Cardiac Arrhythmia Society of South Africa, CASSA

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

During the past year CASSA

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

EDUCATIONAL PROGRAMMES PLANNED FOR 2015

1. **ECG Quiz in South African Heart Association Journal as well as Modern Medicine**
   
The quarterly ECG quiz will appear in the SA Heart Journal and a similar questionnaire, aimed at GP’s, will appear in the Modern Medicine Magazine.
2. **ECG Course for Cardiology Registrars**
   
   An advanced ECG course for Cardiology candidates will take place in April 2015.
3. **CASSA Specialist Symposium**
   
   The national CASSA specialist symposium has become a popular event on the South African Cardiology calendar. Professors Martin Green and George Klein have been invited as key note speakers at the CASSA national symposium, planned for April 2015.
   
   This meeting will be expanded to also include training of both General Practitioners as well as Allied professionals.
   
   The nature of the symposium will again be with emphasis on practical application at the hand of case discussions.

OTHER PROGRAMMES AND INITIATIVES

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

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

*Dr Andrew Thornton, President, CASSA*

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Cardiac Imaging Society of South Africa, CISSA

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

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

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

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

Dear Dr Nana

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

A. Most cardiologists own ultrasound equipment for the purpose of performing echocardiography. Echocardiography is a standard investigation in the management of cardiac disease. The performance of echocardiography in this country by cardiologists in terms of indications, quality assurance and interpretation is governed by the same guidelines as the European Society of Cardiology since SA Heart is an affiliate member of the European organisation.

B. The gambit of echocardiography extends from simple M-Mode to complex 3D imaging and the sophistication with which the technique is performed by cardiologists varies according to experience and quality of ultrasound equipment.

C. There is no accreditation system in place for the performance of echocardiography but all cardiologists registered as such with the HPCSA are assumed to be adequately trained to perform the procedure.

D. The performance and interpretation of echocardiography by any one other than a registered cardiologist cannot be given sanction by SA Heart since there is no mechanism for verifying adequate training.

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

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

Prof. M. R. Essop, President, CISSA

Heart Failure Society of South Africa, HeFSSA

The Heart Failure Society of South Africa (HeFSSA) worked diligently during this year to ensure that we successfully achieved the goals that we set for the society for 2014. The HeFSSA Executive consists of cardiologists in public and private sector: Eric Klug (President), Martin Mpe (Vice-President), Darryl Smith (Treasurer) and Jens Hitzeroth (Secretary). Representatives: Karen Sliwa, Cristina Radulescu, Sandrine Lecour and Tony Lachman.

HeFSSA is supported by loyal corporate members committed to programs related to heart failure (through generous unconditional educational grants). Our sincere appreciation goes to AstraZeneca, Boston Scientific, Merck, Medtronic, Novartis, Pharma Dynamics and Servier.
The HeFSSA Practitioners Program continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle we use to achieve our educational goals. The program started in 2010 with meetings in the 6 major centres across South Africa and approximately 200 GP’s in total attended. Since then we have grown and we have established the HeFSSA General Practitioners Heart Failure program in metropolitan as well as District areas. This program is in its 5th consecutive year and has been generously sponsored by our corporate supporters. The theme for 2014 is Acute Heart Failure. The case based talks for this year’s program were compiled by Members of HeFSSA Exco. Practitioners also have the opportunity to earn an extra CPD points by completing the CME questionnaire. This system enables doctors to earn CPD points by completing an online CPD accredited questionnaire. On successful completion of the questionnaire a PDF certificate is electronically issued.

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

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

HeFSSA has established the annual “HeFSSA Travel Award” to help enhance local expertise and interest in heart failure in South Africa. We hope that knowledge gained will be shared through appropriate channels with colleagues. This award is available to cardiologists, cardiology fellows or physicians with a special interest in heart failure. The applicant’s annual SA Heart and HeFSSA’s membership fees must be paid-up. The accredited congress/educational program must have a focus on Heart Failure. The two grants to maximum value of R 25,000 are available and can be utilised towards airfare (economy class), congress registration, and accommodation. Please contact the HeFSSA office or go to http://www.hefssa.org/static/education-at-hefssa/ to apply online for the 2nd of 2 2014 awards which is still available.

