



SA HEART CONGRESS 2015 - MESSAGE FROM THE PRESIDENT

Dear Congress participants, delegates and SA Heart members

I would like to welcome you to this this year's congress which has an interesting programme comprehensively covering surgical, paediatric and cardiac aspects common to Cardiovascular Disease globally, as well as in the African context.

Dedicated sessions have been assigned to Heart Failure, Rheumatic Heart Disease, Pregnancy in maternity, diagnostics and imaging and infective endocarditis, to name but a few. Speakers from Israel, Australia, a number of European countries and the United States, as well as our South African Colleagues will update us on important and new topics.

We welcome as special guests from the European Society of Cardiology (ESC) - Prof Fausto Pinto, Prof Johann Bauersachs, Dr Carlos Aguiar and Prof Jeroen Bax - who are contributing to our programme as part of the ESC Global Scientific Activities programme, which forms part of the SA Heart congress for the second time. This promises to become a fixed item on our congress programme. The initiative further highlights the fruitful collaboration with the ESC, with SA Heart in turn being invited to participate in a joint session during the annual ESC congress.

The SA Heart National Council is in the process of preparing a position statement regarding the deficiencies in training cardiologists, paediatric cardiologists and cardio thoracic surgeons with a de facto decline in per capita trainees in all specialities. The State of the Nation, arranged by Prof Francis Smit and his committee, is timely as it is of interest in addressing this problem.

Once again I would like to thank the convenor Prof Francis Smit (overall convenor and surgical programme), Prof Steve Brown (paediatric programme) and Drs Makoali Makotoko and Nico van der Merwe (adult



cardiology), as well as the other members of the scientific programme committee, for putting together this exciting programme. I would also like to extend my thanks to device and pharma industries without whose support a congress of this size would not be possible for direct sponsorships and generous educational grants received. And last, but not least, I thank our very experienced professional congress organisers from Europa Organisation Africa, under the leadership of Sue McGuinness, who have worked tirelessly in the background to put all of this together.

Prof Karen Sliwa
President, SA Heart Association

FROM THE SA HEART NATIONAL COUNCIL MEETING

Preferred provider network

Dr Robbie Kleinloog, as President of the Surgical Interest Group, circulated a letter in which he indicated surgeons' concern about and action planned against Medical Aids' Designated Service Provider (DSP) networks which deprives patients of optimal care. The problem is mushrooming and Dr Kleinloog spoke to Discovery regarding collusion. In addition, the Society of Thoracic surgeons (SOCTS) will be making a representation to the competition commission regarding the abolishment of the DSP system. The surgical interest group asked SA Heart to support this endeavour and a subcommittee, consisting of the SA Heart private practice committee, SASCI and surgical interest group, will be working on this matter.

SA Heart trademark, endorsements and other usage

SA Heart, under the leadership of the chair of the Ethics and Guidelines Committee Dr Les Osrin, has been investigating how to best handle applications to SA Heart to endorse certain courses and meetings. We have applied for SA Heart, the SA Heart logo and South African Heart Association to be registered as Trade Marks, and the process is already well underway and will hopefully be finalised before the end of the year. Members at the meeting agreed that no products or procedures would receive endorsements, only educational meetings or content. It was decided that, rather than paying for the use of the logo or trademark, an applicant was to pay for the admin fees incurred to evaluate the content of the meeting or programme it sought endorsement for. A subcommittee - consisting of the president (Prof Karen Sliwa), treasurer (Prof Francis Smit) and head or designated member of Ethics and Guidelines committee (Dr Les Osrin or SIG representative on the committee, depending on application) – will evaluate and process the applications on an ad hoc basis. The applicant pays for the reviewing process, regardless of whether the outcome is positive or negative. The subcommittee will decide how intricate the investigation is and how much will be charged. It may also decide to waive the fee entirely for SA Heart related groups, or if the endorsement is in the interest of SA Heart.

SAMED is also aware of the high number of Industry in-house meetings and are in the process of talking to all industry partners to rather conduct their courses in conjunction with academic centres.

‘We have applied for SA Heart, the SA Heart logo and South African Heart Association to be registered as Trade Marks.’

Neither SAMED, nor any other industry association, is a statutory body but they nevertheless aim to subscribe to the marketing authority guidelines and are also regulated by FCPA, Eucomed, SAMA and others regarding interaction with Healthcare providers. International companies, listed on the stock market, are the most strictly governed by these regulations. Compliance audits have started and will become more frequent in the future. Healthcare providers are, in turn, also bound by HPCSA regulations. Prof Karen Sliwa, president of SA Heart and head of the National Council, will invite industry partners and National Council members to a follow up discussion during the congress at Sun City.

POPULAR CONGRESSES FOR 2015 / 2016

CONGRESS	DATE	CITY	COUNTRY
AHA http://my.americanheart.org	7 - 11 November 2015	Orlando Florida	USA
4TH ANNUAL PERIOPERATIVE CARDIOTHORACIC CONGRESS http://www.jpc2015.co.za	11 - 14 November 2015	Cape Town	South Africa
LAA - LEFT ATRIAL APPENDAGE http://www.csi-congress.org/laa-workshop	20 - 21 November 2015	Frankfurt	Germany
CSI AFRICA - CATHETER INTERVENTIONS IN CON- GENITAL, STRUCTURAL AND VALVAR HEART DISEASE http://www.csi-congress.org/csi-africa	27 - 28 November 2015	Addis Ababa	Ethiopia
EURO ECHO-IMAGING http://www.esccardio.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://www.2015.icimeeting.com	13 - 15 December 2015	Tel Aviv	Israel
4TH INTERNATIONAL CONGRESS ON CARDIAC PROBLEMS IN PREGNANCY (CPP 2016) http://www.2016.cppcongress.com	27 February - 1 March 2016	Las Vegas Nevada	USA
4TH INTERNATIONAL CONFERENCE ON PREHYPERTENSION, HYPERTENSION AND CARDIO METABOLIC SYNDROME http://www.prehypertension.org	3 - 6 March 2016	Venice	Italy
AFRICAPCR http://www.africapcr.com	10 - 12 March 2016	Johannesburg	South Africa
65TH ANNUAL SCIENTIFIC SESSION AMERICAN COLLEGE OF CARDIOLOGY http://www.accscientificsession.acc.org	2 - 4 April 2016	Chicago Illinois	USA
EUROPCR http://www.europcr.com	17 - 20 May 2016	Paris	France
1ST CONGRESS OF CARDIOVASCULAR PREVENTION IN PRE-ELDERLY AND ELDERLY INDIVIDUALS http://www.cardioelderly.org	30 June - 2 July 2016	Bratislava	Slovakia
ESC CONGRESS 2016 http://www.esccardio.org/Congresses-&-Events/Upcoming-congresses/ESC-Congress/Next-congress/ESC-Congress-2016	27 - 31 August 2016	Rome	Italy
26TH WORLD CONGRESS OF WORLD SOCIETY OF CARDIOTHORACIC SURGEONS AND 17TH ANNUAL SA HEART CONGRESS http://www.wscts2016.co.za	8 - 11 September 2016	Cape Town	South Africa

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.

SESSION REPORT: HIV-RELATED MYOCARDIAL AND PERICARDIAL DISEASE

29 August - Belgrade, Village 8

This session on HIV-related myocardial and pericardial disease was a joint symposium of the ESC and the South African Heart Association aiming to provide a global perspective on cardiovascular disease (CVD) in Human Immunodeficiency Virus (HIV).

Indeed, in higher income countries with unlimited access to antiretroviral therapy CVD has become one of the major causes of death in HIV. Therefore, cardiovascular risk reduction and lifestyle modifications are essential and careful selection of the antiretroviral drugs, according to underlying cardiovascular risk factors, of great importance.

Prof Karin Klingel (Tuebingen, Germany) gave a lecture on HIV-related myocardial and pericardial disease providing an overview of the current debate whether there is a direct viral or rather an auto immune pathogenesis. She summarised evidence that HIV/AIDS and its therapy can have effects on the cardiovascular system on several levels. HIV/AIDS may lead to myocardial and pericardial disease upon presentation of opportunistic infections in the presence of advanced immunosuppression, be a consequence of HIV-induced immune activation or derive from antiretroviral therapy-associated dyslipidaemia and insulin resistance.

Prof Klingel showed data regarding the high prevalence of myocarditis (67%) in post mortem examinations of HIV positive patients. The progression from myocarditis to a dilated cardiomyopathy happened in 16 of 1 000



Prof Karin Klingel and Karen Sliwa chairing the joint SA Heart/ESC symposium.

patients in a different cohort. Prior to the introduction of highly active antiretroviral therapy dilated cardiomyopathy was seen in 40% of all HIV infected people. HIV replicates mainly in macrophages and dendritic cells leading to an increase in TNF-alpha and inducible nitric oxide. Recent data from Gasnat Shabodien and Bongani Mayosi, University of Cape Town, were presented showing various degrees of myocarditis and a large range of cardiotropic viruses prevalent in all cases with an HIV cardiomyopathy.

Prof Andrew Sarkin from Pretoria, South Africa gave an excellent historical, epidemiological and clinical overview of HIV and its cardiovascular effects from a sub-Saharan Africa perspective. With delayed roll-out of antiretroviral therapy pericardial disease (often related to tuberculosis), HIV-associated cardiomyopathy, and HIV-associated pulmonary hypertension are the most common cardiac manifestations in HIV. In South Africa, the epicentre of the HIV epidemic, more than 5 million people are living with HIV/AIDS. Women are predominantly affected.



Prof Andrew Sarkin provided interesting facts putting the HIV in Africa related data into socio-economic context.

Prof Franck Boccara from Paris, France followed with a lecture on HIV related myocardial and pericardial disease. He also gave an historical overview of how the disease presentation and epidemiology has changed over the past 30 years in Europe as he was involved in research in that field. He presented data that showed that in higher-income countries, like France, cardiovascular disease is amongst the most common mode of deaths. Heart failure due to cardiomyopathy with marked systolic dysfunction has been replaced with heart failure with preserved ejection fraction. Age,



Prof Franck Boccara and Karen Sliwa at the joint SA Heart/ESC symposium.

diabetes, increased BMI, possibly related to the side effects of some of the protease inhibitors are leading to diastolic dysfunction and cardiac steatosis.

Dr Anastase Dzudie from Douala, Cameroon, presented a case that has been collected as part of the Pan African Pulmonary Hypertension Cohort Study (PAPUCO). The case presented showed pulmonary hypertension related to several episode of tuberculosis in an HIV positive women. This interesting case highlighted the fact that many known risk factors for PH are hyperendemic in Africa including HIV/AIDS, rheumatic heart disease, hereditary haemoglobinopathies, schis-

tosomiasis and other parasitic infections, and chronic hepatitis B and C infection. On the other hand, a high prevalence of tuberculosis, poorly treated asthma, high levels of pollution in urban areas and exposure to mining, may subsequently lead to various forms of pulmonary disease, PH and, often, to right heart failure with premature death.

Prof Karen Sliwa,
University of Cape Town, South Africa

Prof Sabine Pakuweit,
University of Marburg, Germany



Dr Anastase Dzudie presenting his case study during the symposium.

