



EDUCATION

I recently followed an online electronic training course in echocardiography and realised that the more I understand the imaging modality, the more I still have to understand. This journey ended with my attendance at SUNECHO 2015 at Tygerberg Medical Faculty. Despite having attended many courses and lectures, Phillip Herbst and his faculty succeeded in demystifying the remaining questions. Their enthusiastic educational and presentation strategy was made possible only because of their experienced in depth understanding of the topic. The department demonstrated the value of teamwork, allowing members of the team to focus on specific expertise and excel. This is a course which all fellows, and even trained cardiologists should attend, consider it as re-training. Further opportunities for training and re-training are available on the ESC website.

Whether the integration of 1 000 returning Cuban trained medical doctors over the next 2 years will alleviate doctor shortages and lead to improved patient care still remains to be seen. Many – and in some instances maybe even most - training departments have less educators and capacity today than 30 years ago. Should universities not stimulate the development of effective education by also compensating departments for trainee success as much as they do for researchers and publications? Private Medical Training Facilities exist elsewhere in the world, so why not in South Africa, as is the case with private schools? On a national level we might need to default to training Health Care Workers.

Adriaan Snyders

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NEW “INSIGHTS” INTO CARDIOLOGY AT THE 2015 SA HEART CONGRESS

This year the 16th Annual SA Heart Congress will take place from Sunday, 25 - Wednesday, 28 October, at Sun City in the North West Province.

With the theme being “Hearts inSight”, the 2015 Congress includes several sessions which will enhance delegates’ understanding of the new diagnostic procedures used for “sighting the heart”. A variety of presenters will explore the insights gained from innovative diagnostic technologies, the latest clinical trials, expert opinions and the heart team concept – and how these impact on decision making and the treatment of patients with cardiac disease.

In addition to local experts, the congress will be hosting a leading international faculty from several countries.

The African perspective

The challenges and adaptations needed in order to practise cardiology in the African environment will be the primary focus of the first plenary sessions on Monday, 26 October. After an opening address by Prof Bernard Gersh on “Cardiac Medicine in the Developing World in the 21st Century”, local experts will present on the state of the nation with regards to paediatric and adult cardiac disease, as well as cardiac surgery in South Africa and arrhythmia treatment in Africa.

Presentations on the development of cardiology and surgery in Africa will lead into sessions addressing the training of cardiac practitioners, from the perspectives of both the private and public health sectors. Discovery CEO, Dr Jonathan Broomberg, will supply a funder’s perspective on NHI and the private healthcare system and a representative, from the Ministry of Health, will be sharing the Department’s views regarding cardiac medicine in South Africa.

Hot topics from ESC London 2015

A congress highlight on Tuesday, 27 October, will be the presentation of hot topics from ESC London 2015, with the African perspective being presented and discussed on each topic during two dedicated sessions.

Mini symposia on Valvular Disease, TAVI and Infective Endocarditis will also take place on Tuesday. Multi-disciplinary workshops in the afternoon will cover Abstract presentations, perfusion technology and Basic Sciences and Bio-engineering.

Focused sessions on Wednesday morning, 28 October, will address heart failure in the adult cardiac programme and pulmonary hypertension in the paediatric sessions.

An exclusive track on paediatric cardiology will run for the full duration of the congress, with dedicated sessions for allied professionals taking place on both Monday and Tuesday afternoons.

Pre-congress post graduate courses

Pre-congress post graduate courses will be run for the individual cardiac societies on Sunday afternoon, focusing on their areas of specific interest which include paediatric cardiology, cardiac arrhythmia, heart failure, cardiac imaging, cardiovascular research, cardiothoracic surgery and the allied disciplines. These sessions will culminate in AGMs for the respective societies, followed by the official opening of the congress and a preview of the trade exhibition which is scheduled to run alongside the congress on all three days.

Pre-congress workshop for non-cardiologists

A special pre-congress workshop has also been dedicated for non-cardiologists on Sunday, 25 October in order to give them a good overview of current developments in cardiology pertinent to their patients suffering from cardiovascular problems.

“With a diversity of topics and speakers, delegates attending the 2015 SA Heart Congress will benefit from both international and local insights into the current issues confronting the South African and African cardiology community,” says congress convenor, Prof Francis Smit. “International and local faculty will benefit tremendously from sharing the knowledge and experience gained from their respective backgrounds, making the congress a vibrant and interactive learning platform for all.”

The closing date for the submission of abstracts is 3 August. Early bird registration discounts are available until 18 July and bookings can be made by visiting the SA Heart Congress website on: www.saheart.org/congress2015.

Further information can be obtained from
Europa Organisation Africa at 011 325 0020,
or email enquiries@eoafrika.co.za.

POPULAR CONGRESSES FOR 2015

CONGRESS	DATE	CITY	COUNTRY
AMERICAN SOCIETY ECHOCARDIOGRAPHY (ASE) http://www.asescientificsessions.org	13 - 16 June 2015	Boston Massachusetts	USA
EHRA - EUROPACE - CARDIOSTIM 2015 http://www.escardio.org/congresses/ehra-europace-2015/Pages/welcome.aspx	21 - 24 June 2015	Milan	Italy
NEW HORIZONS IN ECHOCARDIOGRAPHY www.newhorizonsinechocardiography.co.za	24 - 26 July 2015	Soweto & Parktown	South Africa
ESC 2015 http://www.escardio.org	29 August - 2 September 2015	London	UK
WSA 2015 (WORLD CONGRESS ON CARDIOLOGY, ARRHYTHMIA, PACING AND EP) http://www.wsa2015.org	17 - 20 September 2015	Beijing	China
WSCTS 2015 (WORD CONGRESS OF WORD SOCIETY OF CARDIOTHORACIC SURGEONS) http://www.wscts2015.org	19 - 22 September 2015	Edinburgh	Scotland, UK
PASCAR http://www.pascar.org	3 - 7 October 2015	Hammamet	Tunisia
29TH EACTS http://www.eacts.org/annual-meeting	3 - 7 October 2015	Amsterdam	Netherlands
PHASA (PUBLIC HEALTH ASSOCIATION OF SOUTH AFRICA) http://www.phasaconference.org.za	7 - 9 October 2015	Durban	South Africa
TCT 2015 http://www.crf.org/tct	12 - 16 October 2015	San Francisco California	USA
VENICE ARRHYTHMIA http://www.venicearrhythmia.org	16 - 18 October 2015	Venice	Italy
16TH ANNUAL SA HEART CONGRESS http://www.saheart.org/congress2015	25 - 28 October 2015	Sun City	South Africa
AHA http://my.americanheart.org	7 - 11 November 2015	Orlando Florida	USA
EURO ECHO-IMAGING http://www.escardio.org/Congresses-&-Events/Upcoming-congresses/EuroEcho%E2%80%9393Imaging/EuroEcho-Imaging-2015	2 - 5 December 2015	Seville	Spain
ICI MEETING 2015, INTERNATIONAL CONFERENCE FOR INNOVATIONS IN CARDIOVASCULAR SYSTEMS http://2015.icimeeting.com	13 - 15 December 2015	Tel Aviv	Israel

Please also consult the SA Heart website at www.saheart.org for constant updates to this list as well as local training opportunities offered by SA Heart, SIGs and other role players.

SA HEART STEMI EARLY REPERFUSION – UPDATE APRIL 2015

Registry/survey

The formal Registry restarted at Wilgers Hospital in March 2015. Unitas, Zuid Afrikaans and Pretoria Heart Hospitals will be commencing in the near future as well. Other Cath Lab hospitals have also shown an interest and we are awaiting confirmation of consent from the hospitals, as well as the Hospital Champion's CV to start the registry. I will reply with numbers by July 2015. We are using a simplified questionnaire that will be followed by another follow up questionnaire. The format of the questionnaire may need revision, but the content will remain the same. We are still working on a paper based system and will finalise the web CRF once we have sufficient numbers to make it worth our while. Prof Rhena Delpont will also correlate this data with that of other STEMI Registries which exist in isolation in some academic hospitals. Everybody is welcome to participate in the registry.

Networking

We learnt some important lessons from Dr Thomas Alexander, Chairman of STEMI INDIA, who visited AfricaPCR. He was supported by Prof Jean Marco who also contributed to our STEMI Project discussion during AfricaPCR.

