

heartbeat

BULLETIN OF THE WORLD HEART FEDERATION

World Heart Day

30 September 2001

One of the World Heart Federation's most ambitious initiatives in recent years has been the launch of the World Heart Day campaign. Last year more than 70 WHF member countries celebrated the first World Heart Day using the logo "I love my heart. Let it beat". This overwhelming response has made it possible to turn what started as just an idea into a reality and into a regular international event. Now the second World Heart Day is approaching, on 30 September. Once again the reaction has been more than positive since many new countries have sent in their plans to participate. Nevertheless, we are still waiting to hear from other countries about their planned activities.

The theme for this year is "a heart for life". This more global theme was chosen

a heart for life

so that in addition to the benefits of physical activity, other preventive measures - a healthy diet, quitting smoking, treating diabetes, controlling hypertension, and fighting against obesity and sedentarism - would be given their due attention. We need to create a new approach to projects that makes advice on risk factors more appealing. For this information to have the widest scope possible, we have created the World Heart Day website (www.world-heartday.com). To help us reach even more people, we would appreciate your creating a link to the site. So far this year we have received more than 200,000 consultations to the website. Also in keeping with the spreading of the heart for life theme, by now all our members should have received a CD-ROM containing this year's

leaflets, poster and stickers along with the artwork necessary for easy reproduction.

We still have two months until World Heart Day. In August, during the Inter-american Congress of Cardiology (IASC), the WHF President, Dr Maranhão, will present an update of the World Heart Day programme. Also a World Heart Day meeting will be held on 2 September at the European Congress of Cardiology in Stockholm. We invite all of you to participate in this event.

Lastly, we would like to thank the supporters of World Heart Day, as shown on the list below. We are sure that with your help we will make World Heart Day 2001 unforgettable, and plans for the third World Heart Day in 2002 will be underway immediately. We would like to thank you all for your support and ask that you spread this message to all your friends and colleagues. We must remember that World Heart Day is not just one day: the theme needs to be followed all the year long.

*Antoni Bayès de Luna, MD
Chairman of the Steering Committee, World Heart Day*

The World Heart Day is supported by a grant from the following companies:



Press activity

As part of the World Heart Day effort, we have decided to step up our PR activity. With the help of the PR Agency Cohn & Wolfe, we issued a first press release on Women and Heart Disease. This generated an article in the European *Wall Street Journal* as well as call backs from the press in Japan, the Middle East, and Latin America. This experience shows us that the global press picks up World Heart Federation press releases and then uses them to develop regional or local data and news angles. Our members need to be ready to respond to questions on World Heart Day in order to maximise media cov-

erage of our major issues. WHF will refer any requests for regional or local interviews to our members.

The next press release will be on the issue of obesity. It should be ready for distribution to the UN pool of journalists as well as for local distribution through our members at the end of August. We will be documenting the growing problem of obesity as it affects countries around the world, from the United States to the United Kingdom, from Germany to Pakistan, and from China to Brazil.

We are progressing on schedule with the television news video. Our President Mario Maranhão was available in Geneva for filming. This televised news item will feature the growing burden of CVD around

the world as well as feature some success stories in the battle for prevention. Thank you to all of our members who have contributed films and thoughts to this effort.

Last but not least, we will be holding a press conference at the United Nations Library on 26 September to honour World Heart Day. Three members of the WHO team will be joining us: Pekka Puska, who is in charge of Health Promotion for Non-communicable Diseases, Vera Da Costa E Silva, project manager for the Tobacco Free Initiative, and Shanthi Mendis, Cardiovascular Disease Program co-ordinator.

Together we can all help to help CVD prevention make headlines.

*Janet Voûte
Chief Executive Officer, WHF*



World Heart Federation Forum for Cardiovascular Disease Prevention



The World Heart Forum will meet on Saturday, 1 September 2001 in Stockholm, Sweden, during the XXIII Congress of the European Society of Cardiology (ESC). Dr Lars Ryden, past president of ESC and member of the Executive Board of the World Heart Federation, has made arrangements for the meeting to be held in the Nobel Prize Room at the Karolinska Institute.

The Forum has 30 representatives so far. The following organisations have designated all or some of their representatives:

- American College of Cardiology
- American Heart Association
- European Society of Cardiology
- Interamerican Society of Cardiology
- International Atherosclerosis Society
- International Diabetes Federation
- International Society of Hypertension
- International Council of Nurses
- International Stroke Society
- Pan-African Society of Cardiology
- Society of Geriatric Cardiology
- US Institute of Medicine
- World Bank
- World Health Organization
- UNESCO

The role of the Forum and its members

- to bring together constituencies which share a common concern about the developing epidemic of cardiovascular disease (CVD)

- to build a consensus around the urgent need for CVD prevention, both primary and secondary
- to review the work of the four Forum taskforces (on guidelines, developing countries, advocacy and education and training)
- to endorse and thereby strengthen the output of the taskforces
- to disseminate the results of the taskforces' work using their own organisations.

Taskforces update

Guidelines Taskforce

Aim: to create a worldwide consensus on the principles of cardiovascular disease prevention at the population level and in clinical practice, and to facilitate the development of culturally and economically appropriate multidisciplinary guidelines.

Current status: several taskforce meetings have been held, and the second draft of the principles is near completion. There will be a presentation/discussion at the Stockholm congress.

Developing Countries Taskforce

Aim: to identify and promote research projects, with a focus on risk factors and capacity building, for prevention and treatment of CVD in low/middle-income countries.

Current status: several projects initiated to date – capacity assessment (three countries) and capacity building (pilot project on high blood pressure and associated risks). A presentation will be held in Stockholm.

Advocacy Taskforce

Aim: to increase awareness of the growing CVD burden and to collaborate in programmes (e.g. those related to tobacco or women) targeted at governments, health ministries and the public.

Current status: a project is underway to amalgamate the International Heart Health Conference (IHHC) declarations (Victoria, Catalonia, Singapore) and the Victoria Women's Declaration from the First International Conference on Women, Heart Disease and Stroke. This combined text will form the basis of the advocacy platform. Over the past eight months, there has been extensive involvement in the negotiations on the WHO Framework Convention on Tobacco Control.

Education and Training Taskforce

Aim: to develop a core curriculum of the principles and practice of CVD prevention on which worldwide experts can reach a consensus, to be included in the education and training of health professionals at the primary and specialist care levels.

Current status: taskforce under development; the first priority will be to draw up a curriculum guide on the principles of basic, clinical and population science underlying CVD prevention at the individual and population levels.

