# south african **DEALT ASSOCIATION** 2018 Volume 15 Number 4 ISSN 1996-6741 (Print)

NEWSLETTER

### SA HEART<sup>®</sup> CONGRESS 2018 - MESSAGE FROM THE PRESIDENT

#### Dear All,

It is hard to believe that this is my final newsletter as SA Heart® president. At the AGM in 2018, I hand over to Dr David Jankelow and his new leadership team to move SA Heart® forward over the next 2 years. I was extremely grateful for the opportunity to represent the cardiovascular community of South Africa and beyond as your president. It has been a challenging and interesting 2 years. This was the first time that SA Heart<sup>®</sup> has been led by a paediatric cardiologist, and hopefully not the last.

The aims for my 2 years were threefold: First, I hoped to further the reach of SA Heart<sup>®</sup> to the broader community – including the public, our departments of Health, and affiliated cardiac associations. Second, I wanted to see SA Heart® become more relevant to each member. Finally, I hoped to contribute to a solid financial footing that would allow us to continue our important joint activities.



#### A few comments on these aims:

- SA Heart® now has a solid Facebook and Twitter following. We have over 3 000 followers on Facebook, mostly members of the community, with some posts commented on over 100 times and some videos having been viewed over 6 000 times. We have over 400 followers on Twitter. These are mostly heart associations, the cardiac community and members of our own community who undertake a regular interaction regarding scientific matters. Social media has become a critical part of cardiac associations and reaching the public, and we have increased our presence here significantly.
- Our hashtag is #SAHeartforyou, and we have continued to stress the "value add" of SA Heart® to our members over the past years. This is an ongoing challenge, and we hope that the new congress sponsorship model will help to increase the value add for members. This year we were also able to sponsor independently of industry over 30 fellows and African colleagues to attend our meeting - a unique occurrence. We continue to look for new and enthusiastic members to join SIGs, branches and committees and to contribute to and benefit from membership.
- The financial climate at SA Heart<sup>®</sup> has been challenging. After our 2016 congress proved to be less of a financial success (albeit a scientific success) than ever before, we were obliged to take some very prudent financial decisions. We undertook a new congress organising model, and have been very strict with funding over the past years. Last year's congress was a great success and 2018 looks like being an equally successful one. We are planning to hold the following few congresses at Sandton International convention Centre, as in 2017 it proved to be convenient and cost-efficient. We were able to provide significant funding to our community to attend this meeting, and hope that we can increase the number of personal scholarships in 2019.

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## **MESSAGE FROM THE PRESIDENT** continued

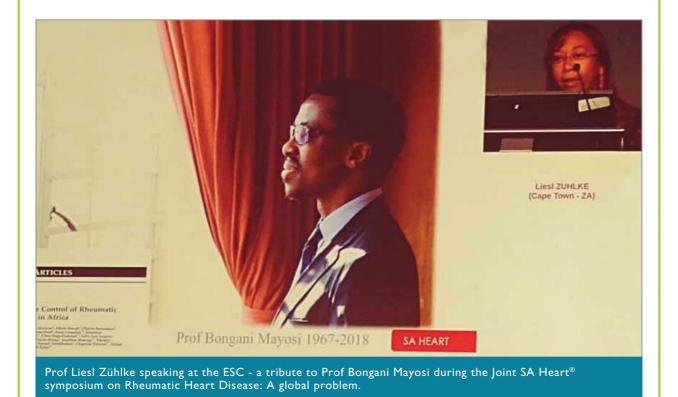
This year I have relied heavily on members of the National Advisory Council, the SA Heart<sup>®</sup> executive committee, the heads of all the standing committees (with representatives from all SIGS), the editor of the SA Heart<sup>®</sup> Journal, the Chairperson of SHARE – as well as the chairs of each of the SIGS and regional branches and board of directors, some of whom are stepping down after the coming elections. I would like to thank each one of you for your commitment to SA Heart<sup>®</sup> and the time and energy that you gave to your portfolios.

Particular thanks go to Prof Anton Doubell who is stepping down as editor of the SA Heart<sup>®</sup> journal after so many years. We commend him for his outstanding contribution, wish him well in his future endeavours, and wish the journal all the best as they plan the way forward.

It is only a month since we lost a leading academic and scientific mind in our community, Prof Bongani Mayosi, the only African on the prestigious National Academy of Science list and an A-rated researcher. For many of us, his loss to us personally is unmeasurable – but to our community his loss will continue: deep and enduring. His legacy is of service and science, and I want to challenge us all to live up to these values. His loss also reminds us to be mindful of the stresses facing our colleagues and the imperative for kindness, consideration and mutual respect. One of Bongani's favourite quotes read:

I shall pass this way but once; any good that I can do or any kindness I can show to any human being; let me do it now. Let me not defer nor neglect it, for I shall not pass this way again. Etienne de Grellet

My thanks and appreciation are also due to the entire National Council, SIG presidents, Prof Ntsekhe and Elizabeth Shaafsma from SHARE, Profs Doubell and Lecour and the team from our journal. The Committee



chairs: Prof Ntusi (full-time salaried); Dr Klug (ethics and guidelines); Dr Tawanda Batau (Education); Dr JPTheron (Private practice); and Dr Blanche Cupido our secretary (amazing work this year) are all to be commended for their support and assistance over this last year. My sincere thanks must go to members of the SA Heart<sup>®</sup> Board: Prof Francis Smit, Prof Pravin Manga, Prof Mpiko Ntsekhe, Dr Hopewell Ntsinjana, Dr Paul Adams (who we bid a fond farewell to earlier this year when he relocated to Sydney, Australia), Dr Sajidah Khan, and Dr Vash Mungal-Singh, who have all provided sage advice and offered commitment during this year.

My personal thanks and utmost appreciation go to Ms Erika Dau, who has really been amazing in her tireless devotion to our association and who constantly gives of her commitment, critical eye and boundless energy. We are very lucky to have her in our association. Thank you Erika for all your hard work, assistance and energy. I am really very grateful!

Congratulations to David Jankelow and the newly elected members of the SA Heart<sup>®</sup> Leadership. We wish you a wonderful term and all the very best in leading SA Heart<sup>®</sup> forward, upward, and outward.

All the very best,

Liesl Zühlke SA Heart<sup>®</sup> Association President





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# POPULAR CONGRESSES FOR 2018/2019

CONGRESS	DATE	СІТҮ	COUNTRY
5TH INTERNATIONAL CONFERENCE ON HYPERTENSION & HEALTHCARE	18 - 19 October 2018	Abu Dhabi	UAE
https://hypertension.cardiologymeeting.com			
34TH WORLD CONGRESS OF INTERNAL MEDICINE	18 - 21 October 2018	Cape Town	South Africa
http://www.wcim2018.com			
27TH EUROPEAN CARDIOLOGY CONFERENCE	22 - 24 October 2018	Rome	Italy
https://cardiology.conferenceseries.com/europe			
14TH INTERNATIONAL DEAD SEA SYMPOSIUM (IDSS) ON INNOVATIONS AND CONTROVERSIES IN CARDIAC ARRHYTHMIAS	28 - 31 October 2018	Tel Aviv	Israel
http://2018.idss-ep.com			
CMR CONGRESS OF SOUTH AFRICA 2018: NEGLECTED DISEASES	30 October - 4 November	Cape Town	South Africa
www.sacmrcongress.co.za			
AHA SCIENTIFIC SESSIONS	10 - 14 November 2018	Chicago	United States
http://ahascientificsessions.org			
JPC CONGRESS 2018 CASSA ANNUAL JOINT PERI-OPERATIVE CARDIOTHORACIC CONGRESS	23 - 26 November 2018	Cape Town	South Africa
http://www.cassajpc.co.za			
RAAS SATELLITE MEETING	28 - 30 November 2018	Stellenbosch	South Africa
https://raas2018.org.za			
CSI AFRICA 2018	30 November - I December 2018	Cairo	Egypt
https://www.csi-congress.org/africa			
WORLD CONGRESS OF CARDIOLOGY	5 - 8 December 2018	Dubai	UAE
https://www.world-heart-federation.org/congress			
WORLD CONGRESS OF CARDIOLOGY IN CONJUNCTION WITH THE ESC CONGRESS	13 August - 4 September 2019	Paris	France
https://www.world-heart-federation.org/congress I https://www.escardio.org			
PASCAR/20TH ANNUAL SA HEART® CONGRESS http://www.saheart.org/congress2019	3l October - 3 November 2019	Sandton	South Africa

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

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# **ANNUAL REPORTS 2018**

### **COMMITTEE REPORTS**

#### **EDUCATION COMMITTEE**

#### **Committee members**

Andiswa Nzimela, Mpiko Ntsekhe, Ashley Chin, Ruan Louw, Johan Brink, Nqoba Tsabedze, Hopewell Ntsinjana, Martin Mpe and Antoinette Cilliers.

The role of the education committee continues to evolve. Where the committee previously directed most educational activities, it now plays more of an oversight role, ensuring equitable support for all interest groups that fall under the banner of SA Heart<sup>®</sup>. Many successful education activities have been organised over the past year and have been well attended by society members. ISCAP in particular, continues to grow from strength to strength. The biggest challenge, however has been the changing interaction with our industry partners. As you will all be aware, the new MedTech rules came into effect in January 2018 and have changed the landscape of financial support for educational activities in a very drastic way. The pilot project for implementation of these rules was the annual Africa PCR Congress held in March 2018 in Cape Town. Attendance of this Congress fell significantly, particularly in terms of allied healthcare professionals, who did not manage to secure support to attend the meeting under the new rules. Similarly, with Euro PCR and ESC, the number of South African delegates attending these meetings has fallen sharply. This has occurred despite many reassurances from our industry partners that the degree of support for these independently sponsored congresses would not be significantly affected. Clearly, more has to be done between SA Heart<sup>®</sup> and our industry partners to ensure that the new rules do not result in the death of further education and training in cardiology, particularly for the South African medical community. This will continue to be a challenge not only for the education committee, but the SA Heart<sup>®</sup> executive as a whole together with the executives of all the special interest groups.

