

## SA HEART CONGRESS 2014 - MESSAGE FROM THE CHAIRPERSON

The scientific programme for the 2014 Congress was a collective effort by the seven special interest groups of SA Heart to link the gaps in our knowledge and treatment of cardiovascular disease. The theme of the congress not only reflects this joint engagement, but also demonstrates our intention to “bridge the divide” between scientist and clinician, physician and surgeon, doctor and allied health professional, the industry vendor and the healthcare consumer, as well as between local practice and international norms.

A prevailing message from the opening session is that the role of a physician has to change, from the traditional practice confined to the treatment of disease, to also focus on the preservation of health. New insights in molecular science indicate that many of the age-related disorders, including atherosclerotic cardiovascular disease, diabetes and cancer, share a common biology – and treatment of these diseases in the future will focus on retarding the ageing process.

‘A prevailing message from the opening session is that the role of a physician has to change.’

Central to this concept is the importance of lifestyle choices in determining longevity. Given current controversies, one of the sessions is dedicated to “getting the fundamentals right” on diet and exercise, as well as discussing the role of nutritional supplements in maintaining cardiovascular health.

Though we endorse guidelines of developed nations and hope to emulate their standards of care, our population, resources and geography dictate a different practice. While we are quick to introduce high-end technologies for treating well-known diseases such as hypertension and heart failure, there is disagreement amongst experts and guideline-writing committees on the basic definitions of these disorders as well as treatment protocols. At each

session during the congress, international experts have been teamed with local members, to make discussions more relevant to our needs.

New to the congress is the participation of prominent members of the ESC, headed by their current president, delivering “hot messages” and presenting late-breaking clinical trials from the recent congress in Barcelona. Another superb educational feature, being presented by the European Association of Cardio-thoracic Surgery, are sessions focusing on research methodology and clinical trials.

Local research too, is being highlighted in plenary sessions and the studies indicating the changing demography of disease patterns in South Africa are noteworthy. Another new session at the congress is devoted to showcasing unusual and perplexing clinical cases. The academic centers have contributed greatly to this session and as the majority of colleagues operate as solo practitioners, they are certain to benefit from the collective experience of others.

The pharmaceutical and device industry are integral to our functioning and as usual, will contribute to updating delegates’ knowledge of the latest drugs and technologies available.

**This is a valuable congress that will challenge delegates’ thinking and add to their knowledge of cardiology. We look forward to sharing this learning experience with you, our respected colleagues.**

**Dr Sajidah Khan**  
**Chairperson of the Scientific Organising Committee**

## ANNUAL REPORT AND NEWS FROM THE PRESIDENT

I thank my colleagues for entrusting me with the task of leading the society for the past 3 years. I could build on a firm basis set by my predecessors. SA Heart has increased its visibility and influence in health care but there certainly remains room for improvement. I set the following priorities:

### To increase the activities of the standing committees and to get the SIGs involved in the workings of the committees

The results are evident when one reads through the reports of our standing committees. This is an ongoing process and the “to do” list for 2015 is already extensive. Committee members are more than just names on a list, they participate in discussions. Committees meet regularly and comments such as “we did not meet/we met only once during this year” should be something of the past.

- Position statements and guidelines regarding a number of clinical issues were published by the Ethics committee.
- We worked with the SAMA coding committee to table new codes for modern interventions for the first time in 10 years. We addressed many issues with the funders with great success but also stood our ground when we were bullied.
- Educational lectures series were developed.
- The most expensive activities, such as the Cath lab Registry and Journal, were addressed and changes effected.
- The SA Heart Congress Organising Committee gives guidance and I propose that they become a full standing committee of SA Heart. Cost efficacy in running the congress is a necessity and this year we are proud to welcome ESC Global Scientific Activities at the SA Heart Congress. Our bid to host WCC 2016 was withdrawn at the last minute as the CTICC could not confirm that the expansions would be ready, but watch this space for WCC 2018.

### To improve communication with the SIGS and our members

- Regular e-Bulletins were sent to all members to report on activities and alert to imminent issues.



- The quarterly newsletter presented the latest activities on all fronts and now also includes information from HSF, SAMED, ISCAP and in the future also SAMA.
- We started forwarding relevant aspects from our Exco minutes to the SIGS to avoid misunderstanding and to ensure and strengthen unity in this small community.
- The SA Heart and SIG leadership respect each other and working together resulted in the launch of Africa PCR; Expanding the Cardiology Update for non cardiologist at our congress and a clear opportunity for the Paediatric Cardiologists and Cardio-Thoracic Surgeons to be part of our programmes. SA Heart 2013 ran with the WPCCCSC and SA Heart looking forward to the possibility of being part of the World Cardio-Thoracic congress in Cape Town in 2016. Let us all unite in a concerted effort for a possible hosting of the WCC in 2018.

### To expand our influence in the health care community

- SA Heart is recognised by the ACC and ESC. We met with their leadership and look forward to an even closer collaboration.
- SA Heart STEMI Reperfusion participated in a SFL Meeting in Prague and collaborated with SFL in reporting on our activities.
- The SA Heart STEMI Early Reperfusion Project started a national role out now with SASCI – It only makes good sense. More information available in the updated report.
- We are proud of the prominent role SASCI and our other SIGs play on international podiums such as PCR, PASCAR and others.

### To re-evaluate and improve cost efficacy of our projects

- SHARE One closed down and SHARE II was developed as to not repeat the same mistakes. Read the guidelines for SHARE Projects and participate. SA Heart still supports this project but with a predefined amount and with clear guidelines.
- Negotiations are underway for a new publishing strategy for our journal and newsletter.
- The e-Journal was implemented and the cost efficacy will be re-evaluated at this meeting to ensure our resources are used wisely.

This all started after a strategic weekend meeting and is managed/monitored by regular teleconference meetings and a mandatory bi-annual face to face meeting of the SA Heart Exco. Erika Dau's position evolved from that of half day office secretary to full time Society Executive Officer. We will further investigate alternative ways of society management and new financial resources during our Exco and National Council Meeting at SA Heart 2014.

#### Challenges for the future include:

- Despite ethics issues raised by industry we were unfortunately not successful in establishing joint guidelines.

- Communication with DoH and improvements for full time salaried colleagues are still a challenge.
- Public-Private Collaborations to improve and increase educational opportunities are hampered by regulations. While tertiary institutions have the responsibility and regulatory authority regarding much of the expertise, experience and opportunities reside in private health care.
- Innovation is needed to broaden and secure our financial resources. While our income seems stable, costs increase and projects expand. We however recognise the increasing role which industry is playing in assisting with these endeavors.
- We need more accurate data to assist in planning and to support our negotiations with Funders and DoH. Participation and feedback from health care providers on the ground is limited but remains an important source. We need members to report on issues with funders with case reports to assist our PPC when consulting with all parties. A mindshift is needed to collect data in registries without placing an inappropriate burden on professionals.
- Primary health care is the focus of government. Secondary care such as thrombolysis, echocardiography and pacing are lacking in both public and private health care in most urban areas.
- Ongoing revisions of guidelines will remain an important necessity to assist the whole cardiology community in the effort to provide the best care for our patients.

2015 should again be an exciting year starting with Africa PCR; SA Heart 2015; SASCI Fellows course; Heartfailure educations for GPs; as usual a CASSA educational event; SunEcho and New Horizon Echocardiography locally; PASCAR in Tunisia and PCR; ESC; ACC; Cardiostim and other opportunities internationally.

I thank my executive committee colleagues for their support and advice and wish the new Exco, under the leadership of Prof Karen Sliwa, all the best. I invite all members to become more involved with SA Heart and to participate in reaching the next level of excellence.

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

## POPULAR CONGRESSES FOR 2014 / 2015

CONGRESS	DATE	CITY	COUNTRY
LAA LEFT ATRIAL APPENDAGE <a href="http://www.cso-laa.org">http://www.cso-laa.org</a>	14 - 15 November 2014	Frankfurt	Germany
AHA SCIENTIFIC SESSIONS <a href="http://www.scientificsessions.org">http://www.scientificsessions.org</a>	15 - 19 November 2014	Chicago	USA
EURO ECHO IMAGING <a href="http://www.escardio.org/congresses/euroecho-imaging-2014/Pages/welcome.aspx?hit=nav">http://www.escardio.org/congresses/euroecho-imaging-2014/Pages/welcome.aspx?hit=nav</a>	3 - 6 December 2014	Vienna	Austria
2ND WORLD CONGRESS OF CLINICAL LIPIDOLOGY <a href="http://www.clinical-lipidology.com">http://www.clinical-lipidology.com</a>	5 - 7 December 2014	Vienna	Austria
CSI AFRICA - CATHETER INTERVENTIONS IN CON-GENITAL, STRUCTURAL AND VALVAR HEART DISEASE <a href="http://www.csi-congress.org/africa">http://www.csi-congress.org/africa</a>	5 - 6 December 2014	Arusha	Tanzania
INTERNATIONAL CONFERENCE FOR INNOVATIONS IN INTERVENTIONS <a href="http://www.icicmeeting.com">http://www.icicmeeting.com</a>	14 - 16 December 2014	Tel Aviv	Israel
CARDIORHYTHM 2015 <a href="http://www.cr2015.org">http://www.cr2015.org</a>	30 January - 1 February 2015	Hong Kong	Hong Kong
JIM 2015 <a href="http://www.jim-vascular.com">http://www.jim-vascular.com</a>	12 - 14 February 2015	Rome	Italy
CARDIOLOGY, DIABETES AND NEPHROLOGY AT THE LIMITS <a href="http://www.atthelimits.org">http://www.atthelimits.org</a>	13 - 15 February 2015	Cape Town	South Africa
BIOMARKERS, THERAPY AND DEVICES IN HEART FAILURE <a href="http://www.hf-ce.org">http://www.hf-ce.org</a>	18 - 20 February 2015	Cape Town	South Africa
ACC 2015 <a href="http://www.scientificsessions.org">http://www.scientificsessions.org</a>	14 - 16 March 2015	San Diego	USA
AFRICAPCR 2015 <a href="http://www.africapcr.com">http://www.africapcr.com</a>	26 - 28 March 2015	Johannesburg	South Africa
EUROPREVENT <a href="http://www.escardio.org">http://www.escardio.org</a>	14 - 16 May 2015	Lisbon	Portugal
EUROPCR 2015 <a href="http://www.europcr.com">http://www.europcr.com</a>	19 - 22 May 2015	Paris	France
HEARTFAILURE 2015 <a href="http://www.escardip.org">http://www.escardip.org</a>	23 - 26 May 2015	Seville	Spain
AMERICAN SOCIETY ECHOCARDIOGRAPHY (ASE) <a href="http://www.asescientificsessions.org">http://www.asescientificsessions.org</a>	13 - 16 June 2015	Boston Massachusetts	USA
EHRA EUROPACE - CARDIOSTIM <a href="http://www.escardio.org/congresses/ehra-europace-2015/Pages/welcome.aspx">http://www.escardio.org/congresses/ehra-europace-2015/Pages/welcome.aspx</a>	21 - 24 June 2015	Milan	Italy

