

SUSTAINABILITY
REPORT
2013



A.C. Camargo
Cancer Center



60 years ago
the first
cancer center
of Brazil

SUSTAINABILITY
REPORT
2013



A.C. Camargo
Cancer Center

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AN INSTITUTION BASED ON SUSTAINABILITY

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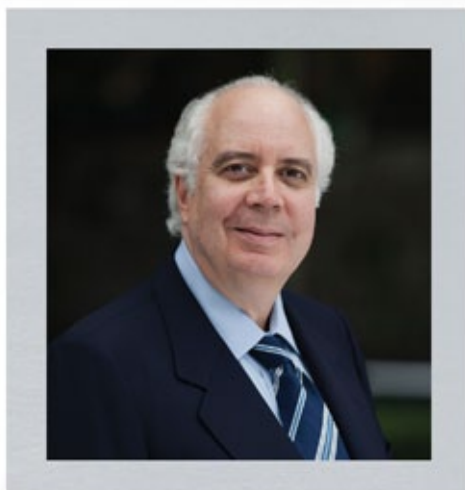
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READY FOR NEW CHALLENGES

GRI
1.1
1.2

Founded 60 years ago with the view that quality prevention and treatment would be a solution for cancer, A.C. Camargo entered the international arena with the priority of training professionals and generating scientific knowledge.

We began 2014 with the unsettling news that there would be no real prospect of reducing the incidence of cancer in the world, particularly in developing countries such as Brazil.

A study published by IARC, International Agency for Research on Cancer of the World Health Organization, points out that 14 million people are diagnosed with cancer each year and that number will increase to no less than 22 million new cases in the coming decades. This means that in the next 20 years approximately 1 million people will be diagnosed with cancer each year.

The IARC informs us that the incidence of cancer is increasing two times the rate of increase of the world population. They also reveal that deaths from cancer will surpass 8 million per year. This increase will be even greater for breast cancer, which victimizes almost 600,000 women per year.

When addressing the needs of today we see that resources are scarce, particularly in Brazil, and we can only imagine what the situation will be in the next two decades? Efficient diagnosis and high quality treatment, alone, will not solve the problem. We urgently need to implement effective prevention policies, continue the stimulus to stop smoking, provide vaccinations against cervical cancer and hepatitis B, and advocate awareness of industrialized foods and obesity. In short: we must promote a healthier lifestyle.

It was with this view of prevention, early diagnosis and effective treatment that the institution was built on 60 years ago. At that time, Brazil was not an integrated center for teaching, research and treatment of cancer. Cancer was a disease that was not a priority for universities, nor did the government give it the attention it deserved. Then, in 1953 Antônio Prudente provided the framework for effective steps to be taken against the disease in Brazil. He established the first school of residency in Oncology without the involvement

of a university. He also introduced oncological science with the development of research that changed the path of cancer treatment in the world. This included breast conservation surgery – created and practiced in this institution since the 70s by the noted surgeon Valentim Gentil, who later implemented new procedures such as quadrantectomy; and installed a new approach, utilizing a physical infrastructure and technology, which provided a more humane treatment, geared towards the individualized needs of the patient.

With the engagement of São Paulo society, which inspired the generations that today lead this institution, we built the foundations for an oncology based on scientific knowledge and the continuous improvement of techniques, education and training of its professionals. Today, we are proud to have achieved a level of excellence that few health institutions in the country have conquered.

As pioneers, we have graduated almost half of the oncologists in the country today, who are providing the public with medical care of the highest quality. Our scientific research started with the tumor bank in 1953, the only one of its kind in the country for decades. Scientific research at the institution now receives an annual investment of over R\$ 20 million and attracts partnerships with the leading international cancer research and treatment centers, resulting in quality scientific production for over a decade. This achievement along with the post-graduate program *Stricto Sensu*, has earned the institution one of the highest evaluations from of the Ministry of Education / CAPES in National medicine. Doctors and teachers who have graduated from the institution are now leaders in oncology education in the country. It is also important to note that the number of cancer patients treated and their success rates are matched only by the major U.S. institutions.

With its philanthropic tradition and practice of effective care for all, the Antônio Prudente Foundation in 1973 planted the seeds and gained momentum, especially in the last decade, achieving economic and financial sustainability rarely seen by a Brazilian hospital. With its own resources, A.C.Camargo has more than tripled their care during the period and has renovated 100% of its facilities and equipment. At the same time, we have been practicing medicine at the frontiers of knowledge on a daily basis, and combining it with the oncological research developed at the institution.

So we come to the year 2014 addressing the challenges around the world in the fight against cancer, with an ongoing commitment to sharing with other health centers in Brazil and abroad the best practices for prevention, treatment, education and cancer research. Our focus in the coming years is the institution's continuous and sustainable growth - and conquering new challenges for the betterment of all of Brazilian society.

José Ermírio de Moraes Neto

Chairman of The Board of Trustees - Antônio Prudente Foundation



PROFILE OF THE A.C.CAMARGO CANCER CENTER



60 years

Antonio and Carmen Prudente received friends and authorities during the construction of the main building of A.C. Camargo in the early 50's.



A.C.CAMARGO CANCER CENTER: FOCUS ON BRAZIL

During the 1930s cancer was beginning to spread throughout Brazil, killing more and more people. For some in the area of public health, this was cause for concern. For others, it was a disease with “no solution” and did not deserve large investments.

Antonio Prudente, age 26, already a prestigious surgeon, who graduated from the Faculty of Medicine, USP, wrote in 1933 in the newspaper O Estado de Sao Paulo, a series of five articles in which he argued that the disease was growing alarmingly, but that a cure was possible if the country paid attention to prevention, early diagnosis and skilled treatment. It was therefore necessary to implement a national policy for prevention, advancement in research, and training of specialists that met the needs of the entire population without prejudice.



Detail of the Architect Rino Leve design, awarded in New York years later, and a view of what today is the back of the A.C. Camargo Cancer Center. Bottom, the addition of a new wing of the central building, which opened in 1973.



Twenty years later after World War Two - with Antonio and Carmen Prudente traveling back and forth to Europe and the United States in search of new models, the A.C. Camargo Hospital opened its doors in 1953. From students to teachers, and various small and renowned entrepreneurs, much of São Paulo mobilized to realize the couple's dream.

In the last six decades, the A.C. Camargo Cancer Center graduated almost half of the experts who currently work from the North to the South of Brazil; contributing significant achievements in the area of cancer science in the country and treating more than 700,000 patients with cancer. Its central role in the development of oncology in the country is now shared with institutions around the world.



Profile of the A.C.Camargo Cancer Center

COMMITMENT TO SUSTAINABILITY

GRI
2.1
2.2

The A.C.Camargo Cancer Center achieved exceptional performance results in 2013. Our commitment to sustainability demonstrates our determination to be a leader in the creation of value for the institution and society.

Despite an unstable economic environment, our financial viability has increased significantly. We have seen a 29% increase in revenue, a result of our quality of service which is always ready to meet the growing demand. The hospital has attended to a total of 3.4 million patients, of which 61.4% of them falling under the Unified Health System (SUS). Investments of approximately R\$ 61.6 million have been dedicated to the reform and amplification of the infrastructure. Because of our commitment to sustainable growth we achieved the ISO 14001 certification and maintained the Accreditation seal of Canada. The Professor Ricardo Renzo Brentani Tower received the highest level of accreditation from the National Accreditation Organization (ONA), demonstrating that the complex continues the excellence of the A.C.Camargo Cancer Center. In addition, this has been the fifth time the institution was named in the ranking of “The 150 Best Companies to Work For - Guia Você S/A – Exame,” an achievement that demonstrates our commitment to the institution and our employees.

Our tireless concern for the satisfaction of our patients has inspired our efforts for 60 years. Thus, in 2014, we are determined to improve all of our activities and move forward with new developments that will accompany the evolution of A.C.Camargo with leadership based on integrity and efficiency.

The Administration

Mission, vision
and values

UNIFIED FORCE FOR LIFE

GRI
4.8

Periodic reviews of values, goals and conduct of the A.C.Camargo Cancer Center drives the organizational culture and guides the daily lives of its employees.

mission

Combat cancer from patient to patient.

vision

A Cancer Center universally recognized for its excellence in fighting cancer, premised on the vision of life as a right and well-being as a value, supported by cutting-edge research and excellence in teaching.

values

Ethical behavior / Therapeutic efficacy
based on science / Development and
dissemination of knowledge about cancer
/ Humane care / Combating cancer patient
to patient / Valuing Human resources /
Environmental Responsibility / Economic
and Financial Sustainability.

Corporate
governance

A MANAGEMENT STRUCTURE COMMITTED TO SOCIAL RESPONSIBILITY

GRI 2.6
4.1
4.5
4.6
4.7
LA13
The Board of Trustees and Governance Committee ensures that key stakeholders of the A.C.Camargo Cancer Center are aligned with a thoughtful and transparent decision-making processes.

The A.C.Camargo Cancer Center is managed by the Board of Trustees, the highest body of the Antônio Prudente Foundation, which periodically elects the Executive Board of the institution and defines the administrative body. The members of the Board of Trustees and the Executive Board are unpaid, with mandates of four and two years respectively, and also have the right to reelection.

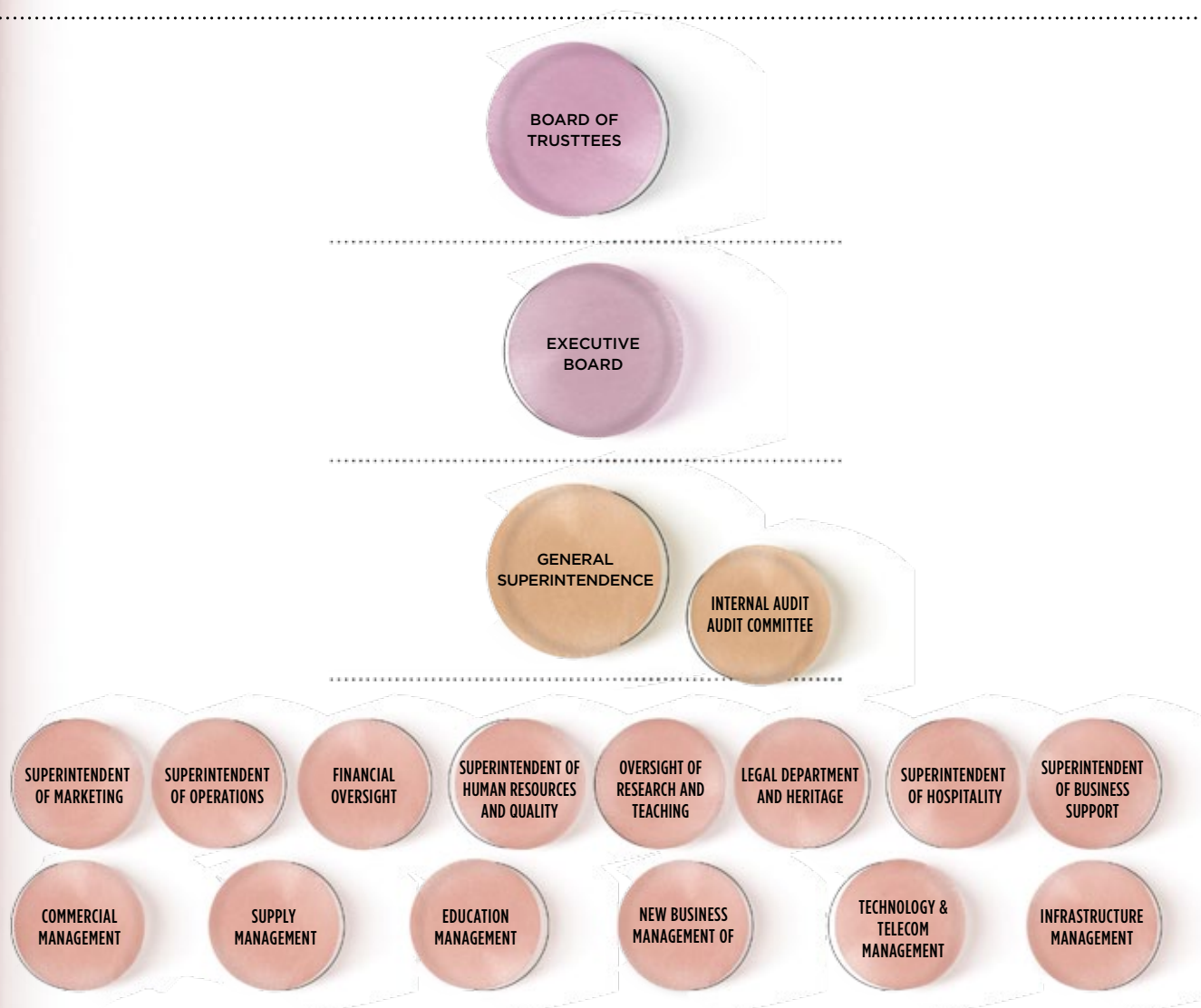
The members of The Board of Trustees consists of 11 men, the youngest being 58 years old and the oldest is 82. Among these members, there are three doctors; a publicist; four engineers; a physicist and an economist. The Board has its periodic vacancies filled by names suggested by the Trustees from among persons with proven integrity and capabilities of ensuring the continuity of traditions of the Antônio Prudente Foundation.

The Executive Board is elected by the Board of Trustees, based on the specific knowledge in the area of health and training of the candidate. It is composed of six members, including one woman and five men, with the following backgrounds: an administrator, a manufacturing engineer, a civil engineer, two doctors and a sociologist.

GRI 4.9
4.10
The Board of Trustees holds regular meetings twice a year, along with several special meetings. The Board also has monthly meetings with managers throughout the organization to present the results of the monthly management report.

GRI 4.4
The access of different groups involved with the institution to the organs of governance is ensured through instruments like the website, social networks, the employee communications channel and SAC (Customer Service), which provide suggestions and criticisms directly to managers.

ORGANIZATIONAL STRUCTURE

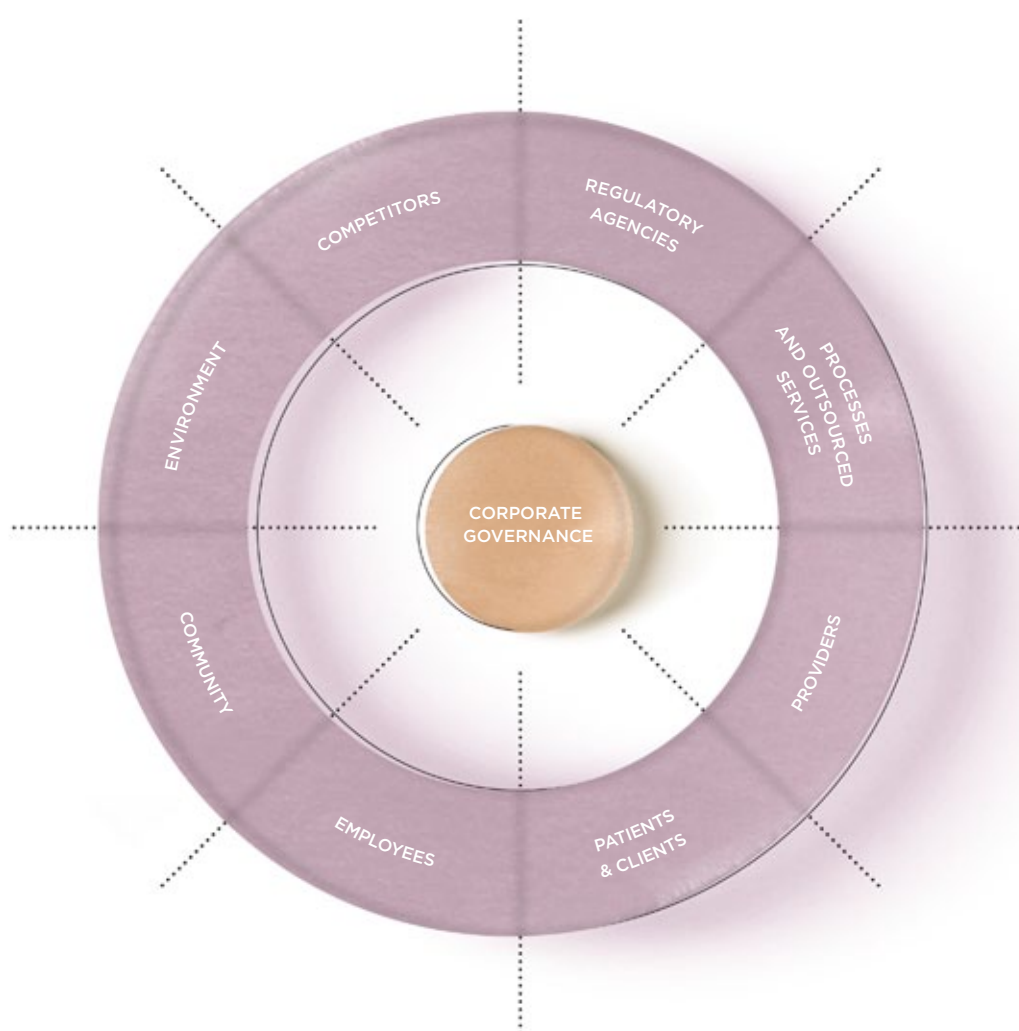


In addition to the corporate governance practices adopted by the A.C. Camargo Cancer Center in the year 2012 there was the formation of the Management Governance Committee, created with the aim of improving the existing system, which assures its key stakeholders strategic planning and effective monitoring, based on established instruments of control.

KEY STAKEHOLDERS

GRI
4.14
4.15

With the construction of the governance model adopted by the A.C.Camargo Cancer Center, all stakeholders must adhere to the policies and codes of conduct of the institution, and be in full alignment with the management process.



