

On the **PULSE**

The official newsletter of the Cardiac Society of Australia and New Zealand

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SCIENCE AND
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*Challenges of
providing services
to remote
communities*

Editorial

Prof William Parsonage, Editor

In its 70 year history the Cardiac Society of Australia and New Zealand (CSANZ) has grown from a small group of 47 interested physicians and surgeons to a community of nearly 2,400 members spanning all the professional groups essential to the delivery of modern, multidisciplinary healthcare for people and communities with cardiac disease.

CSANZ will always hold true to its constitutional aim of 'promoting the highest standards of education, training, research and practice in cardiovascular medicine and surgery' but recognises the importance of incorporating this in line with the thoughts, beliefs and priorities of its broader membership.

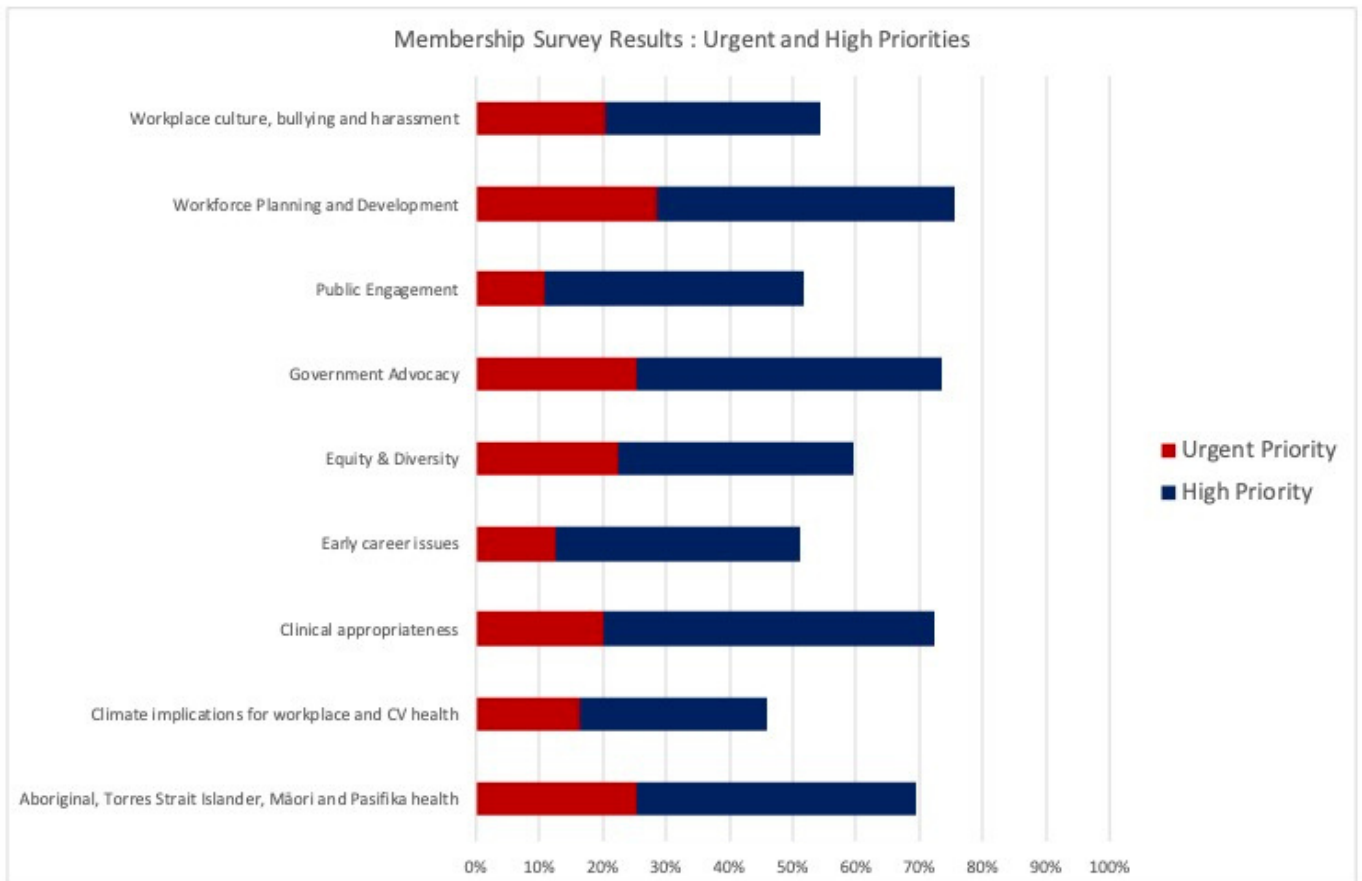
The board are frequently approached by members regarding a broad range of issues that apply to this context. We recently conducted a survey to gauge the priority that members attach to several of these. The aim of the survey was not to rigidly define strategic priorities for the society but rather to 'take the pulse' of the wider membership on some of the issues more frequently raised by individuals.

