Introduction

It is well accepted that the optimal treatment for myocardial infarction in patients presenting with ST-Segment Elevation (STEMI) is primary percutaneous coronary intervention (PCI) in 120 minutes or less. If this is not possible, then the administration of fibrinolysis in less than 30 minutes is required. This is based on extensive clinical trials and is clearly stipulated as a quality target in the ESC Guidelines.

South African cardiologists are frustrated by the unnecessary delays in getting patients into cardiac care units for assessment and treatment of STEMI and other acute coronary syndrome (ACS) conditions. The South African Heart Association recognised the importance of improving our local situation and it was decided in 2011 that SA Heart would drive and support the SA Heart STEMI Early Reperfusion Project under the auspices of the President of SA Heart. The objectives of the project include:

- Improving the quality of AMI care.
- Improving the network of care in order to give more patients access to reperfusion therapy.
- Decreasing AMI mortality.

Due to the enormity of the project it was decided that it would commence with a pilot project focusing on STEMI treatment in the Tshwane area of South Africa. Tshwane has 8 hospitals equipped with cathlabs, two being in the public sector and six based in the private sector. Patients are drawn both from within the Tshwane city precinct and as far afield as the North West, Mpumalanga and Limpopo.

Methods

In order for a treatment baseline to be quantified, a short quantitative survey was designed to be run in the cathlab hospitals. Stakeholders including hospital groups, clinical directorates, hospital managers and cardiologists were canvased and their buy in sought to start the survey in their unit. Four hospitals signed up to run the survey that started in May 2012. Following agreement from the hospital, an educational session took place with the emergency room and cathlab staff were provided with a briefing on how the survey must be completed. One cardiac intensive care (CCU) nursing sister then took responsibility for ensuring that the questionnaires were completed. Following on from the survey, a training programme was rolled out in 2013 for all staff involved in STEMI patient management in the cathlab hospitals and then in hospitals without cathlabs.

"South African cardiologists are frustrated by the unnecessary delays."

Pilot project - survey results

Patient Pathways to a Cathlab

Eight of the 42 patients displaying symptoms went to a referring healthcare provider prior to going to a hospital. Some were sent home with an incorrect diagnosis but some were sent directly to a hospital. Interestingly, only 6 patients went to a hospital with a cathlab following a referral. Nineteen (45%) patients went to a hospital without cathlab facilities and of those 15 (36%) were referred to a cathlab hospital for further treatment. Only 43% of patients went directly to the cathlab hospital for treatment. Of those patients who received their first medical contact from a facility without a cathlab, 8 resided in an area without a cathlab hospital and others (13) went to the wrong facility because they used their own transport.

Continued on page 42
Time lapses to receiving treatment
It was evident from the survey that many patients ignore or dismiss their initial symptoms. The most cautious patients took an average of 2 days and 5 hours before they went to a referring healthcare provider prior to going to a hospital facility. There was also an average delay of 17 hours for patients who reported to a hospital without a cathlab prior to being transferred to a cathlab hospital. Even those patients with symptoms who went directly to a cathlab hospital waited an average of 11 hours and 42 minutes for treatment. Of the 42 patients who were diagnosed with STEMI, only 5 were admitted to a cathlab in less than 120 minutes.

Pilot project – training phase
The first strategy was to educate the healthcare professionals at cathlab hospitals to ensure that patients with chest pain should receive an ECG within 10 minutes of arrival and should then be transferred to the cathlab with minimal delay. This educational programme was then extended to healthcare professionals working in hospitals without cathlabs. As the network of referring healthcare professionals is large and many are based in outlying areas the education of these individuals continues to pose a challenge.

Conclusion
Educating healthcare professionals and changing the way in which they manage STEMI patients remains a challenge due to mental inertia. A number of key lessons were however learnt during the Tshwane pilot project. The SA Heart Association is now in the position to advise other regions on the practicalities of implementing similar data collection and training activities during a nationwide roll out.

15th ANNUAL SA HEART CONGRESS

SA Heart Congress 2014 will be held in Durban, from 16 – 19 October, with the central theme being ‘Bridging the Divide’. This is the divide that exists between current best practice – and the challenges encountered in implementing these ideals. All medical and allied professionals with an interest in cardiac health are warmly invited by the organising committee to attend.

For more information:
EUROPA ORGANISATION AFRICA
Tel +27 11 325 0020
Fax: +27 11 325 0028 or 0865 102 208
Email info@eoafrica.co.za

WEBSITE www.saheart.org/congress2014
# Popular Congresses for 2014

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<th>Congress</th>
<th>Date</th>
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<tr>
<td>World Congress of Cardiology</td>
<td>4 - 7 May 2014</td>
<td>Melbourne</td>
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<td>Europrevent</td>
<td>8 - 10 May 2014</td>
<td>Amsterdam</td>
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<td>HeartFailure 2014</td>
<td>17 - 20 May 2014</td>
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<td>EuroPCR 2014</td>
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<td>Cardiostim 2014</td>
<td>18 - 21 June 2014</td>
<td>Nice</td>
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<td>ICI 2014 - Imaging in Cardiovascular Intervention 2014</td>
<td>26 - 28 June 2014</td>
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<td>CSI (Congenital and Structural Interventions)</td>
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<td>Frontiers in Cardiovascular Biology</td>
<td>4 - 6 July 2014</td>
<td>Barcelona</td>
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<td>ICCA Stroke 2014 - Revascularisation in Acute Stroke</td>
<td>11 - 12 July 2014</td>
<td>Buffalo, New York</td>
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<tr>
<td>ESC Congress</td>
<td>30 August - 3 September 2014</td>
<td>Barcelona</td>
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<td>TCT</td>
<td>13 - 17 September 2014</td>
<td>Washington DC</td>
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<td>SA Heart 2014</td>
<td>16 - 19 October 2014</td>
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<td>LAA Left Atrial Appendage</td>
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<td>AHA Scientific Sessions</td>
<td>15 - 19 November 2014</td>
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<td>Euro Echo Imaging</td>
<td>3 - 6 December 2014</td>
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<tr>
<td>2nd World Congress of Clinical Lipidology</td>
<td>4 - 5 December 2014</td>
<td>Vienna</td>
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We hope that 2014 has been a productive year so far. Since our last newsletter we have held 2 workshops, 1 on data analysis using the Powerlab data acquisition system and 1 on communicating science with the public.

**ADInstruments Workshop on Labchart: Tuesday 19 November 2013**

Lasec and SASCAR co-organised a workshop on the LabChart software package for data analysis via the PowerLab data acquisition system. Johan de Wet from Lasec presented the workshop, which was held at the Hatter Institute for Cardiovascular Research at the University of Cape Town and attended by approximately 15 participants involved with basic cardiovascular research from UCT and Stellenbosch University. Johan started off by giving a basic overview of the software package and all the main functions. He then gave a practical demonstration using the finger pulse module, which very clearly explained all the features and applications of the latest software package edition. One of the aspects of particular interest to the audience was the data pad function, which enables the user to embed real-time data in an Excel file. The advantage of this function is that one can then create a graph on Excel that changes as the real-time data of the recordings are imported. The 3 hour workshop was very well received and all the participants agreed that they would return to the lab with important take home messages.