PRINCIPLES OF GOVERNANCE OF THE A.C.CAMARGO CANCER CENTER





CORPORATE MANAGEMENT GOVERNANCE MODEL

In addition to maintaining the composition of the Board of Trustees and the Executive Board, the governance model of the A.C.Camargo Cancer Center also establishes other committees and permanent commissions. This structure is in adherence with the guidelines listed below:

Code of Conduct and Ethics

The guiding principle throughout the conduct of A.C. Camargo is simple: do the right thing. We believe that this principle is the basis of our success

Our reputation for service and ethical behavior is as important as our patients and the products and services we offer.

Best Practices in Governance adopted

Envisioning the best corporate governance practices, the Antonio Prudente Foundation adopts the following main principles listed below:

- Management Control
- Integrity and ethical values
- Communication and reporting
- Risk Management
- Tracking Internal Policies
- Strict observance of legal norms

Environmental Responsibility

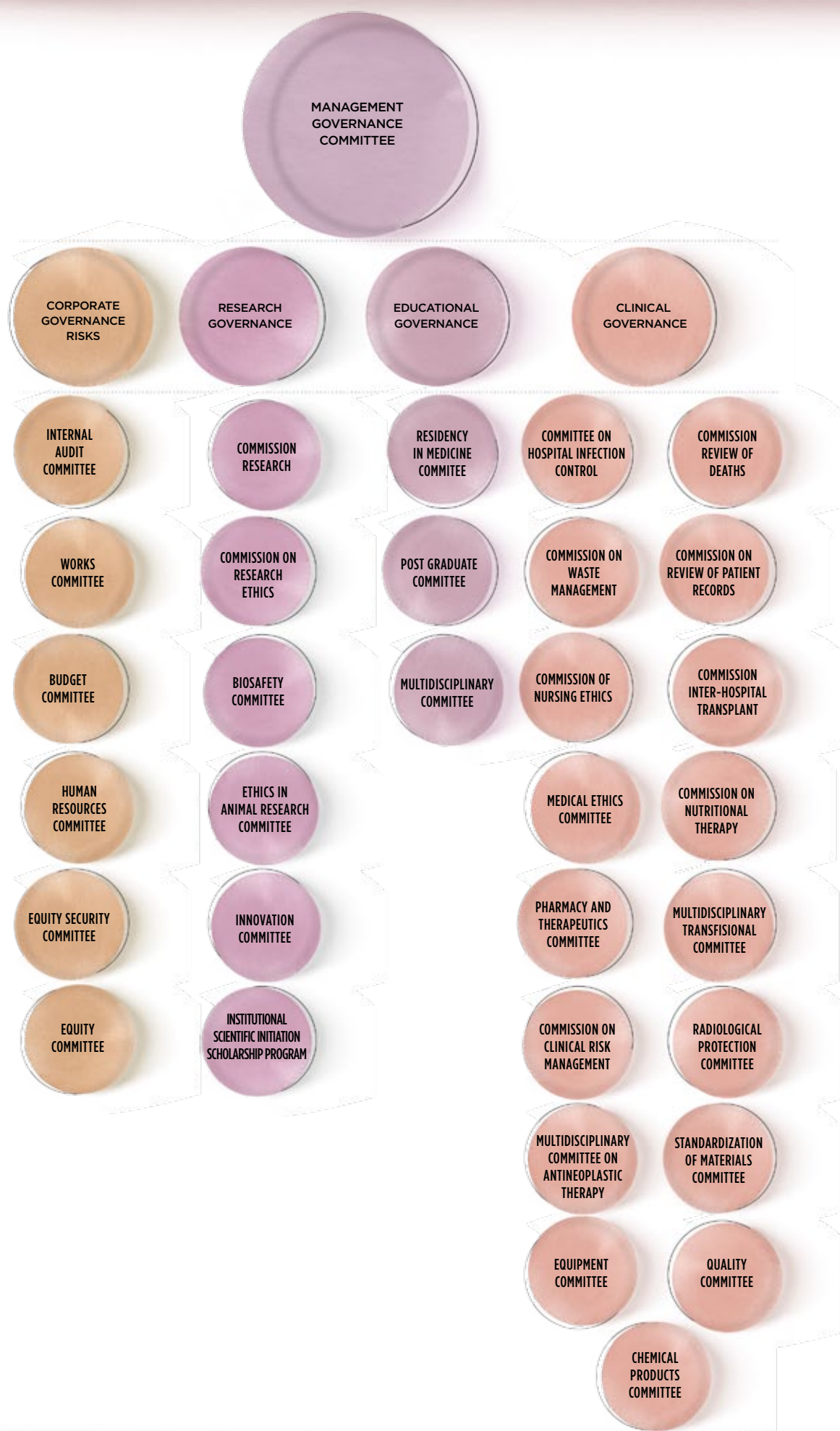
A.C. Camargo is conscious of its environmental role, and promotes the development of actions to contribute to the preservation of the environment.

The institution has the stamp of quality and responsibility - ISO 14.001.

Management of People

Mindful of the consistency between the orientation, politics and philosophy of the institution. A.C. Camargo HR's role is to approach and influence all employees with regard to policies for managing people.

At A.C. Camargo, concern for the welfare of its employees has always been a central concern.



The institution is always striving to become the benchmark model for corporate governance practices. The current model, which has corporate governance as one of its aspects, includes management practices aligned with accountability, corporate social responsibility, compliance, strategic risk management and sustainability, which are realized in various management tools, such as the Code of Ethics and Performance Policies of the A.C.Camargo Cancer Center.

RISK MANAGEMENT

GRI
SO2
SO4

The A.C.Camargo Cancer Center has evolved in its building of a platform of **Unified Risk Management**. In 2012 a Matrix of Risks was created, divided between strategic, financial and activities risks. Various business areas participated in this survey, aimed at identifying risks related to Corporate Governance, Clinical Governance, Teaching and Research.

In 2013 we took another step in building a systemic platform for risk management. The A.C.Camargo Cancer Center implemented its DocNix system, a methodology to review the internal controls that support financial reporting ICFR - Internal Control Over Financial Reporting, a methodology which follows the structure of the internal systems adhering to the philosophies of the Committee of Sponsoring Organization(s) of the Treadway Commission (COSO). This new system will build actions to strengthen management practices for continuous improvement of processes, with the aim of consolidating the pillars of corporate governance in accordance with the best practices of the Brazilian Institute of Corporate Governance (IBGC).

The principal steps undertaken in this systemic project in 2013:

- Planning of work projects for evaluation and development of this tool in combination with providers
- Conceptual standardization of the specific terms of the project
- Approval of systemic requirements
- Alignment of system resources with the applied methodology (COSO).
- Validation of data entered in the system
- Conducting internal audits – GRC
- Validation by External Audit of adherence to methodology

For 2014, the institution plans to conduct the involvement of managers through training and revisit the concepts of institutional risks (Corporate Governance, Clinical Governance, Education and Research), evolving the creation of a more sophisticated culture of internal controls.

Operational structure

EXCELLENCE FROM THE LABORATORY TO PATIENT CARE

GRI
2.3
2.4
2.5
2.7
2.8
2.9

The physical and human structures, constantly expanding, increases the quality of research and patient care at the A.C.Camargo Cancer Center.

Currently, the operational structure of the institution is divided into four units:

HEADQUARTERS

Rua Professor Antônio Prudente, 211 | Liberdade | São Paulo | SP

Phone: +55 11 2189-5000

Comprehensive cancer treatment center with 315 beds and 45 beds of ICU, Ambulatory Care, Diagnostic Area, ICU, Surgical Center, Pathology, Chemotherapy and Radiotherapy.

The pharmacy dispenses chemotherapy drugs; Ambulance emergency transfer and parking.

SANTO ANDRÉ UNIT

Lino Jardim Avenue, 171 | Vila Bastos | Santo André | SP

Phone: +55 11 278-0000

The unit features:

- Capacity of 552 visits / month
- Comfortable environment for the application of chemotherapy
- Emergency room and application of cures in patients undergoing treatment in the unit
- Offices for care of nutrition and the oncology clinic
- Pharmacy for dispensing chemotherapy drugs
- Ambulance for emergency transfer
- Parking

MORUMBI UNIT

Francisco Morato Avenue, 512 | São Paulo | SP

Phone: +55 11 3215-0250

The unit features:

- Capacity to 414 visits/month
- Individual and comfortable rooms for the application of chemotherapy
- Emergency room and holding rooms for patients undergoing treatment in the unit
- Offices for oncologic care and nutrition
- Pharmacy for dispensing of chemotherapy drugs
- Ambulances for emergency transfers
- Parking

INTERNATIONAL CENTER FOR RESEARCH (CIPE)

Taguá street 440 | Liberdade | São Paulo | SP

Telefone: +55 11 2189-5000 Ext. 2900

Housed in the Prof. Dr. Ricardo Renzo Brentani building , CIPE has an area of 4000 square meters, featuring two large laboratories with the capacity to house over one hundred researchers. The structure of the CIPE at A.C.Camargo has six research groups associated with the school and the Medical Staff, supported by the Biobank, Library, Project Office, Ethics Committees, and Management Information, all actively participating in the development of institution's scientific projects. Graduate students, doctors and scientists working in this center develop research in the areas of cell and molecular biology, genetics and genomics of cancer and investigative pathology. The Research Center of the A.C.Camargo Cancer Center also houses the National Institute of Science and Technology in Oncogenomics (INCITO), which has funding from the National Council for Scientific and Technological Development (CNPq), Coordination for the Improvement of Higher Education Personnel (CAPES), the Research Foundation of the State of São Paulo (FAPESP), the National Cancer Institute (NCI, USA), National Institute of Health (NIH, USA), Welcome Trust (UK) and European Commission / CHIBCHA (Belgium).

EXPANSION

GRI
EN24

The institution has made significant investments in all areas of operation, with an emphasis on a consistent policy of sustainable expansion. In 2013, we highlighted important events related to the expansion of the A.C.Camargo Cancer Center such as, the inauguration of Morumbi Unit in

September 2013, and the implementation of the social assistance wing of the Hilda Jacob Tower in October. The Morumbi Unit is dedicated to Clinical Oncology, including scheduling appointments and nutritional counseling. The Hilda Jacob Tower, is integrated into the building of the Headquarters of the A.C.Camargo Cancer Center and offers 60 beds in the hospital ward and 10 ICU beds and has received an investment of approximately R\$ 30 million.

Other activities of expansion, cited as goals for 2013 in the Sustainability Report 2012 are underway. They include changes in the Atrium, which provide for the installation of an ecumenical space, a cafeteria and a convenience store which are in the final stages of implementation, with an expected opening in the first half of 2014. The renovation and expansion of the Bone Marrow Transplantation sector has not occurred as scheduled, due to the change of time of the inauguration of the Hilda Jacob Tower, but this investment remains included in the 2014 budget. There will be an expansion of two or three beds in each sector.

The reform of the Department of Imaging, with the inclusion of two new MRI machines, as indicated in the previous report, is also scheduled for 2014.



Awards and certifications

RECOGNITION FROM SOCIETY

GRI
2.10
PR1

Awards and certificates were given to the institution throughout 2013.

The institution is certified by ONA methodology for the highest level of excellence in the Headquarters and Santo André unit; The Headquarters achieved certification from the International Canadian Methodology and The Environmental Certification ISO 14001. In 2013, the main focus in the area of quality was the maintenance of certifications and the review of mapping of processes with the use of FMEA methodology (Analysis of Modes and Effects of Failure), which provides systematic studies of potential risks (GRI PR1). This year we also initiated the procedures for obtaining certification of the ONA for the Brentani Tower. In October of 2013 the first diagnostic visit occurred.

Throughout 2013, the administrative, scientific, social and environmental performance of the institution earned several awards and certifications, including the following:

- **ISO 14001 certification**, which confirms the commitment to environmental responsibility;
- Cited by the magazine IstoÉ Dinheiro as “**one of the best companies in the health sector in 2013**,” repeating the award won in 2007, 2008, 2009 and 2012;
- Cited by the publication Guia Você S/A Exame, as “**one of the best companies to work for in 2013**,” recognized also in the years 2007, 2009, 2011 and 2012;
- Participation in the ranking of the **thousand largest companies of Valor 1000 Magazine** for the fourth time (it was also chosen in the years 2009, 2010 and 2012). In 2013, we were ranked among the top 5 companies in the category;
- In 2012, the A.C.Camargo Cancer Center was ranked first in the Health Sector in the **Anuário 360° da Época Negócios** and was ranked 6th best company;

- Elected in 2009, 2010, 2011 and 2012 by **Exame Melhores & Maiores** magazine for the “Best and Biggest” of the largest companies in Brazil;
- **Highlighted in 2013 by the Association des Femmes d’Amerique Latine (AFAL)**, which raises funds for projects that benefit women and children in Latin America. The AFAL recognition was related to mutation of the TP53 gene, led by the oncogenetisist Maria Isabel Waddington Achatz (Oncogenetics director of the A.C.Camargo Cancer Center);
- **Health Award:** the A.C.Camargo Cancer Center was selected by Saúde É Vital magazine, from Editora Abril , as the Institution of the Year
- **Award – Best Companies in Communicating with Journalists:** the institution was elected by the journal Negócios da Comunicação, as the company in the health sector that best communicates with journalists .
- **Site of the Year Award:** the site of the A.C.Camargo Cancer Center was named by online research agency MetrixLab , the best and most popular of 2013, in the category Health and Welfare.
- **Best Company Award for Leadership** Hay Group 2013 – Honorable Mention in the category: this recognition identifies the best companies in the market for leadership development and how these organizations work to achieve the best performance. In 2013, the main theme was the “company’s ability to innovate while maintaining the focus on operational excellence.”

Grants and Contributions

QUALIFIED PARTNERSHIPS

GRI
4.13

The institution is a reference in the sector and maintains a constant dialogue with national and international partners

Seeking excellence in all areas of operation, the A.C.Camargo Cancer Center establishes partnerships and agreements with several qualified institutions. Since 2007, it has been recognized as responsible by the National Institute of Science and Technology in Oncogenômica (INCITO) with several international partners such as; MD Anderson Cancer Center, United States; McGill University, Canada ; International Agency for Research in Cancer, Canada; Memorial Sloan-Kettering Cancer Center, United States; National Cancer Institute, USA; International Prevention Research Institute, France; University of Princeton, USA; Institut Gustave Roussy, France; University College of London, England; University of Cordoba, Argentina; University of Toronto, Canada; University of Western Ontario, Canada; Georgetown University (United States); University Paris-Decartes; France; Kings College London, England; University of Lisbon.

In the area of research, the A.C.Camargo Cancer Center Tumor Bank partners with the Barretos Cancer Hospital and the Cancer Institute of Ceará. Together, these institutions are responsible for the largest collection of tumor tissues for cancer research in Latin America. Another important partnership are the collaborative projects on cancer with the Universidade Estadual Paulista (UNESP).

The A.C.Camargo Cancer Center also participates in several scientific committees and associations such as the National Brazilian Association of Philanthropic Institutions Against Cancer, the Brazilian Association of Medical Oncology, Urological Association, Association of Private Hospitals (ANAHP), Federation Hospitals of São Paulo, the Permanent Forum of Ethics Committees and Professional Research of São Paulo (FOCEP), National Quality Foundation (FNQ) and National Commission for Ethics in Research (CONEP), linked to the National Health Council And internationally, joining efforts to Union for International Cancer Control (UICC) for the fight against cancer.





PHILANTHROPY

“Philanthropy uplifts
the spirit and enriches
the lives of those who
practice it”

Commander Giuseppe Martinelli (1870-1946)

*Antonio and Carmen Prudente receiving authorization
from Walt Disney, USA, for the use of images of Donald
Duck and other characters, royalty-free – paying only the
symbolic value of one dollar!*



POPULATION TO POPULATION

The first campaigns to raise funds for the construction of a treatment center, exclusively focused on cancer began with a small donation, in 1943, by Giuseppe Martinelli. Commander Martinelli, who arrived from Italy in the late nineteenth century, made a fortune in São Paulo from the First World War. Treated for cancer by Antonio Prudente, the Commander made another donation in 1945 of nearly 1 million dollars, which inaugurated an act that guided the work of the A.C.Camargo Cancer Center throughout its existence: philanthropy.

In the ten years between the initial donation and its inauguration, the institution sought the support of the entire population through Carmen Prudente, a charismatic woman, who married Antonio after meeting him on a trip to Germany in 1938 while he was leading a delegation of Brazilian physicians there. At the time, Carmen, a journalist, was covering a visit to that country by Getúlio Vargas.

During those difficult years Carmen called upon the most diverse sectors of São Paulo society who answered the call and turned the couple's dream into a reality. In 1953 Anthony led the institution for 13 years and finally died in 1966.

In the following decade, overcoming adversity and many obstacles, Carmen attracted business leaders who supported the Antonio Prudente Foundation. In the last two decades of her life she became a model of how to practice philanthropy, combining efficient management with technological advancement, scientific rigor and quality patient care.



At the inauguration of new equipment, Carmen and Antonio Prudente receive President Juscelino Kubitschek.



Traveling to the USA, the couple sought new ways to engage society in philanthropy and social actions.



Carmen with children and adolescents in their pioneering Pediatric Oncology Unit and a campaign of public awareness about cancer and fundraising.



Key social actions
and funding

MOBILIZATION FOR LIFE

GRI
EC8

Financial and human resources are applied in full to cancer patient care and the prevention of cancer.

