

## NEWS FROM THE PRESIDENT OF SA HEART®

Welcome to our second 2018 SA Heart® community newsletter. I wish you all a successful year and encourage you to use this newsletter as your own, to share news, views and events.

Firstly, I would like to thank Dr Blanche Cupido, editor of this newsletter, who has filled this edition with contributions from across the country. Our last issue made for great reading! This one is just as riveting and covers all the numerous activities happening in our community.

Recently, just before AfricaPCR, the SA Heart® leadership team held 2 big meetings. Firstly, your board met and this was followed by a meeting of the heads of the standing committees and, finally, the National Advisory Committee gathered to deliberate and discuss certain issues. We had an extremely productive day reviewing the current position of SA Heart®, discussing how we wish to position ourselves going forward and formulating strategic plans for the next term.

During our board meeting the mission and vision of SA Heart® was discussed in great detail. This subject is really critical to our relevance and positioning and some of you may recall a weekend meeting in 2012 in which it was discussed at length. I have recently reviewed this document and virtually all of it remains relevant, proactive and visionary.



SA Heart® Board members. Prof Pravin Manga, Dr Sajidah Khan, Prof Francis Smit, Prof Liesl Zühlke, Dr Hopewell Ntsinjana and Dr Paul Adams.



National Advisory Council. Back from left to right: Prof Neil Davies (SASCAR), Dr Dave Kettles (SASCI), Prof Pravin Manga (Board), Dr Martin Mpe (HeFSSA), Mrs Waheeda Howel (ISCAP), Prof Lungile Pepeta, (PCSSA), Dr Rob Dyer (KwaZulu-Natal branch), Dr David Jankelow (President-Elect SA Heart®, Johannesburg branch and representing PPC), Dr Rob Kleinloog (Surgical Interest Group) and Prof Francis Smit (Treasurer). Front from left to right: Dr Alfonso Pecoraro (CISSA), Dr Blanche Cupido (Secretary), Prof Liesl Zühlke (President), Dr Hopewell Ntsinjana (Vice President) and Dr Tawanda Butau (Education Committee).

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**SA HEART®**

**OUR VISION**

**“Influencing and enabling cardiovascular health in South Africa”**

To achieve this vision, we set ourselves the following resolutions:

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

Amongst other activities, we plan to:

- Speak out on issues of cardiovascular health care in South Africa.

Our Board and National Council debated possible ways in which to strengthen these well-meaning resolutions, taken almost 6 years ago, to review them in the light of the growing burden of cardiovascular disease and to consider the adoption of more professional and strategic plans going forward. We all feel very strongly that our mandate, as an Association, stretches beyond organising an annual congress (very important as that is!) but that we should also be advocating for improved access to, and understanding of, heart disease in our country. In light of this, we will consider a more formal board structure to address each of these mission statements and move toward a very vocal positioning for CVD care in our country. I would be very interested to hear any comments from our members regarding this issue. For those of you who have not read the strategy document on our website, I suggest that you do so as you might find it very interesting reading. You are also very welcome to email me personally, or at SAHeart.org.

Several of our executive members, and past and present presidents, have been active in Rheumatic Heart Disease research and campaigners for several years. Bongani Mayosi has led this process with key datasets looking at primary prevention, secondary prevention, cost-effectiveness of primary prevention as well as spearheading a continental response to RHD through the ASAP programme and his work through PASCAR. Karen Sliwa published the first incidence paper on Rheumatic Heart Disease in her Heart of Soweto series and Prof Cilliers, at Baragwanath, has provided important clinical information regarding steroids use in ARF. The REMEDY study was led by the Cape Town group and has focused attention on the gaps in evidence-based interventions as well as, the lack of surgical and catheter-interventions in low and middle-income countries. Surgeons, such as Prof Zilla and Prof Hewitson, have penned important papers and are currently researching innovative solutions to this problem, amongst many others, in our community. It is thus a remarkable victory for RHD campaigners all over the world that in May this year, an RHD resolution has been debated at the 71st WHA in Geneva to pass a global resolution to eliminate ARF and control RHD in the world. This resolution is being strongly supported by the National Department of Health and our Minister of Health, Dr Motsoaledi. It was a real honour to report on the state of RHD in South Africa at



WH Assembly in Geneva

the Heart Valve Society meeting in New York (Prof Peter Zilla was also faculty) as well as at a recent meeting in Perth, Australia. The latter meeting was hosted by Telethon Kids Institute, following the Science on the Swan meeting, which was established by the Western Australian Health Translation Network. Each year a central theme in health and medical research is highlighted, showcasing a unique mix of fundamental, biomedical, clinical, health and social sciences. This year the theme was: Science, Health and Community - from mechanisms to models of care. This theme resonates very strongly with cardiovascular disease. Bongani Mayosi was the keynote speaker, discussing the resolution and significant steps that could be taken in the fight against RHD. The resolution was debated on 23 May and I had the honour of being there, together with Prof Sliwa. I encourage you to follow the events on twitter @SAHeart\_ZA .

One of the most interesting quotes I heard in the traditional Australian "Welcome to the country" was that of an indigenous Australian saying: "Because of her, I can" in celebration of the efforts of women in health and community. As we recently celebrated Mother's Day, and August seems to be approaching too quickly, I want to take a moment to celebrate all the women, still by far in the minority, in cardiology, cardiac surgery and the allied disciplines. Thank you to all those who are active in our community and inspire a new generation of women to join the best discipline of all. I recently spoke about this in detail to the Cardiac Society at UCT - those in Cape Town should try and attend the next 2 talks!

It would be very interesting to see what our community will look like in 20 years! This year our congress will reflect on



Queen of hearts series

the controversies of the present, project some of the needs of the future and discuss new and exciting innovations to address the key issues in our community. We are looking forward to a feast of science and networking. We hope to encourage an early morning community walk, or run, each day and hope that all will all join us as we look toward the future. Some of the highlights awaiting you are: imaging of the future, a live case and discussion from Scotland, and a closing event which will focus on highlights from SA Heart®, European Heart Journal, Heart Asia and JaACC-Imaging, led by the editors. The CVD Imbizo is directed at career and capacity building and facilitates the opportunity to talk directly to key members of the SA Heart® community, as well as our international faculty. This year, for the first time, we have kept registration costs at 2017 prices with special rates for South African and African fellows. More importantly, there are several fully funded scholarships for local, African and European fellows! Please apply as soon as possible. Block out your diary for 4 - 7 October 2018!

Finally, I would like to thank Blanche once again for a great newsletter. Please continue to send in your contributions and remember to like us on facebook <https://web.facebook.com/SAHeartassociation/> and to follow us on twitter@SAHeart\_ZA with the hashtag #SAHeartforyou. For those of you, who doubt that social media has an impact on our field, please read this interesting report from JACC <http://www.onlinejacc.org/content/71/9/1044>.

