

MESSAGE FROM THE PRESIDENT

I sincerely thank you the SA Heart® members, the Board, Executive, Standing Committees, Regional Branches (RB) and Special Interest Groups (SIG) for entrusting me as your President over the past 2 years. It certainly has been an honour and privilege to serve. Again I sincerely thank and acknowledge Ms Erika Dau our amazing General Manager for her constant assistance. I reiterate that Erika is the "heart-beat" of SA Heart® and without her there would be no association.

My tenure as President is almost up and I wish to express to you all that I have always tried to lead in my own way, but with inclusivity and agility. I personally have struggled with certain issues, especially the corporate governance requirements of a company board. I have learned a lot and it was a real "wake up lesson" for me to step into the role of Chairman thereof. I keep joking that I am a doctor and not an experienced company director or businessman. I was naïve and I was initially not aware of the onerous responsibilities and demands for a company. I have really tried my very best to keep up and respond to almost everything that has come my way. I certainly have made mistakes but I have kept my feet on the ground with the bulk of issues. My own personal aim is to make you the members excited to be part of the SA Heart® family.

OUR VISION

SA Heart® formed as a non-profit company in 2016 and has grown enormously in the past few years. Our vision is to advance cardiovascular care for all of the citizens of beautiful South Africa and our mandate is to:

- Promote public welfare through increasing awareness and aid development of the cardiovascular (CV) life sciences.
- Represent, promote and protect the professional interests of CV professionals; and to promote good fellowship and collaboration amongst all of our members.



Dr David Jankelow, SA Heart® President.

- Take leadership in establishing and maintaining practice guidelines for quality CV healthcare delivery.
- Actively promote research, teaching and training directed towards the prevention and treatment of CV disease, through inter alia, supporting scholarships, bursaries and awards.

MEMORANDUM OF INCORPORATION (MOI)

SA Heart® and all its subgroups are to unite and stand as one to be heard by members, funders, the corporate world, authorities and the public. We, importantly are moving away from a purely member-centered organisation to a more inclusive organisation. We will have more public responsibility and accountability. Realising our responsibility with respect to governance and integrated reporting, we have now made critical adjustments to the Memorandum of Incorporation (MOI) and company structure. The process has been arduous but is necessary to facilitate optimal function and adherence to company law. The MOI governs the relationship between members and SA Heart®. It

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states our objectives and provides the Board with a mandate. For official adoption, the new MOI will be voted for at our ordinary annual general meeting in November. Please actively take part and change SA Heart® for the better. Until now allied cardiac professionals were associate members with no voting rights. However, in the future all members within South Africa will have voting status. I have no doubt that you all will welcome equal opportunity for all across CV professions. We want to include all those with a passion to make positive future changes for SA Heart®. The Board will not have less than 3 and not more than 10 members (directors). To bring a new dimension, it is vital that we include independent directors with financial, corporate governance and legal expertise, and this will add a new dimension and skill-set. Moving away from the old structure, the post of President will remain and will be a Board member (the spokesperson and representative of SA Heart®), but will not necessarily be the Board Chairman. I personally would have welcomed this after my experience in this position for the last 2 years. The post of president-elect, vice-president, treasurer and secretary will fall away. Committee chairs such as the Journal editor will no longer be on the executive by default. The National Advisory Committee will be replaced by the Board Stakeholder committee, which will have a representative from each SIG. There will also be room for regional branches and others to be represented.

Furthermore, the Memorandum of Understanding (MOU) sets out the relationship between SA Heart®, the SIGs and RB's. It defines the implementation of policy. The MOU has been carefully reworked after considering constructive feedback from the latter two groups. We wish to celebrate the successes' of the SIGs and RBs, but at the same time to bring them into the broader mission of SA Heart®.

CODE OF CONDUCT

SA Heart® has also drawn up a code of conduct, a set of values for us to abide by. It is applicable to all committees, members and subgroups. It is obvious that we remain always professional, ethical, caring, committed and innovative. It also dictates how we should direct things during

meetings. We have in the past unfortunately witnessed certain strong personalities denigrating others during committees, and this will not be tolerated in the future.

COVID-19 CHALLENGES

I am sure that you all will agree that the last 9 months has been extremely challenging for all because of the pandemic. COVID-19 has changed everything; the way we work in healthcare and the way we professionally interact with each other. In addition medicine and cardiology has become extremely cumbersome as to how we have to strategically plan every encounter with patients. For me personally, it has been inspirational in the way everyone has come together to support their colleagues and work together in teams. I have found that professional camaraderie is at an all-time high and this will certainly set an example as to how we can professionally move forward in the future. SA Heart® is grateful to all of you who continue to unselfishly put yourselves in the frontline for the benefit of your patients. Respect for physicians is now at an all-time high and it is therefore most relevant to relay a message recently sent by the European Society of Cardiology (ESC):

“In these testing times, never has community meant so much. Never have we relied on each other as we have during the pandemic. Your selfless dedication to your patients and to the mission that we all share is a source of enormous pride. Even in the midst of COVID-19, you continue to share your science and help each other”.

Thank you, all the cardiologists and allied cardiac professionals for the example that you have set. South Africa can be really proud.

COVID-19 continues to pose a threat to us physicians and it is with great sadness that we mourn the tragic passing of our esteemed colleagues, Professor Solomon Levin, and young Professor Lungile Pepeta, Dean of the Nelson Mandela Faculty of Health and former Vice-President

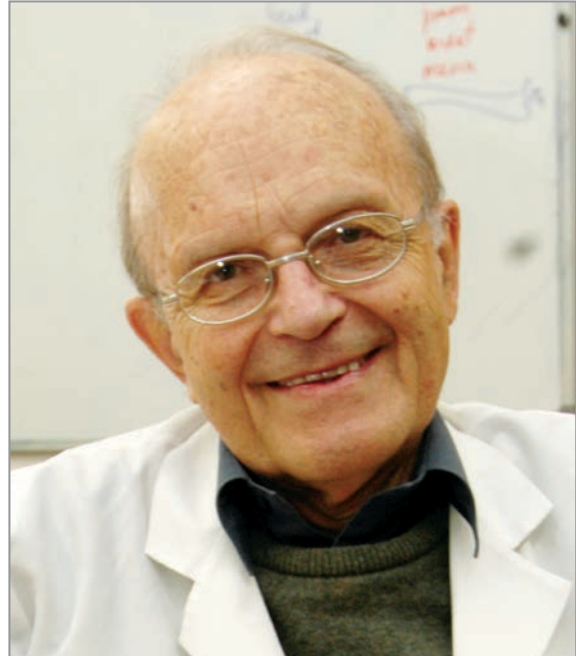


Professor Solomon Levin and Professor Lungile Pepeta

SA Heart®. Both were considered giants in the field of paediatric cardiology. They dedicated their lives to serving their patients and South Africa. Professor Levin, was the father of paediatric cardiology and was a great mentor to many trainee cardiologists, like me, who specialised at the University of the Witwatersrand. He taught me all that I know about paediatric cardiology. Professor Levin passed away at the hospital where I work, Netcare Linksfield Clinic in Johannesburg. We were really saddened by the circumstances of both he and his wife, Cynthia's passing. Last year SA Heart® bestowed Professor Levin with honorary life membership of our association and we are pleased that we were able to do so.

TRIBUTE TO PROFESSOR LIONEL OPIE

In February this year we sadly lost one of the world's foremost scholars of heart disease, Professor Lionel Opie, co-founder of the Hatter Institute. His major interest was in relation to cardiac metabolism, as well as heart failure, cardiovascular drug therapy and hypertension. He published more than 500 scientific articles. His books "Drugs for the Heart" and "Heart Physiology from Cell to Circulation" are referred to as "Bibles" in Cardiology. In 2006 he was given the highest award by the President of South Africa, the Order of Mapungubwe, silver, for "excellent contributions to the knowledge of and achievement in the field of cardiology". Professor Opie was respected by all for his humility, integrity and passion for research. We



Professor Lionel Opie



are forever grateful for the wonderful legacy that he has left behind.

SA HEART® CONGRESS CANCELLED

The unprecedented circumstances of the pandemic unfortunately has forced us to take the drastic decision to cancel the SA Heart® Congress 2020. This had to be done as we were facing paying out significant guarantees for the congress venue and the professional congress organisers. We could not risk these funds, especially as there is so much uncertainty about the future of face to face meetings in the medium term. I personally have been particularly passionate about our annual congress, having chaired the SA Heart®

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2017 and being significantly involved with the organisation of last year's meeting, "Meeting the Needs of Africa". I never ever envisioned that we would have ever cancelled "2020: Back to Basics". I have always felt that the congress is a project that starts from a few ideas and then develops into a magnificent educational endeavour, almost magical in my humble opinion. We do however look forward to a successful 2021 Congress and I am happy to chair and organise this.

The cancellation of the 2020 Congress has left SA Heart® with a now budgeted financial loss for this year, in the region R2 million, which has been completely unavoidable. Most organisations and companies may well be facing similar difficulties. Our respected and experienced treasurer, Professor Francis Smit has however reassured us that we have enough financial reserves to carry SA Heart® through for 2 years. We are presently investigating a series of SA Heart® virtual webinars that will provide for some income and importantly we are looking forward to a successful 2021 meeting.

NDOH MEETING

On a hugely positive side, SA Heart® is now having our "voice heard" and importantly we welcomed the opportunity to engage and advise the National Department of Health (NDOH) with regard to the CV issues related to COVID-19. The board took part in an urgent Zoom meeting on 29 July 2020 with the honourable Minister of Health, Dr Zweli Mkhize, the deputy Minister of Health as well as the Director General and Deputy Director, and this was at their invitation. Our perspectives were shared and were enlightening to the NDOH. We have as requested, provided an official SA Heart® position statement on these important issues (available on saheart.org) and this will soon be published in the journal. We stressed that COVID-19 is not only a respiratory disease, that clinicians must be vigilant for CV complications and there is much more to the management of these patients than the maintenance of oxygenation. We stressed that it has been a world-wide phenomenon that during the pandemic, patients have been ignoring important symptoms and not seeking care, sometimes with dire consequences. SA Heart® has therefore

feared a second public health emergency with regard to CVD and other non-communicable disease (NCDs). In addition it is important that those with chronic conditions must attend their routine follow-up visits, where early problems can be detected and management plans may be adjusted. The treatment of acute cardiac syndromes are time-sensitive and the minister agreed that the public must heed the message that they must urgently consult their physicians, especially if they experience symptoms such as chest pain, dyspnoea and syncope. We were invited to be on the Ministerial Advisory COVID Committee and we have nominated Professor Mpiko Ntseheke to be our representative as such. In addition the Minister was direct in that he would like our continued future involvement with the NDOH for NCDs. SA Heart® as the go to organisation, is ideally placed to advise on these crucial issues. Our involvement will also set a stage for us as to dictate what are acceptable standards of cardiac care, especially with National Health Insurance looming. We stressed to Dr Mkhize that we look forward to more constructive meetings with the NDOH.

COVID PORTAL

SA Heart® has created a COVID portal on our website (saheart.org-news), where appropriate articles and feeds are posted with regard to the pandemic and heart disease. Please feel free to alert us to anything new and current that you would like attention drawn to.