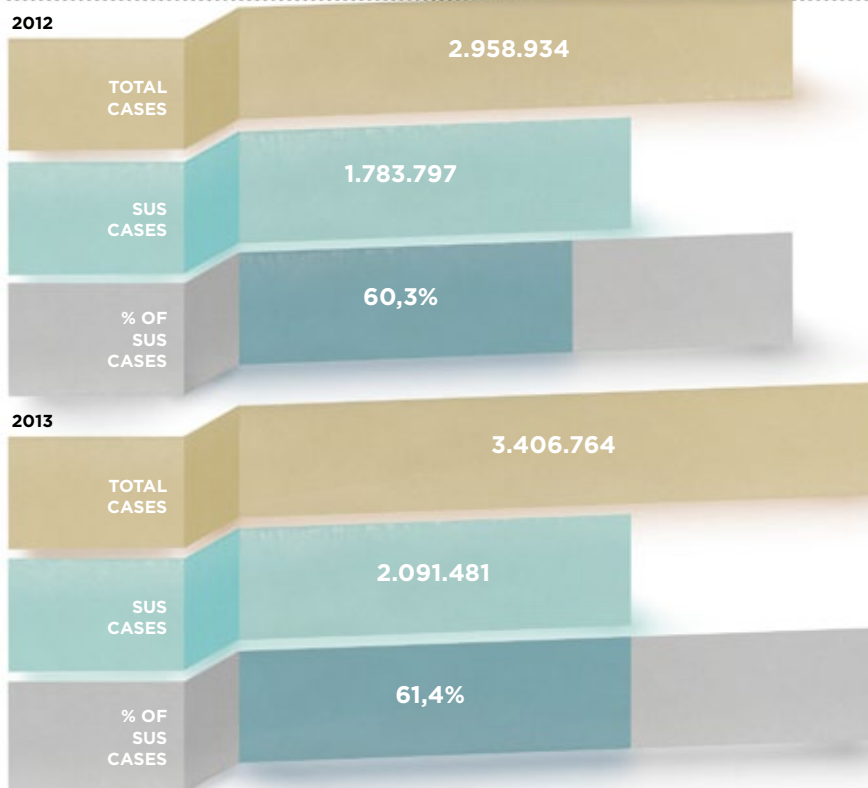
The philanthropic actions of the A.C.Camargo Cancer Center extends its activities to patient care, in particular within the SUS (Unified Health System), as well as education with the donation of scholarships investments in research, and sponsoring actions, projects and materials (contribution figures compiled in the table below).

FREE OF COST - Amounts in thousands of U.S. \$	2012	2013
Cost procedures SUS	46.544	59.460
Grants for Reasearch	10.866	13.791
Stricto sensu courses / Courses Enrichment (*) (master's, doctoral, post doctoral and research)	10.240	5.194
Costs Medical Residency	3.969	4.846
Free of Cost SUS (values over the ceiling)	5.168	7.646
Free of Cost Private Patients	10	-
Free of Cost - Scholarships for <i>Lato Sensu</i>	135	134
Voluntary donations Network (toys, diapers, donated snacks, exams not covered by NHS)	210	251
SOMA	77.142	91.322

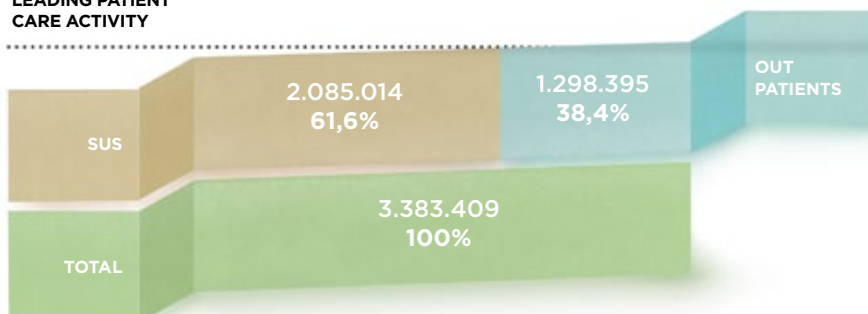
(*) Estimate based on research conducted with similar entities.
Not considered are the Enrichment Courses for 2013

The A.C.Camargo Cancer Center has an agreement with the municipal manager of SUS for oncology care. The minimum of SUS care is 60%, yet the philanthropic activities in patient care is evolving every year and the institution exceeds the minimum quota. In 2012, 2.9 million visits took place, with 60.3% of the from the SUS. In 2013, there were over 3.4 million visits, 61.4% of them from the SUS.

VOLUME OF PATIENT CARE IN 2013



LEADING PATIENT CARE ACTIVITY



In the year 2013 799.784 patients were attended to under SUS, which was above the contracted FPO ceiling.

EXPENSES FOR FREE CARE



(*) Information taken from the Report of the Independent Auditors of the "FINANCIAL STATEMENTS on December 31, 2013 and 2012 by the ANTÔNIO PRUDENTE FOUNDATION"

GRI
EC8
EC9

Aware of its social role, the SUS is not the only philanthropic service A.C.Camargo Cancer Center focuses on. In 2013 the following assistance activities were carried out:

- Distribution of 11,314 diapers to children and geriatric patients;
- Donation of 1,361 breast implants for patients with breast cancer, including patients from other institutions;
- Free distribution of 7,550 drain ports to patients;
- Free distribution of 603 tracheostomy protectors for patients;
- Assistance to patients with medications and special materials in the amount of R\$ 4,761.49;
- Housekeeping Support for Needy Children with Cancer, free assignment of property located at Aclimação Avenue, in São Paulo (with waiver of the lease in the amount of R\$ 81,327,60/year).
- Support for Dona Carolina Tamandaré Foundation, which developed a project involving 65 children and teenagers in the Glicério Neighborhood (in the state capital), performing health care in general and the donation of groceries, toys and books. R\$ 140,000.00 is annually donated for aid and R\$ 53,856.12 relating to the waiver of the rental property that the Antônio Prudente Foundation gives for the activities of Dona Carolina Tamandaré Foundation.

Philanthropy in Education

THE PRINCIPLE OF INCLUSION

GRI
EC8

Hospital classes and scholarships for specialists ensure access to quality education directed to patients and the medical staff.

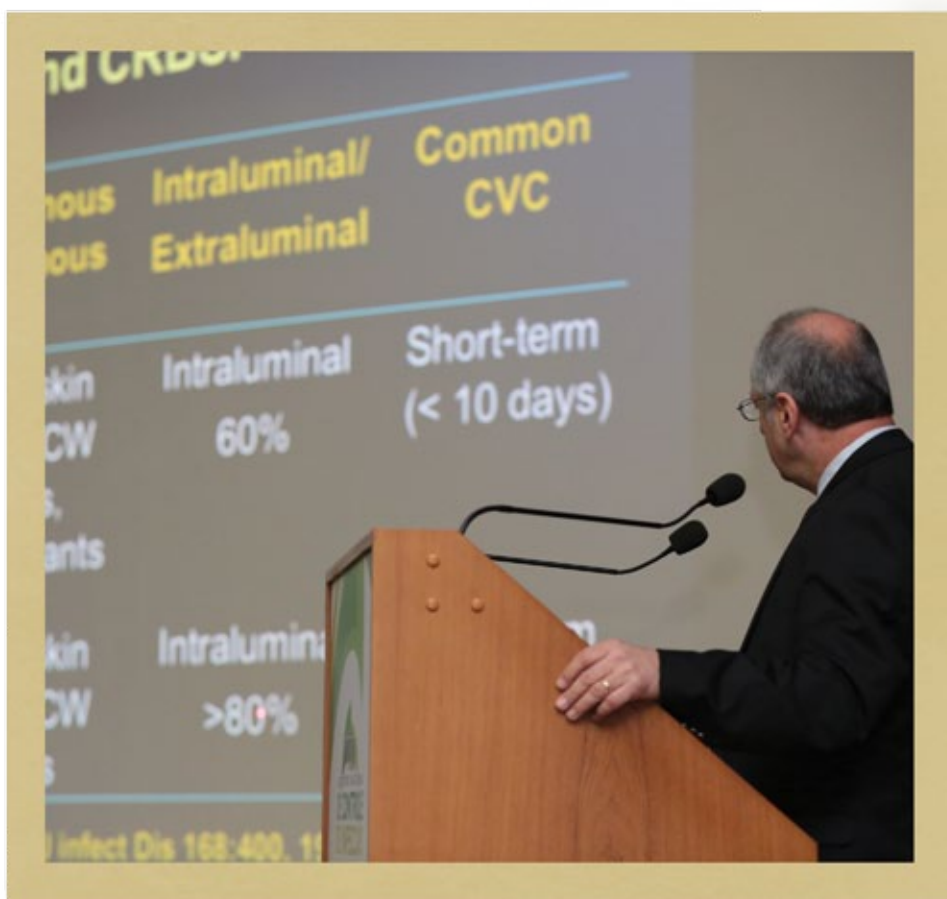
The commitment to social welfare is the very reason for the existence of the A.C.Camargo Cancer Center. This is expressed not only in patient care, but also in the field of education. The center is responsible for the founding of the first Brazilian education institution located within a hospital, the Specialized School Schwester Heine, in an agreement signed with the City Department of Education on October 15, 1987. With teachers from the municipal sector, the school ensures that the child and adolescent patient have the right to an education. The school covers all levels of education, from pre-literacy to the end of high school and is open to all patients ranging from 0-21 years old. The individualized attention takes into account the clinical condition of the patient and the condition of their body and provides different methodologies with various multimedia resources, ensuring a quality education that has become a national benchmark.

In the Schwester Heine School, the institution maintains three hospital classes held in 2013 with attendance from the following areas:

ASSISTANCE

Outpatient	3584	61%
Hospitalized	2274	39%
Female	2909	50%
Male	2949	50%
0 a 6	2907	50%
7 a 10	1582	27%
11 a 14	841	14%
15 a 18	370	6%
> 18	158	3%
TOTAL CASES 5858		

The experience gained over the years allows us today to provide training for teachers in public schools who are preparing to work in municipal and state hospital courses. In October 2013, through an agreement signed with the city of São Paulo, the A.C.Camargo Cancer Center held the 15th Seminar on Hospital Courses, with 86 teachers present, of which 56 were registered by the Municipality. In 2014, A.C.Camargo Cancer Center supported the realization of the 1st National Congress on School Health Care, 8th National Meeting of School Care and Hospital 1st International Symposium in Psychomotor with School Hospitals and Clinics. These events will take place in São Paulo from the 26th to 28th of May, 2014, with the support of UNIFESP, Federal University of São Paulo.



SCHOLARSHIPS FOR GRADUATE LATU AND STRICTO SENSU PROGRAMS

The organization's social responsibility and commitment to public health policies also extend to the training of specialists in oncology, with the offer of scholarships for technical specialized courses and for courses in post-graduate *Lato* and *Stricto sensu*.

REVENUE AND SCHOLARSHIPS OF LATO AND STRICTO COURSES VALUES**REVENUE VALUES****REVENUE LATO****AVERAGE/
MONTH**

Technical Courses	R\$ 3.555,55
Courses of <i>Lato sensu</i>	R\$ 130.183,73
Improvement Courses	R\$ 24.554,18
EAD courses	R\$ 12.694,36
TOTAL REVENUES	R\$ 170.987,82
Total of scholarship <i>Lato sensu</i>	R\$ 4.175,73
PERCENTAGE OF SCHOLARSHIP	2,44%

REVENUE STRICTO SENSU

Masters Program	R\$ 146.457,45
Phd Program	R\$ 216.362,18
Initial research program	R\$ 36.080,49
Post Phd Program	R\$ 31.245,64
TOTAL REVENUES	R\$ 430.145,76
Total of scholarship <i>Stricto sensu</i>	R\$ 430.145,91
PERCENTAGE OF SCHOLARSHIP	100%

SUMMARY

Total revenue	R\$ 601.133,58
Scholarship <i>Lato/ Stricto</i>	R\$ 434.321,64
PERCENTAGE OF SCHOLARSHIP	72,25%

Note: issued on 12.09.2013

LIST IN NUMBER OF STUDENTS**LATO SENSU****MÉDIA/MÊS**

Technical courses	6
Courses <i>Lato sensu</i>	161
Improvement courses	54
EAD courses	49
TOTAL OF STUDENTS	277
Scholarships offered - <i>Lato sensu</i>	7
PERCENTAGE OF SCHOLARSHIP	2,49%

STRICTO SENSU

Masters program	66
Doctoral program	98
Initial research program	18
Post Phd program	13
TOTAL MONTHLY	195
Scholarships offered - <i>Stricto sensu</i>	195
PERCENTAGE OF SCHOLARSHIPS	100%

OVERVIEW

Total of students	472
Total of scholarships	202
PERCENTAGE OF SCHOLARSHIPS	42,72%

Note: issued on 12.09.2013

Volunteering

LEGACY OF SOLIDARITY

GRI
EC8

For 60 years, the A.C.Camargo Cancer Center has included the involvement and participation of the general public. Today, this involvement is centered in the Carmen Prudente Volunteer Network Against Cancer.

During 2013, 218 volunteers – 204 women and 14 men worked at the A.C.Camargo Cancer Center.

Volunteering involves sewing for prosthetic breasts, carrier bags for drains, tracheostomy protectors, and helping clients during the period in which they are in the institution, facilitating orientation for departments and assisting them in locomotion.

Annually, the volunteer corps participates in a meeting in December, which, besides helping in the communal connection, seeks to assess and enhance the work offered.

TIME RANGE (in years volunteering)	AMOUNT	% TOTAL
Over 50	2	1%
More than 30	17	8%
More than 20	32	15%
More than 10	67	31%
Over 5	20	9%
Between 0 e 5	80	37%
TOTAL	218	100%





PERFORMANCE INDICATORS



Humberto Torloni and his microscope and Roxo Nobre introduced the most advanced radiotherapy equipment in the country, both in the 50s.



RESEARCH + EDUCATION = QUALITY OF CARE

Antonio Prudente had the formula: introduce consistent research and training of specialists in cancer treatment to promote better care of the disease.

At that time, to specialize in cancer, it was necessary to study in the United States or Europe. In 1953 Prudente created the first residency program in oncology in the country and today A.C.Camargo has graduated 978 specialists, representing 45 % of the 2,170 oncologists practising in the country.

For research, he started the foundation for the cancer center, and conducted the first epidemiological studies, along with the first tumor bank in Brazil. Afterwards, came research with clinical repercussions, such as breast conserving surgery, then known as the “ Gentil surgery “, a reference to the surgeon Fernando Gentil , who developed it. Later the procedure was renamed by the Italian Umberto Veronezzi as quadrantectomy, and is now used all over the world .

60 years

*Ricardo Brentani
speaking at MD Anderson
Cancer Center.*



*Antonio Prudente with the first group of oncologists
trained in Brazil, in December 1955, two years after it
the first Residency in Medicine was created in Sao Paulo.*



In basic science, at the beginning of the XXI century, the institution developed the Human Cancer Genome Project, in partnership with FAPESP - Foundation for Research Support of the State of São Paulo and the Ludwig Institute for Research Against Cancer, headquartered here.

A.C.Camargo has been cited, in the last 13 years, as among the best postgraduate courses in Medicine in the country, according to the Ministry of Education / CAPES . While training specialists, researchers, teachers and doctors who teach and share their knowledge in oncology with institutions in Brazil and abroad, the institution established its foundation as a leading center of research, treatment and teaching.

Prevention Programs

GRI | *Among the missions of the A.C.Camargo Cancer Center is to fight cancer through prevention. Early diagnosis enhances the effectiveness of the treatment and possible cures.*

SO1

Significant resources are invested in various programs focused on cancer prevention, including exams – offered free to the public – presentation of lectures and information campaigns which significantly impact the public.

In 2013 the center organized 40 lectures focused on cancer prevention in communities, neighborhood associations, churches etc.

EARLY DIAGNOSIS

GRI | In 2013, two doctors were hired as coordinators, for the Early Diagnosis of Cancer Programs to assist in the assessment of physician performance. In addition a nurse was hired to coordinate the collection of Pap smears and to assist in external lectures. With respect to professionals employed in the program, the institution spent R\$ 1,237,063.12.

SO1

Among the public who participated in prevention activities held throughout the year at A.C.Camargo Cancer Center, some people were referred to specialists for diagnoses where some cases of cancer were identified.

REFERRED OF SPECIALTIES	OVERALL TOTAL
Neurosurgery	13
Core Abdomen	35
Center for Head and Neck	152
Center for Pelvic Surgery	1
Center for Gynecology	139
Center for Mastology	91
Center for Clinical Oncology	25
Center for Skin	145
Center for Lung and Thoracic	15
Center for Colorectal Tumors	33
Center for Urology	173
Center for Orthopaedics	6
OVERALL TOTAL	828

CANCER DIAGNOSED	OVERALL TOTAL
Core Abdomen	15
Center for Head and Neck	26
Center for Pelvic Surgery	1
Center for Gynecology	37
Center for Mastology	48
Center for Clinical Oncology	17
Center for Orthopaedics	1
Center for Skin	12
Center for Lung and Thoracic	4
Center for Colorectal Tumors	26
Center for Urology	144
OVERALL TOTAL	331

COMMUNICATION WITH SOCIETY

MULTIPLIER EFFECT

GRI
416
417

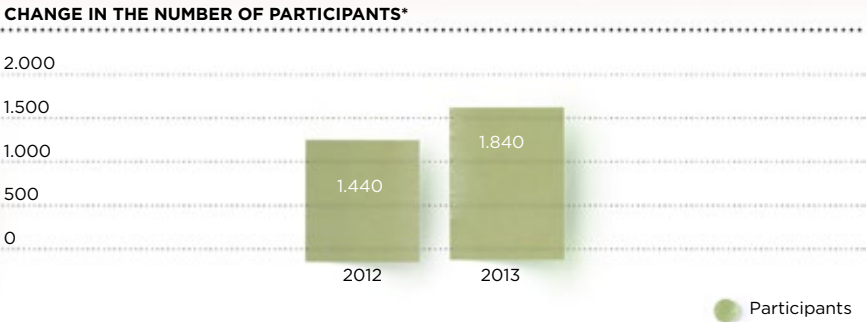
Qualified information for different media, extends the role of the A.C.Camargo Cancer Center throughout society

Cancer prevention disseminated through qualified information promotes healthier habits and allows for early detection of diseases. Therefore, the institution has invested financial and human resources in a permanent program of awareness for different audiences.