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

All members of
SA Heart are invited
to attend the

SA HEART AGM

**ON MONDAY
26 OCTOBER 2015
AT SUN CITY,
STARTING AT 17H30**



NEWS FROM SHARE

The new SHARE II registries, presented at the SA Heart Congress 2014 in Durban, are up and running and cases are being entered actively. During the PCR congress in March we held a SHARE TAVI project Investigators' meeting during which Dr Hellmuth Weich presented some early data from the registry and Prof Mpiko Ntsekhe, in his role as Chair of the SA Heart Registry committee, fielded questions from the audience. Valuable feedback was given by users and industry representatives and we discussed at length how best to overcome a potential bias in the database, caused by cardiologists not referring patients to TAVI centres for TAVI evaluations if they are of the opinion that a particular Funder does not fund TAVI procedures. To date, 8 out of the 12 TAVI sites are entering data and 80 patients have been captured since the congress last year. This initiative has enjoyed the

African centers in the data collection. This is very exciting news as it will allow the development of an African cohort, which could be used as an outgroup comparator for other low-resource countries which are also seeing a great rise in NCDs. This could then help in defining more relevant referral algorithms for developing regions, which are frequently more poorly resourced than Europe and America. The CDM database has over 35 cases entered, with 3 sites participating in South Africa, led by Prof Sliwa in the Western Cape, in Gauteng by Prof Sarkin and Prof Soma-Pillay and by Prof Sajidah Khan in KwaZulu-Natal. The 2 African sites are set to join as soon as their local Ethics approvals have been finalised. These CDM PIs are particularly keen to include private practices in the CDM data collection. Prof Sliwa would like to invite any private practitioners, who are interested in participating in the

Valuable feedback was given by users and industry representatives and we discussed at length how best to overcome a potential bias in the database.

benefit of full support from Industry, both financially and logistically, and we are grateful to Edwards and Medtronic for their contribution to the success of this project. The results of the first year of the SHARE II TAVI data collection in South Africa will be presented at the SA Heart Congress in October, and will be followed by another SHARE Investigators' meeting for further report-back to participants.

Prof Karen Sliwa has also steered the SHARE II project in a fresh direction, through her leadership of the CDM Cardiac Disease in Maternity database. Prof Sliwa's extensive research experience across Africa has enabled SHARE II to broaden its research base by including 2

CDM project, to contact her directly or to email elizabeth@vodamail.co.za for more information.

Two other exciting new projects are in the pipeline for SHARE in the next 6 months and all SA Heart members, who are interested in research which will lead to improved patient care, are invited to approach SHARE and submit additional project proposals according to the SHARE guidelines. These are available at www.saheart.org or contact Elizabeth Schaafsma for further discussions.

**Elizabeth Schaafsma, SHARE Project Manager
South African Heart Association Registry Project**



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Making life better

STEMI RULES

Based on International and South African guidelines and supported by SA Heart (South African Heart Association) and SASCI (SA Society of Cardiovascular Intervention).

International guidelines emphasise early appropriate treatment for ST-elevation Myocardial Infarction (STEMI) - infarction with a total occlusion of a coronary artery - in which "Time is Muscle". To save heart muscle when a coronary artery closes, this occlusion needs to be opened as soon as possible with medication and/or an intervention in a catheterisation laboratory. After 3 hours of occlusions, little muscle tissue can be saved further.

What is needed to achieve this successful Management?

- Patients need to be educated in order to recognise the symptoms.
- Patients need to be educated on what to do, which numbers to phone and where to go as soon as possible.
- Healthcare facilities, at first medical contact, should immediately perform ECGs on all patients who present with chest pain, unless a very clear alternative cause is obvious. These patients should not wait to be seen, but should have (at least) an ECG done immediately.
- Healthcare professional staff should be familiar with treatment options for STEMI and they should immediately start therapy, whether pharmacologic thrombolysis and then transfer, or immediate transfer to a catheterisation laboratory for coronary intervention to open the blocked artery.
- Thrombolytic therapy with either Tenecteplase; Actilyce or Streptokinase should be available, at least at all secondary healthcare facilities.
- Healthcare professional staff should have access to a cardiologist, or other trained professionals, to assist them with decision making and transfer.
- All specialist facilities are encouraged to participate in the SA Heart SASCI STEMI Early Reperfusion Registry in order to document and date outcomes to further assist with future interventions.



UPDATE ON SOUTH AFRICA STEMI PROGRAMME

By now you should be familiar with our STEMI project – did you read the updates in previous and recent newsletters? Herewith some more information regarding our strategy and how it is progressing at the moment:

- We applied for Affiliation to the Stent For Life Programme (SFL) of the European Society of Cardiology (ESC). Please visit the www.stentforlife.com website for more information on STEMI Reperfusion activities by ESC members and affiliated member countries.
- Participation in our registry has been very disappointing with only 2 out of 5 cardiologists at the start up center, Wilgers Hospital, contributed cases to the registry that started in April 2015 and one of the 3 start up hospitals in Pretoria, Unitas, did not complete a single STEMI case for our SA Heart STEMI Registry. Pretoria Heart Hospital did better than before. I challenge other regions to show Pretoria that you can do better.
- Advocating our programme in the Eastern Cape and KwaZulu-Natal. Johannesburg and Bloemfontein has commenced, with Cape Town soon to follow. Many hospitals run their own myocardial infarction programmes but their data have limited value as it is not shared with the larger cardiology community. Where we initially started with our awareness programme at the cath lab hospitals, it seems that the process could be better driven by starting at the referral centers where we experience enthusiasm for the development of a network for effective reperfusion.
- This programme saves only a few lives, but with effective early reperfusion, many individuals could leave hospital being better prepared for living and avoiding a further event. Although this programme focuses on well defined STEMI cases, all ACS patients will benefit from the improved level of awareness, knowledge and networking.
- Willem Stassen, from ER 24, is doing a doctorate on STEMI Networking in South Africa and his data will compliment our information and study. Please assist him with supplying information when asked to answer questions in his survey.
- STEMI India made their very useful workbook available to us. Minor revisions are being done before this book will be made available to participating referral centers and others involved in the network, from the cathlab hospital and back again to referring physicians.

‘ We will develop our own online tools on the SHARE platform. ’

- Once the evaluation of our present registry dataset has been completed, we will develop our own online tools on the SHARE platform.
- We are investigating the possibility of making use of the comprehensive STEMI India Chest Pains Software. Much work still needs to be done in this regard before a final decision can be made.
- Please visit the SASCI and SA Heart websites which contain more information regarding our Project.
- During September and October the STEMI programme will participate in the Stroke Awareness Programme by supplying information regarding STEMI Awareness.
- In 2016 we plan to engage with specialist physicians in order to participate in the programme. We should like to promote a strategy of early thrombolysis; immediate referral for angiography and then back to the treating physician to continue health care.

Adriaan Snyders

HEART HEALTH...IN SIGHT!

A new era for CVD has arrived

On 3 August 2015 Member States of the United Nations approved the final draft of 17 Sustainable Development Goals (SDGs), including a standalone target on non-communicable diseases (NCDs). During a meeting at the UN Headquarters in New York on 25 - 27 September 2015, these targets will officially be adopted as we celebrate a new era of international policy and collaboration.

Whilst the Millennium Development Goals (MDGs) which preceded the SDGs focused their attention on issues that affect developing nations such as poverty and hunger, education, communicable diseases and gender inequality amongst others, it did not directly address NCDs. With NCDs expected to overtake all other causes of mortality in Africa by 2030, this global prioritisation is to be celebrated across our region!

Building on the previous decade

The SDGs are a new, universal set of goals, targets and indicators that UN member states are expected to use to frame their agendas and political policies over the next 15 years. They will build on the MDGs and complete what they did not achieve. They have further been packaged into the 6 essential elements of dignity, prosperity, justice, partnership, planet and people. The new goals and targets will come into effect on 1 January 2016 and will guide the decisions governments take in the years to come.

A Global Target with CVD and NCDs at its centre

Global prioritisation of NCDs are reflected in Goal 3: "Ensure healthy lives and promote well-being for all at all ages". Specific targets, as set out below, entrench that universally we have our "work cut out for us":

- By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

- Strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries, as appropriate.
- Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Of these targets, the 33% reduction in premature mortality from NCDs within the next 15 years creates a clear target that should strengthen efforts to prevent and treat CVD. This is expected to increase the priority of NCDs on the global health agenda.

The Burden of NCDs

NCDs, the collective term for cardiovascular disease, diabetes, cancer, chronic respiratory diseases and mental disorders, are responsible for 35 million annual deaths globally, 80% of which occur in low and middle income countries (LMICs), yet most of these are



Six essential elements for delivering the sustainable development goals (UN 2014)



preventable in people younger than 65 years. Of the NCDs, CVD is the leading cause of disabilities and death, killing 17 million people annually.

The WHO estimates the burden of NCDs in South Africa to be 2 to 3 times higher than in developed countries, accounting for up to 28% of the total burden of disease. Of the NCDs, heart disease and stroke are the leading cause of death in adult South Africans.

Let us celebrate the Success of the Heart Health Community

The inclusion of NCDs as a global focus, is the result of hard work and advocacy efforts by many global and local organisations like the World Heart Federation and its members and the broader NCD Alliance family. The Heart and Stroke Foundation SA (HSFSA) has played a central role in this process through a number of initiatives. In 2011 we attended the UN high level summit on NCDs in New York as a representative of civil society from Africa; in September 2011 the HSFSA presented at the South African NCD Summit in Gauteng and contributed towards the SA Declaration on the Prevention and Control of NCDs; subsequently we contributed towards developing South Africa's own NCD strategy with clear targets to be achieved by 2020; in 2014 HSFSA attended the 2nd UN high level meeting on NCDs in New York and was a panellist on one of the 2 roundtable discussions at this meeting; The HSFSA is one of the founding members of the South African NCD Alliance (SA NCDA) together with Diabetes SA, the Cancer Society of SA and the Patient Health Alliance of NGOs. The SA NCDA recently released a civil society status report on NCDs in South Africa which will be used as a benchmarking tool for the purposes of advocacy and monitoring SA's action on NCDs.

‘ The SDGs are a new, universal set of goals, targets and indicators that UN member states are expected to use to frame their agendas and political policies. ’

The new SDGs will no doubt help galvanise further action and support towards achieving these targets locally.

There will be continued opportunity to influence CVD specific language in the indicators, which will be finalised next year. But for now, let us take a step back, view all that we have achieved so far and raise our glasses to the inclusion of CVD and other NCDs in the development agenda for the next 15 years!

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THE SOUTH AFRICAN HEART ASSOCIATION 2015

REPORT OF THE PRESIDENT

This year was marked by a new approach involving not only the SA Heart Executive in regular teleconferences, but also the wider SA Heart community, i.e., the SA Heart National Council (NAC), with representatives from all Special Interest Groups (SIGs) and Regional Branches in three face-to-face meetings to address matters pertaining to the cardiac community as a whole. I want to sincerely thank, firstly, my colleagues on the SA Heart Executive for all the support and co-operation received during my first year of tenure as SA Heart President, but also, all members of the NAC who took time from their busy schedules to attend these meetings, for their active participation and fruitful discussions. The committee also received excellent support from Ms Erika Dau and Mrs Elizabeth Schaafsma. During the second meeting we realised that the Interventional Society of Cath Lab Allied Professionals (ISCAP) were not represented on this forum and invited ISCAP to nominate a representative for the third meeting, held in October. The Allied Professionals will thus have a seat on this council in future.

The NAC found that it was high time to formalise the business structure of SA Heart, from that of a loose Association without legal status to a Non-Profit Company (NPC). We involved our auditors, who ably consulted and guided us through the process, drew up the Memorandum of Incorporation and filed the application with the Companies and Intellectual Property Commission. Leading up to the Annual General Meeting (AGM) we asked ordinary members to vote in favour of this step, dissolving the Association and starting the NPC, as well as nominating members to serve on the Board of the new NPC. The Association and NPC will function juxtaposed, from the AGM to the end of the financial year end, and it is envisaged that in March 2016 the NPC will take over from the Association and the latter will be finally dissolved.

As a result of the first NAC meeting, SA Heart launched a survey polling its membership about how much they knew about their professional society, its activities and benefits, and also what they thought SA Heart should be involved in, what they expected and what they would like to see happen. A good 22% of members participated in this survey, with responses coming from a mix of membership types and professions, providing the SA Heart NAC with a good planning tool. We have already started to address some of the issues raised and will continue to do so. However, time constraints experienced by all NAC members allow for small steps at a time. We are also thankful that many members indicated that they would be willing to help in their field of expertise and we urge members to communicate this directly to the SA Heart office, as the survey was anonymous and we would hate to see this potential wasted. (An executive summary of the survey is available in the SA Heart Newsletter Winter 2015 edition, and details will be on the website from November).

Shortcomings on the Essential Drugs List (EDL) were noted and discussed. As result, we approached the Department of Health and have now established good contact with the department and will in future be called upon to give input on the various levels. Dr Janine Jugathpal from the Department of Health's EDL programme attended our second NAC meeting and described the process in detail. Dr Jugathpal also described the shortcomings the department have noticed in their approach and how they are busy addressing these, relying a lot more on medical professional societies for input and feedback.

