



The Cardiac Society  
of Australia and  
New Zealand

on the *pulse*

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Scholarships and Travel Grants

- Travelling Fellowship Applications for ACC 2016
- CSANZ Heart Failure Council Travel Grant to ESC – Heart Failure Meeting
- CSANZ Heart Failure Council Travel Grant to ISHLT Conference

## *The Cardiac Society Board - time for a change?* *Editorial by Dr Aravinda Thiagalingam*

Volume XXVII, No 4

December 2015

As you will probably be aware this has been a time filled with changes for the Society with the retirement of Lynne Portelli our long standing CEO who has been such a pivotal and dependable figure in the Society. Martha McCall has taken over the role of Cardiac Society CEO and has made excellent progress. These changes highlighted whether we needed to reconsider other aspect of our governance structure to ensure they were optimal for the challenges ahead.

We therefore consulted Associations Forum which is an organisation of more than 500 predominantly not-for-profit organisations to review our structures. After a thorough evaluation we were advised that our current board of greater than 20 members was well above what would be considered optimal with most boards numbering less than 10. Concerns raised with the large number were the unwieldiness of consulting so many individuals and the fact that all members of the board were potentially legally liable for any legal action taken against the board by third parties.

Our current board has evolved over many decades – it was initially the council and had to be renamed the board to allow other sub-committees to be called councils such as the interventional council. There has been an emphasis on allowing fair representation from different

geographical locations, subspecialties and professional roles as well. A variety of options were raised to tackle the issue of our 'XXXL Board Issue' including a reduction to 8-10 members that would have the formal powers of the board while retaining the current board as an advisory council.

After much debate it was decided that the current structure seemed to serve the Society very well with little evidence that there are serious disadvantages. The risks of disenfranchising significant segments of the society membership were felt to be real. The main concern that appeared valid about the current structure was that timely decisions could not be made with full board consultation and therefore largely fell to a single individual (eg the President) to make and then ratify at a later time. It was felt that this could be improved by having a smaller executive authorised to make decisions of a time sensitive nature – these decisions would then be reviewed by the full board at the next meeting to ensure they seemed reasonable and justified.

It was felt that this preserved the benefits of the current system with wide representation and a diverse set of viewpoints while mitigating the possible unwieldiness of such a large board. This will be the proposal put before the next AGM and I hope that it finds your favour.



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

## **CSANZ OFFICE CLOSURE**

*The CSANZ will be closed from  
Christmas Day and will  
re-open on  
Monday, 4 January 2016*

## Vale Henry Krum

1958 – 2015



Professor Henry Krum, our colleague, friend and internationally renowned cardiovascular researcher passed away in late November 2015 following a long battle with cancer.

Henry was Head of the Clinical Pharmacology Department at the Alfred Hospital & Director of the Centre of Cardiovascular Research and Education in Therapeutics in the Department of Epidemiology and Preventative Medicine at Monash University. Henry established this centre with a National Health and Medical Research Council grant in 2002, and has employed approximately 60 staff, students and visiting academics. He has published more than 500 journal articles, four books and 22 book chapters. Henry was a dedicated supervisor and mentor of 24 PhD students and 12 honours students. He has held numerous competitive research grants and was recently awarded two NHMRC grants in the 2015 round of funding.

Henry studied medicine at the University of Melbourne and graduated in 1981. He became a Fellow of the Royal Australasian College of Physicians in 1989 and completed his PhD in 1991. Henry then undertook post-doctoral studies at Columbia University in New York, USA. Upon his return, he had a joint position at the Austin Hospital and the University of Melbourne, before being appointed in 1996 to Monash University and

the Alfred Hospital. He became a full professor in 2003.

Among many awards, Henry was the Cardiac Society of Australia and New Zealand Gaston Bauer Lecturer in 2011. Other awards included the Henry Christian Award from the American Federation of Clinical Research, a listing as a Thomson Reuters Highly Cited Researcher in 2015, a NHMRC Achievement Award in 2011, and the National Heart Foundation's Victorian President's contribution to research award October 2015.

In a profile in *The Lancet* in 2014, Henry was described as putting "...Australia on the map with respect to clinical trials in cardiovascular disease, particularly in heart failure..." He played a leading international role in trialling novel cardiovascular drugs and other therapeutic treatments, including beta-blockers for heart failure, the renin inhibitor aliskiren for heart failure, and renal denervation for resistant hypertension. It has been estimated that Henry conducted 150 clinical trials during his career, and he developed numerous clinical guidelines. He was a journal editor, associate editor and editorial board member of many international journals.

