Together with a few other South African delegates, I recently attended the 1st All Africa Conference on heart disease, diabetes and stroke. The congress was expertly organised by Prof Bongani Mayosi, our future president for SA Heart from November 2007. I am not certain of the exact numbers, but I would estimate there were about 500 delegates, mainly from sub-Saharan Africa, but also invited speakers from Europe, the USA and Australia.

There were many interesting presentations and discussions, the focus obviously being on the development of cardiology and cardiac surgery in sub-Saharan Africa. There was also emphasis on the many challenges and efforts needed on this continent to improve the health care and living standards of the African population, again citing the tremendous problems of HIV/AIDS and Malaria, but highlighting the fact that cardiovascular problems (including hypertension, diabetes, obesity) leading to strokes and heart disease were becoming increasingly common. We still have a golden opportunity in Africa to prevent the “epidemic” of cardiovascular disease, as it is on the increase and can still be managed before it reaches massive proportions. Governments in Africa should be made aware that although the infectious diseases are a major problem and need expert and massive resources, cardiovascular disease also needs to be recognised and managed as part of an overall health policy.

Many countries in Africa require assistance, both financially and professionally, to initiate cardiovascular programmes.

On a different note, the exco of SA Heart (nationally and locally – Gauteng) have been extremely busy and involved in many discussions, particularly with Discovery Health.

Through our guidelines committee (Tony Dalby et al) and LASSA (Derek Raal) very successful discussions have taken place regarding lipid guidelines and now Discovery and many other medical aids have accepted the ESC guidelines for secondary prevention. Ongoing discussions will happen, trying to persuade them that we should possibly even be aiming for lower LDLs in line with American Guidelines, as well as further discussions about primary prevention, Framingham risk scores, etc.

A very important negotiation with Discovery took place concerning MSCT (multislice CT scanning for coronaries) and a consensus was reached concerning indications and appropriateness of the investigation. It has also been agreed that cardiologists will be able to refer for CT scanning once authorisation within the proposed indications have been met. If the referral is outside of the accepted indications, a panel of SA Heart members (three), all cardiologists, will be asked to judge the appropriateness of the referral. I think this is a step in the right direction, and gives cardiologists the right to refer if deemed necessary, and ongoing discussions will happen.

Another important recent meeting with Discovery was a meeting re funding, with specific items including the premier rate, classic direct, and other funding issues. Although not a perfect system presently, at least ongoing discussions on this important issue are happening following the initiatives of the Gauteng branch. At present about 80% of cardiologists are charging the premier rate. It still remains a “hot” issue and currently a personal choice. There needs to be more debate within SA Heart and I propose to make this part of our agenda at the next SA Heart conference.

I appeal to all members to please participate in the practice management initiatives by SAMA through our private practice committee (Anthony Stanley et al) and to respond timeously. This will give us a large amount of “ammunition” for further fee negotiations.

LEN STEINGO
President, SA Heart Association
## POPULAR CONGRESSES FOR 2007

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### HEART 2 HEART 2007

- **DATE**: 22-25 November 2007
- **CITY**: Sun City
- **COUNTRY**: South Africa
The last few months have seen the publication of a number of trials and registries relating to coronary intervention strategies. These include the safety issues with drug eluting stents and the trials such as COURAGE and OAT. Whilst much of this data will need to be ratified in future prospective studies, they do provide serious food for thought and give good reason for contemplation before action for all interventional cardiologists.

Whilst percutaneous coronary intervention has provided a spectacular option in the management of patients with coronary artery disease, its enthusiastic application needs to be tempered with a sober and careful analysis of each individual patient as a whole. This not only includes an assessment of the coronary anatomy but must embrace symptoms, prevailing risk factors, economic status and alternative therapies.

In some ways, by default, SASCI has been a major provider of continued medical education for practitioners of interventional cardiology in South Africa and, I think, achieved a lot in that field. This is borne out in the number of educational activities that SASCI has been involved in.

We will certainly continue to provide opportunities for educational updates in their various forms to interested practitioners and urge members to avail themselves of the opportunities that are presented for them to keep up with current thoughts and techniques and provide treatment to their patients rationally.

A large part of the executive activities this year have been focused on our joint responsibility for organising the Heart 2 Heart Congress 2007 in Sun City 22-25 November 2007. We plan to present robust debate between ourselves and our surgical colleagues on aspects of cardiovascular intervention with strong representation from the heart failure, paediatric cardiology and electrophysiology group. An impressive international faculty has been invited and you are urged to register early. Visit the website www.heart2heart.co.za.

SASCI congratulates Dr Marshall Heradien, currently in his second year of training in cardiology at Tygerberg Hospital and Stellenbosch University, who is now the third recipient of the Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention. This will allow him to spend 6 weeks at Kings College Hospital London, gaining experience and exposure in interventional cardiology with fellow British colleagues.

SASCI is currently investigating a programme to invite prestigious international Fellows as visiting clinicians to academic interventional training hospitals in 2008 to work with registrars in training, share knowledge and assist with patient loads.