WEBINARS

We all have been involved in many meetings with regards to CVD and the pandemic. I recently was invited to partake in a webinar, "COVID-19: Empowering doctors to flatten the curve and ensure real recovery" on 24 August 2020. Dr Zweli Mkhize began the meeting with "Bolstering primary care doctors in their fight against COVID-19. Prof Salim Abdool Karim (Chair of the COVID-19 ministerial advisory) followed with an update re the epidemiology of the pandemic. Prof Guy Richards (Emeritus chair of Critical Care, University of Witwatersrand) thereafter with "Acute Care at Home: Long-term Recovery". My presentation was the warm-down act, "the cardiovascular nature of COVID-19". I tried to showcase SA Heart® and

stress our mission and vision for South Africa. There were 2 000 attendees and the meeting was streamed on television as well.

On 27 August 2020 I was also fortunate to have moderated a further HEFSA webinar, with Dr Ferai Dube presenting, "Cardiovascular Disease Management – Post COVID Infection" that was sponsored by Amgen.

On 3 September 2020, Dr Blanche Cupido (President Elect SA Heart®) took part in a webinar with the Heart and Stroke Foundation. Her presentation was entitled "COVID-19 and the cardiovascular patient: A practical approach". I have no doubt that Blanche did significant justice to this.

On 18 September 2020, Dr Cupido, Professor Zühlke and I took part in a Mail & Guardian webinar, "COVID-19 and CVD: the heart in the time of crisis" The webinar was an informal conversation and was moderated by television anchor Marcelle Gordon.

PRIVATE PRACTICE COMMITTEE

I remain involved with the Private Practice Committee (PPC) and have functioned as a go-between with the various funders, particularly when our members have faced audits. We have successfully resolved a number of issues to the satisfaction of all parties, before escalation to a more drastic legal issue. I have built up a good relationship with the Discovery and Medscheme forensic departments and they are willing to hear the consensus advice from SA Heart®. We have also given much coding advice to

the funders and sorted out a number of difficulties. The PPC has now completed a large CPT coding cross-walk to determine the cost of practice under the proposed CPT system. This has now been referred onto the larger funders for further input. We will continue to update you in this regard.

‘ We all have been involved in many meetings with regards to CVD and the pandemic. ’

ANGINA AWARENESS CAMPAIGN

SA Heart® has again recently taken part in the Angina Awareness Campaign that was sponsored by Servier. We are grateful to Dr Tawanda Butau (Chair of our Education Committee) to have lead this project. The campaign is in partnership with the ESC to create public awareness about coronary artery disease and symptoms thereof; it will culminate with World Heart Day on 29 September 2020. For this project, I have taken part in a number of radio interviews thereof, Channel Africa 24 September 2020, LotusFM 28 September 2020 and MixFM 29 September 2020. In addition Dr Butau and I both participated in the Sunday Times Connect Webinar, which was moderated by well know anchor, Joanne Joseph. There were lots of questions from the public. We tried to simply explain re angina, the syndrome in lay persons term and treatment thereof.



Cardiovascular Disease Mangement webinar

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Last year the Angina Awareness campaign had a significant reach with total browser views of 2 528 576, 16 publications, 13 radio interviews and 1 television interview. The project also reached 72 062 people on our SA Heart® Facebook page. If the intention is bring awareness to symptoms of heart disease, the campaign may well have led to lives being saved and that is what we want. We therefore hope to be even more successful this year.

OUR DEEPEST CONDOLENCES

SA Heart® has just released a statement expressing our deepest condolences to the family of anaesthetist, Dr Abdullhay Munshi, who was tragically murdered on the 16 September 2020. We stand in solidarity with all medical professionals and associations/societies that are outraged by this senseless act, which represents one of the darkest moments of the medical profession in our country.

NEW SA HEART® PRESIDENT

Dr Blanche Cupido, Cardiologist will soon take over from me as SA Heart® President. I have no doubt that I will be leaving you in very capable hands. Blanche is extremely



Dr Blanche Cupido, new SA Heart® President

enthusiastic and has been actively involved over the last 2 years as an important member of the working executive, as well as functioning as a non-voting Board member. She will certainly bring a renewed energy to SA Heart®.

‘Blanche is extremely enthusiastic.’

With respect to my future role, I would like to remain actively involved with SA Heart®. At last year’s Congress all previous Presidents were awarded with honorary life membership, and they were asked to identify a project to take on within our organisation. It is my wish to create a chapter for Digital Innovation in Cardiology. I have already approached the European Society of Cardiology (ESC) to partner with them for this. If you regularly attend the ESC meetings, you would have experienced their large Digital Cardiology track. The ESC certainly foresees that disruptive technologies will become a very important aspect of medicine in the future. As you may know, since I chaired the successful 2017 Congress “Fundamentals to Innovation”, (which was the most fulfilling project of my career), I have developed a passion for how technology will benefit the future of healthcare; hopefully it will free us all up from repetitive tasks so that we can concentrate on caring for our patients; it therefore has the potential to make medicine more human. The fourth industrial revolution will certainly affect the way we practice cardiology. Change is coming and will be unavoidable, but it will be exciting too. I look forward to updating and including you in this project.

With warm personal regards

David Jankelow
SA Heart® President
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PROFESSOR SOLOMON ELIAS LEVIN – A PERSONAL TRIBUTE

Many people have personal trainers, but I had a Personal Teacher, Mentor and Friend in the late Prof Solly Levin. (Solly to most, but Prof Solly to the younger generation). He trained me as one of the first Paediatric Cardiologists to go through him as a “Fellow”. Thousands of medical students paediatric trainees, specialists and cardiologists were taught by him. He was liked and admired by all he came into contact with. He was the Doyen of Paediatric Cardiology at Wits University, but he was the consummate Paediatrician as well.

He was brilliant and raced through school, jumping classes to complete matric at Boksburg High at age 15. He then entered Wits Medical School and completed Medicine when he was only 20 years old! As he had to be over 21 years old to practice medicine, Solly spent time in the Physiology Department under (the later famous Nobel Laureate) Prof Sydney Brenner until he could start his housemanship. He did internships at Baragwanath Hospital working in medicine, surgery and then as a senior intern in paediatrics.

He was married to his beloved wife Cynthia for over 60 years. They had 3 children Bethia, Trevor and Heidi, whom they adored.

Solly trained in the specialty he truly loved, namely Paediatrics. This was accomplished at Bara mainly, but also in England. There he qualified DCH (London) in 1955, and MRCP 1956 (Edinburgh). (Note: The Royal College of Physicians, Edinburgh conferred FRCP on him in 1972). He returned to South Africa and completed his Paediatric training in 1960, and was then able to practice as a Specialist Paediatrician. From Baragwanath Hospital he went to the Transvaal Memorial Hospital (TMH) for Children. As head of one of the 3 units at TMH, it was here that I met Solly, first as a Paediatric Registrar and then as a “Fellow” training in Paediatric Cardiology.

He was brilliant as a teacher and taught me everything I know. He could explain complex things in simple terms. While I was at TMH as a Registrar, Solly did a Fellowship in Paediatric Cardiology in Chicago and said he had learnt from this experience, but I suspect they may have also learnt from him. He was wonderful to his patients and their

families. He could make the most fretful infant calm down and be examined. Despite specialising in Paediatric Cardiology he was a brilliant diagnostician in every branch of Paediatrics. No need for a Dermatology consult for a rash, Solly would easily diagnose the rash – including coxachie causing benign Hand, Foot and Mouth disease in an infant! Looking back, I cannot recall any real display of anger for any reason! I also don't think he had any enemies or really hated anyone.

‘He was the most wonderful person.’

Wits University appointed him as Associate Professor in 1974 but only in 1978 was he appointed as ad Hominem Professor of Paediatric Cardiology. This was a great honour for him, but a little late I thought. It should have been conferred on him earlier. When he went into private practice at Sunninghill Hospital, there were 5 other Paediatric Cardiologists he had trained also working there, as well as the Cardiac Surgeons he had influenced. On our floor was Ray Dansky and myself, and across the corridor was Jeff Harrisberg and Kenny Govendrageloo together with Solly. Janine Meares was downstairs, and the Surgeons Rob Kinsley and Peter Colsen were just down our corridor. It was a great Unit to practice in, and looking back the standard of practice of the Unit was very high. The Friday morning meetings at Sunninghill and the Journal Clubs were also of a high standard.

I will always remember Solly with affection and awe. It was also quite coincidental and tragic to note that his darling Cynthia died only days before him. To his family I can only say he was the most wonderful person, and a “Mensch” and I offer my sincere condolences.

Selwyn Milner
Paediatric Cardiologist

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COMMITTEE REPORTS

SA HEART® EDUCATION COMMITTEE

The activities of the committee have been limited due to the COVID-19 pandemic. However, we have continued to have educational activities using electronic platforms. Many successful CME activities have been conducted through our special interest groups in collaboration with industry partners. We have successfully implemented the online CPD programme related to the SA Heart® Journal on the MPC platform. This has been possible through the participation of some of the members of the education committee who have provided questions for the various Journal CMEs. My sincere thanks go to those who participated and have made the programme a great success.

Most recently, the education committee was involved in a successful angina awareness campaign in collaboration with Servier during heart month in September, culminating in several interviews on world heart day. Again, I acknowledge various members of the society for their willingness to participate and giving of their time for such activities, on behalf of the society. The amalgamation of the education and full-time salaried committee is imminent. I hope and trust the new members of the combined committee will have a new energy that will continue to help the society grow.

Tawanda Butau

Chairperson of the Education committee

SA HEART® FULLTIME SALARIED COMMITTEE

There has been very little activity of this committee in the last year, we have had no meeting since the start of the COVID-19 pandemic. It has now been agreed that the Fulltime Salaried Committee and the Education committee will be amalgamated, and given the upcoming elections for Committees, we are hoping that enthusiastic driven members will join this new endeavour.

As mentioned in previous years, there has been uncertainty as to the role of this committee. There are a number of other concerns:

- The group of 6 was suboptimally constituted: 2 adult cardiologists, 1 paediatric cardiologist, and 3 surgeons.... Furthermore, the SIGS are not well represented at all.
- Though I have reached out to all the members on this committee, only 3 indicated ongoing commitment. The other 3 were cardiothoracic surgeons, who have not answered the call due to ongoing commitments.
- Going forward:
 - Make the amalgamation official
 - A new, slightly larger but more defined committee, including someone from all academic units and having representation from all SIGs
 - Define the roles of the committee
 - Define short, medium and long term goals
 - Engage the Heads of divisions and SIGS

Blanche Cupido

Chairperson of the Fulltime Salaried committee

ETHICS AND GUIDELINES COMMITTEE

The activities of the Ethics and Guidelines Committee comprised responses to request for opinion or discussion of ethical matters concerning defined activities of certain members largely initiated by Dr Jankelow in conjunction with other standing committees.

No new activities or projects were undertaken during the COVID-19 pandemic.

Les Orsin, Chairman, Ethics and Guidelines Committee

SA HEART® REGISTRY – SHARE

Committee members

Mpiko Ntsekhe (Chairperson), Erika Dau, Elizabeth Schaafsma, Karen Sliwa, Francis Smit, Jacques Scherman, Hellmuth Weich, Ashley Chin and Martin Mpe.