- Keep it simple and focus on the essentials.
- Manage your microsphere, rather than a national milieu.
- Involve all participants collectively in the educational programme.
- The Drip and Ship Principle is as important in other parts of the world as it is in South Africa.
- Patient awareness should be managed responsibly and one needs to stay cognisant of what is possible and what is not in our health care system.
- Investigate a type of social insurance to fund STEMI management.
- Investigate partnerships with Industry to help develop technical communications options.
- Develop Hub and Spoke structures and refine communication between EMS and hospitals.

We can learn a lot from the South African STROKE Management Programme. There will be a meeting in July between core role players to reach agreement on the next steps to be taken. Making contact, and working with EMS as part of the programme, may help secure some progress during this endeavor.

Education

The next round of educational meetings for the Pretoria Regions have been finalised and these will include an ECG workshop (prepared by Jean Vorster) as requested by the GPs and other staff. Some other regions are also lining up their meetings. The Medsoc office, with George and Sanette, is working hard to bring sponsors and team players together towards making this a great success.

“We can learn a lot from the South African STROKE Management Programme.”

A team of 6 South African and 2 Sub-Saharan doctors plan to attend STEMI India towards the end of June in an effort to expand on resources and ideas to improve our programme. We thank Biotronik and Boehringer-Ingelheim for their assistance.

Our other supporters include Angio Quip, Aspen, AstraZeneca, Baroque, Boston Scientific, Boehringer Ingelheim, B Braun, Edwards, Medtronic and Pharma Dynamics.



We also thank AstraZeneca, Biotronik, Boehringer Ingelheim and Medtronic for assisting with the educational programme. The following meetings will take place in the next month:

Cluster	Hub	Spoke	Regional Champion	Date	Sponsors	Cardio Facilitator/ Faculty	Venue
Pretoria	UNITAS		Dr A Snyders	27 May 2015	AstraZeneca and Biotronik	Cobus Badenhorst, Jean Vorster	UNITAS Boardroom
Pretoria		Middelburg, Midmed Hospital	Dr A Snyders	17 June 2015	Boehringer Ingelheim and Biotronik	A Snyders	Middelburg, Midmed Hospital
Pretoria		Rustenburg, Peglerae	Dr A Snyders	23 June 2015	AstraZeneca, Boehringer Ingelheim and Biotronik	Jean Vorster	Ons Dorpshuis
Pretoria	Wilgers		Dr A Snyders	25 June 2015	AstraZeneca and Biotronik	A Snyders, M Mwangi, M Mpe	Wilgers Lecture Room
Free State		Mediclinic Bloemfontein	Dr Nico van der Merwe	19 August 2015	AstraZeneca, Boehringer Ingelheim and Medtronic	Dr Nico van der Merwe Dr AJ Barnard	Training 2, Level 6

We are also in the process of planning a meeting at Linksfield and will soon have more details.

We are continuously looking forward to receiving your ideas on how to further promote our programme – getting patients with STEMI to appropriate management ASAP and thereby saving a few lives and leaving many more patients with less morbidity, more productivity.

Adriaan Snyders

WEBSITE LINKS

SA Heart	www.saheart.org
CASSA	www.cassa.co.za
HeFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.pcssa.org
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

EDITOR

SA HEART NEWSLETTER

Are you **PASSIONATE** about SA Heart, Co-Operation, Teamwork

And do you like to **WRITE, MOTIVATE** and **FACILITATE**

And **INFLUENCE** the cardiology community?

Then we have a **CHALLENGE** for you...

Apply to take on the responsibility as Editor of the SA Heart Newsletter

Contact Dr Adriaan Snyders at asnyders@mweb.co.za

SOUTH AFRICAN SOCIETY FOR CARDIOVASCULAR RESEARCH (SASCAR)

UPCOMING WORKSHOPS/MEETINGS

Workshop on Western Blotting techniques, Stellenbosch University, 2 June 2015

Western Blotting is one of the most widely used techniques to investigate protein dynamics. On 2 June 2015 SASCAR, in collaboration with BIO-RAD, Anatech and the Division of Medical Physiology Stellenbosch University, will be hosting a full-day workshop on Western Blotting. Topics will include the general principles of the technique, its potential applications, as well as guidelines that need to be taken into consideration with the goal being the eventual publishing of Western blotting results. Brand new visualisation technology will also be demonstrated and compared to a traditional approach. The workshop will be held at the Division of Medical Physiology, Faculty of Medicine and Health Sciences, Stellenbosch University, Tygerberg. For more information please contact Dr Derick van Vuuren at dvvuuren@sun.ac.za.

SASCAR reinforced its links with European Cardiac Societies

For the second consecutive year SASCAR has been invited by the International Society for Heart Research (ISHR), European section, to submit a joint session for their annual meeting to be held in Bordeaux, France, 1 - 4 July 2015. In this session, dedicated to cardiovascular biomaterials and regenerative medicine, Prof Neil Davies from the University of Cape Town will deliver a talk on injectable biomaterials therapy for heart failure.

SASCAR Members participate in the Dassault Systems 3D Living Heart Project

Several members of the University of Cape Town cardiac research community (including Prof Thomas Franz and Prof Neil Davies) are participating in the Dassault Systems 3D Living Heart project. This exciting project aims to unite leading cardiovascular researchers, educators, medical device developers, regulatory agencies and practicing cardiologists worldwide in a shared mission to develop and validate highly accurate personalised digital human heart models. These models will establish a unified foundation for cardiovascular in silico medicine and serve as a common technology base for education and training, medical device design, testing, clinical diagnosis and regulatory science; thus creating an effective path for rapidly translating current and future cutting edge innovations directly into improved patient care. For the University of Cape Town, it allows for greatly enhanced interactions with the international community and has already generated a productive collaboration with Prof Julius Guccione (UCSF), a world expert in cardiac modelling.

Lipoprint® System is now available in South Africa

In February 2015, Nicholas Woudberg, a Masters student at the Hatter Institute (under the supervision of Associate Prof Sandrine Lecour) had the opportunity to travel to Los Angeles for hands on training on the Lipoprint® system (Quantimetrix, Redondo beach, CA). This system, purchased by the cardio protection group at the Hatter Institute, will be the first in use in Africa and employs a simple, yet precise system for the accurate quantification of High Density Lipoprotein (HDL) and Low Density Lipoprotein (LDL) subtypes. Lipid research is actively striving for a more intricate measurement of lipoproteins with the importance of subtype and function now exceeding basic level measurements.



Acquisition of the lipoprint system at the University of Cape Town to allow lipoprotein subfractions analysis.

The system consists of individual, pre-cast polyacrylamide gel tubes, loaded with human or animal sera and a modified electrophoresis chamber. After a brief period of electrophoresis, gel tubes are scanned by a scanner and analysed using an Apple based software, all included with the system. Initial data obtained within the laboratory on human sera were very promising and we are hoping that the purchase of this new and innovative technology will allow the possibility of multiple collaborations across different disciplines of health research. For further information please contact Prof Sandrine Lecour at Sandrine.lecour@uct.ac.za.

SA HEART PRETORIA BRANCH CARDIOLOGY GROUP

News on vacant positions, sponsorship and branch meetings

The next SA Heart Pretoria Branch Chairperson (office bearers) will be elected during the AGM at the SA Heart Congress 2016. At this stage we however have 2 vacant positions i.e. secretary and treasurer. Although these functions are mostly handled by the MSM branch office, we would still like to fill the positions. Please put your name forward if you feel inclined to serve until the next AGM.

We also offer support in the form of a financial sponsorship to the SA Heart Congress 2016. Please contact George at george@medsoc.co.za for more information.

As this year is already 6 months old (young) it brings me great pleasure to report back on our first 2 Cardiology meetings held in 2015, as well as planned programmes for the remainder of the year.

The first meeting took place on 25 February at the regular venue, Kream. Twelve doctors attended and all found the lecture by Prof Gert Saayman, "Medical Legal Advice for cardiologists, with cardio case studies and discussion on death certificates", very informative.