A constant worry in the cardiology and cardiac surgery community is the shortage of qualified practitioners, and even more so of training posts in the respective fields, as are some shortcomings in the actual training, especially pertaining to new technology. Under my leadership, the NAC members embarked on compiling a position paper highlighting the shortcomings, with no increase in training posts over the last ten years despite the increased Cardiovascular disease (CVD) epidemic and growth in population. The position paper also contains recommendations to health care planners. We envisage this paper to be finalised and submitted for review in November. We aim to distribute the published position paper widely, including to the Department of Health.

Another big change for SA Heart is the new SA Heart Web Portal – accommodating our website as well as a new online membership system, automating some of the administrative functions, and also allowing members to update their own profile information and access their accounts online at all times. This initiative was started by my predecessor, Dr Adriaan Snyders, and has come to completion this year. The website is an abundant source of information and – as the survey showed – not all members are familiar with what SA Heart actually offers and that this information can be found on our website: From congresses to scholarships; from lectures to – newly-added – research output of our members and CVD research and news updates compiled by the Heart and Stroke Foundation; from open access SA Heart Journal and SA Heart Newsletters to guidelines. We have teamed up with the Patient Education Institute to provide material that makes explaining procedures to your patients easy, and there is the thus far underutilised knowledge share Forum which we hope will be more actively used in future.

In my capacity as President, I was also involved in the Congress Organising Committee's evaluation of tenders received from Professional Congress organisers to organise our annual Congress 2017 and beyond. After evaluating, shortlisting and interviewing, we have decided to ask MCI (South Africa) to run Congress 2017, for which the Johannesburg branch has already agreed to function as scientific committee. Potential venues are provisionally booked for 2017 and further discussions will be held during the SA Heart Congress 2015. I have also been in discussion with Dr Adri Kok from the Faculty of Consulting Physicians, who is organising the World Congress of Internal Medicine, to be held in Cape Town in October 2018. They have approached SA Heart for cardiology input for this congress and further discussions are under way on how this will influence SA Heart's own Congress in that year.

I have been also representing SA Heart in the European Cardiac Society (ESC) Global Affairs Committee, which led to strengthening ties with the ESC. Prof Fausto Pinto, President of the ESC, attended and spoke at the SA Heart Congresses in 2014 and 2015 and the ESC Global Scientific Activities now seem to be a fixed item on our Congress programme. As a board member of the Pan African Cardiac Society, I am creating a strong link with its members and other African cardiac societies.

Concerning congresses: Rules are changing for industry, which influence the way industry companies will or may be involved in congresses in future. Representatives from the South African Medical Device Industry Association (SAMEDI) discussed some aspects with the NAC in July and SA Heart will strengthen its liaison and communication with industry partners. A meeting with industry role-players is scheduled during the SA Heart Congress in 2015 to discuss suggestions and burning issues.

Our Standing Committee and other Exco members have been active with lecture series, billing and coding issues, matters pertaining to guidelines and the use of the SA Heart logo, the ST segment elevation myocardial infarction (STEMI) early reperfusion project, the SHARE registry, the SA Heart Journal and Newsletter and many other matters and will report back on these in their annual reports. Thank you to all involved and to all members who make a difference.

Prof Karen Sliwa, President, SA Heart Association

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COMMITTEE REPORTS

EDUCATION COMMITTEE

Members

Dr Martin Mpe (Chairman), Anthony Becker, Johan Brink, Ashley Chin, Tom Mabin, Mpiko Ntsekhe and Liesl Zühlke.

Sub-committee – All heads of cardiology departments

Co-opted convenor of annual congress

Prof Francis Smit – 2015, Dr Robbie Kleinloog – 2016.

SA Heart Events Calendar

The past year has seen a lot of support for the events calendar. The ideal would be to book dates on the calendar before the events are announced. This would allow for good planning and obviate the possibility of date changes and postponements due to clashes in dates.

SA Heart Lecture Series

The SA Heart Exco initiated a lecture series programme for non-cardiologists in 2014.

Atrial Fibrillation Lecture Series (2014)

The Atrial Fibrillation (AF) Lecture Series was the first. The slide set was developed with input largely from the Cardiac Arrhythmia Society of Southern Africa (CASSA) members. The first lectures were given in 2004. The road show could not be completed within this calendar year because of poor attendance. The plan was to conclude the remainder of the series in 2015. The lectures planned for 2015 were marred by postponements, cancellations and poor attendance. The experience in itself was worthwhile in that we were better able to deal with challenges inherent in this programme as we were working on the next series.

Hypertension Lecture Series (2015)

The South African Heart Association (SA Heart) invited the South African Hypertension Society (SAHS) to develop, together with SA Heart, a lecture series on Hypertension (HT) aimed at Non-Cardiologists. Prof Alta Schutte, the current President of the SAHS, was the co-coordinator of the series. The series comprised four individual lectures, namely epidemiology (Prepared by Profs Krisela Steyn and Alta Schutte), Treatment – including the new SAHS guidelines (Prepared by Dr M.T. Mpe), Renal denervation (adapted from slides prepared by Dr I.O. Ebrahim) and aortic dissection (prepared by Dr M.A. Long). The slide kits were made available to the speakers. Supporting sponsors included Abbott Laboratories and Pharma Dynamics.

Industry gave a generous educational grant for the development of the lecture kit, Continuing Professional Development (CPD) Accreditation and certificate handling, sourcing of speakers and other administration. In addition, they covered the costs for speaker honorariums, venue hire and catering, and in the case of more remote areas, travel costs for speakers. The speaker honorarium was set at R4 000.00 per speaker. One speaker was from SAHS and one from SA Heart. Two CPD points were allocated per event.

The hypertension series was a little more successful compared to the AF series. The experience, however, also carried more lessons for us on what our target audiences would want to see. The success attained can be improved.

Future Non-Cardiologists meetings (2016 –)

There have been suggestions and calls for the SA Heart Secretariat, together with the Education Committee, to think of more creative ways to enhance the appeal of the lecture series for Non-Cardiologists. A few proposals included

longer sessions (bigger meetings) where more CPD points could be earned, review of days and times when these are held, involvement of more SIGS to enrich the content, and widening participation from SA Heart, and so on. These proposals need closer scrutiny and thorough discussion before the format can be changed. The Education Committee is still to decide on the theme for the lecture series for 2016.

Dr Martin Mpe, Chairman, Education Committee

ETHICS AND GUIDELINES COMMITTEE

Members

Les Osrin (Chairperson), Cobus Badenhorst, James Fulton, John Lawrenson, Mpiko Ntsekhe, Karen Sliwa and Andrew Thornton.

The structure and constitution of the committee has remained unchanged over this period.

No issues pertaining to ethics were received for adjudication.

No new guidelines were created or published by the committee during this period.

The principle of automatic incorporation of European Society of Cardiology (ESC) guidelines was confirmed by National Exco. Where local needs or practice require a South African perspective, this will be addressed by the committee on referral or request.

A sub-committee was created and tasked with creating a summary template (one-pager) for existing ESC guidelines. This is largely accomplished and will be fine-tuned during the first project (by Prof K. Sliwa; Dr M. Mpe; Dr L. Osrin).

The committee has presented proposals for discussion to National Exco on the endorsement contract, as well as meeting with the designated lawyers responsible for the contract, on an ongoing basis over the past eight months. The contract is in penultimate phase of adoption and completion, and will be finalised within four weeks.

A request from Discovery Health Clinical Policy Unit was received for comment on Transmyocardial Laser Revascularisation. This was circulated to committee members and will be addressed by the Society of Cardiothoracic Surgeons via Dr J. Fulton of the Ethics and Guidelines Committee.

Les Osrin, Chairperson, Ethics and Guidelines Committee

FULL TIME SALARIED PRACTICE COMMITTEE

Members

Prof Andrew Sarkin (chairman), Dr Paul Adams, Dr Blanche Cupido, Dr Riaz Dawood, Dr Johan Jordaan, Dr Sajidah Kahn and Dr Elias Zigiariadis.

Thanks to all of the committee members for their input and assistance.

Strengthening the full-time academic departments

This remains a priority from all aspects, including the training of cardiologists, service delivery and research. The committee has looked at ways to assist, particularly in relation to equipment and disposables, and that common ground between the departments may be found.

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Booklet

The Full Time Salaried Practice Committee continues its preparation of a simple booklet, aimed at general practitioners (GPs) and district and secondary level hospitals, covering the main cardiac diseases and taking into account current pragmatic therapies from both a cardiac and a cardiothoracic point of view.

Training cardiologists/cardiothoracic surgeons in South Africa

The various challenges facing training are being looked at by the committee, including posts within the academic departments, salary differentials between the private and public sectors, and training with the private sector.

Essential Drugs List

The committee considered and provided input on the Essential Drugs List and suggested more dialogue was necessary going forward.

Prof Andrew Sarkin, Chairman, Full Time Practice Committee of SA Heart

PRIVATE PRACTICE COMMITTEE

Members

Dr Jean-Paul Theron (Chairperson), Mark Abelson, Jens Hitzeroth, Zaid Mohamed, Lungile Pepeta, Larry Rampini, Daryl Smith, Andrew Thornton and Jean Vorster.

The events I have been involved in which affect private practice are quite difficult to summarise, as I am involved not only as the SA Heart Private Practice Committee (PPC) Chairperson, but also as an Executive Committee Member of the South African Society of Cardiovascular Intervention (SASCI) and a member of the South African Medical Association Private Practice Committee. Obviously, these roles overlap. Dr David Jankelow (Vice-President of SA Heart) and Mr George Nel (Managing Member) have been very involved with private practice issues and working with me to resolve a number of issues. In addition, SASCI as a whole has been extremely supportive with regard to coding and financial issues pertaining to interventional procedures. The Cardiac Arrhythmia Society of Southern Africa (CASSA) and Dr Andrew Thornton have been extremely helpful with regard to device implant coding and financial issues. The Cardiac Imaging Society of South Africa (CISSA), Prof Rafique Essop and Dr Darryl Smith have also been very instrumental in helping us resolve some important issues regarding echocardiogram and coding. My heartfelt thank you goes out to all members who have been involved and willing to help with the challenges we have faced over the past year and will continue to face in coming years.

Echocardiography

- The field of echocardiography has expanded dramatically over the last five years and several funders refuse to refund cardiologists for performing Doppler measurements when performing an echocardiogram. The SA Heart Private Practice Committee (PPC), CISSA and Vice-President engaged Momentum Health earlier in the year and, after a video conference with their medical advisors, Momentum Health agreed to reimburse trained cardiologists for all four codes describing an echocardiogram including the use of Doppler. In exchange, CISSA and SA Heart agreed to help Momentum Health with peer review if required. (STATUS – RESOLVED).
- Despite the agreement described above, there have been some reports of Momentum Health still requiring a motivation for the use of Doppler in echocardiography. This may simply reflect some lag time and we hope it will resolve itself. We will continue to look out for instances where this occurs and take up with Momentum Health if required. (STATUS – MONITORING).
- Momentum Health expressed their concern at the increase of non-cardiologists and untrained individuals claiming for echocardiograms performed. After discussions with Prof R. Essop of CISSA, we recognised that there is a need

for non-cardiologists to perform echocardiography and also a need for possible training of non-cardiologists in the field. These areas include:

- Emergency medicine physicians
- Anaesthetists providing cardiac aesthesia
- Specialist physicians in poorly serviced areas

This is obviously a large undertaking and will need to involve all role-players, including The College of Physicians. We would like CISSA to take a lead role in this undertaking and are still in very early discussions regarding this. (STATUS – UNRESOLVED).

- Recently a similar problem was reported regarding Metropolitan Medical Scheme. The medical advisor concerned is Dr Louw Engelbrecht and Dr David Jankelow has volunteered to set up a meeting. We see this as a golden opportunity to engage Metropolitan Medical Scheme. In addition, we have already forwarded CISSA and SA Heart's official response regarding echocardiogram and Doppler to Metropolitan Medical Scheme. (STATUS – IN PROGRESS).

