Annual reports – Standing committees and SA Heart projects

Education standing committee
Members:
Tawanda Butau (Chairperson); Johan Brink, Ashley Chin, Antoinette Cilliers, Ruan Louw, Martin Mpe, Andiswa Nzimela, Mpiko Ntsekhe, Hopewell Ntsinjana, Nqoba Tsabedze
Subcommittee - All heads of cardiology departments

SA Heart® Events calendar
The number of events taking place during the course of the year has grown tremendously, such that there is now a need for a central calendar to try and avoid a clash in events and duplication. There are many events that are now regular and consistent features (SunEcho, New Horizons Echocardiography, Crossroads, HeFFSA lecture series, CASSA symposium, cardiology Fellows meeting) and some that are becoming well established and well attended (ISCAP lecture series). Sadly, as a result of this, the SA Heart® lecture series has become a casualty. Having been asked to be a speaker myself for this event, I felt (in consultation with committee members) that this particular series was now unnecessary duplication. It remains a challenge for the committee to come up with a unique educational event that can be taken across the country. The Cardiac disease in pregnancy symposium is a new and exciting educational event that is an ideal learning opportunity for members to increase their knowledge about this special group of vulnerable patients. Lecture series have also been taken countrywide, kindly supported by our industry partners, on hypertension and lipidology.

Current status of training in cardiology:
Part of the tasks I was given for the year at our National executive meeting was to formalise the function of the Education committee. I felt it was necessary for the committee to keep the society at large appraised with the current status of training in the various training units. Below is a summary of the number of trainees, both adult and paediatric, at each of the training units.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Number of adult fellows</th>
<th>Number of paediatric fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>UFS</td>
<td>2</td>
<td>0 – posts frozen</td>
</tr>
<tr>
<td>Wits – CM</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Wits – Baragwanath</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>UCT - GSH</td>
<td>6</td>
<td>n/a</td>
</tr>
<tr>
<td>SU - TBH</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>RXH</td>
<td>n/a</td>
<td>2</td>
</tr>
<tr>
<td>UKZN</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>UP</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>WSU - PE</td>
<td>n/a</td>
<td>2</td>
</tr>
<tr>
<td>SMU - GM</td>
<td>3</td>
<td>n/a</td>
</tr>
</tbody>
</table>

UFS=University of Free State; Wits – CM= University of Witswatersrand – Charlotte Maxeke Johannesburg Academic hospital; Wits- Baragwanath= University of Witswatersrand – Chris Hani Baragwanath hospital; UCT-GSH= University of Cape Town – Groote Schuur Hospital; SU- TBH = Stellenbosch University, Tygerberg Hospital; RXH = Red Cross Children’s hospital; UKZN = University of KwaZulu Natal; UP = University of Pretoria; WSU = Walter Sisulu University – Port Elizabeth hospitals; SMU – GM =Sefako Makgatho University – George Mukhari hospital; n/a= not applicable/subspecialty training not available.

It should be noted that though the above numbers seem superficially reasonable overall, a significant percentage of these posts are self-funded or supernumerary posts. I have not indicated the through-put of candidates through each unit as this information is now regularly published in the SA Heart® Newsletter. Armed with this information, the next step should be to assist the heads of department where possible, with the education-related needs of the various training units.

In addition to the above, the role of the education committee should be to ensure the overall quality and level of educational activities available to members remains of the highest quality. Numerous challenges lie ahead with regards to the funding structures of educational activities and congresses in 2018. Perhaps the committee may have a bigger role to play going forward.

International representation at meetings
SA Heart® remains well represented at international meetings such as EuroPCR and ESC both by attending delegates as well and speakers that facilitate or chair various sessions. Our society is becoming more recognised which, in turn is fostering...
many collaborations in training and research. Locally, AfricaPCR has become an established event with many regional and international delegates attending.

I would like to thank the out-going Chairperson of the Education Committee, Martin Mpe for his assistance in handing-over to the new committee and his continued assistance in the educational activities of the organisation. It remains logistically difficult for the committee to meet, but I thank the members for the continued willingness to serve.

