



on the pulse

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Exercise and heart disease – are we sending out mixed messages?

Editorial by Dr Aravinda Thiagalingam

Reviewing a pre-exercise questionnaire made me wonder about what message we are sending out to our patients about the safety of exercise. Current national and international guidelines recommend physician evaluation before participation in an exercise program for patients with established cardiovascular disease, or at high risk of cardiovascular events which appears reasonable. However, they also advocate physician evaluation for asymptomatic individuals without a history of cardiovascular disease with risk factors for heart disease (including males over the age of 45, smoking or habitual physical inactivity). If these guidelines were strictly adhered to a sedentary but otherwise apparently healthy 46 year old

male who was trying to make some positive life style changes would be referred to a physician and not permitted to exercise.

This seems surprising to me given the substantial evidence that undertaking regular physical activity is beneficial for a wide range of health outcomes. There is evidence that physical activity is associated with a higher risk of cardiovascular events during the activity (particularly in deconditioned or habitually sedentary individuals) but this is more than compensated by the proven health benefits of regular physical activity.

Concerns of legal liability if a customer were to collapse during physical activity are likely to be a major motivating factor for fitness centres.

However, the evidence base for physician evaluation of asymptomatic individuals who want to participate in non-competitive physical activity is slim. Performing an exercise stress test in an asymptomatic individual leaves the problem of knowing what to do with a positive result.

I am concerned that we are currently sending a mixed message to the community when the vast majority of evidence is quite clear on the

positive benefits of exercise. I would be interested to hear what other health professionals think of the utility of physician evaluation of asymptomatic individuals. Are we saving lives or are we medicalising a normal activity? I think that any benefit of physician evaluation of asymptomatic patients without known cardiac disease are more that outweighed by the detrimental effects of portraying physical activity as somehow harmful.

For a summary see: Medicine & Science in Sports & Exercise Issue: Volume 39(5), May 2007, pp 886-897

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On the pulse

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Aravinda Thiagalingam
Editor

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Food labelling - getting out of first gear?

I had an idea that relates to this topic. You're probably aware that McDonald's on its menu states how many calories/joules each item is. You are probably also well aware that many years ago the concept of a "standard drink" was created being 10 g of alcohol. My idea is a combination of these two. The concept of a "standard meal" could be created. A "standard meal" would be defined by a certain number of joules. The exact number of joules could be decided by estimating how many joules the average person can consume at a given meal and expect to neither gain or lose weight. Government could regulate that restaurants such as McDonald's put this information on their menus. An average person consuming more than a "standard meal" would know that they can expect to put on weight. This would be a strong disincentive to purchase more than a

"standard meal". I expect that organisations such as McDonald's would have no difficulty implementing these regulations. Other restaurants would follow.

Dr Charles Nelson
Wahroonga, NSW

Thank you for your editorial. I feel the traffic light system is the best system we've heard of so far.

Implementation of this system would probably be the most cost effective way of reducing atherosclerotic disease.

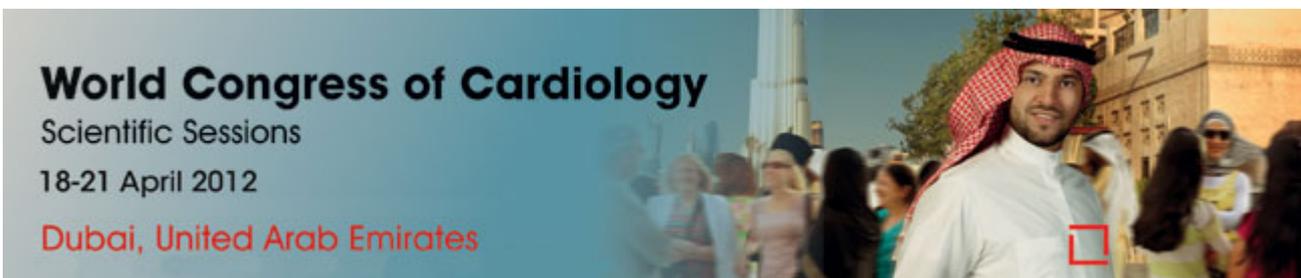
Indeed cheese would and should receive 3 red lights. If a low salt product is made then this will be an incentive to purchase that cheese. the remaining red lights will remind consumers that this food if taken in large amounts will have deleterious effects.

