Cardiac Arrhythmia Society of South Africa

Executive: Dr. A. Thornton (President), Dr. R. Jardine (Secretary), Dr. I.W.P. Obel, Dr. A. Chin, Dr. B. Vezi, Prof, R. Scott-Millar, Dr. A. Stanley (resigned 02/2016), Dr. L. Zampieri (Industry), Mr. M. van den Bergh (Industry)

I am very pleased to say that things are looking much brighter for CASSA at present with a new operating officer and a financial status which is no longer as precarious as it had been. With regard to our previous chief operating officer, a full financial audit has been undertaken and charges laid with the South African police services with regard to the findings of this audit. We are awaiting their further actions in this regard. We are very grateful to our sponsors for continuing to support those during this difficult period and look forward to their ongoing support.

In the last 12 months period we did not have an annual meeting, but have delayed this until the beginning of next year. The CASSA clinical symposium will be held in Cape Town on 4 February 2017 and in Johannesburg on 11 February 2013 with one confirmed speaker, Prof Johannes Brachmann, and a further overseas speaker still to be confirmed. We will again have an interactive and exciting programme for those who will be attending. CASSA members have been involved on an individual basis in ongoing initiatives undertaken by industry.

We had 2 face-to-face meetings over the past year as well as 3 teleconferences in order to prepare for the above-mentioned congress, and also to continue interaction on a number of other issues. Dr. Anthony Stanley resigned from the executive committee in February this year because of personal commitments. We would like to thank him for all his input over many years.

We have in the last 12 months welcomed back one of the fellows who had gone to Canada for 2 years of training, and at the end of the year will welcome back a further fellow who has been training in Europe. In addition a further fellow has since gone to a different institution in Canada for 2 years training. These individuals have been sponsored by industry, with the sponsorship facilitated by CASSA. There are 2 further trainees in the stages of planning overseas fellowships and in addition a trainee position has been created in the Western Cape, independent of CASSA, so we are hopeful that the number of electrophysiologists will increase progressively over the coming years, and hopefully some of these individuals will stay in the public sector if the correct conditions are created there. The ideal situation would be where there is sufficient case volume in the public sector to allow for the majority of training to be undertaken locally with “top up” training in specialised areas then undertaken for shorter periods overseas.

We have continued our interaction with major overseas electrophysiology groups and were fortunate enough to have the president and 2 other members of the European Heart Rhythm Association (EHRA) visit us last year for detailed interaction and a short academic meeting which took place at the University of Cape Town. The president of EHRA, Prof Gerhard Hindricks, is also one of the invited speakers at the upcoming SA heart congress and we hope to have further interaction with him at that stage. In addition interaction has continued with the Heart Rhythm Society.

The issues with medical aids continue to be a major problem and have continued to increase this year, necessitating a number of interactions with the major medical aids although one medical aid in particular has been an ongoing problem. Ongoing interaction with all the medical funders is a priority.
We have been fortunate enough to be included in the SASCI private practice committee activities and I have attended a number of meetings with them in this regard. We are very grateful to SASCI for the opportunity to participate in these meetings which have been very fruitful.

My term as president will be coming to an end at the upcoming AGM and I would like to thank all of the executive committee members for their assistance during my period in office. I would also like to thank Glenda Marcer for being willing to step in to assist us as executive officer during a particularly difficult period and for undertaking this to such good effect. I would also like to thank our industry partners, without whom very little of what we do would have been possible.

I would again encourage you to attend the annual AGM at the upcoming Congress to get more detail both with regard to the previous year’s undertakings, and plans going forward.

Andrew Thornton, President, CASSA

Heart Failure Society of South Africa (HeFSSA)

The Heart Failure Society of South Africa (HeFSSA) has implemented a number of programs during 2016 and have some exciting plans for rest of the year and 2017.

The HeFSSA Executive remains committed and the driving force behind the Society: Eric Klug (President), Martin Mpe (Vice-President), Darryl Smith (Treasurer) and Jens Hitzeroth (Secretary), Representatives Karen Sliwa, Tony Lachman, Kemi Tibazarwa, Andrew Asherson, Makoali Makotoko, Len Steingo and Blanche Cupido.