The third annual SASCI Fellows Workshop was held at NetCare Unitas Hospital in Pretoria on 24 February 2007. Thirty-two delegates attended a full-day workshop, including 18 fellows from across South Africa. The programme included lectures on contemporary topics, tips-tricks sessions and live cases from the local Cath Lab. SASCI exco member, Cobus Badenhorst and his colleagues at Unitas Hospital are to be thanked for their sterling efforts in providing such an excellent programme. The workshop would not have been possible without generous financial support from NetCare, Medtronic, Paragmed, MSD, Sanofi-Aventis, Baroque Medical, Cordis J&J, Viking Medical, CathMed, Boston Scientific and GE Healthcare, as well as SASCI’s own funds for this purpose.

In partnership with Cordis J&J, SASCI helped host a live TV session from the American College of Cardiology Annual Congress, direct from New Orleans on 25 March 2007 to a number of venues in South Africa. We hope this historic initiative continued on page 4
will be the first of many opportunities for colleagues and allied professionals worldwide to enjoy the benefits in the advances in communication and bring further education opportunities to our members.

SASCI, as an affiliate of EuroPCR, participated in a full educational session during the recent Barcelona Meeting on 23 May 2007. We had a successful collaborative session with colleagues from the Irish Cardiac Society. With the assistance of “rent a crowd” we managed to fill the room. I think participants and audience alike enjoyed an excellent standard of talks. We hope to continue participation in EuroPCR in the future. Abstracts are invited.

SASCI participates in the Endovascular Working Group (EWG) with the Vascular Surgical Society and the Interventional Radiology Society and will participate in the upcoming ASSA-SAGES Congress in Sun City 8-12 August 2007. Please contact Events Management at 011 463 4064 or visit the website www.assasages.co.za if you are interested in attending. It is an excellent programme.

SASCI continues to interact with the health funding industry to try and rationalise funding issues. Discovery Health have acknowledged SASCI as having a peer role in issues regarding cardiovascular interventional procedures and we have a consensus with VASSA of the ASSA to encourage colleagues embarking on new procedures or new technologies to seek proctors or attend CME meetings established by us before practising on patients alone.

The Crossroad Institute has been established by Abbott Vascular under the auspices of Baroque Medical in Johannesburg as an extension of the very successful Crossroads Institute in Brussels. Since February this year a total of six courses covering various topics have been run, attracting a total of 111 delegates. SASCI members have been active participants, both as faculty and as attendees, and this course needs to be highly recommended as an entertaining opportunity for interaction, discussion and debate on various topics with a number of prestigious international faculty members that are invited to each course. Both coronary and peripheral interventional topics have been covered and it is anticipated that at least one course per month will be held in future. The Director of the Crossroad Institute in Europe, Professor Jean Marco, renowned as the convener of EuroPCR, is the invited faculty speaker for the course on 27th and 28th July, covering “Clinical and Technical Aspects of CTO” and “Left Main – Stenting or Surgery?”. This course will include a live case transmission.

Running SASCI is hard work and exco do it voluntarily. We earnestly invite input, comments, advice and criticisms from colleagues as to how we might improve and obtain objectives to satisfy members. We strive to maintain the excellent high standards that our particular specialty has developed in South Africa.

Kind regards

DR. TOM MABIN
Consultant Cardiologist
TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

This scholarship is available to all its members and associate members. It is primarily intended to assist junior colleagues to ensure continued participation in local or international scientific meetings or workshops.

**REQUIREMENTS**

- Applicants must be fully paid-up members/associate members in good standing for at least two years
- Applications must include
  - full details of the meeting/workshop
  - an abbreviated CV of the applicant
  - a breakdown of the expected expenses
- Applications must reach the Association a minimum of 3 months before the event to be attended

**RECOMMENDATIONS**

- Acceptance of an abstract at the scientific meeting to be attended
- Invitation to participate at the meeting as an invited speaker
- Publications in a peer reviewed journal in the preceding year
- Applicants from a previously disadvantaged community
- Applicants younger than 35 years of age

**APPLICATIONS MUST BE ADDRESSED TO**

The President  
South African Heart Association  
P.O. Box 19062  
Tygerberg  
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS TWICE A YEAR. THE CLOSING DATES FOR APPLICATIONS ARE

- March 31
- September 30

A MAXIMUM OF FOUR SCHOLARSHIPS WILL BE AWARDED ANNUALLY UP TO AN AMOUNT OF R10 000 PER SCHOLARSHIP.
CASSA’s ECG road shows continue with varied success – there have been good meetings in Bloemfontein and Klerksdorp in the North, as well as a number of good meetings in the Western Cape. In the North meetings are scheduled for 18th August in Polokwane and 20th October in Gaborone. The website development continues, and although there is something visible, it is not yet fully functional. We will let you know when it is complete.