An exciting new project is taking shape that should add significant value to membership of SA Heart<sup>®</sup>. We are still in the process of establishing an online platform where videos can be accessed by SA Heart<sup>®</sup> members through our society website. Questionnaires accompanying each of these videos can then be answered online news to earn CPD points. Society members are encouraged to utilise this resource once it has become available.

Lastly, may I once again take the opportunity to encourage all society members to actively participate in our educational activities. Without member participation, our collective knowledge begins to stagnate which impacts on the quality of care we provide our patients.

#### Tawanda Butau, Chairperson of the Education Committee

#### **ETHICS AND GUIDELINES COMMITTEE**

#### **Committee members**

Eric Klug (Chairman), Cobus Badenhorst, George Comitis, Antoinette Cilliers, James Fulton, Firoza Motara, Pro Obel, Les Osrin and Alfonso Pecoraro.

#### Guideline activities 2017 - 2018

- Intravenous iron national consensus paper in press
- CRT-P/CRT-D/ICD SHARE registry document remains in planning
- Revised HFrEF guideline completed, in press
- Revised dyslipidaemia guideline completed, in press

#### **Request for an updated guideline**

- HS Troponin NSTEMI Guideline
- Publishing therapeutic guidelines in the SAMJ has become a difficult process. These are the points that must be borne in mind when preparing a guideline for submission to the SAMJ:
  - Is the article relevant?
  - Does it offer anything new?
  - Are there similar studies in our region/outside the region?
  - Does it add to the existing medical body of knowledge?
  - On first glance, are the methods, results and conclusions reasonable?
  - Do the conclusions actually draw on the results?
  - Does the article have a clear message?
  - Will it help SAMJ readers make better clinical decisions and, if so, how?
  - Is a general medical journal the right place for it?

The AGREE II approach is being applied to all submitted guidelines to the SAMJ. The AGREE II Instrument is a generic tool designed primarily to help guideline developers and users assess the methodological quality of guidelines.

#### Ethic Activities 2017

No consultation was sought regarding substantive ethical issues.

Eric Klug, Chairman, Ethics and Guidelines Committe

#### SA HEART<sup>®</sup> FULLTIME SALARIED PRACTICE COMMITTEE

As previously, the committee is suboptimally constituted, with no representation from some of the SA Heart<sup>®</sup> special interest groups, despite the different calls for participation. I think a huge part of the problem is that the exact role of the committee has not been clarified, and even many of the roles suggested at the 2017 Advisory Board meeting are being performed by other committee within SA Heart<sup>®</sup>.

The activities this year have included a closer working relationship with the Heart and Stroke Foundation of South Africa and collaborating on celebration of certain world health days. We also gave input into the latest iteration of the cardiovascular section of Standard Treatment Guidelines and Essential Medicines List for Primary Healthcare. I have accepted several radio interviews to discuss heart disease with lay people, as part of my role on this committee.

A suggestion had been made that the committee should focus on alignment of the curriculum for training of cardiologists in South Africa with the national agenda. In the end, we decided not to venture into this area, as it clearly seemed the role of academic cardiologists in teaching hospitals.

#### Ntobeko Ntusi, Chairperson of the SA Heart® Fulltime Salaried Committee



#### SASCI PRIVATE PRACTICE COMMITTEE

#### **Committee members**

Jean Paul Theron (Chairman), Jean Vorster, David Jankelow, Gavin Angel, Graham Cassel, Dave Kettles and Andrew Thornton (CASSA).

- SASCI Coding Considering developing a CPT cross walk (vendors are being approached).
- SASCI PPC has been involved in addressing coding "issues" raised by for example Discovery Health (practice audits), on behalf of our members as well as issues of Vascular Codes that have not been reimbursed. Members are requested to bring issues to our attention to allow us to minimise impact on your individual practice.
- Please see the separate SASCI Legal Update from Elsabe Klinck & Associates covering HMI, PMB, CMS, and various other areas of regulations.
- Elsabe Klinck & Associates provided members with some seminal advice during Aug 2018
  - Awareness of and guidance in relation to forensic investigations by medical schemes.
  - Informed consent: law, ethics and proposed template.
  - Update on new requirements for prescriptions.
- SASCI (PPC) continually evaluates the benefits of joining SAPPF (as a group) as they spearhead a lot of legal activities for specialist groups. In addition, companies such as Spesnet/Expedient offers various possible services (such as coding) that could also through SASCI be "sourced" for members.

#### **Competition commission**

"Self-determination" of cardiologists: CC indicated route will be through application for exemption from certain onerous sections of the Competition Act. SASCI members approved the budget at 2017 AGM to explore an application for exemption (projected expense up to a R I million over two years). Legal opinions gained subsequently rendered conflicting opinions - "not possible to gain exemption", to have "a watchful waiting approach and to learn from others seeking exemption".

At a cost of R I million it seems more sensible to wait and see how others fare in their applications, rather than pursuing an extremely costly process with little prospect of meaningful benefit.

#### The future "Self Determination"

Our PPC aims to secure the independent future of interventional cardiologists. We should be able to negotiate freely with Funders through a representative body. We could then within the limits of law and coding guidelines, advise funders on how our members will code, and at what rates. This could ultimately lead to a Business Unit (BU), and within this, a negotiating forum.

We could then serve our private practice members with commercial advice and negotiate effectively with funders on their behalf. This would of course involve fulltime management and part time clinical coding support, and we envisage that such a business unit membership would cost a Cardiologist (who is a member of SASCI) roughly R2 500 per month.

The main benefit envisaged would be accepted billing guidelines, reduction in the effort of motivations and approvals follow up, reduction in disputed and thus unpaid bills, representatives at the highest level including in the setting of fees, and assistance in, hopefully very occasional, cases of dispute resolution.

#### Jean Paul Theron, Chairman, SASCI Private Practice Committee

Currently the SA  $\mathsf{Heart}^{\texttt{B}}$  and SASCI Private Practice Committees are running concurrently.

#### SA HEART® JOURNAL AND NEWSLETTER

#### Editor

Anton Doubell

#### Sub-Editors

Sandrine Lecour – basic sciences, Ntobeko Ntusi – cardiac imaging and adult cardiology, Jacques Janson – cardiac surgery, Derick van Vuuren – digital communication and Stephen Brown – paediatric cardiology and intervention.

#### Editor SA Heart® Newsletter

Blanche Cupido

#### **Editorial Board**

Lesley Burgess, Johan Brink, David Celemajer, Annari Ellmann, Bernard Gersh, Philip Herbst, Neale Kalis, Pravin Manga, David Marais, Bongani Mayosi, Shamir Mehta, Ana Mocumbi, Mpiko Ntsekhe, Stefan Neubauer, Vuyisile Nkomo, Rob Scott Millar, Alta Schutte, Peter Schwartz, Derek Yellon and Liesl Zühlke.

The untimely death of Professor Bongani Mayosi during the year is a great loss to us all, and also to the Journal which benefitted enormously from his guidance. SA Heart<sup>®</sup> mourns the loss and salutes the memory of Bongani Mayosi.

2018 saw Blanche Cupido take over the mantle of Newsletter editor, following in the footsteps of Sajidah Khan who set the standard of an interesting and informative newsletter. The editorial team for the Journal remained unchanged and the recently restructured Editorial Board was not further expanded. Steady progress has been made toward our objectives with the most immediate challenge being the optimisation of our online article submission and review process. The focus of the Journal has shifted largely to the electronic publication format, with only a limited number of printed copies being produced to provide to libraries and to selectively target recipients to gain wider recognition for the Journal. The standard of the Journal is steadily improving, with an increase in the contribution of original research papers. The editorial team has encouraged young colleagues, including cardiologists in training and scientists pursuing their masters and PhD degrees to publish their research in SA Heart<sup>®</sup>, and this strategy has provided young colleagues with a valuable vehicle to disseminate their research findings.

The Journal continues to produce quarterly issues, and maintains the aim to feature one or more articles from each sub-editor's portfolio in each issue. The immediate goal of this strategy is to improve the diversity and quality of our featured articles, but also to move toward producing more frequent issues of the Journal in the future.

#### Some highlights from this year's issues:

- First quarter this issue featured a number of interesting contributions relating to congenital heart disease (post-surgical management of tetralogy of Fallot, challenges with implementing pulse oximetry screening for congenital heart disease in the newborn, and diagnosis and treatment of pulmonary stenosis). Also featured was a much needed commentary on the state of local training programmes for cardiovascular perfusionists. An encouraging trend was the contribution by colleagues from both America and Europe as well as the original research report from a South African research team.
- Second quarter the trend to attract original research reports from South African research teams continued with four reports of original research featured two dealing with acute coronary syndromes, one paper addressing risk assessment in patients with infective endocarditis, and one reporting on 34 years of experience with tetralogy of Fallot in the absence of the pulmonary valve. This issue also marked a slight change in policy regarding the publication of case reports, highlighting this format as an important vehicle to disseminate information. This issue also saw the publication of the 50th ECG quiz a popular and regular feature of our Journal. This feature, initiated



in collaboration with the late AO Okreglicki, continues to produce informative ECG contributions of high quality produced by Ashley Chin and Rob Scott Millar. They are to be commended for their unwavering support of the Journal and for the quality of their contributions.

