



The Cardiac Society
of Australia and
New Zealand

on the *pulse*

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President's Report 2014

Delivered by Professor Richmond Jeremy

Volume XXVI, No 2

June 2014

It gives me great pleasure to present the President's Report for 2014 and, firstly, I would like to acknowledge this Congress. We have had just over 6000 registrants, we have had 280 invited speakers, 550 talks and 1100 abstracts. There was a time when we thought we would get less than 5000 delegates and it caused some sleepless nights ... but that has not happened and we are pleased with the outcome. There have been a number of people who have played an instrumental part in this, including members of the Organising Committee and I am going to embarrass them terribly and ask James Cameron, Lea Delbridge, Linda Worrall-Carter, Andrew MacIsaac and David Prior to come to the stage so that we can acknowledge them properly for the work they have done. Jon Kalman unfortunately is unable to join us today as he has had to leave to attend the Heart Rhythm Society meeting, but we also acknowledge Jon's efforts in delivering the Congress. These meetings do not happen by themselves. They happen by the work, effort and sleepless nights of many dedicated individuals.



**Richmond Jeremy and
David Prior, Convenor WCC**

Prof Jeremy presented each with a plaque commemorating the Congress. Those present responded by acclamation.

This Congress did not happen without David Prior. I cannot understate the debt we owe David for making this meeting happen and I, personally, am profoundly grateful.

A/Prof David Prior addressed the meeting:



This whole process has gone through three Presidents of the Society. The initial impetus to take this on came through Leo Mahar, then Jim Cameron was very supportive in terms of getting the bid for this Congress together and I would like to especially thank Richmond, who was then handed this meeting and has worked tirelessly being incredibly supportive and has made a huge contribution to this meeting. I am most grateful and thank him very much for that.

Prof Jeremy continued his report: On your seats you will notice there are some flyers and some of them are about ACOR and some are about CPD. There are three things I want to talk about substantively. One is ACOR - the Australasian Cardiac Outcomes Registry, the other is Continuing Professional Development (CPD) and the third is international relations.



After considerable development and negotiation, the contracts for the delivery of the Australasian Cardiac Outcomes Registry have been signed and delivered with the South Australian Health and Medical Research Institute (SAHMRI) in Adelaide. David Brieger is Chair of the Steering Committee and has already had contact with a dozen initial sites around the country who have expressed interest in participation. The data sets and data library have been developed. Most importantly, in key discussions with existing registries such as the VCOR registry, we have established the principles for a "plug and play" compatibility. The same for the New Zealand registry which is already up and running. So we should be in a situation by the end of the year, where ACOR, after this lead time, is a functioning reality for the recording of outcomes in patients undergoing coronary interventions. It will shortly be followed by electrophysiological interventions and structural interventions. Most importantly, the structure of the ACOR database is to be established in such a way that satellite databases can be plugged in. That would include things like devices registries, heart failure registries and genetic cardiac disease registries. It will be possible to track episodes of care across the country for individual patients through the ACOR registries. No other facility in the country can do that. In discussions with the Department of Health, who are, of course, concerned at monitoring care for individuals of Aboriginal and Torres Strait Islander background, particularly when those individuals move between jurisdictions and between states, there is enormous interest in being able to use information, appropriately, from the ACOR registries to look at the outcomes in that particular population of patients. Many of you will be aware that the Commonwealth Government put out a tender for conduct of a registry and recall system in high risk medical devices. This was driven by the adverse events with silicone breast implants and the registry was initially deemed to be for cardiac devices

and for breast implants. It was to function in much the same way that the bone and joint registry functions. We put in a tender for that at very short notice, we were short listed, we did a telephone final wrap up interview with the Department of Health Tender Committee in February and we were advised that we would be notified by the end of February. There has been no notification since. I have enquired of the Department and their response was "everyone will know when everyone will know". Given the current Budgetary situation in the Commonwealth of Australia, it is our expectation that this has been held up on a Minister's or senior official's desk awaiting the outcome of the Budget and whether there is money to run it or not. I would note that our electrophysiological colleagues are already effectively running a device monitoring follow-up registry for implantable devices and we have had discussions about how we work with that with ACOR. I believe that that forms a very solid foundation should the Commonwealth returns and wishes to pursue doing this.

HeartOne

The next flyer on your seat is CPD. That is to let you know that HeartOne is "live". You can go to the Cardiac Society website www.csanz.edu.au which now, if it is not, should certainly be your homepage not Nine MSN please if you log in, you can go to CPD and there you will find a number of things. Firstly, you will find the capacity to update your own personal information, you can also pay your accounts online, but much more importantly you will find content and the CPD diary. The content has over 300 videos and there will be many more loaded in the not too distant future, there are over 1100 documents, there are posters and abstracts from recent meetings, there are clinical cases, images and clinical problem solving, clinical modules and questionnaires being developed and our work in the next six months is particularly and intensively to build those up as part of self assessment. All of that is there. We know who you are, so when you log on, if you have identified particular areas of interest when you complete your subscription, they will come up

as priority areas with the latest content and the latest challenges in those areas on your home screen. Furthermore, when you complete modules and you press "Finish", it is automatically recorded in your CPD diary. You can generate a CPD report as a PDF file and print it whenever you like. Everything that MOPS does, in terms of going to conferences, etc. We can do. You can enter the same activities, the same things, have the same summaries. We just do it better. So all of that is there. All of the content is there, it is now functional. It is going to enormously expand in its content in the next six to twelve months. There is another area of very major expansion through CardioSource that I am going to talk about in just a minute. So I urge you to change your home screen and move to the CSANZ website because it does take us a step beyond where we have ever been before.