A Forum website linked to the World Heart Federation (www.worldheart.org) is under development. More information on the Forum can be obtained from the WHF International Headquarters (email: admin@worldheart.org). ♥

Cardiac surgery: challenges for the new millennium

Alejandro Aris, MD, PhD, Director, Cardiac Surgery Service, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain

Cardiac surgery is more than 100 years old (1) although it really took off less than 50 years ago, when Gibbon introduced the heart-lung machine into clinical practice in 1953 (2).

Over the last five decades, introduction of new techniques such as coronary surgery and heart transplants, along with continuous improvements in cardiac valve

prostheses and myocardial protection, have brought cardiac surgery to a level of effectiveness and safety that even the most visionary surgeons could not have foreseen.

Nevertheless, cardiac surgery faces important challenges at the beginning of the twenty-first century. Life expectancy is steadily increasing, bringing the problem

of operating on older and sicker patients. Neurological complications following cardiac surgery are an area still in need of improvement. A recent multicentre study of more than 2 000 patients undergoing coronary artery bypass grafts using cardiopulmonary bypass (3) found a 6% incidence of serious neurological events. Half the affected patients suffered strokes, while the

rest suffered unconsciousness, seizures or encephalopathy. Mortality in patients who suffered a severe neurological complication was 10 times higher than in those who did not. Half the patients who suffered a severe neurological complication had to be transferred to a chronic care facility. The economic and social burden imposed by this complication makes it important to find a solution.

The introduction of the off-pump coronary artery bypass (OPCAB) technique has not solved the problem completely. With this technique, there is a marked decrease in neurocognitive disturbances when the procedure is performed without an oxygenator (4), but the risk of cerebrovascular accident is not decreased (5). Similarly, minimally invasive cardiac surgery has not prevented the incidence of postoperative atrial fibrillation, either after coronary surgery (6) or after aortic valve replacement (7). In a recent editorial, Creswell and Damiano (8) called for meticulous, carefully controlled laboratory and clinical research to tackle this vexing clinical problem, which leads to subjective discomfort, longer hospital stays, more posthospital medication and increased costs.

The use of non-surgical revascularization techniques has increased considerably in recent years. Coronary stenting, brachytherapy and many other related techniques (9) may reduce the number of patients undergoing surgical revascularization. Cardiac surgeons must seek to improve even further the strengths of surgical techniques, including superior long-term results (such as those obtained by the use of arterial grafts), very low mortality and morbidity and cost containment.

Fascinating perspectives await the twenty-first century cardiac surgeon. Research at the molecular level is advancing rapidly. Gene therapy, myocardial preconditioning with selective receptor blockers and cell engineering are being investigated to find ways of achieving safer and better results. Xenotransplantation is no longer in the realms of science-fiction. The thoracic surgery industry, a major driving force since the inception of modern cardiac surgery (10), is creating space-age technology. Robotics is in its early stages: this will allow a surgeon to operate on a patient from a different room or a different building or even, with the swift growth of communications technology, from a different city, country or continent.

But cardiac surgery now faces a more wide-ranging challenge. Cardiac surgery is

a luxury that only developed countries can afford. Most of the world's population have no access to any cardiac surgical intervention. It is true that Third World countries have more pressing health problems to deal with than surgically correctable cardiac disease. Child mortality is high, infectious diseases are still a major cause of death and medical facilities are scarce. However, the number of people who have absolutely no access to cardiac surgery is appalling.

In his Presidential Address at the most recent meeting of the American Association for Thoracic Surgery, Dr James L. Cox gave some astonishing figures (11). Broadly speaking, there are 1000 cardiac surgical cases per 1 million people in the USA. That figure drops to 786 in Australia, 569 in Europe, 147 in South America, 37 in the Russian Federation, 25 in Asia, and... 18 in Africa! The mean figure for cardiac surgical cases worldwide is only 169 per million population. Extrapolating these figures, we conclude that, of all the people in the world living outside North America, Australia and Europe, 93% have no access to cardiac surgery. There is less than one cardiology department per 1 million population in nearly all the developing countries. The situation of cardiac surgery is even worse: only Uruguay and Lebanon have more than one cardiac surgical service per 1 million population. Asian and sub-Saharan countries have fewer than 0.2 per 1 million population, and some African countries have none at all (12).

Traditionally, a group of generous cardiac surgeons have travelled to developing countries, bringing their complete teams and equipment, to perform surgery, particularly on children. In one particular instance, a cardiac surgeon operated on all the children his team could handle in one week. A total of 580 children of the area were identified as potential candidates for surgery. Only eight were actually operated upon. This system, laudable though it is, could be improved. Dr Cox's visionary approach to the problem includes a consultation service, with weekly worldwide Internet video conferences, "surgical hubs" where local doctors would be trained by visiting surgeons on a rotation basis, with patients being flown in from neighbouring countries, and in the near future, performance of complicated surgical procedures by leading cardiac surgeons using remote-controlled robotics.

At the beginning of the new century, cardiac surgical care should be "globalised",

not only by health professionals, but also with the involvement of organisations such as the World Bank, the US Agency for International Development and the International Monetary Fund (11).

Postoperative atrial fibrillation in a wealthy Caucasian male requires attention, but we should not forget that in Africa, there are thousands of children with atrial septal defect (ASD) who urgently need surgery. This is the true challenge for the new millennium.

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5th International Conference on Preventive Cardiology

Osaka, Japan, 27-31 May 2001

Address presented by K. Srinath Reddy, MD, Vice Chair, World Heart Federation Scientific Council on Epidemiology and Prevention, at the Inaugural Ceremony of the Conference

It is my pleasant duty and proud privilege to greet you on behalf of the World Heart Federation's Scientific Council on Epidemiology and Prevention. The 5th International Conference on Preventive Cardiology at Osaka continues the sequence initiated by the Council at Moscow in 1985 and followed by Washington in 1989, Oslo in 1993 and Montreal in 1997. Through its Annual Teaching Seminars on Cardiovascular Epidemiology and Prevention, thirty-three of which have been held so far, the Council has also assisted in building a critical mass of persons who have contributed immensely to advances in the precept and practice of preventive cardiology. Their impressive work will be much in evidence at this Conference. The 5th ICPC, therefore, marks a particularly proud moment in the life of the World Heart Federation and its Scientific Council on Epidemiology and Prevention.