**Best wishes and looking forward to meeting up in the next edition of our newsletter.**

**Liesl Zühlke**  
SA Heart® President

## POPULAR CONGRESSES FOR 2018

CONGRESS	DATE	CITY	COUNTRY
CARDIO ALEX <a href="http://cardio-alex.com">http://cardio-alex.com</a>	26 - 29 June 2018	Alexandria	Egypt
NEW HORIZONS OF ECHOCARDIOGRAPHY <a href="http://www.newhorizonsinechocardiography.co.za">http://www.newhorizonsinechocardiography.co.za</a>	12 - 15 July 2018	Johannesburg	South Africa
FIRST SOUTH AFRICAN NEONATAL HAEMODYNAMICS AND NEONATAL PERFORMED ECHOCARDIOGRAPHY <a href="http://neonatal2018.co.za">http://neonatal2018.co.za</a>	20 - 22 July 2018	Tygerberg	South Africa
23RD WORLD CONGRESS ON HEART DISEASE <a href="http://www.cardiologyonline.com/wchd2018">http://www.cardiologyonline.com/wchd2018</a>	27 - 29 July 2018	Boston	United States of America
28TH INTERNATIONAL CONFERENCE ON CARDIOLOGY AND HEALTHCARE <a href="https://healthcare.cardiologymeeting.com">https://healthcare.cardiologymeeting.com</a>	9 - 11 August 2018	Abu Dhabi	UAE
CARDIOLOGY AND HEALTHCARE <a href="http://www.escardio.org">http://www.escardio.org</a>	25 - 29 August 2018	München	Germany
PCR LONDON VALVES <a href="https://www.pcronline.com/Courses/PCR-London-Valves/PCR-London-Valves-2018">https://www.pcronline.com/Courses/PCR-London-Valves/PCR-London-Valves-2018</a>	9 - 11 September 2018	London	United Kingdom
TRANSCATHETER CARDIOVASCULAR THERAPEUTICS (TCT) 2018 <a href="http://www.crf.org">http://www.crf.org</a>	21 - 25 September 2018	San Diego	United States of America
CARDIAC DISEASE IN PREGNANCY Sylvia.Dennis@uct.ac.za	27 - 29 September 2018	Cape Town	South Africa
AFCC - 23RD AESAN FEDERATION OF CARDIOLOGY CONGRESS <a href="http://afccbkk2018.com">http://afccbkk2018.com</a>	29 September - 1 October 2018	Bangkok	Thailand
<b>19TH ANNUAL SA HEART® CONGRESS</b> <a href="http://www.saheart.org/congress2018">http://www.saheart.org/congress2018</a>	<b>4 - 7 October 2018</b>	<b>Sun City</b>	<b>South Africa</b>
5TH INTERNATIONAL CONFERENCE ON HYPERTENSION & HEALTHCARE <a href="https://hypertension.cardiologymeeting.com">https://hypertension.cardiologymeeting.com</a>	18 - 19 October 2018	Abu Dhabi	UAE
34TH WORLD CONGRESS OF INTERNAL MEDICINE <a href="http://www.wcim2018.com">http://www.wcim2018.com</a>	18 - 21 October 2018	Cape Town	South Africa



CONGRESS	DATE	CITY	COUNTRY
27TH EUROPEAN CARDIOLOGY CONFERENCE <a href="https://cardiology.conferenceseries.com/europe">https://cardiology.conferenceseries.com/europe</a>	22 - 24 October 2018	Rome	Italy
14TH INTERNATIONAL DEAD SEA SYMPOSIUM (IDSS) ON INNOVATIONS AND CONTROVERSIES IN CARDIAC ARRHYTHMIAS <a href="http://2018.idss-ep.com">http://2018.idss-ep.com</a>	28 - 31 October 2018	Tel Aviv	Israel
AHA SCIENTIFIC SESSIONS <a href="http://ahascientificsessions.org">http://ahascientificsessions.org</a>	10 - 14 November 2018	Chicago	United States
RAAS SATELLITE MEETING <a href="https://raas2018.org.za">https://raas2018.org.za</a>	28 - 30 November 2018	Stellenbosch	South Africa
CSI AFRICA 2018 <a href="https://www.csi-congress.org/afrika">https://www.csi-congress.org/afrika</a>	30 November - 1 December 2018	Cairo	Egypt
WORLD CONGRESS OF CARDIOLOGY <a href="https://www.world-heart-federation.org/congress">https://www.world-heart-federation.org/congress</a>	5 - 8 December 2018	Dubai	UAE

**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>SA HEART®</b>	<a href="http://www.saheart.org">www.saheart.org</a>
<b>CASSA</b>	<a href="http://www.cassa.co.za">www.cassa.co.za</a>
<b>HEFSSA</b>	<a href="http://www.hefssa.org">www.hefssa.org</a>
<b>PASCAR</b>	<a href="http://www.pascar.org">www.pascar.org</a>
<b>PCSSA</b>	<a href="http://www.saheart.org/pcssa">www.saheart.org/pcssa</a>
<b>SASCAR (RESEARCH)</b>	<a href="http://www.sascar.org.za">www.sascar.org.za</a>
<b>SASCI</b>	<a href="http://www.sasci.co.za">www.sasci.co.za</a>
<b>ACC</b>	<a href="http://www.acc.org">www.acc.org</a>
<b>ESC</b>	<a href="http://www.escardio.org">www.escardio.org</a>
<b>WORLD HEART</b>	<a href="http://www.world-heart-federation.org">www.world-heart-federation.org</a>



## SASCAR – LOOKING AT 2018

SASCAR, in its pursuit to improve postgraduate scientists' understanding of crucial techniques, ran a workshop on confocal microscopy in March 2018. Additionally, several of our members presented at the Frontiers in Cardio Vascular Biology, the basic science forum of the ESC, that was held from 20 - 22 April in Vienna.

### CONFOCAL MICROSCOPY TRAINING WORKSHOP FOR POSTGRADUATE STUDENTS

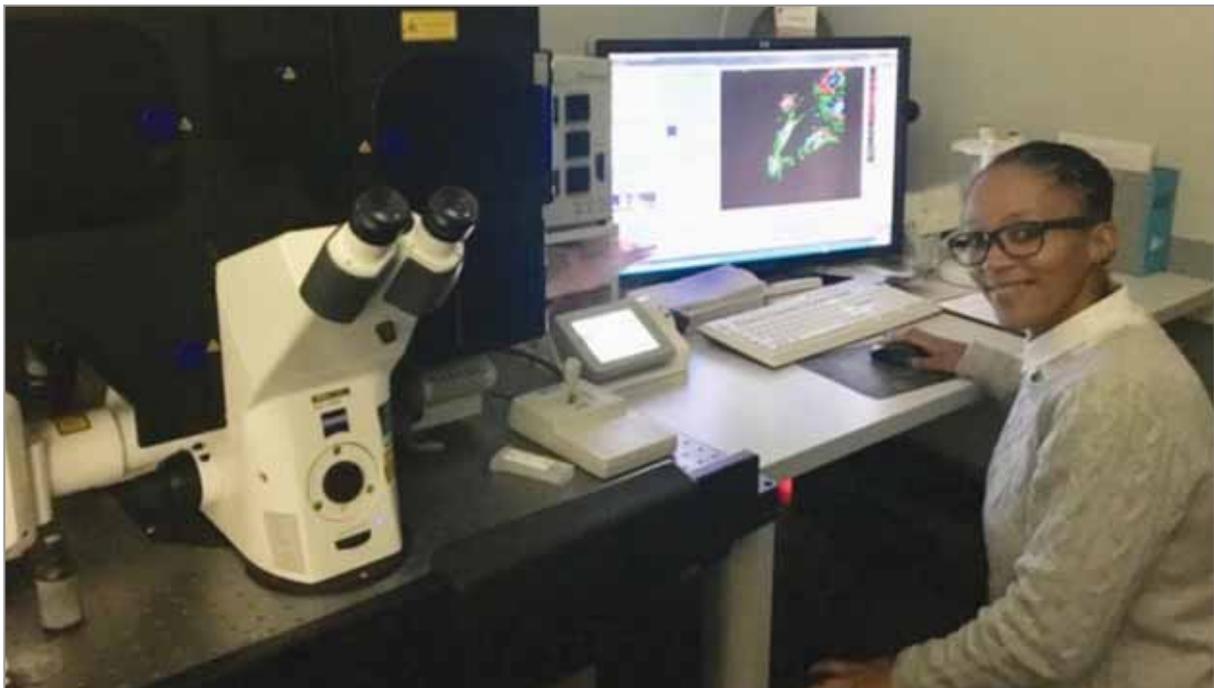
SASCAR organised a workshop that was presented by Dr Lize Engelbrecht of the Central Analytical Facility (CAF), Stellenbosch University, towards the end of March 2018. Funding from SASCAR enabled the attendance of 11 postgraduate applicants (MSc and PhD) from both the University of Cape Town and Stellenbosch University. The students enjoyed a full day of theory and practice. Dr Engelbrecht detailed the potential of the technique but also, very importantly, the common oversights and errors that can generate misleading data. The students then each had the opportunity to create their own confocal stack images. There was a great appreciation for the exposure to this powerful technology.