Following a query from the floor relating to whether this was in addition to the CPD required by the Royal Australasian College of Physicians, Prof Jeremy responded that this is a good segway to one of the things I was going to cover. At present, we are all required to complete MOPS and then go to AHPRA and say we have done MOPS. Our next port of call is the Australian Medical Council and the New Zealand Medical Council to say that we have a system which is better than MOPS, it does everything and more than what MOPS currently does. We want your recognition. The next steps are that we go to the AMC and the regulatory body in New Zealand which also needs to be satisfied, the New Zealand Medical Council. We go through the proper processes with both regulatory bodies with the guidance of our New Zealand colleagues as to how best to approach that. Both regulatory bodies need to be satisfied as to the quality and usability of the programme. I do not believe that we will have any trouble satisfying that, but we have to go through that process.

A word about international relations, which is now a standing item on the Board agenda. This is something which has been new in the last few years. I have had, over the last twelve months, a number of meetings with representatives of the European Society of Cardiology and the American College of Cardiology. I was at the

Assembly of International Governors at the ACC in Washington this year. It is fair to say that the level of conversation and engagement with both of those bodies has enormously changed in the last twelve months. The conversations are now very much ones about interdigitation, sharing and raising the profile of CSANZ rather than just us being cannon fodder for the subscription fees of international societies. The sorts of things that we are now working on doing include joint sessions at the scientific meetings of each society, co-badged with that society and CSANZ. Indeed, I was at one with ACC recently, but there are some things which need to be addressed to improve that. Free registrations for young cardiologists and trainees at the ESC meeting along with a dedicated programme for them. Reduced registration at ACC meetings. Standard representation on guideline committees where people have appropriate expertise, so instead of all of the guideline writing committees being very Euro centric and north American centric, they are much more open to relevant expertise from Australia and New Zealand, increased representation on the governance of both international bodies. Shared work on practice quality and appropriateness criteria. I am going to a meeting with the ESC later this year in December on that very topic because that is one of the next big "cabs off the rank". And the potential for cross accreditation and cross recognition of CME.

In our discussions with the ACC yesterday, we are very close to be able to organise access to CardioSource for all Fellows of the Cardiac Society of Australia and New Zealand, which, of course, can then contribute to your CME and work on cross representation. We also are looking at working on joint access to formative assessment tools for our trainees with feedback and benchmarking. The workload which Peter Steele and the Specialty Training Committee bears was mentioned earlier. This is not a light undertaking. It is very very hard to organise so any help we can get will be greatly appreciated. We have not forgotten the Asia Pacific. We have had conversations with representatives from a group of cardiologists in Singapore and we are exploring the possibility of joint sessions in Singapore in 2015 and they having joint sessions

here. There is a great deal of interest now in building international linkages. Clearly we need to tread carefully. Clearly we need to balance all the players to the benefit of the Society but anything we can do that raises the profile of cardiology in Australia and New Zealand internationally, anything that we can do that opens up opportunity, particularly for our younger cardiologists and trainees, we should grab with both hands. And that is what we are doing.

It now gives me great pleasure to announce the following prizes and scholarships which have been awarded throughout the year and also at the Congress:

2014 CSANZ Research Scholarship

- **Dr Betty Raman**, University of Adelaide, SA
- **Dr Jonathon Fanning**, Prince Charles Hospital, QLD
- **Dr Ravi Kiran Munnur**, Monash University, Melbourne

The CSANZ Travel Grants

To attend the AHA meeting in Dallas, Texas, 16-20 November, 2013, were awarded to:

- **Dr Elizabeth Robertson**, RPA Sydney, NSW (McCredie / Wilcken recipient)
- **Dr Jordan Fulcher**, RPA Sydney, NSW
- **Miss Cher-Rin Chong**, The Queen Elizabeth Hospital, Adelaide, SA
- **Miss Saifei Liu**, The Queen Elizabeth Hospital, Adelaide, SA

The Travel Grants to attend the ACC meeting in Washington, 29-31 March, 2014, were awarded to:

- **Dr Melissa Leung**, Liverpool Hospital, NSW (McCredie/Wilcken recipient)
- **Dr Ingrid Hopper**, Monash University, Melbourne

CSANZ Affiliate Clinical Development Awards

Nursing:

Catherine Moore, The Prince Charles Hospital, QLD

Debbie Chappel, Waikato District Health Board, NZ (*See Debbie's report p.)*

Tom Donoghue, Capital & Coast District HB, Wellington NZ

Non-Nursing:

Cher-Rin Chong, The Queen Elizabeth Hospital, Adelaide

Steven Faddy, Ambulance Service of NSW, Sydney

Affiliate Nursing Prize

Jane Hannah, Auckland District Health Board, New Zealand

The use of a continuous subcutaneous infusion of Frusemide (CSI-F) in patients with decompensated heart failure.