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

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

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

- Hypertensive disease, LV remodelling and heart failure – Angela Woodiwiss
- Relaxin, acute heart failure and peri-partum cardiomyopathy – Karen Sliwa
- Renal dysfunction in African patients with acute heart failure – Mahmoud Sani
- Cardioembolism in patients with isolated left ventricular noncompaction and reduced ejection fraction – Francois Botha
- Anaemia and chronic heart failure – Pravin Manga
- HIV and cardiovascular disease – Frans Thienemann
- Current concepts in cachexia and pathophysiology of tissue wasting in heart failure – Stefan Anker (Germany)

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

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

Please diarise the HeFSSA AGM that will take place on Saturday, 18 October 2014 @ 17:30 in Room 12 CD.

HeFSSA further invests in education by hosting the annual Cardio Update for Non-Cardiologists. This year’s update will take place at the SA Heart Congress on the afternoon of 16 October 2014 in Durban preceding the SA Heart Congress. AstraZeneca is once again the sponsor and Martin Mpe and Leslie Ponnusamy are the convenors of the meeting.
Karen Sliwa represented HeFSSA at a Physicians Update in Maputo. The workshop took place on 9 April with Karen Sliwa also representing SA Heart and PASCAR. 85 physicians, cardiologists, surgeons and GP’s attended the lectures given by Professors Albertino Damasceno (Mozambique), Ana Mocumbi (Mozambique), Peter Zartner (Germany) and Karen Sliwa (South Africa). Topics covered were heart failure due to Hypertension and adult congenital heart disease with a focus on early detection and management. The meeting was a success and the audience was eager to learn and attentive. Sanofi Mozambique sponsored the meeting.

The HeFSSA website is continually updated to remain relevant. On successful completion of the questionnaire a PDF certificate is electronically issued. We currently have 2 questionnaires live pertaining to The HeFSSA Practitioners update as well as an ethics questionnaire on PMB’s: “What does the law say?” Please visit the website at www.hefssa.org and complete your questionnaire today.

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

• This will be the largest systematic evaluation of heart failure (HF) in lower and middle income countries in Africa, Asia and South America
• This registry will describe the causes, clinical risk factors and burden of disease, document the prevalent approaches to patient management, and identify gaps in the care of HF patients
• This registry will also examine patient and physician knowledge and perceptions towards HF, and identify barriers to prevention and treatment, thereby suggesting possible solutions, which may be evaluated in future studies

Such information is critical for the development of locally “sensitive” guidelines, research programs, and possible policies and interventions. The aim is to capture the information of at least 400 patients in South-Africa. At last report we had 163 patients enrolled with 96% follow-up rate. In addition to our continued educational focus on GP’s HeFSSA is also working on impacting on medicine supply at clinic level in the public sector (“down referral”), working with private managed care organisation(s) to ensure adequate training for frontline staff (nurses and pharmacist) as well enhancing their systems when dealing with patients

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

- GP Meetings arranged through Hospital Groups
- HeFSSA is also liaising with Public Health with the aim to improve access to medication for all patients (down referral).
- After discussion with our industry partners HeFSSA has also decided to investigate arranging a funder forum to discuss how to optimise care, empower patients and their caregivers and streamline approval of especially the specialist medicine prescription which appears to raise red flags in the systems leading to unnecessary admin and heart ache for patients.

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

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

Best wishes,

Eric Klug, President, HeFSSA

Lipid & Atherosclerosis Society of Southern Africa, LASSA

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

LASSA remains a small group operating chiefly as an academic body covering in inherited disorders of lipid and lipoprotein metabolism, atherosclerosis, nutrition, epidemiology and pharmacotherapy. Expertise in the diagnosis and management of severe dyslipidaemias remains mainly at the Groote Schuur (Cape Town) and Charlotte Maxeke (Johannesburg) teaching hospitals while a few other teaching hospitals also manage severe dyslipidaemias but have less active clinical and laboratory services. Special laboratory testing for severe dyslipidaemias and metabolic errors in lipid metabolism is currently limited to the lipid laboratory within the Division of Chemical Pathology in Cape Town and is supported by the Medical Research Council of South Africa but this support ends in 2014.
The general meeting of members in Johannesburg in 2013 was attended by a small number of persons. The leadership continues with Prof David Marais and secretarial function with Prof Derick Raal. The other committee members are: Dr Z Bayat, Dr Dee Blackhurst, Dr Dirk Blom, Dr Chiman Rajput.

