

SA HEART IN 2012

Trust that you are well and that, while you are reading this newsletter you are a subscribed, paid-up member of SA Heart. Your support is vital to empower our society to sustain and improve the environment wherein all of us pursue our careers.

United front

At SA Heart Exco's recent strategic planning workshop we determined that the need for a united front and combined effort by the entire industry is of primary importance. We are but a small group of professionals involved in numerous activities – commendable – but in dealing with role players outside the society we can be more powerful and effective as a united SA Heart Association.

You received your invoice for membership fees 2012 recently. If not, please contact our secretary Erika Dau at erika@saheart.org.

That somebody is you!

Our standing committees actively support and provide education for improved, quality patient care. SA Heart endorses these and, when dealing with regulatory institutions, we unite our actions through these. Cardiology professionals are encouraged to join SA Heart and also support the special interest groups (SIGs) related to their field.

It is heartwarming to report that our standing committees are strengthened by improved participation from the special interest groups (SIGs):

- The private practice committee (PPC) is working hard to clarify the issue of Rule G, as explained in this issue by Dr Makotoko in her letter.
- The PPC is also working to simplify the procedures for chronic medication and motivation applications. It met with the coding unit in SAMA's private practice department and attended a coding meeting. This process is functional and the only way to effect change.

Please note: If you need codes to be revised, it is your responsibility to complete the necessary motivations and contact our PPC. No codes were altered, improved or added for many years. Now is the time to change that. However, your active input is required as nothing will be done if we all wait for "somebody". That somebody is you!

- Members are increasingly dissatisfied with the required written examination for Primary Prevention ICD Management. Though all of us support proper training, this issue will be discussed by our education committee and the recommendation will be communicated to you.
- Our Guidelines Committee will review the effect of Troponin T results in patient management. I suspect Troponin T was the reason for the 2012 ACC/AHA Guidelines on Treatment of Myocardial Infarction not being ready at ACC 2012.
- Eric Klug and his team put together a fine document on SA's perspective on the European Society of Cardiology's (ESC) guidelines for the management of hyperlipidaemia. The process also involved the industry and funders and addresses many issues you all had with getting patients on appropriate therapy. Let's trust this document makes your lives as treating physicians considerably easier.

Urgent need for training

- SA Heart recognised the dire state of training of cardiologists and cardiothoracic surgeons. Five of our provinces have never been able to provide specialist cardiac care or training! In an effort to grow local expertise, the full time practitioners are torn between time required for training newcomers and their private practice which, in turn, affects the overall training and healthcare service.

Both our PPC and the Education Committee will address this matter by issuing a position statement.

It is time for SA Heart to make its voice heard on matters such as these.

Continued on page 130

SA HEART IN 2012 CONTINUED

- At present National Health Initiative (NHI) planning makes no provision for specialist and subspecialist care management issues, while some aspects of primary care also need our attention.
- We need to discuss and document our view and recommendations on the issue in collaboration with the South African Medical Association (SAMA): It is as much a society for specialists as it is for GPs. Dr Van Loggerenberg, head of SAMA's Private Practice Department, is determined to work with specialist societies to improve the environment in which we all work. SA Heart fully supports SAMA and urges you all to remain or become members as this organisation has the best potential to keep private practice functional.

Let your fingers do the walking ...

Speaking of www.saheart.org, when last did you explore your society's website? We welcome your input on topics you would like to see here. Added value is another SA Heart priority and, by the time you read this, our strategy document should be available online.

SA Heart 2012 matters

Structural heart disease is the theme of SA Heart's 2012 congress to be held from 19 to 22 July. The programme is available and offers ample opportunities for all groups to attend any of:

- 5 pre-congress workshops;
- 3 plenary sessions;
- Numerous parallel sessions on heart failure, surgery, paediatric cardiology, pathophysiology, arrhythmia and research;
- Sessions specifically aimed at the allied professionals and perfusionists; while
- Cardiac interventionalists and the surgeons will join forces in a session on TAVI and multi-vessel disease; and the
- Africa PCR educational programme starts with a bang on Friday after the plenary session.

We urge SIG members to attend the AGMs of their respective fields of interest and look forward to seeing all

of you at SA Heart's AGM. The success of our activities depends on your support and presence.

SA Heart is proud that our annual congress will be part of the 2013 World Paediatric Cardiology during February in Cape Town next year. An excellent programme relevant to all the groups in our society is on the cards. SA Heart 2014 will be organised by the KwaZulu-Natal branch under the expert guidance of Prof D.P. Naidoo.

Enjoy your newsletter. We encourage you to write to us, to send your comments on our strategy document and to also recommend which issues we should be looking into. Your active participation is vital to improving our actions. Naturally, we welcome your constructive criticism and recommendations as to how we could improve our society's efforts.

Other issues on the table

- At ACC 2012 it was clear that the USA's problems are very similar to ours. We are the only two countries in the world where private health care is superior to public health care. Mandatory minimum health insurance is not much different from our proposed NHI funding structure.
- The ACC president also recognises that our country's present health care structures are not financially viable.
- The ESC runs a "Stent for Life Programme"; America has a "Door to Balloon Programme for STEMI"; and we started a "STEMI Early Reperfusion Pilot Project". The pilot project will run in Pretoria over the next 18 months before being rolled out nationally. Generally, slow transfer to a cathlab hospital and unnecessary delays in casualty departments are cited as stumbling blocks.
- The ACC also tabled clinical trials indicating that Prasugrel is clearly better than Clopidogrel though a caution for bleeding is indicated for the elderly and patients with renal impairment, as they require monitoring. Even Ticagrelor proved to be more effective.

Patients are denied better medication due to financial constraints and inefficient marketing. For patients in shock

SA HEART IN 2012 CONTINUED

with an acute myocardial infarction the prognosis is dismal. Their only hope for survival is access to early reperfusion and LV assist devices such as the Impella.

Inotropes, particularly dobutamine, contributes to arrhythmia and high oxygen demand and does not contribute to survival.

Placing an IABP is often indicated but rarely improves survival in these patients.

Ant-Xa and ant-IIa drugs are better than thienopyridines in ACS and AMI, but patients will again be denied this therapy due to cost issues.

Visit www.cardiosource.org for more information.

Sponsorship opportunities

Once again, our industry members has the opportunity to sponsor:

- The SA Heart Travel Awards (R20 000 each);
- The SA Heart Research Grant (R50 000); and
- SA Heart Journal by taking up advertising space in the Journal.