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

The HeFSSA Medical 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. We offer the course annually and has established it in both metropolitan and rural areas. This program is in its 8th consecutive year and continues to be generously supported by industry; Servier, Pharma Dynamics, Medtronic, Boston Scientific and Novartis.

The theme for 2016 is “What is NEW in heart failure treatment?” with the cases: Angiotensin Receptor-Neprilysin Inhibitor (ARNI), Diuretics Update, Atrial Fibrillation, Arrhythmia and Heart Failure & What is new in ESC HF Guidelines 2016. The case based talks for this year’s program has been compiled by HeFSSA Exco, i.e. Eric Klug, Andrew Thornton, Blanche Cupido and Jens Hitzeroth. Practitioners will also have the opportunity to earn extra CPD points by completing an online CME questionnaire. On successful completion of the questionnaire a PDF certificate is electronically issued. The faculty members for 2016 include HeFSSA Exco members as well as other distinguished South African cardiologist with an interest in Heart Failure: Drs. Eric Klug, Len Steingo, Simon Beshir, Jens Hitzeroth, Ronnie Jardine, Darryl Smith, Eamon Marree, Fanie Fourie, Wayne Lubbe, Jean Vorster, Nico van der Merwe, Martin Mpe, Mongezi Milela, Charles Kyriakakis, Jens Hitzeroth, Sydney Blake,
André Lochner and Kgomotso Moroka. This year’s meetings will be held in Johannesburg, Windhoek, Northern Namibia, Hermanus, Nelspruit, East-London, Rustenburg, Bloemfontein, Polokwane, Port Elizabeth, Cape Town, Durban, George and Pretoria. If you are interested in becoming involved in this program, please make yourself available through contacting the HeFSSA office.

Our Executive excels in research - Karen Sliwa-Hahnle was the lead author in two new heart failure publications:
- **Pulmonary hypertension and pregnancy outcomes**: data from the Registry of Pregnancy and Cardiac Disease (ROPAC) of the European Society of Cardiology. Karen Sliwa, Iris M. van Hagen, Werner Budts et al. European Journal Heart Failure 2016
- **Bi treatment with hydralazine/nitrates versus placebo in Africans admitted with acute Heart Failure (BA-HEF)**. This was presented as a late breaking trial session at the ESC HF meeting, Florence, 21 May 2016 and published simultaneously in the European Journal Heart Failure (21 May 2016).

HeFSSA is involved in the **SA Heart Congress**, 8 – 11 September 2016, at Cape Town International Conventional Centre. All the HeFSSA members are requested to attend the HeFSSA sessions. The HeFSSA AGM for 2016 will also be held during the SA Heart Congress.

HeFSSA further invests in education by hosting the Annual Cardio *Update for Non-Cardiologists*. This year the update will take place on Thursday, 08 September at Cape Town International Conventional Centre from 12:30 – 17:30. Servier is the sponsor with Martin Mpe and Tony Lachman as the conveners. Almost 160 medical practitioners attended the last years and we are hoping for a similar number this year. Faculty will consist of local Cape Town Cardiologists as well as younger colleagues and HeFSSA Exco members.

The HeFSSA website is continually updated to remain relevant. Please visit the website at [www.hefssa.org](http://www.hefssa.org) and contact the HeFSSA office to contribute to ensure that the items stay updated and relevant.