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

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

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

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

Paediatric Cardiac Society of South Africa PCSSA

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

The two year term of office of the current Executive of the PCSSA ends with fresh elections at the AGM in October 2014. The current executive committee is:
Liesl Zühlke President
Paul Adams Vice-president
Belinda Mitchell Secretary
Stephen Brown Treasurer
Andrew Brooks- Training
Jeff Harrisberg- Private Practice
Ebrahim Hoosen- Ethics and ex-Officio
Christopher Hugo-Hamman- CEO 2013 company

2. FINANCIAL STATEMENT FOR YEAR ENDED 20 January 2014 audited
We are pleased to report that the Society is in a good financial position. The Annual Financial Statement for year prepared by our Treasurer Prof Stephen Brown, is appended. The bank balance as of 31 March 2014 stands at 2205 562. Expenses over the past financial year related to loans to the 2013 world congress company and significant sponsorship of nurses and local meetings. These nurses were sponsored from each of the local private and public hospital units in order to attend the world congress in February 2013. Unrestricted educational grants were received to the tune of R88 000 in order to run an interventional workshop held at Red Cross Hospital in October 2013. We have reserved the major portion of the funds into a separate account to allow us to pursue legacy projects beyond the immediate term.
3. 2013 WORLD CONGRESS

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

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

4. 2013 WORLD CONGRESS LEGACY PROJECTS

There were several significant legacy projects identified after the congress. The first was our website which has been completely restructured and redesigned with a new logo based on the world congress logo and content. This has been integrated with social media platforms and we plan to extend the brand further with medical content, interaction within units in the country and possibly on our content and messages to family. There are already substantial resources on the website, we intend to build a repository of images, cases, quizzes and relevant publications. We are also including functionality to allow for access to future live cases or seminars via the website. We hope to offer this as an option to both our members and to members of our affiliated PASCAR sites. This could be viewed as both a training and collaborative opportunity - ward rounds/fellow training/cases.

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

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

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

5. CONGRESSES
1. The South African Paediatric Association congress was held in September 2014 at CTICC and PCSSA played an important role at this meeting. We held a practical workshop, hosted a parallel session with 3 talks, participated in an active debate on neonatal screening and gave a plenary talk in the closing session. This was an important opportunity to teach general paediatricians and I would like to congratulate the team involved and thank all for the contribution to an exciting programme. There has been great interest from general paediatricians for further cardiology teaching and we would like to explore ways of doing this in the following year.
2. We have an exciting congress ahead this year- ably headed up by Ebrahim Hoosen. The two international speakers bring a host of experience and diverse interests to the congress- we have a full parallel programme to enjoy while the PCSSA speakers will also deliver lectures within the plenary programme.
3. “Africa is open for high-level research” Prof Mayosi from Cape Town recently published a landmark study in New England Journal of Medicine and declared Africa open for research. This study and the REMEDY study: Global Rheumatic Heart Disease Registry were presented at the recent ESC meeting- the largest cardiovascular meeting in the world and one of the first two African-led studies to be presented there. REMEDY was presented by Liesl Zuhlke, on behalf of 25 sites including four from South Africa. You can read and watch all the esc content on esc365.
http://congress365.escardio.org/
4. CSI Africa 2014 CSI- Africa (Catheter Interventions in Congenital, Structural and Valvar Heart Disease) 2014 in Arusha, Tansania, December 5-6,2014. This workshop will offer a comprehensive overview of the most important catheter therapies of congenital, structural and valvar heart disease in children and adults. CSI addresses the needs of adult and pediatric interventionists, cardiovascular surgeons, anesthesiologists, imaging specialists, and colleagues of other disciplines who wish to know more about the field. This year CSI is concentrating on African faculty and several PCSSA members will be supporting faculty. Several cath labs are starting all over neighbouring countries and we support these important initiatives.
5. PASCAR Tunisia, 2015. We urge members to consider Tunisia 2015 for the PASCAR conference next year. As an affiliate member, we are keen a foster a closer collaboration with our African colleagues. We hope that next year, there could be a substantial paediatric programme in the conference.

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

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

8. THE YEAR AHEAD
There are several goals for the new year ahead:
• We need a complete database of all practitioners involved in the management and treatment of children with heart disease are not members of SA Heart not PCSSA. It is our aim to have as complete a database of these colleagues as possible to involve them in our society and activities. We also wish to spread our reach to more general paediatricians, involve patient and parent groups and build closer collaboration with the department of health.
• We also intend to be more relevant to all our members, focus on the new generation of trainees and provide more input into issues of ethics and advocacy for children. It has also always been a goal to develop and encourage a research ethic within our members. We would like to use our research fund to build on this foundation and to encourage more post-graduate degrees within our organisation. We would like to start with our research fund but also to support those fellows undertaking M Meds or MPhils with mentorship and practical help.
• Two areas of growing interest are adults with congenital heart disease and specialised paediatric cardiac surgery. These are two training areas that we would like to address in the near future.