Please contact our secretary at erika@saheart.org or our treasurer Prof Francis Smit at smitFE@ufs.ac.za.

Warmest heartfelt regards

Adriaan Snyders (asnyders@mweb.co.za)
President, SA Heart Association

SNIPPETS

The case for a second cardiologist in cathlab

It is acceptable for a cardiologist to use a second operator for PCI at his/her own discretion if he/she believes that this will improve procedural success and/or reduce patient risk. It is acknowledged that a second operator is not required for every case as a matter of routine, but SASCI cannot prescribe the frequency as to which 2 operators are/will be required. This will depend on the case mix in the context of a particular practice and/or the level of experience of an operator for a given procedure. If a funder believes a practitioner is abusing the codes by using a second cardiologist in the PCI context then the funder will need to discuss the matter with the individual practitioner in the same way that they would for abuse of any other billing codes. Opinions can be sought from SA Heart or SASCI at the funder's expense.

Dr Farrel Hellig

Troponins

The Ethics and Guidelines Committee (chaired by Dr Ronnie Jardine) is organising a Consensus Development Conference on the use of high-sensitivity troponins scheduled for 26 May.

This step is required due to an escalation in unnecessary consultations, hospitalisations and coronary angiography as a result of the use of these assays, which have a reduced specificity for acute coronary syndromes.

International expert Prof Harvey White from Auckland, New Zealand will be present as well as a panel of local cardiologists, chemical pathologists, emergency rooms doctors and industry representatives.

The aim is to compile a guideline/algorithm, which will be published and disseminated.

Dr Ronnie Jardine

POPULAR CONGRESSES FOR 2012

CONGRESS	DATE	CITY	COUNTRY
EUOPREVENT http://www.escardio.org/congresses/europrevent-2012	3 - 5 May 2012	Dublin	Ireland
HEART RHYTHM SOCIETY 2012 http://www.hrsonline.org/Sessions	9 - 12 May 2012	Boston, MA	USA
EUOPCR http://www.euopcr.com	15 - 18 May 2012	Paris	France
ANNUAL CONGRESS OF FCP OF SA - INTERNAL MEDICINE SA 2012	18 - 20 May 2012	Cape Town	South Africa
HEARTFAILURE 2012 http://www.escardio.org/congresses/hf2012	19 - 22 May 2012	Belgrade	Serbia
FRONTIERS IN CARDIAC AND VASCULAR REGENERATION http://www.icgeb.org/Cardiovascular2012.htm	30 May - 2 June 2012	Trieste	Italy
TVT 2012 http://www.tvtconference.com	2 - 5 June 2012	Westin, Seattle	USA
WEST COAST CARDIOVASCULAR FORUM http://www.cardiosource.org/westcoastforumD2	8 - 10 June 2012	San Francisco, CA	USA
CCC 2012 CARDIOVASCULAR COMPLICATIONS CONFERENCE http://www.ccc2012.eu	8 - 19 June 2012	Frankfurt	Germany
CARDIOSTIMM http://www.ccc2012.eu	13 - 16 June 2012	Nice	France
SA HEART 2012 http://www.saheart.org	19 - 22 July 2012	Sun City	South Africa
ESC 2012 http://www.escardio.org/congresses/esc-2012	25 - 29 August 2012	Munich	Germany
2ND UK-SA CARDIOVASCULAR RESEARCH WORKSHOP http://www.sascar.org.za/new.htm	15 - 16 August 2012	Cape Town	South Africa
ARRHYTHMIAS IN THE REAL WORLD 2012 http://www.cardiosource.org/Certified-Education/Courses-and-Conferences/2012	6 - 8 September 2012	Washington, DC	USA
NEW HORIZONS IN ECHOCARDIOGRAPHY Newhorizons.baraecho@gmail.com	5 - 6 October 2012	Sandton	South Africa
ACUTE CARDIAC CARE http://www.escardio.org/congresses/acute-cardiac-care-2012	20 - 22 October 2012	Istanbul	Turkey

CONGRESS	DATE	CITY	COUNTRY
APSAVD: ASIAN PACIFIC SOCIETY OF ATHEROSCLEROSIS AND VASCULAR DISEASES http://www.apsavd2012.com	20 - 22 October 2012	Phuket	Thailand
CHEST 2012 http://2011.accpmeeting.org/about/chest-2012	20 - 25 October 2012	Atlanta, GA	USA
MANY FACES OF AF franciska@cassa.co.za	Saturday 20 October 2012	Cape Town	South Africa
MANY FACES OF AF franciska@cassa.co.za	Tuesday 23 October 2012	Durban	South Africa
MANY FACES OF AF franciska@cassa.co.za	Thursday 25 October 2012	Johannesburg	South Africa
TCT 2012 http://www.tctconference.com	22 - 26 October 2012	Miami, FL	USA
EACTS (EUROPEAN ASSOCIATION FOR CARDIO-THORACIC SURGERY) 2012 http://www.eacts.org/annual-meeting.aspx	27 - 31 October 2012	Barcelona	Spain
ICI MEETING 2012 http://www.icimeeting.com	2 - 4 December 2012	Tel Aviv	Israel
EUROECHO 2012 http://www.escardio.org/congresses/euroecho2012	5 - 18 December 2012	Athens	Greece

MARK YOUR
CALENDAR

17-22 FEBRUARY 2013
CAPE TOWN, SOUTH AFRICA



cape to win 2013
6th WORLD CONGRESS
Paediatric Cardiology & Cardiac Surgery



Hosted by:



The Paediatric Cardiac Society
of South Africa



www.pccs2013.co.za

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

Education and training

CASSA in its dedication to education and training have the following educational programmes lined up for the rest of 2012:

The Many Faces of AF National Symposium

Due to the success of the Atrial Fibrillation symposium held in 2010, CASSA has decided to conduct a follow-up this year. Drs Neil Sulke (Eastbourne, UK) and Prof John Fisher (Editor of PACE) have been invited as key note speakers for this event.