Our second meeting was held at the Alpine Attitude Boutique Hotel in collaboration with SASCI. We hosted the legendary interventional Cardiologist from France, Prof Jean Marco. The topic of his talk was "Management and technical strategy for a patient presenting with an ST-elevation myocardial infarction" and the aim was to interactively share knowledge and experience of patients with ST-elevation myocardial infarction, while focusing on their clinical situation, particularities, local experience and constraints as well as best available evidence. This was done in order to find consensus with South African colleagues on a method of reasoning that may help the group to develop answers to the fundamental questions that impact them daily. According to the feedback we received, from the 36 delegates who attended the meetings, the 2015 VPP evening lecture series was definitely a huge success, with great presentation leading to lively interactive discussions.

Professor Paul Rheeder, a specialist physician with a PhD in Clinical Epidemiology, was the guest speaker at our third meeting. He was the perfect choice of speaker on "A Cardiologist's guide to assessing a journal article; crash course for Cardio's in bio statistics." He discussed the The CvLPRIT Trial (Randomised Trial of Complete Versus Lesion-Only Revascularisation in Patients Undergoing Primary Percutaneous Coronary Intervention for STEMI

and Multivessel Disease) and RELY trial (Dabigatran versus Warfarin in Patients with Atrial Fibrillation) during his presentation. If you would like the SA Heart Branch office can send you a copy of these trials, please contact Sanette at sanette@medsoc.co.za.

Please diarise the dates of our 2 remaining 2015 meetings.

The remainder of our meetings will be held at Kream Restaurant, in Brooklyn, and will start at 18h00 with registration and starters. The lecture starts at 19h00 with the main course served thereafter. The meeting concludes at 21h00. Please diarise the dates of our 2 remaining 2015 meetings, 5 August and 25 November. We have secured Professor Federick Raal from WITS University to discuss PCSK9 inhibitors at one of the remaining meetings. We request that you bring your worst and best case for discussion to the other meeting. More information will follow.

Members must please note that all our meetings are CPD accredited.

Please contact me at drioebrahim@gmail.com or the MSM office at sanette@medsoc.co.za if you wish to make a contribution at future meetings or if you would like to propose appropriate programmes for Pretoria.

I would like to thank Pharma Dynamics for their continued support and for making this multi-evening lecture planning possible.

Iftikhar Ebrahim
Chairperson, Pretoria Branch of SA Heart

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION

It is my honour to take over the reins of a society which has such an important role to play in the current changing health care environment.

I would like to thank SASCI members for attending the AGM during AfricaPCR and for their contribution to the election of a new executive committee and office bearers. A society is only as strong as its members and it is highly reliant on entities willing to become involved in order to give guidance to the cardiology environment which we operate in.

Farrel Hellig has stepped down as President, after having served for the maximum 2-year term, and he will continue to advise and guide the Exco as ex-officio president. Farrel has handed over to me a society full of drive and inspiration. Whilst attending Euro PCR recently, it occurred to me that like few before him, Farrel has succeeded in putting SA interventionists on the map. His 12 years of service, and especially the 4 years that he served as president, are appreciated by all the members of the society. I know that I will frequently be knocking on his door over the next months and years. Farrel, thank you so much for the integrity, competence, and huge vision that you have so generously shared over the years. Yours is a hard act to follow! Len Steingo and Graham Cassel also stood down after numerous years of active contribution to the society. Graham was involved, from the inception of SASCI as originator Exco member, and has made several key contributions to create the dynamic society we have today. He deserves special recognition for his years as President and ex-officio. Len has always been a hard worker and persistent contributor, doing much uncelebrated but vital work in varied committees. Gentlemen, thank you. Your contributions have made the society what it is today and it will not be forgotten.

I am pleased to welcome Gavin Angel to the team. The following members continue on the Exco until 2017:

Dave Kettles	President
Farrel Hellig	Ex-officio President
Adie Horak	Vice President
Cobus Badenhorst	Treasurer
Mark Abelson	Secretary

Sajidah Khan, Mpiko Ntsekhe, Chris Zambakides, Jean Vorster, Gavin Angel and JP Theron.

Industry Exco Members continue to serve until the AGM 2016: **Tracey du Preez, Dan Willemse and Andrew Sartor.** We acknowledge your vital roles.

THE FOLLOWING SASCI EDUCATIONAL INITIATIVES TOOK PLACE

SASCI Rota Workshop for experienced interventionalists

The convener of these meetings is Adie Horak. In January 2014 more than 50 delegates, including participants from Kenya, Namibia and Mauritius, attended the first meeting. In March 2015 another experts' meeting was held and more than 25 delegates attended.

Visiting Professor Programme

The 2015 Visiting Professor Programme was a huge success. Prof Jean Marco visited South Africa from 15 March - 15 May. His passion for teaching and the quality of his lectures and discussions accentuate the high standard which is at the core of this programme. Not only did he give of his valuable time, knowledge and expertise, he also gave a part of himself to the patients, doctors and staff of the hospitals where he was positioned. The value of his mammoth input will live on long after his departure. If you are interested, look at his blog on the EuroPCR website, and you will get a flavour of his contributions. In due course we will be announcing further visitors to our country. I continue to be amazed at the calibre and the enthusiasm of those we have been privileged to learn from.

Boston Scientific RC Fraser International Fellowship

Ahmed Vachiat (Cardiology Consultant at Charlotte Maxeke Johannesburg Academic Hospital) spent time at Prof Simon Redwood's (Professor of Interventional Cardiology, Consultant Interventional Cardiologist) unit in March 2015 and the feedback regarding his experience and participation has been very positive. He found the team engaging and willing to assist with answers to his questions and sharing their experiences and techniques. He thanked Prof Simon Redwood and his team for the teaching and invaluable experience. He further acknowledged and thanked Boston Scientific, SASCI for the Scholarship and Prof Pravin Manga and Dr Farrel Hellig for their continued support and advice.

Pieter van der Bijl (Tygerberg) visited the unit in April 2015. He attained GMC certification and gained hands on experience as well. Please see his feedback herewith.

EuroPCR Course 2015

The world-leading Course in interventional medicine took place from Tuesday 19 - Friday 22 May 2015 in Paris, France. SASCI hosted a dual session with the Irish contingent. Thank you to those members who supported this session. There were numerous South African faces to be seen, serving on panels and presenting in a number of different fora. Thank you to our colleagues for your hard work at this meeting, and for the quality contributions that were made.

EDUCATIONAL ACTIVITIES PLANNED FOR LATER THIS YEAR

SASCI Fellows Workshop

The 11th Annual South African Society of Cardiovascular Intervention (SASCI) Fellows Workshop will take place on 14 - 16 August 2015 in Pretoria, South Africa. Since 2005 the SASCI Coronary and Vascular Workshop for fellows and junior consultants' meeting has proven to be a resounding success. This is an integral part of SASCI's public and private partnership which exposes "cardiologists in training" to operators in private sector practice as well as colleagues from other public sector units in South Africa and beyond. Our aim is putting together a programme that will be educational as well as inspirational. We must strive to find the perfect balance between the basics and the aspirational, never losing sight of our ultimate aim: to help our academic units as they strive to produce safe, informed and motivated interventionalist. For the fellows: we will keep in mind that there are exams to be passed, and consider the contents in the light of the must know topics!

CTO Workshop

The date for the meeting is 20 - 21 November and it will consist of lectures, live cases and canned cases. The organising committee is: Chris Zambakides, Jean Vorster, Gavin Angel and Anthony Becker with Farrel Hellig assisting. This looks to be a very useful couple of days for anyone considering tackling this ultimate frontier of PCI. The faculty will be outstanding and the course will be well structured, with a great balance between watching cases and absorbing didactic teaching, from the basics to the most complex.

SA Heart Congress 2015

This year the 16th Annual SA Heart Congress will be taking place from Sunday, 25 - Wednesday, 28 October, at Sun City in the North West Province. Robert Burns is an excellent and versatile Irish speaker who has accepted the invitation to act as the SASCI international speaker at SA Heart. SASCI is organising a pre-congress Radial Course.

More information will be distributed to all SASCI members as the details are confirmed.

ESC e-learning

This is a training module with the focus on training in interventional cardiology. Sajidah Khan is the national coordinator. If you need further clarification or if you are interested in enrolling, please contact Sajidah at khans19@ukzn.ac.za or 082 564 7477 (cc the SASCI office on all communication sasci@sasci.co.za).