• Our final goal for the coming year is to further develop our website, in conjunction with the information portal, into a more accessible vibrant and interactive site that facilitates conversation between practitioners and patient/parent groups and to focus on promoting advocacy for our children. We have identified certain advocacy groups and will work together with these to improve the visibility of children with heart disease.

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

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

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

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

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

1- How to assess oxidative stress, led by Dr Dee Blackhurst (University of Cape Town) in March 2013
   This theory based workshop covered topics including an introduction to the ABCs of oxidative stress, markers commonly-used to measure oxidative stress and detailed methods to measure oxidative stress in the lab. This workshop was attended by staff and students from the University of Stellenbosch and the University of Cape Town. Attendees included those currently involved in cardiovascular research but also some from other fields.

2- Microscopy in Cardiovascular Research, led by Dr Benjamin Loos (University of Stellenbosch) in August 2013
   The department of Physiological Sciences, University of Stellenbosch, hosted the second workshop of the year for SASCAR with Dr Ben Loos presenting a summary of what could be achieved by using super resolution structured illumination fluorescent microscopy. The group was shown how to acquire a raw data image, and process it so that about 100 images taken through the sample in different planes, phases and grid rotations could be stacked together to produce one astounding image for analysis of the various organelles of the cell and how they interact with each other within the cell. The cardiomyocyte is a cell which particularly lends itself to this technology. With the measurement of the diameter and length of the mitochondrion possible, it is possible to determine whether the mitochondria are undergoing fission or fusion and whether any treatment phase has altered their structure. A truly fascinating technology was born!

3- Hemodynamic analysis using Lab Chart Pro, led by Mr Johan de Wet (LASEC) in November 2013
   Lasec and SASCAR co-organised a workshop on the the LabChart software package for data analysis via the PowerLab data acquisition system. Johan de Wet from Lasec presented the workshop, which was held at the Hatter Institute for Cardiovascular Research at the University of Cape Town and attended by approximately 15 participants involved with basic cardiovascular research from UCT and Stellenbosch University. Johan started off by giving a basic overview of the software package and all the main functions. He then gave a practical demonstration using the finger pulse module, which in a very clear manner explained all the features and applications of the latest software package edition. One of the aspects that was of particular interest to the audience was the data pad function, which enables the user to embed real-time data in an Excel file. The advantage of this function is that one can then create a graph on Excel that changes as the real-time data of the recordings are imported. The 3-hour workshop was very well received, and all the participants agreed that they had learnt a great deal.

4- Communicating Cardiovascular Science with the public, led by Dr Roisin Kelly-Laubscher (University of Cape Town) in February 2014
This SASCAR workshop was attended by approximately 25 participants from diverse backgrounds but mainly involved in cardiovascular research. The workshop commenced with an icebreaker which required participants to explain their research to a partner in a way that the public could understand and then present their partners research to the group. This activity highlighted how difficult it can be to explain your research without scientific terminology. It also provided an opportunity for participants to network and hear about other cardiovascular research going on in the Western Cape. The next session, presented by John Woodland, runner up of Famelab and Falling walls and winner of Science Slam, was the highlight of the day for many participants. Next up was Adele Baleta, a journalist but also a correspondent for the Lancet medical journal and a consultant to the WHO in terms of how to get scientists to communicate their message. She urged us to keep the 5 W’s (and a ‘H’) of journalism in mind when dealing with the media; “Who, What, When, Where, Why, How”. Finally, Prof Anusuya Chinsamy-Turan, a Paleontologist in the Dept of Biological Sciences at UCT, presented on the popularisation of science. Prof Chinsamy–Turan was recently awarded the World Academy of Science (TWAS) Sub-Saharan Africa Regional Prize for the Public Understanding and Popularisation of Science. During this session, she suggested that you do not wait to be asked to present your science but make your own opportunities to communicate science to the public. She encouraged SASCAR Members to consider organising a summer school course on “The Heart”.

Meetings:

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

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

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

Prof Sandrine Lecour, Chairperson, SASCAR
South African Society of Cardiovascular Intervention, SASCI

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

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

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

Educational for members and fellows:

SASCI is very proud to have partnered with Europa Organisation, SA Heart and PASCAR to offer the first standalone AfricaPCR Course (13 – 15 March 2014 at CTICC). The scientific program catered for both the high level interventionalists and those still building capacity. Feedback has been exceptionally positive. We believe that this is indeed a congress by the people and for the people of Africa. We are currently in the planning stages of the 2nd standalone AfricaPCR Course in 2015. It will take place from 26 - 28 March 2015 at the Forum 1 Campus in Bryanston, Johannesburg.