Ms Silindile Ngcobo (a PhD student at UCT) commented: "After the workshop, I felt empowered with new knowledge and skills on how to apply optimally the different features of a confocal microscope in my current project, for good quality research. Listening to and engaging with the other students about their different projects gave me a broader view of confocal microscopy application. The hands-on practical sessions were very helpful in understanding the theory. I look forward to similar sessions in the future and would recommend the current one to every postgraduate student."

### FRONTIERS IN CARDIOVASCULAR BIOLOGY

Three representatives from South Africa presented at the basic science forum of the ESC held in Vienna this year: Prof Sandrine Lecour presented on "Targeting inflammation for cardioprotection" and Dr Amanda Genis on "Investigating endothelial dysfunction as a pathophysiological consequence of HIV-infection and anti-retroviral treatment".

Our member, Prof Barbara Huisamen (Stellenbosch University), presented work from her team that focussed



Ms Ascentia Seboko (PhD student, US) preparing her confocal image stack



Students attending the theory session.

on the mitochondrial effects that can be expected when the Ataxia Telangiectasia Mutated (ATM) protein kinase expression levels are low. She explored the concept that obesity-induced downregulation of ATM is a primary event in the development of the associated cardiac dysfunction. They previously reported that they had observed such low expression levels in the heart under conditions of high fat feeding in a rat model of diet induced obesity (DIO). Here they reported that the ATM protein is also found within mitochondria with low levels in DIO. Furthermore, it was shown by sequentially shearing off the membranes from mitochondria followed by transmission electron microscopy, confocal microscopy with fluorescently labelled antibodies as well as western blotting, that ATM is localised to the inner mitochondrial membrane. The protein has to be imported into mitochondria as the mitochondrial DNA does not code for it.

Functionality of ATM in mitochondria was investigated by ex vivo perfusing hearts with a specific ATM inhibitor KU60019, then preparing mitochondria to measure their oxidative phosphorylation potential as well as markers of mitophagy, fusion and fission. The conclusions were: (i) ATM levels regulate mitochondrial respiration, ATP production and coupling efficiency; (ii) low ATM leads to low Drp-1 expression levels, indicating less fission and therefore less removal of damaged organelles; (iii) this is underscored by the LC3-II/LC3-I ratio indicating less flux through autophagy despite accumulation of parkin under conditions of low ATM. There was strong evidence that

the down-regulation of ATM may be involved in obesity-associated mitochondrial dysfunction. This, of course, may precipitate development of cardiomyopathy in obesity-related diseases.

“There was a great appreciation for the exposure to this powerful technology.”

#### SAVE THE DATE

The 19th Annual South African Heart meeting will take place in Sun City, North West Province, **4 - 7 October 2018**. Specific sessions focusing on basic cardiovascular research will form part of the programme. Additional information can be viewed on <http://saheartcongress.org/>.

#### EXECUTIVE COMMITTEE

Prof Neil Davies (Chair), Dr Derick van Vuuren (Secretary), Dr Bali Sishi, Prof Sandrine Lecour, Dr Wayne Smith, Prof Karen Sliwa and Prof Faadiel Essop.

#### Prof Neil Davies

  
SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH

## CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA SYMPOSIUM 2018

Disturbances of heart rhythms afflict a large proportion of our population. With an increasingly aging population and an escalating prevalence of coronary artery disease in our communities, the use of cardiac devices to treat a degenerating cardiac conduction system, and for the termination of arrhythmias arising from scarred myocardium, has become important and forms a fundamental part of cardiovascular training. Accordingly, the Cardiac Arrhythmia Society of Southern Africa is disseminating contemporary knowledge and skills for the treatment of abnormal heart rhythms across the continent and between the state and public sector. To this end, the Vineyard Hotel in the leafy southern suburbs of Cape Town hosted the Cape Town leg of the annual CASSA symposium.

Prof Carsten W. Israel from Münster University in Germany gave an excellent overview on the approach to syncope. He satisfactorily summarised this challenging subject for both experienced cardiologists and cardiology fellows. The frequently forgotten function of Cardiac devices like Permanent pacemakers and Implantable Cardioverter Defibrillators (ICD), beyond pacing and defibrillation, is cardiac rhythm monitoring. These devices often detect abnormal heart rhythms that we would otherwise have missed. Again, Prof Israel summarised how to make sense of Electrocardiogram (ECG) in interpreting device detected arrhythmias. The subject of device detected atrial fibrillation remains topical and controversial, both locally and internationally, particularly regarding stroke prevention. Israel is in agreement with international guidelines and highly recommends anticoagulation when the stroke risk is high and the risk of bleeding is low. The use of novel oral anticoagulants (NOAC) negates the need for routine monitoring and unreliable anticoagulation associated with warfarin. However, these agents remain expensive and, until recently, these agents had no antidote. Thus, the management of life threatening bleeding, or undergoing emergency surgery while on a NOAC, remained a dilemma for both patients and clinicians. Furthermore, the optimal choice of a NOAC in various clinical situation remains to be elucidated. These agents are not readily available in the state sector in South Africa.

Prof Riccardo Cappato from the Humanitas Research Centre in Milan, Italy, gave outstanding guidance on the choice of NOACs in a variety of clinical situations and summarised contemporary data on NOAC antidotes.

Two outstanding questions from the audience with regards to NOAC were:

- What is on the horizon regarding the use of NOACs in valvular atrial fibrillation? and
- Would there be a head to head comparison study of NOACs?

The INVestigation of rheumatiC AF Treatment Using Vitamin K Antagonists, Rivaroxaban or Aspirin Studies, Superiority (INVICTUS-ASA) trial (ClinicalTrials.gov: NCT02832531) is currently underway and will hopefully shed light on the use of NOACs in patients with valvular atrial fibrillation, particularly in rheumatic heart disease. According to Cappato there will never be a head to head comparison to NOACs, it would be too expensive without necessarily bringing new information.