- Third quarter a landmark declaration on access to cardiac surgery in the developed world was co-published with the Annals of Thoracic Surgery. The drive to publish original research articles continued with 2 contributions on valvular heart disease (pre-surgery angiography and mitral valve repair surgery), a cases series of patients presenting with pulmonary embolism, and lipid profiles in patients presenting with acute myocardial infarction. A case report discussed the unique management of a Fontan circuit fenestration and a case presented as an image in cardiology provided an excellent diagnostic approach to a patient presenting with a dilated right heart after a previous coarctation repair.
- Fourth quarter the Congress issue of SA Heart<sup>®</sup> will feature the abstracts of the 19th Annual SA Heart<sup>®</sup> Congress.

Last year I concluded the Annual report with the following statement: "Members of SA Heart<sup>®</sup> are called upon to support the Journal. There is still a hesitancy among academics at our cardiology training centres to submit their research to the SA Heart<sup>®</sup> Journal. In order to grow the Journal we need to feature more original research. The future of the Journal is in our hands." I would like to thank my colleagues who heeded this call, but would like to repeat it for those who have so much to offer to further improve our Journal – but who still hesitate to participate in order to enhance the standing of our Journal internationally.

#### Anton Doubell, Editor, SA Heart<sup>®</sup> Journal

#### SA HEART<sup>®</sup> REGISTRY – SHARE

#### **Committee members**

Mpiko Ntsekhe (Chairperson), Erika Dau, Elizabeth Schaafsma, Karen Sliwa, Francis Smit, Jacques Scherman, Hellmuth Weich, Ashley Chin, Martin Mpe and Eric Klug.

2017-18 is the second full year that SHARE has run as an independent SA Heart<sup>®</sup> prospective registry programme with its new model for funding and functioning. **The primary aims for this year were fourfold:** 

- To consolidate the progress from the previous year;
- To secure funding for the next 3 years;
- To begin to publish and present data from the registries; and
- To recruit and retain 2 new registries.

SHARE-TAVI registry is now running very well. All TAVI sites in the country are active with the overall case capture rate exceeding 85%. Over 530 procedural data entries have been captured to date, but with more than 16% of the 780 patients entered for evaluation for TAVI still awaiting funding decisions, the data shows that funding constraints are still the main throttle for this technology. The use of the patient evaluation report printed directly from the registry and submitted to the funder with the motivation for the procedure has helped to reduce the decision waiting period from an average of 180 days to an average of less than 80 days, and further fruitful discussions with Funders are helping to drive these figures down further.

In line with SHARE's commitment to disseminate the data and information generated from the projects through publication and presentation of abstracts and papers, 4 abstracts were presented at meetings last year and this year abstracts have been accepted and presented locally at AfricaPCR 2018, at EuroPCR 2018, and at this year's SA Heart<sup>®</sup> Congress. In the interim TAVI participants have been invited to feedback meetings during the year, utilising other organised meetings such as AfricaPCR and SA Heart<sup>®</sup> Congresses as a forum to gather participants together conveniently for dissemination of information. With a large proportion of patients rapidly approaching their I-year follow up due date, and more than 35% of patients already having completed their 2-year follow up date, we are in a position to offer more substantive data for publication and are busy with the first manuscript on the SA TAVI data.

Prof Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), which is coming to the end of its life cycle and winding down as the last few patients complete their follow up visits. As Prof Sliwa's responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, who is now in the process of preparing the first manuscript on this patient cohort.

Fund-raising remains a priority for the continued development and running of all the registry programmes. We are tremendously grateful to Medtronic and Edward Life Sciences for the very generous support of SHARE and the current programmes, and which have been extended for a further 3 years. This will enable the maintenance of the registries over the next 3 years, will allow for very important 5 year Follow Up data to be collected, and will also be used to support the continued analysis and publication of the outcomes, which has been one of the cornerstone aims of the SHARE registries.

The new Atrial Flutter/Fibrillation registry, led by Dr Martin Mpe and Prof Ashley Chin, was under development. The dataset has been finalised and application has been made by 10 sites for ethics approval. We would like to have a total of 15 sites, and invite all those interested in participating to contact the Investigators or Elizabeth Schaafsma urgently, to ensure that you will be ready to participate when the project is launched in late 2018. We are also very grateful to Pfizer for their ongoing commitment and sponsorship which has enabled the development of the AFib registry.

In addition to the initiation of SHARE-AFib, three additional device and drug registries are in contention to come on board pending ongoing evaluation and registration process at SAHPRA.

We look forward to continued growth in 2018-19 as we generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future. The committee remains thankful to individual members of SA Heart<sup>®</sup>, the SA Heart<sup>®</sup> Exco, Industry partners, Funders and hospital groups for their continued support for SHARE, and of course most importantly to the participants at all our sites.

#### Elizabeth Schaafsma and Prof Mpiko Ntsekhe, Chairperson, SHARE Committee

#### **STEMI SA**

STEMI SA had a successful year with contributions at national and international level.

#### **STEMI SA** activities

#### Stent-Save a Life!/STEMI Session at AfricaPCR 2018

Adriaan Snyders, as Regional Director for SSL Africa, opened the session and William Wijns shared the Stent-Save a Life! (SSL) 2017 accomplishments and strategy for 2018. The challenges in providing optimal STEMI care in countries like Sudan, Tunisia and South Africa were presented as well as their strategic intent for 2018. Rhena Delport, SSL Project Manager for South Africa, gave a lecture on data collection of STEMI management in Africa, highlighting the importance of data entry at the point of service and employing data for quality of care. Beside the SSL session, Adriaan Snyders hosted a very successful working dinner with representatives from across Africa to discuss problems and strategies for implementing the programme and collecting data.



#### EuroPCR 2018

Dave Kettles and Sajidah Khan contributed, amongst many other contributions, to the STEMI session on most educational cases in collaboration with the Pakistan Society of Interventional Cardiology and the SASCI. Sajidah Khan presented on **Difficult decision in critical STEMI patients** in a joint SSL/STEMI session on stents and scaffolds, where Adriaan Snyders acted as a panelist, and facilitated a session on thrombus management. She also chaired a session where selected clinical cases were presented. Adriaan Snyders also contributed as panelist to a session on the usefulness of OCT in complex PCI.

#### Stent-Save a Life! Forum at EuroPCR 2018

Rhena Delport served as panelist during a session on Utilising modern technology in STEMI care, and Adriaan Snyders co-chaired a session on Updates in STEMI care.

Rhena Delport attended the Global Project Managers' SSL Meeting and was elected to collaborate in a joint initiative between STEMI India and SSL to develop globally relevant SOPs and guidelines for STEMI management resulting from a collaboration between SSL and STEMI India. The other countries that are represented in the task force are Argentina, China and Portugal.

#### STEMI India 2018

Due to a shortage of funds, Rhena Delport was the representative for STEMI and contributed to discussion at the SSL STEMI Pan-Africa Group Meeting. She was invited to attend The Steering Committee Meeting of STEMI INDIA 2018 where extremely insightful information was shared.

#### STEMI SA Stent-Save a Life (SSL) activities

Adriaan Snyders, as the Regional Director for SSL Africa, had numerous formal and informal meetings with STEMI Champions in Africa. Urgency to progress in the development of systems of care in the African context is evident in some of the regions but lacking in others.

#### Crossroads meeting

Christoph Naber, the President of SSL gave an insightful presentation at the Crossroads meeting (2018) and gained much needed information on interventional cardiology in South Africa from the excellent presentations made by our cardiologists.

#### Training

Training of all health care workers at First Medical Contact remains Adriaan Snyders' primary priority as STEMI Champion for South Africa. Collaboration commenced with the SA Heart<sup>®</sup> and Stroke Foundation who envisage to launch a programme similar to the Stroke Programme (Angels Programme) as a joint initiative between Boehringer Ingelheim and Emergency Physicians from Wits who are taking responsibility for national rollout of training on ACS management as well as the development of referral networks. Finalisation of new training material and training meetings in Cath Lab Centers should be completed by the time of SA Heart<sup>®</sup> 2018 Congress. The STEMI SA developed its own training material under the leadership of Rhena Delport. Charle Viljoen from UCT, Eamon Maree and Jean Vorster contributed with ECG Training Material and Willem Stassen and other EMS providers contributed material on referral patterns and patient transfer protocols. This is used by STEMI SA for smaller group training in referral centers, and is made available to Hospital groups for their in-house training. STEMI SA also advises hospital groups in the development of their SOPs for STEMI managements toward improved quality of care.

#### **STEMI SA Registry**

We are in Phase I (Baseline data collection) of the project and data will be collected continually in tandem with training by/at designated Hub (PCI-capable) hospitals. Phase II entails impact measurement of structured referral



**SSL Membership conferred to Sudan and Kenya.** Awad Mohamed (Sudan) and Dr Harun Otieno (Kenya).



**STEMI India 2018.** Thomas Alexander, founder of the STEMI India initiative and collaborator in the STEMI SA project, Rhena Delport, and Ajit Mullasari, co-founder of the intiative.

systems and use of electronic media/devices for referral where possible, and here the focus is on First Medical Contact. Two academic institutions (Wits and US), 3 hospital groups, and 9 private hospitals are supporting the project. The regions that are represented are Gauteng, Eastern Cape, Western Cape and Mpumalanga, which gives us reasonable coverage and representation. We are extremely thankful for the assistance provided by Medtronic (Chenita Vernon), Boehringer Ingelheim (BI) (Abner Moloele), and SASCI Office (Wihan Scholtz), and all participating cardiologists and Hospital Groups for their support and contributions. Ahmed Vachiat launched the project at Charlotte Maxeke Hospital and did a tremendous job training referral hospitals (with the support of BI). He improved systems for referral by developing a referral letter and customised their data capture form to assist accurate data collection from first medical contact. Adriaan Snyders made progress at Wilgers Life Health Hospital and they changed their AMI data collection form to include the relevant data STEMI SA seeks to obtain. Netcare and Mediclinic are working with Rhena Delport to further collect data.