This Conference acquires special significance for several reasons. It provides us an opportunity to sum up the experience of the 20th century and set the agenda for action in the 21st century. It is not merely a crossover in the calendar that calls for this regulation review but the fact that we are currently in the midst of a great global crossover in the epidemic of cardiovascular disease. Over the last two decades, the gratifying gains in cardiovascular health that occurred in the developed countries have been accompanied by an alarming escalation of the CVD epidemic in the other and more populous regions of the world. While the turbulence of political and economic transition unleashed an upswing in former socialist states, a post-colonial spurt in catch up growth provided the shaky stepladder of health transition to the developing countries. While sharp demographic and lifestyle shifts were brought about by recent urbanisation and delayed industrialisation, globalisation which constituted the tail wind of the twentieth century accelerated the propulsion of the developing countries into the vortex of the global CVD epidemic. The history of these nations is now being written on the hearts of their people.

Expanding inequities will also mean that the poor among nations and the poor within nations will be the most vulnerable vic-

tims of the CVD epidemic in the new century. By striking at persons in productive years of life, the CVD epidemic will debilitate the process of development in countries currently confronting a large double burden of disease. Of the 24 million persons expected to die of CVD globally in 2020, about 9.3 million lives will be lost in the mid-life years of 30-69 years.

This confronts us with complex challenges but also provides us with great opportunities. Never before in the course of the cardiovascular epidemic have so many people been at risk of premature death but also never before has such a vast body of knowledge been available which empowers us to reduce that risk. Seldom in the history of human health have we been endowed with such foresight of our destiny and forearmed with such power to change it. It is a challenge to human intellect and enterprise to apply that knowledge creatively and cost-effectively to minimise the future burdens of CVD in all regions of the globe.

Such an effort calls for a grand coalition of forces committed to concerted action on many fronts. It is a happy coincidence that the 5th ICPC is being held in conjunction with the 4th International Conference on Heart Health. Science, policy and public health action cannot function in isolation from each other. Science would be sterile if it lacks social relevance and policy would crumble on clay feet if it is devoid of a sound scientific basis. Since the determinants of health in general and cardiovascular health in particular are diverse, so must our capacity grow to provide an integrated response to effectively influence them. Our family has to extend from molecular biologists to macroeconomists as we seek to mould the social determinants of behaviours that alter the biology.

Epidemiology will have to be viewed not merely as an instrument for investigation but as a tool for transformation. Preventive cardiology is not merely a passive resistance to disease mechanisms but an active campaign to promote cardiovascular health that is spread over the life span and is sustainable across generations. The expanding mandate of cardiovascular epidemiology has to span the entire spectrum of risk from

molecules to markets and the practice of prevention has to influence every link in the long causal pathway that extends from the hub of global policy to the throb of a person's pulse.

The challenge of health care is to ensure the decentralisation of decision making and enhance the autonomy of community groups to promote their health, even as the forces determining health are increasingly becoming transitional in character. The campaign for cardiovascular health must therefore integrate a range of global and local responses that can mobilise the people to stabilise the world.

The World Heart Federation, through its network of national societies of cardiology and heart foundations, provides a platform for purposeful partnerships, which can lend strength to such a global campaign. The Scientific Council on Epidemiology and Prevention invites all like-minded organisations and individuals to align interests and link resources, to advance the common agenda of protecting and promoting global cardiovascular health. We may structurally maintain separate identities, like the colours of the rainbow, but we must functionally fuse together to produce the brilliance and clarity of the sunlight to illuminate the road to cardiovascular health. We need to perform many roles individually as well collectively. As scientists we must elucidate, as health professionals we must educate, as health activists we must advocate and, if need be, as citizens we must agitate, so that the acquisition and application of knowledge translate directly and quickly into measurable and meaningful public health gains. That is the heart of the matter in these matters of the heart!

There is no better locale from where we can set our sights on the agenda of action for the 21st century than Osaka. It is appropriate that global action for preventive cardiology in the new century should dawn in the East, in the Land of the Rising Sun. It is also auspicious that we should be conferring in a country whose remarkable record in preserving cardiovascular health, while setting global standards for long life expectancy, should inspire us in our deliberations. We are grateful to the hosts for their outstanding organisational effort and are confident that the outcomes of the conference will make it a landmark event in the annals of preventive cardiology. Let us here at Osaka, unite and act to provide a global thrust to counter a global threat! Let us globalise heart health, while personalising the power to prevent cardiovascular disease. That is the vision from Osaka!

World Health Organization



54th World Health Assembly discusses health promotion and tobacco control

The 54th World Health Assembly, meeting in Geneva from 14 to 22 May 2001, discussed a report on health promotion prepared by the WHO Secretariat.¹ The report stated that, over a 10-year period in California, USA, a comprehensive tobacco control programme has prevented 33,000 heart disease deaths. Twenty-five years of community-based health promotion activities in North Karelia, Finland have reduced age-adjusted mortality due to heart disease among men by 73%. (Professor Pekka Puska, who took up his post as director of WHO's Department of Non-communicable Disease Prevention and Health Promotion in February 2001, was the principal investigator of the North Karelia project.) WHO's health promotion efforts will target specific populations at risk, with the main emphasis on disadvantaged populations in specific settings. "Too often, it is not proven strategies that are lacking, but vigorous and culturally sensitive application of measures that are known to work", states the report.

Global Forum for Health Promotion Dialogue

As part of its health promotion activities, WHO is launching a global forum on health promotion², intended to involve a broad NGO community and stimulate new ideas. The Global Forum for Health Promotion Dialogue will involve WHO and other UN agencies, as well as academic institutions and professional associations. Communication will be mostly electronic, and the forum will focus on supporting national health promoting efforts within the wider global context. Its effectiveness will be subject to regular evaluation. The Global Forum is to be officially launched on Monday 16 July 2001 at the XVIIth World Conference on Health Promotion and Health Education in Paris, France.

Framework Convention on Tobacco Control

The 54th World Health Assembly also reviewed progress in the negotiations on the proposed Framework Convention on Tobacco Control, which aims to regulate

tobacco production, marketing and advertising, with particular emphasis on protecting young people from the harmful health effects of tobacco use.³ At its second session, held in Geneva from 30 April to 5 May 2001, the Intergovernmental Negotiating Body (INB) discussed a draft prepared by the Chair, Professor Nunes Amorim of Brazil. As well as the main convention, three initial protocols are proposed, covering (a) tobacco advertising, promotion and sponsorship; (b) elimination of illicit trade in tobacco products; and (c) regulation of the contents of tobacco products, tobacco product disclosures, and packaging and labelling of tobacco products.

The World Heart Federation has taken part in all the negotiations on the framework convention. Some government delegations to the INB have suggested that non-governmental organisations such as WHF should be allowed to participate more actively in the negotiations, although there has been no change in the NGOs' traditional observer status as yet.