Private Practice Costs Health Care Inquiry

- The Private Practice Costs Health Care Inquiry could deal a serious blow to private practice in South Africa. I have called for a response from SA Heart and SASCI, but the response has been tepid. The general consensus is that our response will not be able to add anything in addition to the various responses that have already been lodged by the South African Medical Association (SAMA), health care industry and hospital groups. There is a clear political agenda and an effort to discredit private health care. I have suggested to Mr George Nel (Managing Member, SASCI) that we should consider employing a media specialist to embark on a public relations campaign to improve public perception of private cardiology in South Africa. (STATUS – UNRESOLVED/UNDECIDED).

Discovery Health Coronary Care Programme

- This is a new initiative which was launched by Discovery Health using event based reimbursement. It is a completely voluntary programme where patients suspected of having coronary artery disease undergo CT coronary angiography prior to invasive coronary angiography. The purpose of the programme is to reduce hospitalisation costs in the patient group which undergoes invasive coronary angiography. SASCI has undertaken to provide peer review for the programme. In certain practices, we feel the programme may be financially beneficial. However, certain practices may be negatively impacted by the programme. More information on the subject can be obtained from SASCI or Discovery Health. (STATUS – RESOLVED).

Transcatheter Aortic Valve Replacement Global Fee Reimbursement

- This is an issue that I have not given much attention to as there are a core group of specialists who have been negotiating the global fee value. Dr F. Hellig had a short discussion with me regarding the global fee, which is severely deficient at the moment considering the number of professionals who have to be paid out of the fee and the very high cost of the valve itself. (STATUS – ONGOING).

SASCI-sponsored Coding Guideline

- The SASCI-sponsored coding guideline has been released but remains a work in progress. We have requested feedback from cardiologists in private practice, but so far have not received any. At this stage we continue to receive non-payment queries from members, which in most cases are related to incorrect coding practices. There are some non-payment queries related to incorrect perceptions by certain medical funders which we will have to engage on a case by case basis. In an attempt to improve our response to these queries, SASCI is considering appointing Mr J. Botha, who has much experience with dealing with medical funders and coding issues. I am in the process of discussing this with Dr David Kettles (President of SASCI) and Mr George Nel (Managing Member, SASCI). (STATUS – ONGOING).

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- I had a meeting with Discovery Health on 21 August 2015. Their coding representatives included Ms Stephanie Fourie and Ms Maria Mphahlele. The meeting took place at my rooms and lasted three hours. There are at least 26 issues that Discovery Health disagreed with. Some issues highlighted by Discovery Health are:
 - Coding and reimbursement are two separate issues.
 - The Current Procedural Terminology (CPT) system is used as a benchmark for disputes and Discovery Health is currently applying CPT rules when determining what they believe are correct coding practices.
 - Although there was a lot of common ground, Discovery Health disagrees regarding a number of practices including mainly device-related coding, the use of consultation codes together with coronary angiography and newer procedures such as thrombus aspiration and the use of microcatheters.

In my opinion, we cannot discuss significant changes to coding practices without adjusting reimbursement. Some of the changes Discovery Health wishes SASCI to implement in the coding guideline will have a significantly negative impact on most practices. In addition, we do not agree that Discovery Health is correct in its interpretation of some of these codes, in any case. It is important to note the SAMA coding system is separate from the CPT system and, although it is far from ideal, it is what we are using currently. The SAMA coding system is a 'fee for service' system and we believe that we have not suggested anything unethical in the coding manual. The CPT system is definitely more efficient but its adoption without changing reimbursement would result in a SUBSTANTIAL DECREASE IN EARNING OF PRIVATE CARDIOLOGISTS. I suggest three conditions before consideration of adopting the CPT system (or its South African counterpart – the CSSA):

- All disciplines (not just cardiology) adopt the system, which is important when comparing the value of one procedure against another.
- All medical funders in South Africa adopt the system and agree to abide by its rules.
- Reimbursement is adjusted so that average reimbursement remains unchanged. This should be confirmed by an independent auditor and not the medical funder.

Until these provisions can be met, I think it is unrealistic to consider adopting a new coding system. (STATUS – ONGOING).

Trade Union

- At a number of cardiology meetings, many cardiologists expressed interest in forming a trade union. Dr Adi Horak has brought this up numerous times and has also spoken to many cardiologists who agree with this idea in principle.
- According to the South African Bill of Rights, every individual:
 - Has the right to freedom of association
 - Has the right to choose their trade, occupation or profession freely
 - Has the right to fair labour practices
 - Every worker has the right to form and join a trade union and to participate in the activities of a trade union; and to strike
 - Every trade union has a right to engage in collective bargaining. National legislation may limit this right but this legislation must comply with section 36(1)

I have had a discussion with Dr David Jankelow and Dr Adi Horak and we have decided to investigate our options. From a superficial point of view it seems that collective bargaining is protected in the Bill of Rights. I suggest we pursue this, as I think that this is the only way we can strengthen our bargaining position with medical funders. In normal market conditions, reimbursement is directly proportional to the need and scarcity of the product. In the current situation, cardiologists are both scarce and needed, yet we are the opposite side of the bargaining equation. This needs to change. (STATUS – UNDER CONSIDERATION).

In summary, there are several issues which require urgent attention and relatively few individuals willing to put time into resolving them. In my opinion, the most important aspect going forward is involvement of the private practice community with SA Heart, SASCI and other special interest groups. What is really important is a willingness to actually get involved and do something, however small, rather than simply to be on a committee in name only. Despite this, the few passionate people who have been involved have already made a huge difference and the private practice cardiology as whole should be thankful that these people are campaigning on their behalf.

Dr Jean-Paul Theron, Chairperson, SA Heart Private Practice Committee

SA HEART REGISTRY – SHARE

Members

Mpiko Ntsekhe (Chairperson), Karen Sliwa, Francis Smit, Adriaan Snyders, Elizabeth Schaafsma (Project manager) and Erika Dau.

The objectives for SHARE II for 2015 were six-fold:

- Wind down and wrap up the SHARE I-related E-MD database contractual obligations and then transfer the Cardiothoracic component of the SHARE database on to the new KOSTOS database platform which the SHARE committee selected as its platform for all future prospective registries.
- Consolidate the development of the two databases, which were established leading up to the Durban AGM, namely: SHARE-TAVI and the Cardiac Diseases of Maternity prospective registries. These registries would serve as a blueprint for all future SHARE-related registries.
- Establish one or two new prospective registries. Strong candidates at the time were SHARE-ACS and SHARE-Heart Failure.
- Renegotiate and modernise the contracts of SHARE/SA Heart-employed staff.
- Disseminate data generated from SHARE I in the form of publishable manuscripts.
- Try to achieve a semblance of financial independence for each registry that aims to limit the financial commitment of SA Heart.

As this report summarises in more detail below, all but one of these objectives have been met successfully except the publication of a SHARE I manuscript.

The SHARE I surgical registry data has been taken over by the Cardiothoracic Surgical SIG. Part of the agreement with the CT SIG in closing SHARE I was that Elizabeth Schaafsma would be co-opted to help with the migration of the surgical database from EMD to Kontos Databases. The decision to move across the SHARE II programme of activities to a web-based platform for all new registry data collection has, as intended, reduced technical difficulties by avoiding problematic installations of proprietary software. Kontos Databases has performed exceptionally well, delivering the databases within budget, and on occasion ahead of schedule, which is almost unheard of in IT projects. Their very quick turnaround time on development for change requests or fault reporting has helped settle down the registries quickly and efficiently, allowing data capture to continue uninterrupted. Kontos Databases will be strongly recommended as the provider of choice for databases for all SA Heart SHARE II projects based on this very positive experience. As agreed to by Exco, Elizabeth assisted the surgeons and has been deeply involved in the development of the Surgical Society's own registry which will be used as the Universitas CT department's primary paperless record management system from October 2015. The SHARE I surgical registry data will still be available for research, and has been extracted from the warehouse and archived safely at University of the Free State under the care of Prof Smit. It is hoped that as the surgical society is using the same IT platform as SHARE II, future collaborative projects will be proposed and easily implemented in the near future.

Two SHARE prospective registries are now well established, with the participation by centres and individual cardiologists growing, and the recruitment of patients into the registries increasing steadily. Drs Jacques Sherman and Hellmuth

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Weich lead the SHARE-TAVI registry while Dr Priya Soma-Piya and Professor Karen Sliwa lead the SHARE Cardiac Disease and Maternity Registry (CDMR). Data capture began straight after the SA Heart Congress 2014. To date, nine of the 12 active TAVI sites in the country have been contributing actively to the registry while one site is still awaiting ethics approval from its hospital group. Participation is voluntary so we are hoping that the remaining two sites will begin to contribute to this important national project in the near future. A total of 85 patients have been entered to date. An abstract describing the experience of the SHARE-TAVI experience to date has been submitted and accepted for presented at this year's congress.

The approach taken by the Cardiac Diseases and Maternity team was to limit the number of participating sites until they could make sure that the database infrastructure and system were up and running with minimal glitches prior to expanding the programme. The number of patients reached 55 this September and plans are now afoot to recruit more participating sites and collaborators. The good news is that there is enthusiasm to join the registry emanating from both within and without the country, as evidenced by the fact that sites from as far a-field as Kenya, Tanzania and Cameroon are due to join. This highlights the continental nature and burden of the clinical problem. The registry itself is a great example of interdisciplinary collaboration with a different type of "heart team" in action (obstetricians, cardiologists and anaesthetists). A minimum of two additional registries are planned for 2015/2016, with the SHARE ACS/ STEMI-registry championed by Dr Adriaan Snyders and Dr Rhena Delpoit being developed currently while the Heart Failure Society of South Africa (HEFFSA) is looking to start a national HF registry. Other interested parties include those aiming to start registries on congenital heart disease, pulmonary hypertension and infective endocarditis over the next few years.

At the SA Exco meeting of October 2014, a decision was made to modernise the contracts of all current and future SHARE employees to make them compliant with the country's labour laws and appropriate to the structure and function SA Heart. With the help of outsourced legal assistance, this was accomplished successfully and to the satisfaction of all parties.

With respect to Objective 5, although there has been at least one published manuscript which used at least some data from SHARE I (in SA Heart Journal, by Prof Francis Smit writing on infective endocarditis), the objective set out at the beginning of the year of publishing a general manuscript of the SHARE I experience has not materialised. Despite many attempts to entice individuals who were intimately involved in SHARE I to take a lead using the available data to write up a manuscript, there has been little uptake or appetite and the manuscript has stalled. Despite this, the objective remains alive and the data remains there for use by ANY member of SA Heart with an interest.

Finally, financially the SHARE project is in a more secure position than ever before. Together with the annual amount pledged by Exco to support the running costs of the registry office, SHARE has received very generous grants, from Astra Zeneca, Medtronic and Edwards Life Sciences, to make it possible to develop the staff and IT infrastructure for use in the setup and maintenance of the registries and to support the analysis and publication of the outcomes. The committee continues to make fund-raising a priority so that many potential registries, which are not liable to attract funding in their own right, can be developed.

The committee remains thankful to individual members of SA Heart, the SA Heart Exco, industry partners, funders and hospital groups for their continued support for SHARE. We look forward to continued growth in 2016 and to beginning to generate the type of local data and information that will influence and improve clinical practice, patient care, and public policy in the future.

Mpiko Ntsekhe, Chairperson, SHARE

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SPECIAL INTEREST GROUPS (SIG) REPORTS

CARDIAC ARRHYTHMIA SOCIETY OF SOUTH AFRICA, CASSA

Executive

Dr Andrew Thornton (President) and Ms Judy Daniels (Treasurer).

Report not received in time for publication. Please check the SA Heart website at www.saheart.org.

CARDIAC IMAGING SOCIETY OF SOUTH AFRICA, CISSA

Executive

Prof Rafique Essop (President), Prof Anton Doubell (Vice-President), Prof Johan Brink, Dr Phillip Herbst, Dr Robbie Kleinloog, Dr Carlos Libhaber, Prof Anthony Linegar, Prof DP Naidoo (Secretary), Dr R Nethononda, Dr Ferande Peters, Dr Darryl Smith (Treasurer) and Dr Elias Zigiariadis.