MEETINGS WITH EXPERTS: in 2013, 12 meetings open to the community with specialists from A.C.Camargo Cancer Center occurred. The talks provided an opportunity to ask questions to experts, including through social media, and were attended by 1,840 people. After the event, the lectures were available on the institution's website and on social media.





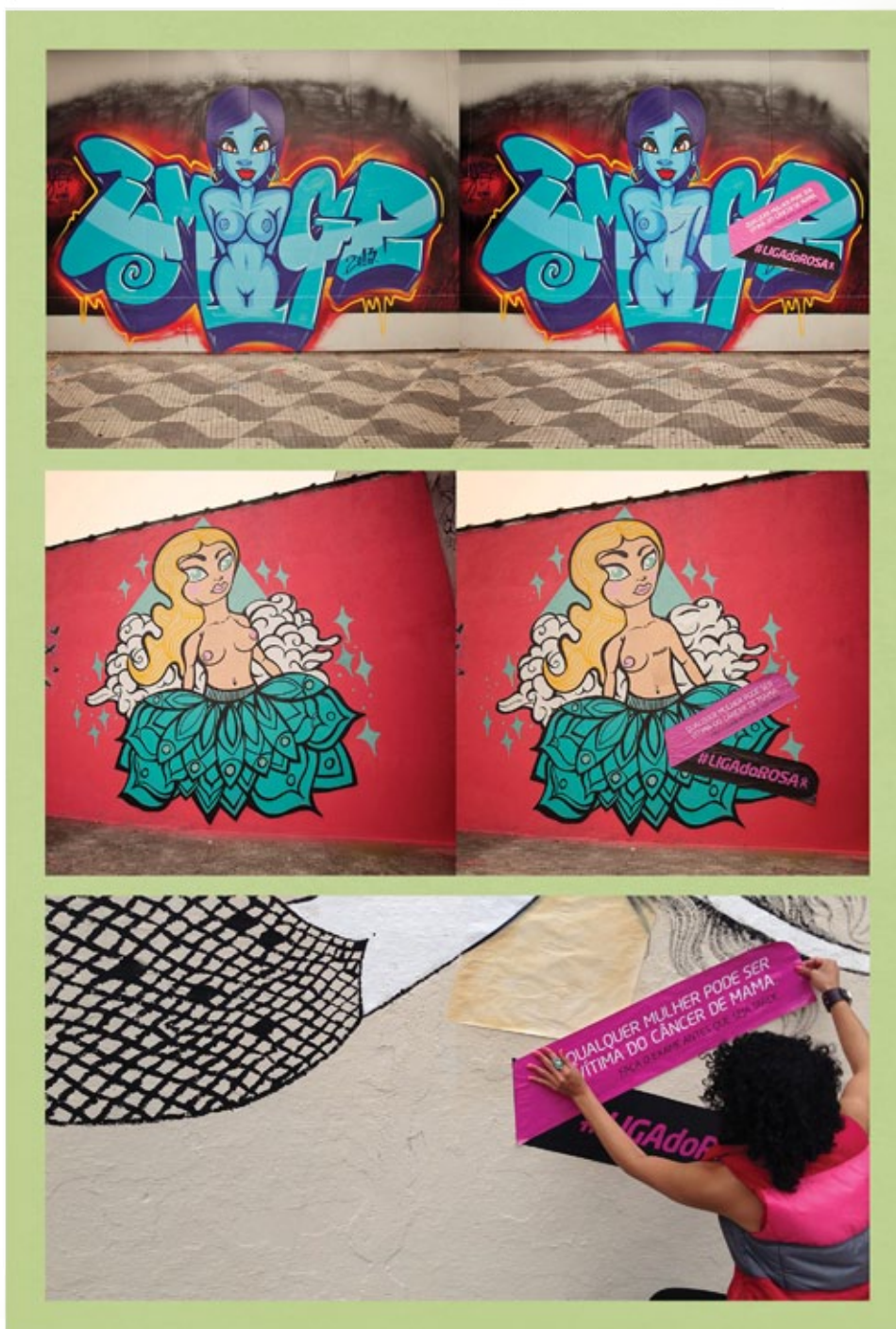


RUN AND WALK - “MEN’S HEALTH”: for the third consecutive year, the A.C.Camargo Cancer Center conducted the Run and Walk for Men’s Health, with the aim to alert the public about the importance of prevention and early diagnosis for treatment success of cancer and other diseases. In 2013, the race – with distances of 5km and 10km – took place in November at the University of São Paulo campus, in conjunction with to the Blue November – Month to raise awareness of prostate cancer. The event was called “Movember”, an allusion to the words mustache (mustache, the symbol of the worldwide campaign), and november (November, in English). The action brought together 1,452 runners.





CAMPAIGN PAINT AGAINST CANCER: created by the agency JWT in October 2013, with the participation of graffiti artists to portray the female nude and create an urban intervention with the allusion to mastectomy (breast removal surgery). After completion of the graffiti, a paper was pasted onto one breast to create the effect of a mastectomy. The graffiti was scattered throughout the entire city of São Paulo. All of the art had the signature “Any woman can be a victim of breast cancer,” accompanied by the slogan “Pink October” and the hashtag # LigaDoRosa. Although the action has been performed in the streets, the campaign gained momentum on social networks with the replication of images on the web and spread of videos, and also reported in other media.



THE UNEXPECTED CORAL: at the moment the audience awaited the presentation of one of the concerts of the Coral, USP, twelve laryngectomy patients and former smokers who make up the Coral Group Your Voice – Support Group for Laryngectomy Patients of A.C.Camargo took to the stage to interpret the songs “All you need is Love “ and “She loves you,” surprising everyone. The aim was to draw attention to smoking as the main risk factor for laryngeal cancer. Through the press and social networks, it is estimated that 210,000 people have been reached by this action.



CORPORATE ACTIONS: with the support of teams of nursing specialists and, where necessary, medical clinical staff of the institution, the A.C. Camargo Cancer Center conducts workshops on prevention in its auditorium and promotes lectures and informative exhibitions for employees of various companies. Due to the increasing number of requests from companies, A.C. Camargo Cancer Center has exceeded its annual targets for this service: in 2013 80 programs were planned and 110 were performed.

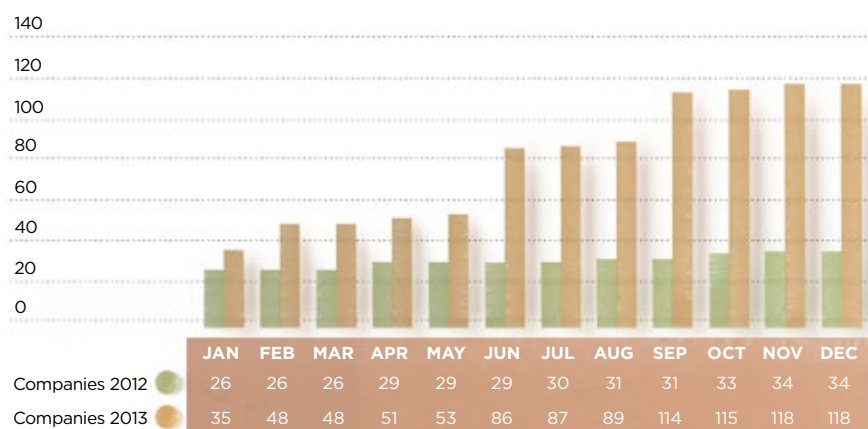
PREVENTIVE ACTIONS IN 2013	QUANTITY	Nº OF PARTICIPANTS IN THE EVENTS
Lectures	40	2.321
Workshops	19	5.715
Exhibitions	51	42.819



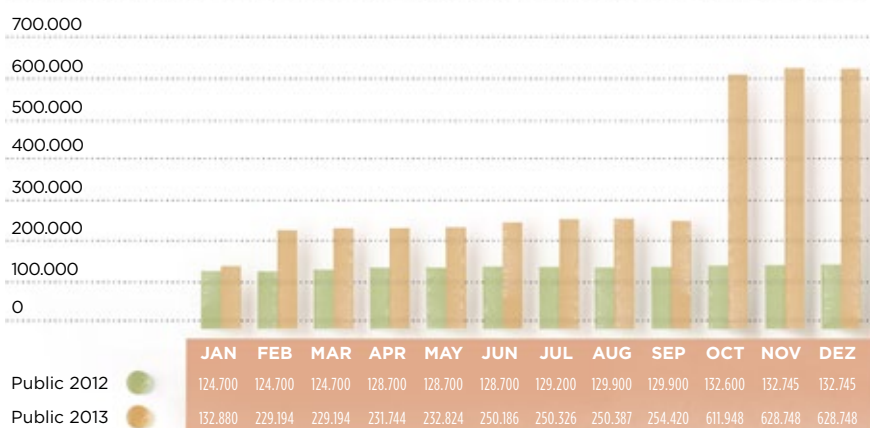


HEALTH TIPS: newsletters with advice on health, quality of life and prevention of cancer are routinely sent to institutions and companies registered for dissemination via Intranet, Extranet, Newsletter, SMS, internal magazines or newspapers. The providing of content produced by A.C.Camargo is free and the companies commit to not make any changes in the text except to customize its appearance according to their preferred style. In 2013, reports for 118 companies and 628,748 employees were issued.

NUMBER OF COMPANIES



PUBLIC REACHED



NEWSLETTERS: The institution publishes electronic newsletters to specific audiences, with the purpose of providing information about what is new in oncology in all areas. A Enfoque (The Focus), published monthly, is directed to **400 contacts in the health sector**. A Atuação published monthly, is **provided to 800 HR professionals and occupational physicians**.

COOKING WORKSHOPS: since 2009, the A.C.Camargo Cancer Center has given the Oficina de Culinária Funcional (Functional Cooking Workshop). Promoted by the department of Nutrition, classes are free and open to the entire community. In addition to topics related to the preventive nutrition for the prevention of cancer there are also topics that address prevention and control of other diseases such as diabetes and hypertension. Workshops with classes are open only to child patients, their parents and caregivers of A.C.Camargo Cancer Center. In 2013, 6 workshops were held for adults and 5 for children. Recipes are available on the A.C.Camargo site.



BOOKLET OF PATIENT RIGHTS WITH CANCER: a primer with 27 chapters details many of the rights of cancer patients, with the goal of supporting and assisting in practical, social and financial issues that affect them. In 2012, there were 39,270 unique hits and over 56,000 views in 2013.

<http://www.accamargo.org.br/cartilha-dos-direitos-do-paciente-com-cancer>

PRESS RELATIONS: with reference to treatment, education and cancer research, the A.C.Camargo Cancer Center is a source of qualified information to the media in the country. In 2013 A.C.Camargo was ranked #1 in comparison to the competition in relation to the number of articles published. In a report by a company specialized in news clippings, it was verified that the institution was a source of information on 1,010 subjects conveyed in print and online media, and ranked second for being cited in 332 subjects.

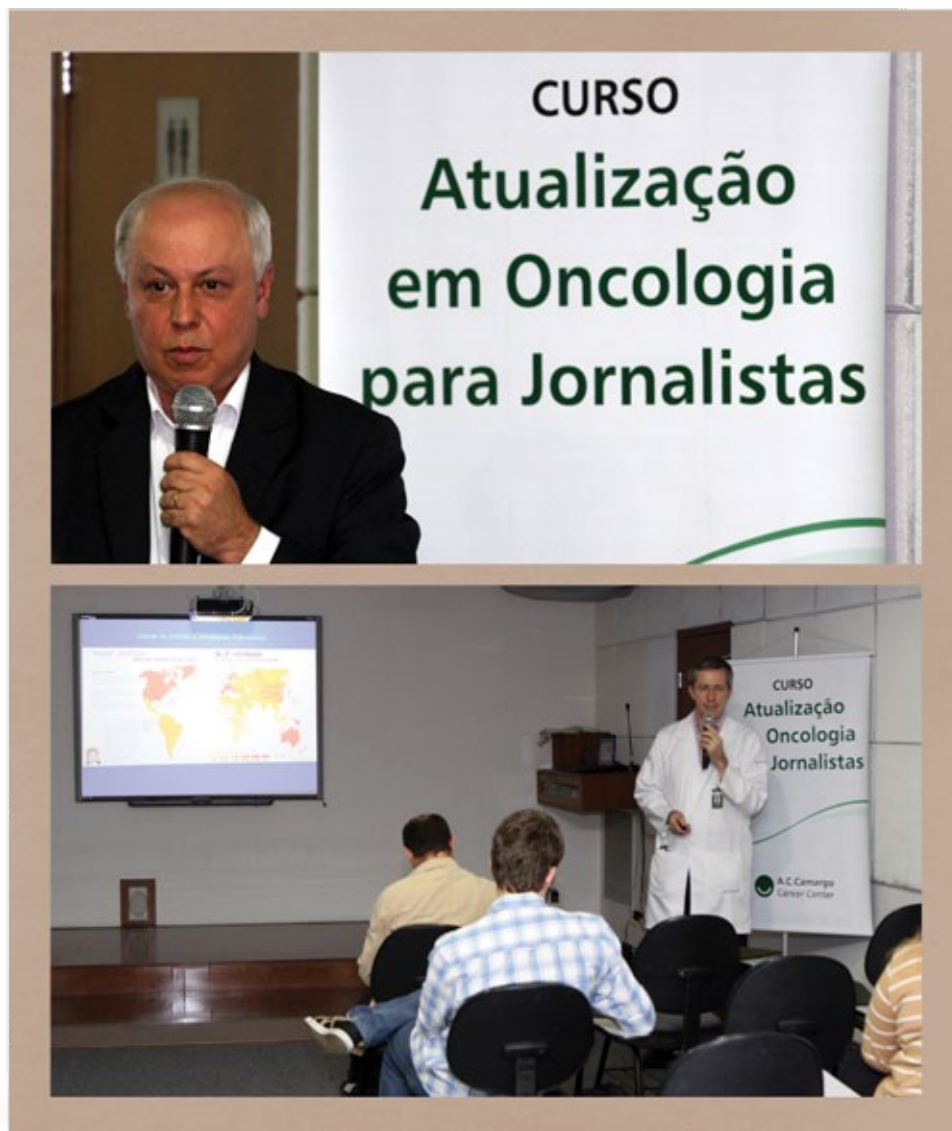
VOLUME OF ARTICLES PUBLISHED IN THE PRESS	HOSPITAL	
	1st place	2nd place
January/13	54	35
February/13	58	33
March/13	89	12
April/13	77	9
May/13	136	84
June/13	100	17
July/13	82	16
August/13	91	48
September/13	49	20
October/13	78	20
November/13	111	22
December/13	85	16
TOTAL	1.010	332

A. C.
CAMARGO
CANCER
CENTER

* Considered only materials disseminated in print and online. Not included are guidelines aired on TV or radio. The competition only considered matters related to oncology, bone marrow transplantation and business.



COURSE FOR JOURNALISTS: to educate journalists with terms and familiarity with of topics related to oncology. A.C.Camargo offered, on November 23 and December 7, a free course in Oncology for journalists, with a total of 12 hours per course. The course was taught by the faculty comprising 24 doctors (surgeons, oncologists and other specialists) and scientists of the institution.



SOCIAL NETWORKS: in 2013, the A.C.Camargo Cancer Center achieved great strides in the digital area. The site <http://www.accamargo.org.br> earned 104,78% more visitors than in the previous year. Facebook reached hundred thousand fans (117,000 by the end of the year), the first center in the world, exclusively focused on the treatment of cancer, to reach this milestone, surpassing the great world institutions of oncology. Moreover, the engagement of fans also resulted in recognition by Social Bakers, the largest and most renowned company in metrics analysis of social media. In the first quarter

of the year, the A.C.Camargo Cancer Center was ranked in the “top Five” in engagement. In the year 2013 there were 1,216,569 interactions (likes, shares, comments). Our Twitter account has 4,900 followers. In 2013, in addition to Facebook, Twitter, YouTube and Flickr, the institution also started to appear on LinkedIn, Google+, Instagram and Foursquare. A.C.Camargo participates in social media with diversified content, bringing health tips about healthy lifestyle habits for cancer prevention, information about risk factors for cancer and the importance of early diagnosis for treatment success, along with multimedia such as videos and news about oncology.

Among the actions by A.C.Camargo that stood out during the year are:

MARCH FOR PREVENTION: to treat the subject in a fun and innovative way, the A.C.Camargo invited singer-songwriter Pericles to compose a unique carnival march to alert the public about the importance of cancer prevention and fighting the disease with optimism and joy. The video was released on the eve of Carnival on A.C.Camargo social media and reached 350,000 people.



WORLD THEATRE DAY: in connection with the World Theatre Day – March 27th – the A.C.Camargo Center presented the show **“The Man with the Flower in his Mouth”** to the general public. The piece directed and performed by the actor Roman Lopes of Troupe Reticence, is an adaptation of the great text by the Italian poet, playwright and novelist of Sicily, Luigi Pirandello, who received the Nobel Prize in Literature in 1934 . The monologue is a new adaptation of the story of a man who goes on to give more attention to the little things around him when he discovers that has cancer (flower in mouth). This is the turning point for the character when he begins to see life in a different light and changes his vision of the world around him. Before the show there is a lecture given by the director of the A.C.Camargo **Center for Head and Neck**, Luiz Paulo Kowalski, who gave advice about prevention, risk factors , early diagnosis and therapeutic measures for oral cancer.



BEING A WOMAN IS AN ART: during the month of the woman, a competition created in social media, which requested A.C.Camargo patients and caregivers to engage in the mission of fighting cancer. Altogether the initiative has generated more than 300,000 interactions.

