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# APE 2023

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This document provides a short summary of presentations at the 2023 SilverStar Conference. It is intended to be an aide-memoire for those who were there, and an indication of the sort of topics addressed for those who were not.

## Recovery (and Après Recovery...)

The theme was proposed (thank you Jo!) as we were returning from the 2020 conference and coming to grips with the trauma of the bushfires that had swept the East Coast of Australia from October 2019 through the beginning of 2020. Of course we had little idea that after the fires we'd be dealing with a pandemic that would keep us apart for a couple of years.

COVID had us wondering about the future of APE. With travel and face-to-face meetings not happening for a couple of years we started to question the future of an international conference. We asked whether it is worth it for the participants, for the organisers and for the wider community. We wondered if we should be looking at substitutes that are less likely to be influenced by global factors such as travel restrictions. In the end, we could not see a substitute for APE in SilverStar. The APE in SilverStar experience gives us the balance of sharing new ideas, engagement through adventure, and amazing geography. This same logic is playing out with other meetings - for example, the week after APE 2023, we saw the World Economic Forum meeting in Davos again. There is widespread relief and acknowledgement of the power of face-to-face meeting. We're hoping that 2024 will bring even more recovery and fresh ideas.



The convenors -Dr Vida Viliunas, Dr Rod Katz

## Introduction to SilverStar - Past, Present and Future

We were honoured to have Norman Kreutz welcome us to SilverStar. Norman is known around the world for his contribution to snow sport. As head of the Snow Sports School at SilverStar, he is integral to its reputation as one of the world's best training grounds for instructors, as well as for being a highly rated ski resort. Norman of course also skis like a god!



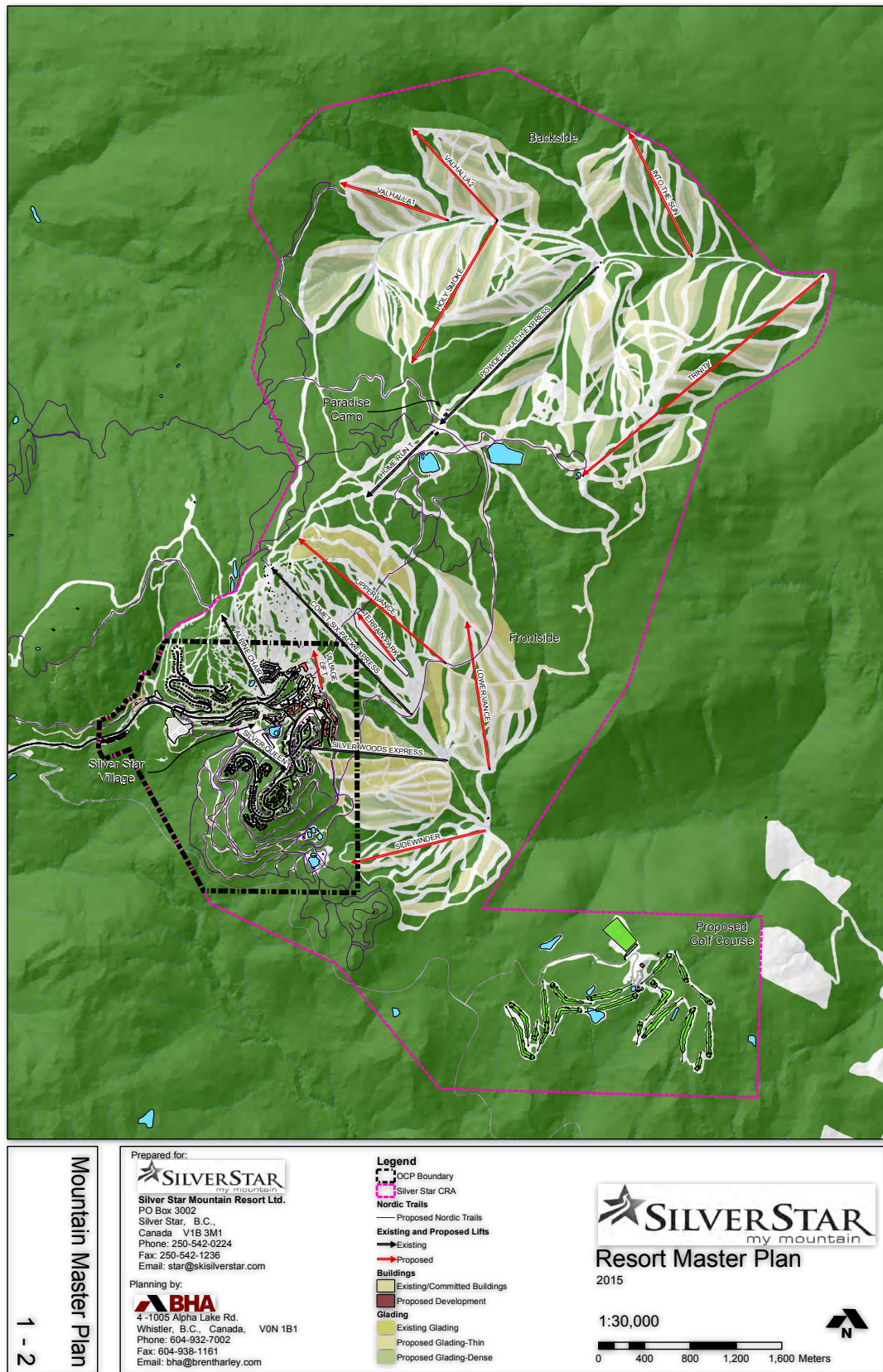
Norman was able to give newcomers and regulars alike an insight into the approach taken by POWDR to the management of its ski resorts and SilverStar in particular. The history of POWDR and its owner / executives is illuminating. They have all got history as “users” of resorts and adventure products. This includes its founder and CEO, John Cumming, who was a celebrated mountaineer, his wife who was a US Olympic ski team member and Herweg Demschar the recently appointed GM of SilverStar who was a coach for the Austrian ski team among other things.