**Communicating Cardiovascular Science with the Public: 25 February 2014**

This SASCAR workshop was held in the Chris Barnard Building at the University of Cape Town and attended by approximately 25 participants from diverse backgrounds but mainly individuals involved in cardiovascular research. Participants came from the University of Stellenbosch (both Tygerberg and Stellenbosch campuses), University of Cape Town and the South African National Space Agency. The workshop commenced with an icebreaker which required participants to explain their research to a partner in a way that the public could understand and then present their partner’s research to the group. This activity highlighted the difficulty of explaining your research without using scientific terminology. It also provided an opportunity for participants to network and hear about other cardiovascular research going on in the Western Cape. The next session, presented by John Woodland, runner-up of Famelab and Falling walls and winner of Science Slam, was the highlight of the day for many participants. After explaining the key ideas and aims behind these competitions, he described his experience of each of them. He topped this off with his winning presentation from Breaking walls and tips on how to improve presentations and engage your audience. John highlighted the importance of the opening and closing of a presentation and the role of body language when giving a presentation. His clear message was to “practice, practice, practice”.

Next up was Adele Baleta, a journalist but also a correspondent for the Lancet medical journal and a consultant to the WHO on how to get scientists to communicate their message. Her presentation was well received and gave us insights into how journalists are dealt with by scientists and how they would like to be dealt with. She emphasised the importance of communicating our science with the general public and not just our peers – after all most funding for...
research comes from taxpayers’ money. She explained some of the politics and deadlines of journalism and how these may affect whether or not an article about our work gets published. She urged us to keep the 5 Ws (and a “H”) of journalism in mind when dealing with the media; “Who, What, When, Where, Why, How”.

Finally, Prof Anusuya Chinsamy-Turan, a Paleontologist in the Department of Biological Sciences at UCT, presented on the popularisation of science. Prof Chinsamy-Turan was recently awarded the World Academy of Science (TWAS) Sub-Saharan Africa Regional Prize for the Public Understanding and Popularisation of Science. During this session it became clear why she was given this prestigious award. She suggested that you do not wait to be asked to present your science but make your own opportunities to communicate science to the public. Besides her proactive relationship with the news media she and her peers also engage with the public directly through posters for school children, writing for quest magazine, public lectures, blogging, Facebook, a stand at Scifest, children’s books, open days and most recently two summer school courses at UCT. She highlighted the success of the summer school which was open to the public and was so popular that there was a waiting list to get into their courses. She encouraged SASCAR Members to consider organising a summer school course on “The Heart”. We left her talk and the others bursting with ideas. This was evident from the attendee feedback with one participant even suggesting that we now take this to the public and organise some presentations at the Cape Town Science Centre…Watch this space!

**Upcoming workshops/meetings:**

**SAVE THE DATES!**

Emerging Trends in the Pharmacology of drugs for hypertension and heart failure with a special focus on RAAS, Spier, 11 - 12 July 2014. This meeting, organised by Prof Edward Sturrock, is endorsed by SASCAR, HeFSSA and the University of Cape Town. A large numbers of national and international prestigious guest speakers have been invited for an exciting programme.

**For more information, visit the website:**

**Bridging the divide, SA Heart meeting, Durban, 16 - 19 October 2014.** Once again, an exciting basic science programme has been put in place. Amongst the international Faculty represented at the meeting, Prof Rainer Schulz from the University of Giessen will share new highlights on cardiac mitochondria.

**For more information, visit the website:**

**Congratulations**

We would like to congratulate Anna-Mart Engelbrecht from the University of Stellenbosch on her recent promotion to full professor.
The 15th Annual SA Heart Congress will focus on bridging the divide between best practice and the challenges faced in implementing these ideals. The congress will be held at the International Convention Centre in Durban from 16 - 19 October 2014. It will host leading international faculty as well as local experts and, for the first time, a dedicated team from the European Society of Cardiology (ESC). The ESC faculty will share some of the key clinical issues (hot topics) and late-breaking clinical trials from their recent 2014 congress.

Although cardiovascular disease has always been at the forefront of research and development, course director, Dr Sajidah Khan, comments that innovation in the pharmacology domain has plateaued over the past decade. The opening plenary session will focus on novel approaches in CVD research, linking molecular science to clinical cardiology.

Not forgetting the basics, Dr Khan says that “confusion has arisen in the ranks regarding basic entities such as what constitutes high blood pressure and what the therapeutic targets should be for treating high lipid levels”. The differing viewpoints will be discussed during one of the plenary sessions.

In addition, she points out that “although cardiology is now very high tech on the one hand, on the other hand there is also a divergence of opinion with regard to fundamentals, such as what constitutes optimal nutrition for good cardiovascular health” – another congress topic. She hopes to generate healthy debate regarding the issue. The topical subject of nutriceuticals – and whether they have a role to play in cardiac health – is also earmarked for discussion.

To get delegates up to speed with current technology, international faculty will present on the latest innovations in bio-absorbable scaffolding and renal denervation, as well as aspects of pacing and electrophysiology.

The current status quo with regards to heart transplantation in South Africa, in both the public and private health sectors, should also generate much discussion.

In addition to the mainstream programme, pre-congress workshops on Thursday 16 October have been devoted to updates for non-cardiologists, particularly catering to the needs of general practitioners, as well as a comprehensive echocardiography workshop by a prominent faculty from the Mayo Clinic.

Parallel sessions will also be run at times for the the individual Special Interest Groups focusing on their areas of specific interest which will include: paediatric cardiology, cardiac arrhythmia, heart failure, cardiac imaging, cardiovascular research, cardiothoracic surgery and the allied professionals associated with our discipline.

The 2014 SA Heart Congress hopes to address a larger audience this year, with cardiac anaesthetists participating in a novel session entitled “Let the team meet”.

“Medical professionals with a special interest in cardiovascular disease cannot afford to miss this congress,” Dr Khan concludes. “The faculty line-up is outstanding and they have condensed the most up-to-date information into just 3, 5 days. An added bonus is that Durban is 1 of the few cities in the world where you get a major urban metropolis located within a sub-tropical resort!”

For more information on the 2014 SA Heart Congress, visit www.saheart.org/congress2014 or contact Europa Organisation Africa at 011 325 0020 or email info@eoafrica.co.za
Billing and coding in the field of electrophysiology

CASSA launched a project to look at the way in which coding is done for different EP procedures and will discuss this with the South African Medical Association as soon as the draft document has been drawn up.