CONGRESS	DATE	CITY	COUNTRY
ESC 2015 <a href="http://www.escardio.org">http://www.escardio.org</a>	29 August - 2 September 2015	London	UK
WSA 2015 (WORLD CONGRESS ON CARDIOLOGY, ARRHYTHMIA, PACING AND EP) <a href="http://www.wsa2015.org">http://www.wsa2015.org</a>	17 - 20 September 2015	Beijing	China
PASCAR <a href="http://www.pascar.org">http://www.pascar.org</a>	3 - 7 October 2015	Hammamet	Tunisia
TCT2015 <a href="http://www.crf.org/tct">http://www.crf.org/tct</a>	12 - 16 October 2015	San Francisco California	USA
VENICE ARRHYTHMIA <a href="http://www.venicearrhythmia.org">http://www.venicearrhythmia.org</a>	16 - 18 October 2015	Venice	Italy
<b>16TH ANNUAL SA HEART CONGRESS AND ESC GSA</b> <a href="http://www.saheart.org/congress2015">http://www.saheart.org/congress2015</a>	<b>25 - 28 October 2015</b>	<b>Sun City</b>	<b>South Africa</b>
AHA <a href="http://my.americanheart.org">http://my.americanheart.org</a>	07 - 11 November 2015	Orlando Florida	USA

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

## WEBSITE LINKS

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

## SA HEART AGM

**FRIDAY  
17 OCTOBER  
17H30 - 18H30**



in the Main Auditorium

incorporating a debate on

**THE FUTURE OF  
CARDIAC CARE IN  
SOUTH AFRICA**

**See you there!**

## THE SOCIAL PROGRAMME AT THE SA HEART CONGRESS 2014

Although education and networking are the major draw cards at the SA Heart Congress, the social programme provides the spice and colour as well as a welcome opportunity to unwind and relax during a very intensive four day event.

### Keynote speaker and the opening ceremony and exhibition preview

The first social event will be the opening ceremony on Thursday, 16 October, where psychiatrist and celebrated author, Dr Ian McCallum, will open the Congress at 18h00 with an entertaining and insightful talk entitled "The Pulse and the Patient – Measurement, Metaphor and Meaning".

With specific interests in evolutionary biology, conservation psychology and environmental ethics, Dr McCallum is also an intrepid adventurer, wilderness guide and wildlife photographer. His award winning book "Ecological Intelligence – Rediscovering Ourselves in Nature" addresses the interconnectedness of all living things and ultimately, the survival of the human animal.

The presentation will be followed by a welcome function and trade exhibition preview at 19h00.

### Celebration dinner evening at the Durban International Conference Centre

The celebration dinner will take place at 19h30 on Saturday, 18 October. This will be a night to remember and it is essential to RSVP and book additional tickets for partners at R350 per person.

The highlight of the evening will be entertainment by award winning comedian, presenter, writer, actor and medical doctor, Dr Riaad Moosa – South Africa's highly acclaimed funny man, who has the remedy for the nation's ills.



Dr Moosa will be complemented by musical entertainment provided by the band "Blu Bam-Boo", who are highly regarded within the music industry for their versatility and professionalism. Their repertoire will cover smooth, jazz and Latin, R&B, Kwaito, disco and pop/dance.

### Early morning runs/jogs on the Durban promenade

As exercise is critical for good heart health, delegates are invited to participate in early morning runs or jogs at 06h00 on Friday and Saturday on the Durban Promenade. The runs will be approximately 6km in length, and will be done at a leisurely pace of 6 minutes to 6 minutes 30 seconds per km, which is a comfortable pace for the average runner.

### Photographic art exhibition by Ed Schroeder



A photographic art exhibition by Ed Schroeder will run throughout the duration of the Congress. His beautiful canvasses of Nguni cattle have been described by talk show host, Jenny Crwys-Williams as being "too fantastic for words". Dr Marguerite Poland, author of "The Abundant Herds" comments that "his photographs of Nguni cattle capture not only the diverse beauty of these unique animals, but something of the essence and spirit of Nguni – their mystical and spiritual significance to the people who own them".

According to Juliet Newell, TV presenter and producer of The Home Channel, DSTV182, "Whether your interior décor is contemporary or classical, it simply isn't complete without an Ed Schroeder!"

### The Congress organising team

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- ◆ Prevention of recurrent pulmonary embolism<sup>2</sup>
- ◆ Prevention of venous thromboembolism in patients undergoing major orthopaedic surgery of the lower limbs<sup>1</sup>



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**[S4]** XARELTO<sup>®</sup> 10 (Film-coated tablets). Reg. No.: 42/8.2/1046. Each film-coated tablet contains rivaroxaban 10 mg. **PHARMACOLOGICAL CLASSIFICATION:** A.8.2 Anticoagulants. **INDICATION:** Prevention of venous thromboembolism (VTE) in patients undergoing major orthopaedic surgery of the lower limbs. **[S4]** XARELTO<sup>®</sup> 15 and XARELTO<sup>®</sup> 20 (Film-coated tablets). Reg. No.: XARELTO<sup>®</sup> 15: 46/8.2/0111; XARELTO<sup>®</sup> 20: 46/8.2/0112. Each film-coated tablet contains rivaroxaban 15 mg (XARELTO<sup>®</sup> 15) or 20 mg (XARELTO<sup>®</sup> 20). **PHARMACOLOGICAL CLASSIFICATION:** A.8.2 Anticoagulants. **INDICATIONS:** (1) Prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation (SPAF); (2) Treatment of deep vein thrombosis (DVT) and for the prevention of recurrent deep vein thrombosis (DVT) and pulmonary embolism (PE); (3) Treatment of pulmonary embolism (PE) and for the prevention of recurrent pulmonary embolism (PE) and deep vein thrombosis (DVT). **HCR:** Bayer (Pty) Ltd. Reg. No.: 1968/011192/07, 27 Wrench Road, Isando, 1609. Tel: 011 921 5044 Fax: 011 921 5041. L.ZA.GM.12.2013.0871

## ANNUAL REPORTS

### COMMITTEE REPORTS

#### EDUCATION COMMITTEE

##### Members

Dr Martin Mpe (Chairman), Dr Brian Vezi, Dr Anthony Becker, Dr P Obel, Dr Farouk Mamdoo, Dr Mamotabo Matshela, Dr Tom Mabin, Dr Andre Brooks and Prof Johan Brink.

##### Sub-committee – All heads of cardiology departments

Prof M R Essop, Prof A Doubell, Prof M Ntsekhe, Prof P Mntla, Prof P Manga, Prof D Marx, Prof D Naidoo, Prof A Sarkin and Dr J Lawrenson.

##### SA Heart Events calendar

There has been some improvement in the report or announcement of intended educational activities to the SA Heart secretariat. There are still events that are reported late, or not at all. The listed SIG events will have more support since the SA Heart events calendar serves both as an announcement of events and affords an opportunity to prevent double bookings of dates for the same target audience. The spacing of meetings can also be optimised to allow breaks in between the meetings.

##### SA Heart Lecture Series

The SA Heart EXCO has initiated a lecture series programme for non-cardiologists. The series is another platform to expand on the education programmes that are run by the association to reach out and disseminate information on contemporary treatment guidelines. SA Heart sourced funding from industry through the secretariat to sponsor the venue and the faculty. The SA Heart lecture series runs parallel with the current lecture/educational programmes as run by the SIGs.

The first series was on Atrial Fibrillation. The slide set was developed with input largely from CASSA members. The first project gave us lessons on how to involve the SIG which focuses on the specific therapeutic area. The completed slide set and MCQ assessment questionnaire had to be reviewed by CASSA following the first few meetings. The road show could not be completed within this calendar year because of poor attendance. The series will be concluded in the New Year.

The second series will be on Hypertension. The SA Hypertension Society gave their blessings to this initiative. The slide set is being finalised and the format that was used for the AF series will be followed. The sponsorships for the Hypertension series will also be sourced separately from Industry. The SA Heart/Education Committee will come up with proposals for future topics. It is envisaged that this will be a long term annual programme.

##### Certificate in Cardiology: Curriculum review

The meeting of the HODs for the "final" review of the curriculum was held during the World Cardiology Congress in Cape Town in February 2013. The meeting also discussed the format of written papers to ensure more consistency and to align with the college's reviewed approach to examinations as in the other subspecialties.

The meeting further discussed the minimum logbook requirements in line with the minimum standards of training. The revised curriculum is available on the SA College of Medicine website.

##### SA Heart Annual Congresses

The 2014 SA Heart Congress is the first where the SA Heart EXCO, represented by the Education Committee, was involved in the Congress Organising Committee together with the local branch (Natal) and SIGs. Dr Tom Mabin was nominated by the EC Chairperson as the "Conference Convener" and was, as a result, co-opted into the SA Heart Exco to report back on the progress. The outcome of this approach will inform future SA Heart meetings.

**Dr Martin Mpe, Chairman of the Education Committee of SAHeart**

## **ETHICS AND GUIDELINES COMMITTEE**

### **Members**

Ronald Jardine (Chair) Mpiko Ntsheke, Cobus Badenhorst, Les Osrin, Somalingum Ponnusamy, James Fulton, Ebrahim Hoosen, and Karen Sliwa.

Report not received in time for publication, please refer to the website,

## **FULLTIME SALARIED COMMITTEE**

### **Members**

Andrew Sarkin (chair), Sajidah Kahn, Riaz Dawood, Johan Jordaan and Paul Adams.

Thanks to all the committee members for their time, input and assistance.

### **Strengthening full-time academic departments whilst paying attention to the challenges faced**

This remains a priority from all aspects including the training of cardiologists, service delivery (including volumes of patients and stock problems) and research. The committee is looking into ways to formalise proposals for solutions and to unify the various academic departments. This committee partook in a discussion involving all the academic departments regarding primary pulmonary hypertension and from this guidelines and units of special interest are being looked at. The committee also assisted SA Heart with how best to deal with its concerns regarding the crisis at Universitas with the Cardiology Department (which looks as if it is about to be resolved).

### **Booklet**

The Full Time Practice Committee is working earnestly on the preparation of a booklet aimed at GPs, district and secondary level hospitals covering the main cardiac diseases whilst taking into account current pragmatic therapies, with a cardiology and cardiothoracic component.

### **SA Heart NHI policy document**

After drawing up a NHI policy document previously, the committee is keeping abreast of developments in relation to the NHI and the way forward in this regard. Obviously, the primary concern is how this will impact on clinicians.

### **Cardio Alex Congress in Egypt**

Andrew Sarkin of this committee represented SA Heart at the Cardio-Alex meeting in Alexandria, Egypt and spoke on HIV and the heart. It was a very valuable meeting from a networking point of view and many contacts were made on behalf of SA Heart.

### **ESC Congress 2014**

The committee assisted SA Heart in answering queries raised by attendees of this meeting with a view to improving collaboration between SA Heart and international delegates.

### **Andrew Sarkin, Chairman of the Full Time Practice Committee of SA Heart**

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## ANNUAL REPORTS continued

### PRIVATE PRACTICE COMMITTEE

#### Members

Makoali Makotoko (Chair), Daryl Smith, Andrew Thornton, Jaco Botha, Jeff Harrisberg, Mark Ableson and Len Steingo. Heavily supported by David Jankelow, vice president, SA Heart.