Report prepared by Tawanda Butau, Chairperson of the Education Committee

Ethics and Guideline Committee Report 2017

Members
Eric Klug: Chairman
Members: Cobus Badenhorst, George Comitis, Antoinette Cilliers, James Fulton, Firoza Motara, Pro Obel, Les Osrin, Alfonso Pecoraro

Overall vision:
1. Review and contribute to all Guidelines involving structures of SA Heart
2. Review requests for Guideline endorsements by other organisations
3. Review requests and provide guidance on ethical issues
4. Develop a public awareness campaign relating to Evidence Based Medicine –twitter/facebook/
5. Develop a communication channel with Department of Health
6. Develop a communication channel with private health funders
7. Develop a relationship with ESC Guideline Committee

Guideline Activities 2017
1. Intravenous iron national consensus paper – in press
2. Sugar tax – comments contributed
3. CRT-P/CRT-D/ICD SHARE registry document – in planning
4. Acute MI WHF Guideline for low income countries – rejected
5. Revised HFrEF guideline (2013) – meeting October 2017

Requests in pipe-line
1. hs Troponin NSTEMI Guideline

Ethic Activities 2017
No consultation was sought regarding substantive ethical issues. This aspect of the committee needs to be developed.

Dr Eric Klug, chair Ethics and Guidelines Committee

Fulltime Salaried Committee
Chairman: Ntobeko Ntusi
Members: Ideally, this committee should have representation from all the other SA Heart special interest groups (SIGs). Currently, the membership includes Drs Ashley Chin, John Hewitson, Paul Adams, Lungile Pepeta and Makoali Makotoko.

The agenda for this year focused on defining the role of this committee, as many of its previous functions seemed to overlap with other SA Heart SIGs. We gave input into the cardiovascular section of Standard Treatment Guidelines and Essential Medicines List for Primary Healthcare (2016 to 2018). We contributed to the discussions on the future of cardiology in South Africa and a Comprehensive Cardiovascular Disease Action Plan, in junction with the National Department of Health. Prof. Makotoko has been particularly active as a member of the steering committee for the Strategic Operational Plan for Cardiovascular Disease in South Africa. There has been talk about how the Salaried Practice Committee may contribute to streamlining of the tender processes to improve the availability of cardiovascular medicines in public hospitals; however there has not been any progress on this as there seem to be unique challenges related to institution- and province-specific issues.
Going forward, the committee will aim to focus on alignment of the curriculum for training of cardiologists with the national agenda. Further, there has been suggestion that the committee should consider its role in efforts to combat the rising tide of NCDs, and in particular cardiovascular disease in South Africa.

_Prof. Ntobeko Ntusi, Chair, Fulltime Salaried Practice Committee_

**Private Practice Committee:**
Members: Jean Paul Theron, David Jankelow, Martin Mpe, Jeff Harrisberg, Mark Abelson, Larry Rampini, Daryl Smith, Andrew Thornton.

The work of the SA Heart® PPC remains closely intertwined with that of the SASCI PPC. For a report on the activities please refer to the PPC section of the SASCI annual report.

**SA Heart Journal**

**Editor:**
- Anton Doubell

**Sub-Editors:**
- Sandrine Lecour – Basic sciences
- Ntobeko Ntusi – Cardiac imaging and adult cardiology
- Jacques Janson – Cardiac surgery
- Derick van Vuuren – Digital communication
- Stephen Brown – Paediatric cardiology and intervention

**Editor SA Heart Newsletter:**
- Sajidah Khan

2017 was the inaugural year for the restructured editorial team of the SA Heart Journal and good progress was made towards achieving our objectives.

- Sandrine Lecour’s input as the sub-editor for basic science has ensured regular contributions of high standard from the basic science community. She is also developing standard operating procedures for the submission and review of articles.
- Derick van Vuuren, who is looking after digital communication, including the optimization of our online journal, development of an online submission system and an online review process has seen to it that on-line electronic submission of manuscripts was initiated during this year.
- Jacques Janson (surgery portfolio), Ntobeko Ntusi (cardiac imaging/adult cardiology portfolio) and Stephen Brown (paediatric cardiology/intervention portfolio) have provided valuable input to ensure that the Journal continues to grow in their respective fields.

During this year the Editorial Board was also restructure and expanded. The current board members are: Lesley Burgess, Johan Brink, David Celemajer, Annari Ellmann, Bernard Gersh, Philip Herbst, Neale Kalis, Pravin Manga, David Marais, Bongani Mayosi, Shamir Mehta, Ana Mocumbi, Mpiko Ntsekhe, Stefan Neubauer, Vuyisile Nkomo, Rob Scott Millar, Alta Schutte, Peter Schwartz, Derek Yellon and Liesl Zühlke.

The Journal continues to produce quarterly issues, and aims to feature an article from each sub-editor’s portfolio in each issue.

