REPORT OF THE PRESIDENT

This year was marked by a new approach involving not only the SA Heart Executive in regular teleconferences, but also the wider SA Heart community, i.e., the SA Heart National Council (NAC), with representatives from all Special Interest Groups (SIGs) and Regional Branches in three face-to-face meetings to address matters pertaining to the cardiac community as a whole. I want to sincerely thank, firstly, my colleagues on the SA Heart Executive for all the support and co-operation received during my first year of tenure as SA Heart President, but also, all members of the NAC who took time from their busy schedules to attend these meetings, for their active participation and fruitful discussions. The committee also received excellent support from Ms Erika Dau and Mrs Elizabeth Schaafsma. During the second meeting we realised that the Interventional Society of Cath Lab Allied Professionals (ISCAP) were not represented on this forum and invited ISCAP to nominate a representative for the third meeting, held in October. The Allied Professionals will thus have a seat on this council in future.

The NAC found that it was high time to formalise the business structure of SA Heart, from that of a loose Association without legal status to a Non-Profit Company (NPC). We involved our auditors, who ably consulted and guided us through the process, drew up the Memorandum of Incorporation and filed the application with the Companies and Intellectual Property Commission. Leading up to the Annual General Meeting (AGM) we asked ordinary members to vote in favour of this step, dissolving the Association and starting the NPC, as well as nominating members to serve on the Board of the new NPC. The Association and NPC will function juxtaposed from the AGM to the end of the financial year end, and it is envisaged that in March 2016 the NPC will take over from the Association and the latter will be finally dissolved.

As a result of the first NAC meeting, SA Heart launched a survey polling its membership about how much they knew about their professional society, its activities and benefits, and also what they thought SA Heart should be involved in, what they expected and what they would like to see happen. A good 22% of members participated in this survey, with responses coming from a mix of membership types and professions, providing the SA Heart NAC with a good planning tool. We have already started to address some of the issues raised and will continue to do so. However, time constraints experienced by all NAC members allow for small steps at a time. We are also thankful that many members indicated that they would be willing to help in their field of expertise and we urge members to communicate this directly to the SA Heart office, as the survey was anonymous and we would hate to see this potential wasted. (An executive summary of the survey is available in the SA Heart Newsletter Winter 2015 edition, and details will be on the website from November).

Shortcomings on the Essential Drugs List (EDL) were noted and discussed. As result, we approached the Department of Health and have now established good contact with the department and will in future be called upon to give input on the various levels. Dr Janine Jugathpal from the Department of Health’s EDL programme attended our second NAC meeting and described the process in detail. Dr Jugathpal also described the shortcomings the department have noticed in their approach and how they are busy addressing these, relying a lot more on medical professional societies for input and feedback.

A constant worry in the cardiology and cardiac surgery community is the shortage of qualified practitioners, and even more so of training posts in the respective fields, as are some shortcomings in the actual training, especially pertaining to new technology. Under my leadership, the NAC members embarked on compiling a position paper highlighting the shortcomings, with no increase in training
posts over the last ten years despite the increased Cardiovascular disease (CVD) epidemic and growth in population. The position paper also contains recommendations to health care planners. We envisage this paper to be finalised and submitted for review in November. We aim to distribute the published position paper widely, including to the Department of Health.

Another big change for SA Heart is the new SA Heart Web Portal – accommodating our website as well as a new online membership system, automating some of the administrative functions, and also allowing members to update their own profile information and access their accounts online at all times. This initiative was started by my predecessor, Dr Adriaan Snyders, and has come to completion this year. The website is an abundant source of information and – as the survey showed – not all members are familiar with what SA Heart actually offers and that this information can be found on our website: From congresses to scholarships; from lectures to – newly-added – research output of our members and CVD research and news updates compiled by the Heart and Stroke Foundation; from open access SA Heart Journal and SA Heart Newsletters to guidelines. We have teamed up with the Patient Education Institute to provide material that makes explaining procedures to your patients easy, and there is the thus far underutilised knowledge share Forum which we hope will be more actively used in future.