As the representative of cardiac practitioners in private practice, the private practice committee interacts with many stakeholders who are involved in health care.

#### The National Department of Health

National Health Insurance Through its health policies, the national department of health governs framework within which we practice and the NHI is, at this moment, the most significant new player on the horizon. We still await clarification on how the department foresees cardiac practitioners becoming involved. However, the South African Heart Association was proactive and we wrote a letter to the Minister of Health in 2013 indicating the recognition that there is a great need for a more equitable distribution of cardiac care throughout the country. We recognise that there are four provinces in our country without public sector cardiac centres: Limpopo, Mpumalanga, North West and the Northern Cape provinces. There is also a discrepancy between the available care between urban and rural areas. We have offered our services in all areas of service provision: teaching, training and skills transfer, outpatient clinics, theatre and Cath Lab work, mobile echocardiograms in remote areas, etc. We reiterate our commitment to working with the department of health to make cardiac care nationally accessible to all.

#### The Competition Commission

On 6 January 2014 the Competition Commission of South Africa announced that it was setting up a market enquiry into the Private Health Care Sector. The stated aims of this enquiry are to assess if the sector is operating effectively, to determine the cost-drivers within the sector, make recommendations to improve the sector, to protect consumers and to ensure that the markets remain fair and competitive. The Chairman of the commission, other Commissioners have been chosen. Submissions from stakeholders such as hospital groups, medical schemes, doctors, associations/societies, pharmaceutical and device companies have been invited. The South African Heart Association will be represented by the South African Medical Association (SAMA), of which we are members. We hope the enquiry will be impartial and open and we welcome its establishment. We are confident that the findings will confirm what we know, that doctors are not the cost drivers in the private health care sector. In 2010, the Council for Medical Schemes found that 13% of all expenditure in private healthcare was spent on administering healthcare. 19.5% was paid out to specialists while general practitioners were paid 5.5%. We submit that the 13% that was paid to managed health is an unnecessary expense which should be done away with. It is used to generate unnecessary motivations, requests for authorisation, chronic medicine forms which merely delay and often deny patients treatment that is deemed necessary by their doctors.

#### The Health Professions Council of South Africa

We remain in a vacuum with no benchmark for the fees that should be charged by medical practitioners since the Competition Commission ruling of 2004. The HPCSA, which was to give a guide to tariffs, only states that a patient who feels that he/she has been overcharged should, within three months, submit his/her complaint to the council. The council will give the practitioner the opportunity to explain the basis for the fee charged and then the council will make a ruling on the appropriateness of the fee. Obviously this is a flawed and very cumbersome system. It is reactive rather than proactive, does not guide, but rather waits for somebody to complain. SAMA, in conjunction with a private accounting firm, Medical Practice Consulting, has come up with a Practice Cost Calculator which our members are encouraged to try out. This enables each practitioner to calculate his/her specific cost of providing a service based on the geographic location, the surrounding community's socio-economic level and the practitioner's overhead costs (such as equipment cost, office space, personnel, transport to and from work, insurance etc). These costs can then be submitted to the patient or medical scheme.

#### Medical Schemes

We continue to engage with medical schemes regularly when our members' ability to practice as we best know how, or when our right to earn the money we have worked for is being challenged. There is an ever-increasing tendency for medical schemes to be very prescriptive; designing strait-jacket type treatment algorithms which, if not followed to the letter, lead to the

practitioner not being reimbursed. We vehemently reject these because we believe that the practitioner is trained to do his/her work, he/she is with the patient and should use his/her clinical judgement regarding the best way to manage the patient.

Members are encouraged to look at suggestions currently being made for global fees for coronary syndromes. I am not at liberty to say more.

Some schemes have attempted to prescribe how we should do echocardiograms, attempting to dictate which procedures are indicated for which medical conditions. This too is ridiculous and has been rejected by the SA Heart Association and CISSA.

### **Medscheme Specialist Forum**

Towards the end of 2012 the SA Heart Association, together with many other specialist associations and societies, was invited by Medscheme to be part of a specialist forum whose aim it was to facilitate interaction between Medscheme and doctors, to bring about quicker and more direct access to solve problems and to discuss issues of mutual interest like medicine formularies, processes involved in the authorisation of procedures and so on. We joined the forum and had 4 meetings in 2013. The process was slow but promising. However, at the end of that year SA heart withdrew from that forum after we objected to insults that were directed at specialists by one of the doctors from Medscheme. She stated that specialists are given incentives by device companies to endorse products, and that we do not follow scientifically supported guidelines in recommending treatment protocols. We objected to this kind of derogatory sentiment and we demanded an apology and retraction. When none was forthcoming from the senior management of Medscheme, we felt that we could not carry on participating in the forum. It is our belief that the great majority of our members are well qualified, hardworking and ethical professionals. We condemn the implications made by Medscheme.

### **Unresolved Coding Issues**

New codes that were submitted to the SAMA coding committee in 2012 were given the Z code for a year. We will need to discuss with the committee as to whether they can now be given permanent codes. These include codes for TAVI, MitraClip and RDN.

### **Hospital Codes**

Once again, codes for patients in hospital have been a big issue leading to large amounts of money being withheld by a medical scheme from some of our members. We would like to urge members to please ensure that ICU, High Care and general ward codes being used by the treating doctor and the hospital are the same. If there is a discrepancy, this leads to problems.

The SA Heart executive committee has resolved that there should be a body that will be involved with arbitration in matters of this nature.

Many queries continue to come regularly from members, medical schemes and other quarters about codes and we would like to thank everyone who has helped with researching and answering the queries.

Thank you to all the SA Heart SIGs, who take up coding and practice related issues in their areas of expertise and run with them for the benefit of all of us.

We wish the new members of the private practice committee all the very best.

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

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## ANNUAL REPORTS continued

### SA HEART REGISTRY – SHARE

After several years as Chair of the SHARE committee, Andrew Thornton stepped down at the 2013 AGM to pursue other commitments within his practice and CASSA, leaving behind a legacy of a functioning and viable registry with over 15 000 patient records captured. Following the addition earlier in 2013 of Prof Karen Sliwa to the SHARE committee to drive the research component of the Cath Lab registry, and with the continued strong research input on the surgical side from Prof Francis Smit, Prof Mpiko Ntsekhe of UCT was approached to Chair the SHARE committee and bring a new perspective and strategic direction to the project. With the evolving clinical practice and funding landscape nationally, a growing emphasis on the importance of outcome data and other similar information on patient care, and rapidly changing information technology capabilities, the mandate to the new SHARE committee was to develop and grow a programme suited to the new environment.

The SHARE committee, consisting of Professors Ntsekhe, Smit and Sliwa, Ms Erika Dau and Elizabeth Schaafsma, reviewed several alternative models for SHARE. They sought a model that would build on the achievements to date, add valuable information such as patient outcomes, would attempt to rein in the large ongoing financial commitments by SA Heart and which would mitigate the problems being experienced in the registry at the time. The main problems identified included the high manpower and IT/software costs associated with rolling out to more sites, technical issues relating to networks and firewalls, absence of mechanisms to ensure data quality, absence of patient outcome data and the non representation of participating sites.

Following the presentation, endorsement and adoption of the new model for the second phase of the SHARE Registry project by the SA Heart Exco at a meeting in January 2014, data collection for the national Cath Lab registry in its old format was gradually terminated. However, after much discussion and deliberation, the National Cardiothoracic Surgical Registry component, whose expansion to include multiple sites around the country had been significantly curtailed by costs, will continue under the control and auspices of the Society of Cardiothoracic Surgeons. The wealth of information collected over the previous 15 years, and its provision of important information on Cath Lab practices and patient profiles over that period, will be duly recognised and acknowledged. Analysis of the over 15 000 data points is underway with the goal of presenting and publishing it for consumption of the SA Heart community and other interested stakeholders over the coming months and year. The relationship which SHARE had with the E-MD database management company has been phased out and terminated amicably.

The main purpose of the registries in the new SHARE model will be to improve standards of patient care and outcomes in cardiology and cardiac surgery across the South African landscape, by focussing on specific diseases and interventional procedures. SA Heart, through the SHARE Committee, will provide, staff and contribute to funding a central SHARE office, which will co-ordinate the research projects under the SHARE umbrella, provide a range of assistance and guidance including an IT solution for data capturing and management, assist with Ethics approval and the submission of protocols, perform required data analyses and facilitate feedback of the information to the SA Heart community to help improve care and outcomes.

This project-based model is similar in set up to that adopted across Europe and North America, and is governed by a set of criteria which is available on the SA Heart website, and which will help ensure that the registry is representative of South African demographics in terms of population and geographic distribution, and the split between State and Private Healthcare. In addition, each project must strive to be self-funded and have a budget that covers the costs of the IT development for the project's dataset and databases, and the monthly database usage fees, and an apportioned contribution towards the costs of the SHARE office. The specific registry needs to have an approved protocol and obtain ethics approval, and be led by project champions akin to two Principal Investigators in a clinical trial. Participation will be voluntary and it will be up to the project leaders and the SHARE committee to drive and encourage participation, advocate involvement and contribution of data by individuals and units, and to publish from the collected data.

Various potential IT solutions were investigated and it was decided that the new phase of SHARE data collection must work within a web-based system, to reduce technical difficulties by avoiding problematic installations of proprietary software. e-MD's business model does not currently cater for a web-based system, so several web-based service providers were evaluated, and Kontos Databases were chosen as the most cost-effective service provider with a proven track record of web-

based databases in the market. Kontos Databases has already proven to be a good partner, with a very quick turnaround time on development, and they have upheld their reputation for delivering on time and within budget, so they will be strongly recommended as the provider of choice for databases to SA Heart SHARE II projects.

Central to the future success of the new SHARE is its national character and the use of the national organisation (SA Heart) as the vehicle through which all registries of national importance are driven and to which all the collected data belongs. In keeping with this important concept, in January 2014 the Exco endorsed this vision and pledged to commit R400 000 for the SHARE office and staff running costs from the SA Heart budget for this financial year, and to reassess the quantum of the funding annually based on the number of projects run, the available SA Heart funds, and the funding income received by each project. To compliment the committed funds from SA Heart, the SHARE committee will be actively looking for partners who share the SHARE vision and who recognise the importance and value of national registries to improve clinical practice and patient outcomes. To that end SHARE is very grateful to Astra Zeneca, following the receipt of a very generous unrestricted grant. Several other grant proposals are being evaluated at the time of writing this report. The committee looks forward to many more government, NGO, industry and medical funder partners committing to the cause.

In terms of progress to date, two SHARE projects have already been initiated namely the SHARE II TAVI registry led by Drs Jacques Sherman and Hellmuth Weich, and the SHARE Cardiac Disease and Maternity Registry (CDMR) by Prof Karen Sliwa and Dr Pillay. Initial planning and Investigators' meetings have been fruitful – protocols have been submitted and approved, ethics approval obtained, the datasets have been defined and IT development has been completed and the databases tested. Live data collection for each of these projects will be officially launched at the SA Heart Congress 2014 in Durban. A third registry – the SHARE STEMI-registry, championed by Dr Adriaan Snyders, is well on its way to being ready for launch in the near future.