Responses were received from over 300 members about 60% of whom were medical staff and around 15% nursing staff. New Zealand and all states and territories of Australia were represented. Although one respondent felt that the survey had 'missed the mark' in the selection of priorities that were presented all were considered to be of urgent or high priority by at least 40% of those who participated. Four areas were considered to be of urgent or high priority by more than two-thirds, namely; health of First Nation peoples, clinical appropriateness, government advocacy and workplace planning and development.

Members were also generous with personal views given the opportunity to provide individual comments. These provided a rich source of additional insights beyond the quantitative aspects of the survey. Above all, these emphasise the challenge that a society with broad membership faces in attempting to meet the needs of all.

'What about planetary health that was brought up... at our AGM?' (Anon. A)

'Members who want to be effective... (in these areas) ...should be encouraged to join a political party rather than the cardiac society' (Anon. B)



In considering the outcomes of the survey the leadership of the Society are conscious that we have a limited capacity to ‘change the world’ and that there is a risk in spreading our resources too thinly, achieving nothing and even losing sight of our core purpose. In some areas it may be enough for the Society to state a position and work in support of others to achieve a common goal. In others the society can take a more active role in facilitating change.

The Society are grateful to all those who took the time to complete the survey but we are conscious that, like all surveys of this kind, the outcomes still only reflect the views of a self-selected group of our members. With that in mind we see the survey not as a final word but the beginning of a conversation out of which the Society can move forward in the future better informed about what matters to our members.

For those interested a more detailed presentation of the survey results will be made at the annual general meeting of the society at this year’s [annual scientific meeting in Adelaide](#) Board members and state based representatives are always happy to be approached by members to discuss society business. If you are not sure who to contact in representing your region or professional group details of members of the Board (who include representatives of New Zealand and every Australian State) and Councils can be found on the Society website at csanz.edu.au

Bringing together
today's leading minds
to inspire future
cardiovascular professionals...



Glenelg Pier, Adelaide SA



**CSANZ
2023**

71ST ANNUAL SCIENTIFIC MEETING
OF THE CARDIAC SOCIETY OF
AUSTRALIA AND NEW ZEALAND
HOSTED BY CSANZ SOUTH AUSTRALIA

3 – 6 AUGUST 2023 | ADELAIDE CONVENTION CENTRE

WWW.CSANZASM.COM



ANZET23

17th Annual
Australia & New Zealand
Endovascular Therapies Meeting
Thursday 3 August – Sunday 6 August 2023
Adelaide Convention Centre
www.anzet.com.au

NEW FELLOWS AND MEMBERS

The Society extends a warm welcome to all new Fellows and Members admitted to the Cardiac Society of Australia and New Zealand from 15 December 2022 to 27 April 2023.

FELLOWS

Dr Mohammed Al-Omary (NSW), Dr Ata Doost (WA), Dr Avedis Ekmejian (NSW), Dr Amit Michael (NSW), Dr Adam Nelson (VIC), Dr Hapuachchige Sirisena (NSW)

