

Editorial: Forging a Collaboration between the Society of Pulmonology of the Indian Ocean Islands and the SA Thoracic Society: a bridge across the Indian Ocean

Tanguy B MD, Paratian C MD, Chung KF MD, and Lalloo UG MD

The second combined congress of the Society of Pulmonology of the Indian Ocean Islands (SPOI) and the South African Thoracic Society (SATS) will be held in KwaZulu-Natal South Africa from the 27-30th November 2012. It represents a milestone in forging collaboration between the 2 thoracic societies.

The SPOI (Société de Pneumologie de l'Océan Indien) was founded in 1996 and has its headquarters in the Respiratory Department of the Centre Hospitalier Universitaire (CHU) of Saint-Denis, Réunion Island. It is a professional society dedicated to the promotion of lung health in the Indian Ocean Islands - Comores, Madagascar, Mauritius including Rodrigues, Réunion, and Seychelles - through training, education, research and advocacy.

Three presidents have served the SPOI: Dr Ahmed Zaidou from 1996 to 2000, Dr Bernard Tanguy from 2000 to 2004 and Dr Comrasamy Paratian since 2004. Prof Lalloo has been one of the Vice-Presidents of the SPOI since 2009.

The SPOI is above all a meeting place where professionals devoted to respiratory healthcare can exchange their experiences. These professionals include radiologists, epidemiologists, thoracic surgeons, oncologists, infectious disease specialists, intensivists, nurses, kinesiologists and engineers together with pulmonologists.

SPOI federates the existing pulmonology societies of the Indian Ocean Islands: the SPMAD (Société de Pneumologie de Madagascar) and the MRS (Mauritius Respiratory Society). SPOI has strong links with the SPLF (Société de Pneumologie de Langue Française), the French Pneumology Society. Since 2001, Dr François Bonnaud of the Board of Directors of the SPLF participated at our annual meeting. Our General Secretary, Dr Claude Bertin, and Dr Dinnoo Vinod promoted our relationship with eminent French pulmonologists participating at our annual meeting. SPOI is also honoured by the presence on the Board of Directors of Prof Ali Ben Kheder from Tunisia, Dr Bernard Pigearias from France, the vice president of the SPLF. Prof Umesh Lalloo of the SATS, Dr Reesaul of the MRS and Dr Ralison of the SPMAD also serve as Vice Presidents of the SPOI. Prof Kian Fan Chung from the Imperial College and Royal Brompton Hospital of the National Heart, Lung and Blood Institute in London has served the SPOI over a decade providing scientific leadership by chairing the Scientific Committee of the SPOI and facilitated the collaboration between the SPOI and SATS. Prof Chung is a Mauritian by birth and his contribution fulfils a desire to serve his motherland.

SPOI has organised 11 congresses since 2000. These were held in:

Réunion Island - 2000; Réunion Island - 2001; Réunion Island - 2002; Majunga, Madagascar - 2003; Mauritius -

2004; Réunion Island - 2005; Mauritius - 2006; Cape Town, South Africa, in collaboration with SATS - 2007; Seychelles - 2008; Mauritius - 2010; Réunion Island - 2011

The last congress was preceded by a successful workshop for Indian Ocean practitioners on interventional pulmonology, with contribution from Dr Jean-Paul Homasson (France).

Prof Fan Chung, of Imperial College, London, a regular speaker at the SPOI congresses was appointed in 2007 Scientific Director of the SPOI. Thanks to the initiative of Prof Lalloo, the first SATS - SPOI pulmonology congress was organised in November, 2007 at Cape Town.

Prof Lalloo, in his capacity as International Regent of the American College of Chest Physicians, was also instrumental in inviting the then President of the American College of Chest Physicians, Prof Sidney Braman, to the Cape Town congress in 2007. Prof Philip J. Thompson, President of the Thoracic Society of Australia and New Zealand was a guest at our 2008 Congress.

The SPOI is keen to forge a long term relationship with SATS. This is a strategic collaboration as SPOI and SATS are geographically linked in the Southern hemisphere, many of the challenges in pulmonology are similar. SPOI can also learn many lessons from its SA neighbour about the TB and HIV epidemics. Despite the SPOI being predominantly francophone and SATS anglophone, the collaboration has thus far been collegial and productive. Interestingly, mutual links with the UK, France, USA, Australia and New Zealand serve to expand this collaboration across continents.

The SPOI looks forward to yet another successful congress in South Africa and to strengthen ties with academic colleagues and institutions.

We must also thank the Espace Francophone de Pneumologie, and the pharmaceutical industry as well as healthcare providers for their logistic support.