#### I thank the team for their contribution:

Adriaan Snyders	Champion/Chairman, STEMI SA and SSL Africa
Rhena Delport	Project Manager
George Nel and Medsoc	Logistic administration and finances
Dave Kettles	STEMI SA and SSL Ambassador
Ahmed Vachiat	Representing Public Health
Medtronic	Supporting the Registry
Medtronic and Bl	Supporting the education initiative
Boehringer Ingelheim, Medtronic and Biotronic	Our primary industry supporters

#### Adriaan Snyders, Champion/Chairman, STEMI SA and SSL Africa



# **ANNUAL REPORTS**

### **SPECIAL INTEREST GROUPS (SIG) REPORTS**

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

The Cardiac Arrhythmia Society of Southern Africa (CASSA) is a special interest group of SA Heart<sup>®</sup> with 133 active members.

The CASSA Executive Committee consists of: Ashley Chin (president), Andrew Thornton (immediate past president), Ronnie Jardine (treasurer), Pro Obel, Rob Scott Millar, Ruan Louw, 3 industry representatives (Luigi Zampieri, Anel Berning, Martin van der Berg) and CASSA co-ordinator Glenda Marcer. I would like to thank them for their time, expertise and support throughout 2018.

The aims of CASSA are to improve the treatment and awareness of heart rhythm disorders in sub-Saharan Africa through education and the facilitation of research. To achieve these goals, CASSA has been active in the following initiatives in 2018:

#### Annual CASSA symposia

These popular symposia have become a regular fixture on the CASSA calendar for the past 3 years. The 2018 CASSA symposia took place in February at the Vineyard Hotel in Cape Town and the Maslow Hotel in Johannesburg over 2 successive weekends. This year CASSA hosted 2 dynamic, highly respected European speakers (Carsten Israel and Riccardo Cappato). The symposia were entitled "Clinical Updates in Cardiac Arrhythmias". Highlighted talks included "History taking in Syncope", "Current Status of the NOACs", "Device detected atrial fibrillation", "Pacemaker ECG troubleshooting" and "Primary Prevention in Ischaemic Heart Disease". Carsten Israel also visited several academic and private EP centres and assisted practically with device implantation. Planning is underway for the 2019 CASSA symposia and 2 international guest speakers have been invited to be held in Johannesburg (23 February 2019) and Cape Town (2 March 2019). This event will be advertised at SA Heart<sup>®</sup> 2019 and more details will follow in due course.

#### Collaboration with the European Heart Rhythm Association (EHRA)

CASSA continued to collaborate and work closely with EHRA on several initiatives over the past 2 years. CASSA was invited to chair a joint session with the European Heart Rhythm Association (EHRA) at the annual Europace meeting held in Barcelona in March 2018. I was privileged enough to present a practical talk on "Supraventricular tachycardia manoeuvres in the EP lab" at a state of the art session on "Supraventricular Tachycardia". CASSA has once again been invited to chair and present 2 presentations at a joint session with EHRA on "Atrial flutter" at the annual Europace meeting in Lisbon in 2019. This is the 3rd successive year that CASSA has received an invitation to chair and participate in a joint session with EHRA.

CASSA has also been involved in the writing, review and endorsement of EHRA-led international scientific statements and guidelines. Two documents have recently been published: 1) Consensus document on the management of arrhythmias and cardiac electronic devices in the critically ill and post-surgery patient" and 2) Antithrombotic therapy in atrial fibrillation associated with valvular heart disease. CASSA Exco members are currently participating in a further 3 scientific statements and guidelines.

CASSA has been establishing an international footprint representing sub Saharan Africa over the past few years and I would like to thank all the contributors and reviewers.

#### Collaboration with the Heart Rhythm Society (HRS)

Members of the CASSA EXCO met with the Heart Rhythm Society (HRS) at the annual Heart Rhythm Society in Boston in May 2018. Opportunities for future collaboration were discussed. Dr Thomas Deering, current president of HRS, has voiced a desire for HRS to collaborate with CASSA at both local and international meetings.

#### **Ongoing Education**

The quarterly ECG quiz published in the SA Heart<sup>®</sup> Journal and the 6 monthly The Andrzej Okreglicki Memorial Advanced ECG and Arrhythmia Interpretation Course continues to promote the teaching of ECG interpretation by cardiologists and cardiology senior registrars.

#### **CASSA Accreditation**

I would like to thank the CASSA Corporate Members for their ongoing support to the organisation. They are Medtronic, Amayeza-Abuntu, Biosense Webster, Boehringer Ingelheim, Boston Scientific, Biotronik, Bayer Pharmaceuticals and Inova Pharmaceuticals.

Ashley Chin, President, CASSA

#### CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

During the current year several CISSA endorsed events were conducted namely:

- SUNECHO echocardiography course
- New Horizon's echocardiography course

The yearly joint CISSA/Mayo echocardiography workshop is scheduled for the 4th of October 2108 and will feature both local and Mayo speakers.

The annual Cardiovascular Magnetic Resonance Congress of South Africa (SA-CMR) will be held in Cape Town from 30 October 2018. CMR is rapidly expanding in South Africa and we encourage health care workers to attend.

CISSA believes accreditation in echocardiography is important to raise the standard of echocardiography. As such it is now possible to sit for the British Society of Echocardiography (BSE) examination in South Africa and to complete accreditation via local supervisors.

CISSA has acquired additional sponsorship and all members should be on the lookout for upcoming applications for sponsorship to imaging congresses.

#### Alfonso Pecoraro, President, CISSA

#### HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

The Heart Failure Society of South Africa (HeFSSA) has several programmes planned to ensure that we achieve our goals for the society for 2018.

#### **HeFSSA Executive**

The HeFSSA Executive is the driving force behind these programmes: Martin Mpe (President), Eric Klug (Ex-Officio President), Jens Hitzeroth (Vice-President), Darryl Smith (Treasurer), Nash Ranjith (Secretary) and Karen Sliwa, Len Steingo, Tony Lachman, Makoali Makotoko, Nqoba Tsabedze and Ntobeko Ntusi with George Nel (Executive Officer).

#### Implementation of the Eucomed and SAMED rules

This year has seen the implementation of the Eucomed and SAMED rules precluding direct sponsorship of Health Care Professional to congresses and courses. HeFSSA has put in place a grant application portal to manage educational grants through the society infrastructure and has been able to support attendance to ESC Congress 2018 of

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# **ANNUAL REPORTS** continued

cardiologists with a special interest in heart failure. This was made possible through an educational grant from Medtronic and the successful applicants were Jacques du Toit, Ntobeko Ntusi, Adele Greyling, Mamotabo Rossy Matshela and Tony Lachman.

#### HeFSSA HF Guideline and Treatment Algorithm

Jens Hitzeroth has during the last half of 2017 put a huge effort behind updating the HeFSSA HF Guideline and Treatment Algorithm to reflect the current best practice based on the published ESC 2016 Guidelines, recent landmark publications and South African clinical experience. We thank Jens for the effort which was supported by various Executive Committee members focusing on their areas of expertise with Heart Failure in select patient groups. We submitted the Update Guidelines and Treatment Algorithm to SA Heart<sup>®</sup> Journal and are considering other alternatives as the SA Medical Journal changed the publication requirements (resulting a delay of publication). Planned release is at SA Heart<sup>®</sup> Congress 2018.

#### HeFSSA Medical Practitioners' Programme

The HeFSSA Medical Practitioners Programme (primarily GP) 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 Heart Failure educational goals. The programme started in 2010 and we had approximately 500 GPs attending in 2017. We offer the course annually and have established it in both metropolitan and rural areas. This programme is in its 8th consecutive year and continues to be generously supported by pharma industry; Servier, Pharma Dynamics and Novartis.

The theme for 2018 is "The Treatment of Heart Failure: Back to Basics" and the topics being addressed are:

- Co-morbidity in heart failure: The objective of this topic is to focus on co-morbidities in heart failure with specific focus on COAD, Diabetes Mellitus, Hypertension and Iron deficiency in heart failure.
- Special investigations in heart failure: The objective of this topic is to focus on the minimum basic investigations, including biochemistry, ECG and imaging studies to assist with the diagnosis of heart failure. It includes the classification of heart failure as well as the identification of the aetiology and nature of the underlying disease.
- Heart failure with preserved EF, what is new? The objective of this topic is to focus on newer therapies in Heart Failure with preserved EF and an Approach to the management of Acute Heart Failure in patients with preserved EF.
- Arrhythmias in heart failure: The objective of the topic is to focus on rhythm management in heart failure patients. This include a focus on AF medical treatment, heart rate targets as well as device therapy indications. This also includes ventricular dysrhythmias and prevention of sudden cardiac death, both medical and device therapy options.

The case-based slide compendium for this year's programme has been compiled by Martin Mpe, Nash Ranjith, Ashely Chin, Nqoba Tsabedze and Eric Klug. The faculty members include distinguished South African cardiologist with an interest in Heart Failure from across South Africa. This year's meetings will be hosted across South Africa. If you are interested in becoming involved in this programme, please contact the HeFSSA office.