In my capacity as President, I was also involved in the Congress Organising Committee’s evaluation of tenders received from Professional Congress organisers to organise our annual Congress 2017 and beyond. After evaluating, shortlisting and interviewing, we have decided to ask MCI (South Africa) to run Congress 2017, for which the Johannesburg branch has already agreed to function as scientific committee. Potential venues are provisionally booked for 2017 and further discussions will be held during the SA Heart Congress 2015. I have also been in discussion with Dr Adri Kok from the Faculty of Consulting Physicians, who is organising the World Congress of Internal Medicine, to be held in Cape Town in October 2018. They have approached SA Heart for cardiology input for this congress and further discussions are under way on how this will influence SA Heart’s own Congress in that year.

I have been also representing SA Heart in the European Cardiac Society (ESC) Global Affairs Committee, which led to strengthening ties with the ESC. Prof Fausto Pinto, President of the ESC, attended and spoke at the SA Heart Congresses in 2014 and 2015 and the ESC Global Scientific Activities now seem to be a fixed item on our Congress programme. As a board member of the Pan African Cardiac Society, I am creating a strong link with its members and other African cardiac societies.

Concerning congresses: Rules are changing for industry, which influence the way industry companies will or may be involved in congresses in future. Representatives from the South African Medical Device Industry Association (SAMEI) discussed some aspects with the NAC in July and SA Heart will strengthen its liaison and communication with industry partners. A meeting with industry role-players is scheduled during the SA Heart Congress in 2015 to discuss suggestions and burning issues. Our Standing Committee and other Exco members have been active with lecture series, billing and coding issues, matters pertaining to guidelines and the use of the SA Heart logo, the ST segment elevation myocardial infarction (STEMI) early reperfusion project, the SHARE registry, the SA Heart Journal and Newsletter and many other matters and will report back on these in their annual reports. Thank you to all involved and to all members who make a difference.

Prof Karen Sliwa, President, SA Heart Association
ANNUAL REPORTS OF SA HEART COMMITTEES and PROJECTS 2015

EDUCATION COMMITTEE

Members
Dr Martin Mpe (Chairman), Anthony Becker, Johan Brink, Ashley Chin, Tom Mabin, Mpiko Ntsekhe, Liesl Zühlke.

Sub-committee – All heads of cardiology departments

Co-opted convenor of annual congress
Prof Francis Smit – 2015, Dr Robbie Kleinloog – 2016.

SA Heart Events Calendar
The past year has seen a lot of support for the events calendar. The ideal would be to book dates on the calendar before the events are announced. This would allow for good planning and obviate the possibility of date changes and postponements due to clashes in dates.

SA Heart Lecture Series
The SA Heart Exco initiated a lecture series programme for non-cardiologists in 2014.

Atrial Fibrillation Lecture Series (2014)
The Atrial Fibrillation (AF) Lecture Series was the first. The slide set was developed with input largely from the Cardiac Arrhythmia Society of Southern Africa (CASSA) members. The first lectures were given in 2004. The road show could not be completed within this calendar year because of poor attendance. The plan was to conclude the remainder of the series in 2015. The lectures planned for 2015 were marred by postponements, cancellations and poor attendance. The experience in itself was worthwhile in that we were better able to deal with challenges inherent in this programme as we were working on the next series.

Hypertension Lecture Series (2015)
The South African Heart (SA Heart) association invited the South African Hypertension Society (SAHS) to develop, together with SA Heart, a lecture series on Hypertension (HT) aimed at Non-Cardiologists. Prof Alta Schutte, the current President of the SAHS was the co-coordinator of the series. The series comprised four individual lectures, namely epidemiology (Prepared by Profs Krisela Steyn and Alta Schutte), Treatment – including the new SAHS guidelines (Prepared by Dr M. T. Mpe), Renal denervation (adapted from slides prepared by Dr I. O. Ebrahim) and aortic dissection (prepared by Dr M. A. Long). The slide kits were made available to the speakers. Supporting sponsors included Abbott Laboratories and Pharma Dynamics.

Industry gave a generous educational grant for the development of the lecture kit, Continuing Professional Development (CPD) Accreditation and certificate handling, sourcing of speakers and other administration. In addition, they covered the costs for speaker honorariums, venue hire and catering, and in the case of more remote areas, travel costs for speakers. The speaker honorarium was set at R4 000.00 per speaker. One speaker was from SAHS and one from SA Heart. Two CPD points were allocated per event.