The SHARE projects are bearing fruit, with some pleasing progress in existing registries in the time period before the COVID-19 lockdown. Plans for expansion to add 3 more registries in 2020 have been sidelined by the advent of COVID-19. The national shutdown has affected local medical practice and business in unexpected ways, from projects stalled due to regulatory and ethics approval bodies being closed or experiencing technological and resource challenges, to patients being unwilling to attend for visits at medical centres.

SHARE-TAVI registry is now running very well. We are excited to announce that the TAVI registry has reached the milestone of over 1 000 implants captured since SHARE's inception! Although we have now captured 1 125 TAVIs, less than 130 TAVIs have been implanted in 2020 due to the dip in activity related to COVID-19. In comparison to the 231 TAVI that were captured across South Africa in 2018, and the 278 TAVIs captured in 2019, it is unlikely that implant numbers will reach 200 in total this year. Together with the cases captured, the registry tracks patients in the funding approval process, and 200 patients are awaiting decisions from the Funders. Although the approval process time has also been affected by the lockdown, some patients with approved TAVIs have declined the intervention for fear of contracting COVID-19 during their planned admission, and there has been mortality amongst these patients as a result. A further 200 patients are followed up to 1-year as they exited the TAVI programme after they were evaluated, the majority exiting due to declined funding or affordability issues where low value partial funding is offered by some Funders.

Several barriers still remain for access to this technology for appropriately selected patients. Geographically equitable access is being addressed with the establishment of new sites in less serviced provinces, however several Funders are resisting the establishment of additional TAVI centres. Data from the SHARE-TAVI registry presented in a poster at the SA Heart® Congress 2019 showed that procedural success in the existing TAVI sites was both comparable with the favourable outcomes seen overseas in large registries and trials, and importantly in our low volume setting in South Africa, was independent of site volumes. This evidence from the locally obtained data from the SHARE-TAVI registry has been shared with Funders in an attempt to provide relevant information for their decisions in a South African setting, and it is hoped that by providing insight into the favourable outcomes seen in South Africa to date, that Funders will expand their support for the TAVI procedure. This type of liaison with Funders is considered an important part of the mission of the SHARE projects, which primarily aims to improve patient care, and facilitating access to appropriate care is regarded to be part of that mission. SHARE is also directed to publish the results from the registries, and has had several abstracts accepted at local and international meetings to this effect. This year

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abstracts were submitted and accepted by EuroPCR 2020 and the ESC Congress 2020. An ePoster with recorded audio presentation was displayed in the Best Moderated Poster channel at the ESC2020 – The Digital Experience, and received favourable responses.

The capture rate of 92% for database entries of TAVI in South Africa is very high and is impressive for a voluntarily subscribed registry. The SHARE office has used this time of low implant volumes to engage with practices regarding outstanding follow-up, and over 450 records have been edited and updated as a result. We have made use of a database linked to the Department of Home Affairs records, to verify dates of death for patients suspected of being deceased in cases of Lost to Follow-up. Outstanding follow-up remains a concern, but follow-up is being hampered by patients who do not want to attend their regular appointments for fear of COVID-19. This has delayed the planned analysis of the collated data for the manuscript.

As always, we remain grateful to our funders, and are happy to report that Medtronic and Edwards have continued to support the registry through various grants. We hope that as further industry members expand their product offerings to include TAVI implants, that they too will support the registry.

Prof Karen Sliwa of the Hatter Institute at UCT, and Dr Priya Soma-Pillay lead the SHARE Cardiac Disease and Maternity Registry (CDM), which has come to the end of its life cycle, data entry has been closed on this project and as Prof Sliwa's responsibilities at WHF have increased, she has handed over the lead in reporting on this registry to Dr Ferial Azibani, who is now in the process of preparing the first manuscript on this patient cohort.

The new Atrial Flutter/Fibrillation registry, SHARE-SAFFR, led by Dr Martin Mpe and Prof Ashley Chin, has been developed and tested by the Investigators, and ethics approval has been obtained for the initial sites. Further sites have been identified but the ethics approval process was disrupted and delayed during the lockdown period. Data capture has begun but only 25 patients were entered during the hard lockdown period due to difficulty getting patients to attend medical centres.

Having started this year on a positive note, and then having widespread disruptions due to the COVID-19 lockdown has been disheartening, but we look forward to a rally of progress and growth as 2020 ends and the New Year starts afresh. Despite the unexpected stumbling block of COVID-19 in 2020, we will continue to generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future. The committee remains thankful to individual members of SA Heart®, the SA Heart® Exco, Industry partners, Funders and hospital groups for their continued interest and support of SHARE, and of course most importantly to the participants at all our sites.

Prof Mpiko Ntsekhe, Chairperson, SHARE Committee
Elizabeth Schaafsmam Project Manager, SHARE Committee

SASCI/STEMI SA

The aim of STEMI SA is to educate, improve networks and facilitate early reperfusion therapy of patients with ST elevation myocardial infarction in South Africa. This initiative is a national programme, under SASCI, with clear goals and timelines.

We have a well-balanced group from both the public and private sectors, who are young and more experienced, as well as incorporating those individuals who have been instrumental in setting up STEMI SA.

Committee members

Ahmed Vachiat (Chairperson), Adriaan Snyders (Ex-officio Chairperson), Dave Kettles and Alfonso Pecoraro (Research), Martin Mpe and Len Steingo (Education), Arthur Mutyaba, Sajidah Khan, Jens Hitzeroth, Rhena Delpont, Hellmuth Weich, Nqoba Tsabedze, Shaheen Pandie, Mpiko Ntsekhe and J Vorster.

We plan to establish a well-coordinated National Database, which is validated (quality assured) and that can be used for further research and collaboration, with the aim of improving the care of patients with STEMI (roll out towards the end of 2020). We intend to improve the Systems-of-Care through 2 main arms - namely Education and Research.

Education

- A STEMI SA Champion launch webinar is planned for 12 November with Dr Thomas Alexander as the keynote speaker supported by local experienced Faculty. The intended audience is the "hub" hospital cardiologists that will champion STEMI SA in their referral network.
- Education of referral networks will be supported through face to face and virtual education with support and content provided through STEMI SA. This programme will be initiated in Q1 2021 and will see centrally planned meetings held in Johannesburg, Pretoria, Cape Town, Durban, Bloemfontein, Port Elizabeth and East London
- We plan to update the online SASCI website with user-friendly slides on the investigation and management of STEMI.

Research

- It was decided that the STEMI India Database platform will be best suited to South Africa, it is a pre-existing online platform with minimal costs, and we will benefit with the vast experience of Dr Thomas Alexander. Data capturing on this platform is expected to commence in November 2020.
- A Publications Policy Task Team was formed to establish protocols, ethics, consent form and a publication policy.

Publications

- **Coronary reperfusion in STEMI patients in Sub-Saharan Africa.** Tom Mabin, CVJA July 2020.
- **Decline in acute coronary syndrome hospitalisation rates during COVID-19 lockdown in private hospitals in South Africa.** Delpont R, Vachiat A, Snyders A, Kettles D, Weich H. SA Heart J. (Submitted)
- **How to set up STEMI regional networks: providing best possible STEMI care. A practical methods paper from the Stent – Save a life! Initiative.** Candiello A, Alexander T, Delpont R, Toth GG, Ong PJL, Snyders A, Belardi JA, Lee MKY, Pereira H, Mohamed A, Mayol J, Piek JJ, Wijns W, Baumbach A, Naber CK. EuroIntervention 2020.
- **Stent-Save a Life international survey on the practice of primary coronary angioplasty during the COVID-19 pandemic.** Pereira H, Naber C, Wallace S, Gabor T, Abdi S, Alekyan B, Alexander T, Batista I, Candiello A, Delpont R, De-Luca L, Erglis A, Farto-Abreu P, Huang W, Kanakakis J, Lee M, Mohamed A, Orlic D, Ortiz P, Sobhy M, Terzic I, Win K, Piek J. EuroIntervention. (Submitted)

We would welcome involvement from healthcare providers and industry. If anyone would like to participate, kindly liaise with George Nel at the SASCI office (george@medsoc.co.za).

We look forward to building the STEMI SA Network with you.

Ahmed Vachiat, Chairman, STEMI SA

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SPECIAL INTEREST GROUPS (SIG) REPORTS

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA, CASSA

2020 saw major disruptions in some CASSA-related activities because of the COVID-19 pandemic. However, I am still pleased to report that some initiatives and activities continued even during these difficult times.

Annual 2020 CASSA symposia

CASSA held 2 successful symposia prior to the COVID-19 pandemic. The 2020 CASSA symposia took place on 9 February and 7 March at the Vineyard Hotel in Cape Town and the Capital Hotel in Johannesburg over 2 successive weekends. This year CASSA hosted 2 international speakers: Professor Sabine Ernst (Royal Brompton Hospital, UK) and Dr Neil Sulke (Bournemouth Hospital, UK). The symposia were entitled "Clinical Updates in Cardiac Arrhythmias". Prof Sabine Ernst, a specialist in congenital heart disease arrhythmias, spoke on the approach to the management of patients with adult congenital heart disease and cardiac arrhythmias. She also spoke on the role of catheter ablation in the treatment of these complex arrhythmias. Dr Neil Sulke gave an update on the management of patients with syncope and ventricular tachycardia storm and spoke on the role of implantable loop recorders in the follow-up of patients with atrial fibrillation. These talks were supported by an excellent local faculty of local electrophysiologists.

African Heart Rhythm Association

The 1st meeting of the African Heart Rhythm Association (AFHRA) was held in Nairobi, Kenya in January 2020. This was the largest arrhythmia conference ever held in Africa. CASSA members (Dr Andrew Thornton, Dr Brian Vezi and myself) were invited faculty. AFHRA was formed in November 2019 by arrhythmia task force of the Pan African Society of Cardiology (PASCAR). CASSA is proud to support this association which comprises members from other national arrhythmia societies. Dr Brian Vezi was elected to be a regional representative for South Africa and I will serve as regional representative for the Asia/Pacific region. The aim of this association is to (i) detect, prevent and treat cardiac arrhythmias in Africa (ii) educate and train African healthcare professionals on the management of arrhythmogenic disorders and their outcomes (iii) educate the public to recognise and prevent risk factors for cardiac arrhythmia outcomes and (iv) facilitate the research of cardiac arrhythmias and conduction disturbances as well as in sport cardiology. CASSA hopes to partner with AFHRA in many future initiatives including training, teaching and research projects.

Collaboration with the European Heart Rhythm Association (EHRA)

CASSA continued to collaborate and work closely with EHRA on several initiatives over the past 3 - 4 years. CASSA was invited to chair a joint session with EHRA at the annual Europace meeting in Vienna 2020. Unfortunately, this meeting was cancelled because of COVID-19. In its place, CASSA hosted a virtual webinar called "Arrhythmia management in critically ill and post-surgery patient". This September webinar overviewed aspects from the joint EHRA/CASSA/LAHRs/APHRs consensus paper on management in critically ill and post-surgery patients in which CASSA contributed to.

Ongoing Education

The quarterly ECG quiz published in the SA Heart® Journal has continued, but the 6 monthly Andrzej Okreglicki Memorial Advanced ECG and Arrhythmia Interpretation Course had to be cancelled in March 2020. This meeting will now be a virtual meeting in November 2020.