**Activities Summary and Forward Looking** -

- HeFSSA issued Expert Guidance to the MCC that lead to fast track registration of LCZ696.
- Number of companies were advised on clinical appropriate positioning of molecules and ethical marketing based on available Evidence Base (EBM).
- Medical Practitioners Education 2016 “What is New in HF Treatment?” - 14 GP Meets are planned for South Africa and Namibia incl GP, Fellows, Medical Advisors, Case managers etc.
- Outreach Africa through Karen Sliwa with PASCAR - Tanzania Heart Congress and Cameroon HT and HF Research & Educational Meeting planned for October 2016.
- Review of ESC 2016 HF Guidelines underway
- Guidance on “How to evaluate treatment success in chronic HF?” is being prepared (to be issued early 2017)
- HF Market Survey (snapshot) is planned for later in 2016.
- SHARE HF Device Module [in planning with CASSA]
- Specialist Treatment and HF Device Therapy Course considered for 2017
- HeFSSA finances remain stable with cash on hand R 1.3 mill at year end (audited results will be available at AGM).
HeFSSA encourages all parties who want to be involved in heart failure to contact George Nel, HeFSSA Executive Officer at info@heffsa.org to facilitate the process.

Eric Klug, HeFSSA President

Lipid & Atherosclerosis Society of Southern Africa.
Special Affiliated Group Report for SA Heart 2015-2016

AD Marais, University of Cape Town & National Health Laboratory Service
FJ Raal, Charlotte Maxeke Johannesburg Academic Hospital & University of Witwatersrand

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated with both the South African Heart Association (SA Heart) and the Society for Endocrinology, Diabetes and Metabolism of South Africa (SEMDSA). The association with the former will be strengthened by a LASSA session at the planned SA Heart congress in Cape Town. LASSA remains a small group operating chiefly as an academic body covering inherited disorders of lipid and lipoprotein metabolism, atherosclerosis, nutrition, epidemiology and pharmacotherapy. Concerns about sustaining the expertise in lipidology remain as academic careers are not available to attract clinical or scientific graduates. The committee members have not changed recently as they are usually elected at the bi-annual meetings. Membership with the International Atherosclerosis Society will continue.

Expertise in the diagnosis and management of severe dyslipidaemias remains mainly at the Groote Schuur (Cape Town) and Charlotte Maxeke (Johannesburg) teaching hospitals. A few other teaching hospitals also manage severe dyslipidaemias but have less active clinical and laboratory services.

South African centres continue to contribute to the study of new pharmacotherapy in homozygous and heterozygous familial hypercholesterolaemia, familial chylomicronaemia and other lipid disorders associated with high cardiovascular risk. Agents studied include lomitapide (MTP inhibitor), monoclonal antibodies to PCSK9, volanesorsen and omega-3 supplements. South Africa has contributed substantially to the publication of study results in prestigious journals. 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 lipid expertise but neither of these sectors is supporting the investigation and treatment of severe disorders for best care.

Prof David Marais, Chair, LASSA
South African Society for 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 2014 for a 2-year term of office is: Prof Sandrine Lecour (Chairperson), Prof Neil Davies (Treasurer and President Elect), Miss Sylvia Dennis (Secretary), Dr Derick Van Vuuren (Newsletter and public relations), Prof Faadiel Essop (Workshops) and Prof Karen Sliwa.

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

1- Western Blotting Workshop, led by Dr Derick Van Vuuren (University of Stellenbosch)
To facilitate an exchange of thoughts and ideas on the challenges related to Western blot analysis, SASCAR partnered with Bio-Rad, the Division of Medical Physiology (Stellenbosch University), Anatech and the Physiology Society of Southern Africa (PSSA) to host a workshop addressing the basic techniques, new technology and new approaches in Western Blotting. Twenty-seven postgraduate students and researchers from Stellenbosch University, the University of Cape Town and the Medical Research Council were shown demonstrations of traditional techniques associated with Western Blotting as well as the advantages of using new technology such as the TransBlot Turbo- and Chemi-Doc systems. Both these systems encorporate advances in technology to enhance the speed and accuracy of Blotting.

2- Preclinical imaging workshop, University of Cape Town.
Following the inauguration of the Lionel Opie Preclinical Imaging (LOPI) Core Facility, the acquisition of a sensitive ultrasound machine was made possible. Dr Sandra Meyer from Visualsonics, Germany, hosted a 2-day workshop demonstrating live imaging acquisition of the cardiac function in mice and rats with the Vevo 2100.

3- Workshop on Langendorff and telemetry techniques, University of Cape Town.
In collaboration with LASEC and ADInstruments, SASCAR organized a full day workshop demonstrating Langendorff system, small animal telemetry, human physiology telemetry using ADI hardware and software.