MEMBERS

Mr Shayekh Abedin (NSW), Ms Adilah Ahmad (WA), Ms Olutope Arinola Akinnibosun (VIC), Dr Zaidon Al-Falahi (NSW), Dr Ammar Albayati (NSW), Mrs Natasha Ali (NZ), Dr Momina Allahwala (SA), Ms Kellie Andrews (NSW), Miss Meagan Apps (VIC), Dr Patrick Arnold (NSW), Ms Zhaleh Ataei (VIC), Ms Sonia Azzopardi (VIC), Dr Mohamed Bakry (ACT), Mr Ari Barton (NZ), Dr Alline Beleigoli (SA), Mr Garth Birdsey (VIC), Dr Lauren Blekkenhorst (WA), Dr Gillian Blue (NSW), Miss Jacinta Bonaddio (VIC), Ms Carmel Bourne (VIC), Miss Taressa Bull (QLD), Dr Lemma Bulto (SA), Ms Samantha Burgoyne (WA), Ms Katrynn Canapi (NZ), Mrs Lyn Chan (SA), Dr Sashiruben Chandramohan (NSW), Celestina Chang (NZ), Dr Kanika Chaudhri (NSW), Mr Jason Chekmarev (QLD), Dr Henry Heng Li Chen (NSW), Ms Ruofei Chen (VIC), Dr Ashley Cheung (NZ), Mrs Suzanne Clayden (VIC), Dr Patrick Cook (NSW), Dr William Courtney (WA), Ms Thi Huyen Trang Dang (QLD), Dr Viet Dang (NSW), Mrs Ella Davy (NZ), Dr Olivia Deconinck (TAS), Ms Zari Diedrichs-Farnan (NZ), Miss Alicia Donovan (WA), Mrs Kirsten Douglas-Robinson (QLD), Ms Anne Downie (NSW), Mrs Kara Edwards (NZ), Dr Adrian Elliott (SA), Dr Ayah Elsayed (NZ), Ms Chloe England (VIC), Dr Nicole Evans (VIC), Dr Sina Fathieh (NSW), Mr Aleen Ferrer (NZ), Miss Ellen Fitzpatrick (VIC), Mrs Jessica Fisher (WA), Mrs Genalin Foley (NZ), Dr Nicole Freene (ACT), Dr Lemlem Gebremichael (SA), Ms Gillian Green (WA), Mr Cameron Greenland (QLD), Dr Alpa Gupta (NSW), Dr Sang Jin Han (VIC), Mrs Ashleigh Hawley (NZ), Ms Sarah Henley (NSW), Miss Rosa Hidayat (VIC), Dr Joseph Hogarty (VIC), Mrs Xin Hua (NZ), Dr James Iliff (NSW), Dr Kyra Innes-Jones (NZ), Mr Sambavan Jeyakumar (NSW), Dr Katherine Kang (QLD), Miss Monica Kanki (VIC), Dr Maryam Khorramshahi Bayat (QLD), Dr Ryan King (VIC), Ms Annora Kumar (WA), Dr Cecilia Kwok (VIC), Mr Nathan Lawson (NSW), Dr Kevin Leow (ACT), Miss Weizhen (Eva) Li (NSW), Dr Jacqueline Jing Ting Liaw (QLD), Dr Kiersten Liddy (NSW), Dr Linda I Ping Lin (NSW), Miss Cassie Lieschke (NSW), Miss Sanuri Liyanage (SA), Mrs Donna Macalintal (NZ), Miss Elisabeth Macpherson (QLD), Dr Aisha Masood (QLD), Ms Tiffany McLean (NZ), Ms Amy Mitchell (VIC), Dr Jordanna Mladenovic (QLD), Mr Jonathan Mok (NZ), Dr Jedidiah Morton (VIC), Mr Matthew Morton (VIC), Mrs Laura Mount (NZ), Dr Victoria Nankivell (SA), Dr Jia Yi Anna Ne (NSW), Dr Katie Nguyen (NSW), Dr Mau Nguyen (SA), Mrs Leanne Noyes (NSW), Dr Ronan O'Driscoll (ACT), Mr Ararso Olani (VIC), Ms Anushriya Pant (NSW), Ms Manisha Patil (NSW), Dr Dean Picone (TAS), Dr Nikki Raftopoulos (NSW), Dr Kazi Atiqur Rahman (OS), Dr Sumudu Rajapakse (SA), Dr Joyce Ramos (SA), Dr Craig Riddell (NZ), Mr Kai Robertson (QLD), Mrs Sadie Ross (NZ), Dr Sukhmandeep Sangha (NSW), Miss Ziggy Savage (VIC), Mrs Maretta Schultz-Melksham (QLD), Mr Brent Shailer (QLD), Mrs Alicia Sharman (SA), Miss Martina Sharpe (NZ), Dr Jenish Shroff (ACT), Dr Brodie Smith (QLD), Dr Hari Sritharan (NSW), Mrs Gayleen Stephens (NSW), Dr Fergus Steward (NZ), Ms Cecilia Talon (NZ), Dr Khin May Thaw (VIC), Ms Phuong Trinh (VIC), Ms Julia Tuccitto (VIC), Mr William Tucker (NSW), Dr Jordan Valle (QLD), Dr Sohaib Virk (NSW), Mrs Debbie Visser (NZ), Miss Imogen Wallace (VIC), Dr Henry West (NSW), Dr Kam Cheong Wong (NSW), Dr Di Wu (NSW), Mr Duan Yunbo (NZ), Ms Diana Zannino (VIC), Dr Laya Zarrabi (TAS), Mr Jackie Zhou (NSW).

SPOTLIGHT ON

Allied Health, Challenges of providing



Hi there, we are Julie and Ciara and we represent the Northern Territory on the Executive of the Allied Health, Science and Technology Council of CSANZ. We both hail from Ireland, completing our BSc in Clinical Measurement Science in 2009 and 2012 respectively. Julie moved to Darwin in 2012, Ciara followed in 2016. We both completed International Board of Heart Rhythm Examiners certification in Ireland, and in Australia, Julie continued her studies to specialise in Echocardiography and Ciara specialised in Electrophysiology.

Since arriving in the Territory, we have both worked for NT Cardiac at Darwin Private Hospital (DPH), as Cardiac Physiologists. NT Cardiac services both private and public patients, across DPH as well as Royal Darwin Public Hospital. DPH has a Catheterisation Lab, where up to five pacemaker / defibrillator devices are implanted per week. Up until very recently, we had a dedicated day for Electrophysiology studies and ablations (Radiofrequency, Cryoablation and 3D Mapping). Unfortunately, this service is temporarily suspended as there is no Electrophysiologist available in the NT.

