



on the *pulse*

Volume XXII I No 1
March 2011

Clinical Practice Report

Dr John O'Shea
Clinical Practice Advisor

There have been a number of issues relevant to Cardiologists, on which the Society has been closely involved in discussion with Government. These issues are listed below, for the information of our membership:

1 Capital Sensitivity Requirements

After much debate and discussion, the Minister of Health, on the advice of the Department of Health in the light of vigorous representations by several groups, including our own, has made the following determination which will be legislated to take effect on 1 July 2011.

Beyond that date, diagnostic imaging providers (including cardiologists providing imaging services) will be required to submit claims for Medicare benefits that are reduced by 50% if the services are provided on

aged equipment. This rule is currently in place for CT and angiography suites and thereafter will be extended to cover all modalities in the diagnostic imaging services table, including ultrasound, diagnostic radiology, nuclear medicine imaging and magnetic resonance imaging. The age limits for each type of equipment in each modality will vary as follows:

Ultrasound = 10 years;
diagnostic radiology = 15 years;
nuclear medicine = 10 years;
MRI = 10 years; mammography = 10 years and fluoroscopy = 15 years.

However, providers will be able to extend the life of equipment by a further 5 years if the equipment undergoes an upgrade that is certified by the equipment supplier to provide equipment that is equivalent in quality to new equipment available for purchase in Australia at the time of the upgrade. Diagnostic imaging providers will be required to retain records that attest to upgrades and enable matching of Medicare funded services to the use of particular equipment in the Practice.

For providers of cardiac ultrasound services, this effectively means that ultrasound machines will have full Medicare rebates for 10 years initially and thereafter for an additional 5 years, if they have been upgraded in a satisfactory manner as specified above. Thereafter, the rebate

will be reduced by 50%. Medicare Australia will be writing to all affected diagnostic imaging providers informing them of the measure in the near future. The precise detail of the implementation of this measure, including any specific requirements for upgrading equipment, are likely to be available shortly.

This represents a victory for common sense, as the initial proposal from the Department of Health was to have a 5 year clause only. There is a consensus that the 10-15 year clause is reasonable and considerable credit in arguing this case must be given to our previous Clinical Practice Advisor, Professor Michael Feneley and our past President, Dr Leo Mahar.

2 CT Coronary Angiography

The Government appear close to including an item number for this test, in the Medical Benefits Schedule. There has been approval from the Medical Services Advisory Committee (MSAC) but the implementation of an item number has been held up for several reasons, including budgetary concerns. There are still ongoing discussions, in which we are participating, in regards to specifying who would be allowed to request this test and in also specifying the frequency of the test, for Medicare benefits. We are hopeful for resolution of these matters in the near future.

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On the pulse

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Secretary: Matt Worthley

Western Australia:

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3 Professional Supervision for Ultrasound Studies

This remains a thorny issue from the Government point of view. The current requirement for professional supervision of cardiac ultrasound studies has been carefully crafted in the Medicare Benefits Schedule, so as to allow a variety of practice, without being too restrictive. There is considerable concern, amongst members of the Government as well as the profession, that a small number of providers are practising in a manner outside the letter and the spirit of the guidelines specified. Medicare Australia are monitoring this very carefully and discussions are ongoing with the Government as to whether the current professional supervision guidelines need to be tightened.

4 Remote Area Exemption

The definition of a remote area is currently being re-examined, looking for a more rational basis to provide a remote area exemption, which relates specifically to professional supervision requirements and also the capital sensitivity rules. There is currently a very arbitrary definition of a 30 kilometer distance listed as defining a remote area and this may require some modification.

5 Multiple Services Rules

The Cardiac Society has complained very strongly about the unintended consequences of the multiple services rules, which result in a patient receiving a reduced rebate when a consultation occurs on the same day as a cardiac ultrasound item. A common practice, to circumvent this problem is for consultations and ultrasound services to be scheduled on

different dates, this being very disadvantageous to patients, particularly in rural and remote areas. We intend to continue to push our case in this matter.

