



on the *pulse*

Volume XXII No 4
December 2010

Are we there yet? - Cardiac CT in Australia

Editorial by Dr Aravinda Thiagalingam

The recent release of new clinical pathways highlighting the use of Cardiac CT has helped to further define the role of this emerging technology and bring it into the mainstream of cardiology practice. The NICE chest pain pathway published by the NHS from UK earlier this year (<http://www.nice.org.uk/nicemedia/live/12947/47938/47938.pdf>) emphasised the use of both Cardiac CT calcium scoring and CT coronary angiography as being first line investigations for patients with stable chest pain and low to intermediate likelihood of having coronary artery disease. More recently a joint report by the American Heart Association in collaboration with 7 other societies (including the ACC and American College of Radiology) has published a report on the appropriateness of CTCA in a

variety of clinical situations (published online 25th October 2010 in *Circulation*). This is a very comprehensive document which is definitely not light reading but well worth a look. The tables in particular are easy to follow and useful.

Cardiac CT has made significant progress over the last decade. Many cardiologists were concerned with the initial direct to public marketing of coronary calcium scoring. Since then we have seen a steady progression of the technology with CT coronary angiography becoming a more important modality than isolated calcium scoring. Along with improved image quality, radiation dose has been reduced and patient acceptability (ie reduced breathhold duration) improved. The development of Cardiac CT has shown the manufacturers responding to a sequence of questions posed by clinicians.

Along with these technical improvements, numerous research studies have helped to define what Cardiac CT can and cannot do. Cardiac CT has been shown to have excellent sensitivity and reasonable specificity so it is strongest where it is being used to rule out coronary disease (ie in low to intermediate risk patients). Significant limitations in accuracy, however, remain in

heavily calcified vessels and there is general agreement that it is not an appropriate test in patients with a high risk of coronary disease or established CAD.

So with all of this evidence it is disappointing that it is still not available to patients through Medicare. The item number has been approved but it can only be implemented in a manner that is revenue neutral. Most clinicians will accept that to be able to afford new investigations (thinking of cost in terms of dollars but also in radiation dose to patients) we might have to reduce our use of some other investigations. It is interesting to note that the NICE guidelines recommend a reduced role for exercise stress testing (“*Do not use exercise ECG to diagnose or exclude stable angina for people without known CAD.*”) I think that exercise ECG still has an important role but clearly this role will diminish with CTCA being able to be performed with a lower radiation dose. In the last two years there has been a wealth of new data published which has started to define the role of the varying non-invasive cardiac imaging modalities but the next few years will see a vastly increased number of these studies which I believe will clearly define the relative merit of these investigations.

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On the pulse

A publication of

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Aravinda Thiagalingam
Editor

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*To our members and their families,
the Editor and staff wish
you all a safe and happy
Festive Season.*

Guidelines

The following guidelines were ratified by the CSANZ Board at its meeting on 26 November 2010. Because of the physical size of all these guidelines it is not possible to reproduce them in this edition of *On the pulse*, however, they can be accessed on the [CSANZ website](#) under the Education tab.

Clinical Practice:

- Familial Dilated Cardiomyopathy
- Familial Hypercholesterolemia
- Marfan Syndrome

Performance of Investigations and Procedures:

- Noninvasive Coronary Artery Imaging: Current Clinical Applications

Training and Competence:

- Percutaneous Coronary Intervention (PCI)



Heart Beat

October 2010

World Heart Federation has released its October newsletter. Features include:

- **RHDAustralia - National Coordination Unit for Rheumatic Heart Disease**
Find out more about the RHD control programmes that have been established in the Northern Territory, Queensland and Western Australia.
- Highlights from the European Society of Cardiology Congress

For resources, latest reports or available scholarships visit their [website](#).

Mr John Clarebrough OBE AM (1923 - 2010)



The Society would like to thank Dr George Hale who has kindly given permission to reprint the following obituary.

John Clarebrough graduated with First Class Honours from the Faculty of Medicine, University of Melbourne in 1947. Following Resident Medical Officer training at St Vincent's Hospital he undertook training in cardiothoracic surgery at St Vincent's and Austin Hospitals and subsequently in London at the Brompton and Hammersmith Hospitals. In 1955 he was appointed Thoracic Surgeon to St Vincent's Hospital subsequently became Cardiothoracic Surgeon when, following a period of research and training in open heart surgery in an animal laboratory at St Vincent's Hospital, he performed the first open heart surgical procedure in patients during 1964.

In the first year of cardiac open heart surgery, only severely cardiac disabled patients could be operated on and as a consequence, their recovery was slow and closely monitored by both surgeons and cardiologists. Facilities were limited and consisted of monitoring equipment and DC counter shock equipment supplied through the University of Melbourne, Department of Medicine.