Some highlights from this year’s issues:
- First quarter – featured interesting contributions relating to paediatric cardiac care (catheter ablation in children and a review on the management of heart failure in children) as well as a basic science paper regarding the protective effects of fenofibrate. Also featured was an interesting review on the diagnosis of rheumatic heart disease in areas with a high prevalence of endomycardial fibrosis.
- Second quarter – featured another basic science contribution on myocyte differentiation. Clinical contributions included an excellent review on bicuspid aortic valve disease and an approach to device detected atrial fibrillation.
• Third quarter – contained a thought provoking commentary on a “sugar tax” for South Africa and a position statement from the SA Heart Association on infective endocarditis prophylaxis. This issue also featured two reports of original research regarding rehabilitation after coronary artery bypass surgery and parental stress in families of children undergoing cardiac surgery for congenital heart disease.

• Fourth quarter – the Congress issue of SA Heart will feature the abstracts of the 18th Annual SA Heart Congress.

Members of SA Heart are called upon to support the Journal. There is still a hesitancy amongst academics at our cardiology training centres to submit their research to the SA Heart Journal. In order to grow the Journal we need to feature more original research. The future of the Journal is in our hands.

Prof Anton Doubell, editor, SA Heart Journal

SA Heart Registry – SHARE 2017

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

SHARE is now into year three of its focussed device and disease based prospective registry format based on the Euro-observational programme of the ESC.

The main objectives for SHARE as outlined previously were:

1. To have 3 prospective registries up and running on the new SHARE database platform as proof of concept, these registries would serve as a blueprint for all future SHARE-related registries.
2. Limit SA Heart’s financial commitment to the registry project to funding of the staffing component of the SHARE committee, and have each registry project financially independent through industry, grants and other funding vehicles.
3. Begin to disseminate the data and information generated from the projects through publication and presentation of abstracts and papers

Two registries were established in late 2014. Drs Jacques Sherman and Hellmuth Weich lead the SHARE-TAVI registry. After a slow start, all TAVI sites in the country are now active participants with the overall case capture rate sitting pleasingly above 85%. Part of the success of the TAVI project is due to some very productive positive interaction with major Funders, who have embraced the registry and who are happy to use a report printed directly from the registry database as part of their motivation/evaluation for decisions relating to funding. This has helped to speed up the process of decision making, which previously required considerable back and forth communications between operators and the funders, delaying procedures unacceptably and leading to unnecessary morbidity and mortality in these very sick high-risk patients.

More than 360 procedural data entries have been captured to date, and over 48% of patients have now completed at least 1 year of follow up, and we are now reaching the landmark of 20% of TAVI patients who have been successfully followed up for 2 years. We are now in a position to offer more substantive data for publication, and are busy with the first manuscript on the SA TAVI data. This year abstracts have been accepted and presented locally at AfricaPCR 2017, at EuroPCR 2017, the ESC 2017 in Barcelona, and also at this year’s SA Heart Congress. In the interim TAVI participants have been invited to 2-3 feedback meetings annually, utilising other organised meetings such as AfricaPCR and SA Heart Congresses as a forum to gather participants together conveniently for dissemination of information.

Prof. Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), and recruitment into the second SHARE registry has increased steadily also after a relatively slow start. Now that the database logic has been tested and approved the number of active sites is growing steadily. Although it was intended that both Private and State institutions would be represented in the CDM registry, the low incidence of disease seen at Private institutions has been a limiter to participation by these centres, and we would like to encourage clinicians in private practice who see maternal cardiac disease somewhat more frequently. As Prof. Sliwa’s responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, and we welcome her addition to the team. Please contact Prof. Sliwa or Elizabeth Schaafsma should you wish to join this growing registry.
SHARE’s has had expressions of interest from several parties regarding the development of registries under the SHARE banner. Several contenders are being considered, evaluated and developed currently, amongst them registries on PHT, PCSK9 inhibitors, and Devices in HF. Fund-raising has remained a priority for the continued development and running of all the registry programs, and we are tremendously grateful to Medtronic and Edward Life Sciences for the very generous grants which supported the setup of the registries initially, and which have been extended for a further 3 years. This will enable the maintenance of the registries over the next 3 years and will allow for very important 5 year Follow Up data to be collected, and will also be used to support the continued analysis and publication of the outcomes, which has been one of the cornerstone aims of the SHARE registries.

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

Prof Mpiko Ntsekhe on behalf of the SHARE Committee

STEMI SA – SAHEART 2017

STEMI SA had a very successful year with good progress in various projects.

STEMI SA Forum outcomes

We started off in March with the STEMI SA Forum Meeting with Cardiologists and representatives from Industry, Hospital Groups, Emergency Physicians, GPs, EMS, and nurses, as well as representatives from various professional societies. Raveen Naidoo, National Director of Emergency Services and Disaster Management, Department of Health, also contributed to the discussions. The current status of STEMI management in South Africa, ideal patient flow process, standardization of treatment algorithms for STEMI treatment, training needs and data collection were discussed. A need for treatment guidelines was evident, as well as for training packages that are customized for region (context) and profession.