SPOI has to face tremendous challenges. Its financial resources are limited, the medical means and cultural environment of its members are diverse. Despite these challenges, SPOI has been able to maintain a high level of respiratory training through its workshops and annual meetings. It has enabled its members to travel and keep abreast of advances in pulmonology. This has contributed the improvement in the management of respiratory diseases in the Indian Ocean Islands. In this sphere, SPOI has been a pulmonary link between low and high income countries. The voluntary contributions of distinguished pulmonologists enable SPOI to have an optimistic view of its future. SPOI has great expectations of the combined SATS/SPOI Pulmonology Congress in November 2012.

SPOI sends its best wishes to SATS and the South African hosts.

**Programme of the
XIIth Congress of the
Society of Pneumology of the Indian Ocean
and the
South African Thoracic Society**



Society of Pneumology of the Indian Ocean



South African Thoracic Society

with

**The Society of Pneumology
of Madagascar**

**The Mauritius
Respiratory Society**

**The Espace Francophone
of Pneumology**

**Franco-Libanese
Society of Pneumology**

27 - 30 November 2012

**Fairmont Hotel, Zimbali Resort – KwaZulu-Durban
South Africa**

Tuesday 27 November 2012 - Venue: Room C		
10:00 - 16:00	SATS Council Meeting Venue: Boardroom	Heather Zar
Plenary Session - Venue: MARULA 1 Topic: Difficult to treat asthma Chair: Umesh Laloo		
17:00 - 17:20	Defining DTT Asthma	Fan Chung
17:20 - 17:40	Paediatric perspective	Heather Zar
17:40 - 18:00	Adult perspective	Elvis Iruzen
18:00 - 18:20	SPOI perspective	Bernard Tanguy
18:20 - 18:30	Discussion	
18:30 - 19:00	Keynote address: Global perspective on respiratory health	Ali Ben Kheder, Tunisia
19:00 - 20:00	Welcome and Cocktail Reception President of SATS - Heather Zar; President of SPOI - Comrasamy Paratian; CEO Astra Zeneca	
20:00 - 21:00	SPOI General Assembly	Comrasamy Paratian Claude Bertin Bernard Tanguy Umesh Laloo
20:00 - 22:00	<i>Dinner – Coral Tree Restaurant</i>	

Wednesday 28 November 2012 - Venue: MARULA 1

Plenary Session Venue: Marula 1 Topic: Pulmonary Hypertension Co-Chairs: Fan Chung/ Elvis Irusen

9:00 - 9:20	The revised classification and approach to diagnosis of pulmonary hypertension	Leon Naidoo, SA
9:20 - 9:40	Pathophysiology of pulmonary hypertension	Georges Khayat, Beirut
9:40 - 10:10	Lung transplantation – Recent experience	Hervé Mal, Paris
10:10 - 10:30	Evolving treatment strategies	Akhtar Goolam Mohamed, SA
10:30 - 10:40	Discussion	
10:40 - 11:00	<i>Tea / Coffee Break – Foyer</i>	

Co-Chairs: Bernard Tanguy/ Heather Zar

11:00 - 11:30	Ultrasound assisted transthoracic diagnostic techniques	Coenie Koegelenburg, SA
11:30 - 12:00	New diagnostics in tuberculosis	Keertan Dheda, SA
12:00 - 12:20	CAP and HIV in the ICU	Kennedy Nyamande, SA
12:20 - 12:40	Practical approach to non-invasive ventilation	Ricky Raine, SA
12:40 - 13:00	Ventilation related pneumonia	Guy Richards, SA
13:00 - 14:00	<i>Lunch – Coral Tree Restaurant</i>	

Plenary Session in English – MARULA 1 Chair: Akhtar Goolam-Mohamed

14:00 - 14:40	Recent developments in lung cancer	Rajen Morar, SA
14:45 - 15:30	What's hot in interventional bronchoscopy	Chris Bolliger, SA
15:30 - 16:00	<i>Tea/Coffee Break – Foyer</i>	