Norman identified many of the key selling points of the resort - the snow quality and consistency, the variety and extent of the runs, the design of the village with its distinctive approach to colour and ski-in-ski-out ubiquity. He noted the length and pitch of some of the black runs as being unparalleled (pardon the pun). Also of note is the sense of community associated with the resort. There is a very loyal group of residents and visitors with a shared love for SilverStar.

The future of SilverStar is sketched out in the Resort Master Plan and SilverStar regulars wet their lips at the prospect of all the additional lift capacity indicated on the map in Figure 1. When it comes to identifying where investment should be prioritised there are apparently different thoughts. Of course justifying investing in new lifts requires a strong trend in visitor numbers.

Supporting Norman's introduction to the mountain was Simon Marks KC. Simon has been a regular at SilverStar for many decades - one of the many acolytes brought to the resort by Norman's reputation.

**Figure 1. Extract from SilverStar Master Plan**





## Professor Paul de Souza - Après COVID: The Long Game



Prof Paul de Souza is the University of Western Sydney's (UWS) Foundation Professor in Medical Oncology. He graduated from Sydney University in 1986, completed his Medical Oncology training, received his Fellowship of the Royal Australasian College of Physicians in 1992. He was Assistant Professor of Medicine at the University of Virginia. In 1997 he founded the Clinical Trials Unit and a research laboratory at St George Hospital dedicated to developing new drugs and approaches for the treatment of urological and other cancers. Since moving to Liverpool Hospital in 2011, he continues to be involved in laboratory and

translational cancer research at the Ingham Institute.

This fascinating presentation takes us through some of the literature on Long COVID. This subject is very much at the top of mind as we move into a new phase of living with COVID19. The first study to be discussed is a meta analysis of over 1400 studies from Shin Jie Yong and Shiliang Liu (2022). The study suggests inclusion criteria based on

symptoms occurring in a period greater than 3 months after a negative PCR test post COVID diagnosis. The range of symptoms includes a myriad of conditions affecting practically every organ and bodily system. The Yong and Liu study classifies 6 subtypes of long COVID with potential therapies for each. The approach taken by Reese et al. (2023) builds on this. It harnesses the power of big data to examine approximately 14million health records for semantic similarities and then clustering sufferers of Long COVID into 6 clusters broadly in line with the Yong and Liu classification. This approach is fascinating as an insight into the future of epidemiology using big data and machine learning. Another literature review by Lauren L. O'Mahoney et al. (2023) examines 194 studies of more than 100 patients for a total of more than 735,000 patients. It ranks the symptoms attributed to Long COVID with the most prevalent being "fatigue / weakness". Paul discusses the potential roles of the immune system in Long COVID and associated factors from biological to psychological, through social and experiential. In summarising he notes that symptoms are extremely variable, the mechanisms are unclear, the role of psychological and social factors interacting with tissue inflammation is poorly understood and ongoing complications and treatment are also unsettled.