“ We must strive to find the perfect balance between the basics and the aspirational.”

OTHER ACTIVITIES WHERE SASCI HAS BEEN ACTIVELY INVOLVED

Coding Guideline (handbook)

JP Theron must be acknowledged for his hard work in compiling a coding handbook for cardiology which was communicated to members. We are still facing the problem that, even with inclusion in SAMA, DBM individual funders (administrators) still need to decide to firstly include new codes in their coding structure and secondly decide on the funding level. The Exco received a mandate from their members to officially publish the first edition of the coding guideline and to engage the main funders and explain the coding handbook as a position statement of SASCI. The manual will also be supplied to CMS and other third parties (including practice management and those involved in claiming). The coding handbook is a guideline on how to

Continued on page 108

SASCI continued

appropriately group codes, based on peer group agreement, and as such a powerful tool. SASCI will keep their members updated on the status and new developments. We believe that the publishing of this guideline will be of enormous assistance to our members when they encounter various queries from funders.

CPT Coding and Competition Commission

The competition commission's period for submissions has been extended by 6 months. Members agreed, during the AGM, that SASCI needs to secure legal opinion to submit a full submission to the Competition Commission (rather than just responding to "allegations"). This programme is still ongoing and members will be kept abreast of new developments. I am working on a submission with legal council at the moment.

Alternate Reimbursement Model (Global)

During the 2014 AGM members supported the Exco in our discussions with Discovery Health on the development of a "Global Fee" structure. SASCI signed a Memorandum of Understanding with Discovery Health, but not all SASCI members have as yet been approached to discuss the proposal (voluntarily participation). Questions raised by some members during the visit by Discovery Health still await response from Discovery. SASCI is still engaging with Discovery Health on this matter; on behalf of the members. We will also, in the very near future, approach individuals to act on a peer review board in order to assess the implementation of this programme as it proceeds.

The POPI act

We are discussing the implications of this new legislation with legal advisors at this stage, and intend to inform our members in due course as to how this may affect their practice behaviours.

The following loyal corporate supporters have been committed to our society and have been supporting education in Cardiology in South Africa: Amayeza, Angio Quip, Aspen, AstraZeneca, Baroque, B Braun, Biotronik, Boston, Cardiac Output, Condor Medical, Cordis, Edwards, Logan Medical and Surgical, Medtronic, Obsidian, Paragmed, Pharma Dynamics, Sanofi, Surgical Innovations, Torque Medical and Volcano. We are looking forward to continuing our collaboration with you. We thank you for your generosity and acknowledge your immense contributions.

This past weekend I was privileged to attend the M and M meeting at Mount Grace, where an excellent, varied general cardiology programme was presented. We heard a pre-



sentation by Dr Alfonso Pecoraro regarding the outreach work being done into the Western Cape secondary level hospitals from Tygerberg hospital. May I offer my personal congratulations to the Tygerberg cardiology unit for this amazing initiative: I must say, my personal black cloud regarding health care delivery instantaneously lifted from my shoulders as I heard of the problem solving, fresh approach from our colleagues. This was yet another example of wonderful commitment from industry towards practical patient care.

I wish to assure our members that the SASCI Exco will continue to work tirelessly to represent your interests, as well as educate and inform interventional cardiologists in our country. We deeply value, and need your support. Please feel free to get involved at any time. By all means, let us know if and where we can be further assistance to you as you deliver the best service possible to your patients.

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

Dave Kettles
President, SASCI



SASCI
South African
Society of
Cardiovascular
Intervention

SASCI - BOSTON SCIENTIFIC RC FRASER FEEDBACK

It is a privilege to provide feedback on the very instructive month (April 2015) that I spent as an RC Fraser International Fellow in the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital, Westminster, London, United Kingdom. I found both the administrative and clinical staff to be welcoming and supportive, making my stay a pleasure.

Procedures to which I had limited exposure before, included: structural heart disease (transcatheter aortic valve implantation, cerebral protection device placement, balloon aortic valvuloplasty, septal ablation and patent foramen ovale closure), advanced coronary interventions (rotational atherectomy, biodegradable vascular scaffold placement and chronic total occlusion treatment), resuscitative technologies (mechanical chest compression) and research-related techniques (Doppler coronary guidewires, invasive pressure-volume determinations and bicycle-ergometry stresshaemodynamic studies). I participated hands-on in a number of cases, and it was instructive to compare approaches to angiography and coronary intervention used at St Thomas' Hospital with those which I was taught in South Africa. There is general agreement (e.g. the default vascular access route being radial), but there were also pertinent differences (e.g. physicians being second operators – assisting with preparing equipment/catheters and handing these to the first operator and the first operator

managing the manifold and performing contrast injections manually; working by default in a monoplane laboratory; meticulous monitoring of activated clotting time during procedures; almost routine pre- and postdilatation of stents) and minor differences (e.g. intra-arterial contrast being kept at body temperature; aspiration/flushing of femoral sheaths in-between catheter exchanges; appropriately naming the radiographical projection as "postero-anterior" rather than "anteroposterior"; use of intra-arterial nitrate only for routine, radial vasodilatation – unless vasospasm occurs, in which case verapamil is added).

I wish to thank Prof A Doubell from Stellenbosch University for supporting my application; Drs D Kettles and F Hellig and the SASCI executive committee for awarding me the fellowship; Boston Scientific for providing generous funding; SASCI Office for facilitating the award and guiding me with the administrative aspects thereof; Mrs R Dupratt from the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital for administrative arrangements in London and Prof S Redwood from the Department of Cardiology and Cardiac Surgery, St. Thomas' Hospital for providing me the opportunity to work in his unit and his guidance throughout my stay.

Pieter van der Bijl
Boston Scientific RC Fraser International Fellow
in Cardiovascular Intervention 2014/5

REGIONAL BRANCH ACTIVITIES

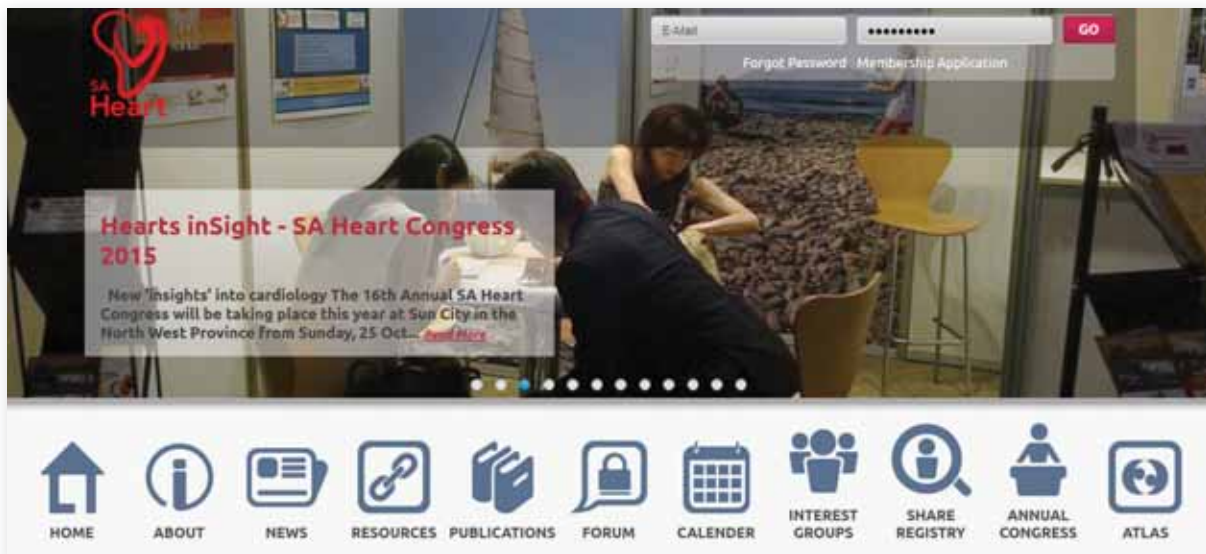
Western Cape branch

The second meeting of the Western Cape branch was held in the Transplant Museum on 13 May. This event was sponsored by Viking and was well attended. Prof Brink gave a lively introduction and tour of the Transplant Museum, this was very insightful as he had worked under Prof Barnard and was also part of the team which had initiated the first exhibition of the museum. A film on Prof Barnard, and the circumstances that lead to the first successful human heart transplant, rounded off the evening.