Henry was also a highly respected member of the Department of Cardiovascular Medicine at the Alfred Hospital, which has a large Heart Failure Unit. I also worked with Henry on the Alfred Health Human Research and Ethics Committee for many years, where his insights were incisive and invaluable. Henry Krum was a kind and good person, whose intellectual rigour was admired, and yet he had a great warmth and sense of humour. Henry is survived by his wife Lauren, children Joshua and Emily, his sister Sharon and extended family.

*The Society would like to thank Dr Stephen Duffy, Head, Cardiology General Services, The Alfred Hospital, Melbourne who has kindly provided this Vale.*

## Vale Dr Geoffrey Charles Mews

MBBS FRACP FCSANZ

Perth, Western Australia 1948 – 2015



Selection for entrance to Medical School has never tested manual dexterity, the capacity to innovate nor aptitude for procedural work. If it had, Dr Geoffrey Mews would have eclipsed any examination measure of candidacy. As it was he was accepted on academic merit. His powerful intellect, constant curiosity and extraordinary manual dexterity served him well as he went on to become a National and International Pioneer of Interventional Cardiology.

Geoffrey trained initially at Royal Perth Hospital and then in Cardiology at the Massachusetts General Hospital, Boston, USA. Recognising the multiple talents of this prematurely grey and constantly curious young Doctor he was invited to train in cardiothoracic surgery at the Massachusetts General Hospital. Dr Mews, however,

returned to Perth where he was initially appointed Consultant Intensivist, RPH, at the age of 29. In collaboration with his colleagues Drs Geoffrey Cope and Neil Cumpston, Geoffrey went on to become one of the pioneers of coronary intervention, initially treating acute myocardial infarction with intracoronary thrombolysis. This took place in the early 1980's when coronary angiography, during acute myocardial infarction, was considered both adventurous and dangerous. Shortly after coronary angioplasty was described (1977), a PCI program commenced at RPH. In August 1980 Dr Mews along with his later partner in private practice, Dr Geoffrey Cope, performed the second coronary angioplasty in Australia (Dr Peter Valentine, Royal Melbourne, had performed the first in the same year). In 1984, Drs Mews and Cope performed the first balloon angioplasty in Australia to treat acute myocardial infarction. In 1989 "the two Geoff's", as they became known, inserted the first coronary stent in Australia, again at RPH. It was only a few years later that Dr Mews enthusiastically embraced Australia's first, and one of the world's very first systematic 24hrs a day, 7 days a week programs for the treatment of acute myocardial infarction using angioplasty and subsequently stenting, at RPH. In conjunction with Dr Richard Fox and colleagues he developed a method of delivering intra-coronary radiation using Rhenium which received international recognition.

Looking back now it is interesting to speculate whether the introduction of PCI would even be possible in the regulated environment of twenty first century medicine. The Australian and International pioneers of coronary intervention succeeded then, forging the discipline in a crucible of passion, enthusiasm, vision, inspiration, perseverance, scepticism, occasional criticism, and self imposed clinical governance. In those early years, procedural failure, abrupt vessel closure, stent thrombosis and emergency surgery were commonplace. And this was at a time when CABG was already a mature, safe and effective treatment.

Geoffrey Mews had the full complement of characteristics typical of the early pioneers who navigated the introduction of PCI. Daring but not dangerous, he had consummate technical skill, the ability to innovate, the capacity to persevere after failure, at the same time balancing an unwavering regard for patient safety. He also had the opportunity to surround himself by like minded colleagues whose counsel he constantly sought. The presentation of the early results of PCI obtained by Geoffrey Mews and his colleagues Drs Geoffrey Cope and Neil Cumpston at the annual Cardiac Society meetings was central to the tenets of self imposed clinical governance that existed at the time.

In the early days of coronary intervention a great deal of teaching, both nationally and internationally, was undertaken by “live case demonstration”, in latter years using satellite transmission. Dr Mews was highly sought after as a demonstrator, teacher and international key opinion leader.

Dr Mews was a sometimes reluctant one time Head of Department who studiously avoided administrative meetings. He was a strong patient advocate and his patients reciprocated with unswerving loyalty. He was a Teacher and Mentor to many and launched many careers in Australian Interventional Cardiology. He set a high bar for procedural standards in interventional cardiology, and that many aspired to achieve this level of competence is perhaps his greatest professional legacy.

Some surgeons and interventionists perhaps unwittingly define themselves by the risks their patients (and not they themselves) take. Like so many of the original pioneers of surgical and other disciplines, this was not the case with Dr Mews. Real risk was embraced in his personal life. Indeed Geoffrey’s own life outside medicine was one of constant risk management. In his spare time Geoffrey flew small aeroplanes, practiced aerial acrobatics, drove fast cars and motorbikes, sailed large boats, constantly upgraded an arsenal of weaponry and was forever fixing things on his ever busy farm. No one can recall ever seeing Dr Geoffrey Mews sitting still.