4- SASCAR at the ISHR meeting
For the second year in a row, SASCAR has been invited by the International Society for Heart Research (ISHR), European section to hold a joint session at their annual meeting in Bordeaux, France, 1st to 4th July 2015. In this session dedicated to cardiovascular biomaterials and regenerative medicine, Prof Neil Davies from the University of Cape Town delivered a talk on injectable biomaterials therapy for heart failure. Another internationally acclaimed speaker in this session was Prof Thomas Eschenhagen (University of Hamburg, Germany) who delivered a talk on engineered heart tissues for cardiac repair. Despite the heatwave in Bordeaux on that day and the lack of air conditioning in the conference room, the session was extremely well attended.
We have now received approval for a SASCAR session at the next European ISHR meeting that will be held in Hamburg, July 2017. Of note, no joint session could be held in 2016 due to the fact that the European section does not organize a meeting in Europe when a world ISHR meeting is held (every 4 years).

The expenses of SASCAR over the past 2 years have been limited in order to save for the organization of the European-South African Cardiovascular research workshop that will be held in September 2016. For the third time since 2010, SASCAR has partnered with the European Society of Cardiology working Group in cellular biology of the heart to organize this workshop that aims to highlight the work of our young researchers and favour collaborations between South African and European researchers.

In September 2016, it will be time for me to step down as the President of SASCAR. I have felt very privileged to initiate and lead this Society which, in my opinion, has brought the Cardiovascular Researchers together with the aim to contribute to the education of our young researchers. I wish all the best to Prof Neil Davies, our new President and I would like to take this opportunity to thank the extremely dedicated past and current Executive Committee Members who have spent so many hours away from their family to ensure that this Society achieves its goals.

Prof Sandrine Lecour, Chairperson SASCAR

SASCI Annual Report 2016

It is my honour to report on the Society activities in the current ever changing health care environment.
I would like to thank SASCI members for attending the AGM during AfricaPCR (March 2016) and for their contribution to our strategic direction. A society is only as strong as its members and we are highly reliant on your willingness to get involved in order to fulfil our role.
The current SASCI Executive Committee consist of Drs. D Kettles (President), F Hellig (Ex-officio President), A Horak (Vice President), C Badenhorst (Treasurer), M Abelson (Secretary), S Khan, G Angel, M Ntsekhe, C Zambakides, J Vorster, G Angel and JP Theron as well as Dianne Kerrigan (ISCAP). Thank you to the SASCI Executive Committee, your contributions make us what we are. Industry Representatives elected at the SASCI AGM 2016 were Andrew Sartor, Mark Savary & Hans Buyl.

The following Noteworthy activities took place since Oct 2015: For the sake of brevity, just a point by point summary!

1. Macro Environment
   - Competition Commission (CC) HMI Hearings – SASCI Written Submissions and Verbal Presentation
   - SASCI PPC has been exceptionally active with JP Theron focusing on CC / Global Fee / Coding issues
   - TAVI coding basket and alternate payment gateway are being considered through a 3rd party managed care organisation
Much energy into the Discovery project: The outcome very disappointing at this time!
STEMI SA Pilot study (planning 2nd half 2016 and roll out early 2017) under leadership of Adriaan Snyders. Substantial funding already secured, and we are hoping for a roll out of this study at four 'hub' sites

2. Guidance and Guidelines:
- TAVI Consensus Statement 2016 (published SAMJ September 2016), prepared by Dr Helmut Weich and colleagues
- Pending finalisation – SASCI Statement on Competence Required in Cathlab as Primary Operator. This document is under consideration as we have received numbers of complaints around operators in private catheterisation laboratories allegedly demonstrating inadequate skills to render safe provision of services. The private health industry has asked us for clarification regarding what we would consider adequate training.