Prof Johan Brink, vice president of the Western Cape branch, delivering an animated introduction to the Transplant Museum.

FROM THE SA HEART OFFICE



New SA Heart website

Finally the new SA Heart website and cloud based interactive membership system have been launched. There have been a number of teething problems which, by the time this Newsletter is published, will hopefully have all been sorted out. Sincere apologies to those members who were affected by mysteries and delays.

You can now access and update your member profile online. The website address is www.saheart.org and it is best viewed in Google Chrome, as the other browsers do not support all the functionalities! If you did not receive the notification email containing your login details, simply use your email address as login and request that your password be resent – you are of course then free to change it once you have logged in. Please update all your contact details, adjust your billing address (should it differ from your personal contact details), add a photo, your interests, the hospital you are linked to etc. Please note that these details will not be visible to the public, non-members will merely be able to see your name, the area you are in and your interests. You can also access your account details, i.e. download your annual membership invoice should this email not have reached you either, and draw a statement. Please remember that your payment will only reflect in the month after it has been made, once bookkeeping has been updated. We thank all members who have paid promptly on receipt of the invoice and urge others to please effect payment.

It is important for the SA Heart office to communicate with the SA Heart members, and following the trends of the time, we will be relying more and more on electronic media. Please ensure that we have a functional email address for you and that your service provider does not block our emails, as this does happen from time to time. We have had members miss the annual congress, or complain about a lack of information from SA Heart, after they have blacklisted us or changed their email address without alerting us. Now you can keep your contact details updated online yourself.

Of course the website is not only there to manage membership. Ensure you visit it regularly to acquaint yourself with updated news and events, partake in the Forum and Knowledge share by sharing your interesting cases or responding to queries posted by your peers. Again, the Forum is restricted to members only.

Patient Education Institute

Elsewhere in this newsletter you will also read about SA Heart joining forces with the Patient Education Institute to bring additional value to our SA Heart members with the online atlas. The link to this very handy tool will only be accessible to active members and will require your normal login details. We trust that this tool will make it easier to explain procedures and conditions to the inquisitive and apprehensive patient.

Member publications

SA Heart also invites its members to send a copy of their published research in PDF format to be uploaded to our website in a section called "Member publications". Please send your contributions to erika@saheart.org.

SA Heart congress 2015

While planning for the SA Heart congress 2015 is well under way, you can read all about it in the separate news release in this newsletter on this congress or by visiting www.sahert.org/congress2015. Other congress news is that we are joining forces with the World Society of Cardiothoracic Surgeons for the World Congress which is scheduled to take place in Cape Town from 8 - 11 September 2016. The 2016 SA Heart Congress will be incorporated into this congress and the ESC Global Scientific Activities will once again be part of our programme.

SA Heart has contracted the MCI Group as congress organiser for 2017 and 2018 and they have already started to look for suitable dates and venues for our congress in 2017.

SA Heart National Council meeting

The next SA Heart National Council meeting will be held in Johannesburg on 31 July. The SA Heart Executive, together with the heads of our Special Interest Groups and Regional Branches, will again examine where SA Heart stands and how it is perceived by its members, how to improve its authority in the national arena, how to build the SA Heart brand and the value attached to our name and logo. Please help us by participating in the member survey which will be circulated by Mid-July. It gives you the opportunity to anonymously offer comments and suggestions about your professional society. You are of course free to also contact the SA Heart office erika@saheart.org or any of the SA Heart executive members directly, their contact details are on our website. We will also debate matters pertaining to cardiology training and its challenges in South Africa and how to address these.

SA Heart lectures series

The SA Heart lectures series for non-cardiologists is being well attended. The SA Heart lecture on the Detection and Management of Atrial Fibrillation has been updated from its 2013 version, with the help of CASSA, and the first meeting in May in Bloemfontein attracted 26 delegates.

Other events in the East Rand and George, and possibly some other areas, are to follow. We thank Bayer and Medtronic for their support in this initiative. For the lecture on Hypertension we joined forces with the South African Hypertension Society. Lectures across the country are sponsored by Pharma Dynamics and Abbott Laboratories, at each event we have one speaker from the SAHS and one from SA Heart. Please consult the website calendar for dates and venues.

Partake in
the Forum
and Knowledge
share by
sharing your
interesting
cases.

Joint session with the ESC

SA Heart is involved in a joint session with the ESC this year at the ESC Congress in London. The symposium on HIV-related myocardial and pericardia diseases will take place on 29 August in Belgrade, Village 8 from 13h30 - 15h00. The session involves Prof Karen Sliwa (as chair) and Prof Andrew Sarkin as well as one of our international members, Dr Anastase Dzudie from Cameroon, as speakers. SA Heart will also be present as exhibitor with a booth in the ESC Plaza. Make sure to drop by if you are attending this congress. The ESC offered a number of free registrations to SA Heart members for this congress, and 14 members made use of this fantastic opportunity.

Erika Dau
SA Heart Office, erika@saheart.org
Tel/Fax 021 931 8210 www.saheart.org

INTERVENTIONAL SOCIETY FOR CATH LAB ALLIED PROFESSIONALS

At the SASCI AGM, which was held during Africa PCR 2015, Gill Longano stepped down from her position as Vice Chairperson. She has played a major part in laying the foundations of ISCAP. Her tireless efforts in setting up Workshops and the hundreds of phone calls to and meetings with companies during the past 2 years have led to the creation of a working structure in which every region, throughout the country, will meet regularly. She has sown the seeds and now the flowers are ready to bloom – I sincerely hope that they will be Annuals.

The newly elected Exco members are: **Dianne Kerrigan (President), Noelene Nichols, Marisa Fourie, Maggy Petersen, Romy Dickson, Elizabeth Muller, Isabel Bender and Ramabai Zwapano.** The industry representatives are **Tina Fairchild, Amy Wolfe and Marelize Snyman.** The new Vice Chairperson and other portfolios will be elected in August at the Leadership Course.

We have started a WhatsApp group with the Exco and regions to help keep us in touch and better informed. This is working well and has provided yet another platform of communication through which members can interact informally.

Africa PCR 2015 was very successful with more than 400 delegates attending the congress. The Allied Professionals hosted 2 sessions with topics ranging from Congenital Heart Disease, Foetal development and changes at birth, Treating atrial septal defects – hole in the heart, Patent foramen ovale – to treat or not to treat and the Clinical interpretation of congenital heart defects as well as Learning to Treat (LTT) Complications. ISCAP would like to thank all

moderators, faculty and Allies who supported the sessions.

ISCAP will once again be represented at EuroPCR (in Paris) with Isabel Bender forming part of the International faculty. ISCAP is assisting financially with a generous sponsorship towards her accommodation and PCR with her flights. We are thankful that she is able to take up this great opportunity to the benefit of herself, her working environment and ultimately the patients.

ISCAP is planning two sessions at the annual SA Heart Congress, scheduled to take place in October this year. Marisa Fourie, Bloemfontein Exco member, will liaise with the SA Heart organising committee Bloemfontein and the ISCAP Exco in the planning of the 2015 Allied's programme. This programme will be based on the Needs Assessment which was done at the first few workshops.

The National Lecture series started in Cape Town with radial as the topic. Meetings were also held in Bloemfontein and Gauteng and each of these produced a full house of attendees, proving that the Allies are hungry for more information and that members are adhering to the ISCAP mission statement: The Interventional Society of Cath Lab Allied Professionals ISCAP is dedicated to improving the standards in Cath Lab care and improving the quality of life of the South African population by reducing the impact of cardiovascular disease.