18 August	Pretoria, Casa Toscana Lodge	25 August	East Rand Birchwood Hotel
I September	Polokwane Fusion Hotel	l September	Johannesburg Silvasales Wanderers Restaurant
8 September	East London Lord Selbourne	15 September	Witbank, Fortis Hotel
15 September	Nelspruit, Protea Hotel	20 October	Port Elizabeth, Savages Restaurant
27 October	Cape Town, Edenvale Estate Hotel	27 October	Bloemfontein, Protea Hotel Willow Lake
3 November	Durban, Riverside Hotel	17 November	George, Fancourt
TBC	Hermanus		

#### SA Heart<sup>®</sup> Congress

HeFSSA will be involved in the SA Heart<sup>®</sup> Congress 2018, at Sun City. All the HeFSSA members are requested to attend the HeFSSA sessions as well as the AGM.

#### Cardio update for Non-Cardiologists

HeFSSA continues to invest in education by hosting the annual Cardio Update for Non-Cardiologists. The update will take place on Thursday, 4 October from 12:20 - 17:00 with Len Steingo and Nqoba Tsabedze as the programme convenors. We expect 100 medical practitioners to attend the meeting and the Faculty consisted of Cardiologists as well as younger colleagues and HeFSSA Exco members.

#### Heart Failure Device Therapy Module

Eric Klug has with support from HeFSSA Exco and CASSA developed a "Heart Failure Device Therapy Module" to be developed on the SHARE Registry platform. Ultimately, we hope that this clinical data set will be supported by enhanced Medical Aid reimbursement and at least less cumbersome funding approval (also replacing separate motivation forms currently required by funders).

#### **Cardiologists and our Clinical Referral Network**

Nqoba Tsabedze has prepared a 2-day specialist workshop programme focused on Cardiologists and our Clinical Referral Network. The objectives are to update current knowledge and experience focussed on specialist heart failure treatment and device therapy. This course is intended to standardise practice in complicated heart failure management. The target audience includes heart failure nurses, clinical technologists, physicians, GPs who care for, treat and refer heart failure patients for advanced management and cardiologists. The 2-track workshop will most likely take place in first half of 2019.

#### HeFSSA HF Clinical Snapshot Survey

HeFSSA HF Clinical Snapshot Survey is planned for later 2018 or early 2019. Makoali Makotoko is spearheading this initiative which we will launch nationally and hopefully become an annual audit of HF in South Africa allowing us to reflect year on year and in due course over extended periods. This survey could ultimately inform resource alignment and investment in HF networks.

HeFSSA is supported by loyal corporate members committed to programmes in heart failure (through unconditional educational grants). Our sincere appreciation goes to Boston Scientific, Medtronic, Pharma Dynamics, Servier, Amayeza, Biotronik, Meda Pharma and Novartis for the continued support.

The HeFSSA website is continually updated to remain relevant. Please visit the website at www.hefssa.org and contact the HeFSSA office to contribute to ensure that the items stay updated and relevant.

HeFSSA encourages all parties who want to be involved in heart failure to contact George Nel, HeFSSA Executive Officer at info@heffsa.org.

#### Martin Mpe, President, HeFSSA



#### INTERVENTIONAL SOCIETY OF CATH LAB ALLIED PROFESSIONAL, ISCAP

As part of ISCAP's dedication to you as the Allied, we are focussed on your needs and have structured the ISCAP organisational model to ensure you are represented through various channels. Your voice is important to us so please do engage with regional or national committee members.

#### Leadership

Waheeda Howell	Chairperson	Isabel Bender	Vice Chair Nurses
Human Nieuwenhuis	Vice Chair Technologists	Sabira Khatieb	Vice Chair Radiographers
Dianne Kerrigan	Ex-Officio Chairperson		

#### I would like to thank my Committee and Co-opted members for their continued contributions.

#### Gauteng

Isabel Bender (Regional Chair), Kerry Moir (Radiographer), Jamie-Leigh Hayes (Technologist) and Ramabai Zwapano (Nursing).

#### Western Cape

Carmen November (Regional Chair), Sabira Khatieb (Radiographer), Human Nieuwenhuis (Technologist) and Maggie Petersen (Nursing).

#### KwaZulu-Natal

Selvan Govindsamy (Regional Chair), Amit Singh (Technologist) and Don Pardechi (Nursing).

Thank you to Noelene Nickols, Hilary Gibbs and Ameena Amod, who's term ended 2017. Your continued guidance and support is appreciated. I am certain that you will continue to play a major role through the upcoming 2018 ISCAP Lecture Series as your knowledge and expertise is of great value to ISCAP.

#### Free State

Marisa Fourie (Regional Chair) and Marlet Bester (Technologist).

#### Eastern Cape

Keri Meyer (Regional Chair), Ronelle de Glanville (Radiographer), Elzanne Oosthuizen (Technologist) and Naomi Oosterbroek (Nursing).

#### Co-Opted for Education & Cath Lab Manual

Gill Longano

#### Ex-Officio Chairperson and Cath Lab Manual

Dianne Kerrigan

Dianne Kerrigan, Gill Longano and Amy from Boston continue to work tirelessly to update ISCAP Cath Lab Manual online version, as well as the development of additional chapters. We are currently in the process of adding CPD accredited Questionnaires to the SASCI Website, based on the Manual Chapters.

#### AfricaPCR Grants 2018

AfricaPCR Course and SA Heart<sup>®</sup> Congress remains seminal educational contact points receiving substantial Exco time and effort to optimise the learning.

AfricaPCR Course 2018 was the first major congress hosted under the new Medtech and SAMED rules prohibiting direct sponsorship of HCP by industry. ISCAP succeeded in securing funds and awarding 13 educational grants to Allieds. We hope to improve this support in the future.

ISCAP wish to thank the following companies for their support in this regard: Amayeza Abantu Biomedical, Biotronik, Boston Scientific, Disa Life Sciences, Meril and Medtronic with ISCAP allocating own funds as well.

We look forward to AfricaPCR 2019, where we hope to raise more funding for sponsorship.

#### **ISCAP National Lecture Series 2018**

The ISCAP Lecture Series' have been scheduled for August to November this year, with opportunities to upskill yourself in your own home town.

ISCAP is focussed on ongoing training for all Cath Lab Allieds incl nurses, radiographers and technologists across South Africa.

ISCAP National Lecture Series 2018 (Supported by Disa Life Sciences, Medtronic, Paragmed and Siemens) These workshops are scheduled for:

Port Elizabeth	4 August	Durban	l September	Gauteng	27 October
Bloemfontein	3 November	Cape Town	10 November		

#### The Lecture Series consists of the following topics:

- Advances in the Treatment of Coronary Artery Disease in diabetic patients
- Paediatric Cardiology: Ballooning and Stenting How, Where and Why?
- Catheter Selection: Start with the end in mind
- Cardio Echo 101
- Do we really understand Patient Confidentiality and Privacy?

#### ISCAP National Lecture Series 2018 (Supported by Terumo and Vertice)

These workshops are scheduled for:

Cape Town	18 August	Gauteng	8 September	Bloemfontein 15 September
Port Elizabeth	13 October	Durban	20 October	

#### The Lecture Series consists of the following topics:

- From Access to Close: Femoral and Radial, OCT Image Interpretation & Interesting Case Study Discussions
- FFR & Resting Indices & Updates

We thank our Corporate Support for their continued and unwavering support of ongoing education in the Cath Lab. If you require more information regarding the topics etc for the above workshops, kindly contact the ISCAP Office at joh-ann.nice@medsoc.co.za.

Sincere thanks and appreciation to Joh-Nice and George Nel for their relentless drive and support for ISCAP.

#### Waheeda Howell, Chairperson, ISCAP



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

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated with both the Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA) and the South African Heart Association (SAHA). LASSA is also linked to the International Atherosclerosis Society (IAS).

The LASSA committee members are based in academic institutions and endeavour to sustain a network so that expertise is available to medical practitioners, scientists and the public. The committee is led by Prof David Marais, assisted by Prof Derick Raal as secretary, Dr Dee Blackhurst, Prof Dirk Blom, and Dr Chiman Rajput. Support for developing lipidology at any of the health science faculties is lacking, despite the increasing recognition of common disorders such as familial hypercholesterolaemia and serious other disorders that deserve diagnosis and specialised management. Since LASSA is a small organisation and has limited expenses, its finances remain intact. The funds are held in a current and investment account for which there is a separate report. The funds are intended for supporting meetings as well as special investigations that may be required for patients.

Dedicated lipid clinics for patients with severe dyslipidaemia remain only in Johannesburg and Cape Town. Since neither the National Health Laboratory Service nor private pathology laboratories provide special investigations for these severe disorders, laboratory investigation of complex problems remains limited to the laboratory in Cape Town where funding and staff are limited.

In April LASSA co-hosted a lipidology course with the Netherlands Lipid Association after fruitful student projects between the Netherlands and South Africa. The meeting was instigated after good collaborative contact was established with Prof Frank Visseren at the Utrecht Medical Centre. The Dutch are very aware of severe dyslipidaemias and have made genetic investigation available at a specialised central service. The Dutch physicians also have access to special treatments according to best practice, including the use of the new monoclonal antibodies to PCSK9. The course laid the foundation for a similar course to be held in 2019 to stimulate lipidology in South Africa, especially since monoclonal antibodies to PCSK9 may be introduced. Support is being sought to hold such a meeting for about 30 people.

Dr Theunis Botha, recipient of the Amgen Lipid Research award, reported that he used some of the funds for his study at the University of the Witwatersrand and the rest to attend the International Symposium on Atherosclerosis in June 2018 in Toronto. A newsletter was circulated to update members on presentations at the European Atherosclerosis Society symposia in Barcelona last year and Portugal this year. Dr Huijgen, a Dutch colaborator with Profs Blom and Marais in Cape Town, finished his project investigating a novel mutation in PCSK9 and presented this at the American Heart Assocation meeting in the USA in November 2017. Another collaboration with the Dutch was the visit of Mr X van Delden who evaluated control of LDL cholesterol in patients with FH at the lipid clinic in Cape Town. The Cape Town experience with FH was compared with that in Australia and Brazil. The cardiovascular risk in South Africa was much higher and smoking appeared to be a particular risk-enhancing problem.