The government as usual fear the displeasure of the food industry far more than the criticism of the medical profession and nutritional experts. This is a sad reflection on democratic processes. Whilst the food industry has a lot to fear from proper labelling they can and will invest a lot of money to avert change. As health professionals and cardiologists the only financial effect of following our advice is to reduce our work load.

I think an active and coordinated campaign by all relevant health groups should be threatened and activated if the government capitulates on this vital issue.

The CSANZ should be at the forefront of such a campaign.

Dr Brett Forge
Warragul, VIC



WCC SCIENTIFIC SESSIONS 2012

Session Highlights

- **Live video presentations** (Thursday 19 April 2-3 pm and 4-5 pm)
- **'Meet the expert' special session on RHD Diagnosis** Meet the experts who wrote the World Heart Federation diagnostic guidelines "2012 WHF guidelines for echocardiographic diagnosis of Rheumatic Heart Disease (RHD) – a practical application" which define the minimum echocardiographic criteria for RHD in individuals without a clear history of acute rheumatic fever (Friday 20 April from 10:30–12:00)
- **Best of Clinical Trials**—a synopsis of selected clinical trials presented at major cardiovascular meetings within the last 12 months of particular interest to the region (Thursday, Friday and Saturday 19/20/21 April 10.30 - 12.00)

John Lane Waddy AM (1925 - 2011)

On completion of his term as President of the Cardiac Society in 1990, John Waddy was described by one of his peers as “the best known least published Cardiologist in Australia.” This aptly summed up his professional career – a strong personality with considerable intellect and excellent practical skills combined with a very busy practising Cardiologist who expressed his views clearly and succinctly, based on his knowledge and experience.

Born and raised at Glenelg, his academic excellence was soon noted, and on completing his education as Dux of Prince Alfred College, he was described as one of the brightest boys ever to attend the school. His University entrance was delayed for one year because of his tender age on matriculation. At Adelaide University he graduated MBBS in 1948, winning the AMA Prize for Clinical Medicine and also continuing studies which eventually brought him a BSc in 1959. After his resident year he entered General Practice in suburban Woodville where he remained for 10 years, often found absent from the consulting room whilst he drove his elderly patients home after their visit. Many of the children he delivered subsequently became his patients when he moved into Cardiology.

In 1960 D’Arcy Sutherland was setting up the open-heart surgery unit at the Royal Adelaide Hospital and he recruited John to become his Perfusionist. This involved travelling to Hammersmith Hospital in London where he learnt how to use the eponymous heart-lung machine developed there by George Melrose. He was appointed Senior Registrar (Perfusion) on his return to Adelaide, and, after gaining his MRACP, Director (Perfusion) of the Surgical Unit. Over the ensuing 32 years he not only supervised perfusion during surgery, but was personally responsible for the post-operative care of all the surgical patients, whose numbers reached up to 1300 per year. All residents and registrars soon learnt his telephone and pagers numbers, but also to ring only in the direst emergency on Thursday afternoons when he was at his beloved Glenelg Golf Club. His extraordinary efforts were pivotal in establishing a benchmark for other Australian Cardiac Surgical units, and the published data confirmed the outstanding results.

But he was not only part of the Surgical Unit. He played a major role in developing coronary angiography and was responsible for virtually all of the pacemakers inserted in the early days of the Cardiac Investigational Unit. He also was Visiting Cardiologist at the Queen Elizabeth Hospital until a

full time appointment was made, and visited the Children’s Hospital. He joined Eric Gartrell and John McPhie in private practice which continues as Adelaide Cardiology, and worked there until his retirement in 1996. His patients loved him and on consulting days there was often standing room only as they waited patiently to see him. In spite of his often frank advice, he was an enormously caring doctor and the patients recognised that. To him, the patient always came first, and he strongly believed in the ethics of good medical practice.

Like so many of his colleagues, he freely gave his time and wisdom to the College of Physicians, the Heart Foundation and the Cardiac Society. This included membership of the Specialist Advisory Committee of the College, the Medical and Scientific Advisory Council of the Foundation, and the Committee and subsequently the Presidency of the Society. Whilst President, he always arrived at meetings with a bunch of flowers for the secretary. His clear thinking and direct approach enabled decisions to be made even if in doing so, a few feathers were ruffled.