2014 Affiliate Nursing Prize Finalists Andrea Driscoll, Jane Hannah (Winner), Jai-Li Feng and Michelle Goldsworthy

Judges: Angela Kucia, Robyn Clark and David Colquhoun

Allied Health Affiliate Prize

Tina Habota, Australian Catholic University,
Melbourne, Victoria

Prospective memory in chronic heart failure



2014 Allied Health Prize Finalists
Jocasta Ball, Tracey-Lea Laba,
Kostas Kapellas and
Tina Habota (Winner)

Judges: Tom Briffa, Andrew Maiorana and Gillian Whalley

Ralph Reader Prize - Basic Science Section

Calvin Hsieh, Westmead Hospital, New South Wales

Ventricular tachycardia reentrant circuits arise early after myocardial infarction and are amenable to cure with radiofrequency ablation: Validation in a chronic ovine model



Calvin Hsieh
Ralph Reader Prize - Basic Science Section

Ralph Reader Prize - Clinical Science Section

Joint award to:

Michael Wong, Royal Melbourne Hospital,
Victoria

Influence of the Long Interdialytic Break on the Incidence of Serious Arrhythmias and Sudden Cardiac Death in Patients with Chronic Kidney Disease (CKD) undergoing Haemodialysis



Michael Wong
Ralph Reader Prize - Clinical Science Section

and

David Peiris, George Institute for Global Health,
Sydney, New South Wales

Effect Of A Multi-Faceted Quality Improvement Intervention To Improve Cardiovascular Disease Risk Identification And Management In Australian Primary Health Care: The Torpedo Cluster-Randomised Trial

Judges were: Phil Aylward, John Atherton, Christian Hamilton Craig, Andrew McGavigan and Marc Pfeffer.



David Peiris
Ralph Reader Prize - Clinical Science Section



**2014 R T Hall Prize
awarded to Karlheinz Peter**

R T Hall Prize

Karlheinz Peter, Baker IDI Heart & Diabetes Institute, is an outstanding clinician scientist, particularly as an interventional cardiologist. His research work is both innovative and practical in its implications and is centred on preventing and optimising treatment of myocardial infarction (MI). Professor Peter has impressive results in imaging thrombotic, atherosclerotic and inflammatory diseases using innovative and ground breaking approaches. His expertise with recombinant antibody fragments is internationally recognised and is relevant to new and novel drug discovery in the antibody field. His work is of undeniable international standing and is a very significant contribution to the field of clinical cardiology and basic cardiovascular research.

Life Membership

This year the Board recognised the contributions of Jim Cameron to the work and vision of the Society by awarding him Life Membership. Jim initiated and worked on many policy documents and procedural documents for the Society and was a driving force in establishing ACOR. None of us should underestimate the fact that ACOR would not exist without the hard work and dedication which Jim devoted to its establishment. Working with him at every stage has just been an absolute pleasure and he has, in so many ways, contributed to the benefits of the Society and all of us as Members. It is my pleasure to present him with Life Membership of the Society in recognition of his many achievements.



**Life Membership awarded to
Jim Cameron**



**Distinguished Service Awarded
to Leo Mahar**

Distinguished Service Award

This is the inaugural award and goes to an individual who has contributed to this Society for over twenty years. That person is Leo Mahar. He was Chair of the Interventional Council from 1992 to 1994, served on the Cardiac Society Board 2001 to 2007, he was Chair of the Continuing Education and Recertification Committee from 2004 until 2008, President of the Society from 2008 until 2010, and served until recently on the CSANZ Finance Committee and the Board of Trustees of the CSANZ Education Trust. It is my enormous pleasure to make this presentation today to Leo.

ISHR Student Award

Laura Bienvenu,

University of Melbourne, Melbourne, Victoria

Cardiomyocyte mineralocorticoid receptor signaling reduces cardiac functional recovery post-ischemia/reperfusion



**ISHR Student Finalists
Laura Bienvenu (Winner), Padmapriya
Muralidharan and Nikita Gupta**

Australia Day Honours

David Celemajer (AM) for his distinguished service to medicine, as a clinician and researcher, to improve medical diagnostic methods, and to the promotion of heart health, particularly in children and young adults.

Thank you to reviewers:

I would like to take this opportunity to extend thanks to the many judges who assist, not only at this meeting, but in assessing the various scholarships and travel grants which are awarded throughout the year. They do a wonderful job and the Board is extremely grateful for their time and contribution.

Deaths

It is with deep regret that I note the passing of the following Members:

Dr A J Barnett (Life VIC), Dr J Campbell-Macdonald (Ordinary NZ,) Dr D S P Dickson (Associate NZ), Dr John McCreanor (Associate NZ), Dr E Schiller (Ordinary NSW) and Mr G R Stirling (Life VIC).

Prof Jeremy continued: I would like to thank the Board who have been both supportive and effective in the many dealings and issues it has had to address.

I would also like to thank Lynne Portelli, Christine Boyle, Anne Mar and Stephanie Johnston who have all filled in in an extraordinary number of roles, to ensure the best outcome and to get the job done. It comes down to "why would you do this?" It is because of the friendships. The Board works extraordinarily hard for the good of the Society and it is fantastic to work with them all.

The President opened his report up to the floor for questions. *There were no questions from the floor.*

Prof Jeremy introduced the President Elect, A/Prof Andrew MacIsaac, to the meeting. A/Prof MacIsaac thanked Prof Jeremy noting that he had been an outstanding President of the Society. One only has to reflect upon his report and the great breadth and detail of the work which has been accomplished under his Presidency to appreciate how effective he has been. I am sure that you have many other games and applications which you like using, but I am sure you will be astounded when you see what Richmond has created with HeartOne. It is going to be a great legacy for the Society for many years to come. The care and attention he has shown, his knowledge of education, his interest in training and the welfare of the Members, can be encapsulated in that one programme, but as you have heard, it extends to all of his activities throughout the Society. The energy and time has spent attending numerous Government meetings, travelling internationally, representing the Society and constantly being available ... and sometimes, I think he types the replies to my emails before I have even sent them to him! We all owe Richmond a great debt of gratitude and we wish him all the very best for the future.