Familial hypercholesterolaemia is now eminently treatable by lifestyle and medication. It is important that LASSA and other organisations raise awareness of this condition.

#### Derick Raal, Secretary, LASSA

#### SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH, SASCAR

The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart<sup>®</sup> Association, was created in October 2009.

The SASCAR Executive Committee elected in September 2016 for a 2-year term of office include: Prof Neil Davies (Chairperson), Dr Derick Van Vuuren (Secretary), Prof Sandrine Lecour (Treasurer), Prof Faadiel Essop, Prof Karen Sliwa, Dr Balindiwe Sisi and Dr Wayne Smith.

#### Workshops and meetings

Since our last report, SASCAR has organised several workshops and meeting sessions:

#### SA Heart<sup>®</sup> Congress 2017 sessions

SASCAR had two dedicated sessions at the very successful SA Heart<sup>®</sup> Congress held in Sandton in November 2017. As for the rest of the conference, the SASCAR sessions were very well attended relative to previous years. Indeed, for the session on "Novel Insights into Hypertension", the meeting room was full to capacity. This certainly reflected both the importance of the topic and the range of excellent speakers presenting with a particularly insightful and interesting talk given by Prof Alta Schutte (North-West University) on the pathophysiology of early vascular aging. The interest shown for this session spilled across to the subsequent basic science session.

#### Confocal Workshop, Stellenbosch University

SASCAR ran a workshop under the auspices of the Central Analytical Facility (CAF), Stellenbosch University in March 2018. This workshop was aimed at increasing the exposure of post-graduate students to this fundamental technology. 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 experienced a full day split between theory and hands-on. Particular attention was paid to the common oversights and errors that can result in misleading data. Direct feedback from the students strongly indicated appreciation for this type of workshop and SASCAR aims to make this particular topic the focus of bi-annual workshops.

#### Cardiac function workshop: University of Cape Town

A critical area for all cardiovascular students is the understanding of the complexities of cardiac function. For this reason, SASCAR is very pleased to be involved in the planning of a workshop on this topic in conjunction with LASEC, a supplier of specialist laboratory equipment. The workshop will explore pressure-volume loops generated using microcatheter generated cardiac pressure and volume data. The workshop scheduled for early October will again through focused funding have a substantial post-graduate student attendance.

#### European Society of Cardiology: Frontiers in CardioVascular Biology

SASCAR and South Africa had a strong presence 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 on the mitochondrial effects that can be expected when Ataxia Telangiectasia Mutated (ATM) protein kinase expression levels are low and explored the concept that obesity-induced downregulation of ATM is a primary event in the development of associated cardiac dysfunction.

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# **ANNUAL REPORTS** continued

The 4th EU/SA cardiovascular workshop is programmed for 3 - 4 April 2019 at Stellenbosch University. Many European speakers have already offered to participate to this meeting where an entire afternoon will be dedicated to Young Investigators.

SASCAR looks forward to an equally exciting 2019 and I would like to extend my sincere appreciation to all members of the Executive Committee for their efforts over last year and in particular those who directly organised workshops.

#### Neil Davies, President, SASCAR

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

#### **Executive Committee (until AGM 2019)**

D Kettles (President), F Hellig (Ex-officio President), H Weich (Vice-President), C Badenhorst (Treasurer), G Cassel (Secretary), S Khan, G Angel, M Ntsekhe, M Makotoko, A Vachiat, C Zambakides, J Vorster, G Angel, S Pandie, JP Theron (SASCI PPC Chair) and W Howell (ISCAP).

#### **Industry Liaison Committee**

Legal advice was to create an Industry Liaison Committee allowing interaction with Executive and Industry on a nonexclusive basis and foster collaboration on common issues and or project specific basis. The Liaison Committee will include all industry representatives and should see communication between SASCI and Industry enhanced.

#### **Non-Profit Organisation**

During 2018 SASCI will finalise the move to a Non-Profit Organisation functioning under a constitution and have launched a rejuvenated logo at AGM 2018.

#### SASCI research and data

SHARE TAVI ePoster (EuroPCR Course 2018), congratulations to Jacques Scherman, Mpiko Ntsekhe, Hellmuth Weich and all contributing sites on this data set which is now published internationally. The poster looked at some outcomes from the registry with reference to the challenges being faced in our resource-constrained economy, and how this results in difficulty getting funding for appropriately selected potential TAVI patients, who experience a high mortality in the often-lengthy funding process. This data set (as presented at AfricaPCR 2018) formed a cornerstone of the SASCI submission to Council of Medical Schemes.

#### **SASCI PPC**

SASCI PPC JP Theron (Chair) has been extremely active this year. Noteworthy is that of a "watchful waiting" with regards to competition commission exemption application (separate report).

SASCI PPC Elsabe Klinck Associates on a retainer to advise on ongoing legal, statutory and policy matters incl submissions on HPCSA Global fee issue, CMS PMB process (with Adriaan Snyders leading the way), HMI Outcomes Measures, TAVI Medihelp, HMI Tariffs etc. (see separate report).

#### **STEMI SA**

STEMI SA Adriaan Snyders (Chair) and Rhena Delport continue to gain presence in the market. SASCI contracted STEMI India software platform to facilitate data capture (separate report).

#### ISCAP

ISCAP Waheeda Howell (Chair) and her team continue stellar work focussed on Allied education (separate report).

#### SASCI

SASCI Positioning Statement: Vascular Intervention (15 December 2017).

SASCI President Tribute was issued on Prof Bongani Mayosi tragic passing (27 July 2018).

SASCI Educational initiatives continue to a cornerstone activity of SASCI.

- SCAI Fall Fellows Course 2017 Yuvashnee Govender, Mfundo Mathenjwa, Arthur Mutyaba and H.W. Snyman.
- SCAI Fall Fellows Course 2018 Dr Aveen Mahabal (Inkosi Albert Luthuli Academic Hospital), Dr Robert Leibbrandt (Charlotte Maxeke Johannesburg Academic Hospital), Dr Mmuso Mogwera (Chris Hani Baragwanath Hospital) and Dr Absalom Nkosi (Sefako Makgatho Health Science University).
- AfricaPCR 2018 SASCI secured and issued 59 educational grants including 24 Fellows.
- AfricaPCR 2017 including 17 Fellows.
- STEMI Africa Live Nairobi (April 2017/2018): Support development of African Cardiology
- SASCI VPP 2018 Prof David Holmes
- SASCI VPP 2019 Prof Simon Redwood
- Annual Fellows Workshop 2017: Johannesburg 42 practioners
- Annual Fellows Workshop 2018: Cape Town 50 practioners including 5 from Sudan.
- RC Fraser International Fellowship: Prof Simon Redwood in the United Kingdom Bradley Griffiths November 2017.
- **RC Fraser International Fellowship:** Portia Moses 2018 recipient.
- EuroPCR 2018 SASCI with support from Medtronic and Boston Scientific ensured that cardiologist on faculty received educational grants (on application). The recipients were Adriaan Snyders, Sajidah Khan, Shaheen Pandie, Mark Abelson and Pieter van Wyk.
- New Fellows Course: Columbia University, New York City October 2018 for 2 Senior Fellows (call for nominations 6 Augugust).
- TCT 2017 International Session: Primary PCI Nightmares in Complexities and Challenges in STEMI Revascularisation (SASCI, Israeli and Italian Society) and in addition to other contributions "A Recorded Case of Balloon Valvuloplasty for Rheumatic Mitral Stenosis from Chris Hani Baragwanath".
- TCT 2018 under convenorship of Graham Cassel with Riaz Dawood and Ahmed Vachiat as support faculty.
- **STEMI SA** at SA Heart<sup>®</sup> 2017 with Thomas Alexander (STEMI India).
- Key STEMI and SSL Africa Sessions at AfricaPCR 2018.
- SA Heart<sup>®</sup> Congress, AfricaPCR and EuroPCR Course remains focal educational efforts.

Of great concern to SASCI is the funding environment for individual delegate sponsorships to independent major international academic meetings. We will continue to engage with industry around the new confusing legislation, which seems likely to ultimately weaken the massive educational role of meetings like ESC Congress and EuroPCR Course, and facilitate smaller, industry driven educational initiatives.

Thank you to those industry that do continue to be receptive to provide unconditional educational support - Ascendis, Amayeza (Vertice), Angio Quip, Baroque Medical, B Braun, Biotronik, Boston Scientific, Condor Medical, Edwards, Meril, Medtronic, Obsidian, Siemens, Paragmed, Pharma Dynamics, Sanofi, Disa Vascular, Terumo, Torque Medical, and Volcano.

#### Dave Kettles, President, SASCI



#### UPDATE FOR SASCI ON HEALTH LAW AND ETHICS ENVIRONMENT: AUGUST 2018

#### Introduction

This year has been busy with new legislation being implemented, and with significant health sector systemic changes being proposed in the current healthcare system, and for a future (NHI-focused) system.

#### The Health Market Inquiry (HMI)

The year started with HMI data reports being released relating to the above-inflation increases in the cost of healthcare in the private sector. In SASCI's submission on these data reports, it reiterated that:

- Medical scheme reimbursement levels were below inflation;
- Allegations of over-diagnoses and over-servicing are serious, and cannot be made without investigating specific cases where this is assumed;
- Healthcare professionals would have to evaluate instances of possible incorrect coding, and such allegations require a review of specific patients and cannot be assumed;
- Medical scheme benefit design actively channels patients towards hospital admissions, with reimbursement rates better in-hospital, than out of hospital;
- Generalised allegations on technology over-use or abuse cannot be interrogated, as data does not differentiate between types of technology (capex, consumables, etc.) and its uses.