6 Echocardiography with Second Generation Contrast Agents

There has been approval in principle for funding of the use of contrast agents with echocardiography, in specific situations. Further discussions are currently taking place as to the specifics of the item descriptor and it is hoped that an item number will be provided for this, in the near future.

If any members of the Society would like to provide any input in regards to any of the above matters, please contact the National Secretariat or the Clinical Practice Advisor directly.

Congratulations

The Society extends congratulations to *Professor Chris Semsarian (Head of Molecular Cardiology at the Centenary Institute and University of Sydney)*, who has been honoured by the NHMRC in their “*10 of the Best Research Projects for 2010*” publication. This is a new publication which highlights the life-saving work conducted by Australia’s top researchers.

Professor Semsarian has been profiled for his work into the most common genetic heart disorder - hypertrophic cardiomyopathy - that has led to new strategies to improve diagnosis and prevent sudden death in young patients with this often fatal condition.

Guidelines Updated

The following guidelines were ratified by the CSANZ Board at its meeting on 26 November 2010.

Clinical Practice:

Management and Diagnosis of Hypertrophic Cardiomyopathy

Investigations and Procedures:

Clinical Exercise Stress Testing

These updated guidelines and all CSANZ guidelines can be accessed on the [CSANZ website](#) under the Education tab.

2nd CSANZ Indigenous Cardiovascular Health Conference

What is the role of specialist medical societies such as the CSANZ in addressing deficiencies in health care delivery? Most members and fellows of the CSANZ have clearly considered, and often loudly articulated, opinions in relation to cardiovascular medicine as it relates to their day-to-day practice. But what of deficiencies in health care which are outside our own practice? Do we have a role in articulating problems, and solutions, for Indigenous Cardiovascular Health? For our members, who deliver health care on a daily basis, and who witness the human cost of every infarct, of every stroke and every chronic disability, it is vital that the CSANZ does have a role, voicing practical solutions, and not allowing this issue to be considered a distant epidemiologic inconvenience.

Some years ago the Board of the CSANZ resolved that we did have a role in addressing the appalling cardiovascular health outcomes of the Indigenous peoples of Australia

and New Zealand. However as a specialist society, it was apparent that our understanding of these issues, and our ability to shape practical responses was limited. The first CSANZ conference on indigenous cardiovascular health (ICHC) delineated major issues in rheumatic heart disease, acute and chronic heart disease, and systemic and cultural factors that frustrated health care delivery. This meeting, which was the first in the world to specifically address cardiovascular health in indigenous populations, documented priorities for change, and clarified how enormous the challenge was before us.

In June this year (16-18th) the second CSANZ ICHC will be held in Alice Springs. This meeting will extend the engagement of the CSANZ with Indigenous cardiovascular health, with invited sessions on Public health approaches to Reducing Cardiovascular disease, Acute care, Chronic Care, and Cultural and Political processes, invited

presentations from Professor Kue Young from Canada, and our conference patron, Dr Tom Calma. In order to encourage participation from those directly involved in health care delivery, the forthcoming meeting will include poster presentations and a workshop dedicated to Indigenous health workers. Other recorded workshops will cover issues in rheumatic heart disease, chronic cardiovascular care and risk factor control, disparities in acute hospital care and improving workforce training (nurses and doctors). The emphasis on practical solutions will continue. Our aim is to use the knowledge gleaned from this conference as a platform from which the CSANZ can make a coordinated, constructive difference.

Please consider coming to this meeting - we need your help.

Alex Brown and Len Kritharides
co-Chairs 2nd CSANZ ICHC
Jim Cameron
President of CSANZ



CSANZ
Indigenous
Cardiovascular
Health Conference

www.ichc2011.org

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

www.ichc2011.org

John Milroy McPhie (9.1.1919 - 4.2.2011)



Australian Cardiology lost one of its pioneers with the death of John McPhie.