We have also been working on the CASSA “slots” for the SAHA congress coming up in November. In collaboration with the organising committee, we have arranged a number of sessions which we hope will be of interest and cover a broad area within electrophysiology. Please look at the congress website for more detail in this regard.

The EXCO continue to work on the guidelines and accreditation issues. More detail on these issues will become available when the website is up and running.

From 12-16 May 2007, PASCAR together with the Kenyan Cardiac Society and HeFSSA had a very successful congress in Nairobi, Kenya. HeFSSA played a very important organizational and academic role in the planning of, conducting and presentation at the congress. Karen Sliwa and Eric Klug, besides chairing sessions, organized the poster sessions, and also presented on “The Burden of Heart Failure in Soweto” and “Inotropes in Heart Failure” respectively. Vinesh Vaghela, a member of HeFSSA, presented on “Beta-blocker treatment in Africa” and another member of our society, Kemi Tibazarwa, spoke on “Heart awareness Day in Soweto”. Medtronic, who provided important sponsorship to HeFSSA attendees and our lunchtime meeting for this congress, reported excellent attendance at their exhibition kiosk at the congress. The lunchtime meeting, held jointly between HeFSSA and the WHFS (World Heart Failure Society), was very well attended and both Karen Sliwa and Pim Remme (President of WHFS) presented information on their respective societies.

Karen Sliwa’s important Heart Of Soweto Registry has collected data on 4602 consecutive patients attending the Baragwanath Hospital Cardiac Clinic between January and December 2006. 52% of patients presented with heart failure, underlining the importance of this syndrome and hence the ongoing efforts to create a vital, useful Heart Failure Society (in South Africa but also an African network).

Please contribute heart failure related articles to info@hefssa.org, as Karen Sliwa is editing the SAHA journal for the Heart 2 Heart Congress in November 2007.

We plan to hold a Fellow Heart Failure Education Echocardiography workshop in August 2007 - further details will follow.

Remember our website, www.hefssa.org and visit to see the new contributions.

Warmest regards

ERIC KLUG
HeFSSA Secretary
THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

This scholarship is available to all its members and associate members. It is primarily intended to assist colleagues involved in outstanding research to enhance their research programmes.

REQUIREMENTS

→ Applicants must be fully paid-up members/associate members in good standing for at least two years
→ Applications must include
  ● an abbreviated CV of the applicant
  ● a breakdown of the expected expenses

RECOMMENDATIONS

→ Acceptance of an abstract of related work at an international meeting in the next year
→ Publications of related work in a peer reviewed journal in the preceding year
→ Applicants from a previously disadvantaged community
→ Applicants younger than 35 years of age

APPLICATIONS MUST BE ADDRESSED TO

Education Standing Committee
South African Heart Association
P.O. Box 19062
Tygerberg
7505

THE SELECTION PANEL WILL REVIEW APPLICATIONS ONCE A YEAR. THE CLOSING DATE FOR APPLICATIONS IS SEPTEMBER 30 EACH YEAR

One scholarship will be awarded annually. The award is for an amount of up to R50 000.

APPLICATIONS WILL BE ASSESSED ACCORDING TO THE RESEARCH PROTOCOL ACCOMPANYING THE APPLICATION. THIS SHOULD INCLUDE:

a) Abstract (maximum 200 words)
b) Brief review of the literature (maximum 200 words)
c) Brief description of the hypothesis to be investigated (maximum 100 words)
d) Detailed methodology (maximum 500 words)
e) References
Heart 2 Heart South Africa Congress 2007
22 - 25 November

The 8th Annual General Meeting in 2007 will be held at Sun City from 22-25 November. Two special interest groups have been appointed as the official organisers: The South African Society of Cardiovascular Intervention (SASCI) and the Cardiothoracic Surgery Society of South Africa. The meeting will be held jointly with the 4th Indian Ocean Meeting of Cardiovascular Disease that traditionally attracts an impressive European faculty and a large contingent of international attendees.

Emphasis will be on cardiovascular interventions both percutaneous and surgical. Active participation from the Paediatric Cardio Society, The Heart Failure Society of South Africa (HeFSSA) and the Cardiac Arrhythmia Society of South Africa (CASSA) in compiling the programme will ensure that a broad spectrum of diseases are considered within the congress theme. There are a number of new and challenging approaches to the management of various cardiovascular conditions and we plan to address these. We already have an outstanding list of confirmed international speakers and they have been asked to ensure entertaining talks and be prepared to participate in robust debates.

Abstract submissions need to be handed in by Friday 28 September. Please visit the website for details.

Sun City continues to be a favourite venue offering many recreational opportunities and we are sure that the venue will provide a forum for a memorable meeting.

We invite you to diarise the dates and be sure to register early. Details are available on the SA Heart website (www.saheart.org) and enquiries should be directed to the Congress Organiser: Sue McGuiness on (011) 447 3876 or suemc@icon.co.za

Tom Mabin & Robbie Kleinloog
Heart 2 Heart
Africa Congress 2007