A new draft, incorporating the suggestions of the three working groups, will be discussed at the third session of the INB, which will take place in Geneva from 22 to 28 November 2001. The framework convention is due to be adopted by 2003.

¹ Health Assembly Document A54/8, available at: http://www.who.int/wha-1998/EB_WHA/PDF/WHA54/ea548.pdf

² See <http://www.who.int/hpr/nphnews.htm>

³ For the activities of WHO's Tobacco Free Initiative, see: <http://tobacco.who.int/>



The World Heart Federation moved its international headquarters to 5, avenue du Mail, CH-1205 Geneva, Switzerland. New contact numbers: telephone +41 22 807 03 20, fax +41 22 807 03 38.

OBITUARY

It is with great sadness that we have just learned of the death, on 7 June, of Professor John F. Goodwin, the first President (1977 to 1980) of the new merged International Society and Federation of Cardiology. A Memorial Service will be held at 12 noon on 5 October at St Mary's Church, Wimbledon, London.

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XIVth WORLD CONGRESS OF CARDIOLOGY SYDNEY AUSTRALIA

MAY 5 - 9, 2002 SYDNEY CONVENTION & EXHIBITION CENTRE

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INTERVENTIONAL CARDIOLOGY CONGRESS MAY 3 - 4, 2002
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ABSTRACT DEADLINE: October 8, 2001

Registration brochure available June 2001



Incorporating the 50th Anniversary, Annual Scientific Meeting of the
Cardiac Society of Australia & New Zealand



Official Congress of the World Heart Federation

Foundations' programme

A special full-day programme, followed by a dinner, is planned for heart foundations on Saturday, 4 May. The expected content will include the new WHF strategy, fundraising, advocacy, formation of coalitions, educational programmes for schools and work places, and organisation and management of foundations. Furthermore, the main congress programme will also include sessions of interest to heart foundations such as the global burden for heart disease, CAD in women, tobacco, and heart disease.

XIV World Congress of Cardiology

The Scientific Committee in consultation with our International Advisory Board and World Heart Federation is preparing a programme that will encompass recent advances in clinical practice and basic research, and feature cardiovascular diseases and their management in different areas of the world.

This World Congress of Cardiology will be the first to follow publication of the entire human genome, and major themes of the Congress will include the new challenges of genomics and molecular biology, and the global challenge of cardiovascular disease, featured in a special World Heart Federation stream.

In 2002 the XIVth World Congress coincides with the 50th Anniversary Symposium of the Cardiac Society of Australia and New Zealand and will incorporate several programme elements of this annual symposium.

The programme will contain over 70 major symposia and plenary sessions, along with informal how-to and meet-the-expert

sessions, state of the art lectures, and sponsored satellite symposia. You will have the opportunity to attend official satellite meetings including Interventional Cardiology (ICC), Echocardiography, Nuclear Cardiology, Cardiac Rehabilitation and Nursing and Technologist Symposia.

We anticipate presenting over 2000 abstracts of original research from around the world in our simultaneous clinical and basic research sessions. Abstracts will be accepted until 8 October 2001 via submission online.

Make plans now to join us in Sydney for a unique scientific meeting.

Ben Freedman
Chair Scientific Committee

For further information, contact wcc@icms.com.au

Registration fees

(before/after 26 Feb/on site)

Physician/scientist	AUD\$800/900/1000
Nurse/technologist/fellow	AUD\$450/550/650
Foundation professional	AUD\$650/750/850
Accompanying person	AUD\$200/200/200
1 Australian Dollar equivalent to US 50 cents, approximately.	

Satellite Meetings

Interventional Cardiology	AUD\$150
Echocardiography Symposium	AUD\$150
Nuclear Cardiology Symposium	AUD\$100

Registration

Email (preferred) : wccregister@icms.com.au
Fax : +61 29475 4272
Mail : XIVth World Congress of Cardiology, PO Box A2285, Sydney Sth NSW 1235, Australia

Local Organising Committee

David T Kelly, MD (President of the Congress)
Ben Freedman, MD (Chairman, Scientific Committee)
Peter Caspari, MD
Terry Campbell, MD
Peter Thompson, MD

Abstracts

Abstracts will be accepted until 8 October 2001 via submission online at the Congress website at www.wcc2002.com.au.
Notification of abstract acceptance/rejection: 15 January 2001.

Forthcoming Meetings

Information on meetings may be obtained from addresses printed in brackets.

In red: Sponsored by WORLD HEART, its Scientific Councils and/or Sections

2001

Aug 11-15, Panama City, Panama: XVIII Interamerican Congress of Cardiology (Dr Bey Mario Lombana, PO Box 6, 2102 El Dorado, Panama, fax: +507 236 67 49 or +507 269 43 68, intercard12@hotmail.com, www.spcardio.org)

Aug 12-15, São Paulo, Brazil: XI World Congress of the International Society of Cardio-Thoracic Surgeons (Congress secretariat, fax: +55-11 813 93 53, cerne@uol.com.br)

Aug 19-22, Pattaya, Thailand: 2nd Meeting of the Asian Pacific Society of Hypertension (Dr S Chaithiraphan, Siriraj Hospital, Bangkoknoi, Bangkok 10700, Thailand, fax: +662 419 77 90, thl@a-net.net.th)

Sep 01-05, Stockholm, Sweden: XXIII Congress of the European Society of Cardiology (ESC) www.escardio.org

Sep 01-Nov 30, 2nd Virtual Congress of Cardiology – International Congress of Cardiology on Internet (Federación Argentina de Cardiología, fax: +54 341 4484525 -Secretariat: Mendoza 909 - 2000 – Rosario, scvc@fac.org.ar, www.fac.org.ar/scvc)

Sep 02-06, Heidelberg, Germany: 44th International Conference on the Prevention and Treatment of Dependencies (ICAA, fax: +41-21 320 98 17, secretariat@icaa.ch, www.icaa.ch)

Sep 09-13, New York, USA: 14th International Symposium on Drugs Affecting Lipid Metabolism (Giovanni Lorenzini Medical Foundation, 655 Fannin, A-601 Houston, TX 77030, fax:+1-713 796 8853)

Sep 16-19, Lisbon, Portugal: 15th Annual Meeting of the European Association for Cardiothoracic Surgery (Conf Assoc, 4 Cavendish Sq, London, W1M 0BX, UK, fax: +44-171 629 32 33)

September 16- 21, 2001, Prague, Czech Rep.: 4th International 6-day Symposium on Congenital Heart Disease Pathology, Imaging, Surgery and Related Basic Researches (milan.samanek@lfmotol.cuni.cz, fax: +420 2 24 43 29 20)