He is survived by his devoted wife Yvonne and family.

*The Society would like to thank Dr Richard Clugston who has kindly provided this Vale.*

## *Congratulations*

**Dr Rajeev Pathak, Centre for Heart Rhythm Disorders at the University of Adelaide and Royal Adelaide Hospital**, was the recent recipient of the CSANZ McCredie / Wilcken Travelling Fellowship to present at the American Heart Association Scientific Sessions in Orlando, Florida. He was the winner of the prestigious AHA's Samuel A. Levine Young Clinical Investigator Award.

The CSANZ Board and members extend warmest congratulations to Dr Pathak on this prestigious award. (Dr Pathak's Travelling Fellowship Report is on page 13)



## Thank You to the CSANZ

At the recent Annual Scientific Meeting held in Melbourne I was given a wonderful "send off" by the CSANZ Board and the Members of the Society.

With nine Presidents of the Society joining me on stage at the Annual General Meeting I was truly honoured to be presented with the President's Medal by Andrew MacIsaac. And a standing ovation from the audience. It was very moving and I am truly grateful to everyone for making my final ASM such a memorable one.

I have subsequently had many messages of thanks and best wishes passed on to me and also photos which were taken by members of the audience. Everyone has been so generous and kind. It is difficult to find the words to tell you how much it means to me.

I thank you all so very much for a wonderful 27 years and an outstanding retirement party!

*Very best wishes,  
Lynne Portelli*



Lynne Portelli responding in front of the current and past Presidents, Andrew MacIsaac, Jim Cameron, Leo Mahar, Peter Thompson, David Hunt, Terry Campbell, Harvey White, Michael Jelinek and Richmond Jeremy

### International Clinical Cardiovascular Genetics Conference 2016

Brisbane Convention and Exhibition Centre  
25 - 27 May 2016

[www.iccgconference.com](http://www.iccgconference.com)

**Abstract Submission and Meeting Registration now open**

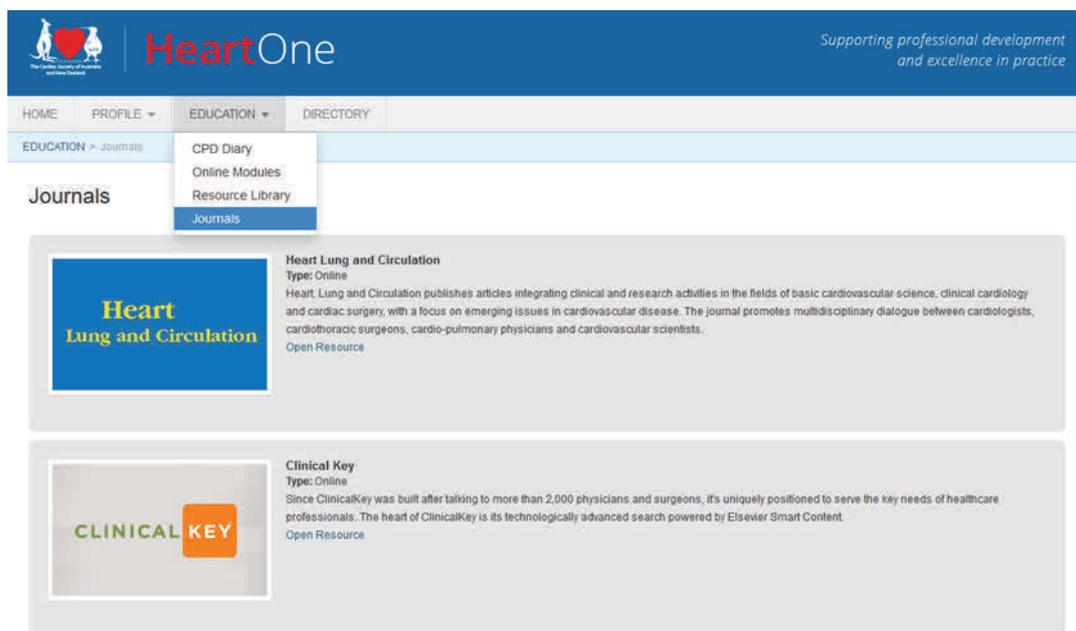


## Online Access to Heart, Lung and Circulation and other key resources for Members

Don't forget that you can access the journal *Heart, Lung and Circulation* (HLC) as well as other leading online cardiology journals and resources via **HeartOne**, CSANZ'S Continuing Professional Development Program.

Simply visit <https://member.heartone.com.au> and use your email address and CSANZ password to log in.