The Many Faces of AF Symposium will take place in October 2012 with meetings on:

- Saturday 20 October: Full day meeting, Cape Town
- Wednesday 24 October: Dinner meeting, Durban
- Saturday 27 October: Full day meeting, Cape Town

The following topics form part of the provisional programme which will be case-based and interactive:

Epidemiology of AF	Takes a look at age, gender and possible pathogenic associations (e.g. hypertension, heart failure and metabolic syndrome).
Pathology of AF in the atrium and ventricle	Aims for an improved comprehension of the progression of AF as so succinctly demonstrated by Allesi. The purpose of this lecture will be to correlate pathology, time progression in AF and the types of AF.
Consequences of AF	Address the effects of heart failure, stroke, ischaemic emboli, and mortality on overall quality of life.
Treatment methods	<p>Rhythm control: The current status of anti-arrhythmic drugs and ablation; the “when, where and why” of cardioversion; and treatment of the underlying condition are highlighted.</p> <p>Rate control: Provides indicators for lenient or strict measures and also questions if biventricular pacing is always required in AV nodal ablation.</p>
Anti-coagulation	Reviews the type of patient requiring drugs (CHADS/CHADSVASC), Warfarin, new anti-coagulants and the current and possible future role of devices. The role of physiotherapy in preventing the elderly from falling – thus making the use of anti-coagulant drugs much safer – is also discussed.
The acute stroke	Attendees will hear from a neurologist when to anti-coagulate and how to dispense.
AF in particular situations	Discusses valvular disease, acute heart failure (AHF), hypertrophic cardiomyopathy, pregnancy, the sick and frail elderly, post-operative AF and WPW with AF.

CASSA CONTINUED

SA Heart 2012

As is the case every year, CASSA will once again be involved in the academic programme of the South African Heart Association's annual congress.

The following sessions are being planned:

- Wednesday 18 July, Johannesburg: Dinner meeting with Prof Karl-Heinz Kuck where he will be showcasing some of his more challenging EP cases;
- Friday 20 July, Sun City: CASSA parallel session where Prof Kuck will give two 30 minute lectures and afterwards comment on cases presented by local electrophysiologists.



members to use this resource which is for CASSA members only. If you are not a CASSA member yet, join today!

More details on CASSA's medico-legal support can be found on the website.

CASSA is joining forces to educate GPs around the country on atrial fibrillation.

General practitioners

CASSA is joining forces with 2 of our corporate members. Medtronic and Boehringer-Ingelheim to educate GPs around the country on atrial fibrillation.

Medical aids

CASSA will again be represented at the Medical Advisors Group's annual congress in Cape Town in August. Here we will get the opportunity to train the medical advisors of most of our country's medical aids on heart rhythm disorders and the respective treatment protocols.

CASSA has been interacting with some of our big medical schemes and administrators to ensure funding for cardiac rhythm treatment.

The society also has strong medico-legal support systems in place, including legal advice, and support from the Council of Medical Schemes. Our Exco invites all our

ICD accreditation

Accreditation for ICD practitioners is proceeding and the first CASSA test will be taken at the upcoming SA Heart Association Congress at Sun City in July.

More exciting developments with regards to accreditation are that the EHRA expressed an interest in partnering with us to provide training to ICD practitioners. Details will follow once negotiations between CASSA and the EHRA have been finalised.

For more information on any of the topics above,
please contact Franciska Rossouw at
082 806 1599, email franciska@cassa.co.za or
visit www.cassa.co.za.



The contract between the organisers of the biggest event in heart health to be held on the African continent yet, was signed early in April.

The 6th World Congress of Paediatric Cardiology and Cardiac Surgery will take place at the Cape Town International Convention Centre (CTICC) in February 2013. Held every 4 years, this international congress is the world's largest and most prestigious international scientific and academic meeting of experts in heart disease in children. It is the first time that the congress will be held on the African continent. This congress will also incorporate the annual congress of the South African Heart Association and thus be of equal interest to paediatric and adult cardiologists. Close to 4 000 delegates are expected to attend.

The delegates, their accompanying persons and an additional 1 000 persons involved in the industry exhibition at the congress will generate an expected daily spend of at least R2 500 per person. This represents a significant injection of foreign currency into the domestic and national economy.

"The support we received in the bidding process was vital to our success," said Dr Christopher Hugo-Hamman, chairman of the organising committee. "On the medical front, the South African Heart Association and the Pan African Society of Cardiology (PASCAR) backed the bid. We also received vital political support from the City of Cape Town, the Provincial Government of the Western Cape and the Department of Health's Minister Dr Pakishe Aaron Motsoaledi and his team."



Joey Pather and Dr Christopher Hugo-Hamman.

Half of South Africa's population are children, and one in every 100 live born babies has a heart abnormality.

"An Audit of Paediatric Cardiac Services in South Africa published in 2011 found that over 70% of children born with congenital heart disease have no access to life-saving heart surgery," says Dr Hugo-Hamman. "This means only 1 300 (28%) of 4 500 diagnosed children can receive this surgery annually. The conference will play a vital role in both highlighting these issues as well as finding innovative solutions. We believe it will motivate government to develop human resources and infrastructure to better reach international norms and standards for cardiac care."

A congress of this nature could not take place without financial assistance from industry and from civil society. The World Congress 2013 has made application to the National Lottery Board and has already received generous financial support by way of major educational grants from national and international organisations, including Netcare, Medclinic, Pepsico, BEO and the Department of Health.

For further information about the conference, visit www.pccs2013.co.za.

JOIN US IN OUR RACE FOR PACE!

PACE (Prevent Arrhythmic Cardiac Events) - a Patient Advocacy Group focussed on heart rhythm disorders – is planning an educational fundraiser during International World Heart Rhythm Week from 21 to 27 May.

We plan to run and/or cycle from Port Elizabeth to Cape Town to raise awareness of heart rhythm disorders and the potential consequences. En route PACE will be visiting schools, old age homes and retirement villages to educate and also screen children and the elderly for possible heart rhythm disorders.

PACE aims to create awareness, provide support and assist with research and the screening for arrhythmias (heart rhythm disorders).

The aim with this educational fundraiser is to create awareness with people who may have arrhythmia of the risks, including Sudden Cardiac Death (SCD).

Most people are unaware that a simple portable medical device can counter this life-threatening condition. By means of the AED (Automated External Defibrillator) an electrical shock is administered to a patient experiencing a life

threatening, abnormal heart rhythm. The shock restores the heart's rhythm to normal and thus helps to save a life.

This lifesaving device is not funded by our medical aids and, at around R15 000 each, the device can often not be afforded by most families at risk. The race aims to raise, via our Patient Fund, much-required funds to assist needy families.

You can contribute via:

- A donation to the PACE Patient Fund for families in need;
- Sponsoring one or more race participants - forms are available from our office;
- Volunteering to participate in the RACE FOR PACE; or
- SMS the word PACE to 35002. An SMS will cost R3 of which a portion will go to the PACE patient fund.