John was a stimulating, and at times terrifying, teacher, but once the student or resident showed a willingness to listen, learn and work, respect and friendship was earned. He was loyal to his friends and

John Lane Waddy AM (1925 - 2011)

(Continued from page 4)

colleagues and always saw himself as part of a team, which included nurses and support staff as well as the doctors, for which he gave and demanded the highest standards. His experience in General Practice gave him great understanding of his patients and he treated all as equals without fear or favour. Even in his retirement he spent many hours at the home or bedside supporting his ageing friends, colleagues and patients.

There were many other facets to John Waddy – his love of and pride in his family, wife Betty, children Heather, Fiona and Peter; his famous ‘non-cardiac’ diet; his wide reading; his love of skiing and golf (Captain and President of Glenelg Golf Club), and his bridge with friends. He once wrote “I believe one gets more out of one’s work or play if you try to do your best at all times. It is better for the people you are with and for yourself”. When awarded his Order of Australia the citation read “for

service to Cardiology through contribution to research and improved treatments and procedures, to medical education and professional development, and the community”.

John Waddy was a remarkable man.

The Society would like to thank Dr John Sangster, Adelaide Cardiology, who kindly provided this obituary.

Congratulations

The Society extends congratulations to **Dr James Kushwin Rajamani (NSW)**, who was awarded the **McCaughey Research Entry Scholarship** for his project “Peripheral vascular disease in type 2 diabetes” at the NHMRC Clinical Trials Centre and Heart Research Institute, NSW.

And to **Dr Pupalan Iyngkaran (VIC)**, who is the recipient of a **RACP Fellows Contribution Research Entry Scholarship** for his project “Quality and outcomes of care for patients with congestive heart failure in the Northern Territory” at the Baker IDI Heart and Diabetes Institute Flinders Human Behaviour and Health Research Unit.

The C R B Blackburn RACP Overseas Travelling Fellowship was awarded to **Dr Andrew Teh (VIC)** for his project “Impact of catheter ablation on atrial electrical remodelling in patients with persistent atrial fibrillation” at the Mount Sinai Hospital, USA.

Dr Andy Sze Chiang Yong (NSW) was awarded an **AstraZeneca Fellowship in Medical Research** for his project “Studying coronary physiology within human coronary arteries using computational fluid dynamics” at the Stanford University Medical Center, USA.

And to **Dr Geoffrey Lee (VIC)** who was awarded an **IMS Overseas Travelling Fellowship**, for his project “Characterisation of the relationship between electrogram morphology and wave-front propagation patterns in humans with persistent atrial fibrillation through non contact mapping” at Barts and The London NHS Trust, UK.

Dr Rishi Puri (SA) was awarded the **Rowden White Overseas Travelling Fellowship** for his project “Defining in vivo characteristics of human coronary arterial instability: combined mechanistic insights from novel intravascular imaging technologies and intracoronary serum metabolomic profiling” at the Cleveland Clinic, USA.

CSANZ 2012 and ANZET12



The Cardiac Society of
Australia and New Zealand



R T Hall Lecturer
Kempson Maddox Lecturer
Victor Chang Memorial Lecturer
Basic Science Lecturer
Cardiovascular Nursing Lecturer
Gaston Bauer Lecturer
**The 14th WCC Research
Investigatorship Lecture**

Renu Virmani
David Kilpatrick
Joseph Bavaria
Henry Krum
Linda Worrall-Carter
Michael Stowasser
James L Hare



www.anzet.com.au

Aaron Grantham	Mid America Heart Institute, Kansas City, USA
Saibal Kar	<i>Cedars-Sinai Medical Center, Los Angeles, USA</i>
Pieter Kappetein	<i>Erasmus MC Rotterdam, The Netherlands</i>
Nicolo Piazza	<i>German Heart Center, Munich, Germany</i>
Laura Mauri	<i>Brigham and Women's Hospital, Boston, USA</i>
Gregg Stone	<i>Columbia University Medical Center, New York, USA</i>
Renu Virmani	<i>CV Path Institute, Gaithersburg, MD, USA</i>

The Heart Rhythm Society (formerly NASPE) has announced that **Associate Professor Harry Mond**, Royal Melbourne Hospital, will be awarded the “Pioneer in Cardiac Pacing and Electrophysiology”. The presentation will take place at the forthcoming 2012 Annual Scientific Session of the Heart Rhythm Society in May this year.