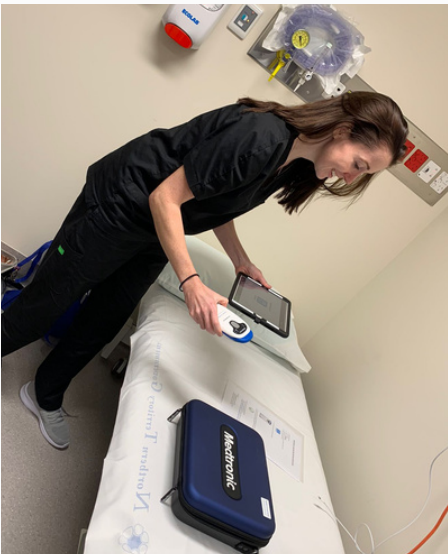
As part of our role, we service over 25 remote NT communities as part of a multidisciplinary team, consisting of a cardiologist, registrar, cardiac nurse, sonographer and sometimes a pacing trained Cardiac Physiologist. We have assisted with the implementation of new Cardiac Physiologist-led remote pacing clinics, designed to provide a greater level/continuity of service to patients and to ease the burden on the cardiologists on their one or two day remote trips.

Remote clinics present many challenges, some unavoidable. Many communities are often cut off from larger clinics in Darwin for months at a time during the wet season due to flooding. The larger community clinics like Katherine or Nhulunbuy are visited multiple times a year by the multidisciplinary team, however, some more remote clinics might have only 1 visit per year. As a result, providing optimal cardiac management to these patients can be difficult, compounded by the fact that some patients live in different communities depending on the season (wet versus dry season). Our visits sometimes coincide with funerals, cultural ceremonies or sorry business in the local community, which we always try our best to work around.

Science and Technology

services to remote communities

To accommodate these challenges, we schedule our pacing patients on a six monthly basis. Ciara has set up a list of patients at each community, and we aim to ensure at least yearly follow-up. Some patients are provided with home monitors at implant or follow-up, this enables us to receive data from remote locations to save medivac flights to Darwin. Remote community patients often lack access to Wi-Fi, often have limited mobile phone signal or access to mobile phones, and possibly intermittent electricity. For this reason, the majority of remote patients have their home monitors left permanently in the community clinic to send information to our clinic in Darwin. This puts added pressure on local dedicated staff that are already extremely busy, but these home monitors become highly useful in the case of emergencies.



Providing echocardiography services to these patients also comes with its challenges. There can be limited facilities available at some clinics, with a lack of adjustable beds and adjustable trolleys for the echo machines. Room availability can be an issue, as there can be multiple visiting teams at the clinic at the one time. We scan a high volume of difficult pathology patients, for example double and triple valve replacements, all of whom are scanned on a portable machine. Patients can often be quite reluctant to come to Darwin, so these echoes in community are potentially their only follow-up scans.

Despite the challenges, the Territory provides a hugely rewarding and unique working experience for allied health professionals. Our remote trips are a wonderful way to experience the NT and to see Territory life from a very different perspective and are a great opportunity to get to know your working team. It provides us with a great opportunity to try to improve systems, protocols and procedures, and therefore make a real impact to healthcare for our patients who live remotely.

Ciara Devoy, Cardiac Physiologist
Julianne Pfister, Sonographer

CSANZ Allied Health, Science and Technology Council

The Allied Health, Science and Technology Council represents a broad range of health professionals within CSANZ, including cardiac physiologists (technicians, sonographers, echocardiographers), radiographers, physiotherapists, exercise physiologists, dieticians, pharmacists, psychologists and counsellors, and cardiovascular researchers.

Our Executive has recently expanded to ensure a wider coverage of professions and states/territories. We have also now mandated a designated New Zealand member position on the Executive to ensure consistent representation of our New Zealand colleagues on the Council.

MEET THE COUNCIL EXECUTIVE

Lee Nedkoff, Chair (Epidemiologist, WA)
Nicole Lowres, Secretary (Clinical researcher, NSW)

Kelly Boegel (Paediatric Sonographer, NZ)
Jim Crowhurst (Cardiac radiographer, Qld)
Ciara Devoy (Cardiac physiologist, NT)
Matthew Hollings (Exercise physiologist, NSW)
Karice Hyun (Statistician, NSW)
Johanna Lim (Pharmacist, NZ)
Hazel Mountford (Physiotherapist, WA)

Stacey Neilson (Cardiac physiologist, NZ AHSTC rep)
Miriam Norman (Cardiac physiologist, Tas)
Stephanie Partridge (Dietician researcher, NSW)
Julianne Pfister (Sonographer, NT)
Christian Verdicchio (Exercise physiologist, SA)
Leah Wright (Sonographer, Vic)



**CSANZ New Zealand
Annual Scientific Meeting**

Aotea Centre, Auckland | 15-17 June 2023

www.csanzasm.nz

REGISTER FOR CSANZ NZ ASM
15 - 17 June 2023 | Aotea Centre, Auckland
www.csanzasm.nz

ACC.23 CSANZ Travelling Fellowship



Dr Jessica Orchard, Senior Research Fellow at the Sydney School of Public Health, The University of Sydney.