On the current trajectory the future of SHARE looks bright. We anticipate that as capacity and resources grow, we will be able to welcome new projects on board and expand the stable of registries in order to make valuable contributions at national congress, other SA Heart affiliated clinical meetings and potentially influence and improve clinical practice, patient care and public policy in the future.

#### **Mpiko Ntsekhe, Chair, SHARE**

#### **SA HEART JOURNAL**

This report covers the period since the 2013 AGM. SA Heart is a quarterly publication and during this period five issues of SA Heart appeared with the 6th issue scheduled to appear within weeks.

Liezl Zuhlke was the guest editor for the Autumn 2013 issue which dealt mainly with aspects of paediatric cardiology. The Winter 2013 issue focused primarily on percutaneous and surgical intervention, including an editorial commenting on the PRAMI trial. The Spring 2013 issue reviewed various aspects of managing grown-up patients with congenital heart disease with Sara Thorne serving as guest editor. The Summer 2014 issue also addressed percutaneous intervention for structural heart disease, including the much debated issue of closing a patent foramen ovale to prevent cerebro-vascular events (guest editors: Hellmuth Weich and Stephen Brown). The Autumn 2014 issue featured the management of common cardiac conditions presenting in pregnancy. Rob Scott Millar, who continues to provide the regular ECG quiz on behalf of CASSA, has now been joined by Ashley Chin to form a formidable team. The SA Heart Journal continues to be an asset of the South African Heart Association. The vision of a quality Journal that is widely read and adds value to the readership remains.

#### **Anton Doubell, Editor, SA Heart Journal**

## ANNUAL REPORTS continued

### SA HEART NEWSLETTER

Our SA Heart Newsletter, part of our SA Heart Journal, remains a very important source of information on the activities within our society. I am grateful to George and Sannette (Medsoc) as well as Francisca for assisting in having reports from the SIGs available in time. The addition of reports from HSF and SAMED broaden our knowledge and, with our new collaboration with HMPG and SAMA, we hope to also have more reports on the activities within SAMA available to members.

A special word of appreciation to our executive officer, Erika Dau, for her research assistance and also supplying me with information for the newsletter.

Participation and contributions from members as well as feedback from attendees to meetings and congresses worldwide is limited. I invite members to assist with sharing the knowledge they gained at these meetings for the benefit of all.

New ideas and innovation are necessary to take the newsletter to the next level. If you have the courage and enthusiasm to assist, please contact me.

**Adriaan Snyders, Editor, SA Heart Newsletter**

**THURSDAY, 16 OCTOBER**  
**17H30 - 18H30**

**PCSSA AGM** in the Mooi Room

**SATURDAY, 18 OCTOBER**  
**17H30 - 18H30**

**CISSA AGM** in the Tugela Room

**HeFSSA AGM** in the Umgeni Room

**CASSA AGM** in the Pongola Room

**SASCAR AGM** in the Umfolozi Room

**See you there!**



## ANNUAL REPORTS

### SIGS REPORTS

#### CARDIAC ARRHYTHMIA SOCIETY OF SOUTH AFRICA, CASSA

The Cardiac Arrhythmia Society of Southern Africa is an active society, currently with 83 members, that concentrates on advancing Electrophysiology in South Africa and Africa.

##### During the past year CASSA:

- Hosted GP training meetings in Bloemfontein and Gauteng in collaboration with Mediclinic. During these meetings General Practitioners were shown how to read and interpret an ECG. GP's were also given an update on the latest treatments for AF – ablation, etc. Many more meetings were held around the country in collaboration with our Corporate Member companies, where CASSA EXCO members acted as speakers.
- CASSA did not have their annual symposium in 2014, as a big national meeting has been planned for April 2015.
- In the never ending battle with Medical funders, CASSA EXCO have been working effortlessly to secure proper funding for procedures necessary in the diagnosis and treatment of arrhythmias.
- CASSA launched a project to review the Coding for EP procedures and, in partnership with all the Electrophysiologists around the country, they have drawn up a list of codes for pacing and ablation which will be discussed with South African Heart Association and the South African Medical Association in due course.
- An EP fellowship programme, sponsored by Corporate Member companies Medtronic, Biosense and Biotronik was launched and Dr Haroon Mia has left for Canada, where he will complete said programme for two years.
- The accreditation of electrophysiologists, as well as ICD practitioners, will continue and as soon as final structures have been put in place between CASSA and the international body that will oversee the process, these will be communicated to the members.

#### EDUCATIONAL PROGRAMMES PLANNED FOR 2015

##### ECG Quiz in South African Heart Association Journal as well as Modern Medicine

- The quarterly ECG quiz will appear in the SA Heart Journal and a similar questionnaire, aimed at GP's, will appear in the Modern Medicine Magazine.

##### ECG Course for Cardiology Registrars

- An advanced ECG course for Cardiology candidates will take place in April 2015.

##### CASSA Specialist Symposium

- The national CASSA specialist symposium has become a popular event on the South African Cardiology calendar. Professors Martin Green and George Klein have been invited as key note speakers at the CASSA national symposium, planned for April 2015.
- This meeting will be expanded to also include training of both General Practitioners as well as Allied professionals. The nature of the symposium will again be with emphasis on practical application at the hand of case discussions.

##### Other programmes and initiatives

I must once again thank the CASSA corporate members for their continued support and loyalty to the organisation and its goals. They are Sanofi, Medtronic, Amayeza-Abantu, Biosense-Webster, Boehringer-Ingelheim, Boston Scientific, Biotronik, Bayer Pharmaceuticals and Inova Pharmaceuticals.

Finally, I would like to thank my fellow EXCO members for their unselfish giving of their expertise and time to further the goals of CASSA. They are Ronnie Jardine, Pro Obel, Anthony Stanley, Judy Daniels, Rob Scott Millar, Ashley Chin, Brian Vezi and the two Industry representatives Martin v d Berg and Luigi Zampieri, and our Executive Officer Franciska Rossouw.

**Dr Andrew Thornton, President, CASSA**

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## ANNUAL REPORTS continued

### CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

The past year has seen CISSA focusing on mainly 2 areas of cardiovascular imaging – education/training and reimbursement. While the former continues to prosper the latter, unfortunately, remains a hurdle which is difficult to overcome.

#### New horizons in echocardiography

Hosted by CH – Baragwanath and Sun Echo hosted by Tygerberg remain the 2 highlights in imaging for the year. Both are well attended by cardiologists, anaesthetists and ultrasonographers. It is apparent that greater numbers of health care workers are performing cardiac ultrasound at varying levels of expertise and that echocardiography is increasingly being performed in a variety of locations beyond the traditional setting including operating theatres, catheterization laboratories, emergency rooms and in both physician and GP practices. While we cannot dictate who performs cardiac ultrasound, from a practical and rational perspective, it is the belief of CISSA that the governing aim should be to ensure that the quality of the examination is of a high standard and in line with internationally accepted norms. Although some form of accreditation in imaging would be ideal, this cannot be enforced and is therefore unlikely to succeed – as has been the case in many other areas of cardiology.

In July of last year I was asked to respond to an enquiry by a task team appointed to deal with the **use and ownership of X-Ray and ultrasound equipment** initiated by the HPCSA. The following is a copy of my response.

#### RE: MEETING OF A TASK TEAM OF THE MEDICAL AND DENTAL PROFESSIONS BOARD APPOINTED TO DEAL WITH THE USE AND OWNERSHIP OF X-RAY AND ULTRASOUND EQUIPMENT

Dear Dr Nana

Thank you for your enquiry regarding the above matter. Your letter was forwarded to me for response by the President of the SA Heart Association which is the umbrella body representing the interests of cardiovascular specialists in this country. My comments will be limited to ultrasound since cardiologists do not own X-Ray facilities.

- Most cardiologists own ultrasound equipment for the purpose of performing echocardiography. Echocardiography is a standard investigation in the management of cardiac disease. The performance of echocardiography in this country by cardiologists in terms of indications, quality assurance and interpretation is governed by the same guidelines as the European Society of Cardiology since SA Heart is an affiliate member of the European organisation.
- The gambit of echocardiography extends from simple M-Mode to complex 3D imaging and the sophistication with which the technique is performed by cardiologists varies according to experience and quality of ultrasound equipment.
- There is no accreditation system in place for the performance of echocardiography but all cardiologists registered as such with the HPCSA are assumed to be adequately trained to perform the procedure.
- The performance and interpretation of echocardiography by anyone, other than a registered cardiologist, cannot be sanctioned by SA Heart since there is no mechanism for verifying adequate training.

The reasons and outcome of the investigation by the HPCSA is, as yet, unclear.

Many cardiologists in private practice have been unhappy with the heavy handed way in which some funders have unilaterally decided not to reimburse certain echocardiography codes. Momentum Medical Scheme in particular will not reimburse cardiologists for the echocardiography codes 3625 (Doppler) and 3620 (Colour Doppler) unless the patient has a so called, complex disease. This is entirely absurd and CISSA has lodged a strongly worded letter to Momentum voicing its objection. No response has been received as yet. Clearly, these kinds of issues could be tackled much more effectively if the cardiology community spoke with one voice. We seem to be facing many negative and damaging perceptions regarding cardiac ultrasound by medical funders. While echocardiography may be abused by a few individuals, the onus lies with us to correct these misconceptions and to convince funders that when performed appropriately, it is an essential examination that needs to be remunerated accordingly.

**Prof M.R. Essop, President, CISSA**

## HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

The Heart Failure Society of South Africa (HeFSSA) worked diligently during this year to ensure that we successfully achieved the goals that we set for the society for 2014.

The **HeFSSA Executive** consists of cardiologists in public and private sector: Eric Klug (President), Martin Mpe (Vice-President), Darryl Smith (Treasurer) and Jens Hitzeroth (Secretary). Representatives are Karen Sliwa, Cristina Radulescu, Sandrine Lecour and Tony Lachman.

HeFSSA is supported by loyal corporate members committed to programmes related to heart failure (through generous unconditional educational grants). Our sincere appreciation goes to **AstraZeneca, Boston Scientific, Merck, Medtronic, Novartis, Pharma Dynamics and Servier**.

The **HeFSSA Practitioners Programme** continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle we use to achieve our educational goals. The programme started in 2010 with meetings in the 6 major centres across South Africa and in total approximately 200 GPs attended. Since then we have grown and we have established the HeFSSA General Practitioners' Heart Failure programme in metropolitan as well as district areas. This programme is in its 5th consecutive year and has been generously sponsored by our corporate supporters. The theme for 2014 is Acute Heart Failure. The case based talks for this year's programme were compiled by Members of the HeFSSA Exco. Practitioners also have the opportunity to earn an extra CPD points by completing the CME questionnaire. This system enables doctors to earn CPD points by completing an online CPD accredited questionnaire. On successful completion of the questionnaire, a PDF certificate is electronically issued.