The use of ICDs for secondary prevention in patients with coronary artery disease and reduced LV systolic function is highly recommended by contemporary guidelines. Implantable Cardioverter Defibrillators for primary prevention in coronary artery disease remains highly controversial and decision-making algorithms confusing. We shall await the results of the Vest Prevention of Early Sudden Death Trial (VEST trail) which is to be published later this year.

The South African private and public sector have a handful of cardiac electrophysiologists. We are grateful to them for taking time off their busy schedules to present difficult topics to both general cardiologists and fellows. Dr Vinny Thomas, a cardiac electrophysiologist in Cape Town private sector, gave a comprehensive approach to a patient who has survived cardiac death – this is a subject that frequently features in both clinical practice and in Cardiology certificate exams. Dr Brian Vezi, from private practice in Durban, took the audience through the management of Premature Ventricular Complexes and showed us some of his very instructive case vignettes. After a long and very educational day, the symposium was brought to a close with the traditional ECG quiz by Prof Scott-Miller and Prof Ashely Chin.

This was my first CASSA symposium experience, I am certainly looking forward to the 2019 symposium.

**Philasande Mko**  
Cardiology Fellow GSH

## ISCAP @ AFRICA PCR 2018

"There was much excitement in the cath lab, as the time for the Congress grew closer.

Our goal was to be more streamlined, so that the cases could run smoothly and the team could be more relaxed. The form, completed by the operators, made the process easier to manage and to obtain the correct equipment timeously. The scrub sisters who took part were Sr Ralph Kunene (Sunninghill Hospital), Sr Carol Makhanya (Rondebosch Hospital), Sr Isabel Bender (Union Hospital), Sr Magda Peterson (Tygerberg Hospital), Sr Hazel Gilbert (Vergelegen Mediclinic) and Sr Melanie Stahl (Vincent Pallotti Hospital). We thank them sincerely for taking part and assisting the operators with their cases. The expertise of all the scrub sisters was apparent.

I would like to congratulate Industry for being available, and having their stock on hand, timeously! There were also plenty of refreshments available. It was much appreciated by doctors and staff.

Dr S. Pandie and Sr Johanna Hartnick were stars! They were always checking on the lab and ensuring that everything was working and running smoothly.

For me, it was a great opportunity to work, as part of a team, and see the Best of the Operators, in action!"

**Dianne Kerrigan, Nurse  
Milpark Hospital Johannesburg**



Allied professionals. Kim Govender, Johanna Hartnick, Glenda Govender, Ncumisa Mpotulo, Melanie Stahl, Dianne Kerrigan, Kayla Solomon, Sharon Mosie and Corlia Le Roes.

"My experience of AfricaPCR 2018 was that it was a great meeting and well organised. From a technologist's perspective, you could learn a lot from the teaching sessions. The integration of the live cases helped me understand and experience first-hand the application of what I had learned during the Congress. I was also involved in the co-ordination of the live sessions and it was wonderful to see the doctors include the Allies, wherever possible. Even though my own input was minimal, due to the complexity and nature of the live sessions, I enjoyed the challenge and am grateful for the opportunity.

The Allies who had the privilege to serve on the faculty as co-ordinators, panellists and facilitators were able to participate on the same platform as the Cardiologists. This was a huge development opportunity and will only serve to enhance the Allies as effective members of the Heart Team."

**Human Nieuwenhuis, Clinical Technologist  
Vincent Pallotti Hospital Cape Town**

"The involvement of Allied professionals in the organisational level of the AfricaPCR, I think, has given a more rounded objective to the course, as no man is left behind as the field expands. It is essential to know what the physician requires from the Allied professionals, and that they do not blindly follow, but also safeguard the procedure with their knowledge attained from programmes such as AfricaPCR.

With advancing technology, procedures have become complicated and longer in duration. Radiation exposure, contrast media use, etc. has become pivotal to procedure management – here too the Allied professions must attain knowledge to ensure a holistic successful procedural outcome.

What measurements, where to measure, which modality is best, what is the preparation, what is the aftercare, what is the follow-up - these were all questions that the Allied professionals are expected to contribute to. The involvement of Allied professionals in AfricaPCR, affords the Allied professional an opportunity to master some of these answers."

**Ernest Horsley, Radiographer  
NI City Hospital, Cape Town**

## SASCI VISITING PROFESSOR PROGRAMME 2018 REPORT

### “Final Word” Prof David R. Holmes Jr

The SASCI VPP 2018 concluded at the SASCI Annual Fellows Workshop and AfricaPCR 2018. Prof Holmes contributed to both programmes providing the South African Cardiology community with world-class lectures, discussions and debates.

The saying “time flies when you're having fun” became a reality to SASCI when we realised that it was time to say goodbye to our 2018 visiting Professor, after an intensive and exciting 2-month journey. Herewith, the final words from Prof Holmes and his wife, Virginia:



SASCI VPP 2018 AfricaPCR.

How does one begin to bring closure to a 2-month window, a 2-month extra-ordinary experience and adventure which has been visited on us and which we in turn have visited? A series of visual images of an amazing landscape, of an astounding environment; a series of emotional images of an amazing landscape of people and patients; a series of profound images of a landscape of medical care with all its complexity, opportunities and challenges; a visual and mental image of what could be and what should be.

An impossible challenge – but on the flip side a very real possibility for opportunity – the opportunities which form the basis of what can be done, should be done and indeed is within our reach. A menu was provided to us by our incredible partners – Medtronic and Pharma Dynamics – under the umbrella of SASCI - without which, this would not be possible.

We summit at the SASCI Fellows Workshop with wonderful and relevant talks and a real interactive simulation session of bifurcation disease. We moved on to the AfricaPCR Course, the dessert as the culmination, which focused so strongly on education, science, art and practice and involved the patients, physicians, surgeons and sisters. The focus on things that should be done, the things we thought might be done but sometimes simply can't, but we learned from all of them.

The approach as a team of interventional cardiologists from around the continent, the surgeons, industry

partners, the sisters, our Society, all focused on making things better for that most precious of all resources, our patients. A variegated society, a Joseph's coat of many colours.

The systems of health care in South Africa and in the United States are unique in their own ways - but the patient and family needs are universal. In my time there were many things of wonder, many things to explore, many things to learn and many things to teach - but the very heart of the issue was seen on a bulletin board in the Catheterisation Laboratory at Groote Schuur Hospital. It was the Latin word “servamus”, and it is relevant no matter where we live or with whom we work. Simply put, it relates to the privilege expressed in those words “servamus” - we serve.

We revel in the opportunities of all the stakeholders, we take joy in those opportunities, we reflect, savor, embrace and we treasure this time, these interactions and relationships where we have come together to “Make a Difference”.

Ginger and I can only dream and anticipate and embrace your future and we can only hope to be part of that unbelievably bright future which should only be limited by our ability to imagine.

**David and Virginia Holmes**



SASCI VPP 2018 Tygerberg Hospital team.



SASCI VPP 2018 Bloem Cath Lab.

“A very real possibility for opportunity.”

Prof David R. Holmes and his wife Ginger safely returned to Rochester, Minnesota on 5 April 2018. SASCI would like to extend our deepest gratitude to Prof. Holmes for the immense impact he had during his tenure in South Africa. We look forward to future collaborations and working together to further quality education in Cardiology and impacting further than just the borders of our beautiful country.