**Andrew MacIsaac presented
Richmond Jeremy with a plaque
commemorating his Presidency**

The meeting responded by acclamation.

HeartOne, the CSANZ online CPD Programme, has been launched!

www.csanz.edu.au

CSANZ Member Login

Email

Password

LOGIN Forgot Password

Use the email in
your CSANZ record

Never logged in
before?

Click here

HeartOne is the CSANZ Continuing Professional Development Programme.

Tailored to your needs, **HeartOne** provides online access to video lectures, local and international journals, articles of interest and learning modules for each specialty.

We are always on the lookout for new content. If you would like to contribute please email education@csanz.edu.au for a content template and guidelines.

Life-long learning and improved professional standards. The formula for future success.

The screenshot shows the HeartOne website interface. At the top, there is a navigation bar with 'HOME', 'PROFILE', 'EDUCATION', and 'DIRECTORY'. A dropdown menu is open under 'EDUCATION', listing 'CPD Diary', 'Online Modules', 'Resource Library', and 'Journals'. A red arrow points from the 'Journals' link to a 'CLINICAL KEY' banner on the right. Below the navigation, a welcome message is followed by a 'CPD Report: 01 Jan 2014 - 31 Dec 2014' section. This section includes a pie chart and a table of CPD statistics. A red arrow points from the 'Access online Journals' annotation to the 'Journals' link. Another red arrow points from 'Your CPD overview' to the pie chart. A third red arrow points from 'Record CPD Activity' to the 'GO TO CPD DIARY' button. Below the CPD report, there are sections for 'Latest Modules in My Categories' and 'Latest Resources in Library'. A red arrow points from 'Access online CPD Content (& record points automatically)' to the 'GO TO ONLINE MODULES' button. Another red arrow points from 'Search the Resource Library' to the 'GO TO RESOURCE LIBRARY' button. At the bottom, there is a 'SUPPORT' button and the 'mappcpd' logo.

HeartOne
Supporting professional development and excellence in practice

Logout | Support

HOME PROFILE EDUCATION DIRECTORY

Welcome, Prof [Name]

CPD Diary
Online Modules
Resource Library
Journals

Welcome to HeartOne, your home for CPD and membership management.

CSANZ is committed to growing and improving the resources available to our members to simplify your membership experience, enhance and provide life-long learning and improve professional standards.

CPD Report: 01 Jan 2014 - 31 Dec 2014

Last Activity: 14 Apr 2014
Activity Type: CSANZ on-line content (CME)
CPD Points: 0.25
Description: OL011 - heart failure, renal nerve ablation, blood pressure, sympathetic activity, one year, post procedure, Murray Esler, Markus Schlaich, VIC

50 CPD points required
4.75 points recorded
45.25 points remaining
246 Days to complete

GO TO CPD DIARY

Latest Modules in My Categories

Title: heart failure, renal nerve ablation, blood pressure, sympathetic activity, one year, post procedure, Murray Esler, Markus Schlaich, VIC
Interventional Cardiology
Published On: 14 Apr 2014

GO TO ONLINE MODULES

Latest Resources in Library

Title: The effect of renal nerve ablation on blood pressure and sympathetic activity one year post procedure
Description: Speaker: Murray Esler, Baker IDI Heart and Diabeter Institute, Melbourne, VIC
Abstract No: 63
Duration: 15 minutes

Title: Progression of kidney function in elderly treated hypertensive patients: Findings from Second Australian National Blood Pressure Study (ANBP2)
Description: Speaker: Enayet Chowdhury, Monash University, Melbourne, VIC
Abstract No: 51
Duration: 15 minutes

GO TO RESOURCE LIBRARY

SUPPORT **mappcpd**

CLINICAL KEY
Smarter search. Faster answers.

CLINICAL KEY
Smarter search. Faster answers.

Access the world's first Clinical Insight Engine.
Comprehensive Content. Trusted Answers. Unrivaled Speed to Answer.

ClinicalKey is an online portal that provides you with access to JACC, the International Journal of Cardiology, Braunwald's Heart Disease and many more.

You can find access to ClinicalKey under the Journals, next to Heart, Lung & Circulation. Access is free for all CSANZ members.

Questions?

Email education@csanz.edu.au



8th Annual
Australia & New Zealand
Endovascular Therapies Meeting
20 - 22 August 2014
Melbourne Convention and Exhibition Centre

International Faculty:

George D Dangas	Mount Sinai Medical Centre, New York, USA
Hyeon-Cheol Gwon	Samsung Medical Centre, Seoul, Korea
Colm Hanratty	Belfast Trust, Belfast, Northern Ireland
David Hildick-Smith	Royal Sussex County Hospital, Brighton, UK
Michael Joner	CVPPath Institute, Inc, Gaithersburg, MD, USA
Pieter Kappetein	Erasmus MC Rotterdam, The Netherlands
Roxana Mehran	Mount Sinai School of Medicine, New York, USA
Jeffrey J Popma	Beth Israel Deaconess Medical Centre Newton, MA, USA
Simon Redwood	St Thomas' Hospital, London, UK
Ashok Seth	Chairman, Fortis Escorts Heart Institute, New Delhi, India



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www.anzet.com.au



CSANZ 2015

63RD ANNUAL
SCIENTIFIC MEETING OF
THE CARDIAC SOCIETY OF AUSTRALIA &
NEW ZEALAND
HOSTED BY CSANZ NSW

13 – 16 AUGUST 2015 | MELBOURNE CONVENTION & EXHIBITION CENTRE

www.csanz.edu.au

International Clinical Cardiovascular Genetics Conference 2014

Brisbane Convention and Exhibition Centre
6 – 9 August 2014

www.iccg2014.com





R T Hall Prize 2015

Call for Nominations

Nominations are invited for the 2015 R T Hall Prize of the Cardiac Society of Australia and New Zealand (CSANZ). The Prize is the most prestigious research award of the CSANZ and recognises the achievements of senior and established investigators. The Prize is awarded in open competition and is directed towards recognition of sustained and outstanding research achievement.