The hypertension series was a little more successful compared to the AF series. The experience, however, also carried more lessons for us on what our target audiences would want to see. The success attained can be improved.
Future Non-Cardiologists meetings (2016 – )

There have been suggestions and calls for the SA Heart Secretariat, together with the Education Committee, to think of more creative ways to enhance the appeal of the lecture series for Non-Cardiologists. A few proposals included longer sessions (bigger meetings) where more CPD points could be earned, review of days and times when these are held, involvement of more SIGS to enrich the content, and widening participation from SA Heart, and so on. These proposals need closer scrutiny and thorough discussion before the format can be changed. The Education Committee is still to decide on the theme for the lecture series for 2016.

Dr Martin Mpe, Chairman, Education Committee

ETHICS AND GUIDELINES COMMITTEE

Members
Les Osrin (Chairperson), Cobus Badenhorst, James Fulton, John Lawrenson, Mpiko Ntsekhe, Karen Sliwa, Andrew Thornton.

The structure and constitution of the committee has remained unchanged over this period.

No issues pertaining to ethics were received for adjudication.

No new guidelines were created or published by the committee during this period.

The principle of automatic incorporation of European Society of Cardiology (ESC) guidelines was confirmed by National Exco. Where local needs or practice require a South African perspective, this will be addressed by the committee on referral or request.

A sub-committee was created and tasked with creating a summary template (one-pager) for existing ESC guidelines. This is largely accomplished and will be fine-tuned during the first project (by Prof K Sliwa; Dr M Mpe; Dr L Osrin).

The committee has presented proposals for discussion to National Exco on the endorsement contract, as well as meeting with the designated lawyers responsible for the contract, on an ongoing basis over the past eight months. The contract is in penultimate phase of adoption and completion, and will be finalised within four weeks.

A request from Discovery Health Clinical Policy Unit was received for comment on Transmyocardial Laser Revascularization. This was circulated to committee members and will be addressed by the Society of Cardiothoracic Surgeons via Dr Fulton of the Ethics and Guidelines Committee.

Les Osrin, Chairperson, Ethics and Guidelines Committee
FULL TIME SALARIED PRACTICE COMMITTEE

Members
Prof Andrew Sarkin (chairman), Dr Paul Adams, Dr Blanche Cupido, Dr Riaz Dawood, Dr Johan Jordaan, Dr Sajidah Kahn, Dr Elias Zigiriadis.

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

Strengthening the full-time academic departments
This remains a priority from all aspects, including the training of cardiologists, service delivery and research. The committee has looked at ways to assist, particularly in relation to equipment and disposables, and that common ground between the departments may be found.

Booklet
The Full Time Salaried Practice Committee continues its preparation of a simple booklet, aimed at general practitioners (GPs) and district and secondary level hospitals, covering the main cardiac diseases and taking into account current pragmatic therapies from both a cardiac and a cardiothoracic point of view.

Training cardiologists/cardiothoracic surgeons in South Africa
The various challenges facing training are being looked at by the committee, including posts within the academic departments, salary differentials between the private and public sectors, and training with the private sector.

Essential Drugs List
The committee considered and provided input on the Essential Drugs List and suggested more dialogue was necessary going forward.

Prof Andrew Sarkin, Chairman, Full Time Practice Committee of SA Heart

PRIVATE PRACTICE COMMITTEE

Members
Dr Jean-Paul Theron (Chairperson), Mark Abelson, Jens Hitzeroth, Zaid Mohamed, Lungile Pepeta, Larry Rampini, Daryl Smith, Andrew Thornton, Jean Vorster.

The events I have been involved in which affect private practice are quite difficult to summarise, as I am involved not only as the SA Heart Private Practice Committee (PPC) Chairperson, but also as an Executive Committee Member of the South African Society of Cardiovascular Intervention (SASCI) and a member of the South African Medical Association Private Practice Committee. Obviously, these roles overlap. Dr David Jankelow (Vice-President of SA Heart) and Mr George Nel (Managing Member) have been very involved with private practice issues and working with me to resolve a number of issues. In addition, SASCI as a whole has been extremely supportive with regard to coding and financial issues pertaining to interventional procedures. The Cardiac Arrhythmia Society of Southern Africa (CASSA) and Dr Andrew Thornton have been extremely helpful with regard to device implant coding and financial issues. The Cardiac Imaging Society of South Africa (CISSA), Prof Rafique Essop and Dr Darryl Smith have also been very instrumental in helping us resolve some important issues regarding echocardiogram and coding. My heartfelt thank you goes out to all members who have been involved
and willing to help with the challenges we have faced over the past year and will continue to face in coming years.