During 2012, CASSA Executive Members assisted the Private Practice Committee of The South African Heart Association in this regard, particularly as regards ablation, pacing and device follow up.

Plans for 2014

Education and Training

Educational activities planned for 2014 include another round of General Practitioner training meetings. As there is still a big need for GPs to become comfortable with interpreting ECGs, this will be one of the focus areas on these days.

The Basic EP and Pacing workshop for Cardiology registrars will be expanded to run over 2 full days this year. It is planned for the third quarter of the year to coincide with the Cardiology registrars’ preparation for their end of year exam.

Due to the popularity and success of the CASSA National Symposium, it has been decided to expand this meeting to a wider audience. The CASSA National Symposium, planned for February 2015, will offer programmes for General Practitioners, Cardiologists and Physicians as well as Allied Professionals. All groups will be hosted at 1 venue, but in different lecture rooms, each with a programme designed around their specific needs.

There will again be 2 weekend meetings – 1 in the Northern part of the country and one in the Cape Province. Details will be provided on the CASSA website at a later stage.

SA Heart Congress: CASSA will host the first “Professor A. Okreglicki honorary lecture” and will be involved in the Rhythm and Pacing session on Saturday 18 October. A session for Electrophysiologists, during which interesting and difficult cases will be discussed with local and international experts, will again be a feature of the CASSA Parallel session at the SA Heart Congress 2014.

General

The accreditation of electrophysiologists, as well as ICD practitioners, will continue and as soon as final structures have been put in place between CASSA and the international body that will oversee the process, these will be communicated to the members.

The CASSA Executive committee members are in constant discussion with Medical aids about reimbursement issues.

For further information on any of the above, please visit our website at www.cassa.co.za or contact Franciska Rossouw at franciska@cassa.co.za or 082 806 1599.
The Exco continue their work towards the betterment of the HF patient treatment in South Africa. The HeFSSA Executives are:

- Eric Klug, President
- Martin Mpe, Vice-President
- Darryl Smith, Treasurer
- Jens Hitzeroth, Secretary
- Karen Sliwa, Representative
- Cristina Radulescu, Representative
- Sandrine Lecour, Representative
- Tony Lachman, Representative

HeFSSA is privileged to have a loyal group of corporate member companies for whom education regarding heart failure is paramount. Our sincere appreciation goes to long standing members AstraZeneca, Boston Scientific, Servier, Pharma Dynamics, Merck and Medtronic as well as Novartis who joined us early in 2014.

After a significant contribution to the HeFSSA Exco, Pro Obel has recently stepped down, but will remain an active member of the society.

International Heart Failure awareness days
This will take place from 9 - 11 May 2014. HeFSSA will be marketing the day and will publicise it through various media channels.

The HeFSSA practitioners’ programme
This programme continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle we use to achieve our educational goals. The programme started in 2010 with 6 meetings and will continue in 2014 with 16 meetings across South Africa, Namibia, Mozambique and Kenya. PASCAR will partner us in our “into Africa” programme. The format will continue to be patient case-based discussions and will include a South African update on the ESC Acute Heart Failure Guideline as well as covering Acute Coronary Syndromes in HF. A slides compendium will be prepared by the Exco which will be made available to our faculty for these meetings.

Practitioners will have the opportunity to earn extra CPD points by completing an on-line CPD questionnaire. On successful completion of the questionnaire, a PDF certificate will be electronically issued.

We invite all our cardiology colleagues to put your name forward as faculty and or to host a CPD meeting in your area. Our sincere thanks goes out to the 2013 faculty and we believe that they will once again be the core of our panel in 2014: E Klug, D Smith, DP Naidoo, AS Mitha B Vezi, K Sliwa, T Lachman, N Van Der Merwe, S Middlemost, J Hitzeroth, M Makotoko, C Badenhorst, R Gopal, R Jardine, P Obel, EN Maree, J Vorster and A Snyders. We are thankful for their commitment towards on-going heart failure education.

Educational meeting
Our first educational meeting took place in Maputo on 9 April with Karen Sliwa representing SA Heart, HeFSSA and PASCAR. We had 90 physicians attending the lectures given by Professors Albertino Damasceno (Mozambique), Ana Mocumbi (Mozambique), Peter Zartner (Germany) and Karen Sliwa (South Africa). This meeting was held at the Cardoso Hotel in Maputo on Wednesday from 14:00 - 19:00. Topics covered were heart failure due to HT and adult congenital heart disease with a focus on early detection and management.

HeFSSA Travel Award
HeFSSA has established the annual “HeFSSA Travel Award” to help enhance local expertise and stimulate interest in heart failure in South Africa. We hope that knowledge gained will be shared through appropriate channels with colleagues. This award is available to cardiologists, cardiology fellows or physicians with a special interest in heart failure. The applicant’s annual SA Heart and HeFSSA’s membership fees must be paid-up. The accredited congress/educational programme must have a focus on Heart Failure. The 2 grants (to a maximum value of R25 000) are available and can be utilised towards airfare (economy class), congress registration, and accommodation. Please contact the HeFSSA office or go to http://www.hefssa.org/static/education-at-hefssa/ to apply online for the 2014 award.

This year’s first travel award went to Tony Lachman who attended the 3rd International Conference on Cardiac Problems in Pregnancy in Venice in February. He reported back very favourably on the educational benefit of this focused
meeting which was attended by approximately 500 delegates. His full report is available at www.hefssa.org.

Research programmes
To further the achievement of our goals, we are also involved in the promotion of research programmes. Prof Karen Sliwa has spearheaded the Inter-CHF study in South Africa:

- This will be the largest systematic evaluation of heart failure (HF) in lower and middle income countries in Africa, Asia and South America.
- This registry will describe the causes, clinical risk factors and burden of disease, document the prevalent approaches to patient management and identify gaps in the care of HF patients.
- This registry will also examine patient and physician knowledge and perceptions towards HF and identify barriers to prevention and treatment, thereby suggesting possible solutions, which may be evaluated in future studies.

Such information is critical for the development of locally “sensitive” guidelines, research programmes, and possible policies and interventions. The aim is to capture the information of at least 400 patients in South-Africa. We currently have 163 patients enrolled with 96% follow-up rate.

HeFSSA website
The HeFSSA website is continually updated to remain relevant. The website has an online system which enables doctors to earn CPD points by completing CPD accredited questionnaires on-line. On successful completion of the questionnaire a PDF certificate is electronically issued. We currently have 2 questionnaires live pertaining to The HeFSSA Practitioners’ update as well as an ethics questionnaire on PMBs: “What does the law say?” Please visit the website at www.hefssa.org and complete your questionnaire today!

SA Heart Congress
HeFSSA will be involved in the SA Heart Congress, 16 - 19 October 2014, which is being organised by SA Heart Durban Branch. Eric Klug represents HeFSSA on the scientific committee.