Here follows an updated programme for the rest of this year. Please pencil in the dates of meetings taking place in your area:

Theme	Date	Venue	Topics	Area
ISCAP/REF Educational Roadshow	16 May 2015	Protea Willow Lake	<ol style="list-style-type: none"> 1. Renal Denervation or Complications in Interventional Cardiology – Tips and Tricks to Assist 2. The complete continuum of care – latest advances in pacemakers or heart failure therapy 3. Ethics 	Bloemfontein
ISCAP Training Programme: 2015 (2)	30 May 2015	39 on Church	<ol style="list-style-type: none"> 1. Clotting cascade, antiplatelet therapies 2. Ethics Topic 3. The Drug Eluting Balloon in PCR 	Port Elizabeth

Theme	Date	Venue	Topics	Area
Master the complex	30 May 2015	Endless Horizons	1. Updates in CTO techniques - indications, complications 2. Plaque Modification (Rotablator/ Cutting Balloon Technology etc.)	Durban
ISCAP Training Programme: 2015 (I)	30 May 2015	Crystal Towers	1. Congenital Heart Defects and Closure with Devices – When, Why and How? 2. Physiology: PCI “Justification” vs. PCI “Guidance” and Intravascular Imaging: “Why IVUS?” According to ESC Guidelines 3. LVAD or Ecmo - what is it? When should its use be considered?	Cape Town
Master the complex	06 June 2015	39 on Church	1. Updates in CTO techniques - indications, complications 2. Plaque Modification (Rotablator/ Cutting Balloon Technology etc.) 3. Bifurcation	Port Elizabeth
Radial	06 June 2015	Midrand conferencing	Radial	Gauteng
Master the complex	20 June 2015	Protea Willow Lake	1. Updates in CTO techniques - indications, complications 2. Plaque Modification (Rotablator/ Cutting Balloon Technology etc.) 3. Bifurcation	Bloemfontein
ISCAP/REF Educational Roadshow	11 July 2015	Endless Horizons	1. Renal Denervation or Complications in Interventional Cardiology – Tips and Tricks to Assist 2. The complete continuum of care – latest advances in pacemakers or heart failure therapy 3. Ethics	Durban
Master the complex	25 July 2015	Boston Scientific offices	1. Updates in CTO techniques – indications, complications 2. Plaque Modification (Rotablator/ Cutting Balloon Technology etc.) 3. Bifurcation	Gauteng
Multidisciplinary teams: The ethical, clinical and human factors	01 August 2015	Isango Gate Hotel	To be confirmed	Port Elizabeth

ISCAP continued

Theme	Date	Venue	Topics	Area
ISCAP Training Programme: 2015 (2)	15 August 2015	Midrand Conference	<ol style="list-style-type: none"> 1. Clotting cascade, antiplatelet therapies 2. The Drug Eluting Balloon in PCR 3. Ethics Topic 	Gauteng
ISCAP/REF Educational Roadshow	15 August 2015	Crystal Towers	<ol style="list-style-type: none"> 1. Renal Denervation or Complications in Interventional Cardiology – Tips and Tricks to Assist 2. The complete continuum of care – latest advances in pacemakers or heart failure therapy 3. Ethics 	Cape Town
Radial	15 August 2015	Protea Willow Lake	Radial	Bloemfontein
ISCAP Training Programme: 2015 (2)	22 August 2015	Endless Horizons	<ol style="list-style-type: none"> 1. Clotting cascade, antiplatelet therapies 2. Ethics Topic 3. The Drug Eluting Balloon in PCR 	Durban
ISCAP/REF Educational Roadshow	12 September 2015	39 on Church	<ol style="list-style-type: none"> 1. Renal Denervation or Complications in Interventional Cardiology – Tips and Tricks to Assist 2. The complete continuum of care – latest advances in pacemakers or heart failure therapy 3. Ethics 	Port Elizabeth
ISCAP Training Programme: 2015 (1)	12 September 2015	Endless Horizons	<ol style="list-style-type: none"> 1. Congenital Heart Defects and Closure with Devices – When, Why and How? 2. Physiology: PCI “Justification” vs. PCI “Guidance” and Intravascular Imaging: “Why IVUS?” According to ESC Guidelines 3. LVAD or Ecmo - what is it? When should its use be considered? 	Durban
Multidisciplinary teams: The ethical, clinical and human factors	19 September 2015	Protea Willow Lake	To be confirmed	Bloemfontein

Theme	Date	Venue	Topics	Area
Master the complex	26 September 2015	Crystal Towers	1. Updates in CTO techniques - indications, complications 2. Plaque Modification (Rotablator/ Cutting Balloon Technology etc.) 3. Bifurcation	Cape Town
Radial	03 October 2015	Endless Horizons	Radial	Durban
	25 October 2015	Sun City	SA Heart Congress	Sun City
ISCAP Training Programme: 2015 (1)	31 October 2015	39 on Church	1. Congenital Heart Defects and Closure with Devices – When, Why and How? 2. Physiology: PCI “Justification” vs. PCI “Guidance” and Intravascular Imaging: “Why IVUS?” According to ESC Guidelines 3. LVAD or Ecmo - what is it? When should its use be considered?	Port Elizabeth
ISCAP Training Programme: 2015 (2)	07 November 2015	Protea Willow Lake	1. Clotting cascade, antiplatelet therapies 2. The Drug Eluting Balloon in PCR 3. Ethics Topic	Bloemfontein
ISCAP Training Programme: 2015 (2)	14 November 2015	Crystal Towers	1. Clotting cascade, antiplatelet therapies 2. The Drug Eluting Balloon in PCR 3. Ethics Topic	Cape Town
ISCAP/REF Educational Roadshow	14 November 2015	Medtronic	1. Renal Denervation or Complications in Interventional Cardiology – Tips and Tricks to Assist 2. The complete continuum of care – latest advances in pacemakers or heart failure therapy 3. Ethics	Gauteng
Radial	05 December 2015	39 on Church	Radial	Port Elizabeth

Synergy meeting

The next Synergy meeting in Gauteng is planned for 24 July 2015, 13h00 - 16h00 and will take place at the Charlotte Maxeke Johannesburg Academic Hospital. These workshops are an Exco initiative and they are organised for the Industry.

ISCAP Procedure Manual

The ISCAP Procedure Manual is planned for 2015. This will take the form of an electronic manual at first and hard copies of the procedures will also be considered. These will all detail Generic procedures and will not be doctor specific.

CARDIAC ARRHYTHMIA SOCIETY OF SOUTHERN AFRICA (CASSA)

Summary of CASSA events 2015

In addition to the recently held Clinical symposia this year, CASSA has been busy!

- Overseas fellows, supported by CASSA, include Drs Greyling, Louw and Mia.
- An Exco meeting was held on 30 May to review financials and plan for 2016.
- Speakers and topics for SA Heart 2015 and 2016 were discussed and decided upon.
- A financial audit is currently underway and an accountant has been appointed.
- CASSA has been approached to establish an Africa chapter for HRS.
- Cassa is reviewing the Essential Drugs List guidelines and making the necessary inputs.
- Dr Ashley Chin has been tasked with investigating an AF Registry which is available from the European Society of Cardiology.



Annual CASSA Clinical Symposia Cape Town and Johannesburg, 11 and 18 April

- Two successful symposiums were hosted by CASSA which featured two Canadian Speakers:
- Prof Martin Green of the Ottawa Heart Institute and Prof Andrew Krahn of the University of British Columbia in Vancouver.
- Topics covered were Palpitations, Syncope, Sudden Cardiac Death and Heart Failure.
- Two hundred and forty delegates registered for the symposiums, with an eventual 150 delegates attending.
- Feedback from these meetings has been overwhelmingly positive, with requests for more of these symposiums. Most delegates felt the topics were relevant and useful.



FEEDBACK ON THE EXPERIMENTAL BIOLOGY CONFERENCE HELD 28 MARCH - 1 APRIL 2015 IN BOSTON, MA, USA

The Experimental Biology conference is a massive event and it attracts participants from a wide range of scientific fields. I presented a poster entitled "Ubiquitin Proteasome System Inhibition Ameliorates Cardiac Dysfunction Following Ischaemia-Reperfusion under Hyperglycemic Conditions" on 31 March.

For me, personally, this conference was very productive and I greatly benefited from the experience – academically, socially and emotionally. Firstly, I had the opportunity to interact with other post-doctoral fellows from all over the world, sharing our various experiences. To help facilitate the most beneficial post-doc process, workshops were held including one entitled "The strategic post-doc: how to find and leverage your postdoc experience" by Dr Andrew Green. It is amazing that, in spite of our geographical locations, post-docs all experience the same fears, worries and all strive to give their best, always.