1. **Echocardiography**

   a. The field of echocardiography has expanded dramatically over the last five years and several funders refuse to refund cardiologists for performing Doppler measurements when performing an echocardiogram. The SA Heart Private Practice Committee (PPC), CISSA and Vice-President engaged Momentum Health earlier in the year and, after a video conference with their medical advisors, Momentum Health agreed to reimburse trained cardiologists for all four codes describing an echocardiogram including the use of Doppler. In exchange, CISSA and SA Heart agreed to help Momentum Health with peer review if required. (STATUS – RESOLVED).

   b. Despite the agreement described in (a), there have been some reports of Momentum Health still requiring a motivation for the use of Doppler in echocardiography. This may simply reflect some lag time and we hope it will resolve itself. We will continue to look out for instances where this occurs and take up with Momentum Health if required. (STATUS – MONITORING).

   c. Momentum Health expressed their concern at the increase of non-cardiologists and untrained individuals claiming for echocardiograms performed. After discussions with Prof R. Essop of CISSA, we recognised that there is a need for non-cardiologists to perform echocardiography and also a need for possible training of non-cardiologists in the field. These areas include:

      i. Emergency medicine physicians
      ii. Anaesthetists providing cardiac anaesthesia
      iii. Specialist physicians in poorly serviced areas

      This is obviously a large undertaking and will need to involve all role-players, including The College of Physicians. We would like CISSA to take a lead role in this undertaking and are still in very early discussions regarding this. (STATUS – UNRESOLVED).

   d. Recently a similar problem was reported regarding Metropolitan Medical Scheme. The medical advisor concerned is Dr Louw Engelbrecht and Dr David Jankelow has volunteered to set up a meeting. We see this as a golden opportunity to engage Metropolitan Medical Scheme. In addition, we have already forwarded CISSA and SA Heart’s official response regarding echocardiogram and Doppler to Metropolitan Medical Scheme. (STATUS – IN PROGRESS).

2. **Private Practice Costs Health Care Inquiry**

   a. The Private Practice Costs Health Care Inquiry could deal a serious blow to private practice in South Africa. I have called for a response from SA Heart and SASCI, but the response has been tepid. The general consensus is that our response will not be able to add anything in addition to the various responses that have already been lodged by the South African Medical Association (SAMC), healthcare industry and hospital groups. There is a clear political agenda and an effort to discredit private health care. I have suggested to Mr George Nel (Managing Member, SASCI) that we should consider employing a media specialist to embark on a public relations campaign to improve public perception of private cardiology in South Africa. (STATUS – UNRESOLVED/UNDECIDED).

3. **Discovery Health Coronary Care Program**

   a. This is a new initiative which was launched by Discovery Health using event based reimbursement. It is a completely voluntary programme where patients suspected of having coronary artery disease undergo CT coronary angiography prior to invasive coronary angiography. The purpose of the programme is to reduce hospitalisation costs in the patient group which undergoes invasive coronary angiography. SASCI has undertaken to provide peer review for the programme. In certain practices, we feel the programme may be financially beneficial. However, certain practices may be negatively impacted by the programme. More information on the subject can be obtained from SASCI or Discovery Health. (STATUS – RESOLVED).
4. **Transcatheter Aortic Valve Replacement Global Fee Reimbursement**
   a. This is an issue that I have not given much attention to as there are a core group of specialists who have been negotiating the global fee value. Dr F. Hellig had a short discussion with me regarding the global fee, which is severely deficient at the moment considering the number of professionals who have to be paid out of the fee and the very high cost of the valve itself. (STATUS – ONGOING).