NATIONAL BLOOD DONOR DAY: to celebrate this date a campaign was created, linking the initiative of donating blood to Valentine's Day. The action had wide

repercussions in social media, increasing the number of donations during that month. In addition, there was partnership established with “Indiretas do Bem”, reaching more than 7,500 interactions.

PINK OCTOBER AND BLUE NOVEMBER: in October several actions were developed in social media in the fight against breast cancer. A Liga do Rosa based on super-heroines of the day to give tips on prevention. In addition, all users were asked to include in their profile a photo of the League of Rose stamp and write a post to disseminate information about the fight against breast cancer. In all, more than 24 thousand people were reached. November was promoted in social media as the month to combat prostate cancer. The users were asked to include in their photo a mustache, the symbol of the worldwide movement, known as “Mustache” and write a post to disseminate information on the subject. In all, more than 11,000 people were reached.



THE “RACE FOR HEALTH” GAME: A.C. Camargo developed its first educational game for its website and Facebook, aiming to educate the public about the importance of adopting a healthy lifestyle through a balanced diet and physical exercise as a preventive factor against the development of cancer. The game is divided into three phases, each representing an everyday situation: urban center, street fair or party. After choosing the character, the goal is to accomplish the circuit of each phase adding the most points. To do so, the player must capture the healthy foods and avoid alcohol, which if used, will subtract points from the overall score. Furthermore, obstacles arise in each phase to confuse the player and disperse their goal: to get to the end of the race getting as much healthy food as possible.



MANUALS FOR THE MEDICAL COMMUNITY: launched in 2012 at the Apple Store, a digital Manual of Standards of Conduct and Therapeutic routines for Uro-Oncology received updates in 2013 and, in August, also released on Google Play Store, Android system. The application has extensive content supported in the medical literature and is aimed at professionals involved in interdisciplinary patient support in the treatment of urological diseases. The iOS app for the period 01/01/2013 to 12/31/2013 and had 5,002 app downloads for Android in the period from 08/29/2013 to 30/10/2013 reached 5,000 downloads.

In November 2013, the institution launched the 1st edition of the Manual of Practice in Clinical Oncology, which aims to provide clinicians with fast access to recommended practices for each type of tumor. With over 600 pages, the book is divided into 14 chapters, each of them describing cancer types and subtypes that are treated in Clinical Oncology in standardized protocols.

During the year, we also launched the Cancer of the **Digestive System Manual Top Procedures of the Department of Abdominal Surgery, A.C. Camargo Cancer Center**, with over 200 pages. The book is based on scientific evidence of the procedures of the department and divided into 17 chapters covering various types of abdominal tumors.



Patient Care

QUALITY IS THE GOAL

Quality care at the A.C.Camargo Cancer Center with investments in new technologies and processes that seek to provide better service, more comfort and agility.

INVESTMENT IN NEW TECHNOLOGIES

EARLIER DIAGNOSIS AND FASTER RECOVERY

Confirming the target set in 2012, in 2013 patient care activities began with the use of the robot “Da Vinci”, equipment that provides less invasive surgeries, reducing recovery time and adverse effects compared to conventional surgery. The technology was first used in patients with prostate cancer due to the high frequency of this type of tumor. And is now being extended to other specialties such as colorectal cancer and gynecology.

<p>Description and Function of Equipment</p> <p>Da Vinci Robotic Surgical System Si - IS 3000. The da Vinci Surgical Robotic System - is a highly sophisticated Intuitive robotic platform that was developed to enable the execution of complex surgeries using minimally invasive procedures.</p>	<p>Manufacturer</p> <p>H.Strattner & Cia Ltda is the exclusive sales representative for Brazil. INTUITIVE SURGICAL, INC. the equipment is called the Robotic Surgical System DA VINCI;</p>
<p>Investment</p> <p>R\$ 6,3 million</p>	

Throughout 2013, digital mammography was also acquired with greater image definition. The acquisition of the Digital Mammography Amulet, from Fujifilm, enabled the upgrade of technology in this type of exam, passing the CR (Computed Radiology) system for the DR (Digital Radiography) system. The A.C.Camargo Cancer Center conducts monthly over two thousand mammograms and the aim of the new equipment is to expand this offering and to improve the quality of examinations and care.

In November 2013, the new unit Hemodynamics allowed the expansion of care to patients.

The A.C.Camargo Cancer Center has the goal in 2014 to invest R\$ 23 million in new hospital equipment.

QUALITY OF CARE

ATTENTION TO DETAIL

GRI
2.7
PR5

Improvement of services is a daily goal at the A.C.Camargo Cancer Center for all patients coming from the National Health System and individuals and clients from various health insurance companies. Scientific knowledge and technological efficiency are found in the humanization of care, which is apparent in every detail of services provided.

The initiative of the Department of Pediatric Oncology in 2013 reflects, in an exemplary fashion, this care. In partnership with Warner Bros. and JWT Brasil advertising agency the pediatrics wing at A.C.Camargo Cancer Center received special attention with its use of superhero characters of "Liga da Justiça". Besides decoration, containers for medicines used in chemotherapy

have gained a new look: they were printed with characters like Batman, Green Lantern, Wonder Woman and others.

Developed by JWT Brazil with the assistance from A.C.Camargo, the covers of the bottles are easy to handle and sterilize, following all standards the A.C.Camargo Cancer Center. The project was conceived with the purpose of motivating the patient and their families, making the environment more playful and therefore more welcoming and less traumatic. Doctors, nurses and staff of the institution became involved in the project and were trained to emphasize the idea of strength and motivation of children: the medicine was called “Superfórmula” and the Pediatrics wing playroom became the “Hall of Justice.” This action had worldwide repercussions, reaching over 490,000 people through social media, with insertion of 45 articles in the national press and more than 180 requests for more information from national and international partnerships. Also visible was the growing number of patients in the Pediatric Oncology beginning in July.

For parents of children in treatment, the Department of Pediatric Oncology offers an Emotional Support Group – Family Support in Oncology Care. Adult patients also participate in the “Love of Life” group, with fortnightly meetings, providing information that demystifies many types of cancer, allowing patients and caregivers to exchange information and experience in a relaxed and comforting environment.

The support group meetings are coordinated by a multidisciplinary team that provides information and care to patients and families. Other groups that deserve mention:

- **Smoking Cessation Support Group (GAT)**, led by the Center for Psycho-Oncology team was created in 1997, the first program of prevention and treatment of tobacco offered to patients at the cancer center.
- **CADA** is also a supporting program of the Center for Psycho-Oncology, created in March 2012 to serve exclusively the A.C.Camargo Cancer Center patients who, in addition to cancer, have a history of alcohol abuse, a substance that is among the leading risk factors for several types of tumors.
- **Support Group for the Ostomy Patient** is a program targeted to patients undergoing ostomy and also for their families and caregivers. The Aim is to to share information about intestinal or urinary stoma, through lectures on various topics related to the use of the equipment, aspects of surgery, nutrition, sexuality, emotional support, rights, and also the exchange of personal experiences.
- **Your Voice**, a program of the Speech Therapy unit at A.C.Camargo Cancer Center, created in 2011 by an interdisciplinary group that supports patients with laryngectomees with a focus on voice rehabilitation.



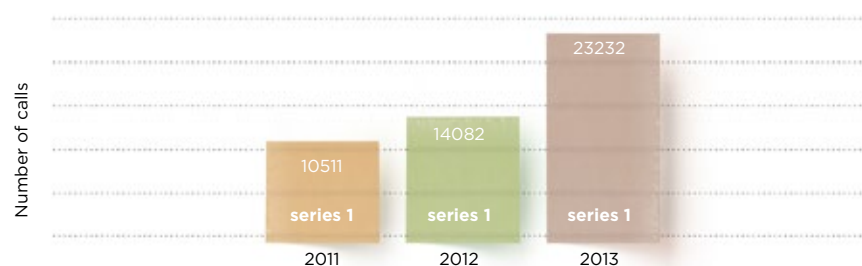
The Department of Nutrition and Dietetics is another sector of the institution that is dedicated to the comfort of patients, seeking to offer increasingly attractive and tasty meals. To this end, in July 2013 two new chefs were hired who made some changes in the distribution of meals. The covers on the dishes, which had been made with saran wrap, were replaced with a lid that better preserves the food presentation.

In 2013, the sector has also acquired a new system of distribution of meals, which increased the efficiency and safety of the service. Before open carts were used to transport the dishes. With the new type of cart, closed and more ergonomic, it will ensure greater flexibility in service and increased safety in infection control.

One of the goals for 2014 in the Department of Nutrition and Dietetics is to deploy a series of refresher courses in cooking, aiming at improving the food service of the kitchen personal. Offered to the entire Nutrition team are lectures on the history of gastronomy and its foundations, training in familiarity with herbs and spices, guidelines for the preparation of fragrant broths, nominations for the best presentation of dishes and delivery services, and development of the presentation of fact sheets and standard recipes. The focus is to establish improvements in the process of food preparation, enabling the change of menus to provide variety. We also intend to establish the standards of hotel service in the delivery of dietary meals, with better cost controls throughout the process of nutrition within the A.C.Camargo Center.

In the Hospitality sector, the Service Desk (focused on patient comfort during their stay) incorporated two new services in order to exceed the expectations of patients: the hostess service, that makes routine visits to patients, professional and auxiliary care, targeted aid procedures when discharged, and professional assistance in facing the procedures in the hospital.

COMPARATIVE ANNUAL NUMBER OF CALLS



FIRST TIME PROJECT

In order to decrease the time between the date of first consultation at A.C.Camargo Cancer Center and the date of start of treatment for the cancer cases, the First Time Project is making a difference among patients, especially those coming from the SUS.

With the goal of streamlining the service, the sector of Information Technology (IT) has deployed a new system for managing passwords and of patients wait times in the areas of care. The cost of this project was approximately R\$ 200,000.

GRI
PR8
PRI

In 2013 the institution initiated a project to establish two new systems: PACS (Digital Imaging examinations for diagnosis) and Digital Certificate. Both are in effect in 2014 and will provide a number of benefits, such as easing the procedures guaranteeing the authenticity and confidentiality of medical records, in addition to saving paper. The care taken by the institution with respect to documentation of its patients ensures security. In 2013 the institution has not had any complaints alleging infringement of privacy. The IT team conducts its work through a risk matrix: assessed risk levels related to the sector and the necessary steps to mitigate them or avoid them.

Due to the concern for patient safety in all its procedures the institution integrates the Sentinel Network for Health Surveillance, an important strategy for surveillance post-use/commercialization of products. The Sentinel Network observatory works as the scope of services for managing health risks in a joint and effective action with the National Sanitary Surveillance System (SNVS).





GRI
PRI**INFECTION CONTROL**

The professionalism and dedication of the Infection Control Service at the A.C.Camargo Cancer Center, SCIH, reflected better rates than those obtained in 2012.

LEVEL OF EXCELLENCE IN EPIDEMIOLOGICAL SURVEILLANCE:

- Active surveillance in all sectors of the A.C.Camargo Cancer Center;
- Daily multidisciplinary rounds in intensive care units;
- Post discharge surgical site infection surveillance;
- Interaction with the microbiology laboratory;
- Interaction with the medical staff and residents;
- Discussion of monthly indicators and cases of infection related to care and health (IRAS) with the managers of ICU , IUs and CC.
- Realization of critical analysis and designed monthly action plans together with managers;
- Using the criteria of IRAS substantiated by the CDC;

PREVENTION ACTIONS

- Application of bundles (packages) to prevent ventilator-associated pneumonia, bloodstream infection and urinary tract infection;
- Preventions protocol of bronchial aspiration, implemented and audited in ICUs and implementation in IUs;
- Audits of the adequacy of isolation precautions;
- Weekly surveillance in ICUs and BMT unit for vancomycin-resistant Enterococcus (VRE), Acinetobacter baumannii MR and pathogens producers of carbapenemase increased spectrum (KPC);
- Use of disposable drapes and daily change in cases of VRE , and Acinetobacter baumannii KPC MR ICU;
- Installing degerming chlorhexidine in hygienic hand sinks of the ICUs and BMT;
- Prevention protocols for orthopedic surgery, neuro and breast - Indication with chlorhexidine degerming bath;
- Participation in teams: Environment and Surgical;
- Control of broad-spectrum antibiotics;
- Evaluation of the adequacy of prophylactic antibiotics;
- Semiannual Hygiene of Hands campaign, based on the Global ;
- The semiannual Hands Hygiene program, and as needed, based on the Global Campaign of the five times the World Health Organization (WHO) campaign.



SATISFACTION SURVEYS

THE SUS PATIENT'S VOICE

GRI
PR5

In 2013, the A.C.Camargo Cancer Center conducted quarterly satisfaction surveys with patients seen through the Unified Health System in Inpatient Units and Outpatient Facilities. Patients were asked to rate the services of the institution and answer a form, depositing it in the ballot box of the customer service department, SAC. A score of 1-4, represents the criteria of poor, fair, good and excellent in ascending order. Satisfied customers are those who responded Great and Good as a percentage of all responses in the satisfaction index.

INPATIENT UNITS

SATISFACTION INDEX - ADMITTED PATIENT	AGO/OUT 13
Review of Facilities - Bathrooms - Comfort - TB (%)	97,4
Review of Facilities - Bathrooms - Conservation - TB (%)	94,9
Review of Plant - Bathrooms - Cleaning - TB (%)	94,9
Review of Facilities - Bathrooms - Furniture - TB (%)	95,8
Review of Facilities - Room - Comfort - TB (%)	93,6
Review of Facilities - Room - Conservation - TB (%)	94,8
Review of Facilities - Room - Cleanliness - TB (%)	93,4
Review of Facilities - Bedroom - Furniture - TB (%)	94,4
Review - Linens & Bath - Comfort - TB (%)	98,7
Review - Linens & Bath - Conservation - TB (%)	94,8
Review - Linens & Bath - Cleaning - TB (%)	96,2
Nursing - Inpatient - Personal Appearance - TB (%)	92,9
Nursing - Inpatient - Care and Courtesy - TB (%)	96,1
Nursing - Inpatient - Information Quality - TB (%)	90
Nursing - Inpatient - Wait Time - TB (%)	87,9
Medical Staff - Staff Presentation - TB (%)	98,6
Medical team - Attention Courtesy - TB (%)	100
Medical Staff - Information Quality - TB (%)	93,1
Medical team - Wait Time - TB (%)	89,7
Nutrition Services - Personal Appearance - TB (%)	97,1
Nutrition Services - Care and Courtesy - TB (%)	94,6
Nutrition Service - Information Quality - TB (%)	87
Nutrition Service - Taste of Meals - TB (%)	79,4
Nutrition Service - Temperature of Meals - TB (%)	92,1
Nutrition Service - Timeout - TB (%)	92,6
AVERAGE	93,6

COMPLEXO AMBULATORIAL

OUTPATIENT COMPLEX

SATISFACTION INDEX - OUTPATIENT COMPLEX

AUGUST -
OCTOBER 13

Nursing - care and courtesy - TB (%)	95,4
Nursing - the skill with procedures - TB (%)	98,8
Nursing - information provided - TB (%)	95,1
Nursing - waiting time for procedures - TB (%)	85,0
Medical team - courtesy and attention - TB (%)	98,0
Medical team - information provided - TB (%)	96,7
Medical staff - quality in the medical - TB (%)	97,8
Medical team - waiting time for consultations - TB (%)	57,9
Receiving - attention and courtesy - TB (%)	93,9
Reception - a willingness to solve problems - TB (%)	88,4
Reception - information provided - TB (%)	88,0
Reception - waiting time - TB (%)	54,3
AVERAGE	87,4

The rate of satisfaction with the waiting time in outpatient clinics are of levels below those of other items evaluated, due to the increasing demand periods presented in the survey. Actions were implemented successfully proven by the improvement of results between the two periods. A new Action Plan is under development to ensure compliance with the goal of improving the perceived quality of this indicator.

CUSTOMER SERVICE, SAC

As part of Quality Management, SAC mediates conflict situations impartially and promotes process improvement with corrective and preventive actions. The service receives complaints, compliments and suggestions from patients, which are sent to the managers of the institution. Part of the duties of the SAC is to also establish an open channel of communication with the surrounding population of the institution. Any record held by SAC receives a protocol number and a record of the date, time and subject. Each month, it generates a quantitative and qualitative report, which is reported to the responsible areas involved, in addition to an executive summary submitted to the CEO.

Seeking to involve all employees of the A.C. Camargo Cancer Center, regardless of their area of operation, in 2013 the SAC initiated the **Customer Together** project, which complements the **Welcome Program**, already included since its implementation in 2010. Program Welcome is based on attitudes and "Customer Together", is a review in order to provide a permanent cultivation of standards of excellence of care that the institution provides to customers.



Teaching

TECHNICAL TRAINING TO CUTTING EDGE RESEARCH

Since its inception, the institution has contributed to the training of specialists who excel on the national and international academic stage.

In the area of education, it was shown in 2013 the average growth in the number of students was in the order of 29%. There was a 25% increase in vacancies in Postdoctoral, 43% vacancies in Doctoral and 13% vacancies in the Masters, and other courses.

The post-graduate course *Stricto sensu*, started in 1997, was the first in Brazil in the field of Oncology to be held by a private institution. Since then, the program graduated **489 Masters and Phd's** who work in medical schools across the country in addition to medical doctors, and also produces specialists, with other degrees, such as psychologists, physiotherapists, nurses and biologists.

The *Stricto Sensu* Post-graduate studies of the A.C.Camargo offers fully subsidized courses to its students and ensures all conditions necessary for the development of research. Besides technological resources and faculty recognized internationally it also offers opportunities for exchange with other centers of excellence. Throughout 2013, four students traveled abroad to study, three at the MD Anderson Cancer Center in the U.S., and one at the King's Associate Professor College in London.

Internally, the course promotes weekly meetings with students to stimulate academic and interdisciplinary dialogue. In 2013, the sector held such meetings in a new format, inviting researchers from other institutions in Brazil and abroad to give lectures and interact with students and faculty. Throughout the year, 41 meetings were held with the presentation of seminars, lectures and clinical cases.