Secondly, the section on reproducibility in Research greatly excited me. The main issue raised was concern regarding a lack of reproducibility of pre-clinical research. The crux of the matter is that most researchers only aim to publish as many articles as possible; however most of these are not

properly reported on. Over the years there has been a widespread increase in insufficient reporting of methodological approaches which has been overlooked by reviewers. The other reason is that researchers have problems identifying resources and then use easily accessible cell or rodent models. The question posed was, with all these reporting deficiencies, "How reliable is the pre-clinical data being translated or postulated to humans?"

Thirdly, attending such a huge conference is always beneficial since one is afforded an opportunity to compare the quality of your research work, globally. It boosts one's confidence if people take an interest in your work and offer some positive criticism. Many professors were interested in my poster and I also managed to form a collaboration with a professor from Tufts Medical Centre in Boston. Furthermore, I have also positioned myself for a potential second post-doc with an institution in Canada. I can confidently state that our research is on a par with global standards and that hard work, coupled with humbleness and determination, always pays off in the end.

Rudo F. Mapanga

SNIPPETS

Britain's Medical Research Foundation

<http://www.universityworldnews.com/article.php?story=2015052013215185> has launched a new £2.7 million health research fund for Africa.

The Africa Research Excellence Fund

<http://www.medicalresearchfoundation.org.uk/for-researchers/funding-opportunities/funding-for-african-researchers/> will promote outstanding health research by Africans in Africa.

Please visit the respective websites for more information, applications close 8 July 2015.

REGIONAL BRANCH ACTIVITIES

Johannesburg branch

The Johannesburg Branch held its annual Fellow's/Registrar morning on Saturday 16 May at the Wanderer's Club. This meeting was sponsored by Litha Pharmaceuticals.

- **Dr G. Mukeshimana** (Charlotte Maxeke Hospital) won first prize with her presentation: "Time to Lysis".

The other speakers included:

- **Dr D. Zachariah**: "Between a Clot and a Hard Place".
- **Dr M Moshe**: "Dysplastic Tricuspid Valve with giant right atrium".
- **Dr B Brits**: "Correlation between hepatomegaly and cardiac echo findings."

CISSA NEWS

Members of CISSA and the coding committee of SA Heart met with Momentum in March to discuss the issue of echocardiography billing. Momentum medical aid (together with schemes within the MMI group) refused to remunerate echocardiography codes 3620 and 3625 on the grounds that they were a duplication and were only indicated in certain complex congenital heart diseases. Following an informative discussion, they retracted their position and in an official document have agreed to reimburse cardiologists both codes. The following is the official email received from them.

Dear Prof Essop

Thank you for your feedback on the two Doppler tests i.e. tariff codes 3620 and 3625 and the explanation for these tests being done in conjunction.

Following the meeting with the Cardiac Imaging Society and taking the feedback into consideration, Momentum has reached a decision to cover both codes for Cardiologists only, effective 1 May 2015 and with monitoring of claims in place for possible inappropriate billing. We would like the opportunity to bring cases of inappropriate billing and possible abuse to your attention for review and guidance on the way forward. Please will you also be able to provide us with ICD10 codes or conditions for which both tests will apply.

The effective date of 1 May 2015 is to allow for system changes that need to take place.

We thank you again for your collaborative approach and look forward to engaging with you on other initiatives.

*Regards
Kavitha*

In December, Discovery medical aid approached CISSA and others regarding echocardiography billing (including TEE) by anaesthetists. This issue arose when an anaesthetist produced a certificate of attendance at a weekend course in Dubai on echocardiography as proof of adequate training. There have been numerous incidents, of not only inappropriate use of echocardiography, but gross misinterpretation by non-cardiologists leading to poor patient care and burgeoning health care costs. Although still the subject of ongoing debate, CISSA and other members of SA Heart resolved in broad principle that:

- Echocardiography be remunerated in full to anybody registered as a cardiologist with the HPCSA.
- We request additional codes for TDI and 3D echo.
- Non cardiologists - providing they have certification in echocardiography by an accredited body such as the BSE, ESE or ACC, be remunerated at 50% of the cardiologist rate.
- Technologists with appropriate training (to be decided upon) bill 30% of the cardiac rate.
- Non cardiologists in remote areas, even without certification, be allowed to bill 50% of the cardiology rate providing they are able to provide a sub-committee of CISSA with proof of reasonable competence in echo (to be decided).
- Anaesthetists be allowed to bill only for intraoperative TEE and provided they have submitted adequate proof of competence.

JOINT SA HEART/SA THORACIC SOCIETY WORKING GROUP ON PULMONARY HYPERTENSION

Following the inaugural meeting in May last year of the working group on pulmonary hypertension, endorsed by both SA Heart and SA Thoracic Society, an official policy document is to be published in the June issue of the South African Medical Journal. The group, chaired by Prof MR Essop and Dr P Williams, seeks to promote the care of patients with pulmonary arterial hypertension in South Africa. The group has already achieved some notable success with the availability and approval for reimbursement of Bosentan (an endothelin receptor antagonist) for PAH by some of the funders. The working group also intends setting up a registry for PAH and appeals to all physicians, pulmonologists and cardiologists to participate in this important venture. An official website will be made available soon.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart Travel Scholarship of the third term 2015 to reach the SA Heart Office by 30 September 2015.

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

REQUIREMENTS

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

RECOMMENDATIONS

- Acceptance of an **abstract at the scientific meeting** to be attended. (If acceptance of the abstract is pending, the application must still be submitted 3 months prior to the event with a note stating when the approval is to be expected. In such a case the scholarship might be granted conditionally – and proof needs to be submitted once the abstract has been accepted.);
- Invitation to participate at the meeting as an invited speaker;
- Publications in a peer-reviewed journal in the preceding year;
- Applicants from a previously disadvantaged community; and
- Applicants younger than 35 years of age.

APPLICATIONS MUST BE ADDRESS TO:

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

Applicants that have benefited from a SA Heart Travel Scholarship in the past 3 years need not apply. Preference is further given to members who have never benefited from a SA Heart Scholarship.

AFRICAPCR 2015 – A BRIEF REPORT BACK

It is difficult to be a dispassionate observer at a PCR Course organised by Europa Organisation. Sessions are designed to stimulate audience participation and dialogue, and AfricaPCR 2015 exemplified that approach.

Held from 26 - 28 March at The Forum, The Campus, in Bryanston, Johannesburg, the 2015 Course had an audible buzz with delegates being as interactive as the presenters, making for highly stimulating and informative sessions, with much take-home value.

Case studies were particularly interesting because they were not presented as “show and tell” exercises. Speakers presented the images pertaining to their respective cases, identified the challenges, but did not disclose how they had handled them. Instead, they invited the delegates to comment and debate on how they would have treated the patient. Audience consensus or divergence regarding recommended strategies inevitably led to lively discussions, resulting in a “Yes” or “No” vote for specific procedures. Case studies were rounded off by the speakers disclosing how they actually treated their respective patients, with the chairman of the session summarising the learning points.

One of the Course highlights was a special focus on radial PCI, with 2 workshops on each day dedicated to how to start a radial programme, and the tips and tricks needed to succeed with radial PCI. The workshops were sponsored by Terumo, who complemented them with a model of radial access and a radial simulator which proved to be an irresistible key attraction.



Delegates try out the radial simulator

Another highlight was the special focus on “setting up a new cath lab”. Discussion centred on what the basic requirements for paediatric and adult cardiology diagnostic and interventional procedures in the cath lab were.

When it came to tackling complications in the cath lab, Dr Otieno from Kenya aptly noted that if delegates had not experienced complications yet, then they have not used their cath labs sufficiently!

- Fluoroscopic guidance was recommended in order to reduce the femoral access site complication rate.
- Prof Jean Marco said that coronary perforation and pericardial tamponade were rare, with a frequency of less than 0.2% in PCI. He noted that 51% of perforations were guidewire related, making it vital to image the position of the guidewire.
- The success rate in retrieving wandering stents and foreign bodies was approximately 70% - 90% when snares were used.
- In the case of STEMI or cardiogenic shock, delegates were advised to call for assistance from cardiothoracic colleagues.
- They were also encouraged to initiate a quality improvement programme by keeping records of complications that occurred in the cath lab and how these complications were resolved.



Prof Jean Marco

A few major challenges were identified, with regard to establishing more cath labs, or better functioning cath labs, in Africa.