CASSA plans to host 3 webinars in November 2020. One of the webinars will focus on atrial fibrillation during "Global AF Aware Week" in November 2020. The other 2 webinars will focus on ECG teaching for general practitioners in November 2020. A number of teaching webinars and journal clubs for cardiac technologists are planned for 2020 and into 2021.

Thanks

As my 4 year leadership of CASSA draws to an end - I would like to thank the following who served on the CASSA EXCO this year (and in the past) for their time and efforts: Andrew Thornton (immediate past president), Pro Obel (treasurer), Adele Greyling (co-treasurer), Rob Scott Millar, Ruan Louw, 2 industry representatives (Robert Botes, George Van Der Merwe), Human Nieuwenhuis (allied professional) and CASSA co-ordinator Glenda Nichols. I would like to thank them for their time, expertise and support over the past 4 years.

Finally, I would like to thank the CASSA corporate members for their ongoing support to the organisation. They are Medtronic, Vertice, Biosense Webster, Boehringer Ingelheim, Boston Scientific, Biotronik, Bayer Pharmaceuticals and Inova Pharmaceuticals.

Ashley Chin, President, CASSA

CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

Due to the COVID-19 pandemic all events including the annual Joint CISSA/Mayo clinic workshop were cancelled.

Members will be updated as dates for future events become available.

Alfonso Pecoraro, President, CISSA

HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

It is during these unprecedented times that our dedication towards healthcare and our patients are at the forefront. I am mindful of the great sacrifices we make every day, demonstrating professional acumen, personal courage, and ethics in our fight against the pandemic. Thank you to each healthcare worker and doctor at the forefront, and each practice limiting patients and appointments to the essential.

HeFSSA Executive

Martin Mpe (President), Jens Hitzeroth (Vice-President), Eric Klug (Ex-Officio President), Darryl Smith (Treasurer) and Nash Ranjith (Secretary), Karen Sliwa, Tony Lachman, Makoali Makotoko, Nqoba Tsabedze, Ntobeko Ntusi and Mpiko Ntsekhe. I would like to thank my outgoing Executive for their many years of faithful service to HeFSSA but hope we retain a significant leadership group to ensure continuance of our focus in 2021 and beyond. New leaders will also be welcomed and elected at our virtual Annual General Meeting to be held before year end.

The following noteworthy activities took place.

HeFSSA Heart Failure Guideline

The HeFSSA Chronic Heart Failure Guideline 2020 (based on ESC HF 2016 with substantial Africanisation) was accepted and published by SAMJ end of August 2020. Thank you to Dr Jens Hitzeroth who led the review with substantial contributions from the HeFSSA Executive (as clinical and research experts). This publication includes an update Chronic Heart Failure Algorithm and will be made available on the HeFSSA Website.

Heart Failure Specialist Webinar

On Thursday, 2 July, HeFSSA hosted a Heart Failure Specialist Webinar targeted towards the cardiologists and specialist physicians. Dr Nqoba Tsabedze focused on an update overview of SARS-COV2 and the viral pathology and links to Heart

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Failure. Prof Mpiko Ntsekhe spoke from personal experience of the Western Cape being the initial epicenter of the SA pandemic beginning of July. This webinar was sponsored by Pharma Dynamics and attended by 250 delegates.

HeFSSA Non-Cardiologist Webinar Series

The HeFSSA Non-Cardiologist Webinar Series focused on Contemporary Heart Failure Management was specifically targeted to the General Practitioner, Specialist Physician and Allied non-prescriber HCP. The topics and faculty were:

- **Tele-Cardiology and Lifestyle Modifications for the Heart Failure Patient (11 July):** Dr Tony Lachman presented on the Role of Tele-Cardiology and the impact of COVID-19 Pandemic on the Heart Failure Patients. Dr Sandra Pretorius spoke on Nutrition, and advising Heart Failure patients on immune boosting and heart healthy food choices. This event was well attended by more than 400 delegates from across South Africa, also and the continent.
- **A Review of the Heart Failure Guidelines 2020 (1 August):** Dr Jens Hitzeroth gave an in-depth review of the guideline publication in SAMJ with Prof Ntobeko Ntusi, Dr Blanche Cupido and Dr Charles Kyriakakis as panellists. The webinar was attended by 750 delegates and the programme and content was exceptional.
- **COVID-19 and Heart Failure (22 August):** Prof Nash Ranjith presented on the topic with Dr Hoosen Randaree and Dr Rohan Lutchman as panellists and Dr Martin Mpe as Moderator. The webinar was attended by 560 delegates.
- **Diabetes and Heart Failure (12 September):** Prof Eric Klug gave an in-depth presentation on Diabetes and Heart Failure and was joined by Prof Ntobeko Ntusi as Moderator. The webinar was attended by 570 delegates.

A record of more than 2 300 delegates attended this webinar series and reinforced the incredible reach of virtual training. This will be a positive legacy of the lockdown, but cannot replace face to face training (both will have a place in the future). The recording of the webinars is available on the HeFSSA Website for those delegates who were not able to attend.

Research

HeFSSA HF Clinical Snapshot Survey is planned for 2020. Makoali Makotoko is spearheading this initiative with Dr Thabiso Lithelu assisting on the project. A pilot study will be conducted at the University of the Free State after which we will launch nationally. This study will 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 Heart Failure networks.

HeFSSA nutritional update

One of the major enquiries HeFSSA has received during the past few months and specifically discussed on the webinars, were the GP's request for a focus on Nutritional Guidance for Heart Failure Patients. In response, HeFSSA has updated our Nutritional Guidance, available on the HeFSSA Website. We thank Dr Sandra Pretorius who has played a fundamental role in this project, with assistance from cardiologists, Dr Lachman and Mpe. This project has grown to include Heart Healthy Quarterly Newsletters, Heart Failure Patient Workbook, and supplements such as immune boosting during COVID-19, seasonal recipes and tips on healthy shopping to name but a few. We hope to add a series of educational videos with Dr Sandra Pretorius, an experienced dietician, who has been involved with this project since 2015, to educate GPs and Patients on Healthy lifestyle choices and cooking.

The 10th annual face-to-face HeFSSA General Practitioners Programme has been postponed to the beginning of 2021. The theme will be "Contemporary Heart Failure Management" and the topics has been prepared by Jens Hitzeroth (Heart Failure Guidelines 2020), Eric Klug (Diabetes and Heart Failure) and Naresh Ranjith (COVID-19 and Heart Failure). The meetings will

be hosted across South Africa and Namibia and will be presented by distinguished Cardiologists and Physicians. The smaller group and face-to-face nature of these meetings ensure hands on learning and enhance the referral network.

Due to travel restrictions no educational travel grants has been awarded in 2020. We hope to reactivate these grants in 2021.

Thank you to AstraZeneca, Boehringer Ingelheim, Boston Scientific, Biotronik, Cipla, Novartis, Novo Nordisk, Pfizer, Pharma Dynamics, Medtronic, Servier and Vertice Medtech for your corporate support and unconditional educational grants, which make our society activities possible.

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 are passionate about heart failure to contact George Nel, HeFSSA Executive Officer at info@hefssa.org.

Martin Mpe, President, HeFSSA

INTERVENTIONAL SOCIETY OF CATH LAB ALLIED PROFESSIONAL, ISCAP

Despite our unprecedented journey, over the past several months, we as the ISCAP team, managed to network and collaborate to pursue our goals. We managed to navigate our work and personal lives, with continued focus on enhancing the quality of our profession. The team is:

ISCAP Chair

Waheeda Howell

Gauteng

Isabel Bender (Vice Chair Nurses as well as Regional Chair), Kerry Moir (Radiographers), Jamie-Leigh Hayes (Technologists) and Ramabai Zwapano (Nurses).

Western Cape

Carmen November (Regional Chair), Sabira Khatieb (Radiographers), Human Nieuwenhuis (Technologists) and Maggie Petersen (Nurses).

KwaZulu-Natal

Selvan Govindsamy (Vice Chair Radiographers as well as Regional Chair), Amit Singh (Technologists) and Don Pardechi (Nurses).

Free State

Marlet Bester (Technologists)

Interventional Society of Cath Lab Allied Professionals (ISCAP) is especially focussed on ongoing training for all Cath Lab Allieds incl nurses, radiographers, and technologists across South Africa and engagement as appropriate with colleagues in the rest of Africa and internationally.

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We had a roaring start to 2020, with face to face Lecture Series' starting in January followed by much disappointment with the initial uncertainty of the pandemic and eventual lockdown. The society however embraced virtual training as good alternative to continue to support and educated our Allies. We would like to thank our industry partners for their support and understanding during this time and know that we are ready to "Jump" right into 2021 with face to face meetings, augmented by ongoing virtual training as appropriate.

Below is a summary of our face to face meetings and the webinars to date:

ISCAP Riverdene Breakfast Symposium

On 25 January, we hosted a CPD accredited Breakfast Symposium in Durban on the "Practical Application of Contrast in the Cath Lab". The allies had the privilege of listening to Claudia Giger, practice manager and fulltime radiographer in private practice, who was well received. We had a wonderful turnout of 57 Attendees at this workshop. A special thank you to the Riverdene team, who made this workshop possible.

ISCAP Biotronik Siemens Takeda Series 2020

From January to March (pre lockdown) ISCAP hosted a series of face to face meetings in Bloemfontein, Cape Town, Durban, Midrand and Port Elizabeth. This series focussed on the topics Closed Loop Stimulation, Fabry Disease and the Cardiac Patient as well as Radiation Protection. During this series Drs Moses, Pecoraro, Tsabedze, Govender, Khan, Adamu and Butau presented on Closed Loop and/or Fabry Disease. Radiographers Ernest Horsley, Kerry Moir, Selvan Govindsamy and Sr Kerri Meyer presented on Radiation protection in the cathlab. All speakers were well received, and the topics noted as informative. The combination and diversity of these topics was favourably received and a great start to our 2020 programme.

Thank you to Biotronik, Siemens and Takeda for sponsoring this lecture series. Their respective field force made this series possible, ensuring that 267 allied professionals were given the opportunity to engage on these topics, furthering their education, share experience and network.

ISCAP CPD Webinar: COVID-19 in the Cath Lab Environment

ISCAP was quick to respond to the pandemic, giving guidance to allied professionals regarding PPE & Peri Procedural Management, Clinical Guidelines in Cardiovascular Care in the COVID-19 period as well as considering Emotional Wellbeing and Motivation of Healthcare Practitioners, by hosting our first webinar on 25 April. Over 200 Allied professionals attended this webinar. Thank you to our speakers, Dr Charles Kyriakakis, Sr Keri Meyer, and Dr Michael Niss for sharing their insights with us, and for Waheeda Howell as moderator.

ISCAP Unit Leaders Virtual Meeting

On 30 May, ISCAP hosted a Cath Lab Unit Managers and Leadership Meeting, with cath labs from across South Africa represented by more than 30 Unit Managers and ISCAP Exco Members. This meeting was focused on the challenges each lab faces during the COVID-19 Pandemic, of which PPE, redeployment of staff, slates, ethics protocol and emotional well-being and support staff were mentioned and discussed. ISCAP hopes to build on these relationships in the future, to continue to support of Unit Managers and their Cath Lab teams.