Once you are in **HeartOne**, you can access HLC and other online resources via the "Education" tab:



HLC is the official journal of CSANZ and is available to CSANZ members in both print and online format as part of their membership. It publishes articles integrating clinical and research activities in the fields of basic cardiovascular science, clinical cardiology and cardiac surgery, with a focus on emerging issues in cardiovascular disease. With a 2014 Impact Factor of 1.438, and over a million article downloads from over 100 countries across five continents, HLC is a trusted resource used by medical researchers and practitioners from all corners of the world.

### Recent articles have included:

[Association of Sleep Duration with the Morbidity and Mortality of Coronary Artery Disease: A Meta-analysis of Prospective Studies](#) Xiaorong Yang, Hui Chen, Suyun Li, Lulu Pan, Chongqi Jia

[Update on the Diagnosis and Management of Brugada Syndrome](#) Jitendra Vohra, Sulekha Rajagopalan, on behalf of the CSANZ Genetics Council Writing Group

[Transcatheter Aortic Valve Implantation – Yesterday, Today and Tomorrow](#) R. Gooley, J.D. Cameron, I.T. Meredith

[Robot-assisted Hybrid Coronary Revascularisation: Systematic Review](#) Nelson Wang, Jessie J. Zhou, Steven Phan, Tristan D. Yan, Kevin Phan

CSANZ members can also get access to other key resources including *Journal of the American College of Cardiology* and *Braunwald's Heart Disease* (via ClinicalKey) through the **HeartOne** service.



## Travelling Fellowships to the ACC.16

Applications are called for the CSANZ **Travelling Fellowships** for travel grants to enable investigators to attend the 65<sup>th</sup> **Annual Scientific Session of the American College of Cardiology** to be held in Chicago, Illinois, from 2 - 4 April, 2016. 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. CSANZ wishes to acknowledge and thank the Eastern Heart Clinic and Amgen Australia for providing the funds for the Travelling Fellowships.

### The conditions are:

1. The Fellowships are valued at \$3,000 each.
2. The top ranked candidate will be awarded the CSANZ McCredie/Wilcken Travelling Fellowship.
3. **At the time of application, applicants must be current financial FCSANZ, Associate 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 ACC meeting **and must be the first or senior author of the accepted abstract**. In some circumstances, consideration **may** be given to a co-first author or someone who has made a substantial contribution to the work (see item 6).
6. Applications must be accompanied by a letter from the supervisor or Director of the laboratory or service from which the work has emanated, **clearly detailing the specific contribution made by the applicant towards the work being presented**.
7. Preference will be given to those who have not previously been awarded CSANZ travelling scholarships.
8. Conditions apply to successful applicants **not domiciled in Australia or New Zealand.\***
9. Late applications will NOT be considered.

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

- a) copy of submitted abstract(s) and ACC notification of acceptance
- b) brief curriculum vitae (maximum 1 page)
- c) supporting letter from the supervisor or Director

## CLOSING DATE

**15 February, 2016**

*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](mailto:info@csanz.edu.au) immediately*



**Criteria for CSANZ Heart Failure Council travel grant for the  
International Society for Heart & Lung Transplantation  
27 – 29 April, 2016, Washington, DC**

1. **At the time of application**, applicants must be current financial FCSANZ, Associate or Affiliate Members of the Cardiac Society, with preference given to early career applicants attending their first meeting.
2. The work must have emanated from Australia or New Zealand.
3. Applicants **must** have an abstract on a topic relevant to Heart Failure, accepted for presentation.
4. Applications must be accompanied by a letter from the supervisor or Director of the laboratory or service from which the work has emanated, clearly detailing the specific contribution made by the applicant towards the work being presented.
5. Preference will be given to those who have not previously been awarded a CSANZ Travelling Scholarship.
6. Conditions apply to successful applicants not domiciled in Australia or New Zealand.
7. Late applications will **NOT** be considered.
8. The Scholarship is valued at up to \$3,000
9. Successful recipient must agree to present in the next CSANZ Heart Failure Council Programme during the CSANZ Annual Scientific Meeting:
  - i. A summary of the highlights of the meeting and an overview of the top 5 Heart Failure papers they attended at the ISHLT Conference.
  - ii. An oral presentation of their abstract.
10. Successful recipient to email the Heart Failure Council Secretary at [info@csanz.edu.au](mailto:info@csanz.edu.au) confirming availability to present in the next CSANZ Heart Failure Council Programme (See item 9).