The SASCI Visiting Professor Programme is proudly sponsored by and made possible by our industry partners, **Medtronic and Pharma Dynamics**.



SASCI VPP 2018 GSH lecture last day.

## PUTTING ADULT CONGENITAL HEART DISEASE (ACHD) IN THE SPOTLIGHT

**A**dult Congenital Heart Disease (ACHD), or Grown-Up Congenital Heart Disease (GUCH), is a rapidly expanding field straddling the adult cardiology, paediatric cardiology and cardiac surgery domains. The Chest Forum, a collective of thoracic surgeons based at the Lenmed Ethekwini Hospital and Heart Centre in Durban, recently hosted the first focus symposium on the subject. The registration fee was waived and over 60 specialists, fellows, and registrars from all 3 disciplines across South Africa attended.

The meeting was chaired by adult and paediatric cardiothoracic surgeon Dr Darshan Reddy, who heads the Congenital Heart Centre at Lenmed Ethekwini Hospital, together with his associate cardiothoracic surgeon Prof Robin Kinsley, who has operated on over 300 GUCH patients during his 50-year career. Invited speakers included Prof Stephen Brown (specialist paediatric cardiologist from the University of the Free State in Bloemfontein), Dr Blanche Cupido (adult cardiologist and coordinator of the Adult Congenital Heart Disease service at Groote Schuur Hospital in Cape Town), and Dr Susan Vosloo (adult and paediatric cardiothoracic surgeon based at the Netcare Christiaan Barnard Memorial Hospital in Cape Town). Durban based cardiothoracic transplant surgeon, Dr Robert Kleinloog, completed the expert panel of speakers.

### A GUCH SERVICE

The meeting comprised of 3 sessions, the first entitled A GUCH service in the real world. Dr Cupido outlined the growing need for a comprehensive GUCH service in South Africa and detailed the spectrum of primary and previously treated congenital pathologies that will be encountered in current clinical cardiology practice. The need for structural and organisational frameworks to smooth the transition from paediatric to adult cardiac services was emphasised, and vivid illustrations used to highlight the complications associated with lapses in care, particularly those related to pregnancy in undiagnosed patients.

Prof Kinsley then shared his vast experience with a potpourri of unique and interesting GUCH patients encountered during his 50-year career in cardiac surgery.



Left to right: Dr Joe McKibbin, Dr David Gillmer and Professor Robin Kinsley.

Notable examples included the primary presentation of truncus arteriosus in a 19-year-old woman, techniques of treating complex transposition, and the entity known as “Critical pulmonary stenosis: African style”.

### HEART AND LUNG TRANSPLANTATION IN CONGENITAL HEART DISEASE

The second session of the meeting focused on Heart and Lung Transplantation in Congenital Heart Disease (CHD) and Dr Kleinloog presented his experience with heart transplantation and the only successful heart-lung transplantations undertaken on the African continent in the complex CHD patient cohort. Dr Kleinloog detailed the anatomical caveats related to transplantation in CHD, and outlined techniques to overcome these challenges. Dr Susan Vosloo reviewed the paediatric heart transplantation service in South Africa, which is largely centred at her practice in Cape Town. The challenges related to donor organ availability and logistic issues related to organ harvesting were discussed. This session allowed cardiologists and surgeons working in the field of CHD to better understand the role of transplantation for CHD in South Africa, enhancing their ability to counsel and inform patients appropriately. Prof Kinsley then focused on surgical techniques by outlining the principles of planning and executing reoperations for CHD, sharing his insight on “how to stay out of trouble” and his vast experience on “how to get out of trouble”.



Left to right: Dr Johan De Villiers, Dr Emily Colyn, Professor Stephen Brown.



Lenmed Ethekweni Hospital and Heart Centre Durban.

## INTERVENTION ON THE PULMONARY VALVE

The final session focused on 2 specific areas of interest to CHD and GUCH practitioners, the first being the Timing and Technique of Intervention on the Pulmonary Valve following Tetralogy of Fallot correction. Dr Cupido highlighted the lack of robust data informing clinical guidelines and expert consensus on the timing of re-intervention for pulmonary insufficiency, and the discussion that followed suggested that the timing of revalvulation be individualised to the patient. Dr Steve Brown, widely regarded as the most experienced interventional paediatric cardiologist

South Africa, elegantly demonstrated the technique of percutaneous pulmonary valve replacement using case illustrations with angiography. Dr Darshan Reddy presented a surgical video outlining the technique of pulmonary valve replacement, and discussed right ventricle to pulmonary artery conduit replacement, highlighting the nuances specific to orthotopic vs. heterotopic conduit implantation. The discussion was moderated by Prof Kinsley, who asserted that reintervention for Fallot's tetralogy be coordinated between surgeon and interventional cardiologist to preserve the balance between right ventricular function and repeated revalvulation.

## AORTIC COARCTATION IN THE ADULT

The second focus topic was Aortic Coarctation in the Adult, and Dr Stephen Brown presented the interventional catheter results with stent grafting, again illustrated with excellent real-patient angiography. Dr Reddy then presented the surgical options for both primary and reoperative adult coarctation, and expanded the discussion to complex coarctation and aortic arch surgery. Dr Vosloo moderated the ensuing discussion and Dr Reddy emphasised insight when undertaking neonatal arch reconstruction and being cognisant of the late consequences of the "gothic" vs. "roman" aortic arch shape.

At the close of the meeting, consensus was that the organisation of GUCH services in South Africa requires collaboration across adult and paediatric cardiology lines, and that a working group be formed to address this need. The speakers and audience were thanked for their participation and commitment to improving the education and training of specialists in this field.

**A Symposium on Paediatric Cardiac Intensive Care will be hosted by the Chest Forum on 8 July 2018 at the Lenmed Ethekwini Hospital and Heart Centre in Durban and will feature 2 expert speakers from the University of Michigan, Ann Arbor MI.**

**Dr Darshan Reddy**

## SASCI LEGAL UPDATE 2018

**Presented at the SASCI AGM 2018**  
**by Elsabe Klinck Consulting**  
**26 March 2018**

### INTRODUCTION

What follows is a brief update on health sector developments that affect SASCI, and medical practitioners in general, as it occurred over the past year.

### HEALTH MARKET INQUIRY (HMI)

The HMI's objective is to investigate the private health-care market as well as the possibility of market failures. The draft report is due in April 2018, for comment and recommendations which may include: legislative changes, competition law charges, etc. The Inquiry has been ongoing since late 2015, with hearings taking place in 2016 (in which SASCI also participated), and other themes addressed in workshops on, amongst others, pricing and fees and hospital licensing.

The latest reports, released late in 2017, and up for comment by 31 January 2018, aimed to provide possible explanations for the 4 percentage points that healthcare costs have risen above inflation for the period 2010 - 2014. Reports were issued on healthcare professionals, hospitals, medical schemes and the PMBs. Two percentage points above inflation increases appear to be explained by a variety of factors, including the demographics of the medical scheme population. Aspects such as length of stay in hospitals and level of acuity are used to unpack the remaining unexplained cost increases. Volume and intensity of care appear to be factors contributing to unexplained cost increases. This, in turn, casts aspersion on healthcare professionals, as well as their relationship with hospitals, device companies, etc.