CONDITIONS:

- The R T Hall Prize will be awarded to **an individual investigator** for a coherent body of work, which advances knowledge of the cardiovascular system and its diseases. In exceptional circumstances, the Prize may be awarded to a small group for an outstanding contribution in the field of cardiology. The work must have been published in a scientific journal or journals. Work published in book-form and thesis, which have been accepted for higher degrees, may also be submitted.
- The investigator **MUST** be a Member of The CSANZ and the work must have been substantially undertaken in Australia or New Zealand.
- Submissions for the R T Hall Prize will consist of a nominating letter by a Member of The Society plus copies of the published manuscript(s), as well as, confirmation from the nominee(s) that they wish to be considered for the Prize.
- The R T Hall Prize will be decided by the Board after review by the Scientific Committee.
- The winner of the R T Hall Prize will be announced at the Annual General Meeting of The Society.
- The value of the R T Hall Prize will be \$10,000.

Submissions should be forwarded to the Honorary Secretary, The Cardiac Society of Australia and New Zealand, Suite 601, Level 6, 1 Castlereagh Street, Sydney NSW 2000.

Closing date:

5 pm Friday, 17 October 2014

The Society reserves the right not to proceed with an appointment for any reason. Applicants requiring further information are requested to contact the CSANZ at info@csanz.edu.au

Please note: If email confirmation of receipt of the nomination is not received within 1 week of submission, please contact the CSANZ at info@csanz.edu.au

CSANZ Indigenous Cardiovascular Health Research Scholarship Recipient, Roy Hoerara



Roy Hoerara delivers the Indigenous Scholarship presentation: A grounded theory on how urban indigenous men of Australia respond to cardiovascular disease

Congratulations

The Society extends congratulations to the following members who were awarded Member (AM) in the General Division of the Order of Australia, in the 2014 Queen's Birthday Honours:

Professor Peter Joseph Fletcher (AM) for significant service to cardiovascular medicine as a clinician and administrator, and to heart health programs and medical education.

Professor James (Jim) Tatoulis (AM) for significant service to medicine as a cardiothoracic surgeon, and as an adviser to government.

Research Scholarships for 2015 Guidelines for Applicants

The CSANZ Research Scholarship is intended to provide support for Members of the Cardiac Society of Australia and New Zealand who wish to pursue a career in cardiovascular research.

1. The Scholarship is open to **all current financial Members of CSANZ at the time of applying.**
2. The value of the Scholarship will be equivalent to that of the NHMRC Postgraduate Scholarship and will be payable for one year.
3. Research must be conducted in Australia or New Zealand.
4. Only those applicants who are enrolled as full time students (eg. for PhD or MD) will be eligible to receive the Scholarship as a tax-free stipend.
5. Deadline for the receipt of applications and referees' reports is **26 September, 2014.**
6. Applications will be graded by a selection panel appointed by the Scientific Committee of the CSANZ.
7. Successful applicants will be notified in January.

No interviews will be undertaken.

7. Successful applicants will be notified in January.

Note: Previous recipients of the CSANZ Research Scholarship are not eligible to apply for a second scholarship.

In addition to the above information, you will **also** require a copy of the Application Form and Application Instructions available from either the Society Secretariat or from the CSANZ website at <http://www.csanz.edu.au/members/scholarships-and-fellowships/>

Please note: *if applicants have not received email confirmation of receipt of their application within 1 week of submission, they should contact the Secretariat at info@csanz.edu.au*

Closing date:

5 pm Friday, 26 September 2014

CSANZ Travelling Fellowship 2014 AHA Scientific Sessions

Applications are called for the **CSANZ Travelling Fellowships** for travel grants to enable investigators to attend the **Scientific Sessions 2014 of the American Heart Association** to be held in Chicago, Illinois, 15-19 November, 2014. The Fellowships are intended to provide an opportunity for investigators in the early stage of their research career, to present at a major international conference.

The conditions are:

1. The Fellowships are valued at \$3,000 each.
2. The top ranked candidate will be awarded the CSANZ McCredie/Wilcken Travelling Fellowship.
3. Applicants **must be current financial FCSANZ, Associate Members or Affiliate Members of the Cardiac Society**, at the time of applying, with preference given to those attending their first meeting.
4. The work must have emanated from Australia or New Zealand.
5. Applicants must have an abstract accepted for presentation at the AHA meeting.
6. Applications must be accompanied by a letter from the supervisor or Director of the laboratory or service from which the work has emanated, clearly detailing the specific contribution made by the applicant towards the work being presented.
7. Preference will be given to those who have not previously been awarded CSANZ travelling scholarships.
8. Conditions apply to successful applicants **not domiciled in Australia or New Zealand.***
9. Late applications will NOT be considered.