The results of surgery were such as to attract increasing numbers of patients to the unit and the results

clearly impressed the Hospital and Charities Commission (State Department of Health) to grant St Vincent's Hospital with the University of Melbourne Teaching Hospitals Open Heart Surgical Unit, serving the needs of patients from both Royal Melbourne Hospital and Austin Hospital as well as St Vincent's Hospital, all under the direction of John Clarebrough. Owing to his surgical and organisational skill the results of this combined unit continued to deliver excellent results and by April 1990 10,000 open heart procedures had been performed since 1964. Following the introduction of coronary bypass graft surgery in 1971 the workload increased and it was necessary for an Open Heart Surgical Unit to be opened at Royal Melbourne Hospital in 1980 and subsequently also at the Austin Hospital. At both hospitals the excellent results of open heart surgery achieved while at St Vincent's Hospital continued, to the benefit of all patient's requiring heart surgery from Victoria and beyond.

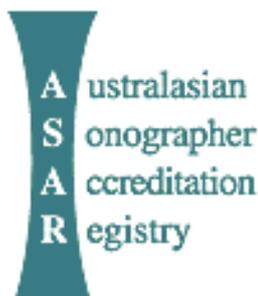
John Clarebrough was also instrumental in the establishment of open heart surgery at St Vincent's Private Hospital and saw its introduction there again, with his hallmark clinical and organisational skills. He retired from surgery at both hospitals in 1988 and then held the post of Medical Director at St Vincent's Private Hospital from 1988 to 1994.

Not only was John Clarebrough a skilled surgeon but he was also a consummate Cardiac Physician while he was able to instil confidence into all members of the surgical team. He was ably supported by anaesthetists and trainee surgeons in the years before beginning cardiac surgery in the animal laboratory ensuring that there was a complete, fail safe operational procedure for managing the cardio pulmonary bypass equipment even though it was extensively modified in the decade following the beginning of cardiac surgery. The

same painstaking technical and teamwork approach enabled him to direct the beginning of open heart cardiac surgery at St Vincent's Private Hospital up to the time of his retirement from active surgery in 1988. During this period he was ably assisted by Mark O'Brien who directed cardiac surgery in Queensland through Prince Charles Hospital where Mark developed the use of tissue valve prostheses work that had begun with John Clarebrough at St Vincent's Hospital. Other cardiac surgeons ably mentored by John Clarebrough included John Richardson, Tony Wilson, Charles Mullany.

His clear thinking and "barefoot" legal skills led to many appointments and duties both in St Vincent's Hospital and beyond e.g. establishing the Constitution of the Senior Medical Staff at St Vincent's Hospital while he was made President of the Cardiac Society of Australia and New Zealand (1978-1979), President of the Royal Australasian College of Surgeons (1981-1982), Vice President of the National Heart Foundation of Australia and was Chair of its Medical Scientific and Advisory Committee. In addition he was on or assisting the Medical Practitioners Board of Victoria for 25 years as well as acting as an Adviser to State Government Health Departments. In this capacity he influenced the establishment of the highly successful Heart Transplant Unit at the Alfred Hospital.

John Clarebrough suffered an episode of poliomyelitis in 1961 (his second) and this led to temporary absence from surgical work. Nevertheless residual right arm weakness persisted throughout his surgical career but it was not obvious judging from his ability to sustain great physical effort for long periods of time in the operating room. Throughout his professional life he displayed not only enormous levels of skill and leadership but also great humility, qualities that led to the award of an OBE in 1975 and an AM in 1992.



Important Announcement from A S A R

As of 1st July 2011, entrance to the ASAR Register through grandfathering (Category 3) will be removed. Applicants can only register by way of Category 1 or Category 2. If you need further information, please contact the ASAR Secretariat via email at registry@asar.com.au

Membership Changes & Admissions

The following changes and new admissions to Membership occurred from April 2010 to the present time. The Society extends a warm welcome to all.

Affiliate Members:

Dr A Adel, Mrs B B Anderson, Mrs J K Banham, Miss H A Barton, Mr S G Bloomer, Miss S Bowman, Mr M M Cameron, Mrs J Conning, Miss S L Fry, Mr C E Green, Ms S Hunter, Mr V Ishami, Ms D Khodr, Miss S J Lupton, Mr S S Madenholt-Titley, Dr A J Maiorana, Ms M Munro, Mrs R M Newcombe, Mr A Peter, Miss J M Pick, Ms T R Poulton, Mrs N Rahman, Dr L Ruta, Dr F Sheeran, Ms R Shephard, Dr C Ski, Mr A Sohail, Mr P W Stoodley, Professor D R Thompson and Ms N Wong.