Do remember that no contribution is too small (or too big)! We thank you in advance for your generosity.

For more information, please contact Franciska Rossouw at 082 806 1599 or paceafrica@gmail.com.

SNIPPETS

Rule G

South Africa has adopted the AMA's (American Medical Association) CPT coding structure. In this coding system, surgical procedures have, what is called a global period, described as part of a "package fee" including the bills for pre-op care, the operation itself and uncomplicated post-op follow-up care within a stipulated period. If one looks up a procedure in the Complete CPT for SA book (CCSA 2012) and Rule G applies to that procedure, it means that a global period has been included. The manual also states that diagnostic procedures do not have a global period and therefore, Rule G does not apply.

Angiograms, (and puzzlingly so), angioplasties and thrombolectomies do not have a global period! Most electrophysiology procedures do not have a global fee. Pacemaker implantations are subject to Rule G. Bypass tract ablations do have a global period.

The implication is that the fee, as it stands, has taken the follow-up consultation into consideration. The coding system is the only one in use in our country. We cannot change the CPT book because we (SAMA and therefore South Africa) have adopted it in total, but the way forward is to increase the RVUs per procedure in order to have a fair remuneration to the doctors who do these procedures with a global period.

Dr Makoali Makotoko

THE LAUNCH OF INTERVENTIONAL SOCIETY OF CATHLAB ALLIED PROFESSIONALS

We have arrived!

I would like to thank SA Heart and SASCI for allowing us the opportunity to form the Interventional Society of Cathlab Allied Professionals (ISCAP) as an active working group of the South African Society of Cardiovascular Intervention (SASCI), with members from the Cath/EP/Hybrid labs in South Africa and Namibia.

ISCAP mission

ISCAP is dedicated to enhancing standards and training of its members to help reduce the impact of cardiac and peripheral vascular disease, thus improving the quality of life of the South African population.

ISCAP vision

To compile a course that is recognised by the SA Nursing Council (SANC) within 5 years.

ISCAP has set the following goals to:

- Establish a SANC accredited certificate for registered nurses;
- Provide allied professionals with a legitimate, cohesive voice;
- Create a platform for allied professionals to collaborate and to work as a team, ensuring best practice in all aspects;
- Offer allied professionals the opportunity to attend and present training courses designed to meet their needs, thereby ensuring best patient care;
- Collaborate with other like minded societies; and
- Promote and generate research in the cathlab environment.

To achieve our goals some of our planned activities aim to:

- Start monthly meetings to consolidate the gains and maintain momentum;

- Form and develop committees in the different regions throughout the country;
- Compile a training manual for cathlab staff;
- Attend Annual General Meetings with SASCI;
- Contribute to SASCI's newsletter; and
- Participate in research projects.

The ISCAP Exco and members with assistance from industry are currently rolling out the Cuppachino/Cupcake/Cathlab Campaign designed to recruit new members for SA Heart and SASCI. Our aim is to have 200 members before the SA Heart Congress in July 2012!

Our achievements to date!

- Two ISCAP members represented our society during a SASCI teleconference in November last year;
- First contribution to SA Heart/SASCI's newsletter in March 2012;
- Industry members met with SASCI President Dr Farrel Hellig and the ISCAP committee to confirm their support to both the concept and funding of ISCAP (March 2012);
- The ISCAP committee met with Unit Managers from hospitals all over South Africa, at Sunninghill Hospital



The launch of ISCAP.

ISCAP CONTINUED



(March 2012). With industry assistance, unit managers were brought from Cape Town, Bloemfontein, Port Elizabeth and Durban, totalling 15 nursing sisters, 4 members of Exco and 3 industry members. Dr Farrel Hellig opened the meeting, and ISCAP's concept, goals and recruitment roll out plan were discussed. Regional committees, training days, training manuals and sponsorships were amongst the many topics covered - it was an incredible success! Another 3 meetings are planned for 2012.

- ISCAP also plans a programme on radiation controls and safety for the SA Heart Congress 2012 in July. ISCAP members and various other speakers will present talks, which we expect will be very popular.

Conclusion

Our main objective is to reach as many Cathlab/EP lab personnel as possible and to remain in continuous contact with them. At present our email address is sasci@sasci.co.za or we can be contacted via SASCI's website www.sasci.co.za. We will also investigate the effectiveness of Twitter and Facebook accounts.

These are but some of the tasks we need to address to ensure the sustainability of our new group and Cathlab/EP labs in the future.

Please contact Sanette Zietsman at 083 253 5212 or szietsman@telkomsa.net if you need assistance for setting up regional structures or programmes.

Dianne Kerrigan - Chairperson, ISCAP
Gill Longano - Exco member, ISCAP

PROGRESS WITH ONLINE JOURNAL ACCESS

The good news to SA Heart members is that our online journal library is up and running! We started with Circulation and Current Opinions in Cardiology, both Ovid; Wolters-Kluwer publications. Your user IDs and passwords have been sent to you and should provide the required access.

We have secured a further 8 titles for a 2-month trial from Elsevier (via Science Direct), namely Lancet, Annals of Thoracic Surgery, American Journal of Cardiology, Journal of the American College of Cardiology, Progress in Cardiovascular Diseases, Journal of the American Society of Echocardiography, Journal of Thoracic and Cardiovascular Surgery and American Heart Journal.

At present we need different user-names and password for access, but this is merely temporary and will be rectified once we subscribe.

Please watch out for an email with your temporary personal log-in to these publications. The Society still needs to decide which of these publications are vital to our members apart from the Wolters-Kluwer publications we are already subscribed to.

Initially we aim for at least Lancet, JACC and a few others. Cost is the limiting factor and we are still discussing pricing with the publishers. We plan to grow the library over time.

You need to fill out the accompanying form to join SA Heart's library. Annual subscription is R1 500 - a small amount compared with individual subscriptions.

Go to www.saheart.org, and click on "Journal access for members" to find the list of journals and click on the name of preference.

Please contact me David Jankelow, (secretary) at 082 452 0403 or djankelow@icon.co.za should you have any queries.

Happy reading!

SUBSCRIBE TO ONLINE JOURNALS NOW

SA Heart's Exco started negotiations with publishers for online access to a number of journals to build an online library for our members last year. At the 2011 AGM in October we showcased the first online journals. We have since expanded the choice and envisage expanding the selection even further. SA Heart members have free access to these journals via our website www.saheart.org at present.

