Reports from the SA Heart® Special Interest Groups (SIGs)

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA, CASSA

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

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

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

Annual CASSA symposia

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

Collaboration with the European Heart Rhythm Association (EHRA)

CASSA continued to collaborate and work closely with EHRA on several initiatives over the past 2 years. CASSA was invited to chair a joint session with the European Heart Rhythm Association (EHRA) at the annual Europace meeting held in Barcelona in March 2018. I was privileged enough to present a practical talk on “Supraventricular tachycardia manoeuvres in the EP lab” at a state of the art session on “Supraventricular Tachycardia”. CASSA has once again been invited to chair and present 2 presentations at a joint session with EHRA on “Atrial flutter” at the annual Europace meeting in Lisbon in 2019. This is the 3rd successive year that CASSA has received an invitation to chair and participate in a joint session with EHRA. CASSA has also been involved in the writing, review and endorsement of EHRA-led international scientific statements and guidelines. Two documents have recently been published:

1) Consensus document on the management of arrhythmias and cardiac electronic devices in the critically ill and post-surgery patient” and

2) Antithrombotic therapy in atrial fibrillation associated with valvular heart disease. CASSA Exco members are currently participating in a further 3 scientific statements and guidelines. CASSA has been establishing an international footprint representing sub Saharan Africa over the past few years and I would like to thank all the contributors and reviewers.

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

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

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

Ashley Chin, President, CASSA

**Cardiac Imaging Society of South Africa, CISSA**

During the current year several CISSA endorsed events were conducted namely:
- SUNECHO echocardiography course
- New Horizons echocardiography course
The yearly joint CISSA/Mayo echocardiography workshop is scheduled for the 4th of October 2108 and will feature both local and Mayo speakers.
The annual Cardiovascular Magnetic Resonance Congress of South Africa (SA-CMR) will be held in Cape Town from 30 October 2018. CMR is rapidly expanding in South Africa and we encourage health care workers to attend.
CISSA believes accreditation in echocardiography is important to raise the standard of echocardiography. As such it is now possible to sit for the British Society of Echocardiography (BSE) examination in South Africa and to complete accreditation via local supervisors.
CISSA has acquired additional sponsorship and all members should be on the lookout for upcoming applications for sponsorship to imaging congresses.

Alfonso Pecoraro, President, CISSA

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

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

**HeFSSA Executive**
The HeFSSA Executive is the driving force behind these programmes: Martin Mpe (President), Eric Klug (Ex-Officio President), Jens Hitzeroth (Vice-President), Darryl Smith (Treasurer),
Implementation of the Eucomed and SAMED rules
This year has seen the implementation of the Eucomed and SAMED rules precluding direct sponsorship of Health Care Professional to congresses and courses. HeFSSA has put in place a grant application portal to manage educational grants through the society infrastructure and has been able to support attendance to ESC Congress 2018 of cardiologists with a special interest in heart failure. This was made possible through an educational grant from Medtronic and the successful applicants were Jacques du Toit, Ntobeko Ntusi, Adele Greyling, Mamotabo Rossy Matshela and Tony Lachman.

