

South African Heart Association November 2005

From the incoming President by Dr Len Steingo

The past few years have been successful for the association in many important spheres.

As incoming president I would like to express my sincere gratitude on behalf of myself and all SA Heart members to Colin Schamroth who has performed a sterling job sometimes in difficult situations, but always positive and with strong leadership. He has managed to deal with most situations, difficult and otherwise in a principled and ethical manner. He has been instrumental in consolidating our relationship with both the European Society of Cardiology and PASCAR.

He has also been extremely involved in attempting to solidify the relationship between SA Heart, the special interest groups and the regional branches. To this goal we have had a very positive response from nearly all the respective special interest groups and regional branches except for our surgical colleagues whom we will hopefully be able to negotiate with and come to a mutually agreeable arrangement.

I am sure that the benefits to all will be obvious and will reinforce the strengths that we have and can only serve to improve our influence and advantages to the medical and lay public. To be pedantic - unity is strength. Colin Schamroth has also played a role in attempting to make the major medical funders and organisations aware of the central and important role of the doctor when considering any health related policies. I hope that I can continue the good work that Colin Schamroth has done and again sincerely thank him for his dedication, commitment and time spent in promoting and strengthening SA Heart.

I feel it is vital that we as a cardiology and cardiac surgical community unite and move forward together rather than fragmenting our privileged combined association. The current 2004/2005 Exco and their sub-committees have likewise given selflessly and often thanklessly of their time and dedication to SA Heart and I thank them sincerely for that.

We as the Heart Association need to move forward, improve our image among the medical fraternity, medical associations and societies and be seen as a driving force and influential organisation. We need to build the SA Heart Association' image among both the medical and lay public. We should be influencing health funders and medical associations and not vice versa. We should in the long term not allow these bodies to dictate to us.

I feel with all the above in mind we should never forget that our prime aim and function should be to promote cardiovascular health and maintain very high academic and ethical standards. We should remain at the forefront in the prevention and treatment of cardiovascular disease primarily in South Africa but importantly also in the rest of Africa.

I believe that we should initiate a system of peer review in order to achieve these goals. In relation to maintaining standards and best clinical practice we should all encourage and be more involved in academic training of new and upcoming colleagues. We should be more involved in student and specialist training at the academic institutions to ensure a viable future for cardiology in South Africa.

We need to be instrumental in maintaining an academic and often necessary relationship with the pharmaceutical companies who have always been extremely supportive. Obviously this relationship needs to be fostered and always based on the current governmental limits and legal requirements. We are part of the larger South African community and as such are also committed to transformation within our society. There are members who agree with our current political transformation policies, those who strongly disagree there should be transformation and those who feel we are doing too little.

Needless to say the Exco will never satisfy everyone and I feel at present we have shown and will continue to show our commitment to transformation and find the correct balance.

I hope that in the next few years we will continue to grow and fulfil our objectives.

Wishing all our members a safe, happy and festive season - see you in the New Year!

From the Editor

By the time this newsletter is read, the year 2005 will be nearing its end. We had to accept some changes in the health environment - and try to influence and/or oppose others - probably to the benefit of our patients but also to ensure optimal medical care in our beautiful country. Thank you to all of those who contributed this year to make life better for our patients and all whom you met during the year. There is more to life than our own ambitions.

Are you still as excited about the SA Heart Congress - our congress - your congress - as you used to be? Did you participate in and/or contribute to the success of this meeting? Was your criticism coupled with positive recommendations?

I hope you found our newsletter informative. Your comments are very welcome particularly if they are accompanied by active contributions.

"Bergrhythms", the SA Heart Congress 2005, was another success story thanks to clockwork organisation by Dr Ronnie Jardine and his team. Thanks Ronnie. SA Heart, CASSA, Paediatric Cardiac Society, PASCAR, the industry and last but not least the members, associate members, non-members and families were all involved. The international speakers were all experts in their field and added much to the excellence of the presentations.

The Heart Failure Interest Group will be the next group affiliated to SA Heart. The inaugural meeting was opened by Eric Klug with Prof Karin Sliwa having been elected as the first president of this society. At this rate we will most likely have another interest group next year - something like "The Cardiac Allied Professional Group"?

The opening cocktail party started with a concert by the Drakensberg Boys choir singing modern African songs. On Tuesday night the party at the Gala dinner ended only just before sunrise in some chalets.

Atrial fibrillation was, as expected, discussed at length. Sinus rhythm is definitely better than any atrial fibrillation. Drug treatment is often not successful, satisfactory and certainly not without complications. Transvenous ablation is gaining momentum but even this procedure is not without risk.

Until the studies with ximelagatan and dabigatran are concluded, anti-coagulation with warfarin will still be necessary, mostly for life. Beta-blockers have lost their value in the treatment of hypertension, but gained value peri-operatively in protecting and controlling AF. Adequate hydration is often neglected in treating AF postoperatively.