Applications should be emailed to the Honorary Secretary at info@csanz.edu.au and **must** include:

- (1) copy of submitted abstract(s) and AHA notification of acceptance
- (2) brief curriculum vitae (maximum 1 page)
- (3) supporting letter from the supervisor or Director

Applications must be received by

5 pm Monday, 18 August 2014

Please note: *if applicants have not received email confirmation of receipt of their application within 1 week of submission, they should contact the Secretariat at info@csanz.edu.au*

* Contact the Sydney Secretariat to obtain a copy of the conditions (info@csanz.edu.au)



**Criteria for CSANZ Heart Failure Council travel grant for the
Heart Failure Society of America Conference
14—17 September, 2014,
Las Vegas, Nevada, USA**

1. **At the time of application**, applicants must be current financial FCSANZ, Associate Members or Affiliate Members of the Cardiac Society, with preference given to early career applicants attending their first meeting.
2. The work must have emanated from Australia or New Zealand.
3. Applicants **must** have an abstract on a topic relevant to Heart Failure, accepted for presentation.
4. Applications must be accompanied by a letter from the supervisor or Director of the laboratory or service from which the work has emanated, clearly detailing the specific contribution made by the applicant towards the work being presented.
5. Preference will be given to those who have not previously been awarded a CSANZ Travelling Scholarship.
6. Conditions apply to successful applicants not domiciled in Australia or New Zealand.*
7. Late applications will **NOT** be considered.
8. The Scholarship is valued at \$3,000

Applications should be accompanied by:

- a) copy of submitted abstract(s) and official notification of acceptance;
- b) brief curriculum vitae;
- c) supporting letter from the supervisor or Director;

Applications should be emailed to info@csanz.edu.au

CLOSING DATE

30 June, 2014

Please note: if applicants have not received email confirmation of receipt of their application within 1 week of submission, they should contact the CSANZ at info@csanz.edu.au

* Contact info@csanz.edu.au to obtain a copy of the conditions

Travelling Fellowship Updates

Dr Melissa Leung, Liverpool Hospital, Sydney, received a CSANZ Travelling Fellowship to attend the 2014 American College of Cardiology Congress.

As the recipient of the CSANZ McCredie/Wilcken Travelling Fellowship, I was very fortunate to have had the opportunity to attend the ACC Congress 2014 in Washington DC, USA, this year. It was a fantastic experience to not only attend the ACC and visit Washington DC for the first time, but to present local research at such a large international Cardiology meeting.

ACC was a large meeting with an interesting program. It was inspiring to learn from leading clinicians and academics in my area of subspecialty interest, as well as to hear of updates in the field of cardiology.

Highlights included listening to clinical trialists present their late breaking results such as SYMPLICITY-HTN3 showing that renal denervation for treatment-resistant hypertension, pitted against a sham procedure did not meet its primary endpoint in reducing systolic blood pressure; and the CoreValve study high risk cohort, comparing the self-expanding transcatheter aortic valve with surgery in

patients at high surgical risk that showed significantly higher rate of survival at one year than surgical aortic valve replacement in patients with severe aortic stenosis. I enjoyed hearing the experts speak about clinically relevant topics - Sherif Nagueh speak about diastolic heart failure; and Bertrame Pitt, Faiez Zannad, and Mark Pfeffer speak about mineralocorticoid receptor antagonists in heart failure.

New clinical guidelines for 2014 on the management of valvular heart disease and non-valvular atrial fibrillation were also released by ACC.

It was a valuable experience to present my work on -Endothelial Function and Left Ventricular Diastolic Functional Reserve in Type 2 Diabetes Mellitus; to be able to share my research in the international arena, and to field questions from other attendees from around the world and those doing similar work in the field, and learn from their research also was a good experience.

I am very appreciative of the support received from the Cardiac Society, enabling me to travel to Washington DC to attend this conference.



#worldheartday
#heartchoices

29 September 2014

Travelling Fellowship Updates

Dr Ingrid Hopper, Monash University, Melbourne, also received a CSANZ Travelling Fellowship to attend the 2014 American College of Cardiology Congress.

An expected cold snap delayed the blooming of Washington DC's famous spring cherry blossoms, which had been expected to coincide with the American College of Cardiology Scientific Sessions this year. Although the city was devoid of foliage and somewhat drab, the meeting was exceptional, and I was extremely fortunate to receive a travelling fellowship from CSANZ to attend. The heart failure stream had some very big names, and was fast paced, delivering up to five speakers per session on topical issues. Highlights included a very lively debate on the role of digoxin in heart failure in the modern era, discussions on the role of

aldosterone antagonists and a great session on cardiorenal syndrome.

I presented a poster on the cardiovascular effects of dipeptidyl-peptidase-4 inhibitors, and had the opportunity to discuss the topic in depth with other delegates whose insights and perceptions were very different from my own, resulting in some very animated discussions and some great follow-up emails.

I would like to sincerely thank CSANZ for granting me a travelling fellowship to attend ACC this year. I learnt an enormous amount listening to the superb array of quality presentations, and the opportunity to further develop my understanding of my own research through discussions with others in the area was invaluable.

Travelling Fellowship Updates

Dr Jordan Fulcher, Royal Prince Alfred Hospital, Sydney, received a CSANZ Travelling Fellowship to attend the 2013 American Heart Association Sessions in Dallas Texax.

I was the recipient of a Cardiac Society of Australia and New Zealand Travelling Fellowship for the 2013 American Heart Association (AHA) Scientific Sessions.

I was presenting an oral abstract on the effects of statin therapy according to age as part of my PhD work on behalf of the Cholesterol

Treatment Trialists' Collaboration. The timing of this presentation was particularly relevant given the release of updated ACC/AHA/ASA guidelines for the prescription of statins, and I was able to attend several sessions in an area of particular relevance to my own research.

It was a great opportunity to both learn and present amongst a diverse international audience and I am particularly grateful for the support of CSANZ in my early research career.