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CSANZ 2011

59th Annual Scientific Meeting
of the Cardiac Society of Australia and New Zealand
Hosted by CSANZ Western Australia

Perth Convention Exhibition Centre
11 – 14 August 2011
www.csanz2011.com



The Cardiac Society of
Australia and New Zealand



Named Lecturers

Key Dates

Abstracts Close	22 March 2011
Registration Opens	24 March 2011



RT Hall Lecturer

Jeroen J Bax

Leiden University Medical Centre,
Leiden, The Netherlands



Basic Science Lecturer

Richard P Harvey

Victor Chang Cardiac Research Institute,
Sydney, NSW, Australia



Victor Chang Memorial Lecturer

Michael J Mack

Cardiopulmonary Research Science and Technology Institute,
Dallas, Texas, USA



Kempson Maddox Lecturer

Tom Marwick

Cleveland Clinic Main Campus,
Cleveland, Ohio, USA



Cardiovascular Nursing Lecturer

Carolyn Astley

Flinders Medical Centre and Flinders University,
Adelaide, SA, Australia

ANZET11 and CSANZ ICHC 2011



**5th Annual Australia & New Zealand
Endovascular Therapies Meeting**

10-11 August 2011

Perth Convention Exhibition Centre

www.anzet.com.au

CSANZ
**Indigenous
Cardiovascular
Health Conference**

www.ichc2011.org

16 – 18 June 2011
Alice Springs Convention Centre
Northern Territory
Email: ichc2011@icms.com.au



The banner features a dark orange background with a large, stylized, circular graphic on the right side. This graphic is composed of intricate, traditional Indigenous Australian patterns in shades of brown, orange, and white. The text is positioned on the left side of the banner, with the website URL and contact information in a smaller font below the main title.

www.ichc2011.org

“The Aussie Experience” by Marti McCulloch

The following report by Marti McCulloch appeared in the November 2010 issue of JASE (Volume 23 Number 11 p 19A) and is kindly reprinted here with Marti McCulloch’s permission. Reference: J Am Soc Echocardiogr 2010;23:19A.

CSANZ 2010 - Adelaide

In mid August, I had the extreme pleasure of traveling “down under” - Adelaide, Melbourne, and Sydney, Australia, to be exact. The journey was part business and part pleasure, but more importantly it was an unforgettable educational experience.

In July, 2009, I was contacted by Di Jackson via Brian Haluska and asked if I were interested in giving a talk in Australia. The answer was YES! The purpose of the trip was to attend the Cardiac Society of Australia and New Zealand (CSANZ). The CSANZ scientific sessions are similar to those of the American College of Cardiology in the US or the European Society of Cardiology in Europe, consisting of specified tracts based on disease, specialty, and clinical profession (physician, nursing, and allied health), all of which were open to all conference attendees.

The CSANZ annual meeting rotates throughout cities in Australia and New Zealand. This year’s event was supposed to be hosted by Melbourne, but due to a conflict with the Melbourne convention center, it was held in Adelaide.

Adelaide is close to the southwestern coast of Australia, where there are beautiful rolling hills—a perfect spot for Australian vineyards and red kangaroos. We saw wild red kangaroos in the vineyards; they are huge and can hop as fast as we were driving!

Cardiac Imaging Council Satellite Symposium: The Right Tools for the Job was a multi-modality, all-day imaging session held prior to the official meeting. Each session incorporated a specific imaging modality. The first session was on cardiac CT, followed by echocardiography and cardiac MRI, with a wrap-up session on multi-modality imaging which compared and contrasted the modalities. The topics were well thought out, and the speakers were fantastic!

The Opening Ceremony had to be the most entertaining opener I have ever attended. It began with three indigenous performers who came out on stage and entertained the crowd. One played a long wooden instrument called a didgeridoo while the others danced and explained the ceremonial interpretations of each dance.

Prize Session— Allied Health & Technologists was a highlight contest of the 4 best abstract submission finalists. Prior to the presentations there was a keynote talk by the first invited international speaker for the allied health sessions. I was the keynote speaker, and the topic was “Time Traveling through Echo.” Then the primary author of each of the abstracts had 15 minutes to present his or her data. The topics were multi-disciplinary in content, well-delivered, and very difficult to judge (they were so good!). In fact, there was a tie for 1st place, and the top two finalists split the prize. Abstract titles and authors were:

- First Place - *Who Benefits most from Carotid Intima Media Thickness?* Brian Haluska
- First Place—*Differing Gender and Age Specific Trends in the Incidence of Coronary Events in Western Australia, 1996-2007.* Lee Nedkoff
- Runner up - *Transthoracic Three Dimensional Echocardiographic Assessment of Right Ventricular Volume and Function in Patients with Congenital Disease is the Closest Correlate to Cardiac Magnetic Resonance Imaging.* Kathy Stedman
- Runner up - *Stationary Cycling is as Effective as Walking in Phase I Cardiac Rehabilitation: A Randomized Control Trial.* Andrew Hirschhorn

The content of each presentation was compelling and impressive; all of the authors should be exceedingly proud of their work regardless of who won the prize.

There seemed to be an event every night. Friday night was the international faculty dinner hosted by the Leo Mahar and the Scientific Committee. The conversation, food and Australian wine were excellent! The following night we attended the gala, an amazingly entertaining event with more fantastic Australian wine, good food, entertainment, and dancing. At the end of each day, local wine, fruit, and cheese were served in the abstract area, where notable abstracts were orally presented in areas sectioned off by topic.