“Dr Harry Mond was born in Melbourne, Australia and received his MB BS from the University of Melbourne in 1966. He trained in cardiology at the Royal Melbourne Hospital and completed his Doctorate of Medicine by thesis from the University of Melbourne under Dr J Graeme Sloman. A cardiology fellowship followed at Emory University in Atlanta, Georgia under Professor J Willis Hurst in 1975. He has continued to work at the Royal Melbourne Hospital and is an associate professor of medicine at both the University of Melbourne and Monash University. He is the first author of three books, numerous book chapters and over 250 published manuscripts. Dr Mond joined NASPE (HRS) in 1982 in the first group of non-North American full members. He was also a founding member of the

NASPE_xAM (IBHRE) exam writing committee in 1986 and is currently an associate editor of PACE. He is also a board member and medical director of Heartbeat International, an organization in Tampa, Florida, involved in distributing free pacemakers to indigent recipients in third world countries. Dr Mond received the citizen's award of OAM (Medal of the Order of Australia) from the Australian government in 2010.

Dr Mond commenced his interest in cardiac pacing in 1970. It was the dawn of the transvenous era with non stylet endocardial pacing leads having become available only a few years before. Initially Dr Sloman and then Dr Mond took on the formidable challenge of learning, or more accurately teaching themselves, to implant a transvenous endocardial pacing system. This was an era when all international communications were by correspondence. There were no pacemaker training courses and no meetings and only a handful of physicians in the world were experimenting with a transvenous pacemaker implantation.

With the development of stylet driven leads, Dr Mond continued investigational work on lead development, including numerous studies on active and passive fixation and steroid elution. He implanted three of the first seven lithium powered pacemakers manufactured by Cardiac Pacemakers Incorporated in 1972. He also developed a classification for pacemaker malformation published as a single author book in 1983. Other interests included the first paper on ventricular pacing from the coronary venous

system in 1994 and the development of the World Survey of Cardiac Pacing and ICDs. With the dawn of the 21st century, it became evident that right ventricular apical pacing may result in left ventricular dysfunction and once again Dr Mond took on the pioneering challenge of developing the tools required for septal pacing. This resulted in the successful St Jude MondTM septal stylet.

Dr Mond has been married to Evelynne for 42-years and they have three children and seven loving grandchildren.”

This article by Nora Goldschlager, MD, FHRS, appeared in HRS online <http://www.hrsonline.org/About/WhoWeAre/2012-HRS-Recognition-Awardees.cfm#Mond>

The Society extends warmest congratulations to A/Prof Mond on receiving this most prestigious award.

Affiliate Clinical Development Award / Report

Applications are called for the **Clinical Development Award** to enable *Affiliate Members* of the CSANZ to attend the 2012 Annual Scientific Meeting (ASM) to be held in Brisbane, Queensland, from 16 to 19 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. with up to five being awarded..
- There will be up to 3 Awards to nursing and up to 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 recipient may choose which award they wish to have, but are only entitled to one award.

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;

- Applicants should include details of their clinical area of work or study, including patient caseload and patient cardiac conditions;
- 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:

8 June 2012

at 5 pm

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*

Dr Belinda Gray, from The Royal Prince Alfred Hospital, received a CSANZ Travelling Fellowship to attend the 2011 American Heart Association Sessions in Orlando, USA.

The CSANZ travelling fellowship to the AHA in 2011 provided me with financial assistance to travel to Orlando to present our research in hypertrophic cardiomyopathy.

My oral presentation related to our pilot study in the Natural History of

Genotype Positive Phenotype Negative (G+P-) Hypertrophic Cardiomyopathy. This group is a novel subset of patients, identified through genetic testing in at risk patients. There is currently no data on how to best manage these patients.

We followed 32 G+P- patients for a mean follow up of 4.1 years. The patients were divided for analysis into those aged ≤ 18 at first visit and those aged >18 at first visit. The patients aged >18 did not have

any increase in wall thickness over the follow up period. These findings may have clinical ramifications when guidelines in management of G+P- patients are developed.

This work was recently published in the International Journal of Cardiology. **Reference:** Gray B, Ingles J, Semsarian C. Natural History of Genotype Positive Phenotype Negative Hypertrophic Cardiomyopathy. *Int J Cardiology*. 2011 Oct 20;152(2):258-9

Travelling Fellowships to the ESC / Report

Applications are called for the **CSANZ Travelling Fellowships** for travel grants to enable investigators to attend the **European Society of Cardiology Congress 2012** to be held in Munich, Germany, from 25-29 August, 2012. 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 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 ESC 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 ESC notification of acceptance.
2. brief curriculum vitae
3. supporting letter from the supervisor or Director

Closing Date:

21 May 2012

at 5 pm

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)

Dr Richard Alcock, from Concord Hospital, also received a CSANZ Travelling Fellowship to attend the 2011 American Heart Association Sessions in Orlando, USA.