Affiliate Clinical Development Award Update

Melbourne is an attractive city in which to spend three days at the WCC May 2014, especially as my home is rural New Zealand. Walking to Southbank each day from Bourke Street I felt overwhelmed by people, shops and traffic signals!

Congress was overwhelming and left me brimming with information, ideas and more than a little overcome at the future for nurses working with people who suffer from heart failure (HF).

I spent my time divided between the medical and nursing/allied health sessions.

Reoccurring themes:

- Patients with HF have a poor outlook, survival rates are worse than breast, prostate and bowel cancer.
- A majority of HF patients have repeated lengthy hospital stays (average of 5-10 days); this has led to a high economic burden across the globe.
- Evidence-based medications +/- devices are slowing progression of the disease in developed countries and improving survival. However HF with preserved ejection fraction (HFpEF) is present in nearly half the admissions and no therapies have shown to prolong life, this is because the group is much more heterogenous than HF reduced ejection fraction and is not yet fully understood.
- Depression can affect 20-40% of patients with HF.
- Treatment options for acute HF have changed little in the past 20 years even with ongoing research.
- An integrated team approach for supporting HF patients can lead to positive change to the patients quality of life, particularly nurse-led HF input.

- 40% HF patients are likely to have anaemia – should we be routinely testing for this in our client population?

Challenges we face:

- Acute HF and HFpEF – both groups are proving difficult to manage and collaborative international research needs to continue.
- HF and co morbidities e.g. obesity, diabetes, COPD.
- An aging population leading to increased numbers of HF patients.
- Ensuring equity for all patients - however diverse settings require different HF management.

Posters available over the three days covered a wide variety of topics, those that looked a nurse-led HF services were interesting. Some examples are: self-management programmes for older people with HF, a systematic approach to chronic HF care, I found these interesting because they looked at empowering patients to manage their HF in the community. I was able to relate some of this research back to my own practice, involved in a nurse-led service in rural New Zealand based on international standards.

I would like to thank CSANZ for the financial support and the opportunity to attend the WCC this year.

Debbie Chappell

The Queen Elizabeth Hospital, Adelaide

Affiliate Clinical Development Award Update

The World Heart Federation was the organizing committee for the recent World Congress of Cardiology held in Melbourne last month. This global body has more than 100 participating nations with an agreed goal of “reducing premature deaths caused by CVD by 25% by 2025”.

The overall programme covered a vast number of topics related to all aspects of cardiovascular disease and prevention. Sessions for each topic were held predominantly in a symposium format, enabling delegates to appreciate data from a global perspective.

Evidence that nursing research within the cardiology realm is growing was seen through the vast number of abstracts and posters submitted to the meeting. Dr Angela Kucia, Senior Lecturer in Nursing at South Australia University presented her research on stress and its effects on the heart. The four nursing lectures presented for the Affiliates Prize were all of equal merit and included speakers from Australia, New Zealand and the United States of America.

Primarily working in the Cardiac Catheter Laboratory environment, I was generally

attracted to related topics. TAVI (transcatheter aortic valve implant) procedures are becoming more prevalent and future research projects are being identified and expanded upon. The pharmacology associated with anticoagulation/ antiplatelet therapies for interventional cardiac patients was debated amongst the European centres. These types of sessions left one thinking there are many different views on the topic, with research to support both arguments. Another area of global interest was the development of the Polypill i.e. one tablet as a combination of aspirin, beta-blocker/ ACEi, and statin for the treatment and prevention of CVD in certain patient subsets. The National Heart Foundation launched their latest project slogan as “Halt the salt, shelve the sugar, scrap the fat” which was well received by the attendees.

The evenings enabled delegates to explore networking opportunities over the culinary delights of the nearby award winning restaurants, cafes and bars.

The next WCC will be held in Mexico in 2016.

Cathy Moore
The Prince Charles Hospital, Brisbane



Cathy Moore (left) and Jessica Littlejohn
The Prince Charles Hospital, Brisbane
looking forward to the WCC in Mexico in 2016

Affiliate Clinical Development Award Update

I was keen to attend the World Cardiology Congress since it was in easy-to-get to Melbourne this year. I work in the field of inheritable cardiac diseases and relevant professional development opportunities in this ultra-specialised area can be hard to find so I had big hopes of this at the WCC.

“Geoff’s Shed” is a colossal exhibition venue and the staff there were slickly organised. We used the official smartphone App to navigate the myriad options of symposiums, plenaries and other sessions, an especially welcome innovation since the paper-version handbook was bigger than some textbooks.

Once I’d Googled “plenary”, I instead first headed to a fascinating stream about athletes hearts. We listened to the evidence behind ECG abnormalities and the subtleties required to identify any concerning pathologies which may lie behind them. Speakers were easily made aware of which of their slides were most appreciated as these would be met with an instant forest of cameras, smartphones and tablets digitally rattling to capture the information.