Melbourne Experience and Visit to Epworth Hospital

Diane “Di” Jackson, my affiliated representative from the CSANZ Scientific Committee, asked if I wouldn’t mind stopping in Melbourne to give a talk at the facility where she works, the Epworth Hospital. She gave me a tour of her facility and the echo lab, which more or less mirrors hospitals here in the US. Di’s echo lab had multiple echo rooms, some of which would flex for TEE and/or stress. It was late in the evening, and the lab was still doing a stress echo and the interpreting physician was in the reading room. Di introduced me to the interpreting physician, who completely impressed me by illustrating a case in which he used 3D cropping to provide the definitive diagnosis. Australia has private hospitals as well as non-private hospitals, and they have a Medicare system as well.

Last Stop Sydney

My last destination in Australia was in Sydney. We took a train from the airport to Sydney Harbor, where we walked our luggage to Pier 1. In Sydney, we visited the Hotels, which are really restaurants/bars, and did the Bridge Climb. It was spectacular, just like the entire trip. If you haven’t been to Australia, it is truly a wonderful place to visit!



Cardiac Society of Australia and New Zealand Cardiovascular Nurses Council

Stephen Bloomer WA

Patricia Davidson NSW

Cindy Hall QLD

Angela Kucia SA

John Rolley NSW

Deborah Smith QLD

Linda Worrall-Carter VIC

Yvonna Zudyam TAS

From the Chair



Patricia Davidson
*Curtin University &
St Vincent's Hospital,
Sydney*

Dear Colleagues

Welcome to our final edition of "On the Pulse" for 2010. This has been another busy and productive year for the Cardiovascular Nursing Council. Planning for activities for 2011 are well underway and we encourage you to submit abstracts for CSANZ 2011 in Perth. The Scientific Program is looking to be very exciting and stimulating. In this edition of "On the Pulse" we have taken the opportunity to profile some of the activities and achievements of CSANZ members.

On behalf of the Cardiovascular Nursing Council I would like to thank you for all of your support in 2010 and acknowledge all of the work you do to support the cardiovascular care of patients and their families in Australia and New Zealand.

We hope you have a well-deserved break over the holiday period and look forward to working with you in 2011

Trish Davidson

Profile

Dr Melinda Carrington is an NHMRC Postdoctoral Research Fellow within Preventative Health at Baker IDI Heart and Diabetes Institute. Her research is primarily based on advanced non-invasive cardiovascular risk screening with a particular focus on vulnerable individuals and communities, including those from lower socio-economic backgrounds, regional and remote communities and the Indigenous population.

Dr Carrington has successfully established a number of large-scale public health projects worth in excess of \$2 million and involving a significant component of community participation and collaboration to raise awareness about cardiovascular disease and diabetes. Two programs, **Healthy Hearts**, involving risk assessment screening of over 2000 adults in rural Victoria, and more recently **Protecting Healthy Hearts**, evaluating the benefit of a nurse-led, self management intervention program for over 500 regional participants, have shown enormous disparity in risk factor levels according to location and socio-economic status. Moreover, they have pioneered the recent worker health checks undergoing in Victorian workplaces. Dr Carrington also led the **National Blood Pressure Screening Day** involving blood pressure testing by 300 Registered Nurses at 100 centres and 14,000 subjects across Australia. Dr Carrington is a Co-Investigator of the unique **Heart of the Heart Study** of > 400 Indigenous Australians in Central Australia and Africa's largest study of heart disease, the **Heart of Soweto Study** involving > 6000 black Africans.



Dr Melinda Carrington
*PhD, Postgrad Dip
(Psych), BA
NHMRC Post-Doctoral
Research Fellow |
Manager, Clinical
Prevention & Surveillance
Unit*



Profile - Dr Melinda Carrington

Supported by more than \$14 million in funding, Dr Carrington is a senior Co-Investigator of a range of disease management programs for patients with heart disease. This includes the *NIL-CHF Study* (600+ patients), the *Young@Heart Study* (600+ patients), the *WHICH? Study* (300 patients), the *SAFETY Study* (target of 320 patients), *IMPRESS* (700+ patients) and more recently the Central Australian Acute Coronary Syndrome study of a nurse led intervention for patients and family members of Indigenous and non-Indigenous Australians. It also includes the *Valsartan Intensified Primary CarE Reduction of Blood Pressure (VIPER-BP) Study*, a clinical trial in > 250 GP Clinics and involving over 2000 patients comparing usual care management with a structured and intensive management program to achieve better blood pressure control.

In recognition of her research, Dr Carrington is an International Research Fellow at the University of Witwatersrand, has been invited to present at national and international conferences and has published close to 30 peer-reviewed papers and over 50 conference abstracts in prestigious international journals. She has also co-authored two major reports on obesity and cholesterol.