One of the major highlights was catching up with colleagues from around the world, and hearing results of a number of late breaking trials presented at the meeting. In particular, the first results of the LIVE-HCM trial led by Prof Rachel Lampert and Prof Mike Ackerman showed no increased risk among HCM patients undertaking vigorous physical activity compared to those who were less active.

I was fortunate to be an invited speaker and panel member in a session entitled, “Doc, my watch says I have AF: Integrating Consumer-Facing Device Findings Into Clinical Care”. My talk was on the legal and ethical considerations for consumer-led screening, diagnosis and event recording. I explored various issues that arise at the regulatory level, the physician level and the consumer level. Importantly, consumer devices are here to stay and we need to focus on adapting the regulatory environment as well as supporting physicians to maximise the benefits and minimise the harms. I was also invited to record a podcast on this topic with ACCEL.

In addition, I had two abstracts accepted for presentation. The first, looked at ECG features of elite athletes in high intensity sports from New Zealand based on data from 10 years of cardiac screening. This work found that abnormal T wave inversion was significantly more common in female athletes and that Wolff-Parkinson-White syndrome was the most common diagnosis in this cohort. The research was also selected for inclusion in the ‘Highlights in Sports and Exercise Cardiology’ session at the conference.

The second abstract, ‘Endemic COVID is contributing to significant excess cardiac mortality’, looked at rates of cardiac deaths in the US and other countries before and during different stages of the COVID pandemic. We reported that respiratory viruses (including both COVID and influenza) are strongly linked to cardiovascular deaths and that both vaccinations are also important public health measures in terms of prevention of cardiovascular deaths. This work was featured in The Limbic’s ‘Five Australian highlights from ACC.23.

Abstracts published in the Journal of the American College of Cardiology (JACC)

- <https://www.jacc.org/doi/abs/10.1016/S0735-1097%2823%2902750-X>
- <https://www.jacc.org/doi/abs/10.1016/S0735-1097%2823%2902805-X>



Congratulations to Dr Stephanie Rowe, cardiologist at the Baker Heart and Diabetes Institute, VIC.

The Project - Cardiac remodelling and exercise capacity: Clinical and genetic predictors of low exercise capacity and atrial fibrillation.

Project Synopsis: The interaction between physical activity, our genome and cardiac structure is complex. Emerging evidence suggests functional capacity and cardiac size play a critical role in the development of heart failure and atrial fibrillation – both key causes of illness and health expenditure. Extremes of activity, from a sedentary lifestyle to endurance athletes, can impact heart structure and function and risk of arrhythmias. The sedentary end of the spectrum is associated with smaller stiffer hearts, poor exercise capacity and cardiovascular risk factors including type 2 diabetes and obesity. Through in-depth assessment of clinical, imaging and genetic factors that influence low exercise capacity and atrial fibrillation, this research project aims to identify novel and simple ways to detect people in this high risk population. Using the largest and most comprehensive cohort of cardiac, exercise and genetic metrics world-wide, we will also develop an understanding of the interaction between physical activity, cardiac structure and genetics by assessing how a person's genetic signature impacts the heart's ability to remodel in response to exercise.

Our aim is to identify and better understand clinical and genetic predictors of low exercise capacity and atrial fibrillation. Our hypothesis is that small cardiac size can be used to identify people with poor exercise capacity due to reduced cardiac reserve and that polygenic risk scores can predict those who are genetically primed to have low exercise capacity and atrial fibrillation.

- **Aim 1:** Determine clinical and imaging markers which predict poor exercise capacity and atrial fibrillation.
- **Aim 2:** Identify genetic traits associated with small hearts, poor exercise capacity and cardiac atrophy.
- **Aim 3:** Assess the relationship between genes, physical activity, and heart structure and how they impact one another.

This project will generate highly clinically relevant knowledge with clear benefits to Australian clinical practice. Current health interventions are directed at those diagnosed with disease, but there is a crucial window of opportunity in preventing disease. By identifying markers predictive of exercise capacity, we will be able to identify individuals at greatest risk of heart failure and arrhythmias – both key causes of illness and health expenditure. By evaluating the relationship between our genome and exercise capacity we will identify to what extent the sedentary population may be genetically primed to be non-responders to exercise. The use of a cheap genetic test to anticipate response to therapy would be a considerable advance in individualized care. This research will lead to improvement in individualized risk assessments and early interventions to reduce population cardiac morbidity and mortality.