The past year has been relatively quiet for CISSA with the perennial issues of training, accreditation and remuneration. Some progress was made with funders such as Momentum to reimburse the echo fee in full, but the process is still far from complete. Unfortunately, progress continues to be hampered by the fact that a large number of individuals – including technologists, physicians and anaesthetists – with questionable training and proficiency perform echocardiography, adding to the burden of limited economic resources.

In Europe and North America interventional echocardiography has almost become a field in its own right. Increasing performance of TAVR, percutaneous repair of paravalvular leak and closure of the left atrial appendage in South Africa has led to a need for training in this area and also formulation of appropriate billing codes. We hope to conduct such a course at CH-Baragwanath Hospital in the not too distant future and would encourage interested individuals to attend.

With the SA Heart Congress in Sun City less than a month away, we look forward to the pre-congress imaging workshop held in conjunction with the Mayo Clinic. The programme looks excellent and we owe a deep gratitude to the Mayo faculty who, with their combined wealth of experience, has made this a popular event in the annual cardiology calendar.

Finally, election of a new CISSA executive that is long overdue will hopefully occur soon. With injection of young blood, may imaging go from strength to strength!

Prof M.R. Essop, President, CISSA

HEART FAILURE SOCIETY OF SOUTH AFRICA, HEFSSA

Executive

Eric Klug (President), Martin Mpe (Vice-President), Jens Hitzeroth (Secretary), Tony Lachman, Karen Sliwa, Darryl Smith (Treasurer) and Kemi Tibazarwa. Co-opted during an Exco meeting held in March this year are: Drs Andrew Asherson, Blanche Cupido, Makoali Makotoko and Len Steingo.

The Heart Failure Society of South Africa (HeFSSA) worked conscientiously during this year to ensure that we successfully achieved the goals that we set for the society for 2015.

The HeFSSA Executive is the driving force behind the programmes. HeFSSA is supported by loyal corporate members committed to programmes related to heart failure (through generous unconditional, educational grants). Our sincere

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appreciation goes to Amayeza, AstraZeneca, Biotronik, Boston Scientific, Meda Pharma, Medtronic, Merck, Novartis, Pharma Dynamics and Servier for their continuous support.

In addition to our continued educational focus, HeFSSA is also working on impacting on medicine supply at clinic level in the public sector ("down referral"), working with private managed care organisations to ensure adequate training for frontline staff, nurses and pharmacists, as well enhancing their systems when dealing with patients. Eric Klug was a keynote speaker at the quarterly Medical Advisors Group breakfast lecture meeting that was held in Johannesburg on 6 August 2015. The topic, "Heart Failure – Information shedding and sharing", was well received by the audience.

HeFSSA is also impacting on Patient Empowerment through a smart phone application that has been developed by Servier and offered with HeFSSA endorsement (after extensive due diligence). Eric Klug, Lenny Steingo, Jens Hitzeroth and Karen Sliwa, in addition to other Exco members, were instrumental in this process. This application was introduced during the HeFSSA GP Programme for 2015.

HeFSSA has established the annual HeFSSA Travel Award to help enhance local expertise and interest in heart failure in South Africa. We hope that knowledge gained will be shared through appropriate channels with colleagues. This award is available to cardiologists, cardiology fellows or physicians with a special interest in heart failure. The applicant must be a paid-up member of SA Heart and HeFSSA and the accredited congress/educational programme must have a focus on Heart Failure. Two grants to maximum value of R25 000 are available and can be utilised towards air fare (economy class), congress registration, and accommodation. Please contact the HeFSSA office or go to www.hefssa.org/static/education-at-hefssa/ to apply online for the 2015 award, which is still available (at the time of writing). This award will only be available in alternate years to a prior recipient.

The HeFSSA Medical Practitioners Programme continues to be of great value to the medical community as well as the pharmaceutical and device industry and it is also the main vehicle we use to achieve our educational goals. The programme started in 2010 with approximately 200 GPs, who attended the first year's course. Since then we have offered the course annually and established it in both metropolitan and rural areas. This programme is in its sixth consecutive year and continues to be generously supported by industry: Amayeza, Boston Scientific, Medtronic, Pharma Dynamics and Servier.

The theme for 2015 was Women and Heart Failure and the topics are: Implantable devices; women and heart failure; Peri-partum cardiomyopathy; Hypertension in pregnancy and Elderly women with Heart Failure. The case-based talks for this year's programme were compiled by Eric Klug, Andrew Asherson, Len Steingo and Karen Sliwa. Practitioners had the opportunity to earn three extra Continuing Professional Development (CPD) points by completing an online CME questionnaire. On successful completion of the questionnaire, a certificate is electronically issued. The faculty members for 2015 were HeFSSA Exco members as well as other distinguished South African cardiologists with an interest in Heart Failure: Drs. Eric Klug, Len Steingo, Simon Beshir, Jens Hitzeroth, Ronnie Jardine, Darryl Smith, Eamon Maree, Adriaan Snyders, Dave Kettles, Wayne Lubbe, Jean Vorster, Adekunle Adeyemo, Derick Aucamp, Danie Marx, Makoali Makotoko, Brian Vezi, Leslie Ponnusamy, Martin Mpe, Mongezi Milela, James Potts, Jacques DuToit, Charles Kyriakakis, Jens Hitzeroth, Sydney Blake, André Lochner and Cobus Badenhorst. This year's meetings were held in Johannesburg, Windhoek, East Rand, Nelspruit, East London, Rustenburg, Bloemfontein, Polokwane, Port Elizabeth, Cape Town, Durban, Potchefstroom, George and Pretoria.

In addition, an African Outreach took place in Maputo, Mozambique, on 30 March with approximately 100 attendees where Karen Sliwa represented HeFSSA. Faculty included Profs Ana Mocumbi, Albertino Damasceno, Simon Stewart and Me Sandra Pretorius. This was a HeFSSA/PASCAR collaboration together with the local Mozambique Cardiac Society.

HeFSSA will be involved in the SA Heart Congress, 25 - 28 October 2015, at Sun City. Dr Makoali Makotoko is the organiser of the HeFSSA Congress sessions and compiled a challenging programme. All the HeFSSA members are requested to attend the HeFSSA sessions. The HeFSSA AGM for 2015 will be held during the SA Heart Congress. Please be on the lookout for further notification of the details.

HeFSSA further invests in education by hosting the annual Cardio Update for Non-Cardiologists. Servier is the sponsor with Martin Mpe and Nico van der Merwe as the convenors of the course. This year the update will take place on Sunday 25 October 2015 at Sun City from 13h00 - 17h00. Faculty members are Eric Klug, Gideon Visagie, Martin Mpe, Ronnie Jardine, Brian Vezi, Nico van der Merwe and Elsabe de Kock. (The ethics subject is Euthanasia: Where are we in 2015?)

The HeFSSA website is continually updated. Please visit www.hefssa.org and contact the HeFSSA office to contribute. HeFSSA encourages all parties who want to be involved in Heart Failure to contact George Nel, HeFSSA Executive Officer, at info@hefssa.org to facilitate the process.

Eric Klug, President, HeFSSA

INTERVENTIONAL SOCIETY OF CATH LAB ALLIED PROFESSIONAL, ISCAP

As the President of ISCAP it is an honour to give a report on the activities for this year. The Exco members are: Dianne Kerrigan (President), Noelene Nichols, Marisa Fourie, Maggy Petersen, Romy Dickson, Elizabeth Muller, Isabel Bender, Marina Meyer and Ramabai Zwapano. The industry is represented by Tina Fairchild, Marelize Snyman and Amy Wolfe. I would like to thank them for their support and hard work throughout this year. I would also like to congratulate the newly elected ISCAP Vice Chairperson, Magdalena Petersen from Tygerberg Hospital.

We have started a WhatsApp Group for the Exco and regional committees to keep us in touch and better informed. It is working well, and allows us to share in the wonderful attendance at meetings as it happens. A picture says a 1 000 words!

AfricaPCR 2015

AfricaPCR 2015 was very successful with more than 400 delegates attending the course. The Allied Professionals had two sessions which focused on congenital heart disease and complication management. A new interactive teaching technique was used in the complications session which proved to be well received. ISCAP would like to thank all moderators, faculty and Allies who supported the sessions.

EuroPCR 2015

ISCAP once again had the opportunity to be represented at EuroPCR 2015. Sr Isabel Bender was the selected representative and did herself proud. Her flight costs were covered by EuroPCR and a generous sponsorship from SASCI and ISCAP assisted towards covering the costs of her accommodation. We are thankful that she was able to take up this great opportunity to the benefit of herself personally, her working environment and ultimately the patients.

SA Heart Congress

ISCAP's first invitation to participate in the SA Heart Congress was in 2012. We have come a long way since then. In 2015 we decided to include an Endovascular case presentation in our programme as hybrid labs are increasing in number with many allied professionals now working in both cardiac and the hybrid labs. We may even have Hybrid Interventional Nurses in the future! This year the Bloemfontein ISCAP Chapter will host Day 1 (26 October) with a session called "Heart in Shock" which will concentrate on cardiogenic shock. The second session on 27 October will cover "Insight into Challenging Cases". There are four allied professionals presenting who will be joined by two cardiologists and one endovascular surgeon/interventionalist.

National Lecture Series

The National Lecture Series started in Cape Town with "Think Radial" as the topic. Other meetings were held in Bloemfontein and Gauteng and each of these meetings produced a full house of attendees, proving that the allies are hungry for more information. It is also evident that members buy into the ISCAP mission statement: "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".

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The ISCAP organised workshops are well on the way across the country and the following meetings have already taken place:

Bloemfontein: Four meetings sponsored by Paragmed, Volcano and Torque Medical, Medtronic, GE Health, Boston Scientific and Merit. The next meetings will be on 19 September (Crossroads sponsored) and 7 November (sponsored by AstraZeneca, BBraun, Aspen Pharmacare and Cardiac Output).

Cape Town: Four meetings sponsored by Paragmed, Volcano and Torque Medical, Medtronic, GE Health, Boston Scientific, Merit and Crossroads. The next meetings will take place on 3 October and 14 November and will be sponsored by Boston Scientific and AstraZeneca, BBraun, Aspen Pharmacare and Cardiac Output.

Durban: Three meetings sponsored by Medtronic and GE Health, Aspen, AstraZeneca, B Braun and Cardiac Output and Crossroads. The next meetings are on 12 September, 3 October and 7 November and will be sponsored by Paragmed, Volcano, Torque and Merit as well as Boston Scientific.

Gauteng: Five meetings that were sponsored by Paragmed, Volcano and Torque Medical, Merit and Surgical Innovations, Boston Scientific and Aspen, AstraZeneca, B Braun and Cardiac Output and Crossroads. The next meeting will be on 14 November and will be sponsored by Medtronic and GE Healthcare.

Port Elizabeth: The first PE meeting took place on 1 August and was hosted by Crossroads. The 2nd meeting in PE will take place on 12 September and allied were invited to attend the Gauteng meeting that took place on 15 August. The other meetings are planned for 31 October and 5 December and will be sponsored by Paragmed, Volcano, Torque and Merit.

The 2nd Synergy meeting in Gauteng took place on 24 July 2015 at the Charlotte Maxeke Johannesburg Academic Hospital. These workshops are an Exco initiative and they are organised for the Industry.

The ISCAP Procedure Manual is planned for 2015/16. This will be in the form of a hard copy, so that it can be used as a reference inside the labs. These will all be generic procedures and not doctor specific.

I would like to thank my Exco, industry and our members for the continuous support!

Dianne Kerrigan, Chair ISCAP

PAEDIATRIC CARDIAC SOCIETY OF SOUTH AFRICA, PCSSA

Executive

Liesl Zühlke (President), Paul Adams (Vice-President), Andrew Brooks, Stephen Brown (Treasurer), John Lawrenson, Belinda Mitchell (Secretary) and Lungile Pepeta.

It is a great pleasure and honour to be reporting on the activities of the Paediatric Cardiac Society of South Africa (PCSSA) over the past year: October 2014 - October 2015.