THREE PARALLEL SESSIONS

A.	French Workshop Venue: MARULA 2	B.	South African Workshop- Adult Pulmonology: Venue: MARULA 1 Topic: Long-acting Bronchodilators in Asthma and COPD – A pro-con debate Chair: Umesh Laloo	C	South African Workshop – Paediatric Pulmonology Venue C Topic: Paediatric Asthma Chair: Ahmed Manjra
16:00 - 16:45	Exacerbations & BPCO: Mortalité immédiate et à long terme après hospitalisation. Etude EABPCO/CPHG <i>Jean-Michel Chavaillon</i>	16:00 - 16:25	LABA's are the preferred first-line long-acting bronchodilators in COPD <i>Raj Nadar</i>	16:00 - 16:25	Approach to the preschool child with recurrent wheezing <i>Refiloe Masikela (UP)</i>
16:45 - 17:30	Respiratory Allergology <i>Ali Ben Kheder, Tunisia</i>	16:25 - 16:50	LAMA's are the preferred first-line long-acting bronchodilators in COPD <i>Sabeer Abdool Gaffar,</i>	16:25 - 16:50	Measurement of lung function in preschoolers - methods and usefulness <i>D Gray (UCT)</i>
		16:50 - 16:55	Rebuttal <i>Raj Nadar</i>	16:50 - 17:15	Environmental exposures and childhood asthma <i>A Vanker (UCT)</i>
		16:55 - 17:00	Rebuttal <i>Sabeer Abdool Gaffar</i>	17:15 - 17:40	Treatment of acute severe asthma - an update <i>Sharon Kling (US)</i>
		17:00 - 17:25	LABA's should be routinely used as first-line treatment in combination with ICS in asthma <i>Gill Ainslie</i>		
		17:25 - 17:50	LABA's are not safe for routine use in asthma <i>Ismail Kalla</i>		
		17:50 - 17:55	Rebuttal <i>Gill Ainslie</i>		
		17:55 - 18:00	Rebuttal <i>Ismail Kalla</i>		
20:00	<i>Evening free</i>				

Thursday 29 November 2012					
Plenary Session- Venue MARULA 1					
Topic: Aspects of Respiratory Diseases in the Indian Ocean Islands and South Africa					
Co-Chairs: Bernard Tanguy / Radha Paratian / Kennedy Nyamande					
9:00 - 9:20	Respiratory diseases in Comoros	Zaidou			
9:20 - 9:40	La Tuberculose multi résistante à Madagascar: Situation actuelle, Programme de lute	Ralison Cauchoix			
9:40 - 10:00	Respiratory diseases in Mauritius	Reesaul			
10:00 - 10:20	Asthma in Reunion Island : Epidemiological data	Maurice Tanguy			
10:20 - 10:40	Respiratory diseases in South Africa	Umesh Lalloo			
10:40 - 11:10	<i>Tea / Coffee Break – Foyer</i>				
Chair: Keertan Dheda					
11:10 - 11.40	Impact of Environmental pollutants on the lungs	Fan Chung, UK			
11:40 - 12:10	COPD associated with wood smoke in Reunion Island: A clinical study of 50 cases	Maurice Tanguy			
12:10 - 12:40	Non-smoking COPD in South Africa	Bilal Abdool Gafoor, SA			
12:40 - 13.00	Panel discussion				
13:00 - 14:15	<i>Lunch – Coral Tree Restaurant</i>				
THREE PARALLEL SESSIONS					
A.	French Workshop Venue: MARULA 2	B.	South African Workshop- Adult Pulmonology: Venue: MARULA 1 Topic: State of the Art: Interstitial Lung Disease Chair: Gillian Ainslie	C	South African Workshop – Paediatric Pulmonology Venue C Topic: Childhood Pneumonia, TB and HIV Chair: Stanley Thula
14:15 - 15:00	OSAS: Practical Aspects <i>Gentina, Fr</i>	14:15 - 14:35	Revised classification of diffuse parenchymal lung disease <i>Miley Abdullah</i>	14:15 - 14:35	Pneumonia and HIV - pathogens and treatment in the ARV era <i>Prakash Jeena</i>
15:00 - 15:45	Tuberculosis and mycobacterium <i>Andrejak</i>	14:35 - 14:55	Radiology of diffuse parenchymal lung disease <i>Ashraf Moosa</i>	14:35 - 14:55	Update on ARVs in children <i>Raziya Bobat</i>
16:00 - 17:00	Non invasive ventilation <i>Dr Prigent, Fr</i> Obstructive Sleep Apnoea Syndrome (OSAS) <i>Dr Pigearias, Fr</i> Oncology / Cancerology <i>Dr Dumont, Fr</i>	14:55 - 15:15	Pathophysiology of Sarcoidosis – update <i>Anish Ambaram</i>	14:55 - 15:15	Pulmonary TB in HIV-infected and uninfected children - clinical presentation and current treatment <i>Pierre Goussard</i>
16:30 - 17:00	<i>Tea/Coffee break - Foyer</i>		15:15 - 15:35	15:15 - 15:35	Empyema in the era of PCV - aetiology and management <i>A Kappos</i>
17:00 - 18:00	Echo-Endoscopy and Interventional Pulmonology <i>Dr Douadi, Fr</i> <i>Dr Dayen, Fr</i>	15:35 - 16:00	Treatment of idiopathic interstitial pneumonias – therapeutic nihilism? <i>Michiel Prins</i>	15:35 - 16:00	PCP and co-pathogens - spectrum of disease and prevention <i>O Kitchin</i>
		16:00 - 16:30	<i>Tea/Coffee break - Foyer</i>		
20:00	<i>Pre-Dinner Cocktails Gala Dinner: Marula 1 and 2</i>				