A shortage of equipment, or inadequate maintenance of equipment, appeared to be a common problem in some countries. There are currently 14 cath labs in Sudan, for example, but none with the equipment needed to do FFR.

Angola has 4 cath labs, with only two of them being functional. The reason is that the equipment suppliers and technicians are based in another country. Thus, it is clearly imperative to secure the servicing and maintenance of equipment as a contractual obligation when signing a deal with an industry partner based elsewhere.

Securing the funding to establish additional cath labs was clearly a challenge throughout the continent. Based on personal experience, Prof Mpiko Ntsekhe from UCT Medical School recommended engaging with politicians in order to advocate for the establishment of new cath labs. He cited the opening of Namibia's first cath lab a few years ago as an example, where politicians had been actively lobbied for support, with both Presidents Thabo Mbeki and Sam Nujoma having attended the opening ceremony.



William Wijns and Mpiko Ntsekhe



Dr Farrel Hellig, course director



Exhibition of industry partners

Dr Bourlon drew on his experience in Mauritania in order to identify what the basic requirements were for setting up a functional cath lab. These included having enough space and sufficient ventilation, adequate cooling for the equipment, no toilets near the lab, and adequate after-sales service. There was also consensus amongst delegates about access to echocardiograms being imperative.

Major challenges were identified.

Dr Bourlon recommended having cardiothoracic surgery on site, but pointed out that many cath labs operated in Europe without them, with interventionists having accommodated themselves to a higher risk environment.

The 2016 AfricaPCR Course will expand on the 2015 edition and course director, Dr Farrel Hellig, says that "It will aim to be even more inclusive with participation from as much of the African continent as possible. Education and resource development in the continent is clearly needed and AfricaPCR serves as a spring-board."

Dr Farrel Hellig
AfricaPCR

TO EDUCATE OR NOT TO EDUCATE?

Today's patients increasingly demand explanations of their clinical issues. And they are right! After all, medication is only a part of the healing process. An educated patient, who obeys healthy lifestyle rules and adheres to the prescribed treatment, is an important factor in his/her own healing process. So, even if the patient does not demand education from us, then the initiative to provide education should be ours and we should demand that the patient listen carefully!

This is not an easy task. How much time can we invest in patient education? How much should we? How can we explain things in a way which the patient will easily understand? Where do we obtain the visual aids we need to assist us in this process? Are we allowed to use them or should we pay a royalty fee?

Patient education made easy

It is my pleasure to inform you that this process has just become a lot easier. The SA Heart Association has teamed up with The Patient Education Institute and together we have developed an app that offers a wealth of simple illustrations, icons and tips. While easy to use and quick to navigate, it comes with some helpful functions, like drawing mode, which enables you to add on-screen notes and drawings on top of the provided illustrations. One of the things we are really happy about is that this app is

modest and will not overwhelm your patients with electronic wizardry, so the focus remains on what you want to communicate. After a bit of getting used to, we feel that this app could become your trusted assistant and that it could make your task easier and save you precious consultation time.

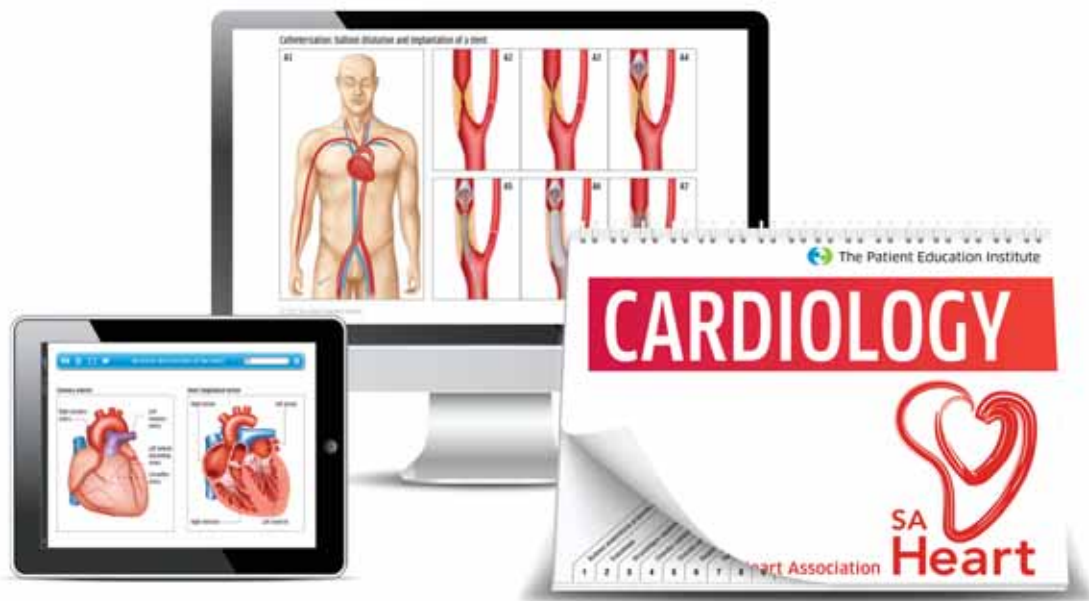
The app, and all its content, is completely free. It runs on tablets and phones, both on iOS and Android platforms.

Please download them on the SA Heart website at www.saheart.org by logging into the Atlas section with your normal login details and follow the procedures.



One more thing...

The new patient education app is a living project. Our goal is to continuously update and enhance the app and we encourage you to submit your own comments, input and materials to info@patient-education-institute.com.



THE SOUTH AFRICAN HEART ASSOCIATION RESEARCH SCHOLARSHIP

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

REQUIREMENTS

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

RECOMMENDATIONS

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

APPLICATIONS MUST BE ADDRESS TO:

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

And submitted to the SA Heart Office electronically: erika@saheart.org

THE SELECTION PANEL WILL REVIEW APPLICATIONS ANNUALLY AND THE CLOSING DATE IS 30 SEPTEMBER 2015.

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

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

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

Members who have received this scholarship in the past 3 years need not apply.

LOUIS VOGELPOEL TRAVELLING SCHOLARSHIP

Applications are invited for the annual Louis Vogelpoel Travelling Scholarship for 2016. An amount of up to R15 000 towards the travel and accommodation costs of a local or inter-national congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's out-standing 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 University of Cape Town. He had an exceptional career of over 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 under-graduates by regular bedside tutorials. He served as an outstanding role model for post-graduates 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 Prof Johan Brink, President of the Western Cape branch of the South African Heart Association, Chris Barnard Division of Cardiothoracic Surgery, Cape Heart Centre, Faculty of Health Sciences, University of Cape Town, Anzio Road, Observatory 7925 or alternatively email: johan.brink@uct.ac.za.

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

Applications close on 31 January 2016.



30 June 2015

Dear Colleague in Cardiology in Africa,

I must regrettably notify you that the Joint Pan-African Society of Cardiology (PASCAR) and Tunisian Society of Cardiology and Cardiovascular Surgery (STCCCV) 2015 Congress scheduled for 3 - 7 October 2015 in Hammamet, Tunisia has been cancelled. As you know, the spate of terror attacks and the most recent one over the past weekend makes it unsafe for delegates to travel to Tunisia. We, the PASCAR Governing Council, felt that it will be good to continue with the congress but have it in a country that is safe for delegates to travel to.

We have been in communication with the Cardiovascular Society of Mauritius to see if it would be feasible to move the Congress to Mauritius and have a Joint PASCAR/Cardiovascular Society of Mauritius Congress, to which they have agreed. We are fortunate that we found a number of conference venues that will be able to accommodate the congress on the same dates of 3 - 7 October 2015. Specific venue details to follow.

Even though the Joint PASCAR/STCCCV congress is cancelled, we extended an invitation to the Maghreb Group to join the congress in Mauritius.

Please contact Faiza Pearce at Londocor Event Management in South Africa

Registration, trade and sponsorship, abstracts, scientific programme and congress logistics

Tel: +27 (0)21 393 5950 / E-mail: faiza@londocor.co.za

We sincerely apologise for any inconvenience caused and trust that we will see you in Mauritius in October 2015.

Yours sincerely,

Prof Bongani Mayosi

President: PASCAR