It is unlikely that the HMI will find collusive behaviour, although some evidence of vertical integration has been presented. However, there are many regulatory failures, including those relating to hospital licensing and uncertainties on coding and fees/tariffs. It is expected that these will be included into the report as well as recommended corrective action that could be taken.

### THE PMB REVIEW AND THE PMB CODE OF CONDUCT

The Prescribed Minimum Benefits (PMBs) are, by law, required to be reviewed every 2 years, amongst others,

to ensure that the conditions and the descriptions of treatment keep pace with developments in medical practice and technology. This has not been done, and a large review was started by the Council for Medical Schemes (CMS) and the National Department on Health (NDoH) in 2017. This review is ongoing and the aim is to have a new set of PMBs in place by 2019.

The first output from this process is the release of a proposed new PMB Package, which is a close to verbatim copy of the NHI benefits. Unlike the current PMBs, which aim to cover catastrophic high cost care, as well as pertinent chronic conditions, such as hypertension and diabetes, the proposed new package is primary and preventative care driven, and includes aspects such as health education, nutritional education and advice, screening, etc. It is, from a health systems perspective, primary care driven. If the same pool of funding is in existence, the inclusion of such elements would have to be done at the expense of other care currently included in the PMBs.

This fundamental shift in the objectives of the PMBs, and the review thereof, will have significant implications for healthcare professionals in general, but specifically the members of SASCI and its suppliers. SASCI has a dedicated representative on the PMB Review Committee.

The PMB Code of Conduct, a document which aims to govern conduct in relation to the current set of PMBs, has also been released for comment and SASCI has provided input into the draft Code.

### AMENDMENTS TO THE MEDICINES AND RELATED SUBSTANCES ACT, 1965 ("MEDICINES ACT")

The amendments to the Medicines Act came into effect on 1 June 2017. There are 3 sets of important changes brought about by these amendments:

- The creation of a new statutory body, SAHPRA, to replace the MCC, to which adverse events must be reported, clinical trials registered, etc.
- Mandatory licensing for medical device manufacturers, importers, distributors and wholesalers.
- Commercial prohibitions on business deals and sales pertaining to medicines, medical devices and IVDs.



The most significant amendments are those of a commercial nature, namely the prohibition of supplying medical devices and IVDs on a bonus, rebate or incentive scheme (section 18A). Exemption has been provided from this to devices and IVDs from 29 December 2017 - 28 December 2018, after which this section will again be in operation.

In the meantime, draft regulations have been published for comment on medicines, medical devices and IVDs. SASCI provided comments on these draft regulations. The Draft regulations proposed not only to outlaw perversities, but also, what many would view, legitimate and patient-focus practices, such as consignment stock and loan sets. Device "placements" on loan (where the device remains the property of the company, but the professionals and/or hospital benefits from its use for free) and data sales by healthcare professionals are proposed to be outlawed.

No draft regulations have been published to govern device appraisals under section 18B. Currently the wording prohibits all free supply of medical devices and will become applicable on 29 December 2018. This will have an impact on devices supplied as part of clinical trials, or which are being tested or trialed. Product donations to legitimate and lawful charities and the public sector are also affected by this prohibition.

#### **PRESCRIPTIONS – NEW CRITERIA SET BY MEDICINES REGULATIONS, 2017**

Regulation 33 of the new Medicines Regulations, August 2017, sets new criteria for medicine prescriptions. In addition to the well-known aspects that must be included on a prescription, the new regulation now also requires the following information be included on a prescription for a medicine:

- The name, identification number and address of the patient or, in the case of a neonate, that of its parent or guardian.
- The age and gender of the patient.
- The prescriber shall keep records of the diagnosis relevant to the prescription and, where the patient consents, indicate the diagnosis or the relevant diagnostic code on the prescription.

In terms of the diagnosis, it must be borne in mind that Regulation 5 to the Medical Schemes Act requires the

inclusion of a diagnostic code, in order to obtain reimbursement. According to the rules on confidentiality, where a law requires a disclosure, patient consent is not required. If no ICD10 code appears, the medicine may not be funded at all, or may be funded from the patient's savings account, in spite of it being a PMB.

“The HMI’s objective is to investigate the private health-care market as well as the possibility of market failures.”

#### **HEALTH PROFESSIONS COUNCIL OF SA (HPCSA)**

The HPCSA embarked on a road show pertaining to global fees in 2017 and a resolution was promised to this matter. A global fee is where a single fee is paid for an event, or an investigation, to an entity such as a hospital, which then in turn pays the healthcare professional, suppliers, etc. Such fees violate the HPCSA Ethical Rules (7, 8 and 18, amongst others). No resolution is yet in place, and professionals have been advised to contact the HPCSA at

## SASCI LEGAL UPDATE 2018 continued

a dedicated email address before signing such contracts. The CMS is also investigating the matter from a managed care perspective, where the arrangement is accompanied by clinical criteria or requirements.

The HPCSA is also reportedly reviewing its Business Practices Policy (previously the "Undesirable Business Practices Policy), which governs relationships between practices and commercial entities, as well as managed care.

The HPCSA has also approved the employment of healthcare professionals by Life Hospital in emergency rooms, ICU and maternal care. It is unclear according to which HPCSA policy, or which criteria were used to evaluate and approve (or potentially reject) such applications to employ. This follows on the case in the High Court in which Netcare was granted the right to employ radiographers.

The registration of foreign qualified healthcare professionals at the HPCSA has been widely reported in the media over the past weeks. If not resolved, this matter is likely to find its way into court.

### NATIONAL HEALTH INSURANCE (NHI)

The NHI White Paper, i.e. the NHI Policy, was released in 2017 as the final policy on the NHI. Both the State of the Address and the Budget Speech of 2018 have stated the implementation of the NHI as a priority. Dedicated line items for the NHI already exist in the NDoH's bud-

get. Aspects of the NHI Policy are already being implemented such as the School Health Programme, the NHI Pilot sites, the Ward-based Community Outreach programme, etc.

Work streams are currently working on the budgetary and financial aspects of the NHI, as well as the details pertaining to the NHI package of care.

### OFFICE OF HEALTH STANDARDS COMPLIANCE (OHSC)

The OHSC played, through the office of their Ombud, a key role in the Life Esidimeni matter. The OHSC is responsible for setting and enforcing quality standards in all health facilities (both public and private). A new set of standards were published, as applicable to private health facilities, in the Government Gazette on 2 February 2018.

### CONCLUSION

SASCI has been active in most of the health sector developments and is actively engaged to ensure that it protects the interests of its members, as well as those of the patients serviced by its members.

Made available to SA Heart® - and SASCI News - as a service to the broader cardiology community by Elsabe Klinck (SASCI Legal Advisor).

**Elsabe Klinck Consulting**

# NEW HORIZONS IN ECHOCARDIOGRAPHY

## JOHANNESBURG 10TH ANNUAL CONFERENCE

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We kindly remind you that you can gain online access to the 10th Annual conference of New Horizons in Echocardiography  
<https://www.livemedia.com/newhorizons18>

*If you are unable to attend the 10th Annual Congress in person, you can register for full online coverage via webcast.*

## CLINICIAN FOCUS: MAMOTABO ROSSY MATSHELA



Dr Mamotabo Matshela completed her PhD thesis at the Mayo Clinic, Rochester (USA), while collaborating with the University of KwaZulu-Natal. She consequently completed her postdoctoral studies at the Mayo Clinic as well. Dr Matshela is a cardiologist and obtained her FCP(SA) and Cert. Card(Phys) from the College of Medicine of South Africa (CMSA). Prior to her postgraduate studies, she completed her MBChB at, what was previously known as, MEDUNSA (now the Sefako Makgatho University of Social Sciences). She hails from Zebediela, near Lebogakomo, in the Limpopo province where she matriculated at the tender age of 16 years.