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

HeFSSA Medical Practitioners’ Programme
The HeFSSA Medical Practitioners Programme (primarily GP) continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle we use to achieve our Heart Failure educational goals. The programme started in 2010 and we had approximately 500 GPs attending in 2017. We offer the course annually and have established it in both metropolitan and rural areas. This programme is in its 8th consecutive year and continues to be generously supported by pharma industry; Servier, Pharma Dynamics and Novartis.
The theme for 2018 is “The Treatment of Heart Failure: Back to Basics” and the topics being addressed are:
- Co-morbidity in heart failure: The objective of this topic is to focus on co-morbidities in heart failure with specific focus on COAD, Diabetes Mellitus, Hypertension and Iron deficiency in heart failure.
- Special investigations in heart failure: The objective of this topic is to focus on the minimum basic investigations, including biochemistry, ECG and imaging studies to assist with the diagnosis of heart failure. It includes the classification of heart failure as well as the identification of the aetiology and nature of the underlying disease.
- Heart failure with preserved EF, what is new? The objective of this topic is to focus on newer therapies in Heart Failure with preserved EF and an Approach to the management of Acute Heart Failure in patients with preserved EF.
- Arrhythmias in heart failure: The objective of the topic is to focus on rhythm management in heart failure patients.
This include a focus on AF medical treatment, heart rate targets as well as device therapy indications. This also includes ventricular dysrhythms and prevention of sudden cardiac death, both medical and device therapy options.
The case-based slide compendium for this year’s programme has been compiled by Martin Mpe, Nash Ranjith, Ashely Chin, Nqoba Tsabedze and Eric Klug. The faculty members include distinguished South African cardiologist with an interest in Heart Failure from across South Africa. This year’s meetings will be hosted across South Africa. If you are interested in becoming involved in this programme, please contact the HeFSSA office.

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

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

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

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

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

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

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

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

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

Martin Mpe, President, HeFSSA

Interventional Society of Cath Lab Allied Professional, ISCAP

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

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

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

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

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

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

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

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

Eastern Cape
Keri Meyer (Regional Chair), Ronelle de Glanville (Radiographer), Elzanne Oosthuizen (Technologist) and Naomi Oosterbroek (Nursing).
Co-Opted for Education & Cath Lab Manual
Gill Longano
Ex-Officio Chairperson and Cath Lab Manual
Dianne Kerrigan

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

AfricaPCR Grants 2018
AfricaPCR Course and SA Heart® Congress remains seminal educational contact points receiving substantial Exco time and effort to optimise the learning.

AfricaPCR Course 2018 was the first major congress hosted under the new Medtech and SAMED rules prohibiting direct sponsorship of HCP by industry. ISCAP succeeded in securing funds and awarding 13 educational grants to Allieds. We hope to improve this support in the future.
ISCAP wish to thank the following companies for their support in this regard: Amayeza Abantu Biomedical, Biotronik, Boston Scientific, Disa Life Sciences, Meril and Medtronic with ISCAP allocating own funds as well.
We look forward to AfricaPCR 2019, where we hope to raise more funding for sponsorship.

ISCAP National Lecture Series 2018
The ISCAP Lecture Series’ have been scheduled for August to November this year, with opportunities to upskill yourself in your own home town.
ISCAP is focussed on ongoing training for all Cath Lab Allieds incl nurses, radiographers and technologists across South Africa.

ISCAP National Lecture Series 2018 (Supported by Disa Life Sciences, Medtronic, Paragmed and Siemens)
These workshops are scheduled for:
Port Elizabeth 4 August, Durban 1 September, Gauteng 27 October,
Bloemfontein 3 November, Cape Town 10 November
The Lecture Series consists of the following topics:
- Advances in the Treatment of Coronary Artery Disease in diabetic patients
- Paediatric Cardiology: Ballooning and Stenting – How, Where and Why?
- Catheter Selection: Start with the end in mind
- Cardio Echo 101
- Do we really understand Patient Confidentiality and Privacy?

ISCAP National Lecture Series 2018 (Supported by Terumo and Vertice)
These workshops are scheduled for:
Cape Town 18 August Gauteng 8 September Bloemfontein 15 September
Port Elizabeth 13 October Durban 20 October
The Lecture Series consists of the following topics:
- From Access to Close: Femoral and Radial, OCT Image Interpretation & Interesting Case Study Discussions
- FFR & Resting Indices & Updates
We thank our Corporate Support for their continued and unwavering support of ongoing education in the Cath Lab.

If you require more information regarding the topics etc for the above workshops, kindly contact the ISCAP Office at joh-ann.nice@medsoc.co.za.
Sincere thanks and appreciation to Joh-Nice and George Nel for their relentless drive and support for ISCAP.