ISCAP Catheterisation Manual Modules 1 - 4

During the COVID-19 period, with constraints on Educational meetings, we are motivating our Allies to use the ISCAP Modules and Questionnaires to study the content and complete the online CPD Questionnaires to receive up to 12 CPD points (3CEU's per module and questionnaire completed; pass rate 70%). Thank you to all the Cath Labs that have embraced

the online ISCAP Manual and continue to complete the online CPD Questionnaires. Boston Scientific support through their Educare platform the past 3 years is acknowledge with appreciation.

ISCAP Riverdene Webinar

On 5 September, ISCAP hosted a webinar that exposed delegates to knowledge from Dr Erika Jones, a nephrologist, on the topic of Contrast, and the effects on the kidneys. Radiographer, Claudia Giger, shared on the topic of Contrast, exploring the medium. We also had the privilege of listening to Attorney Prof Henry Lerm, sharing his insight on the controversial topic of Ethics associated with Euthanasia. We had a good turnout of 140 allies and hope to build on this for future webinars. Thank you to Selvan Govindsamy, our moderator and Riverdene for sponsoring this webinar.

Upcoming Webinars to diarise for 2020

3 October 2020 @ 09:00 - Topics:

- Changing the Coronary landscape - Scoring, Sculpting and Carving
- IVUS IFR and Beyond
- Ethical Implications for the Health Care Practitioners During- and Post- COVID Pandemic

Faculty

Dr Chris Zambakides (Cardiologist) & Dr Michael Niss (Clinical Phycologist)

Sponsored by Ascendis Medical & Cardaxes

24 October 2020 @ 09:00 - Topics:

- Bifurcation and the impact on the Team

Faculty

Dr Anthony Becker (Cardiologist) with a panel of Allied Professionals

Sponsored by Medtronic

We, as a society would like to thank our Corporate Supporters, the ISCAP office – Joh-Ann Nice and George Nel, the ISCAP Committee and Co-Opted Members, for the continued and unwavering support to ongoing education during these difficult times.

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.

Take Care and Stay Safe.

Waheeda Howell, Chairperson, ISCAP

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LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) has a broad interest in lipid and lipoproteins spanning many disciplines, but the most emphasis is placed on severe dyslipidaemia that may result in markedly premature atherosclerotic cardiovascular disease or acute pancreatitis. For the most part, medical practitioners have insight into lifestyle and pharmaceutical management of dyslipidaemia, but there is a group of severe disorders requiring more specialised expertise. LASSA interacts with the Heart and Stroke Foundation of South Africa and is linked to the International Atherosclerosis Society (IAS). The LASSA committee members, working in academic institutions, endeavour to sustain expertise and are available for consultation with medical practitioners, scientists and the public. The committee is led by Prof David Marais assisted by Prof Derick Raal as secretary, Dr Dee Blackhurst, and Prof Dirk Blom.

Along with other organisational reforms within the South African Heart Association, LASSA also updated its constitution early in 2020. Towards the end of 2019 and extending into January of 2020, LASSA provided input in several processes aimed at improving healthcare in South Africa. These included the Council of Medical Schemes review of Prescribed Minimum Benefits for Primary Healthcare Services, the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2020 - 2025, and the South African Medical Association assessment of these plans. It would appear that there is no coordinated response to the healthcare crisis into which South Africa is steering and the process is further complicated by uncertainty regarding the proposed National Health Insurance plan. Prof David Marais also participated in the production of a "global call to action" for Familial Hypercholesterolaemia (FH) which culminated in a publication in January 2020. FH is known to be highly prevalent in several communities in South Africa. Prof Marais is also participating in a World Health Federation evaluation of support for FH and has made contact with several colleagues in Africa who will assist with promoting awareness of FH as well as lipid disorders in general. The IAS has been asked to provide an educational outreach from South Africa to African countries and an outcome is still awaited. Nevertheless, the IAS made a grant available in September for a colleague in Tanzania to launch work on dyslipidaemia in collaboration with Prof Marais.

The COVID-19 pandemic disrupted the activities that LASSA had planned not only because of the lockdown restrictions but also because many of its members, and especially the committee members, were drawn into more general medical services. The teaching course that was intended in May had to be postponed to October, and was then, owing to the uncertainty, postponed to April 2021. This course is very important to disseminate knowledge across all medical practice to ensure proper diagnosis and utilisation of the many treatment strategies now available for severe dyslipidaemia. LASSA has approached medical schemes to forge a pathway for working up patients with severe dyslipidaemias requiring special diagnostic and treatment strategies. Hopefully this will allow fast-tracking of diagnosis and treatment in the most severe cases.

Support to properly develop lipidology at any of the health science faculties remains lacking, despite the increasing recognition of serious disorders such as familial hypercholesterolaemia and numerous other disorders that deserve specific diagnosis and more specialised management. It appears unlikely that this expertise will be sustained as most academic institutions do not offer involvement in lipidology during training of paediatricians, physicians, endocrinologists, cardiologists and clinical as well as chemical pathologists. It is thus unlikely that in South Africa, lipidology can become a recognised sub-specialist discipline, such as is the case in many overseas countries. This is not ideal as there are about 250 000 persons with FH and about the same number with other severe lipid disorders. Dedicated lipid clinics for patients with severe dyslipidaemia exist 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. Upcoming retirements may further compromise the ability to make complex

diagnoses in South Africa. It would be ideal to create special clinics at large centres in the country to deal with both private and public sector patients and to support one national laboratory to support diagnosis.

Since LASSA is a small organisation and has limited expenses, its finances remain intact. The funds are intended for supporting educational meetings as well as special investigations that may be required for patients.

Derick Raal, Secretary, LASSA

PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA, PCSSA

It is almost 2 years since the current executive took office, and it's been a year full of unprecedented challenges due to the global Corona virus pandemic. In my capacity as President I would like to thank the following members of the current executive committee: Stephen Brown, Lindy Mitchell, Barend Fourie, Andre Brooks and Jayneel Joshi.

Financial statement for year ended

Audited report submitted separately by our treasurer to SA Heart®.

Condolences

During this pandemic we lost 2 giants in our field. Firstly we were all saddened by the passing of Professor Solomon (Solly) Levin (02 April 1929 - 12 July 2020). A retired Professor of Paediatric Cardiology who continued to teach many students. Prof Levin was a devoted mentor, whose career spanned over 70 years, in which he witnessed many technological advances in the field of Paediatric Cardiology. He will be remembered as a talented clinician with a gentle personality, always enthusiastic about his profession and ever willing to teach basic clinical skills ranging from cardiac morphology to electrocardiograms. He will be missed and fondly remembered by all who knew him.

Whilst adjusting to the news of Prof Levin's loss, on 7 August 2020 the cardiac community and the whole of academia was again dealing with the sad news of the passing of Professor Lungile Pepeta. At the tender age of just 46 years, Prof Pepeta was serving as a dean of Health Sciences at the Nelson Mandela University in Port Elizabeth, where he was leading the establishment of a new Medical School. To me, Professor Pepeta was a close friend, homeboy, and a brother. A great academic, scholar and researcher he was full of novel ideas, never shy to try new projects. He established the first Paediatric Cardiac unit for the Province of the Eastern Cape, going on to train other cardiologists who have remained in the Eastern Cape to serve the population there. Although the passing of both these legends leaves a huge void in the hearts of many colleagues and patients, their legacies will live on. May you both rest in peace.

SA Heart® Congress 2020, PROTEA Workshop and Paediatric Electrophysiology workshop

All face to face meetings including the annual SA Heart® Congress were cancelled this year due to the COVID-19 pandemic. PCSSA is exploring the idea of a virtual meeting soon. Through the office of the President together with the SA Heart® board The Minister of Health Honourable Dr Mkhize has engaged with us re-pulse oximetry screening of new-borns for critical congenital heart diseases.

Education and Service

We say "HALALA" to Drs Shenaaz Hoosain, Siphamandla Zulu and Mark Willoughby for passing their CMSA Paediatric Cardiology Certificate examinations during the first half of 2019. Also congratulations to the convenors and examiners who had to find innovative ways of making sure the exam was a success despite the challenges of the COVID-19 pandemic.

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Travel Awards

We are very pleased to announce the SCAI 2019 recipients of this year's award: Dr Vijay Mammen and Dr Michelle Koch who both travelled to the USA. Well done to them both and we wish them a great stay and learning experience.

No call has been made for the current year due to the travel ban and cancellation of many face to face meetings.

Website and Social Media

We would like to thank Liesl for keeping our web and social media pages active, we would like to appeal to the our young members to assist keeping us active on the web and on social media. We are currently exploring the revamp of our website with inclusion of new interactive content.

Advocacy

Patient advocacy remains an important focus of our society. For the second year running, this year again we celebrated the International Congenital Heart Disease Awareness week "an annual event from 7 - 14 February". During this week our members were interviewed by various media houses creating more awareness to parents and caregivers. We encourage all the units to go big next year for this event.

Conclusion

Your continued support and participation is required to keep the PCSSA an active and vibrant organisation. We live in the most interesting times where a new disease has immobilised many with fear, and indeed we have to remain safe and vigilant while we learn about the effect of this novel Corona Virus on the heart. We must not forget that despite our fight against this virus, other diseases have not ceased to affect our people. The fight against CHD must go on.

Hopewell Ntsinjana, President, PCSSA

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH, SASCAR

Due to COVID-19 and resulting restrictions, SASCAR could not carry out the technique workshops and school outreach programmes planned, and thus have no activities to report on this year.

Neil Davies, President, SASCAR

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION, SASCI

After a good and optimistic start to the year for most of us, the world, as we know it, came to a grinding halt with the COVID-19 pandemic. Academic meetings were cancelled, people were prevented from going to work and patients were prevented from coming to hospital. I expected to have very little feedback to give, but, in true South African fashion, people found new and innovative ways to continue providing services, and it is with more than a little pride in my colleagues that I present this report.

I would like to thank the SASCI Executive Committee that was elected at the SASCI AGM 2019 for their contribution and ongoing guidance.

SASCI Leadership team

Hellmuth Weich (President), Sajidah Khan (Vice-President), Cobus Badenhorst (Treasurer), Graham Cassel (Secretary), Jean Vorster (PPC), Ahmed Vachiat (STEMI SA), Mpiko Ntsekhe, Makoali Makotoko, Chris Zambakides, Gavin Angel, Shaheen Pandie, JP Theron, Jens Hitzeroth, Farai Dube and Waheeda Howell (ISCAP).

I would like to thank our industry corporate partners for their continued and unwavering support. Your professional and financial contribution is applauded. The following companies contribute during 2020 – Ascendis, Baroque Medical, Biotronik, Boehringer Ingelheim, Boston Scientific, Disa Vascular, Edwards Health Science, Terumo, Merit Medical, Medtronic, Riverdene, Siemens, Terumo, Torque Medical and Vertice Medtech.

This report represents a significant investment of time and effort from many people (including admin staff, academic input, sponsors, and legal experts) and I would like to thank every individual involved. Without you the Society cannot exist.

SASCI Educational

Educational initiatives continue to be a cornerstone activity for the Society. Calendars are filled with webinars that have become the new normal for education events and meetings, and the unintended consequence of “webinar fatigue” is difficult to avoid. SASCI is, however, focused on providing continuous education to the cardiology community through interesting and worthwhile topics. This format allows for extended reach of audiences and expert faculty internationally. The highlights of our educational initiatives are:

SASCI @ SA Heart® Congress & AfricaPCR 2019

AfricaPCR Course remains our seminal annual educational event receiving substantial Exco time and effort to optimise the learning. Forty two Cardiologists (including 22 Fellows) that applied for a grant were sponsored to attend the SA Heart®/AfricaPCR congress 2019 (please see full list on SASCI website).