Her dream of becoming a cardiologist began at age 10 when she was admitted at Groothoek hospital, in Zebediela, for a period of 2 weeks. She says: "I always remember the 2 week experience, interacting with nurses and doctors in that old hospital. I knew that I was going to be a doctor and a heart specialist. I still don't know what was wrong with me then, even though they thought I had a heart problem." Soon after completing her undergraduate studies, Dr Matshela returned to the Limpopo province to complete her internship and community service after which she began to pursue her dream of becoming a cardiologist. Dr Matshela qualified as a physician and 3 years later she obtained her certificate in cardiology from the college of medicine of South Africa.

She decided to pursue her studies to become an advanced researcher with special interests in advanced cardiac imaging and qualitative research, importantly addressing gaps and disparities in cardiovascular diseases. A year after completing her cardiology training, she was offered a position to pursue her PhD studies at the Mayo Clinic, in Rochester, Minnesota, USA.

Although, she has received numerous awards, assists as a reviewer and serves on a few international editorial boards, Dr Matshela believes that the highlight of her career was when she won a travel scholarship to spend extended time in London, Manchester and Sheffield. "Having spent some quality time with experts in the field of cardiology, and

cardiovascular research, made me realise how capable I was and could easily cross those boundaries of a human kind," she notes.

Dr Matshela is the first black female adult cardiologist to have obtained a cardiology certificate through the CMSA. She previously served as a committee member of the South African Heart Association (SA Heart®) and was voted to serve as a chair for the Mayo Clinic Research Fellowship Association committee (Educational chair, 2013 - 2015). In addition, Dr Matshela is the very first South African to have been accepted, and to have completed, her thesis at the Mayo clinic. She has also been a fellow and committee member of the Pulmonary Vascular Research Institute (PVRI, UK) since 2010. While still collaborating in research with the Mayo Clinic, she is pursuing an executive MSc at the London school of economics and political science on a part time basis under the mentorship of the European Society of Cardiology. Dr Matshela is also in the process of launching her own foundation focusing on cardiovascular health disparities, particularly in cardiovascular screening. Despite her extensive travels, Dr Matshela continues to be a great mentor to B.Tech, Masters and PhD students around the country and has already produced a few B.Tech and Masters graduates.

Her special interests are advanced cardiac imaging (echocardiography and MRI) and qualitative research. Her research interests are myocardial mechanics using speckle tracking strain, and a variety of cardiac and cardiovascular diseases including heart failure, pericardial disease, peripartum cardiomyopathy and health disparities. Dr Matshela is a leading expert in advanced echocardiography and research. She hopes to establish registries in the country, and more primarily, her province. She also hopes to make a significant contribution to the areas of heart failure, cardio-oncology and echocardiographic screening in impoverished schools. She has just been awarded greater funding to pursue her research adventures in heart failure and echocardiographic screening in impoverished schools.

Her philosophy is that: "Having nothing in your pocket, shouldn't be a ticket not to be offered a free high class cardiac evaluation. I would love to see that every school child is healthy, from a cardiac standpoint, so that they can complete their school years".

## HeFSSA PRACTITIONERS' PROGRAMME IN HEART FAILURE

### “The Patient Journey: Feel Good and Live Long”

#### HEART FAILURE SOCIETY OF SOUTH AFRICA

The Heart Failure Society of South Africa (HeFSSA) is very satisfied with the successful implementation of the HeFSSA Cardiology Update for Non-Cardiologists Heart Failure programme that was presented in 2017 throughout South Africa and in Namibia. A total of 13 meetings were held across South Africa and Namibia.

We would like to extend our gratitude to all who attended the meetings, your participation made this year a huge success.

#### HeFSSA EXECUTIVE 2017/18

The HeFSSA Executive Committee remains committed and the driving force behind the Society: Martin Mpe (President), Jens Hitzeroth (Vice-President), Eric Klug (Ex-Officio President), Darryl Smith (Treasurer) and Nash Ranjith (Secretary).

#### REPRESENTATIVES

Karen Sliwa, Len Steingo, Tony Lachman, Makoali Makotoko, Nqoba Tsabedze and Ntobeko Ntusi.

#### THE THEME FOR 2017 WAS “THE PATIENT JOURNEY: FEEL GOOD AND LIVE LONG” WITH CASE STUDIES BEING:

- **Case Study 1:** Heart Failure with Preserved Ejection Fraction
- **Case Study 2:** Heart Failure with Mid Ejection Fraction - Range
- **Case Study 3:** Decompensated Chronic Heart Failure
- **Case Study 4:** Kidney Dysfunction and Heart Failure

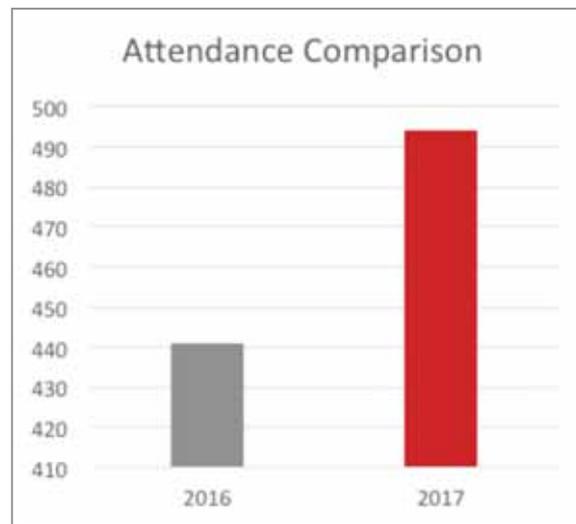
The case studies for the 2017 programme were compiled by HeFSSA Exco, i.e. Nqoba Tsabedze, Martin Mpe, Nash Ranjith and Ntobeko Ntusi.

HeFSSA has seen an increase in the numbers of attendees from the 2016 total of 430 to almost 500 in 2017.

Factors that contributed to the rise in numbers include the excellent speakers who delivered very exciting presentations on relevant topics.



Dr Trevor Gould and Dr André Lochner presented “The Patient Journey: Feel Good and Live Long” on 14 October 2017 at the Fancourt Hotel in George.



The presentations included a lively interactive component which resulted in the learning experience being more accessible and very informative.

In 2018 the HeFSSA Office hopes to further add value to the programme by once again making the case studies available on the website [www.hefssa.org](http://www.hefssa.org) and by choosing the best speaker/s to deliver the course material in an exceptional manner.

We will endeavor to keep the standard of the venues at the highest level, as it has come to be expected.

HeFSSA was supported by loyal corporate members. Our sincere appreciation goes to Boston Scientific, Medtronic, Pharma Dynamics, Servier and Novartis for their continued support.