This year the meetings were held in George, Port Shepstone, Bloemfontein, Port Elizabeth, Windhoek, East - London, Durban, Nelspruit, Cape Town, Pretoria, Potchefstroom, East Rand, Rustenburg, Swakopmund, Johannesburg and Polokwane.

The faculty members for 2014 are: JA Lochner, S Blake, K Govender, I Soosiwala, N vd Merwe, H Theron, P Commerford, K Sliwa, S Beshir, D Kettles, W Lubbe, AS Mitha, E Maree, J Benjamin, T Lachman, J Hitzeroth, A Snyders, J Vorster, Pro Obel, Riaz Dawood, R Jardine, D Smith, M Mpe, UR Hahnle and E Klug. We are thankful for their commitment towards HeFSSA, and gratefully acknowledge the hours travelled and the time spent away from their families. The contribution is invaluable to the society. The feedback from delegates was exceptionally positive, stressing the value of these programmes and the continued need for it. It appears that ongoing management of HF and monitoring treatment success would be beneficial topics for 2015.

HeFSSA has established the annual "**HeFSSA Travel Award**" to help enhance local expertise and interest in heart failure in South Africa. We hope that knowledge gained will be shared through appropriate channels with colleagues. This award is available to cardiologists, cardiology fellows or physicians with a special interest in heart failure. The applicant's annual SA Heart and HeFSSA membership fees must be paid-up. The accredited congress/educational programme must have a focus on Heart Failure. The two grants, to a maximum value of R25 000, are available and can be utilised towards airfare (economy class), congress registration, and accommodation. Please contact the HeFSSA office or go to <http://www.hefssa.org/static/education-at-hefssa/> to apply online for the 2nd of 2 2014 awards which are still available.

This year's first travel award went to Tony Lachman who attended the **3rd International Conference on Cardiac Problems in Pregnancy** in Venice in February. He reported back very favourably on the educational benefit of this focused meeting attended by approximately 500 delegates. His full report is available at [www.hefssa.org](http://www.hefssa.org).

HeFSSA will be involved in the **SA Heart Congress, 16 - 19 October 2014**, at the Durban ICC, which is being organised by the SA Heart Durban Branch. Eric Klug has represented HeFSSA on the scientific committee. All HeFSSA members are requested to attend the HeFSSA sessions as advertised.

HeFSSA track is open to all delegates and will run from 13h30 - 15h15 on Friday, 17 October and will be featuring the following topics:

- Hypertensive disease, LV remodelling and heart failure – **Angela Woodiwiss**
- Relaxin, acute heart failure and peri-partum cardiomyopathy – **Karen Sliwa**

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## ANNUAL REPORTS continued

- Renal dysfunction in African patients with acute heart failure – **Mahmoud Sani**
- Cardioembolism in patients with isolated left ventricular noncompaction and reduced ejection fraction – **Francois Botha**
- Anaemia and chronic heart failure – **Pravin Manga**
- HIV and cardiovascular disease – **Frans Thienemann**
- Current concepts in cachexia and pathophysiology of tissue wasting in heart failure – **Stefan Anker (Germany)**

The last plenary on Friday afternoon will include a hot message session on heart failure from the 2014 Barcelona Congress by Stefan Anker (Germany).

Heart failure will also feature in the first plenary session from 08h00 - 10h00 on Saturday, 18 October.

**Please diarise the HeFSSA AGM that will take place on Saturday, 18 October 2014 @ 17h30 in Room 12 CD.**

HeFSSA further invests in education by hosting the annual Cardio Update for Non-Cardiologists. This year's update will take place at the SA Heart Congress on the afternoon of 16 October 2014 in Durban, preceding the SA Heart Congress. AstraZeneca is once again the sponsor and Martin Mpe and Leslie Ponnusamy are the convenors of the meeting.

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

The **HeFSSA website** is continually being updated to remain relevant. On successful completion of the questionnaire, a PDF certificate is electronically issued. We currently have 2 questionnaires live pertaining to The HeFSSA Practitioners' update as well as an ethics questionnaire on PMBs: "What does the law say?" Please visit the website at [www.hefssa.org](http://www.hefssa.org) and complete your questionnaire today.

To further the achievement of our goals, we are also involved in the promotion of **research programmes**. Prof Karen Sliwa has spearheaded the Inter-CHF study in South Africa:

- This will be the largest systematic evaluation of heart failure (HF) in lower and middle income countries in Africa, Asia and South America.
- This 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.
- This registry will also examine patient and physician knowledge and perceptions towards HF, and identify barriers to prevention and treatment, thereby suggesting possible solutions, which may be evaluated in future studies.

Such information is critical for the development of locally "sensitive" guidelines, research programmes, and possible policies and interventions. The aim is to capture the information of at least 400 patients in South-Africa. At last report we had 163 patients enrolled with a 96% follow-up rate.

In addition to our continued educational focus on GPs, HeFSSA is also working on impacting on medicine supply at clinic level in the public sector ("down referral"), working with private managed care organisation(s) to ensure adequate training for frontline staff (nurses and pharmacist) as well enhancing their systems when dealing with patients.

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

- GP Meetings arranged through Hospital Groups.
- HeFSSA is also liaising with Public Health with the aim to improve access to medication for all patients (down referral).

- After discussion with our industry partners, HeFSSA has also decided to investigate arranging a funder forum to discuss how to optimise care, empower patients and their caregivers and streamline approval of especially the specialist medicine prescription, which appears to raise red flags in systems, leading to unnecessary admin and heart ache for patients.

HeFSSA will in 2015 continue to focus on GP education in Heart Failure (SA, Namibia and possibly expanding to Botswana, Mozambique and Kenya). General Cardio Updates (preceding cardio congresses in SA) as well as a Funder Indaba and Patient Empowerment Programme are also on the cards. We will continue to offer face to face CPD accredited courses augmented by CPD accredited web based study material and related questionnaires.

HeFSSA encourages all parties who want to be involved in heart failure to contact the HeFSSA office, George Nel at [info@heffsa.org](mailto:info@heffsa.org).

Best wishes

**Eric Klug, President, HeFSSA**

### **LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA**

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated with both the South African Heart Association (SA Heart) as a Special Interest Group (SIG) and with the Society for Endocrinology and Metabolism and Diabetes of South Africa (SEMDSA). These affiliations date to 2006 and 1989 respectively.

LASSA remains a small group which operates chiefly as an academic body covering inherited disorders of lipid and lipoprotein metabolism, atherosclerosis, nutrition, epidemiology and pharmacotherapy. Expertise in the diagnosis and management of severe dyslipidaemias remains mainly at the Groote Schuur (Cape Town) and Charlotte Maxeke (Johannesburg) teaching hospitals while a few other teaching hospitals also manage severe dyslipidaemias but have less active clinical and laboratory services. Special laboratory testing for severe dyslipidaemias and metabolic errors in lipid metabolism is currently limited to the lipid laboratory within the Division of Chemical Pathology in Cape Town and is supported by the Medical Research Council of South Africa, but this support ends in 2014.

The general meeting of members in Johannesburg in 2013 was attended by a small number of persons. The leadership continues with Prof David Marais and secretarial function with Prof Derick Raal. The other committee members are Drs Z Bayat, Dee Blackhurst, Dirk Blom and Chimani Rajput.

Newsletters update the membership of LASSA and SA Heart on new developments, when international meetings are attended by the LASSA members (which is now much less, often owing to limited support for research and the strained working environment at medical schools). Maintaining a formal website is difficult but contact can be made with the network via the SIG site on the SA Heart website. Membership with the International Atherosclerosis Society will continue. The LASSA membership in 2013 stood at 77 members.

There is concern about sustaining the expertise in lipidology as academic careers are not available to attract clinical or scientific graduates. Internal medicine and paediatric medicine training does not expose the postgraduate student to lipidology and chemical pathology exposure during training is to routine tests only. Cardiology training also does not involve exposure to lipid disorders and more specialised management. Ideally specialist cardiology training would include exposure to lipidology, with trainees spending some time at a lipid clinic.

South African centers continue to contribute towards the study of new pharmacotherapy in homozygous and severe heterozygous familial hypercholesterolaemia, including lomitapide (MTP inhibitor) and monoclonal antibodies to PCSK9. For South Africa to continue participating in these studies, it is essential to retain and expand the capability to make accurate clinical diagnoses and confirm them on a molecular level. Co-operation between the private and public sector is important to ensure all patients access expertise. It is also difficult to serve the public with expertise when required. One example of this was the publicity promoting mass loss with high fat diets.

**AD Marais, University of Cape Town and National Health Laboratory Service, President, LASSA**  
**FJ Raal, Charlotte Maxeke Hospital and University of Witwatersrand, Secretary, LASSA**

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## ANNUAL REPORTS continued

### PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA PCSSA

#### Introduction

The Paediatric Cardiac Society of South Africa (PCSSA) is a special interest group of the South African Heart Association (SA Heart), the umbrella body for cardiology and heart surgery in South Africa. PCSSA is a voluntary association of paediatric cardiologists, cardiac surgeons, cardiac anaesthesiologists and paediatricians, all with an interest in children with heart problems. The objectives of the Society are to improve quality of care for children with congenital and acquired heart disease through promoting research and supporting education and training of children's heart specialists. PCSSA is the primary advocacy group for children with heart disease in South Africa, and also represents PASCAR colleagues.

The 2 year term of office of the current Executive of the PCSSA ends with fresh elections at the AGM in October 2014. The current executive committee is:

Liesl Zühlke (President), Paul Adams (Vice-president), Belinda Mitchell (Secretary), Stephen Brown (Treasurer), Andrew Brooks (Training), Jeff Harrisberg (Private Practice), Ebrahim Hoosen (Ethics and ex-Officio) and Christopher Hugo-Hamman (CEO 2013 company).

#### Financial statement for year ended 20 January 2014 audited

We are pleased to report that the Society is in a good financial position. The Annual Financial Statement for the year, prepared by our Treasurer Prof Stephen Brown, is appended. The bank balance as of 31 March 2014 stands at R2 205 562. Expenses over the past financial year related to loans to the 2013 world congress company and significant sponsorship of nurses and local meetings. These nurses were sponsored from each of the local private and public hospital units in order to attend the world congress in February 2013. Unrestricted educational grants were received to the amount of R88 000 in order to run an interventional workshop, held at Red Cross Hospital in October 2013. We have reserved the major portion of the funds into a separate account to allow us to pursue legacy projects beyond the immediate term.

#### 2013 World congress

Our major focus for the past years has been on initially securing, then preparing and finally hosting the 6th World Congress of Paediatric Cardiology and Cardiac Surgery. This was a monumental task and an enormous thank you and vote of appreciation for their incredibly hard work must go to all the members of the local organising committee, in particular the CEO, Christopher Hugo-Hamman and Susan Vosloo, Stephen Brown, Jeff Harrisberg, Ebrahim Hoosen, Andre Brooks, Linda Blezard and Liesl Zühlke. The legacy of the World Congress lives on. To date, it remains the largest cardiovascular meeting on the continent and more importantly, it has given rise to much interest in terms of future meetings. It has also set a precedent for collaboration and cooperation between hosting committees and SA Heart. All revenue from the meeting was used to equally reimburse the PCSSA and SA Heart for hosting the conference. It was also one of the first interactions with Africa PCR and CSI who will now be leading independent programmes on the continent in future. A major goal of the conference was to focus attention on the plight of children living with cardiovascular diseases and to highlight the incredible work being done on this front in the past decades. We hope that we have achieved this through our connections made at the conference and subsequent interactions with the international community. This remains an ongoing goal of our society.