Research Profile

Nurse-led cardiovascular disease risk management intervention for patients with gout
McLachlan, A, Kerr, A, Lee, M, & Dalbeth, N

Members of the CNC of CSANZ are producing some excellent work. In particular, a colleague from New Zealand known to many of the Council, Andy McLachlan has published a very informative paper on the work of a nurse-led clinic and the management of CVD risk in patients with gout.

Increasingly, cardiovascular risk management is relying on interdisciplinary approaches. The publication by McLachlan and colleagues is no exception. They report a collaborative project between CV nurses and rheumatology in the management of CVD risk in 210 patients with a confirmed diagnosis of gout. A follow-up design was used. As with other projects from this group, the Acute PREDICT software was used. The results show a relatively young population of mainly Maori and Pacific Islander descent with 57% of the sample having a primary prevention risk >15% (n=120). Significant impact was made on the uptake of aspirin, 'green prescription', nicotine replacement therapy and referral to dietician. The collaboration was well supported with changes being made to how the rheumatology clinic engaged prevention strategies such as 'green prescription' and nicotine replacement therapy.

This paper is an excellent example of how nurse-led interventions can deliver quality and sustainable improvements in patient outcomes.

If anyone has any questions for Andy and his team, please email him at: AZMcLachlan@middlemore.co.nz





Cardiac Society of Australia and New Zealand Cardiovascular Nurses Council



Recent PhD Graduate

In October **John Rolley** graduated with a PhD from Curtin University. His thesis focused on improving care for people undergoing PCIs with a set of nursing practice guidelines being the major outcome. These are now published online with Australian Critical Care. John is now working as a Senior Research Fellow with the Cardiovascular Research Centre and St Vincent's Centre for Nursing Research in Melbourne with Professor Linda Worrall-Carter. He is continuing his work on PCI guidelines now focusing on the cardiac catheter laboratory setting.



Nursing clinical practice guidelines to improve care for people undergoing percutaneous coronary interventions
Rolley, J.X., Salamonson, Y., Wensley, C., Dennison, C.R., & Davidson, P.M.

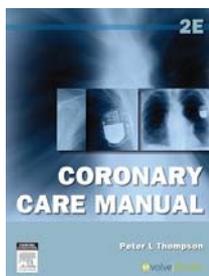
The PCI nursing practice guidelines are now published online in the Australian Critical Care journal with a scheduled hard copy publication set for February 2011. Please direct any questions regarding this publication to: john.rolley@acu.edu.au.

Special offer

Coronary Care Manual 2e

Peter L Thompson

The Coronary Care Manual has been designed as a practical manual for the management of the acute coronary patient, and aims to achieve a balance between the large and rapidly changing evidence base and practical application in the CCU, ICU, ED and ambulance.



The book has been written by a group of Australian and international experts for medical, nursing and paramedic staff working in these areas. This edition covers a broad range of coronary care medicine in enough detail to eliminate the need to refer to a larger reference book, providing a portable companion for a night "on call".

Special promotion to all CSANZ CNC newsletter readers:

Use Codeword [CARDIO] and enjoy 15% discount off RRP and free delivery (Australia and NZ only) on **ALL TITLES** purchased from Elsevier's Online Shop between 16 December 2010 until 31 March 2011.

http://shop.elsevier.com.au/product.jsp?isbn=9780729539272&utm_campaign=CSANZ_Newsletter&utm_medium=ad_tracking&utm_source=elsevier_ad&utm_content=Thompson Coronary

Position Available

Please note the following position for a Research Fellow working with Professor Dave Thompson in Melbourne. If you have any questions regarding the position or application closure date, please contact Professor Thompson at ACU.



Research Fellow

**Cardiovascular Research Centre
Melbourne Campus**

- Drive research outcomes that make a difference
- Two year fixed term appointment

Australian Catholic University is a public university open to all, with its campuses located in Brisbane, Sydney (2), Canberra, Melbourne and Ballarat.

The Cardiovascular Research Centre (CVRC) holds an well established collaboration with St Vincent's Health and the University of Melbourne to increase research capacity and provide higher education opportunities in the prevention and treatment of cardiovascular disease.

The CVRC is seeking a Research Fellow with a dynamic and innovative outlook to significantly contribute to the area of percutaneous intervention and outcome measurement in cardiovascular health. The successful candidate will be registered, or eligible to be registered, in a relevant discipline (for example, psychology or nursing) and have a minimum qualification of a PhD.

Total remuneration valued to \$85,688 - \$101,724 pa, including salary component of \$72,491 - \$85,976 pa (Academic Classification level B), employer contribution to superannuation and casual leave loading.

A range of generous employment conditions and entitlements are provided, these include leave, professional/academic working arrangements, ongoing training, benefits and comprehensive staff development programs.