Applications should be accompanied by:

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

Applications should be emailed to [info@csanz.edu.au](mailto:info@csanz.edu.au)

## Closing Date

**17 February 2016**

**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](mailto:info@csanz.edu.au)*



[www.csanz.edu.au](http://www.csanz.edu.au)

### Named Lecturers

RT Hall Lecturer	John Webb
Kempson Maddox Lecturer	David Kaye
Victor Chang Memorial Lecturer	Craig Miller
Basic Science Lecturer	Christine Winterbourn
Cardiovascular Nursing Lecturer	Andrea Driscoll

### Key Dates

<b>Abstract submissions open</b>	<b>Registrations open</b>
19 November 2015	17 March 2016
<b>Abstract submissions close</b>	<b>Earlybird registrations close</b>
4 March 2016	13 June 2016



[www.anzet.com.au](http://www.anzet.com.au)

## Join us in Adelaide for the 10th Anniversary of the ANZET Meeting

### Key Dates

<b>Registrations open</b>	16 March 2016
<b>Earlybird registrations close</b>	13 June 2016
<b>Fellows' Prize submissions close</b>	30 June 2016
<b>Standard registrations close</b>	18 July 2016

#### International faculty:

Keith Oldroyd - Louis Bernstein Lecturer  
Emmanouil Brilakis  
Marsha Holden  
Saibal Kar  
Bernard Prendergast  
Satoru Sumitsuji  
John Webb

#### Live case sites:

Flinders Medical Centre  
Royal Adelaide  
National Heart Centre,  
Singapore

## Travelling Fellowship Report

I am very thankful to CSANZ and Eastern Heart Clinic for providing me with the McCredie / Wilcken travelling fellowship to attend American Heart Association (AHA) held in November 2015 at Orlando, USA. I was selected to present in the Samuel A Levine Young Clinical Investigator Award session. This prestigious Young Investigator Award of the AHA is the most fiercely contested young investigator award in cardiology. It was a great meeting and I got an opportunity to present my study "Aggressive Risk factor REduction STudy: implications for the substrate for Atrial Fibrillation (ARREST-AF Substrate Study)", which won the first prize.

This is a randomized controlled trial that looked into the effects of aggressive risk-factor (RF) management (RFM) results in a reversal of the substrate for AF. We randomised 50 consecutive Atrial Fibrillation patients to either RFM or control (usual care) group. The patients in RFM group were managed in a dedicated physician-led clinic for their cardiac risk factors alongside the usual care for atrial fibrillation. Both the groups were studied with electrophysiological (EP) study, echocardiography, cardiac MRI, serum fibrosis and endothelial function markers at baseline and after 6 months.

### Results:

Compared with controls, patients in the RF-management group lost more weight, had lower blood pressure, better glycemic control, and more favorable lipid profiles while taking fewer medication. In the RF-management group, 40% of patients were AF-free without drugs or ablation.

**Electrical changes:** Regional effective refractory periods from both the right and left atrium and conduction velocity were unchanged in the control group but increased significantly in the RF-management group.

**Structural changes:** Significant decrease in left atrial volume and left ventricular septal thickness was noted in the RF-management group.

**Biochemical markers:** Markers of systemic fibrosis (MMP-9, TIMP-1, and TGF-beta) dropped significantly in the RFM group. Endothelial function, platelet function, and inflammatory markers decreased significantly in the RFM group as compared to control group.

This study underscores the importance of aggressive risk factor management in reversing the electrical and structural substrate and resulting in a significant improvement in endothelial and platelet function.

I wish to once again acknowledge the Cardiac Society of Australia and New Zealand and Eastern Heart Clinic for supporting my attendance at such a prestigious meeting.

*Dr Rajeev Pathak  
Centre for Heart Rhythm Disorders  
at the University of Adelaide and  
Royal Adelaide Hospital,  
Adelaide*



**Criteria for CSANZ  
Heart Failure Council  
Travel Grant for the  
European Society of Cardiology  
–Heart Failure Meeting  
21 - 24 May, 2016  
Florence, Italy**

1. **At the time of application**, applicants must be current financial FCSANZ, Associate or Affiliate Members of the Cardiac Society, with preference given to early career applicants attending their first meeting.
  2. The work must have emanated from Australia or New Zealand.
  3. Applicants **must** have an abstract on a topic relevant to Heart Failure, accepted for presentation.
  4. Applications must be accompanied by a letter from the supervisor or Director of the laboratory or service from which the work has emanated, clearly detailing the specific contribution made by the applicant towards the work being presented.
  5. Preference will be given to those who have not previously been awarded a CSANZ Travelling Scholarship.
  6. Conditions apply to successful applicants not domiciled in Australia or New Zealand.
  7. Late applications will **NOT** be considered.
  8. The Scholarship is valued at up to \$3,000
  9. Successful recipient must agree to present in the next CSANZ Heart Failure Council Programme during the CSANZ Annual Scientific Meeting:
    - i. A summary of the highlights of the meeting and an overview of the top 5 Heart Failure papers they attended at the ESC Heart Failure Conference.
    - ii. An oral presentation of their abstract.
  10. Successful recipient to email the Heart Failure Council Secretary at [info@csanz.edu.au](mailto:info@csanz.edu.au) confirming availability to present in the next CSANZ Heart Failure Council Programme (See item 9).
- Applications should be accompanied by:
- a) copy of submitted abstract(s) and official notification of acceptance;
  - b) brief curriculum vitae;
  - c) supporting letter from the supervisor or Director;
- Applications should be emailed to [info@csanz.edu.au](mailto:info@csanz.edu.au)
- Closing Date**  
**23 March 2016**
- 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](mailto:info@csanz.edu.au)*