5. **SASCI-sponsored Coding Guideline**
   a. The SASCI-sponsored coding guideline has been released but remains a work in progress. We have requested feedback from cardiologists in private practice, but so far have not received any. At this stage we continue to receive non-payment queries from members, which in most cases are related to incorrect coding practices. There are some non-payment queries related to incorrect perceptions by certain medical funders which we will have to engage on a case by case basis. In an attempt to improve our response to these queries, SASCI is considering appointing Mr J. Botha, who has much experience with dealing with medical funders and coding issues. I am in the process of discussing this with Dr David Kettles (President of SASCI) and Mr George Nel (Managing Member, SASCI). (STATUS – ONGOING).
   b. I had a meeting with Discovery Health on 21 August 2015. Their coding representatives included Ms Stephanie Fourie and Ms Maria Mphahlele. The meeting took place at my rooms and lasted three hours. There are at least 26 issues that Discovery Health disagreed with. Some issues highlighted by Discovery Health are:
      i. Coding and reimbursement are two separate issues.
      ii. The Current Procedural Terminology (CPT) system is used as a benchmark for disputes and Discovery Health is currently applying CPT rules when determining what they believe are correct coding practices.
      iii. Although there was a lot of common ground, Discovery Health disagrees regarding a number of practices including mainly device-related coding, the use of consultation codes together with coronary angiography and newer procedures such as thrombus aspiration and the use of microcatheters.

In my opinion, we cannot discuss significant changes to coding practices without adjusting reimbursement. Some of the changes Discovery Health wishes SASCI to implement in the coding guideline will have a significantly negative impact on most practices. In addition, we do not agree that Discovery Health is correct in its interpretation of some of these codes, in any case. It is important to note the SAMA coding system is separate from the CPT system and, although it is far from ideal, it is what we are using currently. The SAMA coding system is a 'fee for service' system and we believe that we have not suggested anything unethical in the coding manual. The CPT system is definitely more efficient but its adoption without changing reimbursement would result in a SUBSTANTIAL DECREASE IN EARNING OF PRIVATE CARDIOLOGISTS. I suggest three conditions before consideration of adopting the CPT system (or its South African counterpart – the CSSA):
   1. All disciplines (not just cardiology) adopt the system, which is important when comparing the value of one procedure against another.
   2. All medical funders in South Africa adopt the system and agree to abide by its rules.
   3. Reimbursement is adjusted so that average reimbursement remains unchanged. This should be confirmed by an independent auditor and not the medical funder.

Until these provisions can be met, I think it is unrealistic to consider adopting a new coding system. (STATUS – ONGOING).
6. **Trade Union**

a. At a number of cardiology meetings, many cardiologists expressed interest in forming a trade union. Dr Adi Horak has brought this up numerous times and has also spoken to many cardiologists who agree with this idea in principle.

b. According to the South African Bill of Rights, every individual:

- ii. Has the right to freedom of association
- iii. Has the right to choose their trade, occupation or profession freely
- iv. Has the right to fair labour practices
- v. Every worker has the right to form and join a trade union and to participate in the activities of a trade union; and to strike
- vi. Every trade union has a right to engage in collective bargaining. National legislation may limit this right but this legislation must comply with section 36(1)

I have had a discussion with Dr David Jankelow and Dr Adi Horak and we have decided to investigate our options. From a superficial point of view it seems that collective bargaining is protected in the Bill of Rights. I suggest we pursue this, as I think that this is the only way we can strengthen our bargaining position with medical funders. In normal market conditions, reimbursement is directly proportional to the need and scarcity of the product. In the current situation, cardiologists are both scarce and needed, yet we are the opposite side of the bargaining equation. This needs to change. (STATUS – UNDER CONSIDERATION).

In summary, there are several issues which require urgent attention and relatively few individuals willing to put time into resolving them. In my opinion, the most important aspect going forward is involvement of the private practice community with SA Heart, SASCI and other special interest groups. What is really important is a willingness to actually get involved and do something, however small, rather than simply to be on a committee in name only. Despite this, the few passionate people who have been involved have already made a huge difference and the private practice cardiology as whole should be thankful that these people are campaigning on their behalf.

*Dr Jean-Paul Theron, Chairperson, SA Heart Private Practice Committee*

**SA Heart Registry – SHARE**

**Members**

Mpiko Ntsekhe (Chairperson), Erika Dau, Elizabeth Schaafsma, Karen Sliwa, Francis Smit, Adriaan Snyders.