With the assistance of a CSANZ travelling fellowship, I was fortunate enough to attend the 2011 American Heart Association Scientific Sessions, and present our research on “*Peri-operative myocardial damage in higher-risk patients undergoing elective non-cardiac surgery*”. The meeting was held in Orlando, Florida. This was my first attendance at an overseas conference and I was surprised by the sheer size and scope of the meeting.

Our research evaluated higher-risk patients undergoing elective, non-cardiac surgery. The aims of our study were to identify the incidence of elevated pre-operative high sensitivity cardiac troponin in these patients, and to determine the association between elevated pre-operative hs-TnT and adverse peri-operative events. Consecutive patients aged ≥ 45 years undergoing major elective non-cardiac surgery, prescribed anti-platelet therapy for primary or secondary cardiovascular event prevention, were included. Baseline, 24 and 48-hour post-operative hsTnT were collected, an elevation above the 99th percentile and a delta value of 50%, or if baseline hsTnT elevated a delta value of 50%, used to define myocardial damage.

Included in our analysis were 305 consecutive patients. Baseline hsTnT was elevated in 32.5% of all patients, with peri-operative myocardial damage occurring in 23.8% of patients. Independent predictors of peri-operative myocardial damage included age, orthopaedic surgery, and intra-operative hypotension.

Although pre-operative hsTnT was commonly elevated in this cohort, there was no significant association with post-operative myocardial damage. The significant associations of intra-operative hypotension and age suggest myocardial damage is predominantly due to a supply and demand mismatch in this patient population.

Announcing “Assessing Fitness to Drive 2012”

The National Transport Commission and Austroads recently released *Assessing Fitness to Drive*, the 2012 revised national medical standards for driver licensing. *Assessing Fitness to Drive* has been extensively revised, drawing on recent research and expert opinion on the impact of various chronic medical conditions on driving.

As many patients hold a driver licence, health professionals have an important role in supporting road safety through their management of fitness to drive.

New features

The new edition features a simplified structure with ten chapters (reduced from the original 23) which focus on the health conditions likely to affect driving, including:

- Blackouts
- Cardiovascular conditions
- Diabetes
- Hearing
- Musculoskeletal conditions
- Neurological conditions, including dementia, seizures and epilepsy, vestibular disorders and other neurological conditions
- Psychiatric conditions
- Sleep disorders
- Substance misuse
- Vision and eye disorders

Information about the impact of medications is also included in Part A of the publication.

The new edition also features:

- Improved guidance on driver assessment and management including the role of practical driver assessments
- A focus on functionality rather

than diagnosis which supports fairness in application

- Improved guidance with respect to multiple medical conditions and age-related change
- Flow charts to facilitate clinical decision making
- Information about medico-legal responsibilities
- Links to supporting consumer information.

It is hoped that these features will aid in the understanding of the impact of medical conditions on driving and will facilitate patient management.

Key changes to medical criteria

A comprehensive report detailing the changes to the standards is available on the Austroads website www.austroads.com.au, however notable changes to the criteria for cardiovascular conditions include:

- a reduction in the non-driving period for commercial vehicle drivers following acute myocardial infarction, from 3 months to 4 weeks
- a reduction in the non-driving period for private vehicle drivers following syncope due to cardiovascular causes, from 3 months to 4 weeks
- a new requirement for specialist involvement in recommending conditional licences for private vehicle drivers with implanted cardiac defibrillator, hypertrophic cardiomyopathy, congenital disorders and aortic aneurysm
- the inclusion of age adjustment regarding the Bruce stress test for commercial vehicle standards relating to acute myocardial infarction, angina, angioplasty, coronary artery bypass grafts, heart failure, heart transplant and

hypertrophic cardiomyopathy

- setting of a minimum non-driving period of 6 months for commercial vehicle drivers following cardiac arrest, aligning it with the non-driving period for private vehicle drivers
- improved clarity regarding the intent of the standards relating to high blood pressure, being to manage the risk of sudden incapacity due to a cardiovascular event, and a clear cut off point in this regard
- creation of a new chapter on ‘blackouts’ which differentiates the various causes and cross refers to appropriate chapters, including cardiovascular.