## Travelling Fellowship Report



I attended the European Society of Cardiology (ESC) Congress during 29 August – 2 September 2015 in London. This was an invaluable experience for me, immersed in the latest research, knowledge and guidelines with the leading global cardiology community.

The five ESC guidelines presented this year were on Non-ST segment elevation acute coronary syndrome, ventricular arrhythmias and sudden cardiac death,

pericardial diseases, pulmonary hypertension, and infective endocarditis. I was delighted that the endocarditis guidelines cited one of my publications that I also previously presented at the ESC Congress in 2013.

This time I had six abstracts accepted, including an oral presentation on the diagnosis of myocardial infarction after aortic valve replacement and coronary artery bypass grafting using high-sensitivity troponins and the universal definition.

With my commencement of cardiology advanced training in December, the meeting furthered my embracement of the clinical and academic pillars of cardiology.

I sincerely thank the Cardiac Society of Australia and New Zealand and Amgen Australia for awarding me the travelling fellowship to attend this important congress.

*Dr Tom Wang  
Green Lane Cardiovascular Service  
Auckland City Hospital  
New Zealand*

**WORLD HEART FEDERATION®** | World Congress of Cardiology & Cardiovascular Health  
4-7 June 2016 | Mexico City, Mexico  
*25x25: Shaping the future of global heart health*

**Registration is now open**

## Paediatric & Congenital Council Travelling Fellowship Report

**Anish Krishnan, University of Sydney and Royal Prince Alfred Hospital, Sydney, received a 2015 CSANZ Paediatric & Congenital Council Travelling Fellowship to attend the recent CSANZ ASM in Melbourne.**

As just a first year medical student, to even have my abstract accepted to the meeting was an exciting prospect. That I was requested to deliver an oral presentation and was subsequently awarded the Paediatric & Congenital Council Travelling Fellowship was an honour. I would like to thank the CSANZ convenors and committee for the opportunity.

This was the first CSANZ meeting that I had attended and it was a truly inspiring experience. Being a wide-eyed student, each and every session delivered engaging and thought-provoking presentations. In particular, Friday's lunchtime session on Evolving Strategies in Ebstein's Anomaly was the source of fervent and impassioned discussion amongst presenters and audience alike. It typified a meeting in which all attendees were genuine in their engagement and interest in the presented material.

I presented two abstracts to the meeting, representing the Department of Physiology of the University of Sydney and the Cardiology Department of the Royal Prince Alfred Hospital. The first was a mini-oral presentation outlining and exploring the ability of a Mediterranean diet high to attenuate the onset of heart failure when adopted post-myocardial infarction. The second was as part of the Transitional Science and Free Communications session. Here, my presentation described an animal model of an early transient pressure overload to simulate successful repair of aortic coarctation. The model is novel in the literature and provides an avenue for greater exploration of post-coarctation repair cardiac function in greater scientific and physiological detail.

The meeting was a fantastic experience and presenting a year's worth of work on behalf of a wonderful research team was a true privilege.



**ACNC Annual Conference**

4-5 March 2016 Melbourne Convention and Exhibition Centre

[www.acnc.net.au/annual-scientific-meeting/info](http://www.acnc.net.au/annual-scientific-meeting/info)

## Travelling Fellowship Report

I would like to thank the Cardiac Society of Australia and New Zealand (CSANZ) and Amgen Australia for the opportunity to attend the 2015 European Society of Cardiology (ESC) Congress. This year, the meeting was held in London and is currently the world's largest cardiovascular conference attended by more than 30,000 delegates. The conference was a thoroughly enjoyable experience that showcased the latest advances in our field.

I was fortunate to attend the conference to present three abstracts from research carried out at Flinders Medical Centre and Royal Melbourne Hospital. One of these abstracts investigated the incremental diagnostic value of cardiac MRI over clinicians' judgment in the diagnosis of troponin positive chest pain patients with unobstructed coronary arteries. The second abstract evaluated the utility of a subspecialty inpatient cardiovascular service compared with the current traditional ward based inpatient structure in patient outcome. My final abstract described the findings of a novel 3D mapping technique to characterize the mechanisms of human persistent atrial fibrillation.