We also wanted to showcase the amazing work being done in South Africa, our live case broadcasts from local units introduced a new cadre of extremely talented individuals to the world and we hope to use these broadcasts as well as the experience to continue teaching and training interventionists around the world. Please remember that for reviewing and teaching purposes, in addition, recordings of the live cases are in the process of being edited for release to all teaching units, again fulfilling the academic legacy of the congress.

#### 2013 World congress legacy projects

There were several significant legacy projects identified after the congress. The first was our website which has been completely restructured and redesigned with a new logo, based on the world congress logo and content. This has been integrated with social media platforms and we plan to extend the brand further with medical content, interaction within units in the country and possibly on our content and messages to family. There are already substantial resources on the website and we intend to build a further repository of images, cases, quizzes and relevant publications. We are also including functionality to allow for

access to future live cases or seminars via the website. We hope to offer this as an option to both our members and to members of our affiliated PASCAR sites. This could be viewed as both a training and collaborative opportunity - ward rounds/fellow training/cases.

A second legacy project was the collaboration between Pedheart Resource and the patient and professional information portal. This has been up and running for some time and allows patients to download (or doctors to download on their behalf) hand-outs relating to common cardiac conditions. We are thrilled that the first translations of the patient information leaflets will soon be available for download and our thanks to Paul Adams for spearheading this initiative. Pedheart Resource is regarded as the most comprehensive congenital heart disease educational website. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable image library, collections of patients' hand-outs and over 1 200 Power-Point slides in several different languages (<http://www.heartpassport.com/>). In addition, the site which provides information on congenital heart disease for parents can be found on <http://www.africa.congenital.org/>, as well as the site which provides information on congenital heart disease for medical practitioners. A major goal for the new term is to actively market and promote our website to general paediatricians and all those individuals caring for children with heart disease - we urge you to spread the news.

A major project planned for 2015 is a World Congress Legacy research fund which will be used to support paediatric cardiac services research within the country. The terms and conditions for this fund are still being negotiated and will be announced at the AGM in October. Currently a significant proportion will go towards supporting one major project. This will be a major undertaking for the PCSSA and we are thrilled and excited at the opportunity.

Another legacy project has been the promotion and support of pulse-oximetry screening within selected units within the country. It has been clear to all those working in congenital heart disease in this country that there is a significant diagnostic gap with critical congenital heart disease still going unrecognised. It remains our major priority to improve awareness of congenital heart disease, the diagnosis and management of the condition and building the infrastructure in terms of diagnostic and treatment facilities. However, in certain parts of the country, with low infant mortality rates, privately insured patients and supportive infrastructures with sufficient paediatric cardiac care resources, pulse-oximetry screening is clearly an additional tool to diagnose critical congenital heart disease. We have thus undertaken to address general paediatricians at the recent South African Paediatric Association and local paediatric management meetings as well as management of private hospital groups regarding this practice. Alongside this, we are continuing our conversation with the Department of Health to address the inadequacies of paediatric cardiac services (in particular) in certain provinces in the country.

### Congresses

**The South African Paediatric Association congress** was held in September 2014 at CTICC and PCSSA played an important role at this meeting. We held a practical workshop, hosted a parallel session with 3 talks, participated in an active debate on neonatal screening and gave a plenary talk in the closing session. This was an important opportunity to teach general paediatricians and I would like to congratulate the team involved and thank them for their contributions towards an exciting programme. There has been great interest from general paediatricians for further cardiology teaching and we would like to explore ways of doing this in the following year.

**We have an exciting congress ahead this year - ably headed up by Ebrahim Hoosen.** The two international speakers bring a host of experience and diverse interests to the congress. We have a full parallel programme to enjoy while the PCSSA speakers will also deliver lectures within the plenary programme.

**"Africa is open for high-level research".** Prof Mayosi from Cape Town recently published a landmark study in the New England Journal of Medicine and declared that Africa is open for research. This study and the REMEDY (Global Rheumatic Heart Disease Registry) study were presented at the recent ESC meeting which is the largest cardiovascular meeting in the world. It was one of the first two African-led studies to be presented there. REMEDY was presented by Liesl Zuhlke, on behalf of 25 sites, including four from South Africa. You can read and watch all the esc content on [esc365](http://esc365.org/).

For further information, visit <http://congress365.escardio.org/>

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**CSI Africa 2014 CSI - Africa (Catheter Interventions in Congenital, Structural and Valvar Heart Disease) 2014** in Arusha, Tanzania, 5 - 6 December 2014. This workshop will offer a comprehensive overview of the most important catheter therapies of congenital, structural and valvar heart disease in children and adults. CSI addresses the needs of adult and paediatric interventionists, cardiovascular surgeons, anaesthesiologists, imaging specialists and colleagues of other disciplines who wish to know more about the field. This year CSI is concentrating on African faculty and several PCSSA members will be supporting faculty. Several Cath Labs are starting all over neighbouring countries and we support these important initiatives.

**PASCAR Tunisia, 2015.** We urge members to consider attending the PASCAR Tunisia 2015 conference next year. As an affiliate member, we are keen to foster a closer collaboration with our African colleagues. We hope that there can be a substantial paediatric programme in the conference next year.

### Collaborations

We have joined the CHIP network (the Congenital Heart Professionals Network) which has been designed to provide a single Global list of all CHD-interested professionals. This list will enable the speedy and efficient connection of paediatric and adult CHD-interested professionals to events, conferences, research opportunities and employment whilst increasing education opportunities and providing awareness of new developments in the field. The CHIP network thus aims to bring the paediatric and adult congenital heart communities into closer contact and to offer a communication tool for the discussion of critical issues.

### Travel awards

A new fellowship was established last year which will allow two fellows to attend the fellow interventional course in Nevada in December. The fellowship is worth R25 000 this year and is co-sponsored by the course itself covering registration and accommodation with the additional funds for travel expenses. Last year's recipients were Himel Dama and Barend Fourie. Applications have closed for this year and we will be announcing the recipients at this year's AGM.

### The year ahead

There are several goals for the year ahead:

- We need a complete database of all practitioners involved in the management and treatment of children with heart disease who are not members of SA Heart or PCSSA. It is our aim to have as complete a database of these colleagues as possible and to involve them in our society and activities. We also wish to spread our reach to more general paediatricians, involve patient and parent groups and build a closer collaboration with the department of health.
- We also intend to be more relevant to all our members, focus on the new generation of trainees and provide more input into issues of ethics and advocacy for children. In addition, it has always been a goal to develop and encourage a research ethic within our members. We would like to use our research fund to build on this foundation and to encourage more post-graduate degrees within our organisation. We would like to start with our research fund but also aim to support those fellows undertaking MMeds or MPhils with mentorship and practical help.
- Two areas of growing interest are adults with congenital heart disease and specialised paediatric cardiac surgery. These are two training areas that we would like to address in the near future.
- Our final goal for the coming year is to further develop our website, in conjunction with the information portal, into a more accessible, vibrant and interactive site that facilitates conversation between practitioners and patient/parent groups and to focus on promoting advocacy for our children. We have identified certain advocacy groups and will work together with these to improve the visibility of children with heart disease.

My thanks to my colleagues on the Executive of the PCSSA for their hard work and support thus far.

**Dr Liesl Zühlke, Specialist Paediatrician/Paediatric Cardiologist**  
**President: Paediatric Cardiac Society of South Africa**

## **SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR RESEARCH, SASCAR**

The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart Association, was founded in October 2009.

The SASCAR Executive Committee which was elected in July 2012 for a 2-year term of office is: Prof Sandrine Lecour (Chairperson), Dr Neil Davies (Treasurer), Prof Hans Strijdom (Workshops), Miss Sylvia Dennis (Secretary), Mr Gideon Burger (website), Dr Roisin Kelly-Laubscher (Newsletter and public relations), Prof Anna-Mart Engelbrecht (Workshops) and Prof Karen Sliwa.

### **Workshops**

Since our last report, SASCAR has successfully organised well attended workshops on various topics:

#### **How to assess oxidative stress, led by Dr Dee Blackhurst (University of Cape Town) in March 2013.**

This theory based workshop covered topics including an introduction to the ABCs of oxidative stress, markers commonly used to measure oxidative stress and detailed methods to measure oxidative stress in the lab. This workshop was attended by staff and students from the University of Stellenbosch and the University of Cape Town. Attendees included those currently involved in cardiovascular research but also some interested parties from other fields.

#### **Microscopy in Cardiovascular Research, led by Dr Benjamin Loos (University of Stellenbosch) in August 2013.**

The department of Physiological Sciences, University of Stellenbosch, hosted the second workshop of the year for SASCAR with Dr Ben Loos presenting a summary on what could be achieved by using super resolution structured illumination fluorescent microscopy. The group was shown how to acquire a raw data image and process it so that about 100 images taken through the sample in different planes, phases and grid rotations could be stacked together to produce one astounding image for analysis of the various organelles of the cell and how they interact with each other within the cell. The cardiomyocyte is a cell which particularly lends itself to this technology. With the measurement of the diameter and length of the mitochondrion possible, it is possible to determine whether the mitochondria are undergoing fission or fusion and whether any treatment phase has altered their structure. A truly fascinating technology was born!

#### **Hemodynamic analysis using Lab Chart Pro, led by Mr Johan de Wet (LASEC) in November 2013.**

Lasec and SASCAR co-organised a workshop on the Lab Chart software package for data analysis via the PowerLab data acquisition system. Johan de Wet from Lasec presented the workshop, which was held at the Hatter Institute for Cardiovascular Research at the University of Cape Town and which was attended by approximately 15 participants involved with basic cardiovascular research from UCT and Stellenbosch University. Mr de Wet started off by giving a basic overview of the software package and all the main functions. He then gave a practical demonstration using the finger pulse module, which in a very clear manner explained all the features and applications of the latest software package edition. One of the aspects that was of particular interest to the audience was the data pad function, which enables the user to embed real-time data in an Excel file. The advantage of this function is that one can then create a graph on Excel that changes as the real-time data of the recordings are imported. The 3-hour workshop was very well received, and all the participants agreed that they had learnt a great deal.