Waheeda Howell, Chairperson, ISCAP

LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA

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

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

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

In April LASSA co-hosted a lipidology course with the Netherlands Lipid Association after fruitful student projects between the Netherlands and South Africa. The meeting was instigated after good collaborative contact was established with Prof Frank Visseren at the Utrecht Medical Centre. The Dutch are very aware of severe dyslipidaemias and have made genetic investigation available at a specialised central service. The Dutch physicians also have access to special treatments according to best practice, including the use of the new monoclonal antibodies to PCSK9.

The course laid the foundation for a similar course to be held in 2019 to stimulate lipidology in South Africa, especially since monoclonal antibodies to PCSK9 may be introduced. Support is being sought to hold such a meeting for about 30 people.
Dr Theunis Botha, recipient of the Amgen Lipid Research award, reported that he used some of the funds for his study at the University of the Witwatersrand and the rest to attend the International Symposium on Atherosclerosis in June 2018 in Toronto. A newsletter was circulated to update members on presentations at the European Atherosclerosis Society symposia in Barcelona last year and Portugal this year. Dr Huijgen, a Dutch collaborator with Profs Blom and Marais in Cape Town, finished his project investigating a novel mutation in PCSK9 and presented this at the American Heart Association meeting in the USA in November 2017. Another collaboration with the Dutch was the visit of Mr X van Delden who evaluated control of LDL cholesterol in patients with FH at the lipid clinic in Cape Town. The Cape Town experience with FH was compared with that in Australia and Brazil. The cardiovascular risk in South Africa was much higher and smoking appeared to be a particular risk-enhancing problem.

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

Derick Raal, Secretary, LASSA

Report of the Paediatric Cardiac Society of South Africa (PCSSA)

A tribute to Professor Bongani Mawethu Mayosi
Bongani Mayosi was very instrumental in the academic advancement of paediatric cardiologists in this country. He was a mentor to many Paediatric Cardiologists. Although he was not overbearing, he was quite persuasive in his tact. As we may be very aware, Bongani took Liesl Zühlke under his wing and mentored and supervised her in her postgraduate studies. Liesl graduated with the first PhD in the Paediatric Cardiology in this country. He was very instrumental in the setting-up the Hamilton Naki Scholarship for equity scholars. Beneficiaries of this scholarship include Deliwe Ngwezi, who is in Edmonton, Canada. Deliwe has just informed that she has successfully defended her doctorate and will be graduating soon.

Bongani was part of the Discovery Foundation; which played a role in supporting Hopewell Ntsinjana, to complete his PhD in University College, London in 2016. Dr Ntsinjana is now the Founding Head of Department of Cardiology at Nelson Mandela Children’s Hospital, University of the Witwatersrand, Parktown, Johannesburg.

Regarding research projects, Bongani had the whole paediatric cardiology community’s hands full with his projects. Both Cape Town and Port Elizabeth units were involved with the RHDGen study, which is now complete. Another study, which is led by Liesl is the AdolesCents reCeiving Continuous Care for Childhood-onset Chronic Conditions (ADOLE 7C) project, an international collaborative project investigating the level of care of grown up patients with congenital heart disease. The member institutions in this study include University of Cape Town (UCT), University of Leuwen in Belgium, Walter Sisulu University and Nelson Mandela University. Another project which Bongani drove as a Principal Investigator with Dr Dr. Stuart J. Connolly (as Co-PI) is the Investigation of Rheumatic Atrial Fibrillation Antagonist Rivaroxaban or Aspirin Studies (INVICTUS) Randomized Clinical. This study is an international trial which involves 21 countries and several Paediatric Cardiology Units in the country. The study is sponsored by the Population Health Research Institute, Hamilton Health Sciences and McMaster University, Hamilton, Ontario, Canada. The last is the African Cardiomyopathy and Myocarditis Registry Programme (IMHOTEP) Study, which is a study into Cardiomyopathy aetiology, with particular focus in genetic causes and this is done in collaboration with universities in eight countries in Africa and one in the UK (Oxford...
University). South African Paediatric Cardiologists involved in this study are from Red Cross Hospital, UCT, CH-Baragwanath Hospital, Wits University, Port Elizabeth Hospital Complex, Walter Sisulu University and Nelson Mandela University.

