



## Guest Editor, Dr Blanche Cupido

Groote Schuur Hospital and UCT Private Academic Hospital, Observatory,  
Cape Town, South Africa  
President, SA Heart® 2021

## President's Report

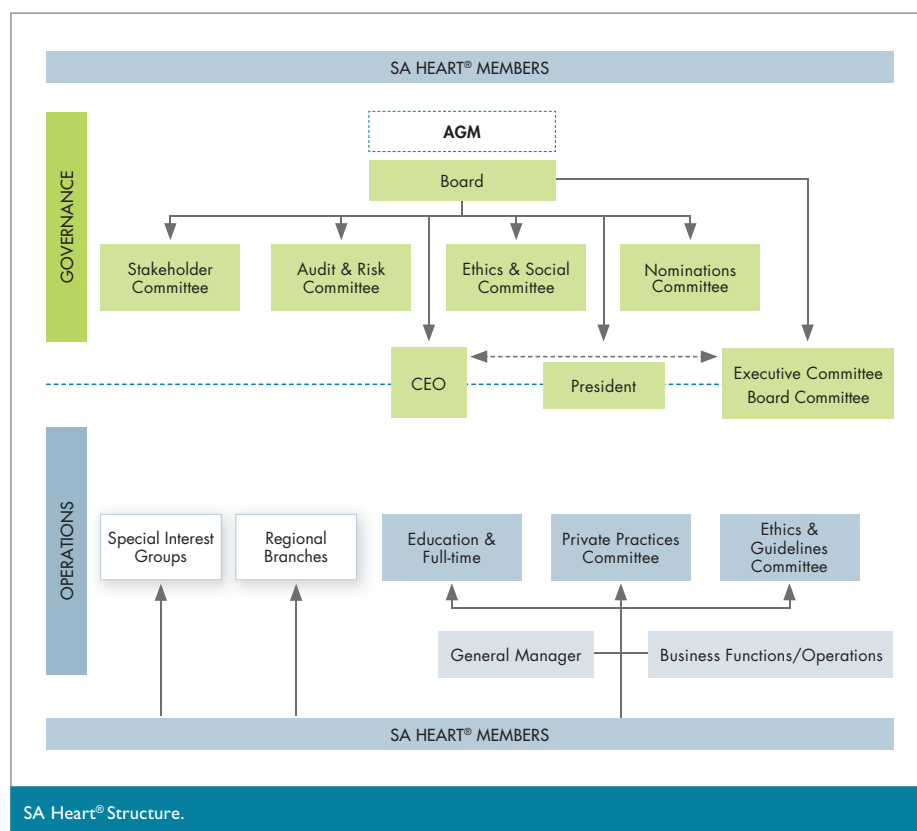
After 6 months of my tenure as president, I reflect with delight on the vibrance, enthusiasm and academic richness of our organisation, its members and its potential. No doubt, 2020 and 2021 will go down as a period of extreme challenge, exhaustion and loss (financially, institutionally and personally) for many of us. I am heartened by the generosity of spirit and resilience displayed by our members during a trying time, as well as a time of change within SA Heart® as an organisation.

SA Heart® was formed as a non-profit company in 2016 and at the AGM in October 2020, the new Memorandum of Incorporation (MOI) was adopted, which took effect on 1 March 2021. A new Board was established at the induction meeting on 6 March 2021 composed of:

- Prof Deon Bezuidenhout (Board Chair)
- Dr Tawanda Butau
- Dr Tom Mabin
- Dr Blanche Cupido
- Dr Alfonso Pecoraro
- Dr Martin Mpe
- Ms Robyn Hey
- Mr Francois Mintoer

The current structure of the organisation is depicted alongside.

Given the new structure, we have had to embark on the arduous task of establishing, writing and documenting new Terms of Reference (TORs) and Standard Operating Procedures (SOPs) for most of the pre-existing committees as well as the new structures to align with King IV governance principles. Though this might seem like an arduous and unnecessary task, it is important to establish good, robust and transparent policies that will stand beyond leadership changes and provide a framework for us within which to operate seamlessly. I would like to extend a particular thanks to Ms Erika Dau and Mr Chandu Kashiram for assisting me and for their input into this process.



My personal vision for the organisation for the 2 years of my tenure has 3 main aims:

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

Though this is not an exhaustive list of what our organisation can and should achieve, this is my foundational starting point from which we can build. I hope to show you what we are doing and where we are going using these headings below.