Introduction

The two-year term of office of the current Executive of the PCSSA is midway after elections at the October 2014 AGM. The current executive committee is: Liesl Zühlke (President), Paul Adams (Vice-President), Belinda Mitchell (Secretary), Stephen Brown (Treasurer), Andrew Brooks (Training), Lungile Pepeta (Private Practice) and John Lawrenson (Ethics and Training).

We bade farewell to Jeff Harrisberg, Ebrahim Hoosen and Christopher Hugo-Hamman last year and thanked them most sincerely for years of dedication to the society. All three played a major role in the past years in the lead-up to our World Congress. For this we are especially thankful.

I would like to thank all the members of the executive for their hard work, dedication and commitment. In particular, their support and help is deeply appreciated, both personally and from all the members of our society.

Financial statement for year ended 31 March 2015 audited

We are pleased to report that the Society is in a good financial position. The Annual Financial Statement for year was prepared by our Treasurer, Prof Stephen Brown. Expenses over the past financial year related to local committee expenses, the Silverman Educational road show and significant sponsorship of nurses and local meetings. These nurses were sponsored from each of the local private and public hospital units in order to attend the World Congress in 2014 and two fellows were sponsored to attend SCAI 2014. Thank you to Prof Brown for absolutely sterling work as the treasurer over many years; his dedication and guardianship is great appreciated

2013 World Congress legacy projects

There were several significant legacy projects identified after the congress. The first was our website, which has been completely restructured and redesigned with a new logo based on the world congress logo and content. This has been integrated with social media platforms and we plan to extend the brand further with medical content, interaction within units in the country and possibly extending also our content and messages to family. There are already substantial resources on the website. We intend to build a repository of images, cases, quizzes and relevant publications. We are also including functionality to allow for access to future live cases or seminars via the website. We hope to offer this as an option to both our members and to members of our affiliated PASCAR sites. This could be viewed as both a training and collaborative opportunity – with ward rounds/fellow training/cases.

A second legacy project was the collaboration between Pedheart Resource and the patient and professional information portal. This has been up and running for some time and allows patients to download – or for doctors to download on their behalf – hand-outs relating to common cardiac conditions. We are thrilled that the first translations of the patient information leaflets will soon be available for download. Our thanks go to Paul Adams for spearheading this initiative. A major goal for the new term is to actively market and promote our website to general paediatricians and all who are caring for children with heart disease. We urge you to spread the news.

A major project planned for 2015 is a World Congress legacy research fund, which will be used to support paediatric cardiac services research within the country. It was decided to split this into two initiatives: One to stimulate publication, and the second to aid travel to courses, training and short periods of sabbatical, both for trainees and for public service practitioners. It is well known that congress attendance is sponsored (albeit not to a major extent these days) on receipt of abstracts. However, courses such as Cardiology in the young or MRI/echo courses are not covered by the traditional sponsorship means. We are thus funding these significantly and will award the first of these in January 2016. In addition, we have decided to sponsor prizes for the best publications each year, from trainees and from consultants (both private and public), to encourage post-graduate studies and original research. We envisage that these will eventually become industry-sponsored prizes and will be a small incentive towards publication from our academic units.

Another legacy project announced last year has been the promotion and support of pulse-oximetry screening within selected units within the country. It has been clear to all those working in congenital heart disease in this country that there is a significant diagnostic gap, with critical congenital heart disease still going unrecognised. It remains our major priority to improve awareness of congenital heart disease, the diagnosis and management of the condition and building the infrastructure in terms of diagnostic and treatment facilities. We have addressed general paediatricians at both recent South African Paediatric Association and local paediatric management meetings, as well as management of private hospital groups regarding this practice. Alongside this, we are continuing our conversation with the Department of Health to address the inadequacies for paediatric cardiac services, in particular, in certain provinces in the country. Although still in the fledgling phase, we think that this will gain significant momentum in conjunction with another collaboration planned for 2016.

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The revenue raised over the past years has also allowed us to partially sponsor a few academic activities over the past two years. The first was the Oliver Stümper interventional workshop held in Cape Town in 2014 and the second was the Normal Silverman road show held last year. Prof Silverman had the opportunity to visit several units around the country, give lectures and participate in academic activities. This was well received by all units and he was very appreciative of the hospitality shown to him in other provinces.

Academics

- We have an exciting congress ahead this year, ably headed up by Profs Brown, Smit and Andre Brooks. The two international speakers bring a host of experience and diverse interests to the congress. We have a full parallel programme to enjoy while the PCSSA speakers will also deliver lectures within the plenary programme. Paediatric cardiology will feature prominently at SA Heart Congress 2015, with a dedicated track running daily from Sunday 25 - Wednesday 28 October, at Sun City in North West Province. A wide spread of important interventional and surgical aspects will be covered during the congress, with delegates benefiting from the input of international experts Dr Naser Ammash (Mayo Clinic, USA), Associate Professor Christian Brizard (Australia) and Dr Elchanan Bruckheimer (Israel). Local faculty will include heads of cardiology at the Red Cross Children's Hospital, Chris Hani Baragwanath, the University of KwaZulu-Natal, Walter Sisulu University and the University of the Free State.
- The paediatric programme commences on Sunday afternoon, 25 October, with a pre-congress post-graduate course focusing on paediatric heart failure. A workshop format will be used to generate open discussion with prominent local paediatric cardiologists, who will review important new approaches and therapies becoming available for children with cardiac failure.
- Dr Ammash will highlight advances in echocardiography that are being used to evaluate and monitor heart failure in adults, and may also be of benefit to children. Modern treatment with biventricular pacing will be discussed, with Associate Professor Brizard ending the session by giving a perspective on the surgical advances available for treatment – from left ventricular assist devices to cardiac transplant.
- The AGM for the PCSSA will be held immediately after the course, from 17h00 - 18h00, with the Congress being officially opened at 18h00, followed by a "Night Food Market Theme " and trade preview in the Superbowl from 19h00 - 21h00. Our thanks go to the organisers and the entire local faculty for their time, dedication and efforts in making this a wonderful congress for us all to enjoy.
- The South African Paediatric Association congress will be held in September 2016 at Durban International Convention Centre. Previously, the PCSSA played a role at this meeting. Next year's meeting will be convened by Dr Andiswa Msimela, who has already started with the programme. We look forward to helping in any way. I would like us to consider a booth, to encourage non-cardiologists to join our society, to encourage in particular pulse-oximetry screening in their local and particularly private practices and to raise the profile of the PCSSA. There has been great interest from general paediatricians for further cardiology teaching and we would like to explore ways of doing this in the following year.
- Congress of the Pan African Society of Cardiology, PASCAR, 2015: Due to the turmoil in Tunisia, Mauritius was chosen for the PASCAR conference at short notice. As an affiliate member, we are keen to foster a closer collaboration with our African colleagues and we will be presenting at PASCAR both in congenital and acquired heart disease sections. We will also be participating in the Paediatric and RHD PASCAR task forces and hope to contribute to that important initiative.
- CSI Africa 2015: CSI Africa (Catheter Interventions in Congenital, Structural and Valvar Heart Disease) will be in Addis Ababa, Ethiopia, in November 2015. This workshop will once again offer a comprehensive overview of the most important catheter therapies of congenital, structural and valvar heart disease in children and adults. CSI addresses the needs of adult and paediatric interventionists, cardiovascular surgeons, anaesthesiologists, imaging specialists, and colleagues of other disciplines who wish to know more about the field. This year CSI is concentrating on African faculty and several PCSSA members will be supporting faculty. Several cath labs are starting all over neighbouring countries and we support these important initiatives.

- World Congress of the World Society of Cardiothoracic Surgeons in Cape Town 2016: This congress is organised by the South African Society of Thoracic surgeons and the 17th Annual Congress of SA Heart will be part of this World Congress. John Lawrenson and Alfonso Pecoraro are involved in organising the SA Heart programme of this joined congress. This promises to be an exciting programme with interventions and a strong surgical programme represented by Andre Brooks. Alongside this conference will be a one-day RHD programme organised by Liesl Zuhlke and Prof Peter Zilla. Our thanks to John Lawrenson and Andre Brooks for representing us so ably on this committee.
- World Congress of Cardiology and Cardiovascular Health 2016: This will be held in Mexico City in June next year. Liesl Zuhlke is part of the organising committee and the programme features congenital heart disease (cardiology and cardiac surgery pre-congress workshops, GUCH and adolescent and child health) and acquired heart disease.
- An interactive paediatric interventional cardiac catheterisation workshop was held at Red Cross War Memorial Children's Hospital in the last week of July. The aims were to teach paediatric cardiac catheterisation to "those with more enthusiasm than experience" and hopefully to broadcast all proceedings live from the cath lab to an audience in an on-campus auditorium as well as those logged on online. Approximately 40 delegates, including a strong faculty representing all the paediatric cardiology centres in South Africa, and cardiologists from six other African countries, attended the workshop. The overall theme was to present cases from simple to complex, with background lectures ranging from step-by-step descriptions of procedures to information and advice around the practice and art of interventional cardiac catheterisation. In total, 17 live cases were performed in four days. Broadcasts to the auditorium at Red Cross Hospital allowed for lively interaction with the cathing team; many very instructive cases were observed (read: one learns much from the mistakes of others). Unfortunately, that week a nationwide problem with Internet connectivity curtailed our Internet interaction and during the week only 12 sites could log in. Feedback has been very positive, with all requesting repeat workshops. Rik Decker and his team are already planning another CATHCHAT for March 2016, when Red Cross Hospital will be hosting Dr Oliver Stumper from Birmingham Children's Hospital, UK. Congratulations on this excellent initiative which has benefitted all in the society as well as those outside of our geographical borders.

Please let us know if you are planning similar workshops, short courses or seminars, in order to disseminate this information to all our members.

Travel awards

A new fellowship was established last year, which will allow two fellows to attend the fellow interventional course in Nevada in December. The fellowship is worth R25 000 this year and is co-sponsored by the course itself, covering registration and accommodation with the additional funds for travel expenses. Last year's recipients were Liesel Andrag and Cerri Greig.

Congratulations

Firstly, a huge congratulations to Dr Hopewell Ntsinjana, who returned to Johannesburg this year after a fellowship in London where he gained his PhD from the University College London. We are extremely proud of Hopewell and his amazing work on cardiac MRI and wish him and his family a warmest welcome home and fruitful pursuits in his old stomping ground.

We have several new fellows around the country. We welcome them and wish them an enjoyable and productive time learning the paediatric cardiology ropes. There are also two fellows from outside South Africa: Fenny Shidika from Namibia, who has started in Cape Town, and Yamikani Chimalizeni from Malawi. A special welcome to you both. Please feel very welcome in our community.

A new paediatric cardiologists in our midst is Adele Greyling from Port Elizabeth, who is now in Leuven doing an EP fellowship. Congratulations and we look forward to your return and future contribution to our discipline and society.

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In 2015 we awarded Dr Christopher Hugo-Hamman an honorary lifetime membership of the PCSSA. Chris's role as a staunch advocate for children's cardiac services, his stalwart leadership in his terms as President of the PCSSA and his extraordinary vision around the World Congress deserves this and so much more. Congratulations Chris, your influence within our society is far-reaching and profound, and hopefully will continue for many years!

Finally, Barend Fourie took up a position in Cape Town this year. Well done on the post, Barend, and welcome to the cold Cape winter. I hope you will be extremely fulfilled in your new post.