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

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

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

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

The 9th Annual SASCI Fellows Program took place from 6 - 8 June 2014 at the Balalaika Hotel in Johannesburg with Chris Zambakides as program convenor. 32 Fellows/registrars and recently qualified cardiologists attended this popular workshop, including delegates from Mauritius and Angola. SASCI plans to develop the program for 2015 further to increase peer interaction and include even more case based discussions. SASCI wishes to thank Chris Zambakides (convener) and the faculty Farrel Hellig, Dave Kettles, Adriaan Snyders, Anthony Becker, Rafique Essop, Rashid Essop and JP Theron for their extensive contribution to the success of this long standing meeting. The following sponsors also require our gratitude Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Biotronik, Boston, Cardiac Output, Cordis, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Torque Medical and Volcano.

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

The society supports a Post Graduate Cardiology Training program. The aim is to ensure that individuals get exposed to high volume interventional units and get the opportunity to observe and work with different operator’s,
including surgeons in the private environment. SASCI will establish a Task Group with open invitation to all Head of Departments to participate, to form and to drive this additional training in interventional cardiology in SA.

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

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

**Other activities include:**

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

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

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

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

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

ISCAP has realized another one their major launch objectives: The first **Cardiac Catheterisation Training Manual** has been launched and well received during the AfricaPCR Congress in Cape Town. The Manual is made available to paid-up ISCAP members. SASCI Exco and Medical Schools also received a copy. The first print run of 500 Manuals was sponsored by **B Braun** and they manage the distribution. The 2nd Manual will be an electronic version consisting out of procedures, videos and word documents.

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

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

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

The following loyal **corporate supporters** have been committed to our society and have been supporting education in South Africa: Amayezza, Anglo Quip, Aspen, AstraZeneca, Baroque, BBraun, Biotronik, Boston, Cordis, Edwards, Logan Medical and Surgical, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Scientific Group, Surgical
Innovations, Torque Medical, Volcano as well as Cardiac Output and Condor Medical. We are looking forward to continuing our collaboration with you. Please contact SASCI’s Executive Officer, George Nel on 083 458 5954 / sasci@sasci.co.za if you need any assistance or need to formally communicate with the executive.

Farrel Hellig, President, SASCI

Surgical Interest Group of SA Heart
The Surgical Group has been active in the last year on various fronts and fora. The 11th biennial meeting of the Society of Cardio Thoracic Surgeons incorporated by which is the Cardiac Surgical Group of SA Heart was held from 1st to 4th August, 2014.
Invited guests included Dr. Christoph Nienaber, Jean Bachet, M. de Malgaes, Ugo Pastorino, Satiros Prappas, Paul Sergeant, John Mitchell and 2 Brazilian invited guests, in Dr. Fabio Jatene and Walter Gomez. The extensive International faculty, together with local academics produced an outstanding Forum for exchange of information and the 3 day Conference which was held at the Fairmont Hotel at Zimbali in KZN was attended by 153 surgeons and delegates. The meeting contained just the right amount of academia and social contact to make for a memorable conference.

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

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

Our Society has also become an active member of the World Society of Cardio Thoracic Surgeons. The Society was invited by the World body to present a bid for the 2016 meeting of the World Society of Cardio Thoracic Surgeons which for the first time in history will be held on the African Continent.
The annual meeting which was held in Croatia provided the forum for presentation and the chairman of Exco presented the bid for hosting of the meeting and it was accepted after the first round of voting with an overwhelming majority.
We are thus extremely privileged to have been chosen to host the annual meeting of the World body in 2016 and will work towards that with vigour and direct all our energy towards making this a successful meeting.
To that end we have decided to postpone the biennial meeting which was supposed to be held in 2015 and move that to 2016 in order not to have a conflict of too many meetings in one year.
Presently we are also in discussion with the Executive of the SA Heart with the vision of having a combined meeting with SA Heart in order to accommodate a Cardiology meeting. Such a meeting will have only benefits to both Cardiology and Cardiac surgery and although no firm arrangements have been put in place, I am hopeful and confident that this would be possible.

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

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

MR ROBERT KLEINLOOG, President, Society of Cardio Thoracic Surgeons of South Africa and Surgical Interest Group of SA Heart