On a personal note, I recall bhuti (brother) as someone who would call me on a Sunday afternoon when he wanted to have a long chat in an attempt to ‘court’ me into one of his projects. I recall him saying to me “Lungile, we are now turning the supertanker, right, and I want you to be part of it”. Although I could hardly follow what the whole study would entail at the time, I would simply say “yes bhuti we are in”. It was difficult to say ‘no’ to Bongani, really. The Port Elizabeth Paediatric Cardiology Unit and many others in the country are now an international research collaborator through Bongani’s selfless character and stature. May his soul rest in peace.

The Professoriat community welcomes Professor Stephen Cunningham Brown.

Professor Brown has just been awarded the position of Full Professor, Department of Paediatrics and Child Health, Faculty of Health Sciences, University of Free State (UFS).

As a distinguished scholar, Stephen is an NRF-rated researcher who enjoys international stage in his area of expertise, which is Paediatric Cardiology and Interventional Paediatric and Adult Cardiology. Over his academic career, Stephen has published a total of 75 peer reviewed articles with 40 international publications and 25 national publications. In these publications, he has been either first or senior author in 42 articles. He is the Editor for the Paediatric and Congenital Heart Disease section of Cardiovascular Journal of Africa, an International Journal with Impact Factor of 1.5 currently. He has same scholarly responsibilities for the SA Heart Journal.

Stephen has successfully supervised 8 Masters students and 2 Doctoral candidates.

He enjoys national status of being Examiner and Moderator for both the Fellowship of the College of Paediatricians and the Certificate in Cardiology of the College of Paediatricians. He is an external examiner to various academic institutions nationally.

As an academic Paediatric Cardiologist, Stephen has developed the national curriculum of Paediatric Cardiology and has produced Paediatric Cardiologists himself. Stephen is a regular feature as an invited speaker, organiser, director and convener of numerous conferences in Cardiology in South Africa.

He is an invited speaker in interventional congresses in Africa, Asia and Europe.

He is a reviewer of national and international journals, viz: Cardiovascular Journal of Africa, SA Heart Journal, South African Medical Journal, Cardiology in the Young, European Journal of Echocardiography and Heart.

For almost three decades, Stephen has successfully applied and been awarded research grants (eg. MRC, NRF, etc) to support research being undertaken in his portfolio as an academic at UFS.

On teaching, besides teaching undergraduate medical and other health sciences students, together with Professor Bruwer, Stephen started a successful Paediatric Cardiology training program in UFS, Bloemfontein. As stated above, he was key in the development of the Curriculum for the Certificate in Paediatric Cardiology, College of Paediatricians, Colleges of Medicine of South Africa.

Stephen has been a senior member of Faculty of the College of Paediatricians as Council Member of the College and as stated, has been examining, moderating and convening the Fellowship and Subspecialty examinations of the College.
Stephen is one of the few International Proctors in the area of Percutaneous Pulmonary Valve Implantation, the only Paediatric Cardiologist who has this prestigious academic recognition in Sub-Saharan Africa.

Regarding engagement, in the undergraduate programme and specialist-paediatrician programme, Stephen has engaged General Practitioners and Paediatricians in the teaching of Paediatric Cardiology for Non-cardiologists. He also has contributed in teaching of preventive and treatment strategies in both General Paediatrics and Congenital Heart Diseases in rural communities in the Free State Province and beyond. He is a member of faculty and director of SA Heart and Africa PCR Congresses.

Stephen is a Fellow of Catholic University of Leuwen, Leuwen, Belgium. He has served in the executive of the Paediatric Cardiac Society as the Treasurer for over a decade. Under his leadership in this position, the society has maintained a very healthy financial status. Stephen is a member of the Society for Cardiovascular Angiography and Interventions, an international society of interventional cardiologists which is based in the United States of America.

Stephen was awarded Bloemfonteiner of the year award in 2013 for his community engagement role.