However, free access is for a trial period only that will end on May 31st. Despite generous industry sponsorships to kick start the project, this service is expensive and support from participating members is necessary. Should you wish to sign up for continued access to our online library, please sign the form and fax it to our office at (021) 931 8210.

This service is only available to paid-up members of the SA Heart Association and the subscription fee is R1 500 per annum. On sign up you will be invoiced. Once the subscription is paid, your access will be activated and passwords confirmed. We require a valid personal email address for this purpose.

Please be reminded that the publishers have agreed to this package only upon condition that passwords are not spread

as they will be monitoring usage. Should they be of the opinion that members are abusing the system by sharing access codes, they will no longer supply this service to SA Heart.

The journals currently available are:

- Circulation
- Current Opinion in Cardiology
- American Heart Journal
- Journal of Thoracic and Cardiovascular Surgery
- Journal of the American College of Cardiology
- Journal of the American Society of Echocardiography
- Progress in Cardiovascular Diseases
- The American Journal of Cardiology
- The Annals of Thoracic Surgery
- The Lancet



David Jankelow
Secretary

SA Heart members have free access to these journals via our website at present.

Please fax to SA Heart office at (021) 931 8210

I, _____ hereby declare that I want to sign up for the SA Heart online library and acknowledge that I am aware that I will be billed R1 500 for this service which will be added to my annual SA Heart subscription fee until I cancel my subscription in writing.

My email address is _____

Signature _____

THE HEART FAILURE SOCIETY OF SOUTH AFRICA NEWS

HeFSSA (The Heart Failure Society of South Africa) is constantly working towards reaching our goals for 2012. In partnership with corporate members AstraZeneca, Medtronic, Merck, Pharma Dynamics and Servier we want to ensure we meet our mission statement goals to promote education, research and collaboration on issues relating to heart failure in South Africa and around the world.

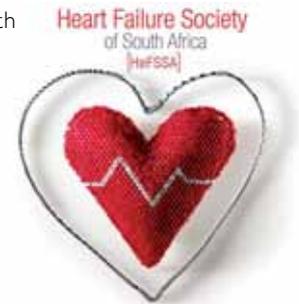
The HeFSSA Exco consists of Prof Karen Sliwa (President), Drs Eric Klug (Vice President), Martin Mpe (Treasurer), Cristina Radulescu, Darryl Smith, Prof Obel, Jean Vorster, Tony Lachman, Jens Hitzeroth and Prof Sandrine Lecour and industry representatives, Luigi Zampieri and Patricia Magagula. We are extremely grateful for their dedication to the Society.

Our HeFSSA website www.hefssa.org has the latest news, publications and general information regarding upcoming events that might be of interest to you. Our Exco also contributes continuously to ensure content stays relevant and interesting.

HeFSSA has submitted a "position document" of the Society's view with regards to Discovery's guidelines on the use and role of Ivabradine in chronic heart failure. In this way, we as a medical society plays a vital role by serving as a reference point for funders and other medical professionals.

Our Exco has established the HeFSSA Travel Scholarship and considers this form of support part of our contribution

towards optimising patient health care as well as enhancing and furthering much-required local expertise on the topic of heart failure in our country. The full programme is published elsewhere in this newsletter.



Prof Karen Sliwa represented HeFSSA at the Physicians Conference in Cape Town from 24 - 26 February recently, a meeting attended by more than 100 physicians. The HeFSSA sponsored session covered acute and chronic heart failure, diastolic dysfunction as well as the management of heart failure during pregnancy. Our heartfelt thanks goes to corporate members Servier, Merck and Medtronic for their sponsorships.

HeFSSA has been approached by McMaster University/PHRI to contribute to the Inter-CHF study. Details of this study on the management of heart failure will be presented at our HeFSSA meeting in July.

The impact of this study is comprehensive and extensive and will:

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

Such information will also be critical for the development of locally sensitive guidelines, research programmes, and possible policies and interventions.



Inter-CHF study

HeFSSA NEWS CONTINUED

The following programmes are also on the agenda for this year:

SA Heart 2012 Congress

The 13th annual congress of the South African Heart Association will be held at Sun City from 19 - 22 July 2012. The theme of Structural Heart Disease gives ample opportunity for everybody involved with cardiac care to participate. HeFSSA is involved on the following days:

HeFSSA cardio update for non-cardiologists from 11:00 - 17:00 on 19 July 2012

HeFSSA invites you to attend the Cardio update for non-cardiologists on the day preceding the SA Heart Congress 2012. This programme is proudly sponsored by AstraZeneca and thus we can offer it at no charge to medical practitioners. Please find our HeFSSA office contact details below.

Workshop 2: Cardiology update for the non-cardiologist

Chairpersons: Dr M. Mpe & Dr C. Badenhorst (SA)

11h00 - 11h30 Lipid guidelines (SA)

11h30 - 12h00 Optimal cardiovascular management around the time of non-cardiac surgery

12h00 - 12h30 Basic mechanisms of vascular disease in Diabetes Mellitus

12h30 - 13h00 Use of the hand-held echocardiography as a screening tool

13h00 - 14h00 Lunch

Chairperson: Dr N. van Rensburg

14h00 - 14h40 What is current best treatment for hypertension? (SA guidelines)

14h40 - 15h00 Treatment for diastolic heart failure

15h00 - 15h20 Cardiovascular risk assessment: How effective is it?

15h20 - 15h40 Hypertensive heart disease

15h40 - 16h00 Chemotherapy and the heart

16h00 - 16h20 Dangerous signs on resting ECG

16h20 - 17h00 Is there a limit to LDL reduction?

HeFSSA NEWS CONTINUED

Acute Heart Failure: From bench to bedside from 14:00 - 17:00 on 21 July 2012

HeFSSA has, in collaboration with SASCAR, organised a parallel session.

Parallel session 2: SASCAR/HeFSSA workshop: From bench to bedside

Chairpersons:	Prof K. Silwa & Prof S. Lecour (SA)	
14h00 - 14h30	Histology and biomarkers in viral myocarditis	Prof L. Cooper (USA)
14h30 - 15h00	Biomarkers in heart failure: BNP and beyond	Prof H. Katus (Germany)
15h00 - 15h30	Microparticles as a new biomarker for heart failure	Dr K. Bachelier (Germany)
15h30 - 16h00	Metabolic changes in acute heart failure	Prof L. Opie (SA)
16h00 - 17h00	Abstract presentations	Speakers TBA

‘HeFSSA’s aim has always been to educate as many general practitioners as possible.’

To register for SA Heart’s congress and for more information, go to www.saheart.co.za.