Application close: Sunday 12 December 2010

HOW TO APPLY:

Obtain further information, including the position description and selection criteria from the ACU Careers website: www.acu.edu.au/careers

Applicants should demonstrate commitment to the specific values and Catholic ethos of the Institution. Australian Catholic University is an Equal Opportunity Employer.

www.acu.edu.au/careers

Patient Blood Management Update

October 2010



The Review of *The NHMRC/ASBT Clinical Practice Guidelines on Fresh Blood Components (2001)* will result in the production of six modules as part of a comprehensive, evidence-based, Patient Blood Management Guideline in three phases as follows:

Phase 1: Critical Bleeding/Massive Transfusion
Peri-operative

Phase 2: Medical Conditions
Critical Care

Phase 3: Obstetrics
Paediatrics & Neonates

Phase 1

Module 1 - Critical Bleeding/Massive Transfusion was submitted to the NHMRC for approval in early August. The approval process is has been completed

and the module will now undergo graphic design for publication and release in March 2011. The module has also undergone an independent AGREE II assessment (<http://www.agreetrust.org/>).

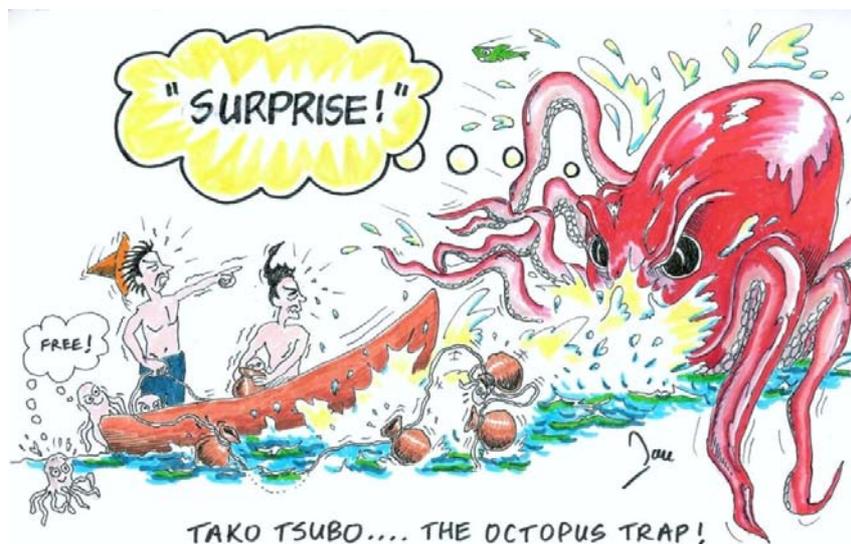
Module 2 - Peri-operative Clinical/Consumer Reference Group (CRG) members will meet on 16 - 17 November to discuss this module. CRG Members have been reviewing the technical report and will be refining the evidence statements, recommendations and practice points. The module content and clinical guidance is currently being drafted. Public consultation is expected to commence in early 2011.

Future updates will include information on the public consultation commencement date for the Peri-operative module.

Phase 2

The **Medical and Critical Care** Research Protocol has been finalised and the systematic review is underway. The Medical CRG will meet on 25 November, and the Critical Care CRG will meet on 2 February to consider available results of the systematic review and commence developing evidence statements, recommendations and practice points.

For further information please contact the NBA at guidelines@nba.gov.au or register on this website to automatically receive these updates.



Cartoon provided by Dr Tau Boga, Hutt Hospital, New Zealand

ACC Scientific Sessions 2011

Applications are called for the **CSANZ Travelling Fellowships** for travel grants to enable investigators to attend the **60th Annual Scientific Session of the American College of Cardiology** to be held in New Orleans, April 3 - 5, 2011. 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 AU\$3,000 each.
2. The top ranked candidate will be awarded the CSANZ McCredie/Wilcken Travelling Fellowship.
3. Applicants must be FCSANZ, Associate Members or Affiliate Members of the Cardiac Society or researchers in cardiology or cardiac surgery and related disciplines 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 ACC 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 sent to the Honorary Secretary, (CSANZ, 145 Macquarie Street, Sydney, NSW 2000 AUSTRALIA), **together with –**

- (1) copy of submitted abstract(s) and ACC notification of acceptance (should this arrive after you have forwarded your application, please fax to +61 2 9247 7916)
- (2) brief curriculum vitae
- (3) supporting letter from the supervisor or Director

Closing Date:

5 PM FRIDAY

28 January, 2011

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

Mr Julian Sacre, from The University of Queensland, received a CSANZ Travelling Fellowship to attend the 2010 European Society of Cardiology meeting in Stockholm, Sweden, in August.

It was a great privilege to receive a travelling fellowship from the Cardiac Society to attend the European Society of Cardiology meeting in Stockholm, Sweden. I presented findings from my PhD work undertaken at the Cardiovascular Imaging Research Centre of the University of Queensland.