Sep 27-30, Pine Mountain, GA, USA: 14th Annual Conference on 2D, Conventional and Color Doppler Echocardiography (University of Alabama at Birmingham, Heart Station SW/S102, 619 19 Street South, Birmingham, AL 35249-6846, fax: 205-934-6747; lindyc@uab.edu)

Sep. 29-October 03, Chicago, IL: 6th Congress of the International Xenotransplantation Association (Felicissimo & Associates Inc., 205 Viger Avenue West, Suite 201, Montreal, Quebec H2Z G2, Canada, fax: +1-514-874 1580, email: info@ixa2001chicago.com, http://www.ix2001chicago.com)

Oct 3-5, Osaka, Japan: 54th Annual Meeting of the Japanese Association for Thoracic Surgery (Socichiro Kitamura, 5-7-1, Fujishirodai, Suita, Osaka 565-8565, Japan, fax +81 6 8 4863 7289, jats2001@cello.ocn.ne.jp, http://www2.convention.co.jp/jats54)

Oct 03-06, Manila, Philippines: 13th Asian Pacific Congress of Cardiology (Philippine Heart Association, fax: +63-2 634 74 41, e-mail: nab@i-manila.com.ph)

Oct 05-06, Monastir, Tunisia, 2nd Panafrican Course on Interventional Cardiology (PAFCIC 2001) (fax: +216 3460678, hgama@rns.tn)

Oct 7-10, Venice, 7th International Workshop on Cardiac Arrhythmias (Adria Congrex, fax: +39 0541 564 60, info@venicearrhythmias.org)

Oct 13-16, Beijing, China: 7th Asian-Pacific Symposium on Cardiac Pacing and Electrophysiology (Heart Center, Beijing Red Cross Chao Yang Hospital, No. 8 Baijiazhuang Road, Beijing 100020, China, fax: +86-10 6595 1064, heart@public.fhnet.cn.net, http://www.bme-cspe.org)

Oct 18-20, Frankfurt, Germany: 4th International Workshop on Catheter Interventions in Congenital Heart Disease (KelCon, Ludwigstr. 2-6, D-63110 Rodgau, fax: +49 69 9450 2859, n.koebke@kelcon.de, www.chd-workshop.org)

Oct 21-24, Prague, Czech Republic: 4th International Congress on Coronary Artery Disease – from Prevention to Intervention (Kenes, PO Box 50006, Tel Aviv 61500, Israel, fax: +972-3 517 56 74, coronary@kenes.com, http://www.kenes.com/cad4)

Oct 26-29, Hong Kong, China: 6th Asia Pacific Conference on Tobacco or Health (Conference Secretariat 6th APCT, 10/F, Hong Kong Academy of Medicine, Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, fax +852-2871 8989, hkam@hka.org.hk)

Nov 7-10, Sharm El-Sheikh, Egypt: 13th Annual Meeting of the Mediterranean Association of Cardiology and Cardiac Surgery (98, Mohamed Fareed St., Downtown, Cairo, fax: (+202) 395 8000, 338 1309, 760 3900, osama200@worldnet.com.eg, vis@starnet.com.eg)

Nov 12-15, Anaheim, CA, USA: 74th Scientific Sessions of the American Heart Association (AHA), www.americanheart.org

Nov. 21-24, Hong Kong, China: The First World Heart Federation Global Conference on Cardiovascular Clinical Trials (CCT) (MV Destination Management, Room 609, Austin Tower, 22 Austin Avenue, Tsim Sha Tsui, Kowloon, Hong Kong, fax: +852 2735 82 82, email: info@mvdmc.com.hk, website: http://www.mvdmc.com/cct)

2002

Jan 16-19, Luxor, Egypt: 6th Meeting of the Egyptian Society of Atherosclerosis (98, Mohamed Farid St., downtown, Cairo, fax: +202 395 8000 – 7602800, osama200@worldnet.com.eg or osama200@link.com.eg)

Feb 08-10, New Delhi, India: VI World Congress of Echocardiography and Vascular Ultrasound (Dr Satish K Parashar, C-144 Sarita Vihar, New Delhi 110044, fax: +91-11 694 65 52, e-mail: parashar@del6.vsnl.net.in, www.is-cu.org, www.worldecho2002.org)

Feb 17-20, Cebu City, Philippines: 3rd Asian Pacific Society of Atherosclerosis and Vascular Diseases (APSAVD) (fax +632 631-7970, philipid@pworld.net.ph)

Mar 05-08, Tel Aviv, Israel: 6th International Dead Sea Symposium on Cardiac Arrhythmias and Device Therapy (Secretariat: PO Box 50006, Tel Aviv 61500, Israel, fax: +972 3 5140044, arrhythmia@kenes.com, www.kenes.com/arrhythmia)

Mar 17-20, Atlanta, GA, USA: 51st Annual Scientific Sessions, American College of Cardiology (ACC) www.acc.org

April 10-13, Cairo, Egypt: Joint Meeting of the Egyptian Society of Atherosclerosis and the 3rd Eastern Mediterranean Congress on Heart Health & Cardiology Update (98, Mohamed Farid St., downtown, Cairo, fax: +202 395 8000 – 7602800, osama200@worldnet.com.eg or osama200@link.com.eg)

April 13-15, Nice, France: 2nd European Conference on Management of Coronary Heart Disease (Quint House, Nevill Ridge, Nevill Park, Tunbridge Wells, Kent TN4 8NN, UK, fax: +44(0)1 1892 517 773, email: cardiology@castlehouse.co.uk, <http://www.castlehouse.co.uk>)

Apr 14-17, La Paz, Bolivia: XX Congreso Sudamericano de Cardiología, XIV Congreso Boliviano de Cardiología, XI Congreso Boliviano de Cirugía Torácica y Cardiovascular (Antezana NO-455, Casilla 4488, Cochachamba, Bolivia, fax: +591-4-480480, amercado@supernet.com.bo)

April 24-26, Honolulu, Hawaii: 1st Annual Asian Pacific Scientific Forum "The Genomics Revolution: Bench to Bedside to Community" and the 42nd Annual Conference on Cardiovascular Disease Epidemiology and Prevention (AHA) www.americanheart.org

Apr 25-27, Kosice, Slovakia: 2nd International Congress on Cardiovascular Disease (Dr Daniel Pella, 2nd Internal Clinic, Faculty of Medicine, Safarik University, Treida SNP 1, SK-040 66 Kosice, fax: +421-91 772 51 18, dpepla@central.medic.upjs.sk)

May 05-09, Sydney, Australia: Interventional Cardiology Congress, Echocardiography Symposium, Nuclear Cardiology Symposium –satellite meetings of the XIV World Congress of Cardiology, wcc@icms.com.au, <http://www.wcc2002.com.au>