He holds the following academic qualification: MBChB (UFS), DCH (SA), MMed (UFS), FCPaed (SA), D.MeD (UFS).

The PCSSA congratulates Stephen in this ‘rite of passage’!!!

The Paediatric Cardiac Society of South Africa bids Paul Adams farewell.

Paul grew up in Johannesburg, Gauteng. He did his undergraduate degree, Paediatrics and Certificate in Paediatric Cardiology and MMed at the University of the Witwatersrand, Johannesburg. As a Paediatric Cardiologist, he was very active in the PCCSA Executive, serving several terms as the Vice President.

He was also a Board Member of the South African Heart Association for one term and a National Council Member on several terms.

He was very instrumental in the ‘Translation Legacy project’ of PCSSA.

Using funds from the PCSSA, he arranged translation of a number of descriptions of common cardiac conditions into six local languages, viz: isiZulu, Xitsonga, Xhosa, Sepedi, Sesotho, and Swahili. These translated documents are uploaded on the PCSSA website (from which they can be downloaded as PDF documents) for widespread use where there are language barriers between medical staff and patients, especially those who do not have internet access.

His interest is in Interventional Cardiology and he was both a national and an international Invited Speaker in this area. Paul has now moved to Sydney, Australia as a Consultant Paediatric Cardiologist.

The PCSSA wishes Paul well in his new journey.

The first Paediatric Cardiologists for Namibia and Tanzania, Fenny Shidhika-Nangolo Godfrey Mbawala respectively.

Fenny Shidhika-Nangolo left her family in Namibia to come and train at Red Cross War Memorial Children’s Hospital and University of Cape Town and in the First Semester of 2018, she has graduated with her Certificate in Cardiology of the College of Paediatricians of South Africa. In Namibia, there is a fully-fledged Paediatric Cardiology Service, which is being provided by our very own Paediatric Cardiologist Chris Hugo-Hamman. The surgery is performed at Christiaan-Barnard Hospital Cape Town. Fenny has gone back home to continue working with Chris in Windhoek. The PCSSA wishes her well.

I had my first encounter with Godfrey at the very first Africa CSI Congress in Arusha, Tanzania in December 2014. He mentioned that he was pondering an idea of doing a one-year fellowship in either Europe, North America or Asia in Paediatric Cardiology. At that dinner
table, I asked him if there were any Paediatric Cardiologists in Tanzania that were Board-certified in North America, Europe, Australasia or South Africa. He indicated that there was no one with that sort of a qualification. I asked if there was a Paediatric Cardiologist who could do Interventions, and this wasn’t the case either. I therefore suggested that it would be best for him and Tanzania if he rather did the whole three-year Board-certified and internationally recognized training in one of the countries with those programs. I indicated that the only cardiologist in Tanzania that I knew was Robert Mvungi, who had trained at Chris Hani-Baragwanath Academic Hospital, Wits University. I naturally recommended the Paediatric Cardiology academic unit at Chris Hani-Baragwanath Academic Hospital, Wits University as I had trained there myself. I didn’t waste time in giving him my erstwhile trainer’s contact details. Godfrey did not waste time either and contacted Professor Antoinette Cilliers, who offered him an opportunity to train in Paediatric Cardiology right away. Leaving his family behind, Godfrey embarked on a journey to train as a Paediatric Cardiologist for three years. This was concluded in May 2018, when he ‘aced’ his Certificate in Paediatric Cardiology Examinations of the College of Paediatricians of the College of Medicine of South Africa. He will soon return to Tanzania and establish a fully-fledged Paediatric Cardiology Unit.

The PCSSA wishes Godfrey well.

More Paediatric Cardiologists produced in 2017/2018

Second Semester 2017 Colleges of Medicine Examinations

There were 2 candidates that sat and were successful in the said examinations, viz:

1) Chimalizeni Yamikani Francis Gaveta from University of Pretoria, Pretoria.
2) Zongezile Masonwabe Makrexeni from Walter Sisulu University, Port Elizabeth.

