

# »» The CSANZ Annual Scientific Meeting and ANZET Meeting 2018

**Gisela A. Kristono**  
Wellington School of Medicine  
Otago Medical School  
University of Otago

**Evelyn B. E. Lesiawan**  
School of Medicine  
Faculty of Medical and Health Sciences  
University of Auckland

- Gisela is a 4<sup>th</sup> year medical student in Wellington who has had the privilege of doing her intercalated PhD with the Wellington Cardiovascular Research Group. She tries to maintain some of her hobbies outside of medicine and research, such as card making.
- Evelyn is a 6<sup>th</sup> year medical student who will be based in Whangarei in 2019. Outside of medicine she enjoys cooking, photography and café hopping.

## The Cardiac Society of Australia and New Zealand Annual Scientific Meeting and Australia and New Zealand Endovascular Therapies Meeting 2018

2–5 August 2018  
Brisbane, Australia

The first half of August was quite an important time for the cardiology community; rivaroxaban became funded in New Zealand and the Cardiac Society of Australia and New Zealand (CSANZ) updated its 2011 Heart Failure Guidelines. Perhaps most excitingly, early August signified an opportunity to attend the CSANZ Annual Scientific Meeting and the Australia and New Zealand Endovascular Therapies (ANZET) Meeting in Brisbane.

The CSANZ Annual Scientific Meeting is a conference where healthcare professionals and researchers can present their work, learn about updates in the field of cardiology, and have a chance to network. The majority of the delegates were from Australasia, but it was an international conference with speakers from the United States and Europe. The ANZET Meeting was held concurrently with the Australasian CSANZ conference. In previous years this was part of the CSANZ conference, but, with the growing field of interventional cardiology, organisers decided to host an inaugural conference dedicated to this evolving subspecialty.

CSANZ and ANZET comprised of separate academic sessions and combined social events that included a welcome reception, dinners, a poster session, a cocktail night, and a “wellness walk” to maintain participants’ cardiovascular health. The academic sessions for CSANZ were often divided into streams that occurred concurrently, catering for a wide range of interests. These topics included clinical, basic

sciences, imaging, heart failure, arrhythmia, paediatrics, and multi-disciplinary. The ANZET conference was mainly aimed at challenging clinicians with difficult clinical scenarios through live case sessions from various Australian hospitals. ANZET also provided different topics such as imaging, latest devices, and those currently being developed. What was unique about this conference was that they offered practical workshops for hands-on experience of infrequently used devices. Both CSANZ and ANZET had mini-oral presentations that occurred during the lunch breaks and poster session. Evelyn Lesiawan presented at the poster session, while Gisela Kristono presented at one of the mini-oral sessions.

Many aspects of the meetings surprised us when we compared them to conferences that we had attended in New Zealand. One factor was the size of these two meetings – there were over 18,000 delegates in total! It was mind-boggling to see such a large number of people who were all interested in one medical specialty. Instead of free pens, many of the stalls had baristas serving free coffees, which was certainly a clever incentive to attract doctors. The coffees were also a much-needed perk, as some of the days started with breakfast sessions very early.

We were able to attend these meetings due to our involvement in cardiology research projects, and it was amazing to see the volume and variety of research being presented. There were sessions on summaries of clinical trial findings, discussions that were based on past studies, and talks on speakers’ basic science or clinical research projects. CSANZ also had a greater focus on genetics this year, highlighting the increasing role it plays in clinical cardiology. One memorable presentation was a research project that used zebrafish to look at the role of the TTN gene and its protein in dilated cardiomyopathy, an often hereditary condition that can lead to heart failure.

The academic sessions broadened Gisela’s knowledge in cardiology, which was previously only made up of her pre-clinical learning and her research project. She saw images from an optical coherence tomography for the first time and learned which nutraceuticals were most effective for lowering cholesterol levels. There were many interesting research projects that were presented such as creation of a microwave transcatheter to ablate the renal nerve, which has been shown to affect blood pressure. There were also a few talks that were more generalised and directly applicable to us as medical students, one of which was on well-being and one on maximising your chances of publication in academic journals. The well-being talk was novel, as it included topics rarely discussed in student well-being talks.

One of these was how we all had a role to play in influencing the culture of our workplace, which has been underestimated in how it affects our colleagues' attitudes and well-being. It was reassuring to see that well-being was being discussed amongst doctors as well as medical students.

A unique feature of the ANZET conference is their live case sessions where the Prince Charles Hospital, Brisbane; Royal North Shore Hospital, Sydney; and Royal Victoria Hospital, Belfast would present their challenging cases to a room of health professionals. Following the presentation they would propose a question to the room and ask everyone to cast their answers through the conference application on their phones. This was followed by a discussion throughout the room. It was fascinating to see the different perspectives from varying clinicians regarding how they would manage the same patient or how they would navigate through difficult procedures. Despite how interesting this conference was, it was difficult to follow these cases as the hospital representative presented the most challenging cases they encountered to gather other clinicians' thoughts regarding particular scenarios.

Evelyn was fortunate to attend the wet lab workshop which was an extensive session learning about cardiac anatomy. What was particularly useful about this session was that at each stage of the dissection process the corresponding echocardiographic view was presented. The various views provided by this imaging technique reinforced the learning. Additionally, the session highlighted the aortic valve anatomy in relation to transaortic valve replacement, which is a growing procedure carried out in interventional cardiology. The wet lab workshop was helpful for supporting our knowledge of cardiac anatomy, especially the relationship between the different aspects of the heart.

Both CSANZ and ANZET had prizes for research and case presentations. One of these prizes was the Geoff Mews Memorial ANZET Fellows' Prize for the best case presentation given by an interventional fellow. Five finalists presented at ANZET, one of whom was Dr Ben Wilkins, an interventional fellow from Wellington Regional Hospital. He presented a case of a 67-year-old man with no previous cardiac history, who, during the procedure, developed thrombosis in the guide catheter and stents they deployed to treat his lesion. Administering heparin to counter this was not successful, but bivalirudin proved effective. We were proud that Dr Wilkins, being the only New Zealand finalist, took home the prize.

CSANZ and ANZET ended their academic programmes with a very useful joint session: "What's hot and happening: coronary artery disease, valvular heart disease and beyond!". Speakers from each stream gave a summary of current knowledge and what the upcoming management options of several conditions were. This was a thought-provoking session where experts highlighted the benefits and limitations that clinicians needed to consider when using different drug therapies and devices. Cardiovascular medicine is an evolving field and the specialty has several innovations currently in development for the diagnosis and treatment of several conditions. Unfortunately, many of the new therapies discussed are not available in New Zealand. However, attending this conference has made us aware of these treatment options for when they do become available in New Zealand.

Although at times we may have felt out of our depth, these meetings were an incredible experience and they were a privilege to attend as a medical student. Overall, this conference was a strong reminder of the importance of research for advancing our medical knowledge and techniques. We would highly recommend CSANZ and ANZET to any medical student interested in this field, as these two meetings definitely sparked our interests in cardiology.

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## Conflicts of Interest

Gisela is the 2019 Deputy Editor for the NZMSJ. This article has gone through a double-blinded peer review process applied to all articles submitted to the NZMSJ, and has been accepted after achieving the standard required for publication. The authors have no other conflict of interest.

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## Correspondence

Gisela Kristono: [krigi086@student.otago.ac.nz](mailto:krigi086@student.otago.ac.nz)