I particularly enjoyed the oral presentations and poster sessions which reinforced the extensively work that is been carried out worldwide to advance our understanding of cardiovascular conditions. More relevant to current clinical practice, the presentation of the late breaking clinical trials and the discussant comments afterwards provided a valuable insight into practice changing

research. At the 2015 ESC Congress, the latest guidelines on the management of Non-ST elevation ACS was presented. One of the more memorable sessions was "Meet the Guidelines Task Force" where delegates had the opportunity to directly ask the authors of these guidelines questions regarding the recommendations and hear the rationale for their suggestions.

The ESC Congress continues to grow and provides a valuable framework to interact with colleagues from around the world. I am grateful to the CSANZ and Amgen Australia for their support to attend this conference.

*Dr Bhupesh Pathik  
Royal Melbourne Hospital and  
Flinders Medical Centre, VIC*

## Travelling Fellowship Report

The CSANZ Travelling Fellowship to the AHA enabled me to attend the American Heart Association Scientific Sessions 2015 in Orlando, Florida. AHA was attended by approximately 20,000 professionals involved with cardiovascular care and research and ranged from doctors, allied health professionals, nursing staff and scientists. Furthermore, the global nature of the conference drew together world experts in all areas of cardiology, and provided a stage for presentation of cutting edge research across multiple domains in the field.

As a PhD student with a background in clinical cardiology with a desire to become a clinician scientist, the conference was a wonderful introduction to cardiac research.

During attendance, I presented an abstract that described the link between mitral valve prolapse and sudden cardiac death. The opportunity to present my work at a premier cardiology conference provided both an opportunity to share my research with the international community and also gain a greater insight into the work of other groups interested in the same field. Through discussion with other presenters I was able to get a better appreciation of the scientific and practical issues surrounding research in this field.

One of the highlights at AHA was the 5-minute research presentation session. In my case I attended the electrophysiology session. This is a new addition to the AHA schedule, and consists of leaders in the field, providing a 5 minute snapshot talk of their research and placing it in a broader context. This format resulted in an incredibly concise and concentrated talk, which led to a broader vision and direction of the field. These

sessions were a fantastic addition to the schedule because it condensed a large area of work, provided insight into how high caliber researchers approach big picture issues and provided an indication of how the field of electrophysiology was moving.

Secondly, this meeting highlighted challenges and advantages of rapid genetic sequencing for delineating the basis for atrial fibrillation. While rapid genetic sequencing generates vast amounts of information from large population sets, analysis requires collaboration with bioinformatics and complex statistical modeling teams. It became very apparent that future scientists needed to tap into a very diverse set of skills to progress the field.

I am very grateful to the CSANZ and Amgen Australia for providing an opportunity for me to attend this dynamic and highly regarded conference. The experience of presenting my own research together with exposure to the international research community was both stimulating and motivating and I look forward to opportunities to participate in similar forums in the future.

*Dr Chrisan Nalliah  
Royal Melbourne Hospital VIC*

## Travelling Fellowship Reports

At this year's American Heart Association conference I was fortunate enough to present the results of two studies comprising components of my PhD.

The first examined the accuracy of cardiovascular risk calculators amongst primary prevention patients randomised statin trials from the Cholesterol Treatment Trialists' Collaboration. It showed that on a population and individual basis risk estimates from calculators can tend to vary quite substantially from actual risk, and that older calculators (e.g. Framingham), still used in many parts of the world, mostly overestimate an individual's risk. This has important implications for prescribing decisions for statins which are typically recommended on the basis of an absolute cardiovascular risk threshold.

The second study looked at long term observational outcomes for participants in

randomised statin trials. It showed that those people allocated to statins have a long term sustained risk reduction for mortality and cardiovascular risk for at least five years after trial end despite similar statin use and lipid levels between arms post trial. There is also intriguing evidence for a "legacy" effect from prior statin therapy, with additional mortality reductions observed in the five years post-trial. This would support earlier use of statins to for long term benefits. The meeting was a great opportunity to learn of new research findings both within and outside my current research focus. I am very grateful to the Cardiac Society of Australia and New Zealand and Amgen Australia for their support in making my attendance possible.

*Dr Jordan Fulcher  
NHMRC Clinical Trials Centre  
The University of Sydney*

Firstly, I would like to thank the Cardiac Society of Australia and New Zealand for awarding me the McCredie/Wilcken Travelling Fellowship to attend the European Society of Cardiology Congress 2015 in London. This is the world's largest cardiology meeting with a record of over 26,000 attending delegates this year. The conference covered many aspects of cardiology and cardiovascular research, and was a great opportunity for me to learn from world-class experts in the field.