Scholarship Winners

Congratulations to Dr Shaun Evans, Royal Adelaide Hospital, SA

The Project : PREDICTive value of aggressive risk factor modification on the occurrence of major cardiovascular events in patients with embolic STROKE: PREDICT-STROKE



Project Synopsis: PREDICT-STROKE is a randomised, multicentre trial to evaluate the potential benefits of aggressive risk factor modification versus standard of care to prevent major adverse cardiovascular events in patients with an embolic stroke or transient ischaemic attack.

Stroke is a major contributor to cardiovascular morbidity and mortality, resulting in lost quality of life, economic productivity, and health expense. Approximately one third of all strokes are attributable to atrial fibrillation, and a further third are cryptogenic (without known cause). Most cryptogenic strokes are subclassified as embolic stroke of undetermined source (ESUS). Approximately 3/10 patients with ESUS will be diagnosed with AF with prolonged monitoring.

Atrial cardiomyopathy is a relatively novel concept which encompasses pathological changes in the left atrium leading to the development of AF, or atrial thrombus and cardioembolism (potentially in the absence of AF). Multiple known factors influence atrial cardiomyopathy, and these include hypertension, obesity, diabetes, sleep apnoea and systemic inflammation.

We aim to test the hypothesis that aggressive management of these factors in a patient- specific fashion will prevent recurrent clinical and radiological embolic stroke.

The primary aim of the study is to investigate for patients with embolic stroke or transient ischaemic attack, whether the risk of major adverse cardiovascular events (including recurrent embolic stroke) can be modified by aggressive risk factor prevention.

For the diagnosis of atrial cardiomyopathy, invasive electroanatomical atrial mapping is known to demonstrate electrical atrial scar and regions of low voltage – the characteristic electrical changes of atrial cardiomyopathy. We aim to show that a multielectrode vest used to perform electrocardiographic imaging (ECGi) will correlate with invasive electroanatomical atrial mapping, predicting its extent and assist in stratifying risk of future atrial fibrillation.

We hypothesise that aggressive risk factor modification will reverse atrial cardiomyopathy, and that serial ECGi mapping will be able to demonstrate concordant longitudinal changes.

Systemic inflammation is closely related to the risk of developing AF, as shown by its relationship to multiple biomarkers of inflammation. We aim to investigate the relationship between these biomarkers and the extent of atrial cardiomyopathy as diagnosed by ECGi.

The primary potential benefit of this study is the identification of directed therapy for secondary prevention of embolic stroke of undetermined source. More generally, we expect a reduction in cardiovascular disease, which will provide individual patient benefit. With risk factor modification, we anticipate a group-level effect in weight reduction, blood pressure management and lifestyle improvement, which each have public health benefits for reduced incidence of atherosclerotic cardiovascular disease and improved mental health.

A clinically significant reduction in the primary endpoint of the study would translate to reduced hospitalisations, preserved quality of life, preserved cognitive function, freedom from physical disability and overall reduced healthcare expenditure.

NEW FEATURE

MEET THE CSANZ MEMBER



Dr Nilufeur McKay, Senior Lecturer, Course coordinator, Master of Nursing (Nurse Practitioner) Program at Edith Cowan University, Cardiology Nurse Practitioner, Omni Corde Rhythm Services, WA, CSANZ ASM Scientific Committee Multidisciplinary Stream Representative for 2024 in Perth.

A career in nursing has provided me the opportunity to travel and work in some of the most prestigious international healthcare institutions. In 2000, I completed my Bachelor of Science (Nursing) at Curtin University and took my very first job at Royal Perth Hospital in the Cardiothoracic surgery unit and later progressed to the Coronary Care unit. At that early stage, I knew advanced heart failure and transplant was an area I wanted to learn more about. In 2003, I sat the NCLEX licensure exam and ventured over to Arizona, USA.

In 2005, I started my Master of Nursing (Adult Nurse Practitioner) degree at Arizona State University while working in a surgical ICU taking care of post op cardiac surgery patients. The experience of working in a critical care setting managing labile haemodynamic and labile cardiothoracic surgeon prepared me well for my career as a cardiology nurse practitioner (NP)!

I commenced my first outpatient cardiology NP job in 2008, which is when I saw the value of “continuity of care” of the same patients and the contribution I could make to their quality of life. From 2011 to 2017, I was fortunate to work at Mayo Clinic on a busy inpatient heart failure and transplant service. My responsibilities involved admissions, daily rounds, and discharging patients from the hospital. I was also a key member of the outpatient cardiology practice seeing heart failure patient to reduce preventable heart failure readmissions. As a NP my practice involved a combination of independent and collaborative practice with physicians to care for patients with various cardiovascular diseases. Additionally, I coordinated ongoing NP student clinical placements for a dozen specialties throughout the organisation. During my tenure at Mayo,

I concurrently completed a Doctor of Nursing Practice degree through Johns Hopkins University in 2014 for which I led a research project and coordinated an interdisciplinary team to achieve positive statistically significant outcomes directly related to improving patient care. I contributed to various ongoing quality improvement initiatives at Mayo, some which are still in place today.