#### **Communicating Cardiovascular Science with the public, led by Dr Roisin Kelly-Laubscher (University of Cape Town) in February 2014.**

This SASCAR workshop was attended by approximately 25 participants from diverse backgrounds, but mainly individuals involved in cardiovascular research. The workshop commenced with an icebreaker which required participants to explain their research to a partner in a way that the public could understand and then present their partner's research to the group. This activity highlighted how difficult it can be to explain your research without scientific terminology. It also provided an opportunity for participants to network and hear more about other cardiovascular research going on in the Western Cape. The next session, presented by John Woodland, runner up of Famelab and Falling walls and winner of Science Slam, was the highlight of the day for many participants. Next up was Adele Baleta, a journalist but also a correspondent for the Lancet medical journal and a consultant to the WHO, on how to get scientists to communicate their message. She urged us to keep the 5 Ws (and an 'H') of journalism in mind when dealing with the media: "Who, What, When, Where, Why, How". Finally, Prof Anusuya

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Chinsamy-Turan, a Palaeontologist from the Department of Biological Sciences at UCT, presented on the popularisation of science. Prof Chinsamy-Turan was recently awarded the World Academy of Science (TWAS) sub-Saharan Africa Regional Prize for the Public Understanding and Popularisation of Science. During this session she suggested that you do not wait to be asked to present your science, but that you create your own opportunities to communicate science to the public. She encouraged SASCAR Members to consider organising a summer school course on "The Heart".

### Meetings

#### SA Heart Meetings

In January 2013, SASCAR contributed to the World Paediatric Cardiology meeting held in Cape Town with a Breakfast session dedicated to Cardiovascular Research. In 2014, SASCAR has been involved in the programme of three sessions specifically dedicated to cardiovascular research. A novel initiative has taken place in 2014 where SASCAR Committee Members have decided to promote the participation in the programme of young researchers by contributing to the registration fee at the SA Heart meeting of one young researcher per year. In 2014, SASCAR contributed to the registration fee of Dr Derick Van Vuuren from the University of Stellenbosch.

#### RAAS meeting 2014

The RAAS Satellite Meeting 2014, an official satellite meeting of the World Congress of Pharmacology, was held at Spier Wine Estate on 11 - 12 July. This meeting, organised by Prof Edward Sturrock, was endorsed by SASCAR, HeFSSA and the University of Cape Town. A number of national and international guest speakers attended this small but exciting meeting. The invited Faculty of the meeting included many SASCAR members, amongst them Sandrine Lecour, Neil Davies and Karen Sliwa. The focus of the meeting was of course on the renin angiotensin aldosterone system and talks were presented that covered a very wide range of topics, spanning the remit from clinical to basic. Attendees gained a deeper understanding of the latest developments in drug therapies and dosing regimens for controlling RAAS, fascinating novel interactions between obesity and RAAS, key aspects of hypertension in African populations and the complex interplay between RAAS and the brain. Though the focus was on RAAS, other topics included the influence of ARVs on metabolic disease, the latest progress in peri-partum cardiomyopathy therapy and the cardioprotection afforded by wine.

#### SASCAR at ESC/ISHR meeting

The European Society of Cardiology (ESC) held the Frontiers in Cardiovascular Biology (FCVB) conference and meeting on Basic Cardiovascular Science in Barcelona, Spain. This meeting was combined with the International Society for Heart Research (ISHR) pre-symposium which took place on the 3 July 2014. One of the sessions at the ISHR pre-symposium was a combined session with the South African Society of Cardiovascular Research (SASCAR) and Prof Hans Strijdom was invited to act as a chair for this session. Prof Sandrine Lecour, from the University of Cape Town, presented highlights from her research on the topic of "Melatonin in red wine for cardioprotection" in this session. Other internationally acclaimed speakers at the SASCAR session included: Prof Klaus Preissner (Giessen, Germany) on "Extracellular RNA as a target for cardioprotection", Prof C Maack (Homburg, Germany) on "HDAC4 as a therapeutic target for heart failure", and Prof Z Varga (Budapest, Hungary) on "MicroRNAs involved in cardioprotection by ischaemic pre- and postconditioning". The SASCAR session was very well attended and can be regarded as a great success. We are delighted that this initiative will be renewed in 2015 as we have just been informed that the organisers of the ISHR meeting (European section which will be held in Bordeaux, France, July 2015) have accepted our proposal of a joint ISHR/SASCAR session at their meeting.

#### Prof Sandrine Lecour, Chairperson, SASCAR

## **SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION, SASCI**

After an active year, SASCI's role as a representative body of interventional cardiologists has once again been extended and I am pleased to report on our activities for 2014.

The **SASCI Executive** is working diligently towards achieving their goals. Appreciation goes to: Dave Kettles (Vice-President, STEMI Early Reperfusion Programme), Sajidah Khan (Educational including ESC eLearning Platform and AfricaPCR), Cobus Badenhorst (Treasurer and ISCAP Cath Lab Manual), Adie Horak (Secretary and Rota Workshop), Graham Cassel (ex-officio President: AfricaPCR and non-invasive coronary imaging), MpikoNtsekhe (Academic: Visiting Professors Programme, TAVI Registry and AfricaPCR), Chris Zambakides (CTO working group and Fellows Workshop 2014), Len Steingo (SA Heart PPC: Coding and Funders), Mark Abelson (SA Heart PPC: Coding and Funders), Jean Vorster (SA Heart Congress 2014), Gill Longano (ISCAP) and Liezl Le Grange (ISCAP). I would also like to thank JP Theron who was co-opted at our 2014 Annual General Meeting and will work with Mark Abelson and Len Steingo on establishing a cardiology coding handbook.

The **SASCI Exco representatives for industry** are Tracey du Preez (Medtronic), Dan Willemse (Amayeza) and Andrew Sartor (Boston) as well as the ISCAP Exco industry representatives: Tina Halkiadakis (Medtronic), Michelle Echardt (Paragmed) and Amy Wolfe (Baroque).

### **Educational for members and fellows:**

SASCI is very proud to have partnered with Europa Organisation, SA Heart and PASCAR to offer the first standalone **AfricaPCR Course** (13 - 15 March 2014 at CTICC). The scientific programme catered for both the high level interventionalists and those still building capacity. Feedback has been exceptionally positive. We believe that this is indeed a congress by the people and for the people of Africa. We are currently in the planning stages of the 2nd standalone AfricaPCR Course in 2015. It will take place from 26 - 28 March 2015 at the Forum I Campus in Bryanston, Johannesburg.

SASCI actively supports the **SA Heart Congress 2014** and contributes to the scientific programme. Jean Vorster (SASCI) assisted Sajidah Khan (SA Heart congress chairperson) in developing a focussed interventional programme. The international faculty will include a high-powered delegation from the European Society of Cardiology who will be hosting 2 dedicated sessions. These sessions will include "hot messages" and "late-breaking clinical trials" from the 2014 ESC Congress in Barcelona. SASCI members are invited to participate in a joint session with anaesthetists, surgeons and cardiologists called "Let the Team Meet". A high quality and extensive Allied Programme (ISCAP) will also be offered which should ensure favourable attendance from our Allied group members.

We also reported on the **Visiting Professor Programme 2014** - Prof Tony Gershlick (University of Leicester, UK) left a legacy that will remain for a long time in the respective departments and with the individuals who interacted with him during his 2 month visit. SASCI has a standing invitation for VPP 2015 with Prof David Holmes (USA) and hopes to finalise details soon. **Medtronic** must be thanked for their longstanding and continued support of this programme and sincere appreciation also goes to Pharma Dynamics who continue to sponsor the Visiting Professor Evening Lecture series.

Dr Adie Horak was the convener of a full day **Rotational Atherectomy workshop**, which was held on 26 January 2014 in Sandton, Johannesburg. The meeting, which attracted huge interest, was attended by 43 cardiologists from across the country as well as a delegate from Namibia and another from Kenya. The workshop was proudly sponsored by **Boston Scientific**.

On the international stage SASCI was well represented at this year's **EuroPCR 2014 congress**.

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

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## ANNUAL REPORTS continued

**Early Reperfusion STEMI.** Lecture slides and algorithms are available and members should contact the SASCI office if they wish to become involved with regional educational initiatives. Adriaan Snyders is the National SA Heart project leader and he is assisted, from SASCI, by Dave Kettles and Sajidah Khan. A STEMI Survey is also being rolled out (in Pretoria initially) and will ultimately be offered nationally on a voluntary basis.

The society supports a **Post Graduate Cardiology Training programme.** The aim is to ensure that individuals get exposed to high volume interventional units and thus are afforded the opportunity to observe and work with different operators, including surgeons in the private sector. SASCI will establish a Task Group, with an open invitation to all Heads of Departments to participate, to form and to drive this additional training in interventional cardiology in SA.

Sajidah Khan is the South African national coordinator for the new **ESC eLearning Platform.** This programme focuses on web-based Fellows training offering training in 6 sub-specialties with the first module being interventional cardiology. The duration of EAPCI Learning Programme is 3 years (in addition to theoretical training there is a very specific interventional case mix requirement for certification). Although we do not have a candidate participating yet, SASCI hopes that the first South African trainee will join this programme in the near future.

The recipient of the **Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention** for 2014 is Dr Pieter van der Bijl. He will travel to Prof Simon Redwood's (Professor of Interventional Cardiology, Consultant Interventional Cardiologist) unit at St Thomas' Hospital in London for a period of one month. Dr Pieter van der Bijl is a worthy recipient of this prestigious award.

### Other activities include:

During the AGM held on 14 February members supported the Exco in our discussions with Discovery Health regarding the development of a "Global Fee" structure. SASCI has recently signed a **Memorandum of Understanding with Discovery Health** which will see them visiting your practice with a proposal for voluntarily participation.

**Coding** remains a major challenge requiring extensive time. Even with inclusion in SAMA, DBM individual funders (administrators) still need to decide to firstly include new codes in their coding structure and then secondly decide on the funding level. SASCI is working on a process to try and make claiming less cumbersome and complex. JP Theron must be acknowledged for his hard work in compiling a coding handbook for cardiology. Len Steingo, Mark Abelson and David Jankelow have also been very involved. This information will eventually be communicated to members and funders and will hopefully lead to reduced number of queries.

Chris Zambakides has recently drafted an official SASCI response to funders to address the issue concerning the use of **"Section 21 Drug Eluting Stents"** in the market. This document is available on the SASCI website.

**Interventional Society Of Cath Lab Allied Professionals (ISCAP).** Our Associated Group continues to be very active and we request that full members continue to support them through lecturing and creating opportunities for your team to get involved on national and branch levels. The first Cath Lab training course was successfully completed in Johannesburg through the Netcare Training Academy and ISCAP members also attended the AfricaPCR Course 2014. ISCAP is proud to be associated with this congress. ISCAP also supported the "Muscle for Life - STEMI Early Reperfusion" programme in 2014. This year also saw continued professional development workshops held in Gauteng, Bloemfontein, Port Elizabeth, Durban, Mossel Bay and Cape Town.

In 2015 ISCAP together with our industry supporters will take these **CPD accredited meetings** on tour throughout the country in an effort to standardise education, protocols and practice across the labs in South Africa and, in due course, Africa. ISCAP has been asked to partner with some of Industry's own programmes. This increases the number of training opportunities offered through all regions and allows ISCAP to take the meetings national. It must be pointed out that the ISCAP training programme has been made possible only because of the generosity of both industry and the presenters, and successful only because of the support given by the attendees. The very popular Medtronic Wet Lab hands-on training days will continue and

SASCI and ISCAP Industry Exco representatives are planning synergy meetings for industry with the focus on training and ethical behaviour in the Cath Lab environment.