Another subject discussed for hours was heart failure. It is not as important to choose whether therapy should start with ACE-inhibitor or an appropriate beta-blocker. The more critical decision is not to forget to start timeously with the second of the two drugs - and then add an aldosterone antagonist. ARBs are still seen as an "or" medication as the value as an "and" medication may be debated. Anti-arrhythmic medication is not routine therapy and only indicated to as appropriate therapy for pathological rhythms. CRT is now established as adding value to the therapeutic options, although its place is still an add-on after optimal medical therapy in the patients with septal dyssynchrony. Apart from revascularisation, other surgical interventions for poor LV function still need to be individualised.

Any cardiology congress needs an ECG quiz and Dr A Okreglicki came well prepared with good cases for discussion. Syncope during exercise is bad and exercise taboo until the cause is found and treated.

During the plenary session the status and future of cardiology health care was discussed. The facts are clear and mostly undisputed except at times by government. Prof D Zeffertt's evaluation should certainly be published as well as the comments by Dr Colin Schamroth. Unfortunately there was not enough time to listen to government's new plan - which was envisaged to start in 2004 but may now only start in 2006. We are no longer seen as professionals or clinical scientists, but as providers of health care - with the administrative duties that the title implies - and still have to motivate our actions after many years of training. It seems that some believe the way to rectify inequities is to degrade our (once) excellent tertiary institutions - and private health care - in order to ensure equal care to all even if this is suboptimal. Such a statement can certainly not be true and should not be allowed.

You'll find more information on the newly formed Heart Failure Special interest Group as well as the minutes of the different AGMs held during this congress in our next newsletter. SA Heart 2006 will be from 29 October -1 November 2006 at the Lord Charles Hotel in Somerset West. It will be organised by Dr Nico van der Merwe and his Bloemfontein team.

Circulatory Disorders Research Fund

The Circulatory Disorders Research Fund (CDRF) has been established to promote research into circulatory disorders related to atherosclerosis - its related risk factors and complications. Funds of up to R1 000 000 are available to research units or individuals in 2005. Any original clinical, basic science or epidemiological research related to atherosclerosis will be considered.

Applications

Applications for 2006 can be made by contacting Dr Vicki Pinkney-Atkinson - tel: (011) 706-4196 or email cdrf@hypertension.org.za

The CDRF is a unique collaboration between:

Members:

- Heart Foundation of SA
- Lipid and Atherosclerosis Society of South Africa (LASSA)
- National Kidney Foundation of South Africa

- Society for Endocrinology, Metabolism and Diabetes of South Africa (SEMDSA)
- South African Heart Association
- South African Renal Society
- Southern African Hypertension Society
- Southern African Stroke Foundation
- Vascular Society of Southern Africa (VASSA)

And the donors:

- Abbott Laboratories
- Aspen Pharmacare
- AstraZeneca
- Aventis
- Bayer
- Merck
- MSD
- Netcare
- Novartis
- Pfizer
- Sanofi-Synthelabo
- Servier
- Solvay

The Founding Members have made contributions from their Society funds.

From the SASCI Chairman's Desk by Dr Tom Mabin

The past year has seen South African Society of Cardiovascular Intervention (SASCI) Executive fulfil its mandate to establish a viable independent Special Interest Group within SA Heart Association attending to the many needs of the community of interventional cardiology in South Africa. 2005 has been an important year for SASCI with numerous initiatives coming to fruition. I would like to thank my Executive Committee for the special effort made during the year as well as Industry whom generously supported our endeavours. It is important to reinforce that all SASCI initiatives and actions should be evaluated with our stated objectives in mind.

These objectives are as follows.

1. Operate as an educational institute of a public character by means of facilitating local, national, and international meetings.
2. Promote collaboration between members and provide facilities for data collection on cardiovascular revascularisation activities in South Africa.
3. Promote research opportunities and participation in national and international trials in the sub-specialty.
4. Offer consensus on issues in the sub-specialty to professional societies, healthcare funders and industry in South Africa.

During the year SASCI has been proactive in all areas of interest with SASCI Executive Officer, Mr George Nel providing invaluable assistance in promoting our activities while maintaining a back office that ensures coordinated efforts.

The **SASCI HELPLINE** (083-458-5954) offers access to the Exco for enquiries, requests for assistance, lobbying etc. Requests are dealt with in a professional, confidential and efficient manner to provide a vital service to all.

Our aim to promote educational opportunities for our members and colleagues has seen a number of major activities in line with SASCI objectives stated in the constitution.