First Semester, 2018 Colleges of Medicine Examinations

During this time period, there were four candidates who wrote and all four candidates were successful, viz:

1) Mamaila Lebea from University of the Witwatersrand, Johannesburg.
2) Godfrey Mbawala from University of the Witwatersrand, Johannesburg.
3) Mareleze Bosman from University of Kwazulu-Natal, Durban.
4) Fenny Shidhika-Nangolo from University of Cape Town, Cape Town.

The PCSSA applauds them all.

Lungile Pepeta, president, PCSSA

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

Workshops and meetings

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

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

Confocal Workshop, Stellenbosch University
SASCAR ran a workshop under the auspices of the Central Analytical Facility (CAF), Stellenbosch University in March 2018. This workshop was aimed at increasing the exposure of post-graduate students to this fundamental technology. Funding from SASCAR enabled the attendance of 11 postgraduate applicants (MSc and PhD) from both the University of Cape Town and Stellenbosch University. The students experienced a full day split between theory and hands-on. Particular attention was paid to the common oversights and errors that can result in misleading data. Direct feedback from the students strongly indicated appreciation for this type of workshop and SASCAR aims to make this particular topic the focus of bi-annual workshops.

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

European Society of Cardiology: Frontiers in CardioVascular Biology
SASCAR and South Africa had a strong presence at the basic science forum of the ESC held in Vienna this year. Prof Sandrine Lecour presented on “Targeting inflammation for cardioprotection” and Dr Amanda Genis on “Investigating endothelial dysfunction as a pathophysiological consequence of HIV-infection and anti-retroviral treatment. Our member Prof Barbara Huisamen (Stellenbosch University) presented work from her team that focussed on the mitochondrial effects that can be expected when Ataxia Telangiectasia Mutated (ATM) protein kinase expression levels are low and explored the concept that obesity-induced downregulation of ATM is a primary event in the development of associated cardiac dysfunction.

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

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

Neil Davies, President, SASCAR
SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION, SASCI

Executive Committee (until AGM 2019)
D Kettles (President), F Hellig (Ex-officio President), H Weich (Vice-President), C Badenhorst (Treasurer), G Cassel (Secretary), S Khan, G Angel, M Ntsekhe, M Makotoko, A Vachiat, C Zambakides, J Vorster, G Angel, S Pandie, JP Theron (SASCI PPC Chair) and W Howell (ISCAP).

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

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

SASCI PPC
SASCI PPC JP Theron (Chair) has been extremely active this year. Noteworthy is that of a “watchful waiting” with regards to competition commission exemption application (separate report).
SASCI PPC Elsabe Klinck Associates on a retainer to advise on ongoing legal, statutory and policy matters incl submissions on HPCSA Global fee issue, CMS PMB process (with Adriaan Snyders leading the way), HMI Outcomes Measures, TAVI Medihelp, HMI Tariffs etc. (see separate report).

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

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

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

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

SASCI Educational initiatives continue to a cornerstone activity of SASCI.