Cardio update for non-cardiologist
HeFSSA is once again the custodian of the Cardio update for non-cardiologists which takes place annually preceding the SA Heart Congress in Durban. Martin Mpe will be the convenor and colleagues are requested to volunteer should they wish to contribute.

“Pro Obel has recently stepped down.”

Educational focus
In addition to our continued educational focus on GPs HeFSSA is also working on impacting medicine supply at clinic level in the public sector (“down referral”), working with private managed care organisation(s) to ensure adequate training for frontline staff (nurses and pharmacists) as well as enhancing their systems when dealing with patients. After discussion with our industry partners, HeFSSA has also decided to investigate arranging a funder forum to discuss how to optimise care, empower patients and their caregivers and streamline approval of especially the specialist medicine prescriptions which appear to raise red flags in the systems. This leads to unnecessary admin and heart ache for patients.

Contact details
HeFSSA encourages all parties who want to be involved in heart failure to contact the HeFSSA office.

George Nel
Email: info@hefssa.org
Cell: 083 458 5954

Sanette Zietsman
Email: sanette@medsoc.co.za
Cell: 083 253 5212

Website
www.hefssa.org

Best wishes to you for the rest of 2014!

Eric Klug
HeFSSA President
After a busy year in 2013 SASCI’s role as a representative body for interventional cardiologists has once again been extended and I have to start by thanking the hard working SASCI executive:

Farrel Hellig  
President: Africa PCR, Funders, International Relations and Congresses

Dave Kettles  
Vice-President: STEMI Early Reperfusion Programme

Sajidah Khan  
Educational including ESC eLearning Platform and AfricaPCR

Cobus Badenhorst  
Treasurer and ISCAP Cath Lab Manual

Adie Horak  
Secretary and Rota Workshop

Graham Cassel  
Ex-officio President: AfricaPCR and non-invasive coronary imaging

Mpiko Ntsekhe  
Academic: Visiting Professors Programme, TAVI Registry and AfricaPCR

Chris Zambakides  
CTO working group and Fellows Workshop 2014

Len Steingo  
SA Heart PPC: Coding and Funders

Mark Abelson  
SA Heart PPC: Coding and Funders

Jean Vorster  
SA Heart Congress 2014

Gill Longano  
ISCAP

Liezl Le Grange  
ISCAP

I would like to thank JP Theron who volunteered to help with the establishing of a cardiology coding handbook. He was co-opted at our recent Annual General Meeting and will work with Mark Abelson and Lenny Steingo on this very important programme.

Special thanks go to Craig Goodburn and Hans Buyl, who with Tracey du Preez, are outgoing SASCI Exco Industry representatives. Their input and the value which they added to the society are highly appreciated. Welcome on board as SASCI Exco representatives for industry (ending with AGM 2016) Tracey du Preez (Medtronic), Dan Willemsen (Amayeeza) and Andrew Sartor (Boston) as well as the newly elected ISCAP Exco industry representatives Tina Halkiadakis (Medtronic), Michelle Echardt (Paragmed) and Amy Wolfe (Baroque). We extend our sincere thanks to the outgoing ISCAP representatives – Craig Goodburn, Tracey du Preez, Carmel Woods and Marelize Snyman.

The past year saw many new developments and I am pleased to report on our activities.

**AfricaPCR course**

SASCI is very proud to have partnered with Europa Organisation, SA Heart and PASCAR to offer the first standalone AfricaPCR Course (13 - 15 March 2014 at CTICC). The scientific programme catered for both the high level interventionalist and those still building capacity. Feedback has been exceptionally positive. We believe that this is indeed a congress by the people and for the people of Africa. Congratulations to Dr Charles Kyriakakis, the 2014 AfricaPCR Award Winner for best clinical case presented “Approach to balloon mitral valve valvuloplasty in a challenging case”. The course was attended by 345 delegates, a number which exceeded our initial expectations; Africa was well represented from a faculty and delegate perspective. As always our industry partner played a huge role in making this high quality educational event possible. Please go to www.africapcr.com for more detailed information and the slides.

A great number of hours went into the organisation of the scientific programme of this congress and I would like to extend my heartfelt appreciation towards my fellow SASCI representatives on the AfricaPCR Board: Tom Mabin (SA Heart Educational), Mpiko Ntsekhe (PASCAR), Sajidah Khan (Academia) as well as Gill Longano and Dianne Kernigan for ISCAP. We will continue to develop the AfricaPCR course to ensure that it is indeed a congress for our continent. A second needs analysis is planned for next month with representation from all relevant stake holders.

**SA Heart Congress 2014**

SASCI actively supports the SA Heart Congress 2014 and contributes to the scientific programme. Jean Vorster (SASCI) has been tasked to assist Sajidah Khan (SA Heart Durban Branch) in developing a focussed interventional programme.
A high quality and extensive Allied Program (ISCAP) will also be offered which should ensure a significant attendance from our Allied group members. Please see ISCAP report for more details.

**OTHER ACTIVITIES INCLUDE:**

**TAVI Appeal Hearing**
SASCI and Tom Mabin’s TAVI Appeal Hearing took place on 15 March 2013 in Pretoria after the Council for Medical Schemes (CMS) initially ruled “in favour” of Medshield not funding TAVI based on the funder’s own rule exclusion. The ruling of the appeal committee was received in April and was in the patient’s favour. The Medical Aid was directed to pay for the TAVI procedure in full and it is viewed that the Medical Aid cannot exclude therapy only based on their own rules (even if these have been approved by CMS). The Medical Aid appealed and the CMS Appeal Board hearing took place on 26 July 2013. The Appeal Board ruling was finally received on 13 November 2013. The wait was worth the while as the Board instructed Medshield to fund the procedure up to the level of the average surgical procedure. This is not completely what we hoped for but still a major victory for clinicians and our ability to treat our patients based on best available evidence, guidelines AND clinical judgment. At the time of writing Medshield had paid up to the average cost of a surgical procedure (as per ruling) and therefor SASCI decided to accept this outcome for this specific case. We are however concerned that this leaves a substantial cost short fall which needs to be addressed in subsequent cases. The comparative cost profile in our opinion should be funded in full, or at least to the upper 25% of the cost of the standard surgical procedure (TAVI is considered for the “at an unacceptable high risk for surgery” patient).

**Discovery Health**
A SASCI delegation consisting of Farrel Hellig, Len Steingo, Graham Cassel, David Jankelow and George Nel met with Discovery Health. The reimbursement methodology for procedures is under discussion. It is envisaged that new reimbursement models will be developed to better reflect the changing face of intervention so that lesion subsets such as bifurcation and CTOs will have specific codes to reflect the complexity, training and time required for such procedures. Discovery plans to implement a global fee arrangement which we believe could change the reimbursement dynamics for the better in cardiology in South Africa. Please watch society notices carefully in the next few months.