## Dr Sharon Tivey - Specialist exams during COVID: Who recovered?

Sharon Tivey is an anaesthetist, working mainly in the public hospital system. Her undergraduate training was at The University of Sydney followed by postgraduate training in Sydney and Virginia, USA. She enjoys teaching, is a Conjoint Senior Lecturer at the University of NSW, a Supervisor of Training (Anaesthesia) and is the immediate past chair of the final examination committee with the Australian and New Zealand College of Anaesthetists (ANZCA).



Sharon describes the effects of the Pandemic on the running of the Anaesthesia final exams. She does this having recently vacated the hot-seat of chair of the final examination committee. She considers the position of the trainees, examiners, organisers, local supervisors, training hospitals and private hospitals. The exams involve 150 to 200 candidates, 90 examiners across Australia, Hong Kong, and New Zealand, subcommittees for the final exam and for each exam section and exam assessors. The weight of responsibility towards all these stakeholders falls heavily on the Committee Chair. They need to ensure the welfare of the trainees including through maintaining the standard of the exams, meet the AMC requirements for quality and match up with the curriculum, all while considering the workload and welfare of the examiners, volunteer patients, College staff and Council. This responsibility felt particularly heavy for Sharon when stories and statistics about COVID were emerging, especially from Italy, in the early months of 2020. This led to the decision to cancel the exam scheduled for 14 March 2020 - ANZCA was the first College to cancel an exam due to the infection risk. The reaction to this decision was an early indicator of some of the vitriol that would follow as the exam committee attempted to keep things on track. Another phenomenon to emerge at this early stage of COVID was the, soon-to-be ubiquitous, Zoom meeting. Many of these were held to discuss how to manage subsequent exams as the desperation of trainees was weighed against the risk profiles and feasibility of alternative options. The feasibility concerns were compounded by failures of the Physicians and Psychiatry exams due to technology breakdowns. These highlighted the need for abundant and effective communication which was carried out at significant cost and emotional burden. The anaesthesia exams eventually were completed in 2021 despite lockdowns being announced for Melbourne the day before the May exams and many other COVID-safe requirements. The ill-temper directed at the exam organisers, especially on social media, has left enduring scars. But the scarring has created a new understanding of what is possible with the technology available and what responses can be expected in the face of “unprecedented” events.

## A/Prof Andrew Stevenson - Recovery from colorectal surgery

Andrew was previously the director of the Colorectal Surgery unit at Royal Brisbane Hospital and is Associate Professor at the University of Queensland. He has been at the forefront of clinical trials of different surgical approaches to colorectal cancer treatment and is internationally recognised as a leader in his field.



Recovery from surgery has been a long standing focus for colorectal surgeons. It goes back to at least the turn of last century. Today, it is recognised that successful recovery starts with pre-habilitation. It continues through the use of minimally invasive surgical (MIS) techniques and the increasing use of robotics, especially from 1997 with the AESOP robot and from 2010 the Da Vinci. The goal of many of these techniques and technologies is to minimise anastomotic leaks and damage to adjacent structures. As laparoscopic techniques have improved there are proportionally less open procedures being carried out. Pre-habilitation has increasingly been a question of weight reduction and many patients are recommended an Optifast diet in the lead up to surgery to improved the outcome and speed up recovery. Some of the other steps taken to ensure patients are put on a course to a full and rapid recovery include; table set-ups that minimise the downward head tilt and thus cerebral oedema, and warm CO<sub>2</sub> to inflate surgical sites to lessen post-op pain. Damage to adjacent structures is also minimised through intra-operative imaging. Andrew uses video to vividly show the use of Indocyanine Green (ICG) dye in identifying structures to avoid or target when carrying out colorectal surgery. A particular focus for improved recovery is the repair of rectal prolapse. This is a relatively common condition with severe morbidity. New techniques using an anterior approach, substituting grafts for mesh and increasingly involving robotic assistance have shown great promise in improving outcomes and recovery for these patients. This shows the way for a future where technologies such as AI will increasingly aid in the surgical treatment of conditions, many of which have been difficult or impossible to treat up until now.

## Dr Tim Hassall - Can ctDNA monitor recovery from brain cancer?

Senior Staff Specialist in  
Paediatric Oncology  
Department of Haematology/Oncology  
Children's Health Queensland. Board member of the Children's  
Brain Cancer Centre (CBCC) foundation.