The objectives for SHARE II for 2015 were six-fold:

1. Wind down and wrap up the SHARE I-related E-MD database contractual obligations and then transfer the Cardiothoracic component of the SHARE database on to the new KOSTOS database platform which the SHARE committee selected as its platform for all future prospective registries.
2. Consolidate the development of the two databases, which were established leading up to the Durban AGM, namely: SHARE-TAVI and the Cardiac Diseases of Maternity prospective registries. These registries would serve as a blueprint for all future SHARE-related registries.
3. Establish one or two new prospective registries. Strong candidates at the time were SHARE-ACS and SHARE-Heart Failure.
4. Renegotiate and modernise the contracts of SHARE/SA Heart-employed staff.
5. Disseminate data generated from SHARE I in the form of publishable manuscripts.
6. Try to achieve a semblance of financial independence for each registry that aims to limit the financial commitment of SA Heart.
As this report summarises in more detail below, all bar one of these objectives have been met successfully except the publication of a SHARE I manuscript.

The SHARE I surgical registry data has been taken over by the Cardiothoracic Surgical SIG. Part of the agreement with the CT SIG in closing SHARE I was that Elizabeth Schaafsma would be co-opted to help with the migration of the surgical database from EMD to Kontos Databases. The decision to move across the SHARE II program of activities to a web-based platform for all new registry data collection has, as intended, reduced technical difficulties by avoiding problematic installations of proprietary software. Kontos Databases has performed exceptionally well, delivering the databases within budget, and on occasion ahead of schedule, which is almost unheard of in IT projects. Their very quick turnaround time on development for change requests or fault reporting has helped settle down the registries quickly and efficiently, allowing data capture to continue uninterrupted. Kontos Databases will be strongly recommended as the provider of choice for databases for all SA Heart SHARE II projects based on this very positive experience. As agreed to by Exco, Elizabeth assisted the surgeons and has been deeply involved in the development of the Surgical Society’s own registry which will be used as the Universitas CT department’s primary paperless record management system from October 2015. The SHARE I surgical registry data will still be available for research, and has been extracted from the warehouse and archived safely at University of the Free State under the care of Prof Smit. It is hoped that as the surgical society is using the same IT platform as SHARE II, that future collaborative projects will be proposed and easily implemented in the near future.

Two SHARE prospective registries are now well established, with the participation by centres and individual cardiologists growing, and the recruitment of patients into the registries increasing steadily. Drs Jacques Sherman and Hellmuth Weich lead the SHARE-TAVI registry while Dr Priya Soma-Piya and Professor Karen Sliwa lead the SHARE Cardiac Disease and Maternity Registry (CDMR). Data capture began straight after the SA Heart Congress 2014. To date, nine of the 12 active TAVI sites in the country have been contributing actively to the registry while one site is still awaiting ethics approval from its hospital group. Participation is voluntary so we are hoping that the remaining two sites will begin to contribute to this important national project in the near future. A total of 85 patients have been entered to date. An abstract describing the experience of the SHARE-TAVI experience to date has been submitted and accepted for presented at this year’s congress.

The approach taken by the Cardiac Diseases and Maternity team was to limit the number of participating sites until they could make sure that the database infrastructure and system were up and running with minimal glitches prior to expanding the programme. The number of patients reached 55 this September and plans are now afoot to recruit more participating sites and collaborators. The good news is that there is enthusiasm to join the registry emanating from both within and without the country, as evidenced by the fact that sites from as far a-field as Kenya, Tanzania and Cameroon are due to join. This highlights the continental nature and burden of the clinical problem. The registry itself is a great example of interdisciplinary collaboration with a different type of “heart team” in action (obstetricians, cardiologists and anaesthetists). A minimum of two additional registries are planned for 2015/2016, with the SHARE ACS/ STEMI-registry championed by Dr Adriaan Snyders and Dr Rhena Delport being developed currently while the Heart Failure Society of South Africa (HEFFSA) is looking to start a national HF registry. Other interested parties include those aiming to start registries on congenital heart disease, pulmonary hypertension and infective endocarditis over the next few years.