My experience of completing a doctoral degree at Johns Hopkins was more than just an educational achievement. I was exposed to a high calibre of nursing academics and leaders who fuelled my passion for teaching, leading and being a driver of change in nursing. I attribute my career success to having supportive nursing and physician mentors and most importantly strong family support.

My family and I moved to San Diego, California in 2017 where I then worked as a transplant and LVAD NP at Sharp Healthcare and The University of California, San Diego (UCSD) before returning to Perth in 2020.

I feel extremely privileged to be the course coordinator for the only Nurse Practitioner course in Western Australia. My current research in the Scholarship of Teaching and Learning looks at innovative methods to prepare the nurse practitioner workforce with our most recent project on conducting telehealth visits. I am passionate about advocating for all clinicians to work to the top of their licence and education preparation. I believe encouraging multidisciplinary team-based care will promote value-based healthcare and improve patient outcomes in Australia.



Cardiovascular Nurses Symposium CSANZ ASM 2023

SYMPOSIUM PROGRAM

THURSDAY 3 AUGUST 2023

- + Nurse Practitioner Prescribing Session
- + Australasian Cardiovascular Nursing College Workshop
- + ACRA - What's Hot!
- + Introduction to CONNECT - featuring international speaker Prof Julie Sanders (UK)
- + Cardiovascular Nursing Council AGM

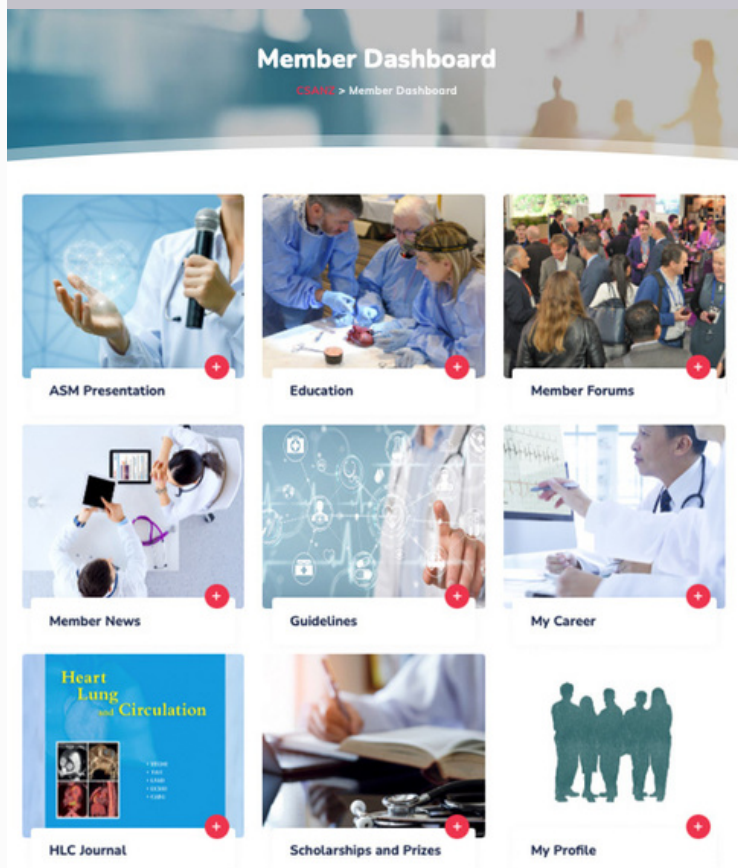
Thursday's Nurses Symposium is included in your CSANZ/ANZET registration fee, we look forward to seeing you in Adelaide and thank you for your support!



THE CSANZ MEMBER WEBSITE

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The CSANZ Member only website is accessed by your email address and password.

There are 9 feature tiles to access CSANZ Member engagement platforms and educational tools including:

- CSANZ ASM Presentations to watch.
- Educational webinars, clinical case studies, career interviews, test your ECG knowledge, latest published journal articles.
- Discuss a Case or post a question on the Member Forum. Access the HLC Journal, On the Pulse magazines, e-newsletter and search a recent Journal Article.
- View the latest Guidelines and Position Statements.
- My Career will direct you to the latest MBS updates and global partners' information and journals.
- Boost your career with the next scholarships and prizes on offer.
- Update your profile details, pay membership fees and view or download invoices.