After graduating from Adelaide University Medical School in 1941, where he distinguished himself as both a student and highly talented hockey centre-forward, John completed his residency at the Royal Adelaide Hospital (RAH). Joining the AAMC in 1942, he served with the 2/2nd Field Ambulance including two years in New Guinea. On his return to Adelaide in 1946 he joined the Police Surgeon, Dr Arthur Welch in General Practice. He then spent two years at the Royal Postgraduate Medical School in London working with Paul Wood, returning to Adelaide in 1953 and

commencing private cardiology practice with Dr Eric Gartrell. The practice, now known as Adelaide Cardiology, continues to flourish. He was appointed Assistant Cardiologist to the newly formed ECG Clinic at the Royal Adelaide Hospital, gaining his MD in 1956, and took over as Head of Clinic on Gartrell's retirement in 1958. Cardiology was emerging as a specialty and he was instrumental in developing an independent Unit complete with its own beds, staff and equipment – a considerable achievement given the power of the General Physicians of the day. The Cardiac Clinic also provided an important conduit for the assessment of patients for cardiac surgery and fostered the close cooperation with the Cardiothoracic Surgical Unit led by D'Arcy Sutherland which contributed to the excellent surgical results. He retired from the RAH in 1984 and from private practice three years later.

John played a major role in the early years of the Cardiac Society including terms as Secretary 1959-62, Chairman 1966-67 and President 1974-76, all positions being carried

out with great distinction. He also was an inaugural Director of the South Australian Division of the National Heart Foundation and served on several National Committees.

His professional integrity was an example to all around him and he was an outstanding clinician, teacher, mentor and colleague who unstintingly gave his time to the development of a vibrant developing specialty. His incisive mind and keen wit endeared him to his patients and colleagues alike. He fought many battles to establish Cardiology services and had the ability to recognise and deal with the key issues effectively. John McPhie's contribution to Cardiology in Australia, and particularly South Australia, was pivotal in setting up the services we now all take for granted.

Australian Cardiology is the beneficiary of his outstanding career.

The Society would like to thank Dr John Sangster who has kindly provided this obituary.



Conjoint Committee for the Recognition of Training in CT Coronary Angiography

The Conjoint Committee for the Recognition of Training in CT Coronary Angiography received over 250 applications for recognition of training in CTCA in the final weeks of the grandfathering period in November 2010, which demonstrates the great interest in and commitment to the practice of Cardiac CT.

The Committee has been steadily working through these since the beginning of December 2010, and has

now completed assessment of the majority of grandfathering applications. It expects to complete grandfathering assessments in the second quarter of 2011.

If applicants have any concerns in relation to the assessment of their applications, please contact the Conjoint Committee secretariat at admin@anzctca.org

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



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



Don Cutlip	Beth Israel Deaconess Medical Centre & Harvard Medical School Boston, MA, USA
Ted Feldman	Evanston Hospital Evanston, IL, USA
Bernard Meier	Swiss Cardiovascular Center Berne University of Bern, Switzerland
Kenneth Rosenfield	Massachusetts General Hospital Boston, MA, USA
Martyn Thomas	Kings College Hospital London, UK
Barry Rutherford	University of Missouri MO, USA
Etsuo Tsuchikane	Toyohashi Heart Centre Aichi, Japan
Alec Vahanian	Bichat University Hospital, Paris, France & Washington Center Hospital Washington, DC, USA

5th Annual Australia & New Zealand Endovascular Therapies Meeting

10-11 August 2011
Perth Convention Exhibition Centre

www.anzet.com.au

New Zealand
Annual Scientific Meeting **2011**

THE CARDIAC SOCIETY OF AUSTRALIA AND NEW ZEALAND

HAWKE'S BAY WINE COUNTRY
NEW ZEALAND

HAWKE'S BAY OPERA HOUSE
10 June to 12 June 2011

ANZET Fellows' Prize Reports



Drs **Sally Aldous** (Christchurch Hospital, New Zealand) and **Jithendra Somaratne** (St Vincent's Hospital, Melbourne) were both finalists in the ANZET10 Fellows' Prize.

They attended the SCAI (Society for Cardiovascular Angiography and Interventions) Fall Fellows Course held in Las Vegas at the Mirage Hotel and Convention Centre from 6 to 10 December 2010.