The study entitled “Reduced exercise capacity in type 2 diabetes: Left ventricular dysfunction or impaired skeletal muscle perfusion” aimed to identify subclinical cardiovascular mechanisms of exercise intolerance in apparently healthy patients with type 2 diabetes. We performed maximal exercise stress echocardiography studies in 94 patients and acquired contrast-enhanced ultrasound images of the quadriceps before and immediately after peak exercise to quantify skeletal muscle perfusion.

In approximately one third of patients with reduced VO₂peak,

both systolic functional reserve and skeletal muscle blood flow reserve were significantly reduced. Furthermore, we found associations of VO₂peak with peak exercise systolic tissue velocity and peak muscle blood flow, which were independent of each other and other factors known to affect exercise capacity. Our data indicate that LV and microvascular dysfunction may represent two distinct mechanisms contributing to exercise intolerance in type 2 diabetes.

I would like to once again express my appreciation to the Cardiac Society for its generous support.

CSANZ / CSL Biotherapies Interventional Fellowship

Applications are invited for an Interventional Fellowship Award, which has been generously provided by CSL Biotherapies. The award is specifically designed to assist a young Member of the Society to undertake training or research in interventional cardiology at an overseas centre.

The award is valued at AU\$30,000 and to be used to provide salary support for a research / training position relevant to Interventional Cardiology in an overseas institution.

Applicants should be citizens or permanent residents of Australia or New Zealand and should be eligible for medical registration in Australia or New Zealand. Recipients will currently be undertaking, or have completed within the last 5 years, advanced training in Cardiology recognised by the RACP/CSANZ Specialist Training Committee (STC) in Cardiology.

Applicants should forward a letter of application in which they outline the research or training programme to be

undertaken and include their curriculum vitae and 3 written references.

Applications should be submitted to the Honorary Secretary, CSANZ, 145 Macquarie Street, Sydney NSW 2000, Australia.

Closing Date:

5 PM FRIDAY

28 January, 2011



**A/Professor David Muller presenting Dr James Chong,
Victor Chang Cardiac Research Institute, Sydney,
with the 2010 CSANZ / CSL Biotherapies Interventional Fellowship Award**

Travelling Fellowship Updates

Dr Andre La Gerche, from University of Melbourne, was also the recipient of a CSANZ Travelling Fellowship to attend the 2010 European Society of Cardiology in Stockholm, Sweden, in August.

With support from a CSANZ travel scholarship, I attended the ESC congress in Stockholm. I was presenting data on acute cardiac dysfunction and structural remodeling in the hearts of endurance athletes. The ESC congress gives significant priority

to sports cardiology research and is an important forum for me to present my team's research and to see what is topical in this niche discipline. As has been the case for a number of years, the issue of pre-participation ECG screening in athletes is a predominant issue and may become a greater concern in Australia with the introduction of screening for AFL and Olympic athletes, amongst others. It is a complex issue which is passionately debated in the US and Europe but has received little attention in Australia.

One is always spoilt for choice at the ESC congress and I find that I benefit most from sessions that are only loosely related to my primary interests. Drawing inspiration from the genius that combined microbiology and stomach ulcers, I like looking for answers 'outside the box'. Finally, a highlight was catching up for dinner with colleagues scattered around the globe and finding time for jogging around a truly majestic European city. I wish to thank the CSANZ for their support.

Dr Han Lim from Royal Adelaide Hospital, who also received a CSANZ Travelling Fellowship to attend the ESC meeting in Stockholm, Sweden, provided the following account of his experience at the meeting.

The European Society of Cardiology (ESC) Congress 2010 was held in Stockholm, Sweden. This year's congress was attended by more than 27,000 registered participants.

Aided by a Travelling Fellowship award by the Cardiac Society, I had the honour of presenting several abstracts from my PhD project, entitled "Thrombus Formation in the Left Atrium in Human Atrial Fibrillation: Rate or Rhythm Related?" and "Left Atrial Platelet Activation is Increased in Patients with Non-Valvular Lone Atrial Fibrillation" at this Congress.

The research atmosphere at the conference was exhilarating, with the announcement of the latest guidelines and trial results.

Attending an international conference has many advantages for a young researcher: gaining a better perspective of current cardiovascular issues, refining one's current research projects and gleaning new ideas. Furthermore, the scenery at Stockholm was simply breathtaking. I would like to thank the Society for giving me the opportunity to present at such a prestigious conference.

Dr Darryl Leong from University of Adelaide was awarded a CSANZ Travelling Fellowship to attend the ESC meeting in Stockholm, Sweden recently.

Among other studies, I presented our findings on "**Echocardiographic indices of right ventricular systolic function: a cardiac magnetic resonance comparative study**" in a Moderated Poster Session at the Annual Scientific Sessions of the European Society of Cardiology, 2010. We studied patients with systolic heart failure and healthy volunteers to compare novel non-volumetric echocardiographic indices of right ventricular systolic function with right ventricular ejection fraction (RVEF) as measured by cardiovascular magnetic resonance (CMR). We also characterised the relationship between these indices and 6-minute walk distance and $VO_{2\text{ PEAK}}$ as markers of submaximal and peak exercise capacity. We found that right ventricular free wall strain by speckle tracking echocardiography correlated most closely with RVEF by CMR. Right ventricular basal strain rate by tissue velocity imaging was most closely associated with $VO_{2\text{ PEAK}}$. There was little association between indices of right ventricular function and 6-minute walk distance.