May 05-09, Sydney, Australia: XIV World Congress of Cardiology (ICMS Pty Ltd., QVB Post Office Locked Bag Q4002, Sydney, NSW Australia 1230, fax: +61-2 9290 2444, wcc@icms.com.au, <http://www.wcc2002.com.au>)

May 16-19, Puebla City, Mexico: First Congress Interamerican Society of Heart Failure (ISHF, Tepic 113-710, Mexico City, 06700, fax: +52 52 64 49 56)

May 18-24, Montreal, Canada: 11th International Congress on Cardiovascular Pharmacotherapy (ISCP 2002 Congress Secretariat, fax 514 874 1580, torob@mac.com, www.iscp2002.com)

Jun 09-13, Boston, MA, USA: Joint Annual Meeting of the International Society for Cardiovascular Surgery and the Society for Vascular Surgery (SVS/IS-CVS, 13 Elm Street, Manchester, MA 01944, fax: +1-978 526 7521, jvs@prri.com)

Jun 12-15, Palma de Mallorca, Spain: Second Iberian-American Congress on Cardiac Rehabilitation and Secondary Prevention (Av. Alejandro Rosello 29, 07002 Palma de Mallorca, Spain, fax : +34-971-711146, anadal@atlas-iap.es, www.circ.2002.com)

Jun 19-22, Nice, France: Cardiostim 2002, World Congress on Cardiac Electrophysiology (Dr J Mugica, Cardiostim, 12, rue Pasteur, 92210 Saint-Cloud, fax: +33 1 46 02 05 09, email: cardiostim@wanadoo.fr, www.cardiostim.fr)

Jun 21-24, Mar del Plata, Argentina: XXI Congreso Nacional de Cardiología, (Federación Argentina de Cardiología, Secretariat: Bulnes 1004, 1176 Buenos Aires, fax: +54-11 4866 5910, email: 2002fac@pcvc.sminter.com.ar)

Jun 23-27, Prague, Czech Rep.: 19th Scientific Meeting of the International Society of Hypertension (Guarant Ltd., Opletalova 22, 110 00 Prague, fax: +420-2 8400 1448, hypertension2002@guarant.cz, www.hypertension2002.cz)

Jul 02-06, Montreal, Canada: XXIXth International Congress on Electrocardiology (Coplanor Congrès Inc. 511, Place d'Armes, Suite 600, Montréal, Québec, H2Y 2W7, heartandbrain@coplanor.qc.ca, www.heartandbrain.org)

Jul 07-10, Salzburg, Austria: 73rd Congress of the European Atherosclerosis Society (PO box 50006, Tel Aviv 61500, Israel, Fax +972 3 517 5674 or +972 3 517 2484, 73eas@kenes.com, www.kenes.com/73eas)

Aug 31-04 Sep, Berlin, Germany: XXIV Congress of the European Society of Cardiology (ESC)

Sept 16-19, Lisbon, Portugal: 15th Annual meeting of the European Association of Cardio-Thoracic Surgery (EACTS, 4 Cavendish Square, London W1M 0BX, UK, fax +44-171-629-3233, eacts@thguk.com)

Sept 29-Oct 3, New Delhi, India: 2nd World Assembly on Tobacco Counters Health (Maj. Gen. A K Varma, fax: +91 11 694 4472 or 694 9573, cancer-ak@ndf.vsnl.net.in, www.watch-2000.org)

Oct 16-19, Freiburg, Germany: Update in Thrombosis, Arteriosclerosis and Cardiovascular Biology (CIS Heidelberg, Czernyring 22/10, 69115 Heidelberg, fax: +49 6221 9053522)

Oct 23-26, Caracas, Venezuela: Fourth Latin American Congress on Hypertension (rhernan@cantv.net)

November 17-20, Chicago, IL, USA: 75th Scientific Sessions of the American Heart Association (AHA) www.americanheart.org

2003

Feb 19-22, Hong Kong, China: XII World Symposium on Cardiac Pacing and Electrophysiology (Dr Chu-Pak Lau, Cardiology Division, University Department of Medicine, Room 1927, Block K, Queen Mary Hospital, 102 Pokfulam Road, Hong Kong, fax: +852 2818 6304)

May 25-29, Barcelona, Spain: 12th International Congress on Cardiovascular Pharmacotherapy (Dr A Bayés de Luna, fax: +34 93 291 92 43, cardio@landes)

June 21-24, Strasbourg, France: Heart Failure 2003 (ESC) (www.escardio.org)

June 26-30, Singapore, 14th Asian-Pacific Congress of Cardiology (Singapore Cardiac Society, Level 3, Mount Elizabeth Hospital, Singapore 228510, fax +65 735 3308, scosoc@singaporecardiac.org)

Jul 12-18, Birmingham, UK: XIX Congress of the International Society on Thrombosis and Haemostasis and 49th Annual Meeting of the Scientific Standardization Committee (ISTH, CB#7035 UNCD Medical School, Chapel Hill, NC 27599-7035, USA, fax: +1-919 929 3935)

Oct 3-5, Buenos Aires, Argentina: VII World Congress of Echocardiography and Vascular Ultrasound (International Society of Cardiovascular Ultrasound, PO Box 323, Gardendale, AL 35071, tel : +1 205-934-6747, iscu@iscu.org, www.iscu.org)



National Congresses of Societies of Cardiology

Date - 2001	Country	Place	Fax number
5-8 August	Australia & New Zealand	Auckland	+64 9 3601 242
27-29 September	Poland	Warsaw	+48 71 366 02 50
30 Sept.-3 Oct.	Brazil	Goiana	+55 21 286 91 28
30 Sept.-3 Oct.	Argentina	Buenos Aires	+54 11 4961 6027
11-13 October	Finland	Espoo	+358 9 752 752 33
13-16 October	Turkey	Izmir	+90 212 288 44 33
18-21 October	Pakistan	Peshawar	+91-819005/ 824407
21-24 October	Canada	Halifax	+1 613 569 65 74
31 Oct.-2 Nov.	Syria	Damascus	+963 11 212 9437
12-15 November	USA - AHA	Anaheim CA	+1 214 373 98 18
8-12 December	Italy	Rome	+39 06 8535 6799
9-12 December	Chile	Pucon	+562 269 0207

2002

22-24 January	Saudi Arabia	Riyadh	+966 1 467 2553
25-26 January	Finland	Helsinki	+358 9 7527 5233
17-20 March	USA - ACC	Atlanta GA	+1 301 897 97 45
02-05 April	Vietnam	Hai Phong	+84-4 869 16 07
15-17 April	Bolivia	La Paz	+591 2 43 4591
24-26 April	Japan	Sapporo	+81-11 706 7156
13-16 May	UK	Harrogate	+44 171 388 0903
27-31 October	Canada	Edmonton	+1 613 569 65 74

World Heart Day

30 September 2001

a heart for life

Forthcoming meetings

Interamerican Congress of Cardiology, Panama, 11-15 August 2001

On the occasion of the IASC and the IHF General Assemblies held during the IACC, Dr Mario Maranhão, WHF President, will provide an update for delegates of societies of cardiology and heart foundations on World Heart Day activities.