This was a new initiative between SCAI and ANZET and has proven to be an excellent experience for our Interventional Fellows. Below are reports from Drs Aldous and Somaratne following their attendance at the Fall Fellows Course.

Thank you for the opportunity to attend the SCAI annual Fellows course, it was an expertly run and informative course that I would definitely recommend to all interventional fellows and certainly should be considered for future prize winners.

The course was well organized into topics with mornings or afternoons dedicated to coronary interventions, aortic and mitral valve interventions, carotid and cerebral (stroke) interventions and peripheral and renal interventions. As well as teaching of techniques, there was in depth analysis of current evidence based medicine. There were also the usual sessions on complications that are invariably useful although I did feel that these sessions highlighted the difference in practice between the US and my personal experience in NZ/UK (many of the complications were in octogenarians and/or patients with atypical presentations that may never have been investigated with angiography). There were also smaller group sessions for practical skills as well as a variety of serious and light hearted lunchtime and evening sessions.

The course also provided an opportunity to meet with fellows from all around the world as it was well attended by those from Europe, Asia and Central/South America as well as those from the US.

Again, thank you for this opportunity.

Dr Sally Aldous
Christchurch Hospital, New Zealand

The SCAI 2010 Interventional Fall Fellows Course was a very well organised, interesting and informative course. It provided me with an opportunity to engage with other interventional fellows from around the United States (US) and with internationally recognised faculty. The faculty included Drs Ted Feldman, Morton Kern, Jeffrey Popma, Jonathan Tobis, Christopher White and several other distinguished cardiologists.

The program incorporated a variety of didactic lectures, interactive case-based content and practical simulations. Some of the topics covered during the course included: interventional pharmacology; coronary, carotid, renal, and peripheral intervention; bifurcation lesions; structural heart disease; and business topics important in establishing an interventional practice in the US.

During the course it was interesting to compare and contrast US practices with those in Australia and New Zealand. In particular I noted the frequent use of intravascular ultrasound (IVUS); rapid emergence of radial-access angiography and intervention; and the increasing use and reliance on catheter-based cardiac assist devices (*Impella 2.5*) for percutaneous coronary intervention (PCI) in the context of shock as well as complex PCI.

I thank ANZET for affording me the chance to attend this valuable course. I hope such opportunities will continue to be available for future Australian and New Zealand Fellows.

Dr Jithendra Somaratne
St Vincent's Hospital, Melbourne



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

*Centre for Cardiovascular & Chronic Care
University of Technology Sydney, Curtin
University & St Vincent's Hospital, Sydney*



Dear Colleagues

The CNC Executive hopes you enjoy our latest "On the Pulse" column. I know many of you are working on your abstracts for the 2011 CSANZ Meeting in Perth. The preliminary program looks very exciting and we look forward to seeing you in Perth.

We are delighted to announce Professor Sabina de Geest as our international speaker and Carolyn Astley as the 2011 Cardiovascular Nursing Award.

The Executive and working groups continue to work on the competency statements for cardiovascular nurses and we are currently working on a cardiovascular nursing leadership program which will be launched in Perth in August this year.

We have also started work on a discussion document on the nurse practitioner role - so if you have a perspective you would like to present please email p.davidson@curtin.edu.au.

After discussion we are also planning to move to our original approach for specialty based representation on the Executive rather than geographical positions. As a consequence we will be seeking new nominations for these positions.



Go Red for Women Healthy Heart Challenge

The CSANZ Cardiovascular Nursing Council and the *Australasian Cardiovascular Nursing College* are proud to support the Heart Foundation's **Go Red for Women Healthy Heart Challenge**

Starting on 1 June 2011, this free 10-week Healthy Heart Challenge will provide small, yet realistic steps to assist women in improving their heart health through making simple lifestyle changes.