3. Specialist Interventional Education:
- 2 Day CTO Course (Jan 2016) with 70 delegates incl 10 from Namibia, Kenya, Botswana, Ethiopia
- VPP 2016 Gus Pichard 5 evening lectures in metropolitans with SA Heart Branches (n = 200 @ 4 meets).
- SASCI attendance and involvement in AfricaPCR, EuroPCR, TCT and SA Heart continue to grow
- STEMI Education in Africa - SA Faculty contributed to STEMI Africa Live! Course in Nairobi.

4. Fellows Education:
- VPP Prof Gus Pichard: 2 months at all RSA Med Schools.
- AfricaPCR 2016 : 6 Fellows Sponsored
- SCAI Fellows 2015: Jane Moses, Mukesh Chhiba, Andile Xana and Parmanand Naran
- SCAI Fellows 2016: Khulile Moektsi, Rohan Lutchman, Mohamed Alteer and Anil Kurian
- RC Fraser International Fellowship (UK) 2016: Derrick Aucamp (August), 2017 TBC
- SASCI Annual Fellows Workshop 2016: 35 Dr Fellows RSA, 2 Mauritius, 1 Kenya and Zambia.

5. Allied Education: also see ISCAP report
- ISCAP National Lectures incl BLS and ALS and Africa outreach to Namibia Allied

6. FMC Education:
- STEMI SA education continue across RSA in smaller towns with + 700 FMC delegates at 14 meets

7. Research and Data Capture
- SHARE TAVI remains an example of how data capture can succeed in our environment (when aligned with patient selection and reimbursement)
• STEMI SA registry (UP Prof Rhena Delport) continues to grow and include paper based, editable PDF and soon electronic data capture through the STEMI India software solution.

8. Corporate supporters remain committed to our society and cardiology education:
   • Amayeza, Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Biotronik, Boehringer-Ingelheim, Boston, Ascendis, Condor, Disavascular, Edwards, Medtronic, Obsidian, Paragmed, Pharma Dynamics, Sanofi, Surgical Innovations, Siemens, Torque Medical and Volcano.

9. Financially SASCI remains financially strong with adequate cash on hand.
   • SASCI PPC coding support and legal guidance is a new noteworthy additional expense.

I wish to assure our members that the SASCI Exco will continue to work tirelessly to represent your interests, educate, and inform interventional cardiologists in our country. We deeply value, and need your support. Please feel free to get involved at any time. By all means, let us know if and where we can be further assistance to you as you deliver the best service possible to your patients. We need your feedback with respect to both our successes and our failures.

We are, as always indebted to our corporate sponsors who have supported us well at a time of change and financial stringency. Without funding, we cease to be. We have been prudent with our funding, and delivered as promised in the ventures undertaken.

Exco members have worked tirelessly, in multiple ventures and with no remuneration other than the satisfaction of an important job well done. I cannot thank you as you deserve. Particular thanks to our past president, Farrel, for great encouragement and support in my role.

My grateful thanks to George and his management team: there have been a few rough moments this year, but you have continued to deliver.

It has been an honour for me to serve in this position.

Dave Kettles, SASCI President

Interventional Society of Cath Lab Professionals (ISCAP)

ISCAP Executive Committee (to AGM 2017): Dianne Kerrigan (Chairperson), Waheeda Howell (Vice-Chairperson), Noelene Nichols, Marisa Fourie, Elizabeth Muller, Isabel Bender and Ramabai Zwapano.

What is New? October 2015 to September 2016
1. A new Vice-Chairperson was elected in March 2016 - Waheeda Howell (Cape Town).
2. ISCAP was represented at informative SA Heart National Council meetings.

3. Main objective was to promote more speakers from the Allied Profession to present at the congresses. Comprehensive Programs was offered at AfricaPCR Course (2 sessions) and SA Heart Congress (3 sessions).

4. ISCAP Education continued with the National Lecture Series (2 in 5 regions) and Basic Life Support (5 regions) and Advance Life Support (1 region).

5. Outreach to outlying labs (fly or drive in from Namibia, Mossel Bay, George, EL and Nelspruit).

6. Outreach in to Africa with PASCAR - ISCAP assisted Namibian allied to launch their own society NISCAP (Namibian Interventional Society for Cath lab Allied Professionals) in June 2016 with Dianne Kerrigan mentoring the group and chairing the 1st workshop in June 2016. Waheeda Howell will do the same at the 2nd workshop on 15 October in Windhoek.