Survivors of childhood cancers often have poor recoveries. This is part of the reasoning for the formation of the CBCC. There is still a long way to go before there is a cure for children's cancer but there is progress with some cancers, such as Medulloblastoma, where radio and chemotherapy have significantly increased survival rates. Sadly these survivors often still have poor recovery. One avenue for development of treatments is the tumour bank funded by the CBCC. This assists in the diagnosis and surveillance of primary paediatric brain tumours. It gives the ability to carry out genomic analysis for identifying and classifying tumours. Increasingly, the limitations of cytology using tissue samples is being recognised. Liquid biopsy shows promise in expanding the ability to monitor the presence of cancers. It obviates the need for painful and invasive tissue collection. Techniques of analysing circulating tumour DNA (ctDNA) in blood, CSF and urine to detect the presence of tumour cells are improving. Techniques such as whole genomic sequencing (WGS) allow identification of specific tumour mutations but are very expensive. Alternative techniques, such as whole exome sequencing (WES) are being used instead and are shown to be good approximations for the more expensive techniques. This may allow more widespread personalisation of treatments and monitoring of patients for improved recovery.

## Dr Vida Viliunas OAM - Recovering relationships: Difficult patients and customers

Vida is an anaesthetist practising in Canberra. She has a wide range of extra curricular interests and activities and is particularly active in training anaesthetic registrars in preparation for college exams.



A high proportion of people have to deal with difficult customers and patients. There are many other conflicts that arise with people within and without one's own organisation. This presentation identifies some of the types of frustrations that can occur and attempts to identify who is difficult, why they are difficult, what sorts of behaviours constitute difficult, how to manage these behaviours and solve the problem for the patient or customer. The scope of the presentation lends itself to many illustrations drawn from famous movies such as Planes Trains and Automobiles where Steve Martin unleashes his frustration in a stream of F-bombs. One simple mnemonic for addressing the difficult is LEAST: Listen, Empathise, Acknowledge, say Sorry, Thank. Vida illustrates the elements of this approach with experience from her own practice.



## A/Prof Darren Mansfield - Better Sleep: A long overdue prescription for recovery

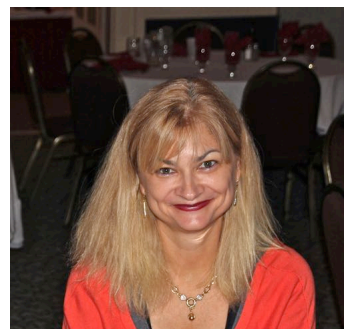
Darren is deputy director of Respiratory Medicine at Monash Health. He completed a PhD in sleep disorders looking at the interaction of sleep disordered breathing and heart function in patients with congestive heart failure. Darren's subject generates extensive discussion as people question him about their personal experiences with family and friends suffering disordered breathing during sleep.



Sleep is under-rated as a public health issue. The 2019 study by Deloitte, in response to a parliamentary inquiry, calculated the cost of sleep disorders at \$66Billion. Three major disorders are sleep apnoea, insomnia and circadian disorders. Focusing on insomnia, one can identify a number of pre-disposing conditions including exogenous and endogenous factors. Endogenous conditions such as “busy brain” are very common and are susceptible to treatment. Darren describes some of the pre-disposing factors and more effective treatments, both medicinal and behavioural. Societal factors from artificial lighting and the printing press have had a disruptive effect on sleep patterns. These disruptions are duplicated today with electronic devices. Darren manages a lively discussion about the role of aging on sleep requirements, so called “hero” sleepers who claim to get by with just a few hours sleep, the use of melatonin to assist head injury and older patients to address lack of sleep and technology to monitor sleepiness through eye movement analysis.

## Dr Kirsten Bailey - Falls in the Elderly: Any prospects for recovery?

Dr Bailey is a Fellow of the Australian Faculty of Rehabilitation Medicine. She practices as a Consultant in Rehabilitation Medicine at several public and private facilities in Newcastle with a special interest in Musculo-Skeletal medicine.