During the AGM held on 14 February members supported the Exco in our discussions with Discovery Health on the development of a “Global Fee” reimbursement structure. This mandate came with the proviso that the SASCI delegation needs to ensure that the “numbers” are accurate.

“It is envisaged that new reimbursement models will be developed to better reflect the changing face of intervention.”

**Coding**
Coding remains a major challenge which requires extensive time even with inclusion in SAMA DBM individual funders (administrators) still need to decide to firstly include the code in their coding structure and then decide if funding is to be made available. SASCI is working towards making the claiming process less cumbersome and complex. As mentioned earlier, JP Theron has been co-opted to drive coding forward and we envisage a “SASCI Cardiology Coding” handbook to be issued by the society for establishing “suggested” coding to be used with most common interventional procedures. This will be communicated to both members and funders alike and would hopefully lead to reduced number of queries.
Chris Zambakides has recently drafted an official SASCI response to funders to address the issue of use of “Section 21 Drug Eluting Stents” in the market. This document is available on the SASCI website.

EDUCATIONAL FOR MEMBERS AND FELLOWS:

TCT 2013 Congress
SASCI participated in a Joint Country Society Session during the TCT 2013 Congress held in San Francisco (27 October - 1 November). Graham Cassel, Dave Kettles and Chris Zambakides represented SASCI at the congress. The session was about “Multivessel Disease: Matching the Therapy to Doctor and Patient Preference” (Presented by the South African Society of Cardiovascular Intervention, the Interventional Working Group of Cardiology Society of Serbia, the Working Group of Interventional Cardiology of The Croatian Cardiac Society, the Cyprus Society of Cardiology and The Working Group of the Hellenic Society). SASCI will again partner with international societies at TCT 2014. If you wish to submit a case, please contact George Nel (sasci@sasci.co.za) and Graham Cassel.

Radial Access workshop
Individual members continue to share their experience with colleagues. “A Radial Access workshop” was held at the Steve Biko Academic Hospital in October 2013 with Adriaan Snyders as operator. Five cases using radial access were performed with success. Radial access is very topical and did feature prominently at the AfricaPCR 2014 programme in Cape Town. SASCI is planning a full day educational session in radial access later in 2014.

Rotational Atherectomy workshop
Dr Adie Horak was the convener of a full day Rotational Atherectomy workshop, which was held on 26 January 2014 in Sandton, Johannesburg. The meeting, which attracted huge interest, was attended by 43 cardiologists from across the country as well as a delegate from Namibia and another from Kenya. The workshop was proudly sponsored by Boston Scientific.

CTO portfolio
A dedicated CTO portfolio within the SASCI Exco has been created with the aim of heightening awareness and improving CTO procedure outcomes through education and training. CTO is a lengthy procedure which calls for patience and precision. If members are interested in learning these procedures they can contact Chris Zambakides and Farrel Hellig. A SASCI CTO workshop is considered for 2014 which will be planned by and run through SASCI office. Prof Tony Gershlick (Visiting Professor 2014) is currently in the country and his evening educational lecture series on CTO has been well received by audiences from across the country.

Society for Cardiac Angiography and Intervention Fellows programme
South African Fellows once again had the opportunity to attend the annual Society for Cardiac Angiography and Intervention (SCAI) Fellows programme in Las Vegas (December 2013). The recipients were Alfonso Pecoraro, Zaid Moosa, Pumeshen Bisetty and Tawanda Butau. This programme is made possible through generous support from SCAI and Boston Scientific. SASCI also facilitated the attendance of a Mauritian delegate and we are working on expanding future SCAI invitations to other African countries. The 4 delegates who attended the congress will give feedback at our next Fellows’ workshop that will be held in June 2014.

Visiting Professor Programme 2014
Prof Tony Gershlick (University of Leicester, UK) visited South Africa from 15 February - 12 April and returned to the UK after a very successful tenure as VPP at all our Medical Schools. He gave lectures and was hands on in the cath lab. During his tenure, SASCI, in collaboration with the SA Heart Branches, hosted well attended evening lecture meetings for our SA Heart, SASCI and ISCAP members.

Prof David Holmes (USA) has been earmarked as our next visiting professor in 2015. Medtronic is thanked for their longstanding and continued support of this programme. Thank you also to Pharma Dynamics for sponsoring the 2014 Visiting Professor evening lecture series.

ESC eLearning Platform
Sajidah Khan is the South African national coordinator for the new ESC eLearning Platform. This programme will focus on
web based Fellows training, offering training in 6 sub-specialties with the first module being interventional cardiology. The duration of EAPCI Learning Programme is 3 years (in addition to theoretical training there is a very specific interventional case mix requirement for certification). SASCI hopes that the first South African trainee will join this programme in the not too distant future.

**RC Fraser International Fellowship**

Aine Mugabi, the 2012 recipient of the RC Fraser International Fellowship in Cardiovascular intervention award, travelled to Dr Martyn Thomas’ (Consultant Cardiologist and Clinical Director for Cardiovascular Services) unit at Guy’s & St Thomas’ Hospital in London for a period of one month in January 2014. His report back after the programme was very positive and he has apparently already made some changes at his own unit since returning from the UK. Our latest recipient, Ahmed Ismail Vachiat, a Physician and Fellow in Cardiology at Charlotte Maxeke Johannesburg Academic Hospital, will also travel to the UK later in 2014. He is planning to obtain GMC registration which will allow him hands on participation during his programme. This long standing and important award is annually sponsored by Boston Scientific. The name of the 2014 recipient will be announced at the annual SASCI Fellows Workshop (June) and nominations will be called for in the next month.

**SASCI Fellows programme**

The 9th Annual SASCI Fellows programme will take place from 6 - 8 June 2014 at the Balalaika Hotel in Johannesburg with Chris Zambakides acting as programme convenor. All fellows registrars and recently qualified cardiologists should contact the SASCI office if you would like to attend this excellent workshop. Members are also requested to approach Chris Zambakides and George Nel should you want to get involved.

**Interventional Society of Cathlab Allied Professionals (ISCAP)**

Our Associated Group continues its high activity levels and we request that full members continue to support them through lecturing and creating opportunities for your team to get involved at national and branch level. ISCAP has 118 paid up members. The first Cath Lab training course was success-fully completed in Johannesburg through the Netcare Training Academy. ISCAP is currently compiling content for a non-branded University accredited course in the future. Eighty-six Allied Professionals attended the AfricaPCR Course 2014 and ISCAP is proud to be associated with this congress. ISCAP is planning a programme with Dr A Snyders (SA Heart) on “Muscle for Life- STEMI Early Reperfusion” in 2014.

“Radial access is very topical and did feature prominently at the AfricaPCR 2014 Programme.”