■ SCAI Fall Fellows Course 2017 Yuvashnee Govender, Mfundo Mathenjwa, Arthur Mutyaba and H.W. Snyman.
■ SCAI Fall Fellows Course 2018 Dr Aveen Mahabal (Inkosi Albert Luthuli Academic Hospital), Dr Robert Leibbrandt (Charlotte Maxeke Johannesburg Academic Hospital), Dr Mmuso Mogwera (Chris Hani Baragwanath Hospital) and Dr Absalom Nkosi (Sefako Makgatho Health Science University).
■ AfricaPCR 2018 SASCI secured and issued 59 educational grants including 24 Fellows.
■ AfricaPCR 2017 including 17 Fellows.
■ SASCI VPP 2018 Prof David Holmes
■ SASCI VPP 2019 Prof Simon Redwood
■ Annual Fellows Workshop 2017: Johannesburg 42 practitioners
■ Annual Fellows Workshop 2018: Cape Town 50 practitioners including 5 from Sudan.
■ RC Fraser International Fellowship: Portia Moses 2018 recipient.
■ EuroPCR 2018 SASCI with support from Medtronic and Boston Scientific ensured that cardiologist on faculty received educational grants (on application). The recipients were Adriaan Snyders, Sajidah Khan, Shaheen Pandie, Mark Abelson and Pieter van Wyk.
■ New Fellows Course: Columbia University, New York City – October 2018 for 2 Senior Fellows (call for nominations 6 August).
■ TCT 2017 International Session: Primary PCI Nightmares in Complexities and Challenges in STEMI
Revascularisation (SASCI, Israeli and Italian Society) and in addition to other contributions “A Recorded Case of Balloon Valvuloplasty for Rheumatic Mitral Stenosis from Chris Hani Baragwanath”.
■ TCT 2018 under convenorship of Graham Cassel with Riaz Dawood and Ahmed Vachiat
■ STEMI SA at SA Heart® 2017 with Thomas Alexander (STEMI India).
■ Key STEMI and SSL Africa Sessions at AfricaPCR 2018.
■ SA Heart® Congress, AfricaPCR and EuroPCR Course remains focal educational efforts. Of great concern to SASCI is the funding environment for individual delegate sponsorships to independent major international academic meetings. We will continue to engage with industry around the new confusing legislation, which seems likely to ultimately weaken the massive educational role of meetings like ESC Congress and EuroPCR Course, and facilitate smaller, industry driven educational initiatives. Thank you to those industry that do continue to be receptive to provide unconditional educational support - Ascendis, Amayeza (Vertice), Angio Quip, Baroque Medical, B Braun, Biotronik, Boston Scientific, Condor Medical, Edwards, Meril, Medtronic, Obsidian, Siemens, Paragmed, Pharma Dynamics, Sanofi, Disa Vascular, Terumo, Torque Medical, and Volcano.

Dave Kettles, President, SASCI
UPDATE FOR SASCI ON HEALTH LAW AND ETHICS ENVIRONMENT: AUGUST 2018

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

The Health Market Inquiry (HMI)
The year started with HMI data reports being released relating to the above-inflation increases in the cost of healthcare in the private sector. In SASCI’s submission on these data reports, it reiterated that:
- Medical scheme reimbursement levels were below inflation;
- Allegations of over-diagnoses and over-servicing are serious, and cannot be made without investigating specific cases where this is assumed;
- Healthcare professionals would have to evaluate instances of possible incorrect coding, and such allegations require a review of specific patients and cannot be assumed;
- Medical scheme benefit design actively channels patients towards hospital admissions, with reimbursement rates better in-hospital, than out of hospital;
- Generalised allegations on technology over-use or abuse cannot be interrogated, as data does not differentiate between types of technology (capex, consumables, etc.) and its uses.

The HMI Provisional Report was released for comment early in July, and SASCI will again participate in this process.

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

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

The PMB Review process
The Council for Medical Schemes (CMS) in 2017 embarked on a process to review the PMBs. According to medical schemes legislation, the PMBs must be reviewed every 2 years, in order to keep pace with developments in health technology and advances in medicine. This has, however, not happened, and a fundamental overhaul of the PMB system has been proposed. PMBs would no longer be aimed at addressing catastrophic- and high-cost, mostly hospital-based care, it would have to include preventative and primary care as well. Circular 6 of 2018 were issued and invited comments on the details of the benefit package to become the “new” PMBs.
This package, as proposed, was 100% in alignment with the broad brush-strokes of the NHI Benefit package currently available. SASCI commented on this package and expressed concern as to the trade-offs that would be necessary to now fund a vastly expanded package of care, including preventative care, screening tests and primary care, and how that would affect for example cardiovascular conditions, the funding of which is currently significant under the existing PMB package.