SASCI Expert Programme

Prof Tony Gershlick, Professor of Interventional Cardiology, University of Leicester visited various cath labs in Johannesburg, Pretoria, and Cape Town from 3 - 15 November 2019, spreading his time across public and private hospitals. Prof Gershlick proctored Cardiologists on complex PCI, with specific focus on Bifurcations. During his visit he presented at the SA Heart® Pretoria and Johannesburg Branch meetings with 51 and 31 attendees respectively and a roundtable discussion dinner was also arranged in Cape Town. This proctorship programme was made possible by an unconditional educational grant from Vertice Healthcare and has been confirmed to continue in years to come.

Society for Cardiovascular Angiography and Interventions Fall Fellows Course 2019

With support from SCAI and Boston Scientific, SASCI supported 5 South African fellows to attend the SCAI Fall Fellows course in December 2019. The 5 recipients were Ndikondisene Tshiovhe (WITS), Ashandren Naicker (UKZN), Zimasa Jama (CT), James Fortein (UFS) and Jerry Chen (UP). The following attendees secured own travel support Dr David Mashilo (Charlotte Maxeke), Dr Nachie Levin (Charlotte Maxeke) and Dr Kaviraj Bundhoo (Mauritius) making this our biggest African delegation ever to attend the prestigious SCAI Interventional Cardiology Fellows Course in Las Vegas (6 - 10 December 2019). SASCI is looking forward to support Fellows to attend the virtual SCAI Fall Fellows Course 2020.

SASCI Proctorship Programme

Dr William Lombardi, Clinical Professor of Medicine in the Division of Cardiology at the University of Washington Medical Center visited multiple cath labs in Cape Town and Durban from 13 - 17 January 2020. Dr Lombardi proctored Cardiologists

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on complex PCI and CTO cases and was acclaimed as an exceptional teacher throughout. He also included the allied practitioners in his teaching with a strong focus on maintaining a holistic view of the cath lab. A roundtable discussion dinner was also arranged in Durban with robust discussions and debate focussing on Complex PCI and CTO. This proctorship programme was made possible by an unconditional educational grant from Medtronic.

SASCI Visiting Professor Programme 2020

We welcomed Prof Greg Barsness from the Mayo Clinic, Rochester, USA who travelled to South Africa as the Visiting Professor for 2020. Dr Barsness taught and proctored at the various Medical Schools in SA from 7 February - 22 March 2020. He was well received in Cape Town, Durban and Pretoria but his tenure had to be cut short due to the COVID-19 worldwide pandemic. The SA Heart® Branch and SASCI Evening Lectures that also expose Cardiologists and Allieds in private sector to our VP took place in Cape Town and Durban. The evening lecture "State of the Art STEMI Care: Strategies for Success" was video recorded and has been made available on the web and with CPD accredited Questionnaire. We hope Prof Barsness can return to continue his sterling work at some stage in the future. Please see Prof Barsness own report back separately.

Prof David Holmes is confirmed to return to South Africa in 2021 as Visiting Professor. The multiyear programme support received from both Medtronic and Pharma Dynamics makes this programme a reality.

RC Fraser International Fellowship

SASCI sends a Fellow to Prof Simon Redwood at Guy's and St Thomas' Hospital, London for up to one month, annually. The incumbents are Dr George Harris (UFS) under 2019 programme and Dr Karim Hassan (US) for 2020. We hope that both candidates will be able to travel following COVID-19 in 2021. The call for nomination for the 2021 candidate will be made in Q4 2020 with travel in 2021. Boston Scientific continued support of this annual programme is much appreciated.

Fellows Course @ Columbia University New York City February 2020

Darrin Naidoo (Inkosi Albert Luthuli Central Hospital), Mazwi Mabika (Charlotte Maxeke Johannesburg Academic Hospital) and Bradley Brits (Steve Biko Academic Hospital) had the opportunity to travel to New York to attend this Medtronic supported International Fellows Course.

SASCI International Webinar: COVID-19 and the Heart

SASCI hosted, together with the University of Stellenbosch (Tygerberg Hospital), an International Webinar on COVID-19 and the Heart, on 30 April 2020 via Zoom. Close to 300 attendees from 23 African countries (including RSA, Ghana, Morocco, Namibia, Mauritius, Zimbabwe, Kenya, Algeria, Tanzania, Zambia, Congo, Cameroon, Ethiopia, Gabon, Uganda, Cameroon, Egypt, Benin, Angola, Niger, Cabo Verde, Sudan, Botswana), as well as Singapore, Russia, Ireland, Romania, Belgium and the USA participated in this event. This truly reflects the tremendous reach virtual events allow us in delegate attendance and faculty.

A local perspective on the Epidemiology and Projected Course of Disease were provided by Prof René English and Prof Heike Geduld (Stellenbosch University). International faculty included Dr Eric Eeckhout (Switzerland), Prof Gregory Barsness (USA), Dr Paul Ong (Singapore) and Prof Chris White (USA), who provided their insight into how COVID-19 affected interventional cardiology practice around the world. Dr Karim Hassan presented on "COVID-19 and Myocarditis", and with Dr Hellmuth Weich elaborated on "Heart drugs for the COVID Patients and COVID drugs for Heart Patients".

We are incredibly pleased with the attendance and positive impact of this webinar and look forward to continuing Educational Initiatives via Webinars during the lockdown period.

SASCI and ISCAP Ethics Webinar

On 11 June 2020, SASCI hosted an Ethics webinar on the controversial and thought-provoking topic of resuscitation of COVID-19 patients, and the risk to the healthcare practitioner, where Prof Henry Lerm, Chairperson-Legal of the South African Medico Legal Association, addressed the SASCI and ISCAP audience. Prof Lerm highlighted the fact that, even though we do not have all the answers now, South African Healthcare Practitioner's need to develop an advanced care/risk plan for dealing with pandemics in future. Thank you to Dr Sajidah Khan for moderating this webinar and to Vertice Medtech for their unconditional educational grant and support. This webinar had a tremendous turnout of 350 delegates.

SASCI, CASSA and Paediatric Society Webinar

The SASCI collaborative Webinar with the Cardiac Arrhythmia Society of Southern Africa and the Paediatric Society of South Africa was held on 22 July. We had the privilege to host Dr Kim Rajappan, a consultant cardiologist and electrophysiologist at the John Radcliff Hospital in Oxford, England, who spoke on approaching the COVID-19 peak and what to expect in your arrhythmia patients. Prof Lindy Mitchell, a paediatric cardiologist at Steve Biko Academic Hospital and secretary of the Paediatric Society of South Africa, spoke on the tragic impact and effects of COVID-19 due to the delayed treatment of children with congenital heart disease.

Thank you to Prof Ashley Chin, President of CASSA, for moderating on the call and for Vertice Medtech for their continued support. This meeting was well attended by over 230 delegates.

SASCI - Solution for Calcium – Webinar

SASCI Vertice Webinar on Solutions for Calcium was held on 28 July. During this webinar we were privileged to hear from international and local cardiologists on their experiences, and varied approaches to dealing with calcified arteries. Prof Anthony Gershlick, a cardiologist at Leicester's Hospitals UK, who was a visiting expert to South Africa in 2019, presented alongside Dr Pieter Van Wyk and Dr Farouk Mamdoo, with Dr Dave Kettles as moderator. We had a great turnout of 240 delegates. Thank you to Vertice Medtech for sponsoring these webinars.

If you have missed any of our webinars, please visit the SASCI Website to listen to the recordings made available within 10-day of the event.

The new Cardio Fellows Summit Webinar Series

SASCI is passionate about educational programmes but cognisant of the fact that Fellows in training receive majority of their education at work. We therefore have to be innovative, to design something tailored that would supplement this and provide an opportunity for them to network and get a bit of cross-pollination from their peers at other institutions. The result is the Cardio Fellows Summit Series of webinars. The format was designed in collaboration with Prof Jean Marco (Founder and Honorary Chairman of PCR) to centre around practical case presentations, and interactive discussions with a focus on decision making and individualised patient care.

The first webinar of the series was hosted on 21 September by Prof Jean Marco with Dr Hellmuth Weich (Tygerberg Hospital) as moderator. The 65 Delegates included Fellows and early-career cardiologists from South Africa, Ethiopia, Kenya, Nigeria, Sudan, Tanzania, Uganda, and Zambia as well as France.

Each webinar will feature an international expert supported by an experienced South African colleague (to help ensure applicability and audience participation) as well as a panel of senior Fellows to participate in the discussions. In addition to Prof Marco, we have Prof Simon Redwood and Prof Anthony Gershlick confirmed as faculty of the series. We are extremely excited

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about this new webinar series and will proceed with this project beyond the COVID-19 pandemic. The next 3 webinars will be hosted end October, November 2020 and January 2021.

SASCI Collaborative Webinars

Renal Denervation Webinar

A SASCI collaborative Webinar, with Medtronic and PASCAR, on Renal Denervation. The international faculty included Dr Justin Davies (Cardiologist at the Imperial College London, UK) and Dr Jose Antonio Donaire (Nephrologist at the European University of Madrid, Spain). Dr Mohamed Kurdi (Interventional Cardiologist & President of the Saudi Cardiac Interventional Society in KSA), was the moderator for the webinar with Dr Iftikhar Ebrahim (Cardiologist at Netcare Unitas Hospital, Pretoria, South Africa) representing South Africa as part of the panel. This 2-part webinar took place on 28 and 29 May 2020, with great attendance from across Africa, Europe, UK, Middle East, and Asia.

Pan-African Association of Structural and Coronary Intervention Webinar

Pan-African Association of Structural and Coronary Intervention (PASCI), an affiliated group of PASCAR, hosted a Webinar on "How I moved my practice to complex intervention", with Prof Farrel Hellig (South Africa) as key faculty, and Dr Mohamed Jeilan (Kenya) and Dave Kettles (South Africa) as moderators. The panel included Drs Emmy Okello (Uganda), Awad Mohamed (Sudan), Habib Gamra (Tunisia) and Ahmed El Guindy (Egypt). Following an insightful lecture from Prof Hellig, questions from the delegates led to excellent discussions.

This Pan-African Webinar hosted more than 110 delegates from 20 African countries, as well as from as far afield as Europe, UK, and the USA. This webinar was made possible by unconditional support from Boston Scientific and Medtronic.

SASCI Annual Fellows Workshop 2020

With the current COVID-19 pandemic and government regulations, the Fellows Workshop Organising Committee had to move this longstanding educational initiative to later in 2020 (14 and 15 November), and we plan for a hybrid meeting offering both face-to-face attendance, as well as joining remotely from different centres in South Africa (and even other African countries) through a webinar offering. A benefit is that virtual presentations will also expand our faculty reach to include international and other African countries. The academic content will be developed by the SASCI Executive under Convenorship of Drs Jean Vorster, Graham Cassel and Hellmuth Weich, in collaboration with the Society for Cardiovascular Angiography and Interventions (SCAI is the SASCI equivalent in the USA).