In order to participate in the challenge you need to register online. Support will then be available throughout the Challenge to assist you in achieving a nominated goal

Goals

1. Be active every day
2. Improve everyday nutrition
3. Increase knowledge of heart health
4. Quit smoking
5. Lower high blood pressure
6. Lower high cholesterol levels

We would like you to promote this important initiative in your workplace as well as with your patients, family and friends.

To register for the **Go Red for Women Healthy Heart Challenge** go to

<https://www.eiseverywhere.com/ereg/newreg.php?eventid=21029>.



Consider having a morning tea to promote this important initiative and share photos and a brief report in the next issue of *On the Pulse*.

In February this year the American Heart Association released updated guidelines for prevention of cardiovascular disease in women: **Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women--2011 Update: A Guideline From the American Heart Association**. These can be downloaded from the American Heart Association website.



Multidisciplinary care for people with chronic heart failure

Principles and recommendations for best practice



This document outlining principles and practices for Multidisciplinary care for people with chronic heart failure is a valuable resource and of use to nurses working in primary, secondary and tertiary care. This document provides information on what should be included in heart failure management programs and how these should be evaluated. Don't forget there are translated materials for patient education available at the Heart Foundation website. Cut and paste the following address into your browser http://www.heartfoundation.org.au/Professional_Information/Clinical_Practice/CHF/Pages/default.aspx

The Excellence in Research for Australia (ERA) Initiative

There was some exciting news for nursing and midwifery research in the recent ERA evaluation. In the final report nursing was noted as being a 'strong performer' nationally - meaning that it scored highly relevant to international benchmarks. For more information go to the Australian Research Council website. Several nursing schools scored the highest rank of 5 in these review- Congratulations.
<http://www.arc.gov.au/era/>

Australian Health Practitioner Regulation Agency

As you are aware there have been significant changes in the process of nursing registration currency. Please take the time to visit the AHPRA website to update you on changes in processes.
<http://www.ahpra.gov.au/>

International Nurses Day 2011

International Nurses Day is a chance to celebrate nurses and their contribution to the health of society. Each year, the International Council of Nurses chooses a theme for International Nurses Day discussions. The theme for 2011 is 'Closing the gap: increasing access and equity'.



Save the dates:

ACRA 2011 8-10 August 2011 Perth

CSANZ 2011 11-14 August 2011 Perth

**ACNC 2011 24-25 February 2012
Sydney**

Clinical Development Award / Travelling Fellowship Update

Applications are called for the **Clinical Development Award** to enable *Affiliate Members* of the CSANZ to attend the 2011 Annual Scientific Meeting (ASM) to be held in Perth, Western Australia, from 11 to 14 August. The Awards are intended to further develop the successful candidate through an increase in their clinical knowledge and expertise, an increased awareness of research and evidence-based practice and will also allow the successful candidate to build on their professional network. In particular this strategy addresses succession planning for leadership positions in cardiovascular practice, research, education and management.

Candidates applying for a CDA are not required to have an abstract accepted for presentation at the ASM.

The Awards:

- The Awards are valued at AU\$1,000 each to assist in defraying the costs of travel, accommodation etc. Five Awards will be made.
- There will be 3 Awards to nursing and 2 to non-nursing applicants.

- Preference will be given on an equal basis to:
 - a) first time applicants for a CDA;
 - b) applicants who have not previously attended a CSANZ conference;
- Should the recipient of a CDA subsequently be awarded a CSANZ ASM Travelling Fellowship in the same year, **the CDA will become void.**

Selection criteria:

- The applicant must have held CSANZ Affiliate Membership for at least 1 year and be currently financial.
- Working or studying in a clinical area of cardiology or cardiothoracic surgery or working in an area where there is a large caseload of patients with cardiac conditions.
- Applicants must reside outside of the State or Region in which the ASM is being held.