While in Europe I visited Leiden University Medical Centre, where I will be undertaking post doctorate studies until 2013.

I would like to thank the Cardiac Society of Australia and New Zealand for its support in these endeavours, and Joseph Selvanayagam for his mentorship in this work.

Travelling Fellowship Updates

Mr Christopher Wong, from the Cardiovascular Research Centre at the Royal Adelaide Hospital and University of Adelaide, was the recipient of the inaugural CSANZ McCredie / Wilcken Travelling Fellowship to attend the 2010 European Society of Cardiology in Stockholm, Sweden, in August.

The Society congratulates Christopher Wong on being awarded a Rhodes Scholarship to undertake postgraduate study at Oxford.

Atrial fibrillation is the most common sustained arrhythmia in humans. Whilst previous reports have suggested that the burden of

atrial fibrillation on the health care system may be increasing, there is little nationwide data in Australia to verify this suspicion.

Christopher Wong presented the results of a study showing that hospital admissions for atrial fibrillation across Australia had more than tripled over the last 15 years. This increase exceeded that of other common cardiovascular conditions, such as myocardial infarction and heart failure. There was also an increase in the age-specific prevalence rates of atrial fibrillation, highlighting that the increase in hospitalisation rate was independent of the ageing population.

The study was invited for presentation at the ESC meeting's international press conference. A related study also presented by Mr Wong at the ESC meeting showed that Indigenous Australians have greater rates of atrial fibrillation compared to non-Indigenous Australians.

Mr Wong is a final year medical student at the University of Adelaide and was awarded the inaugural CSANZ McCredie / Wilcken Fellowship to travel to the 2010 ESC meeting. He is supervised by Professor Prash Sanders, and was recently awarded a Rhodes Scholarship to undertake postgraduate study at Oxford.

Dr Dennis Wong, from Royal Adelaide Hospital was the recipient of a CSANZ McCredie / Wilcken Travelling Fellowship to attend the 2010 American Heart Association Meeting in Chicago, USA, in November.

My research interest is in the field of ST-segment Elevation Myocardial Infarction (STEMI) and cardiac magnetic resonance imaging (MRI). I presented an oral presentation entitled "Intracoronary ECG Is A Novel Predictor Of Myocardial Injury And Hyperemic Blood Flow Following Primary Coronary Intervention: Insights From A Cardiac MRI Study".

It has been shown in previous studies that there is a subset of

patients treated with primary percutaneous coronary intervention (primary PCI) for STEMI has better cardiovascular outcome and mortality. This group of patients termed "hyperemic blood flow" or "TIMI 4 flow" was identified using an angiographic analysis technique called corrected TIMI Frame Count (CTFC).

We set out our research to determine whether a simple and novel tool called intracoronary ECG is a valid surrogate of hyperemic blood flow. Intracoronary ECG can be performed during primary PCI and hence give the earliest possible estimate of the effect of primary PCI. This tool has the potential to direct in-lab "real time" therapeutic decision making process.

We found that early intracoronary ECG resolution successfully predicted hyperemic blood flow in 70% of patients. This was associated with smaller infarct size assessed by cardiac MRI at day 3 and favourable left ventricular remodelling assessed at day 90.

The result of our study confirms that intracoronary ECG is a strong predictor of hyperemic blood flow post primary PCI. We believe our research reinforces the need for further studies to evaluate the potential utility and prognostic value of this novel "in-lab" tool.

NORTH AMERICA

ACC Scientific Sessions 2011
April 3-5, 2011
New Orleans
Web: www.acc.org

EUROPE

ESC Congress 2011
August 27-31, 2011
Paris, France
Email: congress@escardio.org
Web: www.escardio.org

ASIA PACIFIC

18th APCC 2011
5-8 May 2011
Kuala Lumpur, Malaysia
Secretariat:
secretariat@apcc2011.org
Web: 222.apcc2011.org

CSANZ New Zealand ASM 2011
June 10-12, 2011
Hawke's Bay, New Zealand
Web: www.sixhats.co.nz

CSANZ Indigenous
Cardiovascular Health
Conference
June 16-18, 2011
Alice Springs, Northern Territory
Email: ichc2011@icms.com.au
Web: www.ichc2011.org

ANZET11
August 10-11, 2011
Perth, Western Australia
Secretariat:
The Conference Company
Phone: 64 9 360 1240
Web: www.csanz.edu.au

CSANZ ASM
August 11-14, 2011
Perth, Western Australia

Secretariat:
The Conference Company
Phone: 64 9 360 1240
Web: www.csanz.edu.au

A more comprehensive list of meeting and events can be viewed on the Society's [website](#)