We would like to keep up with all the news from around the paediatric cardiac services community. Please email me or send news snippets to lindy.mitchell@up.ac.za

The year ahead

There are several goals for the new year ahead:

- We need a complete database of all practitioners involved in the management and treatment of children with heart disease who are neither members of SA Heart nor PCSSA. It is our aim to have as complete a database of these colleagues as possible, to involve them in our society and activities. We also wish to spread our reach to more general paediatricians, involve patient and parent groups and build closer collaboration with the Department of Health. It is clear that we do not know all the new fellows, and thus we would like to be relevant to all our members.
- We are also working with Prof Sliwa, SA Heart President, and Prof Mocumbi, Paediatric task force PASCAR, to complete a detailed situational analysis of paediatric cardiac services in Africa. We thank you all in anticipation for the assistance in this regard.
- We also intend to be more relevant to all our members, focus on the new generation of trainees and provide more input into issues of ethics and advocacy for children. It has also always been a goal to develop and encourage a research ethic within our membership. We would like to use our research fund to build on this foundation and to encourage more post-graduate degrees within our organisation. We would like to start with our research fund but also to support those fellows undertaking MMeds or M Phils with mentorship and practical help.
- Two areas of growing interest are adults with congenital heart disease and specialised paediatric cardiac surgery. These are two training areas that we would like to address in the near future.
- Our final goal for the coming year is to further develop our website, in conjunction with the information portal, into a more accessible, vibrant and interactive site that facilitates conversations between practitioners and patient/parent groups, and also to focus on promoting advocacy for our children. We have identified certain advocacy groups and will work together with these to improve the visibility of children with heart disease.

My thanks to my colleagues on the Executive of the PCSSA for their hard work and support thus far.

**Dr Liesl Zühlke, Specialist Paediatrician/Paediatric Cardiologist
President, Paediatric Cardiac Society of South Africa**

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR RESEARCH, SASCAR

Executive

Prof Sandrine Lecour (Chairperson), Dr Neil Davies (Treasurer), Miss Sylvia Dennis (Secretary), Dr Derick van Vuuren, Prof Faadiel Essop and Prof Karen Sliwa.

The South African Society for Cardiovascular Research (SASCAR), an interest group of the SA Heart Association, was created in October 2009.

The SASCAR Executive Committee elected in July 2014 for a two-year of office is: Prof Sandrine Lecour (Chairperson), Dr Neil Davies (Treasurer), Miss Sylvia Dennis (Secretary), Dr Derick van Vuuren (Newsletter and public relations), Prof Faadiel Essop (Workshops) and Prof Karen Sliwa.

Workshops

Since our last report, SASCAR has successfully organised well-attended workshops on various topics:

Biomarkers and Heart Failure, led by Prof Karen Sliwa (University of Cape Town) in February 2015.

This SASCAR workshop was closely linked to a novel collaborative agreement between the University of Cape Town (Prof Sliwa) and the University of Paris VII (Prof Mebazza). Prof Jane-Lise Samuel (Paris) discussed novel biomarkers for acute heart failure while Prof Mebazza presented new insights into the post-translation modifications of natriuretic peptides. Prof Etienne Gayat (Paris), the last guest speaker of the workshop, introduced the audience to the Global Research on Acute Conditions Team (GREAT) Association, which is an international network between experts operating in the management of acute clinical conditions in the field of Emergency Medicine.

SASCAR and Bio-Rad team up for Western Blotting Workshop, led by Dr Derick van Vuuren (University of Stellenbosch)

To facilitate an exchange of thoughts and ideas on the challenges related to Western blot analysis, SASCAR partnered with Bio-Rad, the Division of Medical Physiology (Stellenbosch University), Anatech and the Physiology Society of Southern Africa (PSSA) to host a workshop addressing the basic techniques, new technology and new approaches in Western Blotting. Twenty-seven postgraduate students and researchers from Stellenbosch University, the University of Cape Town and the Medical Research Council were shown demonstrations of traditional techniques associated with Western Blotting as well as the advantages of using new technology such as the TransBlot Turbo-Doc and Chemi-Doc systems. Both these systems incorporate advances in technology to enhance the speed and accuracy of Blotting.

Meetings

SA Heart Meeting 2014

An exciting programme was put in place by SASCAR with four sessions specifically dedicated to cardiovascular research with various topics ranging from stem cell research to cardiac mitochondrial signalling. Our international guest speaker, Prof Rainer Schulz from the University of Giessen, Germany, made fantastic efforts to scientifically interact with all scientists, with the aim of motivating the new generation of researchers. Dr Derick van Vuuren from the University of Stellenbosch gave a very stimulating and controversial talk on "Protein phosphatase 2A: The black sheep in cardioprotection". He was also warmly welcomed as a new Committee Member of SASCAR.

SASCAR at the ISHR meeting once again

For the second year in a row, SASCAR has been invited by the International Society for Heart Research (ISHR) European section to hold a joint session at their annual meeting 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 delivered a talk on injectable biomaterials therapy for heart failure. Another internationally acclaimed speaker in this session was Prof Thomas Eschenhagen from the University of Hamburg, Germany, who delivered a talk on engineered heart tissues for cardiac repair. Despite the heat wave in Bordeaux on that day and the lack of air conditioning in the conference room, the session was extremely well attended.

Prof Sandrine Lecour, Chairperson, SASCAR

SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR INTERVENTION, SASCI

Executive

D Kettles (President), F Hellig (Ex-officio President), A Horak (Vice-President), M Abelson (Secretary), G Angel, C Badenhorst (Treasurer), S Khan, M Ntsekhe, JP Theron, J Vorster and C Zambakides.

Industry Exco members: T du Preez, A Sartor and D Willemse.

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

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I would like to thank the South African Society of Cardiovascular Intervention (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 is highly reliant on willing contributors to get involved in order to give guidance to the broader cardiology environment that we operate in.

Farrel Hellig has stepped down as President after the maximum of two two-year terms as President and will continue to advise and guide the Exco as Ex-officio President. Farrel has handed over a society full of drive and inspiration. Whilst attending EuroPCR 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 on the Exco and especially the four 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 made key contributions to create the dynamic society we have today and 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. Gentleman, thank you. Your contributions make us what we are and will not be forgotten.

I am pleased to welcome Gavin Angel, who has joined the team. The following members continue on the Exco until 2017: D Kettles (President), F Hellig (Ex-officio President), A Horak (Vice-President), C Badenhorst (Treasurer), M Abelson (Secretary), S Khan, M Ntsekhe, C Zambakides, J Vorster, G Angel and JP Theron.

Industry Exco members carry on 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 attended the first exploratory meeting, including delegates from Kenya, Namibia and Mauritius. In March 2015 an expert 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 to 15 May. His passion for teaching and the quality of his lectures and discussions accentuate the standard that is 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.

The 2016 Visiting Professor has been confirmed and we are proud to announce that Professor Gus Pichard (United States of America) will be the next Visiting Professor. We are further investigating the possibility of another international superstar visiting in 2017! The consistent and long-standing support from Medtronic and Pharma Dynamic is noted and appreciated.

Boston Scientific RC Fraser International Fellowship

Ahmed Vachiat (Cardiology Consultant at Charlotte Maxeke Johannesburg Academic Hospital) was at Prof Simon Redwood's unit in March 2015 and the feedback regarding his experience and participation are very positive. Pieter van der Bijl (Tygerberg) went in April 2015. With GMC certification he was able to gain hands-on experience as well. Both colleagues gave very positive feedback regarding a truly formative fellowship made possible by generous sponsorships.

SCAI Fall Fellows Course

Four of our South African interventional cardiology fellows will once again attend the Annual SCAI Interventional Cardiology Fellows Course (USA). The Society for Cardiac Angiography and Interventions (SCAI) programme brings wonderful enrichment to our local fellows training and the successful candidates for 2015 are Jane Moses, Mukesh Chhiba, Andile Xana and Parmanand Naran. This programme is sponsored by SCAI, SASCI and Boston Scientific.

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. Thanks to our members who supported this session. There were numerous South African faces to be seen 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.

SASCI Fellows Workshop

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. This event was once again attended by 80% of Cardiology Fellows in South Africa as well as a few recently-qualified South African cardiologists and six colleagues from Ethiopia, Mauritius and Kenya; 40 doctors in total and 20 members from industry.

Drs Jean Vorster and Cobus Badenhorst convened our 2015 training course with faculty members Jean Vorster, Dave Kettles, Gavin Angel, Chris Zambakides, Cobus Badenhorst, Farrel Hellig, Adie Horak and Shaheen Pandie. We covered a lot of ground over two days: This programme continues to be tweaked to meet the expressed needs of our trainees, and its attendance attests to the effectiveness of the programme.

Educational activities planned for later this year:

SA Heart Congress 2015

The 16th Annual SA Heart Congress will be taking place this year 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 be the SASCI international speaker at SA Heart. Sajidah Khan, SASCI congress convener, is also organising a pre-congress Radial Course. More information will be distributed to all SASCI members as the details are confirmed.

CTO Workshop

The date for the meeting is 20 - 21 November and 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 includes international experts such as Prof Galassi and Simon Walsh, 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.

ESC e-learning

This is a training module with the focus on training in interventional cardiology. Sajidah Khan is the national co-ordinator. If you need further clarification or if you are interested in enrolling, please e-mail Sajidah Khan at khans19@ukzn.ac.za or contact the SASCI office on all communication at sasci@sasci.co.za.

Other activities where SASCI has been actively involved:

Coding Guideline (handbook)

J.P. Theron must be acknowledged for his tireless work and endless hours spent in compiling a coding handbook for cardiology that was communicated to members. We are still facing the problem where even with inclusion in the South African Medical Association (SAMA), DBM individual funders (administrators) still need to, firstly, decide to include new codes in their coding structure and then 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 major funders and explain the coding handbook as a position statement of SASCI. The manual will also be supplied to CMS and other third parties

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(including practice management and those involved in claiming). The coding handbook is a guideline on how to code appropriately, based on peer group agreement, and as such is 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. This environment and contact with funders is frankly becoming increasingly difficult and at times combatorial: We will need to carefully chart these waters in the months ahead.

Competition Commission

The Competition Commission's period for submissions has been extended by six months. Members agreed during the AGM that SASCI needs to secure legal opinion to submit a full submission to Competition Commission (rather than just responding to "allegations"). We have now submitted a document in close co-operation with our legal adviser.

Alternate Reimbursement Model (Global)

During the 2014 AGM members supported our discussions with Discovery Health on development of a voluntary 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 (voluntary participation). SASCI continue to engage with Discovery Health on these matters on behalf of the members. A SASCI Peer Review Board has also been established, that will review the uptake of this programme by members and advise members on issues pertaining to use of the episode fee. Thanks to our colleagues Tony Dalby, Saleem Dawood, Basil Levetan, Dave Gillmer and Adriaan Snyders who have already met as this board, which will function independently of SASCI Exco.

The Protection of Private Information (POPI) Act

An extensive review has been developed by Elsabe Klinck and has been circulated to SASCI members. We hope that this type of information is adding tangible value to our members' practices.

ST segment elevation myocardial infarction (STEMI) Education

I need to acknowledge the tireless and consistent effort by Adriaan Snyders and his team towards ensuring that we save heart muscle by appropriate reperfusion treatment. More comprehensive reviews are available elsewhere, but suffice to say that Adriaan needs our support and tangible assistance to address this mammoth task. Much is currently being done across the length and breadth of the country in terms of educational initiatives. This is a key area where the input of interventional cardiologists surely is mandatory.

Interventional Society of Cath Lab Allied Professionals (ISCAP)

Dianne Kerrigan and her team continue to astound us with their vision and effective roll-out. The impact of their effort should be noticeable during each and every procedure! Read more elsewhere.

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

I wish to assure our members that the SASCI Exco will continue to work tirelessly to represent your interests, 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.

Dave Kettles, President, SASCI

SURGICAL INTEREST GROUP OF SA HEART

Executive

Dr Robbie Kleinloog (President), Prof Johan Brink, Prof Anthony Linegar and Dr Elias Zigiriadis.

The surgical Special Interest Group (SIG) has focussed much of its efforts this past year on furthering initiatives which were initiated in previous years.

The annual visiting surgeons sponsored by Edwards Laboratories saw Dr Patrick Perrier undertaking a tour of several units around the country and giving a lecture series on mitral valve repair. These lectures were well attended and in many respects successful, so much so that many cardiology colleagues attended. We wish to extend our gratitude to Edwards Life Sciences for supporting this initiative.

In the first quarter of this year the President of the Israeli Society of Cardiac Surgeons visited units in all major centres. This was at the invitation of the Society of Cardiothoracic Surgeons of South Africa and further to negotiations regarding the affiliation of the two societies and the setting up of, and educational exchange programme between, the two countries. The programme has now been cemented in principle and surgeons from South Africa will visit Israel and get exposure to advanced technology, whereas local surgeons will host their counterparts in clinical situations. This should be to the mutual benefit of both societies' members. This programme will include surgeons in training as well as those at consultant level.