- The establishment of an exchange programme between SA and UK for interventional cardiology registrars. Dr Sanjay U Maharaj (University of KwaZulu-Natal, Inkosi Albert Luthuli Central Hospital, Durban) has been appointed as the first recipient of the Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention.
During 2006 an additional two National Fellowships are planned.
- Carotid Workshop (SASCI - VASSA Joint Symposium in Endovascular Therapy for Carotid Artery Disease) was held in February 2005. This collaborative meeting brought together 70 delegates from the range of specialties interested in endovascular therapy. The international speaker, Dr Peter Gaines (Sheffield Vascular Institute) and a local expert faculty provided valuable insights.
During the workshop (SASCI, VASSA and IRSSA) decided to collaborate within a formal "Endovascular Working Group" which will focus on issues such as tariffs, training, guidelines and accreditation. The working group aims to be a unified voice in the field of endovascular therapy.
- SASCI hosted a coronary and vascular workshop for registrars and junior consultants at Milpark Hospital on 7 May 2005. Twenty delegates from provincial hospitals across South Africa gained exposure through observation of four live interventional cases as well as lectures. This training initiative aimed at the public sector was made possible by the generous funding from members of the private health services sector and time allocated by participating specialists (as operators, moderators and lecturers) as well as cath lab staff. Three of the four cases were indigent patients made possible through extensive support from all sponsors and staff.
The "SASCI Coronary and Vascular Fellows Workshop" will become an annual event with a high possibility of similar additional events sanctioned by SASCI during 2006. The host site for 2006 will be Albert Luthuli in Durban.

- SASCI focus for the last quarter of 2005 will be the 3rd Indian Ocean Meeting of Cardiovascular Disease (27 November to 1 December 2005, Mauritius Island) which are jointly organised by France- Reunion, South Africa (SASCI) and Australia. An excellent and truly international faculty has been confirmed and it promises to be a great meeting in all respects. A number of our colleagues are participating in the programme from both academic and private sectors. We have received strong support from local industry and anticipate a large attendance from South Africa. *SA Heart congress in the Drakensberg this year unfortunately coincides with TCT meeting in Washington. For that reason SASCI plan to hold the AGM this year in Mauritius where we expect a greater number of our members to be present. SA Heart Congress 2006 will be held in Bloemfontein and SASCI are planning a two-day satellite meeting in conjunction with that, with live transmissions and a focused interventional programme.*
- Regular regional case presentations and meetings amongst colleagues and staff were promoted through the Cordis Breakfast Club (CBC) initiative. The aim of the CBC is to provide and foster an environment suitable for the discussion/debate of interesting case studies, allowing for contributions and learning for all, while being social. This has been a fantastic initiative providing an interactive environment for all attendees. *The CBC program will be expanded during 2006.*

Other noteworthy issues during 2005 were:

- Early 2005 saw the precipitous withdrawal of the Taxus drug eluting stent from the market on directive from the MCC. SASCI protested strongly against the manner in which this was done, without any prior warning to the Society, colleagues or the company involved. Despite repeated attempts to establish reasons for this, the MCC has yet to acknowledge these approaches by SASCI. The decision was finally rescinded two months later, without adequate explanation. SASCI have issued statements abhorring the unprofessional and ultimately illegal manner in which this was done. We believe that this cavalier attitude of individuals within the MCC is reprehensible and hopefully will not be repeated.
- We have been encouraged by the progress now being made with the database committee and hope that a working cathlab database will soon be available for all interested parties.
- The private practice committee has been active in promoting new tariffs and procedure codes with SAMA and some of these will benefit interventional activities.
- SASCI have broadly adopted the ESC guidelines on interventional procedures but have established a subcommittee to make comments according to local needs.
- We have established ourselves as the recognised resource for liaison between members and health funders for information on best practice, guidelines and tariff issues.
- Industry representation has assured a close liaison between us and we continue to actively pursue collaboration on issues of common interest. These include facilitation of education resources, advice on device applications, guidelines, liaison with hospital groups etc. We remain very grateful to the industry for the financial support received.
- SASCI membership now constitutes 70 active interventional cardiologists. We believe the survival of a strong Special Interest Group in interventional cardiology is in the best interest of all players in the field, physicians, industry vendors, health funders, hospital groups and patients. For this reason, we appeal to all to support SASCI and use us to fulfil all our objectives.

The South African Heart Association Research Scholarship

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

Requirements

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

Recommendations

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

Applications must be addressed to:

Education Standing Committee
 South African Heart Association
 PO Box 19062
 Tygerberg
 7505

The selection panel will review applications once a year. The closing date for applications is September 30 each year.

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

Applications will be assessed according to the research protocol accompanying the application. This should include:

1. Abstract (maximum 200 words)
2. Brief review of the literature (maximum 200 words)
3. Brief description of the hypothesis to be investigated (maximum 100 words)
4. Detailed methodology (maximum 500 words)
5. References

Travel Scholarship

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

Requirements

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

Recommendations

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

Applications must be addressed to:

The President
South African Heart Association
PO Box 19062
Tygerberg
7505

The selection panel will review applications twice a year. The closing dates for applications are:

- March 31
- September 30

A maximum of four scholarships will be awarded annually up to an amount of R10 000 per scholarship.