## NEW HORIZONS IN ECHOCARDIOGRAPHY



On behalf of the course directors of New Horizons in Echocardiography (Petros Nihoyannopoulos, Farouk Mookadam, Bijoy Khandheria and Ferande Peters) it is my pleasure to invite you to attend this year's course which will be held from Friday mid day 13 July 2018 - Sunday mid day 15 July 2018 at the Wits School of Public Health Auditorium, York Road, Johannesburg.

This year we celebrate the 10th anniversary of Africa's premier echocardiography course. The focus will mainly be on echocardiography with the major component of the course dealing with valvular disease. The other thematic sessions will be on coronary disease, aortic diseases, myocardial diseases and pericardial disease. This exciting programme will be 80% case based learning. Overseas based speakers include, Jeroen Bax, Christopher Kramer and Denise Ignatowski.

We will also run 4 pre-course workshops designed to provide/update essential skills.

**On Thursday, at the Steve Biko Academic Hospital, we will run 2 concurrent courses:**

- Pre-course TEE workshop - limited to 18 participants.
- Pre-course TTE workshop - Building from the basics - Key physics, anatomy, physiology, echo techniques (including tissue Doppler) and ASE guideline recommended measurements.

**On Friday, at the Flora Clinic in Johannesburg, we will run 2 concurrent morning workshops:**

- Pre-course workshop on 3D TE.
- Pre-course workshop on native and prosthetic valvular heart disease.

As a result of our association with Cardiovascular Research and Training (CRT), several Precourse workshops are at a nominal charge of R500 per course or workshop.

Please contact our course coordinator,  
Christine Bisla, via email on  
[newhorizons.baraecho@gmail.com](mailto:newhorizons.baraecho@gmail.com) or on  
+27 (0)72 379 1718 regarding registration,  
accommodation and transport options if you  
are travelling from outside of Johannesburg.

We do hope to see you in the near future  
in Johannesburg.

**Ferande Peters**  
**University of the Witwatersrand and**  
**Steve Biko Academic Hospital**

**CISSA NEWS**

The cardiac imaging society is looking forward to an exciting year for imaging. Many educational events will be supported by CISSA.

**SUNECHO**

The annual SUNECHO echocardiography course was again successfully held at Stellenbosch University. The course was attended by more than 130 health care professionals with an additional 25 participants attending the 3D workshop. Two past presidents of the British Society of Echocardiography were amongst the international faculty and provided for an academic programme of the highest standard.

**UPCOMING EVENTS:**

- New Horizons 12 - 15 July
- SA Heart® CISSA Pre-congress echocardiography workshop
- SA CMR congress 30 October - 4 November

**SA HEART® CISSA PRE-CONGRESS WORKSHOP**

The annual CISSA echocardiography workshop will once again cover a wide range of topics in echocardiography, predominantly focusing on transthoracic echocardiography. All health care workers involved in echocardiography are invited to attend. The programme will benefit echocardiographers of different skill levels and we are convinced that



Left to right: Navroz Masani, John Chambers, Philip Herbst, Alfonso Pecoraro and Anton Doubell.

both experienced imagers, and those starting out in echo, will benefit from this full day workshop. A specific focus area for this year's workshop will be peri-interventional imaging and a basic approach to imaging adult patients with congenital heart disease.

**ACCREDITATION**

The BSE (British Society of Echocardiography) will be hosting annual examinations for accreditation in both trans-thoracic and transoesophageal echocardiography during October. Current confirmed sites are Cape Town and Johannesburg. For more information, visit [www.bsecho.org](http://www.bsecho.org).

**Alfonso Pecoraro**  
**CISSA: President**

**ADVANCED ANNOUNCEMENT**

**Nominations for the post of SA Heart® treasurer and SA Heart® committee members for all 4 standing committees will be called for in August.**

The nomination and election process will take place on the by now familiar electronic platform.

Please participate actively in this process once the relevant platform link gets circulated by email.





**WORLD HEART  
FEDERATION®**

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

5-8 December 2018 | Dubai, United Arab Emirates



## **Join us in Dubai 5-8 December 2018** **World Congress of Cardiology & Cardiovascular Health**

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

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

**Together, we can shape the future of heart health.**

Find out more and register your interest at [www.worldcardiocongress.org](http://www.worldcardiocongress.org)



**THE SA HEART® ANNUAL GENERAL MEETING WILL TAKE PLACE DURING THE ANNUAL SA HEART® CONGRESS ON FRIDAY 5 OCTOBER 2018 AT 17H30 AT SUN CITY.**

**ALL MEMBERS ARE WELCOME!**

**CALL FOR REGISTRATION**



**19<sup>TH</sup> ANNUAL SA HEART CONGRESS 2018**

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

*What does the future hold?*



[www.saheart.org/congress2018](http://www.saheart.org/congress2018)

Featuring scientific sessions from



## TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

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

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

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### CONDITIONS

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

### SUBMISSION REQUIREMENTS

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



CAPE TOWN  
CARDIAC DISEASE  
IN PREGNANCY  
2018 symposium



Cape Town, South Africa

27<sup>th</sup>-29<sup>th</sup> September, 2018

Hatter Institute, 4th Floor Chris Barnard Building, UCT Medical School, Observatory, Cape Town

**PROGRAMME**

**Thursday, 27 September 2018 (12h30 - 17h30)**

Management of Women with cardiac diseases: A clinical and ethical update (CPD points available)

**Friday, 28 and Saturday, 29 September 2018**

Clinical and translational research updates on heart diseases in pregnancy, peripartum cardiomyopathy, valvular diseases in pregnancy and management of women with cardiac disease.

Workshops for postgraduate students and young investigators will take place on Friday, 28 September.

Prof Bob Pattison	South Africa
Prof Mush Matjila	South Africa
Prof Elena Libhaber	South Africa
Prof John Anthony	South Africa
Dr Blanche Cupido	South Africa
Prof Liesl Zühlke	South Africa
Prof Priya Soma-Pillay	South Africa
Dr Feriel Azibani	South Africa
Prof Karen Sliwa	South Africa

**SPEAKERS**

Prof Vera Regitz-Zagrosek	Germany
Prof Alex Mebazaa	France
Prof Johann Bauersachs	Germany
Prof Mark Petrie	Scotland
Prof Amam Mbakwem	Nigeria
Prof Peter van der Meer	Netherlands
Prof Sorel Goland	Israel
Prof Ana Mocumbi	Mozambique
Prof Hassan El Farhani	Iraq

**CALL FOR ABSTRACTS**

We invite abstract submissions for short presentations (10 minutes) and poster session. Please submit your abstract to Dr Feriel Azibani (email: Feriel.Azibani@uct.ac.za) by 31 July 2018.

**REGISTRATION**

To register, please email Ms Sylvia Dennis at Sylvia.Dennis@uct.ac.za.

<b>Thursday session only:</b>	R500.00
<b>Full congress:</b>	RI 500.00



## LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

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

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

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

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

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

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

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

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

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

**Applications close on 31 January 2019.**

## THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

### REQUIREMENTS

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

### RECOMMENDATIONS

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

### CONDITIONS

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

### APPLICATIONS MUST BE EMAILED TO:

[erika@saheart.org](mailto:erika@saheart.org)

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

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

**SA Heart® commits to inclusive excellence by advancing equity and diversity.**

**We particularly encourage applications from members of historically under represented racial/ethnic groups, women and individuals with disabilities.**