**Development training and workshops**

2013 saw continued professional development training and workshops held in the Gauteng, Bloemfontein, Port Elizabeth, Durban and Cape Town regions. Workshops in Gauteng are already booked to 2015, together with more of the very popular Wet Lab hands-on training days. 2014 has seen 4 ISCAP Gauteng meetings already! ISCAP, together with our industry supporters, will take the CPD accredited meetings on “tour” throughout the country in an effort to standardise education, protocols and practice across the labs in South Africa and in due course Africa. ISCAP has been asked to partner with some of Industry’s own programmes. This increases the number of training opportunities offered through all regions, and allows ISCAP to take the meetings national. This

Continued on page 54
year, Gauteng ISCAP plans to reach out to Nelspruit, Vereeniging and Rustenburg. It must be pointed out that the ISCAP training programme has been made possible only because of the generosity of both the Industry and the presenters, and successful only because of the support given by the attendees.

**Cardiac Catheterisation Manual**

ISCAP has realised another one of the major launch objectives: Our first Cardiac Catheterisation Manual (Part 1 consisting of more than 300 pages) has been launched and was well received during the AfricaPCR Congress in Cape Town. The Manual is available to paid-up ISCAP members. SASCI Exco and Medical Schools will also receive a copy. The first print run of 500 Manuals was sponsored by B Braun and they will manage distribution as well.

AfricaPCR was a great time to begin a new venture: ISCAP wants to initiate relationships with Allied Professional Cath Lab staff throughout Africa, including Mauritius. ISCAP plans to be active across our borders in partnership with PASCAR.

I would like to thank Dianne Kerrigan and her team for all the hard work in getting the Manual published (in record time) and for Cobus Badenhorst for his extensive contribution as reviewer for the SASCI Exco.

To the SASCI executive and our industry partners, a BIG thank you for your support, your passion and your hard work throughout the year.

The following corporate supporters have demonstrated their commitment to our society and education in South Africa: Amayenza, Angio Quip, Aspen, AstraZeneca, Baroque, B. Braun, Biotronik, Boston, Cipla, Cordis, Edwards, Medtronic, Paragmed, Pharma Dynamics, Sanofi, Scientific Group, Surgical Innovations, Terumo, Torque Medical, Viking and Volcano as well as Cardiac Output, Condor Medical and Dista Vascular. We are looking forward to working in collaboration with you in 2014.

Please contact SASCI’s Executive Officer, George Nel at 083 458 5954 or via email at sasci@sasci.co.za if you need any assistance or wish to formally communicate with the executive.

Farrel Hellig  
President, SASCI

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**SA HEART LECTURE SERIES ON THE DETECTION AND MANAGEMENT OF ATRIAL FIBRILLATION**

Thanks to the support of Medtronic and Bayer, SA Heart will continue with its lecture series on AF in 2014. CASSA has given some input and the course has been slightly altered to now also include a section on stroke prevention besides the sections on epidemiology and diagnosis, pharmacological management as well as EP-studies and ablation and surgical management.

The dates and venues of the lecture series, which is aimed mainly at the non-cardiologist, are as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
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<tbody>
<tr>
<td>10 May 2014</td>
<td>Polokwane</td>
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<tr>
<td>7 June 2014</td>
<td>Port Elizabeth</td>
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<tr>
<td>21 June 2014</td>
<td>East Rand</td>
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<tr>
<td>28 June 2014</td>
<td>Nelspruit</td>
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<td>26 July 2014</td>
<td>Potchefstroom</td>
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<tr>
<td>16 August 2014</td>
<td>Mosselbay</td>
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<tr>
<td>20 September 2014</td>
<td>Bloemfontein</td>
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<tr>
<td>1 November 2014</td>
<td>Rustenburg</td>
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SA Heart is busy developing a lecture series on Hypertension which is scheduled for the second half of the year.
A New Era in Anticoagulation

Xarelto®, an extensively studied oral anticoagulant now has more indications!

- Stroke prevention in non-valvular atrial fibrillation
- Treatment of pulmonary embolism
- Treatment of deep vein thrombosis
- Prevention of recurrent deep vein thrombosis
- Prevention of recurrent pulmonary embolism
- Prevention of venous thromboembolism in patients undergoing major orthopaedic surgery of the lower limbs

www.thrombosisadvisor.com
www.xarelto.co.za

Xarelto®
rivaroxaban
Simple Protection for More Patients

REFERENCE: 1. Xarelto® 10 Registered Package Insert of South Africa. 2. Xarelto® 15 and 20 Registered Package Insert of South Africa. For full prescribing information, refer to the package insert approved by the Medicines Regulatory Authority (MRA).

PHARMACOLOGICAL CLASSIFICATION: A.3.1 Anticoagulants. INDICATION: Prevention of venous thromboembolism (VTE) in patients undergoing major orthopaedic surgery of the lower limbs. Xarelto® 15 and Xarelto® 20 (film-coated tablets), Reg. No.: Xarelto® 15: 168/2011; Xarelto® 20: 168/2012. Each film-coated tablet contains rivaroxaban 15 mg (Xarelto® 15) or 20 mg (Xarelto® 20). PHARMACOLOGICAL CLASSIFICATION: A.3 Anticoagulants. INDICATIONS: (1) Prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation (AF); (2) Treatment of deep vein thrombosis (DVT) and for the prevention of recurrent deep vein thrombosis (DVT) and pulmonary embolism (PE); (3) Treatment of pulmonary embolism (PE) and for the prevention of recurrent pulmonary embolism (PE) and deep vein thrombosis (DVT). MRA: Bayer (Pty) Ltd, Reg. No.: 1964/01190/07, 27 Wrench Road, Randburg, 1609. Tel 011 921 5044 Fax 011 921 5041, L2A-0M-12.2013.0671

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WHY THE WORLD IS WATCHING US!

Introduction

South Africans have one of the highest rates of hypertension worldwide, and almost 1 in 3 South Africans 15 years and older are believed to be living with high blood pressure, making them more susceptible to life-threatening diseases like stroke and heart disease. The link between salt and high blood pressure is well-documented, but on average, South Africans are consuming more than double the recommended amount of salt – which should be no more than 5g (1 teaspoon) of salt a day from all sources. Lowering salt intake in South Africa can amount to a total annual saving of R300 million, and the amount does not even take into consideration household costs such as lost income. Such savings could be better spent on improving health systems and healthcare for all.

These statistics alone highlight the dire need and importance for combating hypertension and educating the people of South Africa about the dangers of consuming too much salt. The Minister of Health signed legislation to make salt reduction in the food industry mandatory – making South Africa the first country to do so. It is against this backdrop that the Salt Watch campaign (SW) was conceived in 2013 to support the legislation with a public education and awareness programme. With this legislation and SW, the spotlight is on us as the rest of the world wants to learn from our experiences and monitor the impact of our actions.