During the GP workshops HeFSSA’s aim has always been to educate as many general practitioners as possible on heart failure and general cardiology. This year we will cover acute and right heart failure with aspects of chronic heart failure added. The meetings are scheduled from August to November in Nelspruit, Cape Town, Durban, Pretoria, Port Elizabeth, Secunda, Johannesburg, George, Rustenburg, East Rand, Bloemfontein, Potchefstroom and Windhoek. More details will become available on the HeFSSA website as arrangements are finalised.

We can only achieve these goals thanks to our loyal corporate members’ generous educational grants and, once again, our sincere appreciation goes to AstraZeneca, Servier, Pharma Dynamics, Medtronic and Merck.

If you need more information on these events or want to participate in any of the programmes, please contact:

George Nel: info@hefssa.org or 083 458 5954

Sanette Zietsman: zietsmans@vodamail.co.za
or 083 253 5212

HeFSSA TRAVEL AWARD

“Enhance Heart Failure Management in South Africa”

Introduction

The Executive committee of HeFSSA has established the Enhance Heart Failure Management Award. HeFSSA considers this initiative as part of our contribution towards optimising patient health care and promoting local heart failure expertise. We hope that the information gained during this event and the possibility to share your experience and open a dialogue with other specialists will broaden all our knowledge with regard to new therapies in heart failure. We also hope that this experience will help you to develop educational programmes at your medical institution and/or to share the acquired knowledge with your patients and colleagues.

Value

The grant is valued at R50 000 (fifty thousand Rand) – to be utilised towards airfare (economy class), congress registration, and accommodation expenses. The grant is limited to a maximum of R50 000 and only 1 (one) award will be awarded per annum.

The successful recipient is liable for all payments towards general expenses and airfares him/herself in advance, and can then claim them back from HeFSSA after submitting the necessary proof of payment and appropriate receipts. A recipient will be refunded immediately on receipt of these expenses.

Eligibility

Cardiologists or Physician in either the Public or Private sector can be potential candidates and they are required to be a citizen or permanent resident of South Africa. The applicant's annual SA Heart Association and HeFSSA's membership fees must be fully paid up. The Congress/ Programme/Course must be internationally or locally accredited, and to be predominantly focussed on Congestive Heart Failure.

Application procedure

Application forms are available on www.hefssa.org and must be completed and returned to HeFSSA – fax number: 086 603 9885.

Please take note of the following:

- The application form must be accompanied by the official programme Applications should be sent by email (as an attachment), in a single pdf file;
- The title of the email should read: “HeFSSA Award towards Enhance Heart Failure Management in South Africa”; and
- HeFSSA will acknowledge receipt of all applications by return email.

Terms and conditions

It is hereby placed on record that no guarantees can be given to any applicant that his/her application will be successful.

The decision in granting an award to a successful applicant will be final. No appeal process will be considered.

Applicants will be notified of the outcome within 4 weeks of application.

The successful recipient of the grant needs to take note of the following:

- An attendance certificate must be provided to HeFSSA on the applicants return;
- You are bound to provide HeFSSA with a written evaluation/review of the course/conference no later than 3 months after returning;
- Depending on the type of course/conference that the successful candidate attends, HeFSSA reserves its right to request the candidate to prepare and deliver a presentation at an appropriate forum; and
- The successful recipient is liable for all payments towards general expenses and airfares him/herself in advance, and can then claim them back from HeFSSA after submitting the necessary proof of payment and appropriate receipts. A recipient will be refunded immediately on receipt of these expenses.

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

I am pleased to report that SASCI has been very active over the first few months of 2012. I would like to thank my Exco members for taking ownership of a number of projects and commitments. My committed Exco is the reason for SASCI's success and influence.

The following are the Exco Members' responsibility allocation:

Farrel Hellig	President: Africa PCR, Funders, International Relations and Congresses such as EuroPCR
Sajidah Khan	Vice-President: Africa PCR, International Congresses, Education and Guidelines
Cobus Badenhorst	Treasurer: SHARE, SA Heart Congress 2012 and HS-Troponin guidelines
Adie Horak	Secretary: SASCI @ World Paeds Cardio Congress 2013
Graham Cassel	Ex-officio President: Africa PCR and non-invasive coronary imaging
Mpiko Ntsekhe	Academic: Visiting Professors' Programme and HS-Troponin guidelines
Chris Zambakides	Johannesburg and Academic: TAVI funding
Len Steingo	SA Heart PPC: Coding and Funders
Mark Abelson	SA Heart PPC: Coding and Funders
Dave Kettles	Eastern Cape: Fellows Workshop 2012
Jean Vorster	Pretoria: Funders

The ISCAP (Interventional Society of Cathlab Allied Professionals) representatives on SASCI Exco are Gill Longano and Liezl le Grange and the industry Exco

representatives Craig Goodburn, Salome Snyders, Rob Millar and Mariska Fouche.

Please feel free to contact either SASCI's office or to directly liaise with the appropriate Exco representative.

The first few months of 2012 have been the busiest in the society's history. We are in the midst of flux on many levels in our professional environment and the challenges are many.

Educational activities

Education continues to be one of our core priorities.

SCAI Fellows course

The US equivalent of SASCI, SCAI (Society for Cardiac Angiography and Interventions) Fellows Course is North America's premier fellows-only course designed for interventional cardiology fellows early in their training. The course provides an engaging environment in which attendees can interact directly with faculty. The curriculum offers participants a comprehensive education in core curricula, fundamental techniques and tools and representative cases that will be essential in their future role as practicing interventionalists. It also features hands-on workshops and a medical simulation training programme.

SCAI invited SASCI to nominate four South African Fellows in Interventional Cardiology to attend the SCAI Fellows Programme in the United States in 2012. SASCI has once again secured funding for the flights from Boston Scientific to Las Vegas and the SCAI offer includes registration, lodging and meals during the programme. Based on feedback from past attendees SASCI believes it would be worth for any Fellow to attend. More information can be found at <http://www.scai.org/fellows>. Fellows and Registrars need to keep an eye out for calls to departmental heads of the medical schools to nominate suitable candidates.

Visiting Professor programme

SASCI is also privileged to announce that the Chairman of PCR, Prof Jean Marco has agreed to be our 3rd annual

SASCI CONTINUED

Visiting Professor for 2012. Once again this promises to be a truly exceptional educational opportunity for all concerned.