At the SA Exco meeting of October 2014, a decision was made to modernise the contracts of all current and future SHARE employees to make them compliant with the country’s labour laws and appropriate to the structure and function SA Heart. With the help of outsourced legal assistance, this was accomplished successfully and to the satisfaction of all parties.
With respect to Objective 5, although there has been at least one published manuscript which used at least some data from SHARE I (in SA Heart Journal, by Prof Francis Smit writing on infective endocarditis), the objective set out at the beginning of the year of publishing a general manuscript of the SHARE I experience has not materialised. Despite many attempts to entice individuals who were intimately involved in SHARE I to take a lead using the available data to write up a manuscript, there has been little uptake or appetite and the manuscript has stalled. Despite this, the objective remains alive and the data remains there for use by ANY member of SA Heart with an interest.

Finally, financially the SHARE project is in a more secure position than ever before. Together with the annual amount pledged by Exco to support the running costs of the registry office, SHARE has received very generous grants, from Astra Zeneca, Medtronic and Edwards Life Sciences, to make it possible to develop the staff and IT infrastructure for use in the setup and maintenance of the registries and to support the analysis and publication of the outcomes. The committee continues to make fund-raising a priority so that many potential registries, which are not liable to attract funding in their own right, can be developed.

The committee remains thankful to individual members of SA Heart, the SA Heart Exco, industry partners, funders and hospital groups for their continued support for SHARE. We look forward to continued growth in 2016 and to beginning to generate the type of local data and information that will *influence and improve clinical practice, patient care, and public policy in the future.*

Mpiko Ntsekhe, Chairperson, SHARE

**SA HEART SASCI STEMI REPERFUSION – STEMI SOUTH AFRICA**

Updates on our STEMI Reperfusion Program appear in each SA Heart Newsletter. In this report I will merely summarize some highlights.

Our educational drive expanded to other parts of the country, included an ECG workshop and had attendance up to 60 per meeting with a very positive feedback from all that attended.

Our registry restarted in Pretoria with disappointingly low participation but we again learned lessons to be rectified for the future. Prof Rhena Delport our national coordinator, will continue to assess the paper based registry. We will soon evaluate the possible integration into the SHARE ACS Project. I will at the same time evaluate the STEMI India Chest Pain Software and Devices.

We expanded our networking options by meetings with STEMI India and participation on Stent for Life Discussions and also again met with Emergency Service representatives. We have officially applied for affiliation to SFL. Our next focus would be discussions with funders. We limited our Patient awareness effort with limited participation in Stroke Awareness months.

A lot of work still need to be done. We thank our Industry supporters for their participation in making this possible.

*Dr Adriaan Snyders, National Champion, STEMI early Reperfusion Project South Africa*
Sandrine Lecour’s appointment as Sub-Editor will add a new dimension to the Journal. Sandrine’s portfolio is basic research and improving the electronic footprint and audience of the Journal.

The 2015 quarterly issues contained the usual mix of local and international contributions featuring review articles as well as original research. Sandrine’s appointment is intended to contribute towards an increase in articles featuring original research.

Some highlights from this year’s issues:

- Summer issue – featured an expert review by Eric Eeckhout on paravalvular leaks and excellent local contributions by Tony Dalby and Rajen Moodley on dyslipidaemia and hypertension
- Autumn issue – included two original research reports on referral pathways for reperfusion of a STEMI and a novel cardiology outreach program in the Western Cape
- Winter issue – Philip Herbst introduced novel ideas regarding screening for rheumatic heart disease to compliment an original research report on this topic from Frances Smit and his colleagues from Bloemfontein. The issue also contained excellent contributions on electrophysiology from Ashley Chin and Rob Scott-Millar
- Spring (Congress) issue – 55 abstracts presented at the 16th SA Heart Congress featured

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

SA HEART NEWSLETTER

The SA Heart Newsletter is Published 4 x per annum as part of SA Heart Journal. Contributions come from all the Special Interest Groups with the focus to keep members updated on events, decision, questions, and other matters related to practicing cardiology. Updated reports on other SA Heart Projects such as STEMI Reperfusion, SHARE and others are also published.

My role as editor is to invite members and institutions to share their news with the cardiology community. It was never necessary to not accept any contributions for any reason. As most of the contributions are received way beyond the deadlines it is rarely possible to write an adequate editorial.

I hope you found the information valuable and enjoyed the reading. After 15 years it is only appropriate to step down as editor and allow new energy to uplift the standard. We are awaiting your application to take on this responsibility

**Dr Adriaan Snyders, editor, SA Heart Newsletter**