European Congress of Cardiology, Stockholm, 1-5 September 2001

Another update meeting will be held during the XXII ESC Congress. It will be convened on Sunday, 2 September 2001, 3-6 p.m., at the Congress Centre, Room C22 (Red Zone).

The First WHF Global Conference on **CARDIOVASCULAR CLINICAL TRIALS**

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Hong Kong Convention and Exhibition Centre
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15 August 2001

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Society of Chest Pain Centers and Providers

Raymond D Bahr, MD, President, Society of Chest Pain Centers and Providers

The Society of Chest Pain Centers and Providers (SCPCP; www.scpcp.org) is proud to have been accepted as a new Associate Member of the World Heart Federation striving for progress to be made in the reduction of Cardiovascular Disease throughout the world. The Chest Pain Center Society is a grass-roots effort on part of Emergency Physicians, Cardiologists and Critical Care Nurses within the United States that now has disseminated throughout the world. It focuses on patients with chest pain as a way to deliver a better system of care for patients with acute cardiac ischaemia.

Chest Pain Centers in the United States now number more than 1300 and there are approximately 300 outside the United States and throughout the world. They offer to community hospitals not only a comprehensive and systematic triage system for

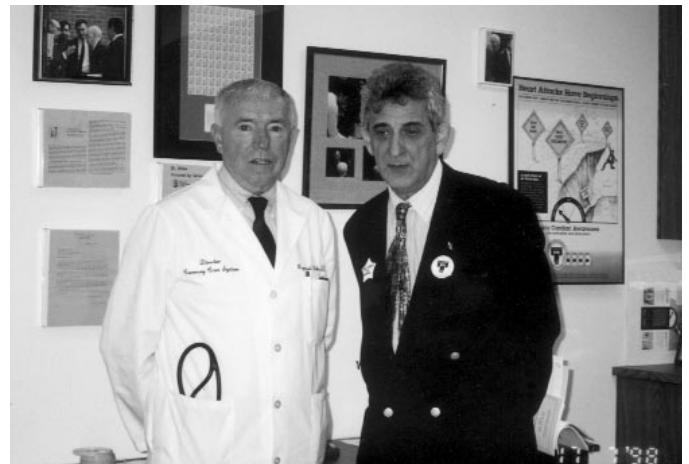
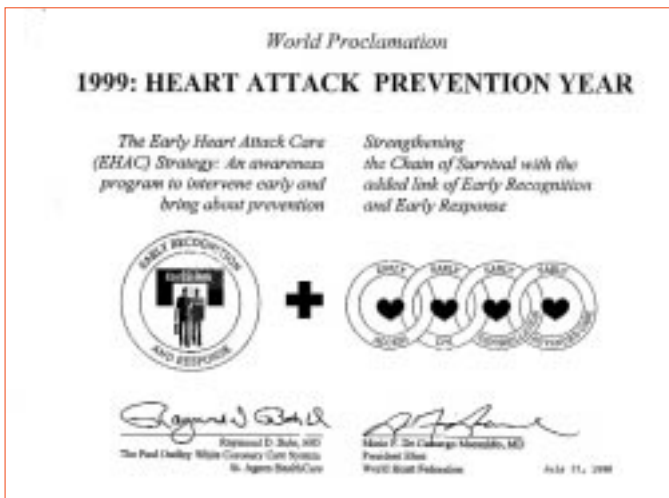
patients with chest pain and provide a user friendly approach to patients who need urgent care but also observational care to make rapid disposition of patients being ruled out for ischemia. Chest Pain Center units have demonstrated their ability to reduce the number of missed MIs being sent home and to reduce significantly (80%) inappropriate admissions to the hospital. This results in a major reduction in overall healthcare dollars.

Perhaps the most important contribution of these Chest Pain Centers has been the overview that allows caregivers to see that patients crashing with cardiac events are not the best stage to deal with the heart attack problem. Knowledge gained from having such units reveals that in many cases patients have had stuttering chest symptoms for days not deemed important

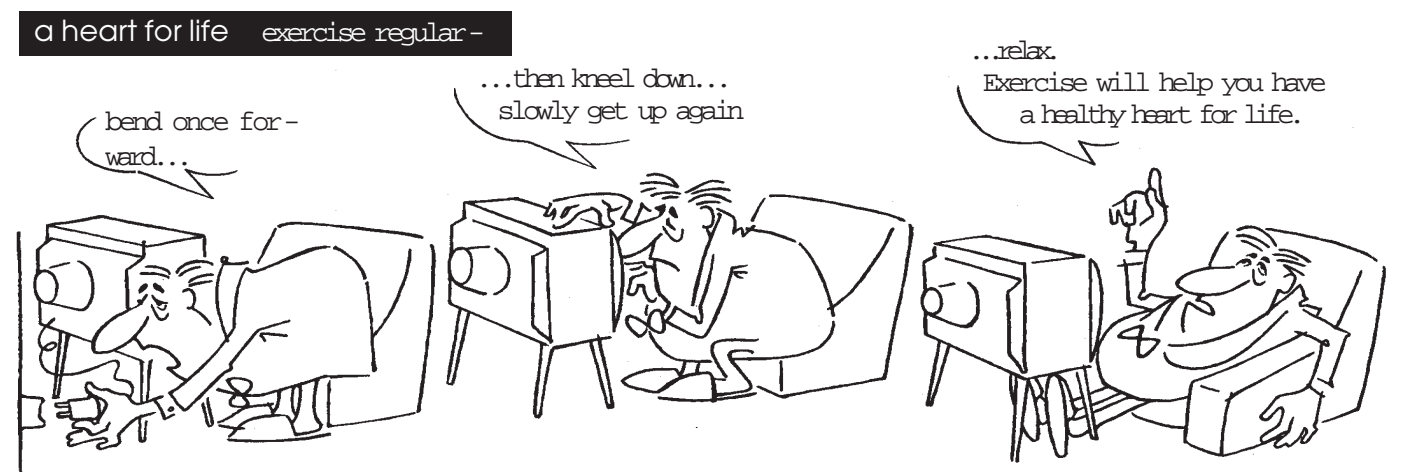
enough to come to the Emergency Room. Such a group of patients benefits from an outreach cardiac awareness programme now being developed to alert the public allowing action at an earlier stage when damage can be minimised and rehabilitation is the greatest.