Introducing Salt Watch

The Salt Watch campaign was established through a multi-sectoral coalition group that will undertake the salt reduction education and awareness campaign in South Africa. The Heart and Stroke Foundation South Africa (HSF) which was nominated as the implementing body of the campaign, is supported by the Department of Health, and is a member of the World Action on Salt and Health (WASH).

On 13 March 2014, the HSF hosted a high level Salt Summit, supported by funding from Unilever, which brought together national and international key opinion leaders and experts, government, industry and other key stakeholders. With over 150 attendees, it was a very successful day during which we explored ways in which to overcome the challenges faced in order to encourage the public to change their behaviour and to reduce salt intake. The Summit was also the perfect platform to launch the SW logo.

National Department of Health sponsors R5 million to Salt Watch!

The Deputy Minister of Health, Dr Gwen Ramokgopa, opened the Summit on a high note by recognising that South Africa is regarded as a world leader because of our regulations regarding salt reduction of certain foodstuffs. She noted that regulations alone will not be sufficient and that SA needs education and health promotion efforts. She announced that the national DoH will help kickstart the SW campaign through a R5 million grant to the HSF.

The urgency for reducing salt consumption in South Africa was emphasised.

Salt Summit – who attended?

The urgency for reducing salt consumption in South Africa was emphasised by national and international speakers. We were honoured to have Prof Karen Charlton from the University of Wollongong, Australia, as a guest speaker. She initiated the research on salt consumption in South Africa as early as 1999. From building the evidence for salt reduction during 1999 - 2006, she has now come full circle with the launch of Salt Watch.

Other speakers included: Prof Krisela Steyn (Chronic Disease Initiative for Africa, UCT); Mr Frank Haesnape and Ms Carla
Hilhorst (Unilever); Prof Alan Bryer (Stroke Unit, Groote Schuur Hospital, UCT); Prof Tony Meyers (National Kidney Foundation SA); Prof Melvyn Freeman (NCD Directorate, National Department of Health); Prof Edelweiss Wentzel-Viljoen (Centre of Excellence for Nutrition, NWU); Prof Riette De Kock (Dept. of Food Science, UP); and Dr Vash Mungal-Singh (HSF).

Discussions focused on the current behaviours, attitudes and perceptions regarding salt. It was noted that knowledge regarding diet and blood pressure is the poorest in the black population. Additionally, cultural beliefs and practices pose a barrier as they create the association between salt and good health. These factors must be taken into consideration when developing a public message. Studies also showed the importance of healthcare professionals in the education of the public – South Africans regard the doctor as the most trusted source of information.

Salt Summit outcomes
In addition to various outputs the attendees agreed on 3 key points:

■ **Collaboration is crucial:** There is a need for cross-sectoral collaboration, from government, research institutions/academics, NGOs, the media, professional bodies (clinicians, nursing, dietetics etc.) to corporate/industry (food, healthcare, catering/ chefs, etc.).

■ **The focus cannot be on salt reduction in isolation:** The SW message must be within the context of a healthy lifestyle.

■ **Message clarity:** A standardised message is important, one that is simple, which the public will understand and that all sectors can use.

The critical role of doctors
The important role of doctors in the reduction of salt intake in South Africa was emphasised. Consumer research indicated that doctors, followed by other healthcare professionals, are seen as the most trusted sources of information. It is therefore imperative for the healthcare sector to support the Salt Watch campaign by counselling patients and disseminating the salt message. It is only through active collaboration and partnership that we will be able to make a significant impact.

**Lighten the load**
The HSF has a variety of resources on offer that may be helpful in assisting and encouraging your patients towards adopting healthier lifestyles, from information brochures to heart-healthy recipes. Please contact 021 447 6268, email heart@heartfoundation.co.za or visit www.heartfoundation.co.za for more information. You can also refer your patients to our HSF Health Line – 0860 1 HEART (43278).

**Important dates for 2014**
Please contact the HSF if you wish to participate in, or refer patients to participate in our planned events.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>17 May</td>
<td>World Hypertension Day</td>
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<tr>
<td>31 May</td>
<td>World No Tobacco Day</td>
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<td>4 - 10 August</td>
<td>Rheumatic Heart Disease Week</td>
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<td>September</td>
<td>Heart Awareness Month</td>
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<td>29 September</td>
<td>World Heart Day</td>
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<tr>
<td>28 October - 3 November</td>
<td>National Stroke Week</td>
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<tr>
<td>29 October</td>
<td>World Stroke Day</td>
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</tbody>
</table>

**Contact details**

Dr Vash Mungal-Singh  021 447 6268
vash@heartfoundation.co.za  www.heartfoundation.co.za
www.facebook.com/HeartStrokeSA  www.twitter.com/SAHeartStroke

Dr Vash Mungal-Singh
Chief Executive Officer
Heart and Stroke Foundation SA (HSF)
B. BRAUN TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart – B. Braun Travel Scholarship to reach the SA Heart Office between 1 April and 30 June 2014.

The scholarship is funded by an educational grant from BBraun to the value of R20 000.00 maximum for international meetings and R7 500.00 for local meetings.

This scholarship is available to all members and associate members residing in South Africa. Its primary goal is to assist junior colleagues, thereby ensuring their continued participation in local or international scientific meetings or workshops.

REQUIREMENTS

- Applicants must be fully paid-up members/associate members for at least one year.
- Applications must include the following:
  - Full details of the meeting/workshop;
  - An abbreviated CV of the applicant; and
  - A breakdown of the expected expenses.
- Applications must reach the Association a minimum of 3 months ahead of the scheduled event.

RECOMMENDATIONS

- Acceptance of an abstract at the scientific meeting to be attended. (If acceptance of the abstract is pending, the application must still be submitted 3 months prior to the event with a note stating when the approval is to be expected. In such a case the scholarship might be granted conditionally – and proof needs to be submitted once the abstract has been accepted.);
- 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; and
- Applicants younger than 35 years of age.

APPLICATIONS MUST BE ADDRESS TO:

The President of the South African Heart Association
PO Box 19062
Tygerberg
7505
And submitted electronically to erika@saheart.org

Applicants that have benefited from a SA Heart Travel Scholarship in the past 3 years need not apply. Preference is further given to members who have never benefited from a SA Heart Scholarship.
The Paediatric Cardiac Society of South Africa's main objectives are to improve the quality of care for children with congenital and acquired heart disease by promoting research and supporting the education and training of heart specialists. The PCSSA is also the primary advocacy group for children with heart disease in South Africa. Membership is open and we actively encourage participation from colleagues in Africa as well as interaction with special interest groups.