Friday 30 November 2012		
Plenary Session - Venue: MARULA 1 Topic: Clinical Cases Chair: Ismail Kalla/Refiloe Masikela		
9:00 - 9:15	Comoros	Zaidou
9:15 - 9:30	Mauritius	Reesaul
9:30 - 9:45	Madagascar	Ralison
9:45 - 10:00	Reunion Island	Bernard Tanguy
10:00 - 10:20	COPD – Update on GOLD Guidelines	Sabs Abdool-Gaffar, SA
10:20 - 10:45	<i>Tea/Coffee Break - Foyer</i>	
10:45 - 11:30	Radiological CPC	Anish Ambaram Bilal Abdool Gafoor C Naidoo Ashraf Moosa
11:30 - 12:00	Pathophysiology of asthma in 2012	Fan Chung, UK
12:00 - 12:45	Conclusion	Radha Paratian Heather Zar Bernard Tanguy Umesh Lalloo
12:45 - 13:00	<i>Lunch – Coral Tree Restaurant</i>	
END OF CONGRESS		

Biennial Conference/Workshop on Drug Resistant TB:

Current Practice, Controversies, and Clinical Challenges

Friday 26 – Sunday 28 October 2012

New Learning Centre, UCT Health Science Campus, Cape Town, South Africa

Scientific organising committee

Keertan Dheda
University of Cape Town

Helen Cox
Medecin San Frontiers

Rob Warren
University of Stellenbosch

Wing Wai Yew
Chinese University of Hong Kong

Umesh Laloo
University of Kwazulu Natal

Norbet Ndjeka
Director, Drug resistant TB, TB and HIV

Paul Wilcox
Groote Schuur Hospital

GB Migliori
Director, WHO, TB and Lung Diseases

Conference Coordinators

Prof Keertan Dheda, MD, PhD
Professor, University of Cape Town, S Africa

Dr Ureshnie Govender, PhD
Postdoctoral fellow, University of Cape Town, S Africa

Dr Grant Theron, PhD
Postdoctoral fellow, University of Cape Town, S Africa

The objectives of this workshop are to improve the quality of patient care through the teaching and training of clinicians and health care workers on the treatment and management of drug resistant TB:

1. The evolution of DR TB and strategies to reverse current trends
2. The clinical and molecular epidemiology of DR TB and how it influences practice and policy
3. The clinical and laboratory diagnosis of DR TB in the 21st century
4. TDR-TB-what, how, and where to from here?
5. The management of DR TB-the basics and advanced concepts
6. How to deal with adverse drug reactions
7. Dealing with MDR and XDR treatment failures
8. Public health implications of DR TB
8. Preventing transmission
9. Research priorities and opportunities in DR TB

This is a CPD accredited conference/workshop

Registration

To apply, please request a registration form from:
Fatima Saban, UCT Conference Management centre, Cape Town

Email: fatima.saban@uct.ac.za



Breath-taking News

Prof Elvis M Irusen
University of Stellenbosch

The Therapeutic Challenge of IPF Continues

Idiopathic Pulmonary Fibrosis (or Cryptogenic Fibrosing Alveolitis) is a chronic progressive illness of older individuals of unknown aetiology with the characteristic histology of usual interstitial pneumonia (UIP). On HRCT (High Resolution CT) scanning, sub-pleural honeycombing can be recognized, denoting established, irreversible, fibrosis. Recent data have suggested that there is a negligible response to immunosuppressive therapy.

A number of new investigative agents have been studied over the last decade to uniformly negative results as well. Recent reports suggested that N-Acetylcysteine (NAC) may be useful.

A well-known group of researchers headed by Professor Ganesh Raghu undertook a randomised, double-blind placebo controlled trial to assess the efficacy of NAC. The study was titled: "Prednisone, Azathioprine and N-acetylcysteine: A Study That Evaluates Response In Idiopathic Pulmonary Fibrosis (PANTHER-IPF)." Patients were randomised to receive combination therapy (NAC, Prednisone and Azathioprine) NAC alone or placebo. The trial was expected to last 60 weeks but was terminated after a median of 32 weeks by the independent data and safety monitoring committee. Unfortunately, by this stage, the subjects in the combination group had experienced a greater mortality than the placebo group (8 versus 1; $p=0.01$) and more hospitalizations (23 versus 7; $p<0.001$). There was no evidence of clinical or physiological benefit on lung function either.

They thus concluded that this data precluded the use of the combination in patients with IPF.

Clinicians are increasingly becoming more conservative in the drug therapy of this condition. Patients are usually older and may develop considerable adverse effects thus necessitating caution. In the occasional patient with a slow clinical progression, continued observation on no medication is advisable. If a therapeutic trial is performed, the patient should be carefully monitored for a response and if none is documented, the therapy should be discontinued.