The HMI Provisional Report was released for comment early in July, and SASCI will again participate in this process. The most significant recommendation from the HMI is that a Supply-Side Regulator for Health is required, in order to set a body responsible for facility licensing, coding, health technology assessment and the setting of treatment guide-lines, on a national basis, applicable to all. Most significantly, it proposes a pricing regulatory body for all providers, with 2 possible options for price setting, namely a system where, based on input provided by stakeholders, tariffs are set (i.e. price-determination) and a second model where, within a framework, parties negotiate tariffs and those, as agreed, are then published (i.e. multi-lateral tariff negotiation). It will not be permitted to charge above the set of agreed tariffs, at least for the PMBs.

All documents relating to the HMI is available here: http://www.compcom.co.za/healthcare-inquiry/

#### The PMB Review process

The Council for Medical Schemes (CMS) in 2017 embarked on a process to review the PMBs. According to medical schemes legislation, the PMBs must be reviewed every 2 years, in order to keep pace with developments in health technology and advances in medicine. This has, however, not happened, and a fundamental overhaul of the PMB system has been proposed. PMBs would no longer be aimed at addressing catastrophic- and high-cost, mostly hospital-based care, it would have to include preventative and primary care as well.

Circular 6 of 2018 were issued and invited comments on the details of the benefit package to become the "new" PMBs. This package, as proposed, was 100% in alignment with the broad brush-strokes of the NHI Benefit package currently available. SASCI commented on this package and expressed concern as to the trade-offs that would be necessary to now fund a vastly expanded package of care, including preventative care, screening tests and primary care, and how that would affect for example cardiovascular conditions, the funding of which is currently significant under the existing PMB package.

Late in July 2018, the CMS, during a PMB Review Advisory Committee meeting, announced the withdrawal of Circular 6, but made it clear that the current diagnoses-based PMB list will be replaced by so-called "service benefits".

It is not absolutely clear what is meant by services, but it seems to imply a certain number of provider visits, a formulary or formularies, and the permitted use of certain equipment in certain circumstances, etc., but without the patient's diagnosis playing a role. Reference has also been made to "common protocols and care pathways" as constituting these service benefits.

For more on the PMB Review, see: "PMB Review" (left hand menu) on the CMs website: http://www.medicalschemes. com/Publications.aspx

#### The 2 Bills: NHI and Medical Schemes Amendment Bills, 2018

The Minister of Health published 2 significant Bills for comment on 21 June 2018. These Bills propose to fundamentally change the health sector landscape, and, although transformation in the health sector is inevitable, raises concern as to the fundamental changes being proposed, with no legislative incremental or staggering provisions leading to an end-state of universal health coverage. Comment is due by 20 September 2018 to Dr Anban Pillay at: anban.pillay@ health.gov.za.

The Medical Schemes Amendment Bill (MSAB) proposes the establishment of service benefits, which schemes would only have to fund up to a pre-determined cap. It is not clear how these benefits will be set, as no criteria have been outlined, nor how the benefit caps will be set. It will, however, necessitate amendments to the regulations to the Medical Schemes Act as well, which is where the details of the PMBs are currently set.

The MSAB also proposes the establishment of beneficiary- and provider registers. The provider register will also including claims information. The idea behind the beneficiary register is to establish the risk pool, and although personal information will not be included, still raise concerns as to the use of data that originates as personal- and health information. The CMS also would have increased powers to collect information from all stakeholders in the private sector. Its obligation to publish an annual report is also proposed to be removed, thereby removing one of the few countervailing powers providers have towards funders and others on claims data.

Good enhancements are being proposed on the governance side of medical schemes, as well as the complaints and appeals mechanisms.

Of concern are the 2 proposals that directly link medical schemes and the CMS to the NHI. Firstly, medical schemes could be prohibited from providing benefits that form part of the NHI package. This means that, depending on how the NHI benefits are described, medical schemes may not be able to provide benefits for certain conditions or in certain contexts. Secondly, the CMS are obligated to support and provide resources to the NHI Fund. This means that current and future medical scheme levies to the CMS would have to be deployed to not only assist the CMS, but to also assist the NHI Fund.

The NHI Bill creates the NHI Fund, a body that will undertake substantially similar work than what is proposed by the HMI in its Supply Side Regulator. It will also be the body that accredits and registers all providers who will be providing services and goods into the NHI. It also will ensure the bringing into effect of the Certificate of Need (CON), under the National Health Act, which will require practices to be based where needed, and subjected to rules relating to equipment, staffing, etc.

Although central and provincial hospitals will be funded up front, on the basis of diagnosis-related groups (DRGs), provider reimbursement is "to be determined" and it is not clear how providers, other than primary care providers, would be paid for working for the NHI and/or seeing NHI patients.

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# **ANNUAL REPORTS** continued

All health goods would have to undergo health technology assessment, and treatment would have to take place in accordance with treatment guidelines and benefits still to be set by a benefits committee. There will also be a committee setting prices.

A significant aspect of the Bill is that it does not envisage any change in the existing funding of public sector entities. A main question therefore is how the NHI would be the single purchaser and financier of all healthcare, if other entities and functions remain unaffected.

#### Copies of the 2 Bills can be accessed here:

https://www.dropbox.com/sh/dh2dq2crpcdjzee/AABftTE7mpFyBxN0C38SCxP\_a?dl=0

#### **Other projects**

SASCI is still battling to obtain better reimbursement from medical schemes for TAVI. This is in spite of the Final Appeal Board's binding ruling in 2013, that schemes should fund TAVI up to the level of open heart; schemes are simply not abiding by this ruling.

One of the latest trends is for schemes to break down TAVI costs into prostheses and other costs, and then refusing to fund above the general prosthesis limits, even if the overall costs are just slightly higher, or at par with the cost of open heart valve replacements. Various projects, including complaints at the CMS are underway in order to address this.

SASCI has also commissioned information pieces on the new requirements for prescriptions, an update on medical device commercial deals (the exemption of which will run out on 29 December 2018), on informed consent and also on forensic investigations. Health care professionals are reminded to not sign any documents with funders without seeking legal and professional help from their societies, as concessions on coding and the correct, or incorrect use thereof impacts all other professionals.

#### Conclusion

Practitioners are encouraged to assist in the drafting of comments on the above Bills and the HMI, and to address and raise practical aspects relating to the future implementation of these changed, with the SASCI office for inclusion in such comments.

#### Elsabé Klink and Associates

# SA HEART<sup>®</sup> ANNUAL GENERAL MEETING



All members are invited to the

SA Heart<sup>®</sup> AGM

starting at 17h30 - 19h30 on Friday 5 October 2018 in the Kings Ballroom 2 at Sun City.



### **ANNUAL REPORTS**

### **BRANCH REPORTS**

#### **JOHANNESBURG BRANCH**

#### The Johannesburg branch committee remains as:

Dr David Jankelow (President and Treasurer), Prof Antoinette Cilliers (Secretary), Dr Hopewell Ntsinjana, Dr Eric Klug, Dr Andrew Thornton, Dr Darryl Smith, Prof Pravin Manga, Dr Ahmed Vachiat, Dr Gavin Angel and Dr Don Zachariah.

- SA Heart® Congress 2017 (Sandton Convention Centre, 9 12 November 2017), was our major project. It was highly successful 970 delegates; the international faculty comprised more than 20 speakers form 12 countries. A profit of just over 2.1 million rand!. "Fundamentals to Innovation" was the most enlightening project of my career. I am extremely grateful and indebted to the SA Heart® 2017 Scientific Organising Committee for their input, advice and support. I drove them crazy in the process. I am humbled to have chaired and lead this congress.
- I am also extremely grateful to Sue McGuiness and the "dream team" from Europa Organisation Africa, our PCO for SA Heart<sup>®</sup> 2017.
- The SA Heart<sup>®</sup> Executive committee has awarded us a profit share of R150 000 and a further honorarium of R150 000 to be distributed to the scientific organising committee. We are presently in the process of distributing the latter, which will be finalised in the next month.
- We co-hosted the SASCI Visiting Professor, Prof David R. Holmes at a wonderful meeting at the Wanderers (08.02.2018) - "Antithrombotic and Anticoagulant therapy and PCI".
- Pharmadynamics are the sponsor of our meetings. We are extremely appreciative for this financial support, without which it would be difficult to hold our symposia. We are planning two more meetings for the remainder of this year.

Once again I am honored to have once again served in the positions of President and Treasurer of the Branch. I do however feel that now it is time for some of the younger members to take over the branch activities. I will be in discussions with some of the younger academics in this regard. I will be happy to remain as branch Treasurer. We will be holding a branch AGM later this year.

#### David Jankelow, President and Treasurer, Johannesburg Branch

#### **KWAZULU-NATAL BRANCH**

#### **Committee members**

Rob Dyer (President), Andrew Asherson (Secretary), Jai Patel (Treasurer), Ebrahim Hoosen, Julian Buckels and Rohan Lutchman (Members).

For some years the KwaZulu-Natal (KZN) Branch has struggled to arrange regular, well attended meetings and the current year has, unfortunately, continued this trend. The challenge for any new committee is to attempt to change longstanding patterns of behaviour such that our branch becomes more inclusive and less divided. These problems notwithstanding, the branch has had 2 excellent meetings involving overseas speakers.