Since retiring 3 years ago, Professor Jean Marco has been leading the strategic direction and sustainability of the EuroPCR missions and coordinated all PCR activities. One of his main passions is education in interventional cardiology and extending access to training across the globe. He is world-renowned as an enthusiastic, energetic teacher and exchanger of ideas in Interventional Cardiology with a unique ability to make the complex simple. It is this ability that the 2012 Visiting Professor Programme hopes to bring to members. Prof Marco will be in the country from 15 June - 15 August. During his tenure he will be visiting South African medical schools across the country where he will lecture to both cardiologists in training (academic sector), and doctors in private practice. Spending time with fellows in the some of the cathlabs has also been scheduled. This programme is made possible by an educational grant from Medtronic, and is managed by Exco member Mpiko Ntsekhe.

RC Fraser International Fellowship

We are really proud to announce that Dr Aine Mugabi is this year's recipient of the 2012 Boston Scientific RC Fraser International Fellowship in Cardiovascular Intervention Award. The programme is available to South African Fellows training in the public sector. Dr Mugabi will be sent to Dr Martyn Thomas (Consultant Cardiologist & Clinical Director for Cardiovascular Services) at the renowned Guy's & St Thomas' Hospital, London for a period of one month where he will have the opportunity to expand his knowledge and further his abilities. The award is sponsored by Boston Scientific.

AfricaPCR at South African Heart Association Congress 2012

The South African Heart Association Congress 2012 will be held at Sun City in the North West Province from 19 - 22 July. SASCI will partner with Africa PCR from 11:00 - 16:30 on Friday, 20 July.

At the same time AfricaPCR will be launched and, from next year onwards, it will become a standalone 2-day symposium. Africa PCR has a committee comprising representatives from all relevant stakeholders: The committee consists of Farrel Hellig (Committee Chairperson/SASCI); Sajidah Khan (Academic/SASCI); Tom Mabin (SASCI); Cassel Graham (SASCI); Cobus Badenhorst (SA Heart 2012); Ebrahim G.M. Hoosen (Paeds/Congress 2013); Mpiko Ntsekhe (Academic/PASCAR); Martin Sussman (Surgeons/SA Heart Association); Anton Doubell (Academic/SA Heart Education); Danie Marx (Academic/SA Heart Education); Hans Buyl (PCR liaison) and George Nel (SASCI).

The ethos of AfricaPCR will be that of a programme designed around the needs of South Africa and Africa as a whole using EuroPCR's educational toolbox which is at its disposal. This represents a wonderful educational opportunity for our country and it has been enthusiastically received thus far. AfricaPCR will work with SA Heart to ensure sustainable growth in our educational programmes.

SASCI Annual Fellows programme 2012

The 7th annual Fellows programme was held in East London's LIFE St Dominic's Hospital during the first weekend of March this year. My sincerest thanks to programme director, Dr Dave Kettles for all his hard work in creating a programme that challenged and educated our Fellows. The contribution of all the SASCI faculty members Dave Kettles, Farrel Hellig, Mark Abelson and Chris Zambakides is appreciated and my thanks also goes to Adriaan Snyders as President of SA Heart for his contribution. Dr Chevaan Hendricks has submitted a review which can be found at the end of this news section.

Sponsorship & support: ESC 2012 Munich congress

As an affiliate ESC member SA Heart received an offer to nominate a number of deserving young members of SA Heart (age <36) who have never before attended ESC for free registration at this year's ESC Congress in Munich from 25 - 29 August. This offers recipients the opportunity to meet with other young cardiologists from around the world

SASCI CONTINUED

and to become part of the Young Cardiologist Club. At SASCI we understand that it is not easy to find sponsorship for the associated travel and accommodation cost, but was privileged to secure the required funding from industry members. Thus, apart from the ESC waiving the registration fee, Winthrop, Pharma Dynamics and B Braun (for 1 delegate each) and Medtronic (for 2 delegates) will reimburse economy-class flights and reasonable accommodation for 5 qualifying applicants. We are proud to announce that this year's recipients are: Drs Sizwe Mthiyane, Chevaan Hendrickse, Tawanda Butau, Parmanand Naran and Pat Ntuli.

EuroPCR Programme

SASCI has established a firm position in the EuroPCR joint sessions on TAVI complications. We have collaborated with Ireland, England, Germany and France in the past and we will partner Poland this year. I thank members for the excellent attendance in the past and request that you do the same in 2012 as the session promises to be most enlightening. A number of SASCI members will also be involved in numerous other sessions at EuroPCR.

6th World Congress of Paediatric Cardiology

The SA Heart will host the Paediatric Cardiac Society of South Africa's 6th World Congress from 17 - 22 February next year. SASCI will be significantly involved in the Congress and it has been organised into five tracks which cater for various fields of interest, including:

- Cardiology and the revolution in cardiovascular imaging;
- Catheter based interventions from foetus to adult;
- Health systems and heart disease;
- Cardiac surgery and intensive care; and
- Adults with congenital and acquired disease.

From our point of view, the catheter-based interventions from foetus to adults will include live presentations, which will be augmented by a combination of lectures, debates, master classes and pre-recorded cases, spread over the five days. These cases will highlight more recent interventions,

such as transcatheter valve placements, atrial appendage ablations, and more. Invitations were extended to an excellent international faculty thus promising a most stimulating and exciting congress catering for cardiologists of both adult and paediatric patients. Adie Horak is SASCI's designated representative on the Congress Organising Committee.

‘To realise our vision to positively influence and enable cardiovascular healthcare, our Association needs to strengthen its position.’

Other activities

Report on SA Heart National council meeting

“To realise our vision to positively influence and enable cardiovascular healthcare, our Association needs to strengthen its position”. Said SA Heart president Dr Adriaan Snyders. He outlined the association's guiding principles which included fostering unity, participation, collaboration and promoting a problem-solving ethos rather than mere criticism of the organisation.

The idea of a single, united front would allow greater credibility and more leverage with regulating authorities,

Continued on page 148

SASCI CONTINUED

fundings, industry, government and the public. It was emphasised that the intention is not to diminish the stature or curtail the role of special interest groups (SIGs) but rather to build on their successes. SASCI was mentioned as an example of a highly successful SIG that should be emulated.

My sincerest thanks goes to Sajidah Khan for representing SASCI at SA Heart's NAC meeting (30 March, Cape Town) and for her summary of the proceedings. SASCI is looking forward to receiving the Minutes of the Meeting prior to issuing an official position.