The idiopathic Pulmonary Fibrosis Clinical Research Network. Prednisone, Azathioprine and N-Acetyl cysteine for Pulmonary Fibrosis. *NEJM* 2012. Accessed on-line.

CCSSA Refresher Course 2012
The Wanderers, Illovo, Johannesburg
Friday 23 – Sunday 25 November

WORKSHOPS
Friday 23 November, 11h15 – 12h45



Should there be sufficient interest, a 2nd session from 09h00 – 10h30 will be presented Cardio Output Monitoring (Haemodynamics)

Topics:

Monitor demonstration

Practical application of cardiac output indices

VENTILATION

Topic: Lung protective ventilation, weaning and ventilation curves

Session 1: How to set up a ventilator

Session 2: Weaning

Session 3: Ventilator curves and graphs

SONAR IN THE ICU

Session 1: Sonar guided line insertion

Session 2: Rapid echo assessment for the Intensivist

NEURO MONITORING

Topic: ICP monitoring

Session 1: ICP physiology, wave forms and management strategies

Session 2: How to insert an ICP monitor

The Refresher Course has been awarded the below accreditation: **16 CEU Points, 6 Ethics Points**

REGISTRATION

Register on-line registration (www.criticalcare.org.za)
by 1 November E-mail: apple@phwanderers.co.za
Telephone: 011 770 5500

Please provide your credit card details or proof of payment to confirm your accommodation when booking.
Please refer to the conference website for: Registration, Accommodation information, Directions, Programme

The Conference Team

Sue McGuinness Communications & Events Scatterlings
Conference & Events: Medical Division On behalf of CCSSA Refresher Course 2012

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Who's Who in SATS

Umesh Lalloo



Umesh Lalloo is Head of the Department of Pulmonology and Critical Care of the University of KwaZulu-Natal. He is a senior professor and was made a Fellow of the University of KwaZulu-Natal in 2011. He graduated MBChB in 1979 from the University of Natal and specialised in internal medicine and received the Richard Ward Endowment fund to study respiratory epidemiology and occupational lung disease at the University of Witwatersrand in 1985 under the supervision of Prof Margaret Becklake. He received his doctorate in 1992 and was the first recipient of the SA Thoracic Society Boehringer Ingelheim respiratory research fellowship in 1993. He spent 2 years at the Royal Brompton National Heart and Lung Institute in London UK as a visiting clinical scientist with Prof Peter Barnes and Prof fan Chung. His main research interest then was the pathophysiology of cough. He returned to Durban and was elected Head of Medicine and pioneered HIV clinical care and research in adults. He founded the Enhancing Care Initiative and successfully obtained 72 million US dollars from the Global Fund for HIV care programs. He

is also principal investigator of the Durban International Clinical Trials Unit, a program of the US National Institutes of Health. He is also serving his second 3 year term as International Regent of the American College of Chest Physicians. Umesh is also the chair of the credentials committee of the SA Thoracic Society and has convened the Certificate in Pulmonology exams for many years and was the president of the SA Thoracic Society. He received the US Medical Education Program Initiative grant for increasing health professional capacity in KwaZulu-Natal. He is section editor of the International Journal of TB and Lung Disease and serves on the international editorial board of Clinical Infectious Diseases. He led the team that identified the extensively drug resistant TB outbreak in KwaZulu Natal. He is chair of the SA Thoracic Society Adult Asthma Guidelines Committee and was a funding member of the National Asthma Education Program. He has published widely in journals such as Nature Medicine, Journal of Applied Physiology, NEJM and Lancet. He is also currently vice-president of the Society of Pulmonologists of the Indian Ocean Islands. As an anti-apartheid activist he served as the chairperson of the Durban Regional Branch of the National Medical and Dental Association and formed the first workers health clinic in Durban in the 1980s.

Anish Ambaram

Dr Anish Ambaram completed his undergraduate degree at the University of Witwatersrand in 1998, and qualified as a specialist physician in 2004. He subsequently completed his subspecialist training in Pulmonology in 2006 at the University of Kwazulu-Natal. He is a Fellow of the American College of Chest Physicians. Anish is currently Principal Specialist in the Department of Pulmonology and Critical Care at Inkosi Albert Luthuli Hospital in Durban. His clinical interest includes EBUS (endo-bronchial Ultrasound) and his research interest includes Vitamin D in the pathogenesis of Tuberculosis. He serves on the executive committee of the South African Society of Sleep Medicine.



Kennedy Nyamande



Dr Kennedy Nyamande qualified MBChB from University of Zimbabwe. He joined the Department of Medicine, University of Natal in 1994 and obtained his FCP (SA) specialist qualification in 1996. In 1999 he was in the first group of Pulmonology sub-speciality trainees to obtain the Cert in Pulmonology qualification of the College of Physicians of South Africa. He commenced his PhD studies in 2001 under the supervision of Prof UG Lalloo and completed in 2004. His current positions are Principal Specialist in the Department of Pulmonology and Critical Care and Acting Head of Division of Internal Medicine at UKZN. His research interests are in HIV and pulmonary complications; pleural TB in HIV and management of HIV infected patients in the ICU.

