saheart.org

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2018.

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

SA Heart® commits to inclusive excellence by advancing equity and diversity.
We particularly encourage applications from members of historically under represented racial/ethnic groups, women and individuals with disabilities.



19TH ANNUAL SA HEART CONGRESS 2018

**CALL FOR
REGISTRATION**

4 - 7 OCTOBER 2018
SUN CITY
NORTH WEST PROVINCE
SOUTH AFRICA

What does the future hold?

The South Africa Heart Association® is pleased to announce the call for the 19th Annual Congress of the South African Heart Association, 4 – 7 October 2018 which will be hosted at Sun City Convention Centre, North West Province. Our annual meeting, which brings together professionals from all aspects of the cardiovascular community, to share knowledge and expertise, network with colleagues and faculty, and consider the future of cardiovascular medicine as we revisit the highlights of the past and current experience.

Our theme of *What does the future hold?* will look at various aspects of future technology and how this will assist us in our goals to deliver care to our patients. We will look at app-based technology, artificial intelligence and robotics and their benefits for the African continent. Our streams will cater for the adult cardiologist, paediatric cardiologist, cardiac surgeon, nurses, cardiac technologists, allied health professionals and generalists. We have planned live cases and lively debates on the contentious issues in Cardiology over the 4-day congress.

ACCOMMODATION - BOOK EARLY!

Limited accommodation available, visit the congress website for accommodation options, rates and booking codes.

PRE-CONGRESS WORKSHOPS

CVD Imbizo	R810
Cardiology for Non-Cardiologists	R505
Echocardiography	R810
Cardiac Surgery	R810
Paediatric Cardiology	R810

INTERNATIONAL FACULTY

ESC Faculty	Europe
Professor Ganesan Karthikeyan	India
Professor Madeep Mehra	USA
Professor Philip Moons	Belgium
Professor Jagat Narula	USA
Dr David Barron	UK
Dr Resham Baruah	UK
Dr Ralf Birkemeyer	Germany
Dr Marc Gewillig	Belgium
Dr Azeem Latib	Italy
Dr Vuyisile Nkomo	USA
Dr Sorin Pislaru	USA

Featuring scientific sessions from



www.saheart.org/congress2018



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