"The CSANZ Members' website is an exciting place to collaborate and engage with others"

BEHIND THE

MEMBER DASHBOARD TILES

ASM Presentation	Videos, Podcasts and Presentations to watch and learn
Education	Access to educational videos, case reports, journal articles, ECGs...
Member Engagement	Start a Conversation in our Member Forums, network and collaborate
Member News	See the latest CSANZ & cardiology news plus upcoming meeting and events
Guidelines	Up to date Position Statements, Guidelines, Training and Certification
My Career	Read stories from mentors, find important tips and tools to boost your career
HLC Journal	Direct Access to the <i>Heart, Lung and Circulation</i> Journal online
Scholarships & Prizes	Submit your work and enjoy the accolades of winning prestigious prizes
My Profile	Update your membership contact details and check billing

Heart, Lung and Circulation

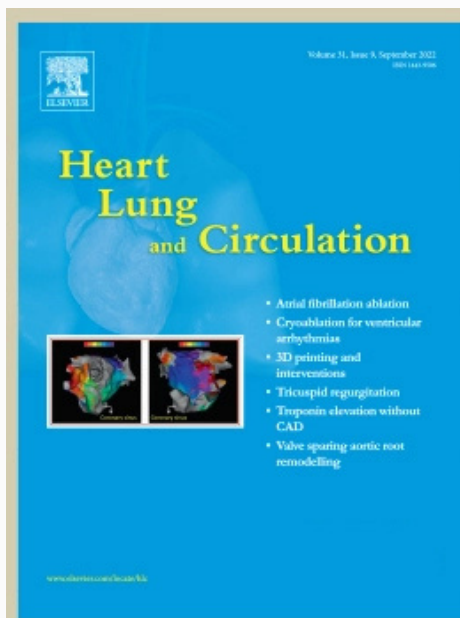
The TOP 10 articles that everyone's talking about on social media

(Click on the article text below)

- 1 [Leafier Communities, Healthier Hearts: An Australian Cohort Study of 104,725 Adults Tracking Cardiovascular Events and Mortality Across 10 Years of Linked Health Data](#)
- 2 [Improving Cardiac Rehabilitation in Queensland: A Whole of System, Data-Driven Approach Over the Past 10 Years](#)
- 3 [mRNA COVID-19 Vaccine \(mCV\) Related Myocarditis in Monozygotic Dichorionic Diamniotic \(DCDA\) Twins](#)
- 4 [Time to Reconsider the Diagnosis of “Left Ventricular Noncompaction” in Adults?](#)
- 5 [Portopulmonary Hypertension: A Review of the Current Literature](#)
- 6 [Need and Interest in Nature Prescriptions to Protect Cardiovascular and Mental Health: A Nationally-Representative Study With Insights for Future Randomised Trials](#)
- 7 [Cardiovascular Nursing and Climate Change: A Call to Action From the CSANZ Cardiovascular Nursing Council](#)
- 8 [Subjective and Objective Impact of Angiotensin Receptor–Neprilysin Inhibitors on Systemic Right Ventricle Patients](#)
- 9 [Don't Turn Off the Tap! The Importance of Discovery Science to the Australian Cardiovascular Sector and Improving Clinical Outcomes Into the Future](#)
- 10 [Incidence and Clinical Predictors of Non-Obstructive Coronary Arteries in Patients With Suspected Non-ST Elevation Myocardial Infarction Undergoing Invasive Coronary Angiography](#)

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April 2023 Volume 32 Issue 4



CALL FOR PAPERS

Special Issue of
**Heart, Lung and Circulation:
Cardio-oncology**

**DEADLINE FOR SUBMISSIONS:
31ST MAY 2023**

NOTES FOR THE DIARY 2023

(Blue - Australia / NZ Meetings Green - International Meetings)

May 20 - 23 May : ESC Heart Failure Meeting

June 15 - 17 June : CSANZ NZ ASM 2023
24 - 26 June : ESC ACNAP

3 - 6 August : CSANZ ASM 2023
August 3 - 6 August : ANZET 2022
26 - 29 August : ESC Congress 2022

October 6 - 9 Oct : HFSA 2023 Heart Failure Scientific Meeting
9 - 11 October : Echo Australia Conference 2023

November 10 - 13 Nov: AHA 2023

Watch out for the CSANZ Travelling Fellowships that enable young investigators to attend International Meetings.

Applications are now open for a Travelling Fellowship to attend the ESC Congress in Amsterdam 25 – 28 August 2023. Closing date for applications is Monday 5 June 2023.

On the Pulse Magazine

For information regarding submissions for *On the Pulse* please email the CSANZ office at info@csanz.edu.au

Views expressed in *On the Pulse* are not necessarily the views of the Cardiac Society of Australia and New Zealand or its Board.



Will Parsonage
Editor

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Chair, Interventional Council

Michael Cheung
Chair, Paediatric and Congenital Council

Raj Puranik
Clinical Practice Advisor

Selwyn Wong
Chair, New Zealand Regional Committee

Ashutosh Hardikar
Surgical Representative

Elected Board Members

Liza Thomas, NSW	David Cross, QLD
Alicia Chan, SA	James Rankin, WA
Dominica Zentner, VIC	Nathan Dwyer, TAS
Mayanna Lund, NZ	

Regional Committees

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NZ	Selwyn Wong, Chair Mayanna Lund, Treasurer
QLD	Sandhir Prasad, Chair William Wang, Secretary
SA	Alicia Chan, Co-Chair Dennis Lau Co-Chair
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