### CHAMPIONING EXCELLENCE FOR SA HEART® AS AN ORGANISATION

Over the last few years, SA Heart® has made remarkable strides in developing its vision to advance Cardiovascular Care for all South Africans. My vision for the organisation aligns with the 4 pillars that underpin our joint vision: science, education, membership and policy. As an organisation, we are all aiming for these goals, regardless of our individual discipline, our individual branches or individual SIGs. A united SA Heart® is certainly strong!! I would like to thank the branches and SIGs for the enthusiastic way they have embraced the Memorandum of Understanding (MOU) – a document designed to help us relate to and understand each other in a more meaningful manner. We have already seen the fruits of a more robust collaboration in terms of Congress planning and recurring educational endeavours.

## Editor, Blanche Cupido

The Committees too (Education Committee, Private Practice Committee, Ethics and Guidelines Committee), through the Terms of References, are encouraged to have tangible, concrete and measurable goals and to periodically assess the fluid needs of the organisation. I would like to encourage each of the committees to take on practical and relevant tasks for their 2-year term. A further challenge would be in building capacity and sustainability by involving our younger cardiologists and enabling and encouraging them to take up leadership positions within SA Heart®. To this end, we have once again called for nominations for the Emerging Leaders Cohort - a group of 6 younger SA Heart® members (under age 40) to help build the pipeline of leaders in SA Heart®.

SA Heart® should remain and forge more prominently its position as the key opinion leader on cardiovascular issues at a national and global level. Our initial attempts at engagement with the National Department of Health (NDOH) had lost some momentum, though we are engaging in the Non-communicable Diseases (NCD) space for future joint ventures and collaborations. Our engagement with the public is at present mainly through our social media platforms (Facebook and Twitter) and has continued to grow, especially on Facebook with >14 000 page likes and >15 000 page followers this year.

Given the cancellation of the Congress of 2020 as well as reduced membership uptake during that period, the financial well-being of the organisation is of paramount importance. Strides toward improved financial security and increased streams of revenue for the organisation will be the main priority for the newly established Audit and Risk Committee (ARC).

### STRENGTHENING THE ORGANISATION THROUGH INCLUSIVITY AND DIVERSITY

SA Heart® aims to serve every individual in our organisation involved in cardiovascular care. The value-add to ALL members of SA Heart®: Adult and Paediatric Cardiology, Surgery, Anaesthesia, Nurses, Cardiac Technologists, Radiographers, Scientists, and Industry is to exercise their voice in raising concerns and partaking in creating solutions. Our aim is to serve and support both public and private sectors and find ways to address the different needs, especially in a time of uncertainty with NHI looming.

We have embarked on 2 surveys (members and industry) earlier this year (the results were published in the previous newsletter). Thank you to those who partook and provided clear feedback which will help form the backbone of some of our proposals.

In addition to the change in leadership of the Standing Committees, a few other new appointments took place:

- Mr Thabo Ngaka took over as SA Heart® Newsletter editor from Dr Maso Makrexeni.
- Ms Jade Cooke took over from Carine Visagie as social media editor.
- Dr Nqoba Tsabedze took over as Chair of SHARE from Prof Mpiko Ntsekhe.
- The establishment of an industry representative committee with the aim of adding value to both our members and industry in a space other than the Congress alone – this is currently being led by Mr Jaco Joubert.

We have also approached many members of our community, not previously involved, to assist with radio interviews and other educational events. I would urge anyone who wishes to get more involved in the organisation to contact me directly - I am certain there's a task that's right up your alley.

## TRAINING AND EDUCATION

### New events included:

**Fellows Course:** A subgroup of the Education Committee, led by Dr Sajidah Khan, organised the first SA Heart® Fellows Exam Preparation Course which took place on 9 - 10 July 2021. The programme consisted of local speakers and focused on relevant material to adult cardiology exam preparations.

**Monthly National Journal Club:** This idea was conceived by Dr David Jankelow toward the end of his tenure. Thank you to the first 2 groups – the Johannesburg branch and SASCI - for excellent academically relevant sessions, with more than 100 participants attending each of the webinars. This will be a recurring meeting on the first Wednesday of every month.

**SA Heart® at the ESC – Daily Highlights:** The ESC Congress 2021 was fully virtual and as an affiliate society, SA Heart® was afforded the opportunity to host a daily highlights channel. Every day of the congress at 18h00, we presented the highlights of the ESC from the last 24 hours, looked at a few key papers in a bit more detail and contextualised it to the South African context. I would like to thank the following members for assisting me with this endeavour: Mr Martin Mpe, Dr Adele Greyling, Dr Jane Moses, Prof Farrel Hellig, Prof Andrew Sarkin, Dr Nqoba Tsabedze, Prof Mpiko Ntsekhe, Dr Adie Horak, Prof Ashley Chin, Prof Eric Klug and Dr Hellmuth Weich. These videos will hopefully be available soon for distribution to our member platform.