Hellmuth Weich, President, SASCI

SASCI PRIVATE PRACTICE COMMITTEE

PPC, Legal and Regulatory Update

SASCI PPC with substantial support from Tom Mabin (as consultant) and Karen van der Westhuizen (coding expert) has been extremely active during 2020. The committee includes Jean Vorster (Chair), David Jankelow, Andrew Thornton, Helmuth Weich, Dave Kettles, Gavin Angel, Graham Cassel, George Nel, Wihan Scholtz, Ebbie Iheanyi and Elsabe Klinck with an open invitation to others to contribute.

Competition Commission Health Market Inquiry Report

Competition Commission Health Market Inquiry Report was issued end 2019. The report highlighted that the recommendations from the HMI should be implemented before NHI is implemented. The HMI Report also advises Government that collective bargaining (of fees) which was previously not allowed by the competitions Act, should be allowed. This is however only a recommendation at this stage.

A number of health-related issues, that SASCI felt were relevant to our members, were due to be presented to Parliament or Government Departments. Therefore, with input from legal experts, we drew up and submitted formal comments for consideration:

NHI Bill

The objective of the NHI Bill is to provide universal access to quality health care for all South Africans, as enshrined in the Constitution. The Bill is currently before Parliament. However, the COVID-19 pandemic has had an impact on the expected timelines set out for the parliamentary processes on the Bill. Parliament took a decision (sometime in April 2020) to suspend the programme of the National Assembly and the National Council of Provinces in the interests of social distancing. Though the national legislature seems to have found a continuity plan, there are expected delays in the enactment of this Bill. However, it cannot go without saying that South Africa's health system has been in the spotlight, but the focus has intensified and will continue to do so as the country fights the COVID-19 pandemic.

SASCI submitted comments on the NHI Bill in November 2019 and continues to monitor the legislative environment for further developments.

Draft Public Procurement Bill

It seems that, the Draft Public Procurement Bill of 19 February 2020 (Bill) is National Treasury's response to the obligations set in section 217 of the Constitution, by regulating public procurement. By the nature of the activities of SASCI members, in particular, many procedures are technical in nature and require the utilisation of a large variety of technical equipment and devices, including various components of equipment for vascular interventions, structural heart interventions, various pace-maker components, etc. These usually have highly technical specifications and SASCI was anxious that procurement of these items is made under the guidance of experts in the field, hence the commentary submitted by SASCI to the National Treasury on 30 June 2020.

This Bill is meant to consolidate all public procurement legislation and to streamline the legal framework in which the government can procure goods, services, and infrastructure. Furthermore, the Bill purports to address seemingly contradictory legislation, and to address the justiciability of various instruments published by the National Treasury. As it appears, the Bill sets out to provide practical guidelines for the implementation of procurement rules.

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National Multi-sectoral Strategic Plan for the prevention and control Non-communicable Diseases, 2021 - 2026

Non-Communicable Diseases (NCDs), pose one of the biggest threats to health and development globally, particularly in low- and middle-income countries. The National Strategic Plan seeks to direct the actions that will be undertaken between 2020 and 2025 across sectors to redress and to reverse the growing threat posed by NCDs. The overarching objective of this Plan is to prepare the country for reaching the Sustainable Development Goals related to NCDs (to reduce, by one-third, premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and well-being by 2030 (Goal 3.4)

SASCI is of the view that there are flaws in the National Multi-Sectoral Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2021 - 2026, which need to be addressed. Consequently, SASCI submitted comments to the National Department of Health on 31 July 2020.

We thank Ebbie Iheanyi (lawyer at EKA) for her diligent and professional legal services, as well as Dr Tom Mabin who continues to contribute substantially from the health practitioner perspective.

SASCI Interaction with Funders

Discovery Health CAD Programme for 2020

Discovery Health Coronary Artery Disease (CAD) Care Governance Initiative negotiations are underway with SASCI. There is a review of a draft proposal underway that is aimed at regulating the possible relationship between the individual practices which opt to participate in the programme and Discovery Health. There have been lessons learnt from the previous CAD agreements with Discovery Health, which necessitated a review of the contract. There have, furthermore, been learnings from the Discovery Health forensic audits on individual practices which had to be factored into the contract. SASCI will continue to work towards ensuring that our members interest is professionally represented to the ultimate benefit of your patients.

Medihelp TAVI case

SASCI's complaint to the Council for Medical Schemes (CMS), in terms of section 47 of the Medical Schemes Act, was ruled in SASCI's favour against Medihelp. Medihelp appealed the decision of the Registrar of the CMS and SASCI is seeking a set-down date at the Appeals Committee to have the matter heard. SASCI is cognisant of the delays which have plagued the CMS of late, and which have been exacerbated by the COVID-19 pandemic. Notwithstanding, SASCI will continue to engage with the CMS to bring finality to the matter.

Medihelp vascular codes

SASCI was extremely concerned about the non-funding of vascular codes by Medihelp, which are part of the scope of the profession of cardiology, and which activities cardiologists can, under Rule 21 of the HPCSA ethical rules, perform. The blanket ban imposed on payment for these valid and legislated procedures was unique to Medihelp and SASCI viewed this stance as unjustified and unacceptable. SASCI continued to engage Medihelp to resolve such matters and it appears that, after 2-year impasse, this seems to have been resolved. Members are requested to revert to the SASCI office if these codes are rejected, and should they have any other coding issues which may arise.

Whether a specialist physician can perform interventions in the field of cardiology

Medischeme was disputing payment of certain claims relating to interventional cardiology procedures on the basis that the healthcare professional was not registered as a Cardiology sub-specialist, but rather as a general Physician (018). Cardiology seems to only have been recognised as a sub-specialty by the HPCSA in the mid-1980s and, up to that time, all that was

required to practise cardiology was 2 years cardiology training in a recognised training facility, after registering as a physician. Such a generation of practitioners were recognised as cardiologists but were not registered as such by the HPCSA. SASCI's view was that, should the General Physician be trained and experienced in rendering the specific services, it would be irrational and unreasonable to prevent the healthcare professional from undertaking such services, in particular where patients require access to such life-saving interventions. Medscheme was informed therefore that they cannot prohibit a professional service from being performed, however Medscheme may question the professional codes being used and the fees which the professional could charge.

All SASCI submissions can be accessed at <http://www.sasci.co.za/content/page/sasci-guidelines>

SASCI Coding Projects Overview

There are 2 major coding projects being conducted in cardiology under the auspices of SASCI PPC, with Karen van der Westhuizen (coding expert) and Dr Tom Mabin (practitioner expert) as project leads:

- The Cardiology Coding Handbook (update 2020)
- The Cardiology MDCM (Medical Doctor's Coding Manual) Coding update with CCSA2018 crosswalk

The Cardiology Coding Handbook

The SASCI Coding Handbook was created in 2014 by Dr JP Theron, et al. The purpose of the handbook is to create uniformity in coding standard procedures. This also creates a platform for communication where available codes are not sufficient.

The SASCI Coding Handbook was extensively reviewed in the past 9 months, with assistance from various private sector practitioners and coding experts. New coding scenarios were added to the handbook and the master draft document has been sent for final review. We expect to issue the updated version to be available before the end of 2020.

The review of the document entails, but is not limited to, the following:

- The handbook layout to be more user-friendly
- The coded scenarios should reflect current coding practice
- Possible clinical procedure shortfalls should be identified and address by consensus opinion

It is important to remember that the Coding Handbook is a living document. Scenarios and guidelines will be added as the need arises. Feedback from practitioners on the document is required to ensure clinical completeness and validity.

Once the Executive Committee has signed-off, and the legal opinion updated, the SASCI Coding Handbook 2020 will be ready for distribution.

The Cardiology MDCM Coding update

A completed MDCM (Medical Doctor's Coding Manual) review was sanctioned by SASCI in February 2019. CCSA2018 is used as the benchmark for the Cardiology MDCM update. CCSA2020 was released in January 2020. The Cardiology crosswalk has been updated to include the CCSA2020 changes. CCSA is the industry accepted benchmark to use when a MDCM code update is requested. The MDCM updates are approved and published by SAMA (South African Medical Association) after submission and extensive consultation. This will be the first MDCM update in cardiology since 2006, and is crucial to substantially move cardiology coding forward.

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The Cardiovascular System has now been cross walked to CCSA2020, except for the Open-Heart Surgery and Peripheral vascular system. SASCI is awaiting confirmation from the Paediatric cardiologists to update their section. New MDCM codes are proposed, based on CCSA2020 for procedures, as well as on new technology, while some MDCM descriptions will change based on CCSA2020, some will be deleted, and some will remain the same.

Meetings were held with Discovery and Medscheme to allocate resources for modelling and cost-analysis of the codes. Both meetings were very productive, and the funders expressed their gratitude for including them in the update process. Active engagement with the funders will continue throughout 2020.

SAMA staff resources are unfortunately limited as the SAMA principal has been on sick leave since the beginning of the lockdown. SAMA indicated that normalisation is expected by August, which will lead to scheduling of the next SAMA review meeting. Since the beginning of September 2020, SAMA has restructured their resources and on-line crosswalk working meetings is conducted twice a week.

The crosswalk is currently being analysed using the CCI-edits in combination with MDCM (CCI is the Correct Coding Initiative published in America to prevent unbundling or over coding). This CCI analysis will be utilised by the funders to calculate the costing of the new crosswalk. This will indicate if the crosswalk is cost-neutral to both funders and practitioners, or if the cost implication could be detrimental to either.

Please do engage with Karen van der Westhuizen (via the SASCI office if needed).

Dr David Jankelow secured an "Urgent Errata communication from SAMA that was sent to all healthcare stakeholders with regards to MDCM items 1276 and 1252". All members are encouraged to engage with SASCI and/or seek legal representation (such as Elsabe Klinck Associates), before engaging with the schemes on queries or especially audits.

Jean Vorster, Chairman, SASCI Private Practice Committee

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BRANCH REPORTS

JOHANNESBURG BRANCH

The Johannesburg branch committee remains as:

Dr A. Vachiat, Dr M. Lebea, Dr D. Jankelow, Dr R. Leibbrandt, Dr F. Mamdoo, Dr N. Tsabedze, Prof A. Cilliers, Prof P. Manga, Dr D. Zachariah, Dr P. Raphulu, Dr S. Hossein and Dr R. Dawood.

The Johannesburg branch held a Branch meeting on 6 February 2020. Further meetings planned for 2020 included the Visiting Professors SASCI meeting, a Fellows meeting and Echocardiography Mini-seminar focusing on Vascular access.

Unfortunately due to the COVID-19 pandemic, we had to cancel these meetings.

We plan to have a meeting soon to plan for further activities. A consideration will be made for online Regional Journal clubs and to continue the Fellows meeting.

Ahmed Vachiat, President, Johannesburg Branch

KWAZULU-NATAL BRANCH

A successful and well attended academic meeting was held on 12 March 2020 with Prof Greg Barsness from the Mayo clinic as visiting speaker. He gave an exceptionally informed and timely overview of management of STEMI, demonstrating a surprisingly in depth knowledge of the situation in South Africa.

No KwaZulu-Natal Branch activities have taken place since that meeting due to the COVID-19 pandemic and associated lockdown.

Plans are in place to hold a virtual meeting before the AGM in order to allow for election of a new committee and office bearers. Unfortunately, to date there has been only one nomination for the committee.