7. Thank you to Industry for the continued support and active partnership during 2016.

8. ISCAP finances are stable year on year with programs offered on a break even basis to sponsors. Finances are reported as part of SASCI.


10. ISCAP will work with PASCAR, SASCI and Cardiovascular Research Foundation (CRF from USA) to support new cathlabs being opened in Africa.

I would like to thank my Executive and Industry for the continued commitment to developing the Allied Group in cardiology.

Dianne Kerrigan, Chairperson ISCAP

Society of Cardiothoracic Surgeons of South Africa

ANNUAL REPORT
The Executive of the Society has been overwhelmed by the arrangements for the 26th Annual Conference for the World’s Society of Cardiothoracic Surgeons, which will be hosted by the SOCTS from 8-11th September 2016. Because of the privilege and the opportunity to host this meeting, EXCO decided to postpone the 2015 meeting so that it would run concurrently with the 2016 meeting. The organizing of the meeting has been a challenge on various levels most of all to financially fund the meeting, as the industry support is dwindling rapidly and it becomes harder and harder for industry to support academic meetings, due to various legal constraints imposed by the corporate head offices of multinational organizations. Despite this, a very comprehensive programme and what promises to be a very successful meeting has been arranged. The meeting this year will share the stage with our Colleagues in Cardiology and a forum is created which accommodates both disciplines in combined sessions, as well as allowing for presentations on focused topics in breakaway sessions. The Allied Professions of
Cardio Pulmonary Perfusion Technology and Cath Lab Technologists have also been catered for in the programme.

DATABASE:
As before the database remains a challenge and currently lies within the Share Registry. A functional database is also now available at the University of the Free State under the direction of Francis Smit. It remains a challenge for the Society to achieve its ultimate goal of having a national database, but regrettably this aim has not been achieved yet.

OTHER ACTIVITIES:
The Society has been involved in discussion with the Israeli Cardiothoracic Society and an association is established whereby surgeons from both countries will be afforded the opportunity of visiting each other under direction of the Society. This is not an affiliation and is not an alliance, but merely an association between two societies to provide a platform for mutual collaboration at various levels. This will be privately funded by the Society and is available to surgeons of both countries on a structured basis. The Society has formed this association with the pure goal of sharing surgical and medical knowledge and has absolutely no other affiliations. The Society has been invited to attend and has indeed attended the 2016 Meeting of the Israeli Cardiac Society and at the Annual WSCTS, there will be a joint session between Israeli and South Africa Surgical Societies.

DSP’s and PPN’s:
The EXCO has established a platform together with the representatives from SASCI and the Private Practice Committee of SA Heart, in order to engage the Funding Industry in discussions regarding the undesirable situation of Designated Service Providers and Preferred Provider Networks. It is felt that these arrangements which are financial arrangements between Funders and Hospital Groups, is not in the best interest of patients and members of the Funding Industry and can only lead to the fragmentation of cardiac care. At the root of the problem is that not all Healthcare Professionals and not all hospitals are DSP’s or PPN’s and therefore, there will be a non-alignment in the appointment between a Healthcare Professional and a hospital in which he works. Not all PPN’s Hospital offer facilities for certain interventions and not all Professionals have the same clinical acumen and as such, these PPN Hospitals usually do not cater for highly specialized medical and surgical procedures. The system as it stands also needs to address the Medico Legal responsibility as well as competition concerns. The Society has involved Discovery as a starting point and has canvassed legal opinion. The process is ongoing.

Finally, the Executive remains embroiled in the total onslaught of the Funding Industry, in trying to preserve an equitable situation of remuneration for those in Private Practice as well as the Public Sector. It is an ongoing David and Goliath battle one in which the Healthcare Professionals certainly is the David.

MR ROBERT KLEINLOOG EXECUTIVE CARDIOTHORACIC SURGEONS