In 2014, the Department will offer a scientific English course, lasting one week with the teachers who were trained in 2013 by the Fulbright Institute of International Education in partnership with the MD Anderson Cancer Center for its student body.

TRAINING OF SPECIALISTS

TOTAL STUDENTS LATO SENSU 2013

Courses <i>Lato sensu</i>	165	60%
Improvement courses	56	20%
EAD courses	50	18%
Technical courses	6	2%
TOTAL	277	100%

STRICTO SENSU TOTAL STUDENTS IN 2013

Doctorate	98	50%
Master's degree	66	34%
Initial scientific research	18	9%
Postdoctoral	13	7%
TOTAL	195	100%

RESIDENCY IN MEDICINE

MEDICAL QUALIFICATION IS PATIENT SAFETY

The **Residency in Medicine** program of the A.C.Camargo Cancer Center, graduated 56 new specialists in 2013. The Residency is available in the areas of: Surgical Oncology, Medical Oncology, Pediatric Oncology, Radiotherapy, Radiology and Diagnostic Imaging, Pathology, Head and Neck Surgery, Cytopathology, Nuclear Medicine and Intensive Care Medicine (with two years of duration). The resident is encouraged to participate in the development of research, theses and production of articles that enrich their learning and resumes. All programs are accredited by the National Commission of Medical Residency (CNRM - MEC).

The institution also offers Multidisciplinary Residence (Program of Improvement) aimed at physicists, dentists, nutritionists, physical therapists, psychologists, speech therapists and nurses .

Enrollment in the program is conducted annually through a public competition.

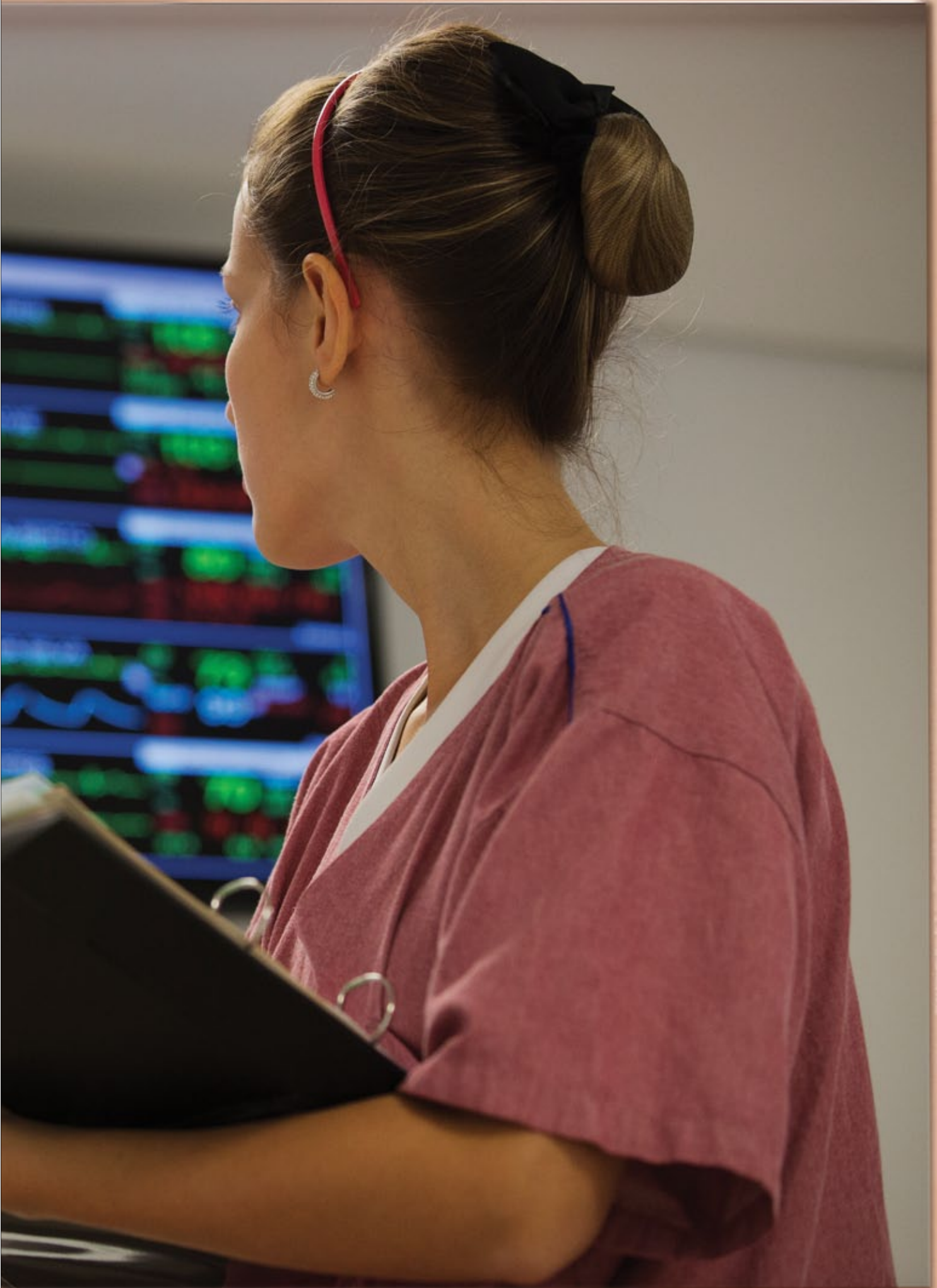
SCIENTIFIC EVENTS

DOORS OPEN FOR INNOVATION

The A.C.Camargo Cancer Center organized 13 scientific events in 2013 (six national and six international), with a total of 1,600 participants. Among them are:

- **NEXT FRONTIERS TO CURE CANCER** – June 13 to 15, 2013 - Hotel Renaissance
- **IMMERSION COURSE IN ONCOLOGY : CHAPTER II - LUNG CANCER** – July 10 and 11, 2013 - Hotel Mercure Paulista and Anfiteatro Humberto Torloni- A.C.Camargo Cancer Center
- **VII NATIONAL MEETING INFECTION CONTROL IN HOSPITALS OF CANCER AND INFECTIOUS DISEASES COURSE XI OF THE A.C.CAMARGO CANCER CENTER** – August 2 and 3, 2013 – Anfiteatro Senador José Ermírio de Moraes – A.C.Camargo Cancer Center
- **III SYMPOSIUM ON WOUND AND STOMATA ON - ONCOLOGY PATIENTS** – August 16 and 17, 2013 - Anfiteatro Senador José Ermírio de Moraes – A.C.Camargo Cancer Center
- **XVI DAY OF PATHOLOGY, A.C.CAMARGO CANCER CENTER , VI INTERNATIONAL MEETING OF INVESTIGATIVE PATHOLOGY AND QUERYING SPECIALIST II** – August 7 to 10, 2013 - Anfiteatro Senador José Ermírio de Moraes – A.C.Camargo Cancer Center
- **SYMPOSIUM OF PHARMACY A.C.CAMARGO CANCER CENTER – SEPTEMBER 27, 2013** – Anfiteatro Senador José Ermírio de Moraes - A.C.Camargo Cancer Center
- **IV SEMINAR ON SURGICAL CENTER AND CENTRAL MATERIAL AND STERILIZATION** – November 22 and 23, 2013 - Anfiteatro Senador José Ermírio de Moraes- A.C.Camargo Cancer Center
- **VII SYMPOSIUM OF STOMATOLOGY AND XVI OF HEAD AND NECK SURGERY FORUM** – November 29 and 30, 2013 - Anfiteatro Senador José Ermírio de Moraes – A.C.Camargo Cancer Center
- **TRANSLATIONAL CONTROL IN CANCER** – August 5, 12 and 19, 2013 - Anfiteatro Senador José Ermírio de Moraes – A.C.Camargo Cancer Center





Research

ON THE FRONT LINE

Providing the researcher all the necessary support with cutting edge research tools, A.C.Camargo is in the forefront in the academic field.

The scientific production is growing every year in volume, with significant improvement in impact factor, as shown below:

PUBLICATIONS IN REFEREED JOURNALS	IMPACT FACTOR	TOTAL
With JCR impact factor	Média 3.764	201
Without (national / international) impact factor		27
OVERALL TOTAL		228

THESES AND DISSERTATIONS	TOTAL
Associate Professor	1
Doctoral theses	12
Dissertations	28
Monographs (Latu sensu)	61

INTERNATIONAL ACTIVITIES	TOTAL
Abstracts published in indexed journals	69
Presentations at scientific meetings	326
Book chapters	02

NATIONAL ACTIVITIES	TOTAL
Abstracts in refereed journals	35
Books	04
Book chapters	205
Presentations at scientific meetings	191
Awards	03

BASIC RESEARCH

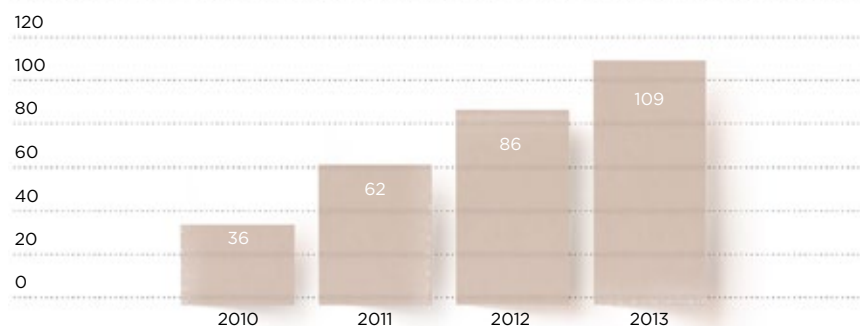
The Tumor Bank and Macromolecules Bank at A.C.Camargo provide material for national and international research collaborations with A.C.Camargo.

Translational research in the A.C.Camargo Cancer Center stands out internationally in the areas of cellular and molecular biology, genetics, investigative pathology and genomics of cancer.

In addition to six laboratories - Genomics and Molecular Biology of Cancer; Cytogenetics and Molecular Genetics; Investigative Pathology; Medical Bioinformatics and Genomics; Cellular and Molecular Biology; and Molecular Oncogenetics – translational research relies on the Biobank which is responsible for the collection, storage and management of samples of various types of human materials: tissues, blood, RNA, DNA, among others, in accordance with national and international norms and standards.

Samples under the responsibility of the A.C.Camargo Cancer Center Biobank are used in research aimed at better understanding the processes that cause cancer. In 2013, the Biobank of the A.C.Camargo Cancer Center has provided high quality samples for 109 research projects conducted at the institution, including collaborations with national and international researchers.

BIOBANK - NUMBER OF PROJECTS

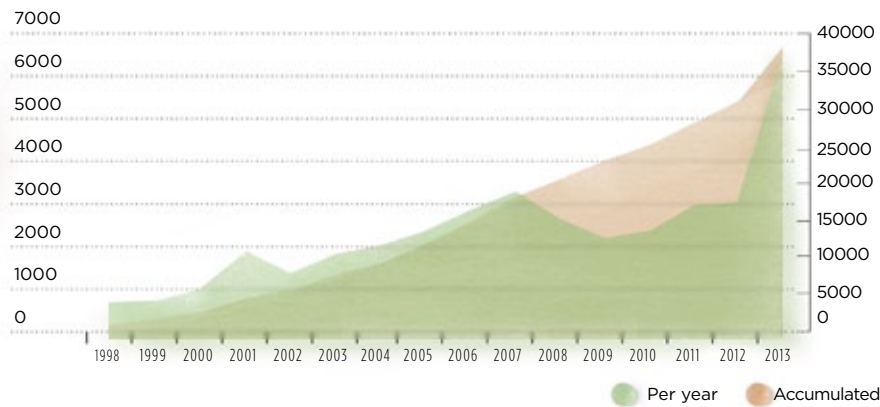


Number of research projects handled by the Biobank of the A.C.Camargo Cancer Center between the years 2010 and 2013.

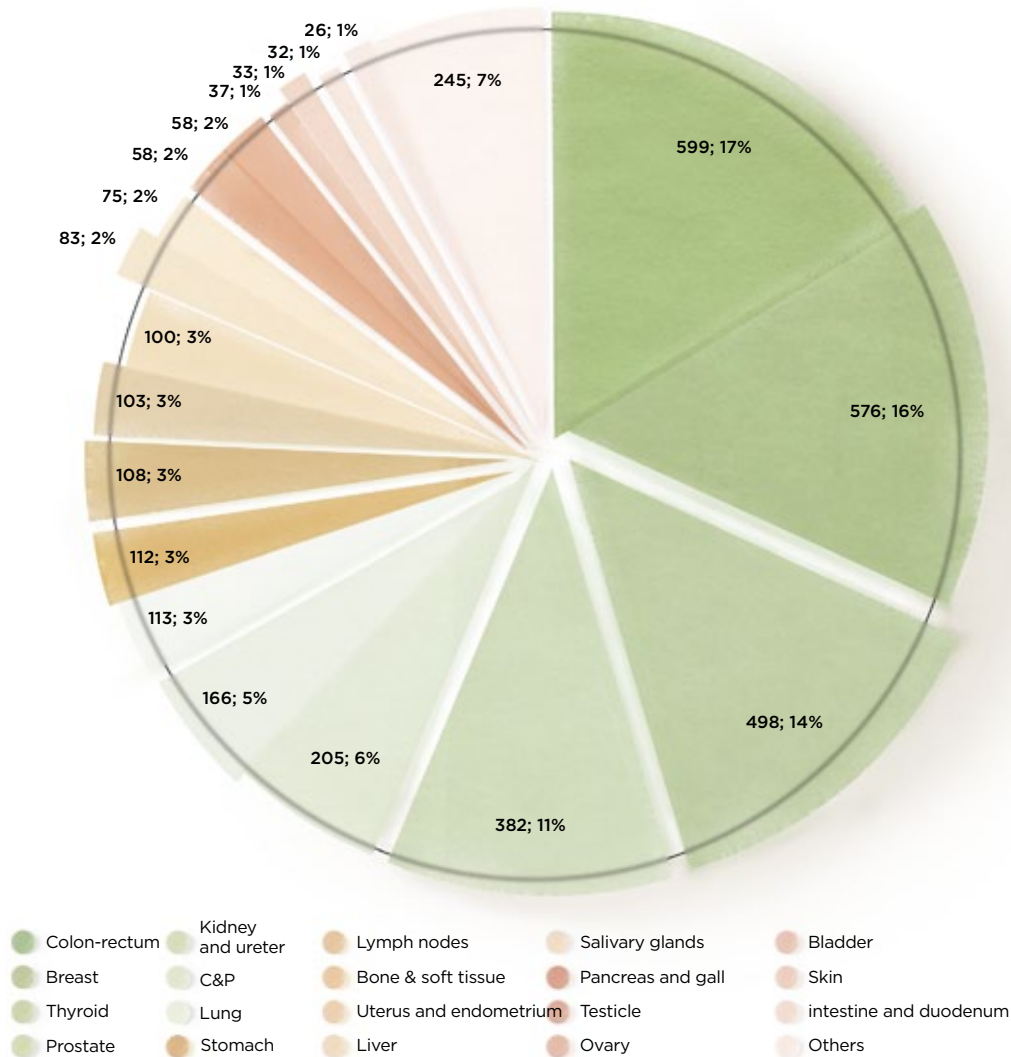
The structure of the A.C.Camargo Cancer Biobank Center is composed of the Tumor Bank and the Macromolecules Bank.

Since its inception in 1997, the Tumor Bank has processed over 37,000 samples, of which approximately 25,000 are currently in stock. In 2013, the Tumor Bank collected approximately 7,000 tissue samples from primary tumors and metastases, and non-neoplastic tissues. Approximately, 2,200 blood samples were collected together with the tissue samples.

TUMOR BANK - COLLECTED SAMPLES

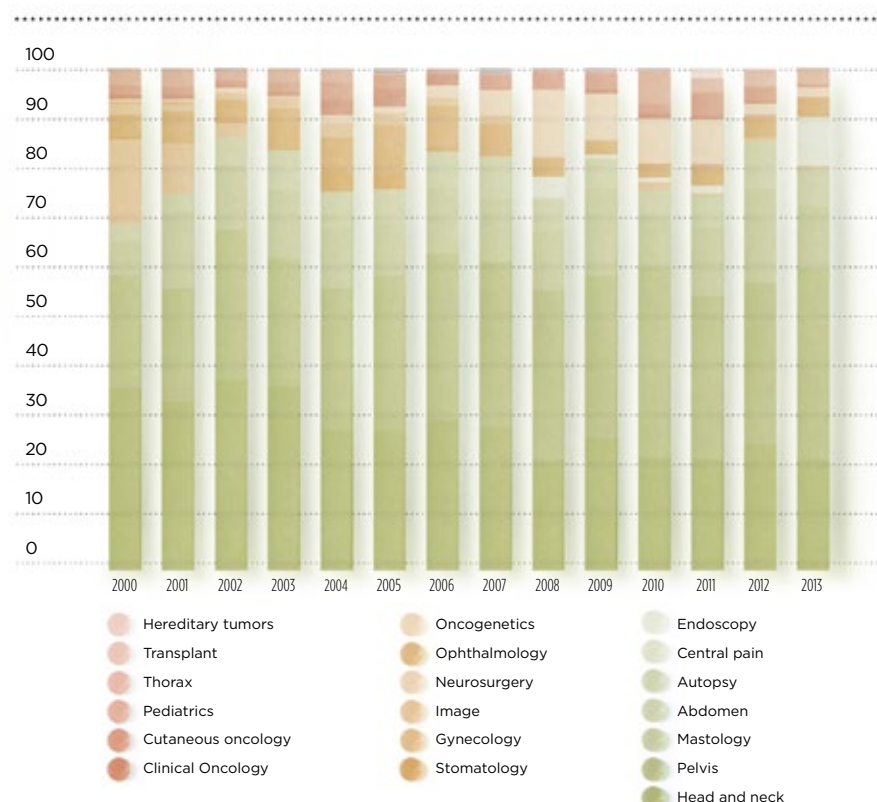


Among the tissues from primary tumors, the five most frequent locations (topographies) in 2013 were Colon-Rectum, Breast, Thyroid, Prostate and Kidney / Ureter, accounting for over 50% of the total samples collected.