ISCAP has realised another one of their major launch objectives: The first **Cardiac Catheterisation Training Manual** has been launched and well received during the AfricaPCR Congress in Cape Town. The Manual is made available to paid-up ISCAP members whilst SASCI Exco and Medical Schools also received a copy. The first print run of 500 Manuals was sponsored by **B Braun** and they managed the distribution as well. The second Manual will be an electronic version and will feature procedures, videos and word documents.

ISCAP wishes to initiate educational partnerships with Cath Labs across Africa. AfricaPCR proved to be a great opportunity to begin this new venture. This partnership will ultimately benefit the interventional cardiology patient in Africa. The first step towards achieving this goal was taken when ISCAP donated a Cardiac Catheterisation Training Manual to each Cath Lab Unit in Africa. Medtronic is assisting ISCAP in the distribution of The Manual into Africa.

I would like to thank Dianne Kerrigan and her team for all the hard work: Gill Longano, Marisa Fourie (Bloemfontein), Maxine Shanglee (Durban), Marilyn De Meyer, Romy Dickson, Elizabeth Muller, Melanie Winter (Cape Town), Hanneltjie Schutte (Mossel Bay) and Marina Meyer (Port Elizabeth).

To the SASCI executive and our industry partners, a BIG thank you for your support, your passion and your hard work throughout the year.

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

Please contact SASCI's Executive Officer, George Nel at 083 458 5954 or [sasci@sasci.co.za](mailto:sasci@sasci.co.za) if you need any assistance or if you wish to formally communicate with the executive.

**Farrel Hellig, President, SASCI**

### **SURGICAL INTEREST GROUP OF SA HEART**

The Surgical Group has been active on various fronts and fora in the last year. The **11th biennial meeting of the Society of Cardio Thoracic Surgeons** incorporated by which is the Cardiac Surgical Group of SA Heart was held on 1 - 4 August 2014.

Invited guests included Drs Christoph Nienaber, Jean Bachet, M de Malgaes, Ugo Pastorino, Satiros Prappas, Paul Sergeant, John Mitchell and 2 invited guests from Brazil, Drs Fabio Jatene and Walter Gomez.

The extensive International faculty, together with local academics, produced an outstanding Forum for exchange of information and the 3 day Conference, which was held at the Fairmont Hotel, Zimbali in KwaZulu-Natal, was attended by 153 surgeons and delegates. The meeting contained just the right amount of academia and social contact to make for a memorable conference.

Mid 2014 the Society, together with Edwards Lifesciences, hosted Dr Patrick Perrier as a **visiting lecturer**, who attended at surgery and delivered lectures in Pretoria, Johannesburg, Durban and Cape Town. This was again a highly successful lecture tour which is envisaged to become an annual event.

The Society is also **exploring affiliations** with the Brazilian and Israeli Societies after affiliation with the British Society was turned down by the latter when initially approached 5 years ago.

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## ANNUAL REPORTS continued

Our Society has also become an active **member of the World Society of Cardio Thoracic Surgeons**. The World Body invited the Society to present a bid for the meeting of the World Society of Cardio Thoracic Surgeons in 2016 which, for the first time in history, will be held on the African Continent.

The annual meeting, which was held in Croatia, provided the forum for presentation. The chairman of the Exco presented the bid which was accepted after the first round of voting with an overwhelming majority.

We are thus extremely privileged to have been chosen to **host the annual meeting of the World body in 2016** and will work towards that with vigour and direct all our energy towards making this a successful meeting.

To that end we have decided to postpone the biennial meeting, which was supposed to be held in 2015, to 2016 in order not to have a conflict of too many meetings in one year.

We are also in the process of discussing, with the Executive of the SA Heart, the possibility of having a combined meeting with SA Heart in order to accommodate a Cardiology meeting. Such a meeting will be beneficial to both Cardiology and Cardiac surgery and, although no firm arrangements have been put in place, I am hopeful and confident that this would be possible.

The **Society data base** has now been referred back to SA Heart for incorporation in the SHARE registry. This registry is now under new management and has evolved from SHARE 1 to SHARE 2. Hopefully the surgical data base will be incorporated at the first trial run of SHARE 2.

At this year's **SA Heart meeting in October**, the SIG will once again be hosting both plenary and parallel contributions with visiting guests including Gilles Dryfus from Monaco, James Tatoulis from Melbourne and a parallel academic training registrar's forum at which there will be a representative from the European Association of Cardio Thoracic Surgeons. Marko Turina, Peter Kappitein and Jose Pomar will attend and present the parallel surgical meeting.

**Robert Kleinloog, President, Society of Cardio Thoracic Surgeons of South Africa and Surgical Interest Group of SA Heart**

## B. BRAUN TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart – B. Braun Travel Scholarship to reach the SA Heart Office by 31 December 2014.

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

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association  
PO Box 19062  
Tygerberg  
7505  
And submitted electronically to [erika@saheart.org](mailto:erika@saheart.org)

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

## ANNUAL REPORTS

### BRANCH REPORTS

#### BLOEMFONTEIN BRANCH

The Bloemfontein Branch has been in survival mode for the past year. Since the retirement of Prof Marx and the suspension of Prof Theron and his eventual resignation from his post as Head of Cardiology, the cardiology department, which is the main training centre for cardiologists and pre-graduate students in the Free State and Northern Cape, has been without a qualified cardiologist now for the past six months.

The private cardiologists from this society have tried to maintain a service at the state hospital but the conditions there have deteriorated so much that they felt they couldn't continue with the service any longer and it was thus suspended.

Unfortunately, with the condition as it was, the academic programme also fell by the wayside and no formal academic meetings were held. This branch is responsible for the annual SA Heart congress 2015 at Sun City, which will be our next goal and we intend to make it a success.

**Nico van der Merwe, President**

#### JOHANNESBURG BRANCH

We are extremely appreciative of Litha Pharmaceuticals, who have committed to sponsor our branch meetings since last year. I wish to especially acknowledge Carine Kilian for her ongoing support in this regard.

John Robbie was the speaker at our 2013 AGM (20 November 2013). He gave an interesting and insightful lecture on the state of South Africa. Rugby obviously featured prominently as well. John specifically mentioned that he had recently joined the stent club. After having gone through this ordeal, he stated that the cardiology community had a major responsibility to educate the public with regards to the symptoms of heart disease/angina.

The branch committee has remained as follows: David Jankelow (President and Treasurer), Antoinette Cilliers (Secretary), Eric Klug, Andrew Thornton, Darryl Smith, Pravin Manga, Keir McCutcheon, Ahmed Vachiat, George Dragne and Gavin Angel.

Our annual Fellows Cardiology Fellows' morning was held on Saturday 16 August 2014, and was kindly adjudicated by Drs Libhaber, Steingo and Obel.

**1st Prize of R1 500 was awarded to Dr Francois Botha for his presentation: "Stent Retrieval – A Novel Method"**

#### The other speakers included:

- Dr Mohamed Mayet: "Aortic root abscess"
- Dr Temba Maluleke: "A mass-ive problem"
- Dr Rohan Ramjee: "A complicated pregnancy"
- Dr Bavisha Nagar: "Stress in the Cath Lab"

Our next branch meeting will take place on Saturday 27 September 2014. This will be in the form of a debate: "Ticagralor (Dr G Angel) vs. Clopidogrel (Dr K McCutcheon) in acute coronary syndromes".

We have not yet finalised our next 2 meetings. We would like to hold a symposium on IT in Cardiology. Our 2014 AGM will be held at the end of November.

I have now served the branch for the past 5 years as both President and Treasurer. I am extremely appreciative to have filled both of these positions. We have had some memorable meetings. I feel that it is now time for someone new to take over the reigns as President. I am finding it difficult to find time for both this and my position as national Vice-President of SA Heart. I am however happy to continue in the future as Treasurer of our branch.

**David Jankelow, President and Treasurer**

## **KWAZULU-NATAL BRANCH**

The KZN branch has held three academic meetings thus far for 2014. The meetings were well attended and enjoyed the support of both cardiologists and surgeons. Visiting international guests were hosted at two of the sessions. These meetings remain the only regional forum where colleagues from the private and state sectors are able to interact for academic exchanges. It has been 10 years since Durban last hosted the national congress and we look forward to welcoming colleagues from outside the province to our shores.

**Sajidah Khan, President**

## **PRETORIA BRANCH**

We have had a successful year with many interesting topics discussed. The meeting revolved around expert presentations followed by peer reviewed case studies.

We discussed varied topics from Q fever endocarditis to complex CTO interventions. Interesting cases were presented from the Steve Biko hospital included pulmonary valve endocarditis, the link between Sarcoidosis and Takayasu's 3D assessment of the mitral valve.

We also had expert presentations on new resistant organisms by Dr Marcus Ethics sessions on medico legal implications.

We would like to thank Pharma Dynamics for their ongoing support and to all the Doctors in the Pretoria branch who regularly contribute to our meetings.

**Iftikmar Ebrahim, President**

## **WESTERN CAPE BRANCH**

A long-held view that the Cape Town and Stellenbosch (Tygerberg) branches of the Association should merge gained momentum this year culminating in a meeting held at the Hatter Institute, Cape Town University on 27 February 2014 to address possible amalgamation. The Cape Town branch was represented by Johan Brink, Jens Hitzeroth, Karin Sliwa and Liesl Zuhlke. The Stellenbosch branch was represented by Anton Doubell, Philip Herbst, Alfonso Pecoraro and Hellmuth Weich. The decision to amalgamate was unanimous and a proposed constitution was accepted. The members present formed an interim executive committee and the following office bearers were elected:

President: Anton Doubell, Vice- President: Johan Brink, Treasurer: Alfonso Pecoraro. The Treasurer has opened a bank account with Investec Bank.

The most pressing matter that the new branch has had to deal with is the hosting of the annual SA Heart Congress. Alfonso Pecoraro was elected chairman of the Western Cape Congress organising committee with John Lawrenson as his deputy-chairman. The Western Cape branch agreed to host the 2015 Congress, provided that the Congress was held in Cape Town. The SA Heart Exco subsequently decided that the 2015 congress had to be held in Sun City for financial reasons and the Bloemfontein branch agreed to host this meeting. The Western Cape branch then agreed to explore the possibility of co-hosting the 2016 Annual Congress with the Society of Cardio-Thoracic Surgeons who will host the World Society of Cardio-Thoracic Surgeons' Congress in Cape Town in 2016. Both the chairman of the Society of Cardio-Thoracic Surgeons, Robbie Kleinloog, and the chairman of the Western Cape Congress organising committee, Alfonso Pecoraro, are in agreement that they could co-host an exceptional meeting. However, at present an agreement to co-host the 2016 Congress has not been reached with outstanding issues being logistical details dealing with the scope of the SA Heart component of the Congress, equitable representation on the combined organising committee and equitable profit sharing.

**Anton Doubell, President**

## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2015. An amount of up to R15 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Cape Western branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

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

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

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

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

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

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

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

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

**Applications close on 31 January 2015.**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### APPLICATIONS MUST BE ADDRESS TO:

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

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

**THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2015.**

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

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

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

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