I presented two abstracts in the conference. One of my abstracts that investigated the relationship between air pollution and heart failure admission and readmission was chosen as a finalist for the Young Investigator Award. Being able to present my work at such a huge conference and receive feedbacks from experts from many countries was a precious experience for me. In such a

big event that all experts from around the world come together, those who benefit the most are probably early career researchers like myself. I had a chance to listen to the legends in cardiology and be inspired by their career paths and achievements. I also had a chance to interact and learn from experiences of the experts who run large clinical trials. These opportunities were really eye-opening.

Overall, this conference was extremely beneficial. Again, I want to express my sincere gratitude to the Cardiac Society of Australia and New Zealand. All these great experiences would not have happened without their generous support.

*Dr Quan Huynh  
Menzies Institute for Medical Research  
University of Tasmania*

## Affiliate Clinical Development Award Report

I was fortunate to win one of the Clinical Development Awards (CDA) for this past year's CSANZ Annual Scientific Meeting. This is such a wonderful incentive.

I found that the both the ANZET and CSANZ meetings were, as usual, of a high standard. As a Clinical Nurse in both Cath lab and Clinical trials, the emerging information that is coming forth is both innovative and exciting. This new information not only keeps my practices relevant in both my chosen fields but also means that the future remains very bright for Cardiology.

At the meeting, I was fortunate enough to present, on behalf of the Interventional Nurses Council (INC), a document titled "Educational Standards and Competencies" that has been under development over the past 9 years and has now been endorsed for use by the Interventional Nurses' Council. This was an exciting time and I was particularly humbled to be asked to present this on behalf of the education committee. For many years "Cath Lab" nurses have had difficulties getting recognised by many administrators that the field in which they work is ever changing, dynamic but more so, a critical care environment. In 2014 "A Definition and Scope of Practice for Interventional Cardiovascular Nurses" was formulated from a consensus meeting held with attendees from Cath Lab managers from around Australia and New Zealand. From there, the Educational Standards, and Positional Statement were developed. These documents are the beginning of making a mark for Interventional Nurses as an Independent Discipline within the nursing framework. These documents were also accompanied by another important document. This is a Position Statement from

the INC. This position statement is a "Statement of clinical practice standards for Registered Nurses participating in the provision of care for those requiring urgent and or emergency interventional cardiovascular procedure and /or therapies outside standard working hours". This highlights for Interventional Nurses, the rapidly changing field that we work in. Both of these documents were received very well by the audience and are now making their way into many Cath Labs around Australia and soon to be in New Zealand as well. They will be valuable for recruitment, education and retention of staff within Cath Labs around Australia and New Zealand. All of these documents are available from the Interventional Nurses Council.

These meetings, as always, are such a wonderful environment, presenting networking and learning opportunities for Cardiology Nurses.

I would thoroughly recommend any other affiliates to apply for this CDA in the future.

With great appreciation for the award,

*Bernadette Hoffmann  
Lyell McEwin Hospital  
South Australia*

## Membership Changes and Additions

*The following changes and new admissions to Membership occurred from August 2015 to the current date. The Society extends a warm welcome to all.*

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*Aravinda Thiagalingam*

*Editor*

## On the pulse

For information regarding submissions for *On the pulse* please email [info@csanz.edu.au](mailto:info@csanz.edu.au). Views expressed in *On the pulse* are not necessarily the views of the Cardiac Society or its Board.

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### NORTH AMERICA

ACC16

2–4 April, 2016

Chicago, Illinois

[www.cardiosource.org/acc](http://www.cardiosource.org/acc)

AHA16

12–16 November, 2016

New Orleans, Louisiana

[www.scientificsessions.americanheart.org/](http://www.scientificsessions.americanheart.org/)

### EUROPE

ESC Congress 2016

27–31 August 2016

Rome, Italy

[www.esc2016.org](http://www.esc2016.org)

### ASIA PACIFIC

International Clinical  
Cardiovascular Genetics  
Conference 2016

25–27 May, 2016

Brisbane Convention &  
Exhibition Centre, Queensland

Contact details:

The Conference Company

Phone: 64 9 360 1240

[www.csanz.edu.au](http://www.csanz.edu.au)

CSANZ New Zealand Annual  
Scientific Meeting

23–25 June 2016

Rotorua, New Zealand

Contact details:

The Conference Company

Phone: 64 9 360 1240

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CSANZ2016

4–7 August, 2016

Adelaide, South Australia

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ANZET16

2–4 August, 2016

Adelaide, South Australia

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