Kirsten discusses the costs and causes of falls in the elderly, and the implications. Falls are the highest cause of death in the over 65 population. Intrinsic factors include weakness, gait abnormality, balance deficits, visual and cognitive impairment, and, neuromuscular disease. Extrinsic factors include hazards such as stairs, mats, bed placement and chair types, poly-pharmacy and inappropriate gait aids - there is, anecdotally, an increase in falls shortly after Aldi sales of gait aids! Possibly the most effective interventions for falls prevention are group exercise programs. These provide social and physical benefits including possibly reducing sarcopenia (muscle loss associated with aging). Other treatments include vitamin D supplementation, cataract surgery, pacemakers, and balance and strength exercise. It is important to be aware of the sequelae of falls in the elderly including; loss of confidence, social isolation, hospitalisation, fractures, and increased admissions to aged care facilities. They are strongly associated with mortality at one year. For those involved in the care of the elderly it is important to only treat what you can - there is a tendency to over treat, both pharmaceutically and with too many devices. We need to be aware of quality of life and pay attention to nutrition - often a simple Sustagen supplement might be most effective.

## Brett Dillon CFP - Financial planning: Don't let uncertainty derail retirement planning

Brett Dillon is a Partner of a boutique advisory business Saige Financial Planning and the Director and Responsible manager of their own license issued by ASIC, BD Financial Advisory Pty Ltd. He is also a member of the Association of Independently Owned Finance Professionals. This has proved to be a good move in light of the Royal Commission! Brett creates an achievable, goal-oriented strategy that is specifically tailored to meet short-term and long-term lifestyle aspirations taking into account investment and other risks. Brett has a diverse client base including medical specialists, GP's, business owners, retirees and expat clients. He enjoys helping clients to solve their financial complexities and to grow and protect their wealth. They can then focus on spending time doing the things that are important.



The start of 2023 is being approached with some apprehension by many of Brett's clients. This is being fed by a sense that borrowing through the pandemic has been essentially "free" and asset prices have inflated to create an overhang. As we have been coming out of the pandemic we've seen eight RBA rises in interest rates to create a more "normal" relationship between bonds and equities. What has been perceived as increased volatility in equity markets is really not that remarkable when viewed over a longer historical perspective. The dramatic increases in prices of things like fuel and the drop in many tech stocks have made us all aware that there are no certainties. However, there are strong probabilities about growth in values over the longer term. The role of financial planning can be reduced to controlling what one can control to maximise the chances of meeting one's longer term objectives. Here, there are a number of areas of focus: Firstly, getting investment structures right (be that through SMSF, investment companies, trusts etc.) and trying to ensure that income is earned in the most suitable entity. Secondly, having an appropriate asset allocation based on one's specific situation including factors such as age, size of investment portfolio, lifestyle spending aspirations etc. A useful distinction is between strategic decisions that will typically be for a longer term versus tactical decisions that are driven by opportunities perceived to be available currently, or immediate threats. Asset allocation drives the majority of returns. Other factors, the tactical decisions, are more marginal. Brett discusses the effect of "Black Swan" events and the need to stress test portfolios to accommodate these. He notes the importance of dividends as a safety net for

portfolios - much of the growth in a portfolio comes from dividends and selecting dividend paying stocks is a useful tactic. He notes that it is important to consider protection strategies including wills and powers of attorney. A great deal of discussion was generated by the statistics on contested wills - half of wills are contested and 75% of those challenges are, at least partially, successful.



## Dr Rod Katz - Recovery and AI disruption



Apart from convening APE conferences, Rod enjoys working for not for profit entities with a special interest in transport and safety. Much of his life has been spent thinking about, and occasionally riding, bicycles for transport. He completed degrees in economics and law before a ten year phase working in banking and finance, both as a banker and in corporate treasury. A scholarship opportunity to return to university proved too attractive and he completed a Masters and PhD at the University of Sydney School of Business with a thesis on econometric modelling of demand for bicycle use.

The initial idea for this closing conference presentation was to look at great recoveries through history from the literal recovery of people from deep underground, such as the Beaconsfield Mine disaster and the Thai soccer boys and the heroic cave divers who saved them. However, it was too tempting to reflect on the conference theme in terms of the current economic situation and predictions of some of the more persuasive commentators such as Nouriel Roubeni. In addition, it was timely to discuss the prospect of AI changing much of what professionals do. It's hard not to compare the impact of tools like Chat GPT with the changes wrought by search engines like Google. The background, ownership and capabilities of Chat GPT are illustrated by live queries using Chat GPT. As an example, the tool is able to write up a closing address for a conference with the theme "Recovery" and answer a Year 12 assignment in a matter of moments. The initial reaction to such "magical" technology is often tinged with fear at the disruption that it might entail. However, there is also great excitement about the possibility of increased productivity. [This](#) recent piece from the Conversation provides useful examples of how Chat GPT can be used to the benefit of teachers, trainers and students.