- On 21 February we hosted Dr David Holmes (SASCI Visiting Professor) to an exceptionally well attended lecture entitled "Antithrombotic and anticoagulant therapy and PCI". The meeting was lively and interactive and the audience comprised cardiologists, cardiac surgeons, fellows and allied professionals.
- On 17 April we held a fascinating meeting, in conjunction with the Department of Cardiothoracic Surgery at UKZN School of Clinical Medicine, on "Off Pump Total Arterial Revascularisation". Dr Murali Vettath, Director of the



International Centre of Opcab Excellence at Meitra Hospital, Kerala State, India, is an engaging and vastly experienced speaker who has done over 4 000 such operations and he brought a depth of insight and understanding to the topic which has undoubted relevance to our local cash strapped experience. We are sure he will remain a valuable ally and supporter of South African cardiac care.

The KZN branch has agreed to take on the Scientific Programme Committee function for the 2019 SA Heart<sup>®</sup> Congress which will be held jointly with PASCAR. The local committee has met to begin the planning process and the theme chosen is "Cardiac care- Meeting the needs of Africa". We aim to put forward a programme worthy of the 25th Anniversary of our democracy which is, simultaneously, when we genuinely became part of the African community of nations.

#### Rob Dyer, President, KwaZulu-Natal Branch

#### **PRETORIA BRANCH**

It brings me great pleasure to report back on our SA Heart<sup>®</sup> Pretoria Branch Activities in 2018.

A major focus for 2018 is of course that the SA Heart<sup>®</sup> Pretoria Branch is responsible for the SA Heart<sup>®</sup> Congress 2018 (Sun City from 5 - 7 October 2018). I will ask our local branch members to support this congress through contribution as faculty and as delegates. Please do watch out for educational grants that will be made available to support attendance. You will need to apply to be considered as per the new Medtech and SAMED rules governing HCP sponsorships.

Our focus is to serve the educational needs of our branch members (Cardiologists, Fellows, Allieds, EP and Surgeons). Our approach is very much to focus on empowering the multi-disciplinary team.

- Our 1st meeting took place on 7 February at Kream Restaurant, with the acclaimed international cardiologist, Prof David R. Holmes Jnr from Mayo Clinic, United States of America. The topic of his talk was "Stroke Prevention in Non-valvular AF" with the aim to interactively share knowledge and experience while focusing on their clinical situation, particularities, local experience and constraints as well as best available evidence and to find consensus with South African colleagues on a method of reasoning that may help the group to develop answers to the fundamental questions that impact them daily. The 2018 VPP evening lecture series was definitely a huge success according to the feedback we received from the 43 delegates who attended the meeting. It was a great presentation which led to lively interactive discussions. 17 Drs and 36 Allied Professionals attended the meeting.
- For our 2nd meeting, which took place on 20 June 2018 at Signature Restaurant, we invited Peta Durrant, who specialises in health law, -policy and ethics. The topic of her talk was "Do we really understand patient confidentiality and privacy?". Twenty six delegates attended this meeting, of which 8 Doctors and 18 Allied Professionals. The feedback we received indicated that the delegates found the topic very informative.

We are inviting all our members to attend including the Allied Professionals. Members must please note that all our meetings are CPD accredited.

Please contact George at george@medsoc.co.za or me (drioebrahim@gmail.com) if you wish to contribute at future meetings or to suggest appropriate programmes for Pretoria.

The CPD meetings are offered free of charge and I would like to thank Pharma Dynamics for their continued support and for making this multi-evening lecture planning possible.

#### Iftikhar Ebrahim, Chairperson, Pretoria Branch

#### WESTERN CAPE BRANCH

#### The executive committee members are:

Anton Doubell (President), Alfonso Pecararo (Vice-president), Andre Brooks (Secretary) and Blanche Cupido (Treasurer). Additional members: Philip Herbst, John Lawrenson, Johan Brink and Jane Moses.

The 2 year term of the current executive comes to an end this year and a new executive committee will be elected at the annual general meeting during the last branch meeting, the fourth for 2018.

#### Three educational meetings have already been held since the previous annual general meeting:

- The first meeting, held on the 8th March was co-hosted with SASCI at the Marriot Crystal Towers Hotel. The meeting featured a lecture by the SASCI visiting professor for 2018, Prof David Holmes from the Mayo Clinic in Rochester, USA. His lecture, entitled "Antithrombotic and anticoagulant therapy and PCI", was well received by an interactive audience.
- The second meeting was held on the 5th June at the Marriot Crystal Towers Hotel. Excellent talks by Rik de Decker (Echoes of brilliance: The history and development of echocardiography), Susan Vosloo (The first heart transplant – historical perspective) and Alfonso Pecoraro (Many faces of cardiac tuberculosis) was topped off by interesting case reports.
- The third meeting was held on the 7th August at the Marriot Crystal Towers Hotel. A very enjoyable and popular fellows evening was hosted with 11 excellent abstracts presented. The 11 presentations were:
  - Partnerships for Congenital Heart Disease in Africa (The PROTEA Study) The first 800 patients reveal key insights into our CHD cohort Thomas Aldersley
  - Infective Endocarditis The Groote Schuur experience Martin de Villiers
  - Acute Myocarditis Clinical Presentation, Aetiology and Short-to-Medium Term Outcomes in a Single Centre in Sub-Saharan Africa – Karim Hassan
  - Rheumatic heart disease in a "low risk" community are other risk factors at play? Luke Hunter
  - Severe Symptomatic Aortic Stenosis Due to a Unicuspid Unicommissural Aortic Valve Lloyd Joubert
  - Outcomes of 562 Echocardiographically Guided Pericardiocenteses over a 10-year period in a low-to-middle income country Tertiary Referral Centre Sumanth Karamchand
  - 7-Year experience of Transcatheter Aortic Valve Implants (TAVI) in a Western Cape private healthcare setting - Jacques Liebenberg
  - Echocardiographic findings in a large cohort of perinatally HIV-infected adolescents do not differ from their uninfected peers: benefits from early antiretroviral therapy in the Cape Town Adolescent Antiretroviral Cohort (CTAAC) Sana Mahtab
  - Leadless Cardiac Pacing: A Groote Schuur Hospital Experience with the Micra leadless pacemaker Philasande Mkoko
  - Evaluating the prognostic significance of the I2-lead ECG in peripartum cardiomyopathy Charle Viljoen
  - Prospective cohort study comparing blended learning with lecture-based training in electrocardiography Charle Viljoen

The choice of winners proved to be a very difficult task but in the end 2 outstanding presentations were awarded the prizes. The winners of the Fellows evening were Thomas Aldersley, Jacques Liebenberg and Charle Viljoen.

A part of this meeting was dedicated to the memory of Professor Bongani Mayosi. Clinicians were given an opportunity to pay tribute to a great academic leader who will be missed dearly in our cardiac community.

We confirm that we are in a sound financial position, which allowed the branch to continue awarding the Louis Vogelpoel Scholarship. The 2018 recipient was Hans Strijdom.

#### Anton Doubell, President: Western Cape Branch of SA Heart®



المؤتمر العالمي لأمراض القلب، والأوعية الدموية

World Congress of Cardiology & Cardiovascular Health

5-8 December 2018 Dubai, United Arab Emirates







مينية الصحة بديس XUBAI HEALTH AUTHORITY

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

The World HeartFederation is honoured to return to D ubai for WCC 2018 where we will host an outstanding line-up of world leaders in cardiology cardiovascularmedicine 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.

# TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

Applications for the SA Heart<sup>®</sup> Travel Scholarship for the fourth term in 2018 are invited to reach the SA Heart<sup>®</sup> Office by 31 December 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 I year.

#### RECOMMENDATIONS

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

#### CONDITIONS

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

#### SUBMISSION REQUIREMENTS

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

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# THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

#### REQUIREMENTS

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

#### RECOMMENDATIONS

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

#### CONDITIONS

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

#### **APPLICATIONS MUST BE EMAILED TO:**

erika@saheart.org

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

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

SA Heart<sup>®</sup> 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.



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



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

# **Topics:**

- Endocrinology of cardiovascular disease
- Targeting the ACE2/Ang 1-7 axis of the RAAS
- AT2 Receptors
- Metabolic aspects of cardiovascular disease

- Molecular mechanisms of hypertension
- Therapeutic interventions targeting the RAAS (ARNI/ Angiotensinogen siRNA)
- Cardioprotection and interventions for heart failure

# Speakers:

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

# For further information contact the RAAS Meeting Office 2018

- Tel: +27 (0)21 910 1913 Fax: +27 (0)21 910 0471
- email: raas2018@allevents.co.za

http://raas2018.org.za/

# **Official ICE 2018 Satellite Meeting**



8<sup>th</sup> International Congress of Endocrinology 53<sup>ed</sup> SEMDSA Congress 1 - 4 December 2018 - Cape Town - South Africa

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# LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

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

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

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

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

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

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

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

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

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

Applications close on 31 January 2019.

# WEBSITE LINKS

SA Heart <sup>®</sup>	www.saheart.org
CASSA	WWW.Cassa.CO.za
HeFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (Research)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
World Heart	www.world-heart-federation.org



# WWWSave The Date WWW THE ANNUAL CASSA SYMPOSIUM 2019 JOHANNESBURG **CAPE TOWN** THE CAPITAL ON THE PARK, SANDTON THE VINEYARD HOTEL, NEWLANDS 23 February 2019 2 March 2019 REGISTRATION FEES WILL APPLY CASSA For general information contact Symposium Organisers - Shift Ideas Elouise C loete or N icole N unes ARBITTERIA SCRIPT +27 [0] 11 465 4764 **PASCAR 2019 14<sup>TH</sup> CONGRESS** in association with **20<sup>TH</sup> ANNUAL** SA Heart Congress **31 OCTOBER - 3 NOVEMBER 2019** SANDTON CONVENTION CENTRE JOHANNESBURG, SOUTH AFRICA Featuring scientific Cardiovascular Care – Meeting the Needs of Africa sessions from ESC www.saheart.org/congress2019