Council for medical schemes - TAVI

SASCI has now reached consensus on the circumstances according to which a patient should be entitled to TAVI. We do, however, still come up against funding limitations and therefore decided to submit certain cases to the Council for Medical Schemes. TAVI is mostly declined in 2 types of cases, namely, when patients have no other alternative, or when they are operable and do have a choice.

Schemes (CMS) may rule against patients on whose behalf these cases are submitted, which means these would then have to be presented to the CMS Appeal Committee.

SASCI engages the legal opinion of Elsabe Klinck in these matters and requested this contribution from Elsabe. Please contact our office if you require assistance in this regard. We will keep members updated as matters unfold.

SASCI funder negotiations

A SASCI delegation met with Discovery Health recently to discuss the issue of TAVI funding, and a resolution in this regard is expected soon.

Len Steingo and Mark Abelson representing SA Heart's Private Practice Committee also met with Discovery to discuss coding, Rule G and chronic approval forms. All of these will be covered more extensively in the newsletter. Please read the report by Dr Makotoko (head of SA Heart Private Practice Committee) in this newsletter.

TAVI is a treatment option for some patients, and for others the only treatment option.

Legally speaking a medical scheme's decision to fund certain interventions and not others has to be based on "evidence-based medicine". According to the PMB regulations, aortic stenosis is regarded as a PMB and all PMBs should be funded in full. TAVI is a treatment option for some patients, and for others the only treatment option. In these cases, patients should be entitled to full funding for TAVI and without co-payment. If a patient is operable the scheme should recompense at least equal to the level it would have been funding an alternative procedure which would have ensured appropriate treatment. It is possible that the Council for Medical

Interventional Society of Cathlab Allied Professionals (ISCAP)

Since launching ISCAP 2 introductory meetings were held. The first was with SASCI's corporate members and the other with unit managers from various cathlabs across South-Africa. Both meetings were well attended and ISCAP is actively spreading its vision and mission. Read the full report on past and planned activities in this issue. I would like to thank SASCI's corporate members for their unconditional support of this initiative!

SASCI CONTINUED

Acknowledgements

My sincerest thanks go to our industry partners for their continued and unwavering support of our organisation its constitutional objectives. These companies have demonstrated their commitment to our society and education in South Africa: Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Boston, Cordis, Disa Vascular, Edwards, Medtronic, Paragmed, Pharma Dynamics, Surgical Innovations, Torque Medical, Viking, Volcano and Winthrop.

Farrel Hellig
President, SASCI

P.S. Please contact your Executive Officer **George Nel** at 083 458 5954 or sasci@sasci.co.za if you need any assistance or want to formally communicate with the Exco.



SASCI
South African
Society of
Cardiovascular
Intervention

ADDENDUM

7th Annual SASCI Fellows Workshop feedback - A registrar perspective

The 2012 SASCI Fellowship Workshop took place at Life St Dominic's Life Hospital in East London on the 3rd March 2012. Delegates were hosted at the East London International Convention Centre, a luxurious conference facility adjacent to the Indian Ocean.

An introductory gala dinner, attended by delegates, faculty members and key industry role players, was held at Grazia Fine Food and Wine Restaurant. A commendable cuisine menu and fine location presented an ideal platform for all to meet.

The following day delegates were transported to St Dominic's Life Hospital, and was welcomed by Dr Dave Kettles as course director and his dedicated theatre staff. The high degree of logistical planning and technical coordination needed to host such an event became immediately apparent, setting the scene for an informative and stimulating workshop. Faculty members in attendance included Drs Dave Kettles, Farrel Hellig, Adriaan Snyders, Mark Abelson and Chris Zambakides

Dr Kettles commenced the session with a live case demonstration of percutaneous coronary intervention on a bifurcation lesion. An interactive discussion with the theatre team and panel provided excellent academic and experiential insights in dealing with these complex lesions. Dr Snyders presented a lecture and live case demonstration on the "Basics of radial artery access". "An approach to chronic total occlusions" presented by Dr Zambakides and "Percutaneous intervention in acute myocardial infarction" by Dr Kettles were also presented. An actual casualty emergency involving a young patient with an extensive anterior myocardial infarction interrupted the set schedule, but provided an excellent learning opportunity for fellows. Dr Abelson concluded the session with presentations on the pioneering role of neuro-intervention in the setting of acute stroke and percutaneous atrial appendage closure.

The Cardiology Fellows acknowledge the time and efforts of Dr Kettle's and his team at St Dominic's Life Hospital, SASCI and faculty members and key industry role-players in the organisation of the 2012 SASCI Fellows Workshop event.

Dr M. Chevaan Hendrickse
Senior Cardiology Registrar Groote Schuur Hospital



YOUNG AFRICAN SCIENTISTS WORLD CONGRESS 2013 SCHOLARSHIPS

Introduction

The organising committee of the 6th World Congress of Paediatric Cardiology and Cardiac Surgery has established 20 Young African Scientist World Congress Scholarships. The intention is to increase capacity in health science by assisting young African clinicians and researchers to attend the Congress in 2013.

Value

Each grant is valued at 20 000 ZAR. A portion will be used to cover conference registration and hotel accommodation and the remainder provided to the scholar at the time of the conference held in Cape Town 17 - 22 February 2013.

Eligibility

Candidates must be under 36 years on 17 February 2013 and may be either under-graduate or post-graduate students, post-doctoral or early career specialists. Applicants must have been born in Africa and should be working in Africa. Applicants who have a paper accepted for poster or oral presentation at the Congress, are eligible to receive the scholarship.

Application

Application forms (obtainable from info@wcpccs.co.za) need to be completed and returned to the Conference Secretariat before 1 July 2012. The application form must be accompanied by the abstract of the paper submitted to the Congress, a one page summary of the work to be presented, a letter of motivation and a letter of recommendation by the applicant's supervisor. A certified copy of the applicant's passport must accompany the application. The successful applicants will need to complete registration, comply with the deadlines for submissions as prescribed at www.pccs2013.co.za. To receive residual grant money successful candidates must attend the congress, present personally to the conference organisers with verification documents and present their paper. No direct payments will be made to the successful candidates prior to the congress. Applications should be sent only by email attachment, in one pdf file, with the title of the email, "Young African Scientists Congress Scholarships".

Terms

Application for the scholarship or acceptance of a paper by the World Congress Scientific Committee does not guarantee the applicant will receive an award. No correspondence will be entertained after application. Applicants will be notified of the outcome of their application before 31 August 2012.

The World Congress is supported by an unrestricted educational grant from PepsiCo.