Supporting resources for health professionals and patients

Links to various supporting information can be found on the Austroads website www.austroads.com.au, including a fact sheet to assist communication with patients regarding their fitness to drive and their responsibilities to report to the driver licensing authority.

Online training for health professionals is also available via the SafeDrive Medical course – this can be accessed via the Vic Roads website (<http://safedrivedmedical.vicroads.vic.gov.au>).

Availability and application

The 2012 edition of *Assessing Fitness to Drive* has been signed into force by all state, territory and federal ministers of transport and is effective from 1 March 2012.

The publication is being distributed by Austroads to all GP’s and

Announcing “Assessing Fitness to Drive 2012”

relevant medical specialists including cardiologists, and to relevant allied health professionals. Copies can also be purchased online via the Austroads website www.austroads.com.au which will host an electronic version of the book.

The standards have been endorsed by the Cardiac Society of Australia and New Zealand.

The standards aim to ensure that all health professionals are aware of the road safety implications of medical conditions, and that they understand the licensing authority systems for managing medically at-risk drivers. All health professionals are encouraged to refer to the standards when considering their patients fitness to drive. This will help to ensure that patients are

assessed and managed consistently, and will support road safety.



Red alert. Are you up for the challenge this June?

As a health professional, you are well aware of the risk factors of heart disease and that women's awareness of this is low. While it is pleasing to see that awareness of the Go Red for Women campaign is growing, we still need your help in pushing the messages out there.

Healthy Heart Challenge

This year's Go Red for Women Campaign will feature a new and refined online Healthy Heart Challenge and will kick off on 4 June for a six week period.

Over 17,000 women joined our Challenge last year and here's what they told us: 82% increased their level of physical activity; 60% lost weight; 21% lowered their high

cholesterol levels; and 22% lowered their high blood pressure.

The Challenge is **free** and it requires women to choose from one of four goals: improve everyday nutrition; be active everyday; lower high blood pressure; or lower high cholesterol levels.

Participants can register from 1 May and will receive online support and materials throughout the six-week Challenge. This year, there will also be a strong focus on raising awareness of the clinical risk factors associated with heart disease including high blood pressure and cholesterol. Our messages will emphasise the importance of being checked and that if problems are identified these

need to be managed on an ongoing basis.

We ask you to help us to get the word out by promoting our GRFW campaign and the Healthy Heart Challenge in the lead up to May and June. To receive notification about the campaign and when Challenge registrations open, sign up to the GRFW e-newsletter by going to the 'Support us' section of goredforwomen.org.au

A range of resources for both health professionals and consumers will be available shortly both in print form and online to help promote the Challenge. Visit the website from April to order and download these materials.

Forthcoming Meetings

World Congress of Cardiology 2012

April 18-21, 2012
Dubai, United Arab Emirates
www.worldcardiocongress.org

NORTH AMERICA

ACC Scientific Sessions 2012
March 24-27, 2012
Chicago
www.acc.org

AHA Scientific Sessions 2012
November 3-7, 2012
Los Angeles, California

EUROPE

CPP2012
**The 2nd International Congress
on Cardiac Problems in
Pregnancy**
May 17-20, 2012
Berlin, Germany
www.cppcongress.com

ESC Congress 2012
25-29 August 2012
Munich, Germany
www.escardio.org

ASIA PACIFIC

**2012 Australasian Thoracic Aortic
Symposium**
April 19-21, 2012
Melbourne, Australia
www.tayloredimages.com.au

2012 Best of ACC Meeting
May 19-20, 2012
Singapore
www.acc-asia.com

**Combined 2012 Meeting of The
Cardiac Society (NZ) and the
Royal Australasian College of
Physicians (NZ)**
June 15-17, 2012
Auckland, New Zealand
www.csanz2012.co.nz

ANZET12
August 15-16, 2012
Brisbane, Queensland
Secretariat:
The Conference Company
Phone: 64 9 360 1240
www.csanz.edu.au

CSANZ 2012
60th Annual Scientific Meeting
August 16-19, 2012
Brisbane, Queensland
Secretariat:
The Conference Company
Phone: 64 9 360 1240
www.csanz.edu.au

Hypertension Sydney 2012
September 30 - October 4, 2012
Sydney, NSW
www.ish2012.org

**Evolving concepts of the rennin
angiotensin system**
September 26-28, 2012
Hunter Valley, NSW
www.rassatellite2012.com.au

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