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

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

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

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

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

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

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

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

Of concern are the 2 proposals that directly link medical schemes and the CMS to the NHI. Firstly, medical schemes could be prohibited from providing benefits that form part of the NHI package. This means that, depending on how the NHI benefits are described, medical schemes may not be able to provide benefits for certain conditions or in certain contexts. Secondly, the CMS are obligated to support and provide resources to the NHI Fund. This means that current and future medical scheme levies to the CMS would have to be deployed to not only assist the CMS, but to also assist the NHI Fund.
The NHI Bill creates the NHI Fund, a body that will undertake substantially similar work than what is proposed by the HMI in its Supply Side Regulator. It will also be the body that accredits and registers all providers who will be providing services and goods into the NHI. It also will ensure the bringing into effect of the Certificate of Need (CON), under the National Health Act, which will require practices to be based where needed, and subjected to rules relating to equipment, staffing, etc.

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

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

A significant aspect of the Bill is that it does not envisage any change in the existing funding of public sector entities.

A main question therefore is how the NHI would be the single purchaser and financier of all healthcare, if other entities and functions remain unaffected.

Copies of the 2 Bills can be accessed here:
https://www.dropbox.com/sh/dh2dq2crpcdjzee/AABftTE7mpFyBxN0C38SCxP_a?dl=0

**Other projects**

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

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

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

**Conclusion**

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

**Elsabé Klink and Associates**
The current membership of the society has remained static. There were only 5 successful candidates, so the prospect of increasing membership of our society remains poor.

The executive committee has held four meetings focussing primarily on matters of management.

The society’s website is in the process of being upgraded in line with modern technology, and the society is canvassing funding for the running thereof.

The main problem in the society remains the Council for Medical Schemes case with the Competitions Commission in which SOCTS as well as the Paediatric and ENT societies, as branches of SAMA, have been involved in after being reported to the commission. The legal case has been ongoing for 5 years, and it appears that there is no end or outcome in sight. We await further instruction from legal counsel regarding progress.

The NPC which was created as a requirement to host the World Society Meeting has been wound up and will be discontinued once all the fiduciary requirements have been met. The NPC is no longer functioning. The report that was handed to both SA Heart and the World Society has been accepted, with the World Society being immensely complimentary regarding the conference.

The executive has decided not to hold a separate society meeting this year, but to rather support the meeting as an interest group of SA Heart with the specific request that the thoracic program had to be embellished, as well as sessions made available for the Israeli South African Surgical Collaboration Group. This information was relayed to the organising committee at the Pretoria branch for this year’s meeting. The society will host its own independent meeting again in 2019, which will be a reactivation of the biannual meeting which was interrupted by the hosting of the World Society Meeting in 2016.

The Hannes Meyer Registrar Symposium was held in April 2017 in Bloemfontein. It was attended by 44 surgeons, including 2 past presidents of EACTS (Jose Pomar, Marko Turina) and Pieter Kappetein (General Secretary of EACTS), heads of departments, senior consultants and registrars from all departments in South Africa. They hosted delegates from 7 other African countries. The symposium was attended by 22 perfusionists. The symposium started with a simulation day on Friday, which included the high-fidelity Califia perfusion system demonstrated by Hans Seiller, a German perfusionist, as well as bench models for coronary artery surgery and valve surgery. A wet lab was conducted demonstrating VATS surgical techniques. The perfusion program also included VAD, balloon pump and resuscitation simulation sessions. Topical didactic and research lectures were delivered by the international guests, after which each participating university addressed a specific topic, mentored by a senior surgeon or head of their department. A debrief session concluded the program with more than 90% of delegates supporting the further development of simulation programs for future training programs. The European Association of Cardiothoracic Surgeons involvement is ongoing.

The executive has been involved in negotiating for the abolishment of the DSP and PPN systems within the Medical Aid. As Discovery Health has the largest membership in the country, and manages several other medical schemes, we thought it wise to first negotiate with them. Unfortunately, this negotiation has reached a deadlock and no agreement could
be reached. With the recent announcement by the Minister of Health about the undesirability of co-payments in the Medical Aid system it is felt that the best route would be to petition the Minister. These negotiations are ongoing.

The AGM of the society will be held during the SA Heart Conference in October 2018, and a call for nominations for office bearers has been made. Due procedure will follow suite.