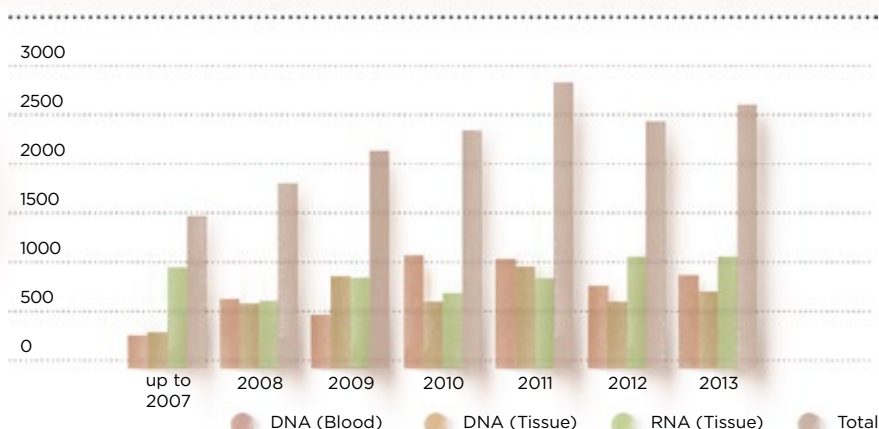
Topographies of tumors collected for the Biobank (in absolute numbers and percentage) in 2013.

The departments of Pelvic Surgery, Head and Neck Mastology have contributed over the years, with more than 50% of the tissue samples collected by the Tumor Bank. This is proportional to the volume of patients seen by these departments, however almost every other department of the A.C.Camargo Cancer Center have cases whose samples were collected for the Biobank.z



The Bank of Macromolecules provides support to the research that is done through the application of modern techniques of analysis of DNA, RNA and proteins. The collection of the Macromolecules Bank totals more than 10,000 samples between DNA and RNA. The bank is fully computerized, with the latest equipment and a highly qualified staff, ensuring a high level of quality and utilization of clinical specimens for research and application of any nature. This specialized process of extracting nucleic acids allows samples to be shared among different projects.

Since its creation in 2004, the Bank held approximately 16,000 Macromolecules extractions of RNA and DNA, and tissue samples and blood, providing for hundreds of projects of the institution and partner institutions.



RNA and DNA extractions performed by the Bank of Macromolecules (2004-2013)

CLINICAL RESEARCH

STUDIES WITH PATIENTS ARE MADE UNDER THE STRICTEST SAFETY CRITERIA

The sponsored clinical research ended the year 2013 with 131 registered studies since 2001, with a total of 1642 patients included in this period. It is expected that these numbers will continue growing in scale. To encourage institutional clinical research, in 2013 a committee was created with the mandate to promote training events aimed at increasing the number of patients in projects.

SPONSORED CLINICAL RESEARCH IN 2013

	Nº STUDIES
Studies initiated	5
Studies recruiting patients	12
Studies monitoring	23
Closed studies	14

INVESTMENTS IN RESEARCH

INCENTIVE PROGRAM AWARDS FOR MEDICAL RESEARCH GROUPS

GRI
EC4

The research conducted by A.C.Camargo Cancer Center has relied on funding from FAPESP, Foundation for Research Support of the State of São Paulo and other agencies in Brazil and abroad, such as the American National Institutes of Health (NIH) and National Cancer Institute (NCI), and the British Wellcome Trust and the European Commission / CHIBCHA (Genetic Study of Common Hereditary Bowel Cancers in Spain and the Americas). In contrast, the institution gives strong support for institutional research. In 2012, established the **Ricardo Renzo Brentani Award**, to promote projects developed by members of the medical staff of the A.C.Camargo Cancer Center. With awards ranging from R\$ 20,000 to R\$

100,000, the A.C.Camargo Cancer Center has invested a total of R\$ 500,000 for nine projects now underway.

In 2013, the A.C.Camargo Cancer Center created a Research Incentive Program that rewards its medical groups for academic activities and development, including support of students in Stricto Sensu graduate courses, publishing articles and participating in scientific committees.

GRI
EC9

The amounts invested in research by the institution return to society in the form of new procedures and medicines.

INVESTMENTS AND DONATIONS	2013 (R\$)
FAPESP	7.134.266
Others	2.063.187
A.C.Camargo Cancer Center	11.505.000
Prêmio Prof. Ricardo Brentani	500.000
Incentive Program for Research of A.C.Camargo Cancer Center	2.500.000
TOTAL	23.702.453

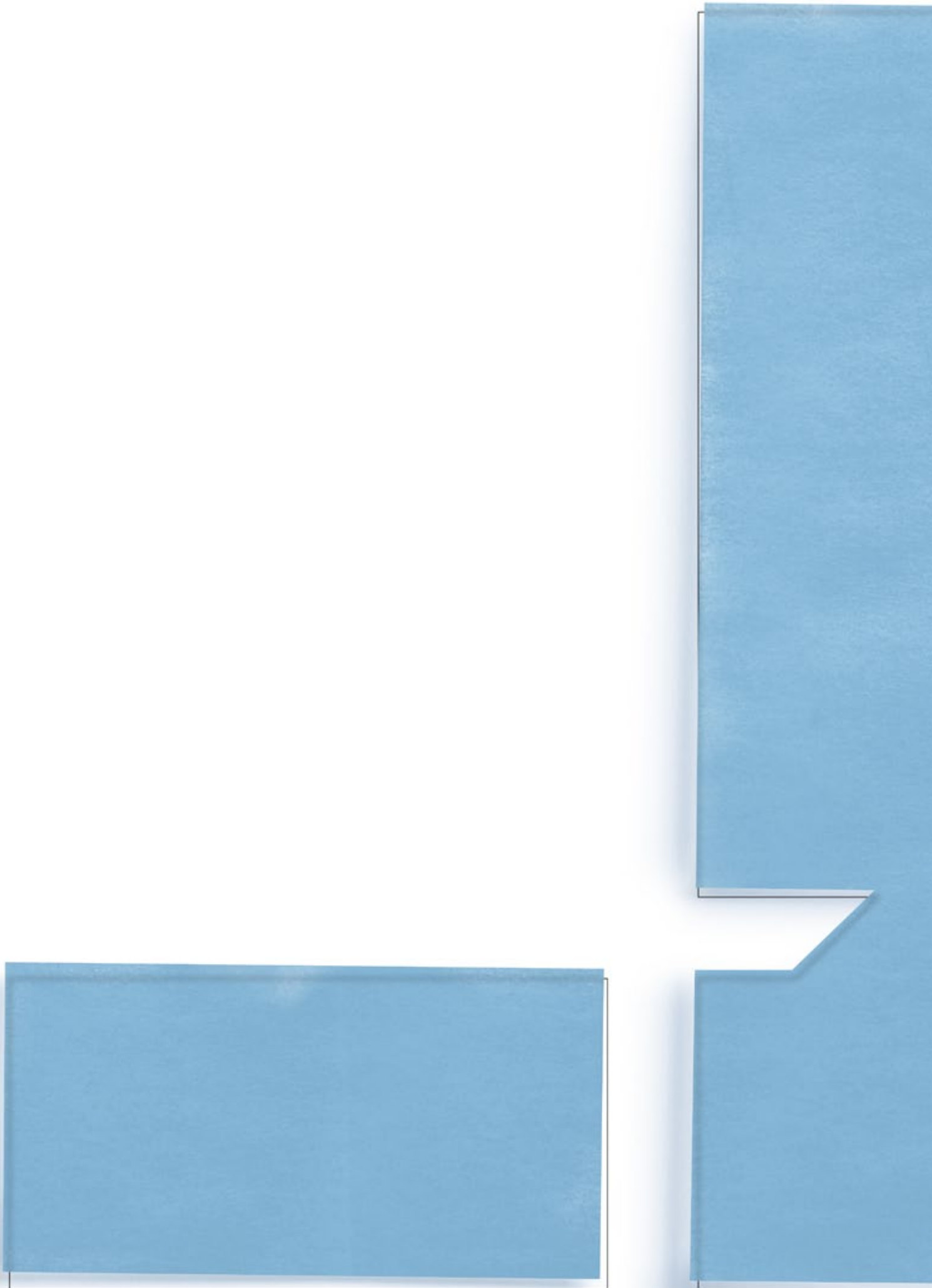
NOTA FISCAL PAULISTA

Nota Fiscal Paulista is a program of the state government of São Paulo which returns to consumers 30% of ICMS (Tax on Circulation of Goods and Services). The Law 13.441 implemented in March 10, 2009 allows individuals or companies to transfer the value of this incentive to private, nonprofit, healthcare entities in São Paulo. In 2013, through the “Donate your Paulista Fiscal note for Research on Cancer” campaign, the research projects of the A.C.Camargo Cancer Center received grants and awards worth R\$1,374,000.

Robotic Surgery







AN INSTITUTION BASED ON SUSTAINABILITY



In the 2000s, the beginning of the technological renovation with the constant presence of business, political, medical and society personalities like Ermirio Antonio de Moraes, Geraldo Alckmin, Marcos Moraes, Patricia Pillar and Adib Jatene, greeted by Ricardo Brentani.

60 years



ALWAYS EVOLVING

The A.C. Camargo Cancer Center is meeting the patients needs through the rational and careful use of goods and services it provides, given the current social, economic and environmental conditions.

The institution began operations in 1953 with the most advanced technology center directed towards cancer treatment in the country, integrating a team of experienced doctors and nurses trained in the best international schools,. This assistance, combined with teaching and research, built the solid foundations of the institution.

Difficult years ensued, challenging decades of its operation. Constantly evolving, the center had difficulty finding the financial stability that would allow for the expansion of its capabilities. In the 2000s A.C. Camargo began an expansion that tripled its service capacity, and doubled its scientific and educational production.

With its own resources, the center renewed its physical structures and technology, and expanded the network of collaborators, while offering ongoing training and better working conditions for all. Today we are ready, with a focus on environmental and social responsibility, to expand the reach of our services to the public.

If sustainability is measured by the ability to conserve human capital, and to provide renewal and enrichment for future generations, A.C. Camargo fulfils this role with praise.





DVA - Statements of Value Added

GRI
2.8
ECI*The distribution of the aggregate wealth of Antônio Prudente Foundation.***BALANCE AS OF DECEMBER 31**
2013 and 2012 - In thousands of Reais
ENTRIES

	2013	2012
Revenue hospital activities	776.420	602.496
Other income	33.862	23.933
Revenue from the construction of own assets	24.748	29.073
Allowance for credit accounts	(8.105)	(15.725)

INPUTS ACQUIRED FROM THIRD PARTIES

Cost of products, goods and services sold	(309.246)	(239.184)
Materials, energy, outsourced services and other	(92.196)	(87.664)
Provision for losses on inventory and fixed assets	528	98

GROSS ADDED VALUE

426.011 313.027

DEPRECIATION AND AMORTIZATION

Depreciation, amortization and depletion	(15.038)	(11.742)
--	----------	----------

NET VALUE ADDED PRODUCED BY THE COMPANY

410.973 301.285

VALUE ADDED RECEIVED IN TRANSFER

Financial income	27.639	20.783
	27.639	20.783

TOTAL VALUE ADDED TO DISTRIBUTE

438.612 322.068

PERSONNEL AND RELATED CHARGES

166.295 132.094

Direct compensation	125.810	99.187
Benefits	30.484	24.507
FGTS Guarantee Fund for Length of Service	10.001	8.400

TAXES AND CONTRIBUTIONS

1.445 573

State	30	32
Municipal	1.415	541

COSTING PROCEDURES SUS

59.460 46.544

Costing procedures SUS	59.460	46.544
------------------------	--------	--------

REMUNERATION OF THIRD PARTY CAPITAL

9.971 6.967

Interest	3.144	2.644
Rents	6.827	4.323

REMUNERATION OF OWN CAPITAL

201.441 135.890

Surplus for the year	201.441	135.890
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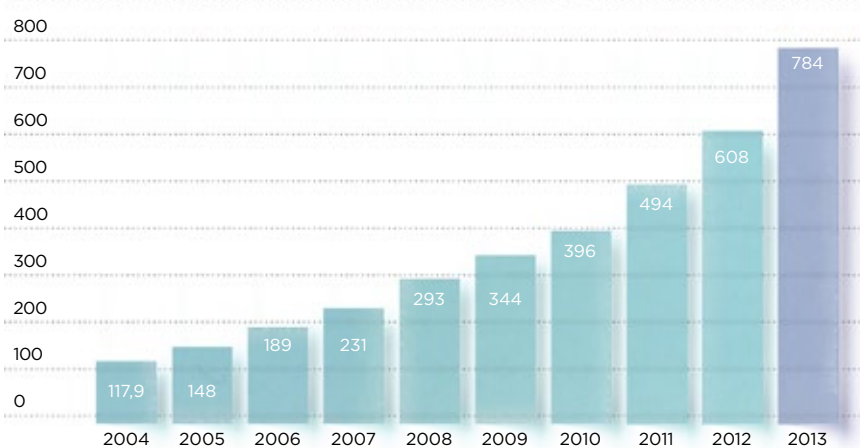
THE TOTAL VALUE ADDED

438.612 322.068

Indicators of Financial Health

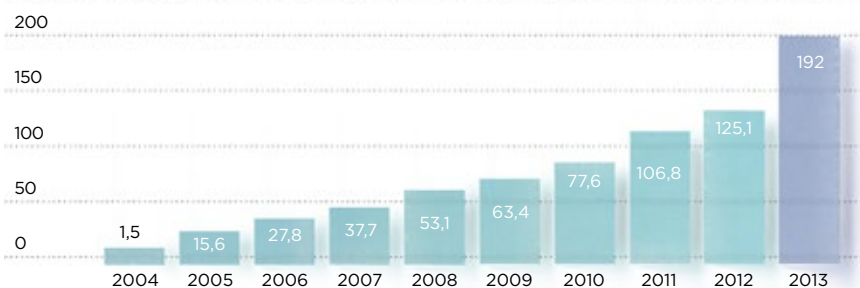
NET REVENUE FROM SERVICES

(R\$ millions)



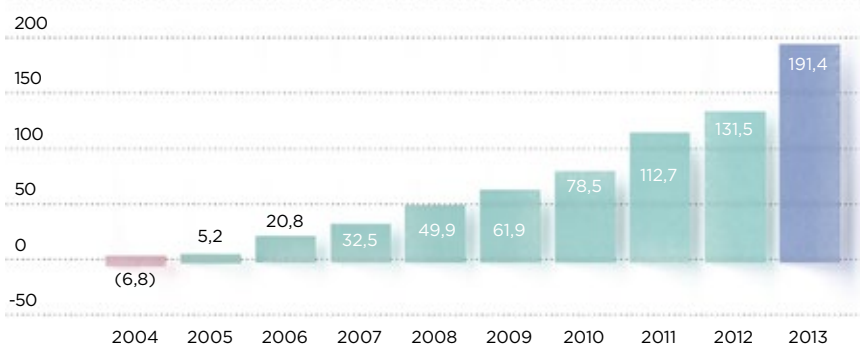
EBTIDA

(R\$ millions)

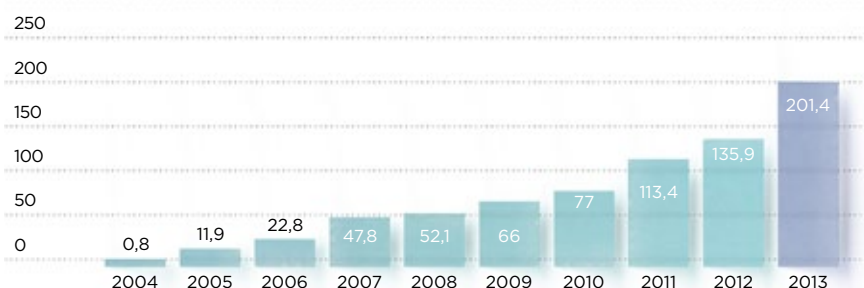


OPERATING SURPLUS AFTER DEPRECIATION AND FINANCIAL RESULTS

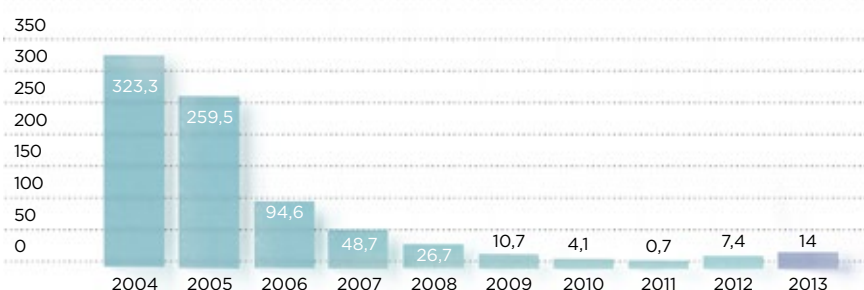
(R\$ millions)