Instructions to Authors

Author Guidelines

The South African Respiratory Journal is the official journal of the South African Thoracic Society. The journal accepts submissions relating to both clinical and basic research in the Pulmonology and Thoracic Surgery fields as well as state-of-the-art reviews on any topic related to the scope of the journal. It is important that authors comply with the format specified in these guidelines as failure to do so will result in delayed publication.

Submission of Papers

The South African Respiratory Journal only accepts online submission of papers. Papers should be submitted through the South African Thoracic Society website where there is a link for the South African Respiratory Journal. Authors may then submit their papers after registration with *Editorial Manager*. The relevant links are provided on the SATS website (www.pulmonology.co.za).

As part of the submission process it will be necessary to provide a cover letter which should be used to explain why your manuscript should be published in the journal, to elaborate on any issues and to declare any potential competing interests. You will be also asked to provide the contact details (including email addresses) of potential peer reviewers for your manuscript. These should be experts in their field, who will be able to provide an objective assessment of the manuscript. Any suggested peer reviewers should not have published with any of the authors of the manuscript within the past five years, should not be current collaborators, and should not be members of the same research institution. Suggested reviewers will be considered alongside potential reviewers recommended by the Editor-in-Chief and/or Editorial Board members.

Types of manuscripts that will be accepted include:

Original articles should not exceed 3 500 words although this may be reviewed on a case by case basis. References should preferably be limited to no more than 40. See document layout below for further details.

Brief reports: This should have an abstract of a maximum of 150 words, the total word content of the paper (excluding abstract and references) should be 1500 words, with a maximum of 15 references. The abstract should be structured in sub-headings as outlined above. This should contain a maximum of 1 table and 1 figure, ie. a maximum of 2 inserts (or, 2 figures, or 2 tables).

Case reports: A 50 word unstructured abstract is required. Introduction, Methods/Results section followed by a discussion section. It should not exceed 800 words and should contain only 1 illustration or table, and a maximum of 5 references. The key learning points should be provided in a table with bullet points - maximum 100 words.

Research letter: This should contain a 50 word unstructured

abstract and may be divided into an Introduction, Methods/ Results and a very brief Discussion section. The research letter should not exceed 800 words, and a maximum of 7 references. One insert (table or figure) is allowed.

Editorials may be solicited by the Editor though contributors are invited to submit editorials, or opinion pieces for consideration by the Journal. These should normally not exceed 1500 words.

Reviews: Contributors are encouraged to write to the Editor about possible papers to be considered for review, and where appropriate a review outline will be submitted to experts in the field for consideration before a full review is commissioned. It is expected that an author or authors have substantial experience and track record in the field that the review is about. Reviews should be a maximum of 3500 words unless an alternative word limit has been arranged with the Chief Editor. Contributors are encouraged to include tables and figures in their reviews to keep to the maximum word count. Contributors are encouraged to submit pulmonary puzzles which should not exceed a maximum of 800 words.

The Journal welcomes comments and opinions about the published work, even if they are controversial and differ from the views of the author or the Journal.

Authorship:

Manuscripts must be submitted by one of the authors of the manuscript, and should not be submitted by anyone on their behalf. The submitting author takes responsibility for the article during submission and peer review. All named authors must consent to publication and confirmation of this consent should be noted in the cover letter.

Ethical approval:

SARJ publishes work subscribing to the highest ethical standards. Any work involving human or animal subjects must be approved by the relevant institutional ethics committee. A statement to the effect that the work has been approved by the relevant ethical committee must be provided in the methods section of the paper. Authors should provide evidence of Research Ethics Committee approval of the research where relevant. Authors must accept ethical responsibility for the work submitted to the journal and must agree to address ethical queries raised by the reviewers or the editor, should these arise.

Protection of Patients' Rights to Privacy:

Identifying information should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives informed written consent for publication.

Manuscript preparation:

Manuscripts must be provided in UK English.

There is a limit on the length of articles submitted and authors are encouraged to be concise. There is no restriction

on the number of figures or tables that can be included with each article online, however, authors should keep these to a minimum as appropriate. It is important to note that the South African Respiratory Journal will not comprehensively edit submitted manuscripts for style or language and reviewers may advise rejection of a manuscript if it is compromised by grammatical errors.

Qualification, affiliation and contact details of ALL authors must be provided in the manuscript and in the online submission process.

Abbreviations should be spelt out when first used and thereafter used consistently.