**Training in South Africa / Head of Departments Platform:** The issue of training in South Africa, with our growing needs for cardiovascular specialists (cardiologists, surgeons, allied) and diminishing training facilities is obviously a grave concern. A thorough needs assessment of the training institutions, engagement with both trainers and trainees as well as stream-lined and thought-through curriculae for training for our local context, are areas we can start working on immediately. Longer-term sustainable training strategies to diversify and expand training opportunities would include more collaborative efforts with the larger cardiology community, both locally and abroad. Utilising the expertise of so many experts, in both the public and private sectors, in a workable and sustainable manner will go a long way. I have personally seen success in my own institution where these private-public collaborations have resulted in fruitful training opportunities.

The education committee provides a suitable platform to discuss training and standardise initiatives across the country and deal with the issues pertaining to CMSA, HPSCA and training. This group includes adult cardiologists, paediatric cardiologists, surgeons, and anaesthetist. A meeting will be scheduled with HOD's in early November to discuss the main/initial issues to tackle collectively re: training as well as strategising how to engage CMSA. I'd like to thank all those who already provided input and look forward to hearing from and moving forward with such an important part of our mandate.

**SIG Educational Activities:** Many of our SIGs continue with their extremely successful educational drives. I'd like to thank our SIGs for their continued commitment to education. Please refer to each SIG report for a list of their activities.

**SA Heart® Congress:** Dr David Jankelow, our past president, is the congress convener for 2021. Together with Sue McGuinness, Lama Jackson and Rob Miller from Event Options, they have put together an excellent programme with a star-studded panel of the "who's who" in Cardiology. The theme for this year is "A Masterclass" and I welcome all of you to our Congress of 2021.

My hope remains that you continue to partner with the SA Heart® Board and I on this exciting venture, to get "stuck in" and help our organisation reach its full potential.

**Blanche Cupido**  
President, SA Heart®

# The first and ONLY GLP1-RA to Demonstrate Primary and Secondary CVD Prevention<sup>†,1,2,3</sup>

**trulicity**  
1.5 mg/0.5 mL dulaglutide once-weekly injection

<sup>†</sup>Trulicity® demonstrates primary and secondary prevention of major adverse cardiovascular events (MACE)\* in patients with type 2 diabetes at cardiovascular risk.<sup>1</sup>

\*3-component MACE in REWIND (nonfatal stroke, nonfatal myocardial infarction, or death).

Trulicity® significantly reduced the risk of MACE-3 by 12% despite a majority of patients not having established cardiovascular disease<sup>1</sup>



## ADA/EASD Guideline

Strongest evidence for Dulaglutide for primary prevention, but lacking for other GLP1-RAs<sup>2\*</sup>



## Powerful HbA1c Reduction

Trulicity® proves powerful HbA1c reductions of up to -1.6% across a range of head-to-head clinical trials<sup>3</sup>



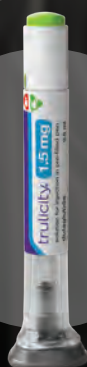
## No titration required<sup>3</sup>

✓ Simple injection

✓ Hidden needle<sup>4</sup>

✓ Once weekly<sup>3</sup>

✓ No mixing or reconstitution required<sup>4</sup>



ADA=American Diabetes Association; CV=cardiovascular; CVD=cardiovascular diseases; EASD=European Association for the Study of Diabetes; GLP-1 RA=glucagon-like peptide-1 receptor agonists; MACE=major adverse cardiovascular events; MI=myocardial infarction.

**Reference:** 1. Gerstein HC et al. Lancet. 2019 Jun 7. pii: S0140-6736(19)31149-3. doi: 10.1016/S0140-6736(19)31149-3. [Epub ahead of print]. 2. TBuse, J.B., Wexler, D.J., Tsapas, A. et al. 2019 update to: Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia 63, 221–228 (2020). <https://doi.org/10.1007/s00125-019-05039-w> 3. Trulicity® (dulaglutide once weekly) Trulicity® Professional Information, Eli Lilly and Company, Johannesburg, South Africa - 2020. 4. Trulicity® Instructions for use, Eli Lilly and Company, Johannesburg, South Africa - 2020

[54] Trulicity®. Reg No. 51/21.13/0344 Dulaglutide 1.5 mg/ 0.5ml solution for injection.

For more product information, please email us at: [za\\_medinfo@lilly.com](mailto:za_medinfo@lilly.com)

For full prescribing information, refer to the Professional Information approved by the medicines regulatory authority

Eli Lilly (S.A.) (Pty) Ltd. Reg. No. 1957/000371/07 1st Floor, Golden Oak House, Ballyoaks Office Park, 35 Ballyclare Drive, Bryanston, Johannesburg Tel: +27 (11) 510 9300

© 2020 Eli Lilly and Company. All Rights Reserved.

*Lilly*

PP-DG-ZA-0332 Exp. 09/2023