Task forces were established
- to compile national guidelines,
- to develop training packages,
- to improve patient referral networks and
- to standardize data fields for the STEMI SA Registry across institutions and sectors

The development of national guidelines was temporarily put on hold, while the other initiatives showed considerable progress over the last six months.

Develop training packages

Rhena Delport chairs the education committee. Close collaboration has evolved between representatives from Medtronic, Boehringer Ingelheim (BI) and UCT and the purpose of the core group was to update and expand the collection of slides previously made available by cardiologists and by industry support. We now have updated the master slide set and have compiled modular sets that are customized for different target groups. The next step is that sub-groups of the STEMI Forum who had expressed their willingness to participate develop structured training programmes and customize materials (e.g. treatment algorithms) in collaboration with their professional group / society / opinion leaders. The main outcomes for the workshops are being able to diagnose STEMI, being able to management STEMI employing a pharmacoinvasive approach, and being able to build networks for timely referral within a structured approach.

Training in regions across South Africa will commence in February with support fledged by Industry and Hospital groups to provide venues and resources for hands-on simulated training. Currently continued Education Meetings, targeting all healthcare workers at First Medical Contact is still ongoing, on an ad hoc basis by volunteering cardiologists.

Improvement of patient referral networks

Ahmed Vachiat has taken the lead in this focus area in the public sector and has held educational meetings with his main referral centers, developed clear referral protocols and letters and actively participates in the STEMI SA Research project. BI is tasked with mapping the distribution of regional interventional services, as well as referral hospitals, to inform the presentation of clear guidelines for structured referral at the educational workshops.
Standardization of data fields for the STEMI SA Registry across institutions and sectors
Rhena Delport chairs this task force. The aim of this work group was to develop a National STEMI Registry with the ultimate aim of constituting a Universal Registry for Africa as a Stent-Save-a-Life (SSL) Region – Rhena is currently leading this initiative for SSL for the Africa Region. Ahmed Vachiat and other cardiologists, professional societies, like the Resus Council of South Africa, and representatives of private hospital groups, academic institutions and EMS have participated in the process of defining data fields. Consensus has been reached on the registry fields. Individual institutions add variables of personal interest to their own data sets. The registry is the backbone of the STEMI SA research project that employs patient outcome and adherence to international STEMI management guidelines as primary outcomes for the study. The research extends beyond PCI across the referral pathway, covering domains like current EMS models for patient transfer, quality improvement of patient management, and the effectiveness of training interventions. Five academic institutions are currently involved in STEMI research, some still at an early stage. Within a few weeks the electronic system for data capture will be implemented in a select group of hospitals. The app will be used at minimal cost to STEMI SA and is currently customized for our requirements. Cardiologists have the choice to capture the data using a hard copy questionnaire or alternatively using the electronic platform that allows uploading of the ECG and the creation of a patient report in PDF format. Some hospitals employ a patient management booklet that provides instructional / informational elements, e.g algorithms, allows capturing of patient progress and treatment records, and also incorporated data fields that are relevant to the STEMI study, without duplication of effort. Relevant data is captured electronically by the hospital group and will be exported to the STEMI registry.

Some other STEMI SA activities
This list of activities is by no means exhaustive but show cases contributions of STEMI SA Members during 2017
- Invited presentation on STEMI management in South Africa at the ACC’17 (Rhena)
- Participation of STEMI SA members in a STEMI Session at EuroPCR 2017.
- Invited contributions by members at the Stent-Save a Life forum that was launch at EuroPCR 2017 (Sajidha Khan, Adriaan Snyders, Rhena Delport).
- Attendance of STEMI India Live by Ahmed Vachiat; Rhena Delport and Raveen Naidoo.
- Participating in STEMI Africa in Kenya by Dave Kettles.
- Commencement of a collaboration with the Heart and Stroke foundation and the SA Stroke Program (Angels Program) in areas of common interest.

I thank the team for their contribution:
Rhena Delport: Project Manager
George Nel and Medsoc: Logistic administration and finances
Ahmed Vachiat: Representing Public Health
Abner Moleele and Carica Combrinck assisting with administration
Medtronic and BI supporting the education initiative
Dave Kettles serving as STEMI SA Ambassador
Boehringer Ingelheim and Medtronic and Biotronic as our primary industry supporters

Adriaan Snyders
Champion / Chairman STEMI SA and SSL Africa