How to apply:

- Applicants should submit a 1 page document describing their interest in cardiovascular health

and stating what outcomes they anticipate from the conference. For example, how it will add to the applicant's knowledge base and career, how it will benefit their workplace and how the applicant can contribute to the CSANZ Affiliates;

- Include the names of two referees with whom you have worked closely and who have been involved in your career development i.e. mentor, supervisor, manager;
- Successful candidates will be required to write a report for the On The Pulse newsletter;
- Applications should be forwarded to the Honorary Secretary (CSANZ, 145 Macquarie Street, Sydney NSW 2000 AUSTRALIA)

Closing Date:

**3 June 2011
at 5 pm**

Dr Andy Yong, from Concord Hospital, received a CSANZ Travelling Fellowship to attend the 2010 American Heart Association Sessions in Chicago, USA, in November last year.

I recently gave two oral presentations at the American Heart Association Annual Scientific Sessions in Chicago. The first entitled "Intracoronary shear-related upregulation of platelet P-selectin, platelet-monocyte aggregation and monocyte CD11b despite the use of aspirin and clopidogrel" showed for the first time evidence of shear-related platelet and leukocyte

activation within human coronary arteries *in vivo*, and identified cellular mechanoreceptor pathways that may provide novel therapeutic targets in the treatment of coronary artery disease. This study was subsequently published in *Blood* as a plenary paper.

The second was entitled "Impaired baseline coronary microcirculatory reserve predicts peri-percutaneous coronary intervention myocardial necrosis". In this study, we showed that coronary microvascular dysfunction is a substrate for myocardial infarction related to coronary intervention, and demonstrate that the index of

microcirculatory resistance, which is an invasive quantitative measure of coronary microvascular status, may be used to identify patients at risk of developing periprocedural infarction and possibly guide adjunctive preventative therapies.

These studies were supervised by Len Kritharides and Martin Ng respectively. Both these presentations led to interesting discussions with other researchers in these fields and resulted in ongoing international collaborative efforts.

I would like to thank the Society for its kind support in providing this fellowship.

Travelling Fellowship Updates

Dr Christine Jellis, from The University of Queensland, received a CSANZ Travelling Fellowship to attend the 2010 American Heart Association Sessions in Chicago, Illinois, in November 2010.

In November I had the wonderful opportunity to present some of the research resulting from my PhD at the American Heart Association Scientific Sessions in Chicago. I would like to express my sincerest thanks to the Cardiac Society for facilitating my attendance by awarding me a travelling fellowship.

I am currently in the final year of my PhD studies in the Cardiovascular Imaging Research Centre of the University of Queensland under the supervision of Professor Tom Marwick and A/Prof Jennifer Martin. The focus of my research involves using non-invasive cardiac imaging (echocardiography and cardiac MRI) and procollagen biomarkers to detect and assess subclinical diabetic heart disease. My abstract "Impaired Exercise Capacity in Diabetes: Procollagen Biomarkers Suggest Mechanism is Underlying Myocardial Fibrosis" was able to demonstrate that impaired exercise capacity is associated with metabolic derangement and increased procollagen biomarkers and that poor exercise performance is also related to myocardial dysfunction and features of cardiac autonomic neuropathy. These findings were supportive of myocardial fibrosis having a significant pathological role in the aetiology of non-ischaemic diabetic heart disease.

As a young clinical researcher, presenting at such a well regarded international conference was an invaluable experience and I gratefully acknowledge the CSANZ for their support.

Dr Rishi Puri, from The University of Adelaide, also received a CSANZ Travelling Fellowship to attend the 2010 American Heart Association Sessions in Chicago, Illinois, in November 2010.

I am a grateful recipient of a CSANZ Travelling Fellowship, which provided crucial financial support for me to attend the 2010 Annual Scientific Sessions

of the American Heart Association held in Chicago last year. This enabled me to present data of my current PhD project titled "Intracoronary Salbutamol is a Novel Endothelium-Dependent Coronary Vasodilator – Mechanistic Insights From an *in vivo* Intravascular Ultrasound (IVUS) Study."