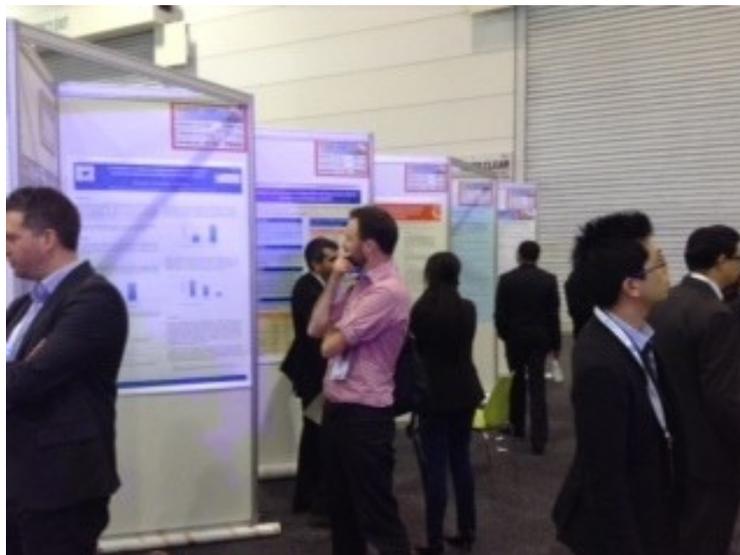
Breaks were held in the huge and impressive exhibition hall where sponsors tried to attract

attention through the competitive use of espresso machines, comfy chairs, mini 3D cinemas, phone chargers and guys talking about treadmills while ladies run on them. It was by far the biggest such exhibition I’ve been to and I tried to visit every stall to give all Reps the chance to hide their disappointment at my not being a cardiologist.

The poster display was the best demonstration of the truly global nature of the congress. I got to learn about the clinical benefits of HCM clinics in the UK, gain an appreciation of the challenges in managing hypertension in Himalayan villages, and reflect upon the genetic disease effects of communities in which co-sanguinity is considered a bonus. I’m certainly looking forward to finding the opportunity of applying this new knowledge into my clinical practise!

Thanks to CSANZ for the Clinical Development Award received to help me get to the WCC. It was a uniquely exciting professional experience to see so such diverse and passionate people finding creative solutions to improve cardiac health.

Tom Donoghue
Cardiac Inherited Disease Nurse
Wellington, New Zealand



Tom Donoghue (red shirt) admiring the posters

Affiliate Clinical Development Award Update

I had the pleasure to attend the World Congress of Cardiology held in Melbourne from 4-7th May 2014. It was my first attendance at the prestigious World Congress of Cardiology and was thrilled to meet so many world-class cardiovascular experts. I was fortunate to have my research findings on cardiovascular metabolic homeostasis work accepted for presentation. This congress also provided a platform necessary to discuss my research findings with other experts, and to seek collaborative research opportunities with other affiliates.

For a pharmacist/PhD candidate trying to absorb not just the information but also the atmosphere, it was definitely a comprehensive yet pleasantly intensive four-day education exhibition. I would like to acknowledge the Cardiac Society of Australia and New Zealand Clinical Development Award once again for supporting my attendance at this meeting. This has definitely provided evidence to encourage the affiliates to extend their traditional roles of practice and increase the diversity of responsibilities.

Cher-Rin Chong
The Queen Elizabeth Hospital, Adelaide

Membership Changes and Additions

The following changes and new admissions to Membership occurred from November 2013 to April 2014. The Society extends a warm welcome to all.

Affiliate Members

Mrs A Barnes, Ms A Brennan, Mrs Z Bury, Mrs L Callan, Mr A Cook, Mrs D Cook, Ms M Corcoran, Ms C Cranney, Ms K A Creevey, Mrs M A De Raya, Miss H Deek, Mrs C Dobson, Ms S Forsyth, Mr J Garlick, Mrs S Genovese, Mrs K Grant, Dr J Harmer, Mrs W Kennedy, Mr D Kinloch, Mrs H Lau, Mrs D Lewis, Dr S Lovibond, Ms G Majumder, Dr I Martin, Mrs M Morris-Jenkins, Dr E Morton, Mr K O'Kane, Mrs J Orchard, A/Prof D Peiris, Ms R Prichard, Mrs J Strickland, Miss V Stuit, Mrs

Katrina Sutton, Ms B Warner and Mr X Zhang.

Associate Members

Dr M Anastasius, Dr A Baradi, Dr Y Chacko, Dr A Cheng, Dr M Eskandari, Dr C H G Gan, Dr H-C Han, Dr R K Munnur, Dr D K Natarajan, Dr N Nerlekar, Dr R K Pathak, Dr M B Pathik, Dr S Prabhu, Dr R Prakash, Dr P Qian, Dr B Raman, Dr I Rashid, Dr K Sree Raman, Dr S Stowers, Dr M K U Tung, Dr K E Waddell-Smith and Dr B Xu.

FCSANZ Members

Dr D Arumugam, Dr S S M Chen, Dr L Davidson, Dr D H Lau, Dr J Morton, Dr J F Sedgwick, Dr B J Sheridan, Dr G H Starmer, Dr N K Wijesinghe and Dr A S C Yong.

Life Membership

Dr James Cameron was granted Life Membership of the CSANZ for his major contribution to the Society as President and, amongst many other achievements, his drive and commitment in establishing the Australasian Cardiac Outcomes Registry.

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Editor

On the pulse

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Forthcoming Meetings

NORTH AMERICA

AHA2014

15 - 19 November, 2014

Chicago, Illinois

www.scientificsessions.americanheart.org/

ACC15

15 - 16 March, 2015

San Diego, California

www.cardiosource.org/acc

EUROPE

ESC Congress 2014

30 August - 3 September 2014

Barcelona, Spain

www.escardio.org

ASIA PACIFIC

ANZET14

20 - 22 August, 2014

Melbourne, Australia

Contact details:

The Conference Company

Phone: 64 9 360 1240

www.csanz.edu.au

CSANZ2015

12 - 16 August, 2015

Melbourne, Australia

Contact details:

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A more comprehensive list of
meetings and events can be viewed
on the Society's website
www.csanz.edu.au

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June to help
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biggest killer
of Australian
women.**

goredforwomen.org.au