Initially, three centres have been identified as recipient units, namely, the academic units in Johannesburg, Bloemfontein and Cape Town. These units will co-operate with the private units in their provinces to host visiting surgeons in as many units as possible so as to offer the widest exposure.

Funding is presently being sought for this project.

In addition to this, the two societies have agreed to have a joint session at their respective annual meetings.

Society of Cardiothoracic Surgeons (SOCTS) have been awarded the hosting of the 2016 World Society of Cardiothoracic Surgeons meeting. After much discussion, agreement has been reached to include the SA Heart meeting during this event and much effort and energy has been and is being directed toward the organisation of this meeting which will take place in Cape Town at the CTICC from 9 - 11 September 2016.

A local organising committee has been put together in association with the Western Cape branch of the SA Heart Association.

For this reason, SOCTS has forfeited the biennial meeting in favour of hosting the international meeting in 2016, and will participate fully at the 2015 SA Heart meeting.

Various meetings have been held with funders regarding fees and structures.

Robert Kleinloog, Chairman, Surgical Interest Group

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SPECIAL AFFILIATED GROUP REPORT

LIPID AND ATHEROSCLEROSIS SOCIETY OF SOUTHERN AFRICA, LASSA

Executive

Prof David Marais (President), Prof Frederick Raal (Secretary), Dr Z Bayat, Dr Dee Blackhurst, Dr Dirk Blom and Dr Chiman Rajput.

The Lipid and Atherosclerosis Society of Southern Africa (LASSA) remains affiliated to both the South African Heart Association (SA Heart) and the Society for Endocrinology and Metabolism and Diabetes of South Africa (SEMDSA), but at the discussion in October 2014 it was decided that owing to its links with SEMDSA, a different category should be created, a specially affiliated group instead of a Special Interest Group (SIG), as LASSA could not meet the criteria for a SIG. The affiliations with SA Heart and SEMDSA date to 2006 and 1989 respectively.

LASSA remains a small group operating chiefly as an academic body covering inherited disorders of lipid and lipoprotein metabolism, atherosclerosis, nutrition, epidemiology and pharmacotherapy. Expertise in the diagnosis and management of severe dyslipidaemias remains mainly at the Groote Schuur (Cape Town) and Charlotte Maxeke (Johannesburg) teaching hospitals, while a few other teaching hospitals also manage severe dyslipidaemias but have less active clinical and laboratory services. Special laboratory testing for severe dyslipidaemias and metabolic errors in lipid metabolism is currently limited to the lipid laboratory within the Division of Chemical Pathology in Cape Town and was supported by the Medical Research Council of South Africa, but this support is now ending.

The bi-annual LASSA conference in association with SEMDSA was held in Bloemfontein in April, where attendance was unfortunately small. The general meeting of members was small and thus it was decided to continue with the standing committee. The leadership continues with Prof David Marais and the secretarial function with Prof Derick Raal. The other committee members are: Dr Z. Bayat, Dr Dee Blackhurst, Dr Dirk Blom and Dr Chiman Rajput.

Newsletters update the membership of LASSA and SA Heart on new developments when international meetings are attended by the LASSA members, which is now much less often owing to limited support for research and the strained working environment at medical schools. Membership with the International Atherosclerosis Society will continue.

Concerns about sustaining the expertise in lipidology remain as academic careers are not available to attract clinical or scientific graduates. Internal medicine and paediatric medicine training does not expose the postgraduate student to lipidology and chemical pathology exposure during training is to routine tests only. Cardiology training also does not involve exposure to lipid disorders and more specialised management. Ideally, specialist cardiology training should include exposure to lipidology, with trainees spending some time at a lipid clinic.

South African centres continue to contribute to the study of new pharmacotherapy in homozygous and severe heterozygous familial hypercholesterolaemia, including lomitapide (MTP inhibitor) and monoclonal antibodies to PCSK9, with publications in prestigious journals. For South Africa to continue participating in these studies it is essential to retain and expand the capability to make accurate clinical diagnoses and confirm them on a molecular level. Co-operation between the private and public sector is important to ensure all patients access to lipid expertise.

The finances of LASSA remain sound as there is little demand for administration and a significant reserve is required to ensure that congresses can take place in the current trend of declining support from industry.

A.D. Marais, University of Cape Town and National Health Laboratory Service, President, LASSA

F. J. Raal, Charlotte Maxeke Johannesburg Academic Hospital and University of Witwatersrand, LASSA

ANNUAL REPORTS

BRANCH REPORTS

BLOEMFONTEIN BRANCH

Not received in time for publication.

DURBAN BRANCH

Following the hosting of the 2014 SA Heart National Congress in Durban, we were appreciative of the many positive messages received from colleagues both nationally and internationally. A spin-off of the success of the congress was that the local branch received a share of the profits, which further boosted our healthy coffers.

We continue to hold our quarterly academic meetings that are well supported by local members. We have used the meetings as a platform to generate support for the national ST segment elevation myocardial infarction (STEMI) project and, although uptake appears slow, we will continue to persevere. We have been very fortunate to have Pharmadynamics sponsor our meetings and this has allowed us to enlist the services of Medical Society Management (George Nel) in running the organisation of the meetings. Our AGM has been scheduled for early October with the final meeting of the year taking place at the end of November.

R K Naidu, Secretary; J Patel, Treasurer and S Khan, President

JOHANNESBURG BRANCH

The Johannesburg branch committee remains as: David Jankelow (President and Treasurer), Antoinette Cilliers (Secretary), Gcina Dumani, Eric Klug, Andrew Thornton, Darryl Smith, Pravin Manga, Keir McCutcheon, Ahmed Vachiat, George Dragne and Gavin Angel.

The South African Society of Cardiovascular Intervention (SASCI) 2015 Visiting Professor from March to May 2015 was Prof Jean Marco. The Johannesburg Branch was fortunate to co-host him with SASCI for our first meeting in March. This was an evening of entertaining discussion of ST segment elevation myocardial infarction (STEMI) management. There was much audience participation. Prof Marco's passion for teaching, as well as the quality of his lecture and discussions, mark the high standard of this annual programme.

Our annual Fellows Cardiology Fellows' morning was held in May. This was a very informative meeting.

Dr Mamokgethi Moshe was awarded a first prize of R1 500 for the presentation: "Dysplastic Tricuspid Valve with giant right atrium – Report on two cases".

The other excellent speakers were awarded R1 000 for their presentations: Dr D. Zachariah: "Between a Clot and a Hard Place"; Dr G. Mukeshimana: "Time to Lysis"; Dr B Brits: "Correlation between hepatomegaly and cardiac echo findings".

We are in the process of organising a large symposium on Cardiology funding/Private practice issues. This will include some of the larger medical aid societies, legal experts to discuss ongoing issues that affect those in private practice, such as the Protection of Private Information Act, and various others.

We are hoping that the Public Protector, Advocate Thuli Madonsela, will agree to speak at our AGM at the end of the year.

Our financial position remains very good.

We have decided to award local cardiology fellows a research scholarship of R10 000 after successful application to our committee with a relevant/appropriate protocol. There will be a selection process and we will require ongoing updates regarding these projects. We will also request that fellows present their work at Branch meetings.

Once again, we are extremely appreciative for the sponsorship of Litha Pharmaceuticals for our local branch meetings.

I have now served the branch as both President and Treasurer. I am extremely appreciative to have filled both of these positions.

David Jankelow, President and Treasurer

ANNUAL REPORTS continued

PRETORIA BRANCH

The next SA Heart Pretoria Branch Chairperson, and office-bearers, will be elected during the AGM at the SA Heart Congress 2016. At this stage, however, we have two vacant positions, i.e., secretary and treasurer. Although these functions are mostly handled by the Medsoc branch office, we would still like to fill the positions.

It brings me great pleasure to report back on our Branch meetings held in 2015. The first meeting took place on 25 February at the regular venue, Kream Restaurant. Twelve doctors attended the meeting comprising a lecture given by Prof Gert Saayman on the topic of "Medical Legal Advice for cardiologists, with cardio case studies and discussion on death certificates". The attendees found the topic very informative.

Our second meeting was held at the Alpine Attitude Boutique Hotel in collaboration with the South African Society of Cardiovascular Intervention (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", with the aim of interactively sharing 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. The aim also was 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. It was a great presentation which led to lively interactive discussions. The 2015 VPP evening lecture series was definitely a huge success according to the feedback we received from the 36 delegates who attended the meetings.

For our third meeting we asked Professor Paul Rheeder, a specialist physician with a PhD in Clinical Epidemiology, to talk about "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.

Our fourth meeting was held on 5 August at Kream Restaurant in Brooklyn. Professor Frederick Raal from University of the Witwatersrand was the speaker and he discussed PCSK9 inhibitors. This meeting was once again well attended by our SA Heart members.

Our final meeting for 2015 will take place on 25 November at Villa Sterne. We are inviting all our members to attend, including the Allied Professionals working in the Cathlab environment. During this meeting we ask our members to bring your worst and your best case for discussions.

Members must please note that all our meetings are Continuing Professional Development (CPD) accredited.

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. Please contact me (drioebrahim@gmail.com) or the MSM office (events@medsoc.co.za) if you wish to make a contribution at future meetings or 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

WESTERN CAPE BRANCH

Not received in time for publication.

SASCAR AND BIO-RAD TEAM UP FOR WESTERN BLOTTING WORKSHOP



There are 3 important aspects when considering a laboratory-based research technique: the basic principle behind its working, how to physically do it and how to apply it and interpret its results in order to answer your research question. All three these aspects, concerning Western Blotting, were addressed at the SASCAR Bio-Rad Western Blotting Workshop held on 2 June 2015 at the Division of Medical Physiology, Faculty of Medicine and Health Sciences, University of Stellenbosch.



Dr Derick van Vuuren welcoming the twenty-seven researchers and postgraduate students who attended the SASCAR Bio-Rad Western Blotting Workshop held at Tygerberg, University of Stellenbosch.

Western Blotting is a stalwart technique used to determine protein expression and modification. It has been widely used since the early 1980s and is still considered the bench-mark technique for protein determination. Although the basic principle of protein separation on a poly-acrylamide gel, followed by transfer to a membrane and visualisation using specific antibodies, remains relatively unchanged, advances in technology and our understanding of protein dynamics challenge researchers to continually re-assess how they do, use and interpret Western Blotting.

To facilitate an exchange of thoughts and ideas about these challenges, SASCAR partnered with Bio-Rad, the Division of Medical Physiology (University of Stellenbosch), Anatech and the Physiology Society of Southern Africa (PSSA) to host a workshop addressing the basic techniques, new technology and approaches in Western Blotting. Twenty-seven postgraduate students and researchers from University of Stellenbosch,

the University of Cape Town and the Medical Research Council were shown demonstrations of traditional techniques associated with Western Blotting as well as the advantages of using new technology, including the TransBlot Turbo- and Chemi-Doc systems. Both these systems incorporate advances in technology to enhance the speed and accuracy of Blotting.

Western Blotting is a stalwart technique.

These practical sessions were interspersed with lectures and discussions on the basic principles of the technique, potential applications, what to consider when planning experiments and publishing results, as well as contextualising Western Blotting in the era of proteomics. Contributions in the form of questions and advice, ranging from novice Western Blotters to seasoned lab veterans, lead to a rich and stimulating sharing of ideas and experiences, addressing both the mysteries and challenges of Blotting.



Researchers, PhD-, and MSc students from the US, UCT and MRC network during the one day course, sharing thoughts, ideas, questions and advice.

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 international congress will be offered annually by the Western Cape branch of the South African Heart Association in memory of one of South Africa's outstanding cardiologists, Dr Louis Vogelpoel.

Louis Vogelpoel, a pioneer of cardiology in South Africa, 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.

TRAVEL SCHOLARSHIPS OF THE SOUTH AFRICAN HEART ASSOCIATION

You are cordially invited to submit your application for the SA Heart Travel Scholarship of the fourth term 2015 to reach the SA Heart Office by 31 December 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.

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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 2016.

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.