Scientific measurements must be expressed in SI units except: blood pressure (mmHg) and haemoglobin (g/dl). Litres is denoted with a lowercase 'l' e.g. 'ml' for millilitres).

General formatting

The following word processor file formats are acceptable for the main manuscript document:

Microsoft Word

Rich text format (RTF)

Portable document format (PDF)

- Text should be single-spaced
- Type in 12-point Times New Roman font
- Text should not contain unnecessary formatting (Type the text unjustified, without hyphenating words at line breaks and do not format the text in multiple columns).
- Use hard returns only to end headings and paragraphs, not to rearrange lines.
- Capitalize only the first word, and proper nouns, in the title.
- All pages should be numbered.
- Do not use lower case letter 'l' (el) for '1' (one) or 'O' for '0'.
- Be consistent with punctuation and only insert a single space between words and after punctuation.
- There should be no space between numbers and <, >, %.

Illustrations and tables

Acceptable file types (authors must be wary of image compression):

EPS

PDF

TIFF

PNG

JPEG

Illustrations and graphs prepared in Microsoft PowerPoint or Excel are not acceptable.

It is the responsibility of the author/s to provide consent to republication obtained from the copyright holder for all tables or illustrations previously published elsewhere.

Tables should be provided as 'supplementary files' and must be numbered in Arabic numerals (1,2,3...) and referred to in the text (e.g. 'Table 1'). Figures must be numbered in Arabic numerals and referred to in the text e.g. '(Fig. 1)'. Figure legends should be listed at the end of the article. All illustrations/figures/graphs must be of high resolution/

quality: 300 dpi or more is preferable (a minimum of 250 dpi is required and images must not be resized to increase resolution. Unformatted and uncompressed images must not be embedded in the manuscript and must be attached as 'supplementary files' upon submission.

Document layout:

Manuscripts submitted should include the following:

Title page
Abstract
Keywords
Introduction
Methods
Results
Discussion and Conclusions
List of abbreviations used
Conflict of interest
Authors' contributions
Acknowledgements
References

Title page

The title page should provide the title of the article, list the full names, institutional addresses and email addresses for all authors and indicate the corresponding author

The title should include the study design and abbreviations should be avoided.

Abstract:

Please provide a structured abstract. This should not exceed 250 words and should be broken down into the following recommended headings: Background/Objectives, Methods, Results, and Conclusion. Please make sure that the conclusions in the abstract are backed up by the data presented in the abstract results section. Abbreviations should be avoided as far as possible and no references should be cited in the abstract.

Keywords

Please provide three to ten keywords representing the main content of the article.

Introduction

This should be concise, reflect the underlying hypothesis or idea being tested, and in general should not exceed a maximum of 500 words.

Methods

Authors should endeavour to keep this to a maximum of 600 words depending on the type of article. It should include the design of the study, the setting, the type of participants/materials involved, a description of interventions and comparisons and the type of analysis used. Information about ethical approval and consent should also be detailed here.

Results

This may be broken into subsections with short headings.

Discussion and Conclusions

This should state clearly the main conclusions of the research and give a clear explanation of their importance and relevance.

Conflict of interest:

All authors are required to declare all sources of support for the research and any association with a product or subject that may constitute conflict of interest. If the author does not have any conflict of interest to declare this should be stated (eg. 'The author(s) declare that they have no competing interests'). Forms are available on the website and should be submitted via Editorial Manager.

Authors' contributions

Authorship should be based on substantial contribution to:

1. conception, design, analysis and interpretation of data;
2. drafting or critical revision for important intellectual content; and
3. approval of the version to be published.

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You're in safe hands

Netcare Christiaan Barnard Memorial Hospital

300 life saving heart procedures and counting

Friday, 16 March 2012: A Cape Town based medical team has once again placed the city of Cape Town at the forefront of international medicine, having completed more than 300 life saving heart procedures using a robotic catheter system. This is the highest number of procedures of this kind ever performed in the world.