This study is the first to document the functional role of coronary β_2 -adrenoreceptors mediating endothelium-dependent properties in varying degrees of segmental coronary artery disease, utilising intracoronary salbutamol and volumetric IVUS assessment of both plaque burden and lumen response. Additionally, we also described the fundamental relationship between segmental plaque burden and focal coronary endothelial function, and have successfully deduced the systematic influence of plaque burden as well as the cumulative influence of cardiovascular risk-factors upon segmental lumen vasoreactivity. These insights provide an explanation of the observed heterogeneity in vasomotor response within an epicardial coronary artery in a majority of our patients, which has been elusive with conventional quantitative coronary angiographic (QCA) assessment in the past. We believe that these *in vivo* human observations will provide important mechanistic insights into the dynamic relationship between coronary arterial structure and function, which may ultimately have important prognostic and therapeutic implications.



Heart Beat

January 2011

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

- Interview with incoming President Professor Sidney C Smith, Jr, MD, whose term began on 1 January 2011 and will end on 31 December 2012.

To access **Heart Beat**, [click here](#).

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



Conjoint Committee for the Recognition of Training in Peripheral Endovascular Therapy

END OF GRANDFATHERING APPLICATIONS

NOTICE TO APPLICANTS

Please note that applications for recognition by the Conjoint Committee under the Grandfathering Clause will cease after 29 April 2011. Grandfathering applications will not be considered after this date.

To be eligible to apply for Recognition of Training under the Grandfathering Clause, applicants must:

1. Be a Fellow of RACS, RACP or RANZCR, or an Educational Affiliate of RANZCR.
2. Have completed their Training (Fellowship year) more than two years ago. If training has been completed within the last two years, Fellows may apply under the "Training Clause".
3. Have completed the minimum procedural requirements as outlined on the Conjoint Committee website.
4. Submit the appropriate documentation to demonstrate that key criteria has been met.

Please visit the Conjoint Committee website at <http://conjoint.surgeons.org> for Application Forms and further information.

Contact:

Conjoint Committee Secretariat
Tel: +61 (0)3 9276 7480
Email: college.pet@surgeons.org

Care Guidelines for Congenital Muscular Dystrophy

A team of 82 international experts have published guidelines to help clinicians deliver consistently high standards of care to individuals with congenital muscular dystrophy and their families.

The guidelines include:

- Neurologists - coordinators of care
- Managing breathing difficulties
- The importance of nutrition
- Managing limb, joint and spinal problems
- Care for the heart
- Palliative care
- Further information and links

These guidelines can be viewed by clicking [here](#).



Challenges in Cardiology



Prevention and management of cardiovascular disease 6-7 May 2011

Royal Brisbane and Women's Hospital Education Centre
Herston, Queensland

Friday, 6 May, 10:00am - 5:30pm, followed by networking drinks
Saturday, 7 May, 8:30am - 3:00pm

For more information

email qld@heartfoundation.org.au
phone 07 3872 2500

Comprehensive Cardiac CT Training Course July 2 - 6, 2011, Westmead

A 5-day cardiac CT course complete with interactive workstation sessions and live scanning.

For more information contact

Anna Pay
annapay@casimaging.com
02 8844 1721

The Private Practice

Education in Practice, Financial and Lifestyle Management for Medical Trainees and Fellows

3-day Comprehensive Course
1 1/2-day Intensive Course

For more information contact

Ashley Howarth
ashley.howarth@fintuition.com.au
02 9302 3509

Forthcoming Meetings

NORTH AMERICA

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

**CSANZ Indigenous
Cardiovascular Health
Conference**
June 17-18, 2011
Alice Springs, Northern Territory
Email: ichc2011@icms.com.au
Web: www.ichc2011.org



EUROPE

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

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

World Heart Federation AF AWARE Campaign 2011

WHF has launched the AF AWARE (Atrial Fibrillation Awareness and Risk Education) campaign in 2011.

The campaign will strive to improve the diagnosis and care of patients with AF and the prevention of associated severe consequences, including cardiovascular mortality, stroke and CV hospitalizations.

**For more information contact
alan.cole@worldheart.org**

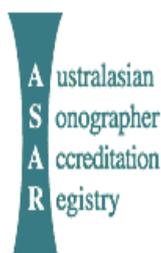
ASIA PACIFIC

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

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](#)

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



Important Announcement from ASAR

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