Educational highlights: Summer and Autumn
Dr Oliver Stümper, the renowned interventional cardiologist from Birmingham Children’s Hospital, UK, visited the Red Cross Hospital in October 2013. Red Cross Hospital hosted an informal interventional cardiac catheterisation symposium under the auspices of the PCSSA. The meeting was attended by over 50 delegates and was informative, highlighting stenting procedures and device usage. Hopefully Dr Stümper will be back in the future.

In March Dr Matthias Freund, paediatric cardiologist at the University Medical Centre Utrecht, visited Cape Town. A practical workshop on fetal echocardiography was held and enjoyed by all attendees. Dr Freund is keen to return to South Africa and we hope to make this master class a larger event, involving a broad range of interests.

Congress 2014
We look forward to the 15th Annual Congress of the South African Heart Association which will take place from 16 - 19 October 2014 in the ICC in Durban. Dr Tom Mabin is chairing the SA Heart Congress Organising Committee and Dr Sajidah Khan is heading the Scientific Programme Committee. The KwaZulu-Natal branch is responsible for the scientific content of the 2014 congress and has invited all special interest groups to participate. Bridging the divide will be an exciting congress. Dr Ebrahim Hoosen is planning the Paediatric sessions and these promise to be extremely exciting and diverse. We have two wonderful international speakers as faculty, Dr Krishna Kumar from Cochin, India who is 1 of the most humble, yet inspirational and talented physicians I have personally ever encountered. He is a Boston childrens’ Hospital Fellow (training under Jane Newburger and with Atul Gawande) who returned to India after his fellowship. He set up his own cardiac programme that has grown and flourished in Cochin – now with a full-fledged comprehensive programme including Norwoods, interventional programme and a GUCH unit. The surgical programme will include several lectures: focusing on the complexities of the REV operation, amongst others. Our surgical speaker is Prof Olivier Raisky from the Necker in Paris who has published widely on coronary abnormalities, conotruncal repairs and congenitally corrected transposition. He is extremely well respected as a gifted surgeon and a talented lecturer - not to be missed!

The plenary programme is also looking very interesting. Please register soon to qualify for the early bird rates. We will also be offering a prize for the best abstract by a fellow – abstract submissions are open!

Website
Our new website, www.pcssa.org was launched on 1 February 2014 and we have endeavored to truly provide an up-to-date resource for both members and their patients to utilise. We ultimately aim to provide a resource in local languages as well. Members are invited to assist, particularly in editing information and/or translation. An important element is the incorporation of our patient information portal and the Pedheart resources as well as links to related websites and resources. These have included recent podcasts of interviews, publications and e-resources for all members. Our next plan is to create links to a paediatric cardiology seminar series and journal club for use by registrars or PASCAR cardiology trainees. Reminder to all: the Pedheart Resource is the most comprehensive congenital heart disease educational website. It has detailed defect and treatment descriptions, in-depth tutorials, a searchable image library, collections of patients’ hand-outs and over 1 200 PowerPoint slides in several different languages (http://www.heartpassport.com/). In addition, PCSSA now has a site providing information on congenital heart disease for parents (http://www.africa.congenital.org/), providing information on congenital heart disease for medical practitioners.

Continued on page 60
The main objectives are to improve the quality of care for children with congenital and acquired heart disease.

Fellowships
The Paediatric Cardiac Society Travel Fellowship
This travel fellowship afforded 2 recipients the opportunity to attend the Society for Cardiovascular Angiography and Interventions Foundations’ “2013 Interventional Cardiology Fall Fellows Course” held in Las Vegas, Nevada from 8 - 11 December 2013. This course is the premier fellows-only interventional course in North America. This year the paediatric faculty included John Cheatham and Ziyad Hijazi. The recipients of the first PCSSA travel scholarship were Dr Himal Dama (from Inkosi Albert Luthuli Hospital in KwaZulu-Natal) and Dr Barend Fourie (from Chris Hani Baragwanath Hospital in Johannesburg). Read about their experience on our website. There are also several other opportunities for fellowships on the website. This will become a yearly sponsored event although the travel fellowship will also be offered to allow members of the PCSSA to attend courses, train with international or local colleagues and visit units for specific techniques or exposures.

Our society remains 1 of the few advocates for children with heart disease in our country. To all the regular members of the PCSSA, we encourage you to be active in our society; we look forward to receiving your suggestions and new ideas. We look forward to seeing you at upcoming events and wish you all the best for the remainder of the year.

New executive 2014 - 2016
Please note that the executive committee will reach the end of its term in September 2014 and there will be space for any interested and committed people on the executive committee. You can serve for a 2 year term (2014 - 2016) - this promises to be an exciting term with a new congress to prepare for and new plans for our committee and society. Nominations will open soon and the executive committee will be announced at the AGM. Please let us know if you are willing to serve. Executive members must be paid-up members of the PCSSA.

PCSSA membership
We would like to increase our membership of cardiologists, surgeons and any practitioner interested in cardiovascular disease, congenital and acquired, in children. We urge you to contact us if you need any information and access our website for membership details. www.pcssa.org

Contact details
President: Liesl Zühlke liesl.zuhlke@uct.ac.za
Secretary: Belinda Mitchell lindy.mitchell@up.ac.za
Liesl Zühlke
# THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

The research scholarship is available to all full and associate members of SA Heart Association living in South Africa. It is primarily intended to assist colleagues involved in much-needed research to enhance their research programmes.

## REQUIREMENTS

- Applicants need to be fully paid-up members/associate members in good standing for at least 1 year.
- Applications must include:
  - The applicant’s abbreviated CV;
  - A breakdown of the anticipated expenses;
  - Ethics approval; and
  - Full details of the research.

## RECOMMENDATIONS

- Publications of related work in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

## APPLICATIONS MUST BE ADDRESS TO:

Education Standing Committee  
South African Heart Association  
PO Box 19062  
Tygerberg  
7505  
And submitted to the SA Heart Office electronically: erika@saheart.org

## THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER.

One scholarship to a maximum amount of R50 000 will be awarded annually.

## APPLICATIONS WILL BE ASSESSED ACCORDING TO THE ACCOMPANYING RESEARCH PROTOCOL WHICH SHOULD INCLUDE:

- An abstract (maximum 200 words);
- A brief review of the literature (maximum 200 words);
- A brief description of the hypothesis to be investigated (maximum 100 words);
- A detailed methodology (maximum 500 words); and
- References.

Members who have received this scholarship in the past three years need not apply.
THE SA HEART – CIPLA TRAVEL SCHOLARSHIP

The SA Heart – CIPLA travel scholarship of R20 000.00 was awarded to Dr Sarah Pedretti from the Hatter Institute to attend the Frontiers in CardioVascular Biology (FCVB) 2014 meeting to be held in Barcelona for which her abstract entitled:

The cardioprotective effect of exogenous sphingosine-phosphate requires the activation of endogenous sphingosine-phosphate via the sphingosine kinase has been accepted.