The Awareness Programme being made available in these Chest Pain Centers is known as EHAC (an acronym for Early Heart Attack Care) which stands opposite in the spectrum from CPR (resuscitation for the dead). The EHAC Awareness message is being distributed throughout the world and has been highly successful throughout South America especially in Brazil where the Brazilian Society of Cardiology has recently endorsed this effort. For more information, access www.deputyheartattack.org.

In 1999 the EHAC Awareness Foundation joined with the World Heart Federation in a proclamation linking this early Awareness Message/Chest Pain Centers to the classic Chain of Survival to give new emphasis to this paradigm shift in Heart Attack Care.



Dr Raymond D Bahr and Dr Mario FC Maranhão, WHF President



"Heartfile", National Heart Foundation of Pakistan

heartfile

AN OUTREACH MECHANISM FOR HEARTBEAT IN PAKISTAN

HeartBeat, an official publication of the World Heart Federation, has a circulation of some 12,000 copies, which are sent in bulk to all WHF member organisations (societies of cardiology and heart foundations) in 95 countries around the world. WHF encourages member foundations to expand the outreach of this publication, published in English and in Spanish, by reprinting items from *HeartBeat*, acknowledging the source but without the prior consent of the copyright owner. This ensures wider dissemination of *HeartBeat* material with no implications for the authors who have contributed material.

Heartfile, the National Heart Foundation of Pakistan (affiliated to the Pakistan Cardiac Society) has recently added a page entitled "HeartBeat Clippings" to its quar-

terly publication "Heartfile Newsletter". This page features excerpts from *HeartBeat* and ensures their circulation to a much larger audience.

The Heartfile Newsletter is circulated to over 3000 physicians all over Pakistan, including those in remote rural areas. The newsletter provides a concise and customised update on cardiovascular medicine for physicians in Pakistan, and addresses preventive cardiovascular care as a priority. The newsletter features Heartfile highlights from the previous three months, as well as the Billboard, a pullout section intended for easy reference in clinical situations. A section on ProCOR brings recent items from the ProCOR website to health professionals' attention. The newly added page "HeartBeat Clippings" is intended to

ensure that the latest happenings in preventive cardiovascular care are brought to the attention of physicians in far-flung areas of Pakistan, with the aim of creating awareness and stepping up preventive activities to meet the impending global challenge of cardiovascular disease.

Heartfile is a non-profit-making organisation fighting preventable cardiovascular disease in Pakistan, whose activities could be emulated by other developing countries. Using a comprehensive, community-based preventive approach, Heartfile focuses on community-wide health promotion employing the national print and electronic media, and has recently expanded its grass-roots campaigns in rural areas. Heartfile is active in advocacy and research and has undertaken major initiatives for the education of health professionals. With a variety of strategic partnerships, Heartfile is rapidly becoming the driving force behind a nationwide public health initiative to curb the rising epidemic of cardiovascular disease in Pakistan.

Dr Sania Nishtar, President, Heartfile ♥

Pakistan Cardiac Society



The Pakistan Cardiac Society was established in 1966 by Colonel Mazhar H. Shah, with the help of Dr Ali Muhammad, Professor Rauf Yusuf and other cardiac physicians and surgeons. Dr Ali Muhammad Chaudhry founded the *Pakistan Heart Journal* in 1968. The Society was active till 1971 and the journal was published regularly: however, following the civil unrest in the country in 1971, the activities of both were disrupted.

Dr Hafeez Akhtar, Chairman of the Department of Internal Medicine of Rawalpindi General Hospital, took it upon himself to reactivate the Pakistan Cardiac Society and travelled widely in order to organise the 3rd All-Pakistan Biennial Congress at Rawalpindi, the first after the secession of East Pakistan (now Bangladesh). The new editor, Dr Abdus Samad, relaunched the *Pakistan Heart Journal* in 1975.

Since the 1970s, the number of members has more than tripled. At present, there are 139 members and 32 associate members. Almost all physicians in Pakistan working in the cardiovascular field are active members of the Society.

Officers of the Society

The current President of the Society is Professor S. Hamid Shafqat (2001-02). The Secretary is Dr Abdus Samad and the Treasurer M. Shareef Choudhry. The Past President in 1998-99 was Professor M. Afzal Mattu. The President-Elect for 2003-04 is Shahryar A. Sheikh.

Congresses, education and international activities

A total of 28 national congresses have been held in all the major cities of Pakistan. An average 700 registered physicians and health care providers and 500 other participants from the pharmaceutical industry take part in the congress. The national congress in 2000 was held in Faisalabad, with Dr Ehsanul Haq presiding.

To date, 24 General Body meetings and 42 Council meetings have been held. Elections are held every two years during the General Body meeting.

The Society invites guest speakers from the United Kingdom, Europe, North America,

Australia, India, Bangladesh, Nepal, Iran and other countries to participate in its continuing medical education programmes in cardiology.

The Society takes an active part in the activities of the World Heart Federation and a large number of delegates and participants attend the World Congress of Cardiology, held every four years.

XII Asian-Pacific Congress of Cardiology (APCC)

The most important meeting the Pakistan Cardiac Society ever hosted was the 12th APCC, when in October 1999 three thousand participants gathered in the historic city of Lahore. The scientific programme was superb and so were the social events organised for the delegates and the accompanying persons.

Guidelines

Guidelines have been developed on the prevention of coronary artery disease, management of myocardial infarction, hypertension and uses of acetylsalicylic acid (*Aspirin*®) in cardiology.

Future programme

The Society is setting up the "Pakistan Heart House" to serve as a co-ordinating centre for its educational activities.

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- **How Do We Proceed?**
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Webcast under the auspices of the World Heart Federation

The World Heart Federation series of webcasts from the congresses of the American College of Cardiology, the American Heart Association and, here, the European Society of Cardiology go to fund a programme to encourage collaboration between cardiac centres in countries with economies in transition and high quality centres in developed countries. Twin Centres is a fellowship programme involving Africa, Eastern Europe, Latin America and the Asian Pacific area to provide training for young cardiologists in the best centres around the world.

A number of official webcasts from the XXIII Congress of the European Society of Cardiology are available at
www.prous.com/esc2001

The official ESC 2001 Congress Highlights CD-ROM is also available from the site.

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