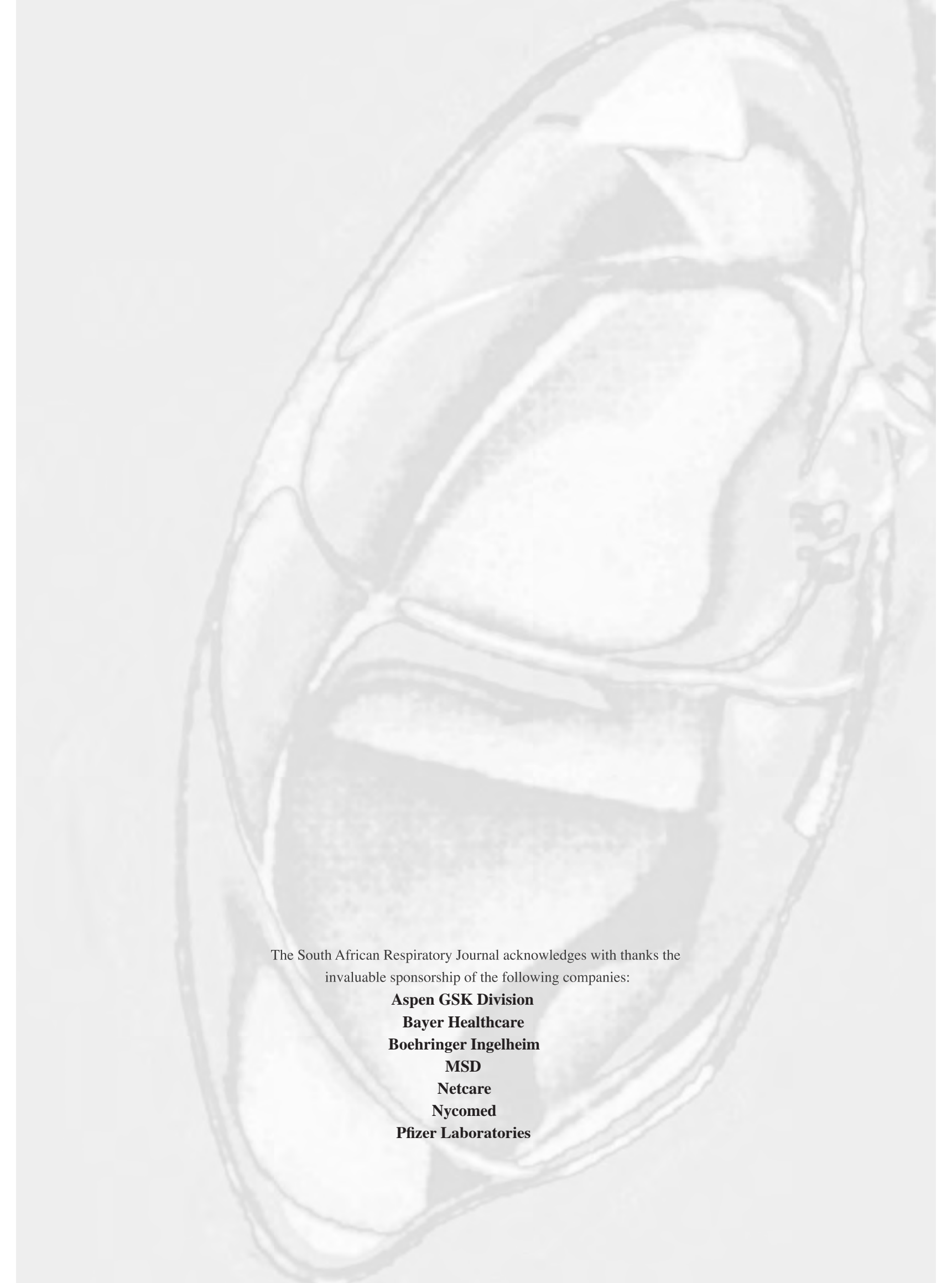
Dr Faizel Lorgat, an interventional cardiologist practicing at the Netcare Christiaan Barnard Memorial Hospital in Cape Town, specialises in the treatment of heart rhythm disturbances or arrhythmias. Dr Lorgat and his team have now completed more than 333 arrhythmia procedures using the state-of-the-art Sensei Robotic Catheter system, which was introduced at the hospital in September 2009.

The Netcare Christiaan Barnard Memorial Hospital was the first centre in the Southern Hemisphere to use the Sensei Robotic Catheter system and it remains one of only two centres (the other is in Australia) to utilise this cutting edge technology. Dr Lorgat's vision of transforming Netcare Christiaan Barnard Memorial Hospital into an international referral centre for the treatment of arrhythmias has become a reality and today it treats patients from around South Africa and the sub-continent.

Dr Lorgat explains that the Sensei Robotic Catheter system allows 'short circuits' in the heart to be destroyed with a heated catheter tip. This enables the heart's rhythm to return to normal, reducing the need for other treatments such as pacemakers and drugs. He says the robotic system allows greater control over the catheter compared to the manual techniques that have traditionally been used.

The electrophysiology unit at the Netcare Christiaan Barnard Memorial Hospital is becoming known for its firsts. The Sensei Robotic Catheter system has never been used before to treat arrhythmias in the ventricular tachycardia of the heart. Dr Lorgat is the first cardiologist ever to perform this procedure with this technology, and has already successfully treated six patients.

Dr Lorgat says that the Sensei Robotic Catheter system has "already withstood the test of time and proved itself a major advance in the treatment of heart rhythm disturbances". He suggests that the efficiency of the system should see it becoming standard equipment for the treatment of electrical problems in the heart.



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