Rob Dyer, President, KwaZulu-Natal Branch

PRETORIA BRANCH

Our focus to serve the educational needs of our branch members (Cardiologist, Fellows, Allieds, EP and Surgeons) has been curtailed by the COVID-19 pandemic and lockdown preventing face to face meetings.

The new normal of Virtual meetings, made engaging on National and International platforms possible on a very frequent basis, and as such superseded organisation of local branch only focused meetings.

We hope to return to our face to face schedule early in 2021. I would like to thank Pharma Dynamics for their continued support and for making planning future meetings possible.

Please contact Joh-Ann at joh-ann.nice@medsoc.co.za or me (drioebrahim@gmail.com) if you wish to contribute at future meetings or to suggest appropriate programmes for Pretoria.

Iftikhar Ebrahim, Chairperson, Pretoria Branch

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WESTERN CAPE BRANCH

The executive committee members:

Alfonso Pecararo (President), Jane Moses and Blanche Cupido (Vice-Presidents), Bradley Griffiths (Secretary) and Jens Hinzeroth (Treasurer). Additional members: Hellmuth Weich, Charles Kyriakakis, George Commitis, Andre Brooks and Chevaan Hendrikse.

The branch has decided on quarterly meetings and 3 meetings were held in 2019:

- **September 2019:** Dr Mark Abelson discussed the current Indications for left atrial appendage (LAA) closure. In addition, researchers were invited to deliver a short presentation on their current research. Drs R du Toit and J Doubell both won complimentary registration to SA Heart® 2019 for delivering the best presentations on the evening.
- **October 2019:** Prof Simon Redwood presented the "Current status of TAVI" followed by an interactive discussion on the way forward with expanding indications for TAVI.
- **February 2020:** Prof Gregory Barsness presented the topic "State of the art STEMI care" followed by an interactive discussion regarding the challenges to STEMI care in the Western Cape.

No further meetings were held due to the COVID-19 pandemic. We aim to restart our quarterly meetings during the first quarter of 2021.

The Western Cape branch is very proud of the excellent attendance of members at these meetings and would like to thank our members and sponsors for their contribution to the success of the meetings.

Alfonso Pecoraro, President: Western Cape Branch of SA Heart®

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2020. An amount of up to R20 000 towards the travel and accommodation costs of a local or international congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel was a pioneer of cardiology in South Africa who died in April 2005. He was one of the founding members of the Cardiac Clinic at Groote Schuur Hospital and the University of Cape Town. He had an exceptional career of more than 5 decades as a distinguished general physician, cardiologist and horticultural scientist. Dr Vogelpoel's commitment to patient-care, teaching and personal education is remembered by his many students, colleagues and patients. Medical students, house officers, registrars and consultants benefited from exposure to his unique blend of clinical expertise, extensive knowledge, enthusiasm and gracious style.

A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates by regular bedside tutorials. He served as an outstanding role model for postgraduates and many who have achieved prominence nationally and internationally acknowledged his contribution to the development of their careers.

All applications for the scholarship will be reviewed by the executive committee of the Western Cape branch of the South African Heart Association. Preference will be given to practitioners or researchers in the field of cardiovascular medicine who are members of the South African Heart Association and are resident in the Western Cape.

Applications should include: (1) A brief synopsis of the work the applicant wishes to present at the congress; and (2) A brief letter of what the applicant hopes to gain by attending the relevant congress. The applicant should submit an abstract for presentation at the relevant national or international meeting. Should such an abstract not be

accepted by the relevant congress organising committee, the applicant will forfeit his or her sponsorship towards the congress. (Application can however be made well in advance of the relevant congress but will only be awarded on acceptance of the abstract.) A written report on the relevant congress attended will need to be submitted by the successful applicant within 6 weeks of attending the congress. The congress report will be published in the South African Heart Association Newsletter.

‘A gifted and enthusiastic teacher, he was instrumental in the training of generations of undergraduates.’

Applications should be sent to Dr Alfonso Pecoraro, President of the Western Cape branch of the South African Heart Association, Division of Cardiology, Tygerberg Hospital, Francie van Zijl Drive, Tygerberg 7505; or alternatively email: pecoraro@sun.ac.za.

Previous recipients of this prestigious award include Sandrine Lecour, Roisin Kelle, Liesl Zühlke and Prof Hans Strijdom.

Applications close on 31 January 2021.

A REVIEW OF THE IMPACT OF COVID-19 ON CARDIOTHORACIC SURGERY IN THE EASTERN CAPE PROVINCE, SOUTH AFRICA

This article reviews the impact of COVID-19 on the burden of cardiothoracic surgery in the Eastern Cape Province from a surgeon's perspective. COVID-19 has significantly affected the access and socio-economic burden of cardiothoracic surgery across South Africa. Resource-limited provinces like the Eastern Cape have been particularly impacted.

The burden of cardiothoracic surgical disease is broadly divided into cardiac disease and non-cardiac thoracic disease in both adults and children. Cardiac disease requiring surgery predominantly includes coronary artery, heart valve and congenital heart disease. Non-cardiac thoracic diseases include traumatic and non-traumatic diseases of the lungs, pleura, and mediastinal organs. Thoracic Mycobacterium tuberculosis infections and their complications are among the commonest infective cause for thoracic surgical interventions.⁽¹⁾

Nationally an estimated 8 400 open heart operations are conducted annually in both public and private facilities of which about 7% are conducted annually in the Eastern Cape.⁽²⁾ The province has a population of approximately 6.5 million.⁽³⁾ The estimated burden of cardiac surgical disease is not clearly defined as the epidemiology of the various cardiac surgical diseases depends on the socio-economic and demographic profile of the population.⁽⁴⁾ Only 10% of the Eastern Cape population have medical aid cover⁽⁵⁾ and over 85% of cardiac surgical interventions in the private sector are related to coronary artery disease. Over 5.8 million people in the province have no medical cover⁽⁶⁾ and depend on the public sector for cardiac surgical services specifically the Livingstone Tertiary Hospital. The bulk of non-cardiac thoracic surgical services are geared around thoracic tuberculosis, thoracic oncology and thoracic trauma.

The COVID-19 pandemic brought with it a wave of disruption to various aspects of the cardiothoracic services. The impact of this pandemic can be surmised as an interaction of 4 facets of the situation. The first facet is the COVID-19 pandemic, the second is the health system, the third facet is the cardiothoracic patient group within the general population and the fourth facet is the regulatory

reactions to the pandemic (i.e. the lockdown measures). It is difficult to describe each facet as being separate but the situation could be described as a complex interaction of these 4 facets.

As the pandemic wreaked havoc in the Northern Hemisphere, the local health systems started anticipating the worst, with a national lockdown implemented on 26 March 2020. This resulted in a total disruption of routine elective cardiothoracic services. All aspects of the cardiothoracic service were gradually decanted of non-emergency services. The anticipation was that the pandemic would arrive within a week or 2 and that all systems had to gear up to face the peak of the pandemic within about 3 - 4 weeks of the start. Anxiety and fear prevailed both among health care providers and patients. However, the pandemic had its own undefinable trajectory and the trajectory remains unpredictable to a certain extent. The extended lockdown process and pandemic progression has had major disruptions on the provision and access of cardiothoracic surgical services. It could be assumed that despite the presence of the pandemic, the number of patients who would have needed cardiothoracic surgical services may not have changed significantly from the period last year or the many successive years before that. This assumption may be based on intrinsic pathophysiologic processes that are inherently different. However, there has been an evident variation in the incidence of cardiothoracic trauma related to the changes in the lockdown regulations pertaining to alcohol availability. The assumption would centre on limited variations in thoracic oncology and coronary artery disease, rheumatic heart diseases and congenital cardiac disease that are conditions with distinct pathophysiologic processes. The estimated drop in service delivery could be equated to a drop of more than 80% over the last 6 months. There are multiple factors that have developed due to the interaction of the 4 facets described earlier.

The pathogen related factors include:

- The high infectivity rate in the general population
- The high mortality rate in high-risk patients
- The airborne and interpersonal nature of transmission

The health system related factors include:

- The reprioritisation of resources to the COVID-19 response
- The pre-emptive preparation for the COVID-19 pandemic
- The scaling down of elective operations
- The changes in referral patterns resulting from policies developed by the referring centre and those developed by the referral centre around preparedness for the pandemic
- Changes in out-patient admission policy based on screening and testing
- Changes in the in-patient admission policies based on screening and testing
- Reallocation of staff to COVID settings
- Evolution in the COVID-19 testing policies which became a moving target due to limited availability and access
- Reprioritisation of ICU beds
- Health personnel infection rates that resulted in temporary cessation of the service such as ICU and theatre
- The logistics behind cleaning areas exposed to infection
- The limitations of patient transport services related to pandemic regulations

The factors related to the cardiothoracic patients in the general population:

- Patients fear and anxiety related to presenting to health care providers
- Patients unable to afford or access transportation
- The apprehension of accessing health care due to the restrictions and logistical issues related patient visitations
- The fact that cardiothoracic patients generally present with respiratory issues and hence resulting in positive COVID-19 screening therefore requiring testing for almost all these patients

- Difficulty in evaluating excess death related to cardiothoracic conditions

The factors related to the lockdown regulations:

- Restricted movement during the hard lockdown
- Restrictions related to the institution, lifting and reinstatement of the alcohol ban which resulted in dramatic decrease, increase and subsequent decrease in alcohol-related cardiothoracic trauma
- Lockdown related drop in general practitioner activity and referrals
- Lockdown related challenges related to access to healthcare services, including limited availability of transport

There is an enormous burden of tuberculosis in South Africa and the services related to this disease may have been significantly undermined by the responses related to the COVID-19 pandemic. The impact may be as far reaching as the impact of the HIV epidemic on the burden of tuberculosis and particularly that related to thoracic tuberculosis.⁽⁷⁾ This could result in a significant long term impact on the morbidity and mortality of patients that did not receive thoracic interventions for tuberculosis during the pandemic.

Specific areas in thoracic surgery are significantly affected especially related to diagnostic work around tuberculosis and lung cancer. Because the symptomatology of these conditions overlap with those of COVID 19 these patients are usually screen positive for COVID-19 and hence require a COVID test before any further intervention can be instituted. Cardiothoracic surgery brings with it significant occupational risk associated with potential exposures during diagnostic bronchoscopy procedures,⁽⁸⁾ lung resection surgery and the insertion of intercostal drains for pneumothoraces. The COVID-19 pandemic has also increased the risk of ICU related thoracic complications such as pneumothoraces and tracheobronchial abnormalities related to prolonged intubation.

Paediatric congenital surgery remains a challenge due to the need for hospital visitation by the parents and the risks

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A REVIEW OF THE IMPACT OF COVID-19 continued

related to COVID-19 transmission within the hospital setting through care givers.

The impact of COVID-19 is far reaching in the field of cardiothoracic surgery. The public service conducts approximately 700 cardiothoracic procedures annually and with a decline of more than 80% of the operative output of the unit it could be estimated that at least 100 cardiac patients and 250 thoracic patients have not received appropriate surgical treatment in the last six months since the start of the pandemic.

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Jithan Jacob Koshy

WEBSITE LINKS

SA Heart®	www.saheart.org
CASSA	www.cassa.co.za
HeFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (Research)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
World Heart	www.world-heart-federation.org