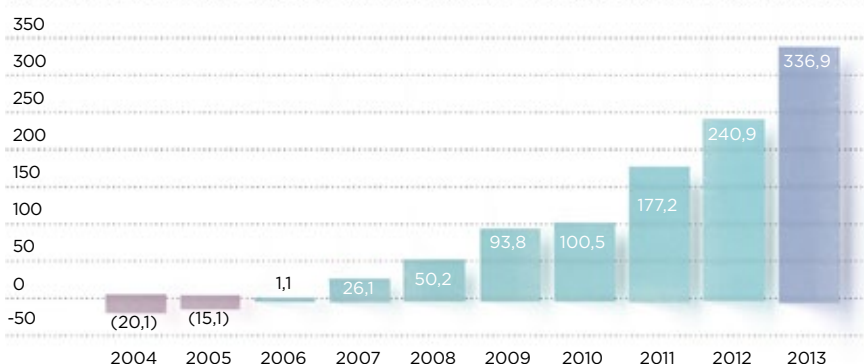
SURPLUS LIQUID (R\$ millions)



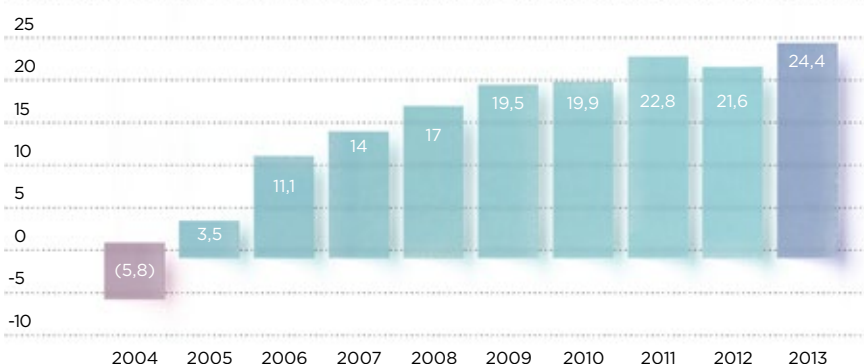
DEBT (DEBT / CASH) (%)

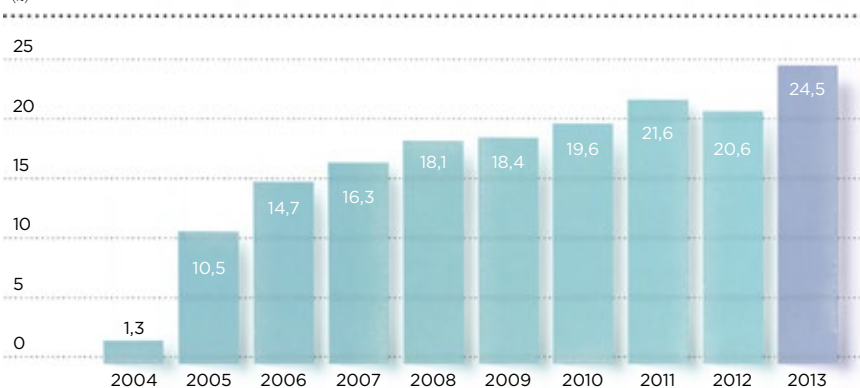
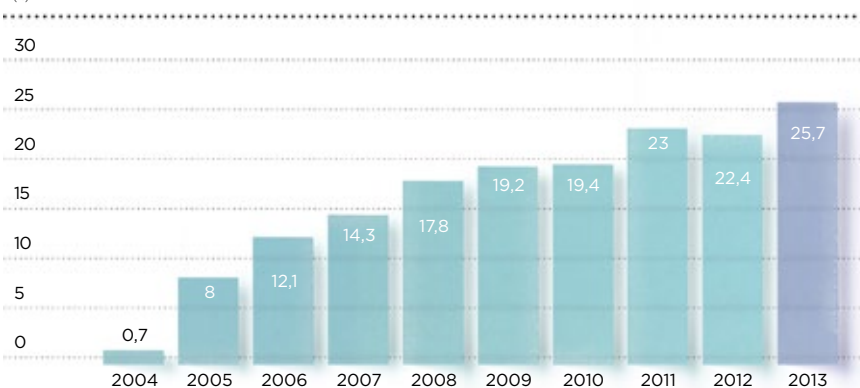
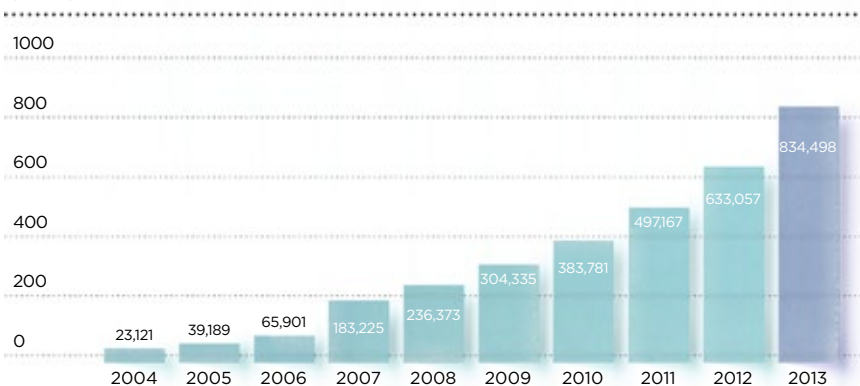


LIQUID CASH (R\$ millions)



OPERATING MARGIN (%)



**EBITDA
MARGIN**
(%)

**MARGIN
LIQUID**
(%)

**SOCIAL
PATRIMONY**
(R\$ millions)




Workforce Indicators

A GROUP OF MOTIVATED AND QUALIFIED EMPLOYEES

The A.C.Camargo Cancer Center has a workforce extremely dedicated to the mission and values of the institution. This team is qualified and committed to the daily goal of human resource management.

GRI
LA1

INDICATORS OF THE SUSTAINABILITY REPORT

PERIOD - JAN A DEC DE 2013

Total number of employees at end of period	3.483
Number of admissions during the period (CLT)	1.462
% Of employees over 45 years	10,25%
Average Time Home (years)	4
Number of women working in the institution	2.337
% of management positions held by women	72%
Average age of women in management positions	39
Average wage of women	2.617,33
Average age of men in senior positions	37
Average wage of men	2.349,48
Number of black employees in the institution	173
% of management positions occupied by black / black	3,29%
Average age of the black in senior positions	36
Number of white employees in the institution	1.974
Number of trainees at end of period	54
Number of people with special needs	166
Average salary of individuals with special needs	1.588,20

INCREASE TABLE

2013

New Jobs

565

EMPLOYEES BY CLASS AND CATEGORY

	MALE	FEMALE
Executive manager	4	4
Manager	12	25
Coordinator / supervisor	25	81
Leader	19	43
Administrative	217	412
Operational	869	1.772
Total	1.146	2.337
TOTAL	3.483	

EMPLOYEES BY CLASS AND CATEGORY

	YELLOW	WHITE	BROWN	BLACK	TOTAL
Executive manager		8			8
Manager		34	3		37
Coordinator / Supervisor	4	91	8	3	106
Leader	1	42	15	4	62
Administrator	1	400	213	15	629
Operational	6	1.399	1.085	151	2.642
TOTAL	12	1.974	1.324	173	3.484

HOME TIME

	2013
0 a 1 years	689
1 a 2 years	1.232
3 a 4 years	657
5 a 6 years	289
7 a 8 years	108
9 a 10 years	113
11 a 12 years	72
13 a 14 years	83
More than 14 years	240
TOTAL	3.483

PROMOTIONS

	2013
Horizontal	124
Vertical	483
TOTAL	607

TOTAL NUMBER OF EMPLOYEES PER UNIT AND GENDER

	FEMALE	MALE	TOTAL
Headquarters	1.937	934	2.872
Brentani Tower	376	209	585
Unit Santo André	15	1	16
Unit Morumbi	9	2	11
TOTAL	2.337	1.146	3.483

GRI
LA1
LA2

AGE GROUP	2013
Age group 18 years old	28
19 to 35 years old	2.181
36 to 60 years old	1.262
Over 61 years old	12
TOTAL	3.483

TOTAL STAFF BY GENDER	TOTAL
Female	2.337
Male	1.146
TOTAL	3.483

GRI
LA15

RETURN FROM MATERNITY LEAVE	RETIRED IN THE PERIOD	% RETENTION
Remains active after leave	143	80%
Terminated after leave	35	20%
TOTAL REMOVED	178	100%

GRI
LA4

COLLECTIVE AGREEMENT	%
Total Employees	3.483
% Employees covered	100%

GRI
LA6
LA9

SAFETY COMMITTEE OF EMPLOYEE - CIPA	NUMBERS OF MEMBERS	% REPRESENTATIVE
Matriz Liberdade	36	1%
Torre Brentani	16	3%

Representatives of the Internal Accident Prevention Commission (CIPA) and diseases stemming from work are indicated by the managers of the institution and elected by the employees, within a numerical parity. It is formal health and safety committee that helps monitor and advise on occupational safety and health programs.

GRI
LA7

HR INDICATORS - GENERAL	%
Absenteeism	3,52%
Turnover	2,36%

TRATE PER UNIT - Turnover	%
Headquarters	2,36%
Brentani Tower	2,42%
Unit Santo André	0,85%
Unit Morumbi	0,35%
OVERALL AVERAGE	1,50%

TURNOVER CALCULATION

(No. of admissions substitute (?) + No layoffs) / 2
 (No. of Employees from Day 1)

GRI
EC5**LOWER SALARY VERSUS
LOCAL MINIMUM WAGE**

	SALARIES BY GENERES			
	FAMALE	% CHANGE	MALE	% CHANGE
Lower salary	822,85	21%	775,00	14%
Local minimum wage	678,00		678,00	

* Workload 220 hours

PRIVATE PENSION

	2013
Participation of the company	60%

PAE - Program to Support Employee

	EMPLOYEES ATTENDED
Legal and psychological assistance	460

GRI
LA14**BASE SALARY BY GENDER**

	AVERAGE SALARY
Female	2.617,33
Male	2.349,48

EDUCATION OF EMPLOYEES

	EMPLOYEES
Primary incomplete	73
Primary complete	129
Upper school incomplete	121
Upper school complete	2.087
College incomplete	291
College complete	637
Graduate and MBA	122
Masters and PhD	23
TOTAL	3483

SCHOLARSHIP - Type of Training

	EMPLOYEES
Higher education (technical)	25
Higher education (Bachelor)	83
Graduate and MBA	32
TOTAL	140

CLINICAL STAFF

It is worth noting the qualified training of all Clinical Staff engaged in the institution:

TITLE	SUPPORT DIAGNOSTIC/ THERAPEUTIC	SURGICAL ONCOLOGY	CLINICAL ONCOLOGY	OVERALL TOTAL
Associate Professor	2	2		4
PHD	23	37	11	71
Masters	12	31	14	57
Specialist	185	35	23	243
OVERALL TOTAL	222	105	48	375

TITLE	SUPPORT DIAGNOSTIC/ THERAPEUTIC	SURGICAL ONCOLOGY	CLINICAL ONCOLOGY	OVERALL TOTAL
Associate Professor	1%	2%	0%	1%
PHD	10%	35%	23%	19%
Masters	5%	30%	29%	15%
Specialist	83%	33%	48%	65%

TRAINING PROGRAMS

COURSES AND WORKSHOPS COVERING ALL AREAS AND LEVELS OF THE GROUP OF REVIEWERS

GRI
LA10
LA11
HR3
SO3

The staff at the A.C.Camargo Cancer Center participate in training programs, starting with the Integration Program for new employees, which has a workload of 12 hours and addresses relevant organizational issues such as mission, vision and values of the institution; work ethic; excellence in patient care and safety, among other topics. There are also several technical and continuing education training courses.

For managers there is the Leadership Development Program (PDL): The PDL at the A.C.Camargo Cancer Center can be compared to a mini MBA . In 2013 it achieved the goal of 230 participants with investments of R\$ 600,000. Superintendents, managers and employees at the Senior level are trained according to the most modern leadership practices. Like all training conducted in the organization, the PDL is also constantly evaluated with the objective of improvement. The evaluation is made based on data from the Performance Evaluation Survey and the favorability index of the last PDL.

In 2013, the A.C.Camargo Cancer Center took on a major initiative to invest in the professional development of its employees, which was linked to its expansion strategy: a gathering of all training classes and courses in the Corporate University, which began its activities in 2014. A partnership by the HR and education sectors, the project provides for the valuing and retention of the employees, and the qualified training of skilled manpower of its internal sectors and the reduction of training costs .

The Corporate University has about 80 courses and an infrastructure with four classrooms with the capacity to serve 300 students simultaneously. The faculty is made up of employees considered experts in their fields. There are regular internal courses that reveal behavioral techniques specific to business and academic courses, such as Nursing Assistant and Graduate Nursing. The Course Completion Evaluation (TCC) of students of Postgraduate Nursing will be developed with the focus on solving real problems in the daily life of the institution and may be applied internally, and then publicized in specialized journals.

The Corporate University of the A.C.Camargo Cancer Center is composed of five Schools :

- **ESSENTIAL:** Essential courses for all employees , beginning with the integration process. This school gives training in areas such as the Program of Integration, Integration Sector, Welcome, Quality Management System, Introduction to Oncology, Time Management, Quality of Life, Meaning of Work and Philanthropy.
- **TECHNIQUE:** meets the technical issues of practical application in day to day work. Some Examples: Nursing courses (Assistant and Graduate) and Pharmacy (Auxiliary) subsidized by the institution. To take courses at the Technical School, the employee must be recommended by the manager.
- **LEADERSHIP:** specifically for leaders, includes the themes developed by the Leadership Development Program (LDP). To participate in the School of Leadership, the employee needs to indicate the area of Human Resources.
- **INCUBATOR:** for employees identified as “future leaders”, with conceptual themes of leadership and self-development. To participate in courses of the School Incubator the collaborator must be indicated by a manager and receive validation from the HR Committee.
- **SEED:** open to the public , offers various courses. Examples: Training by TV, Distance Learning (ODL), A.C.Camargo Cancer Center Billing, Legal Basics, The Role of Technical Assistant and Nurse. Participation in the Seed School courses is free with the recommendation of the manager.

TRAINING

Ours of training in classrooms
X man hours training
PDL program of leadership development

HOURS

19.170
131.108
6.485

TRAINING BY CATEGORY	HOURS
Executive Manager	969
Manager	3.364
Coordination / supervision	8.593
Leader	2.807
Administration	10.703
Operational	82.958
TOTAL	109.393

PERFORMANCE EVALUATION

INSTITUTION PERFORMS 360° AND 180° REVIEWS

GRI
LA12
4.4

Planning and monitoring the professional development of employees of the A.C.Camargo Cancer Center is based on the Performance Assessment and Individual Development Plan (IDP) .

The Performance Evaluation is semiannual and involves 100 % of the CLT reviewers and trainees through two methodologies: 360° for the leadership (the manager is evaluated by his superior, by his subordinates and peers, and also includes a self-assessment) and 180° for other employees (self-evaluation and evaluation by their immediate superior).

The IDP is prepared and accompanied by the manager and employee. In this context, one of the most important features of the Performance Evaluation is the feedback, at which time the manager talks with each team member individually on their professional performance, recognizing the highlights and opportunities for improvement. This step is led by manager is important in that it is one of the special points of the Leadership Development Program of the A.C.Camargo Cancer Center.

GRI
LA12

Succession plan: The A.C.Camargo Cancer Center does a review every two years to assess which employees have a potential for leadership. Based on this data, the Human Resources department can work in planning the development of future leaders for lines of succession in the short, medium and long term. The most recent survey was conducted during the second half of 2013 .

SURVEY OF ORGANIZATIONAL ENVIRONMENT

OPEN CHANNEL WITH EMPLOYEE

GRI
4.4

The Organization Environment Survey, conducted every 18 months, is the formal procedure for monitoring the organizational environment of the A.C.Camargo Cancer Center. Although the employee participation is not mandatory, it is growing in number every year. It is considered an important indicator for Human Resources to gauge the

commitment of people to the organization. The survey is conducted by an independent consultant. Employees receive a sealed communication informing the link, login and password so they can access and complete the survey from any computer. With this, besides convenience, participants are assured confidentiality.

Monitoring and management of the organizational environment at the A.C.Camargo Cancer Center is shared with all business units, based on the indicators of Environment Survey. The results of each year's survey are presented by the Human Resources first to the upper management and then to Superintendents, Directors, Managers, Supervisors and Coordinators. Information also is available to all employees via the intranet of the A.C.Camargo Cancer Center.

The Satisfaction survey of the internal communication channels: from October 21st to November 13th, 2013, is a survey conducted in order to know the opinion of employees on internal communication channels of the A.C.Camargo Cancer Center (Intranet, Between Us and Murals). The survey was available on the Intranet with the participation of 425 employees from 115 different areas, representing an increase of 84% of participants from the previous survey in 2012. Questionnaires showed that 97% of employees were satisfied with the Intranet, 92% were satisfied with the internal magazine: "Between Us" and 88% satisfied with the magazine "Murals".

BENEFITS AND PROJECTS

IN THE WIDE RANGE OF BENEFITS, THERE IS CONCERN FOR THE HEALTH OF EMPLOYEES

GRI
EC3
LA3
LA8

There are some benefits that apply to all employees and others granted according to a merit based criteria, as in the case of scholarships for undergraduate and graduate students. In the range of benefits there is in addition to traditional items, actions focused on the prevention of accidents and occupational diseases, and in maintaining physical and emotional health.

- **Medical care** (at no cost to the employee) ;
- **Orthodontic Plan:** Free inclusion of orthodontics coverage (Braces and documentation) in the dental plan;
- **Live Longer Program:** Adopted in 2013 for the Control of Chronic Diseases of employees: medical monitoring and provision of free medication for all employees diagnosed with chronic diseases such as diabetes and hypertension;
- **Pregnancy Program and Gynecological care:** this benefit includes consultations, routine examinations and prevention, and now offers a pregnancy program;

Dia das Crianças no Circo





- **Program for Prevention and Control of Osteomuscular Diseases**, with mapping of the ergonomic risks of sectors / jobs, recommendations regarding the ergonomic suitability of equipment, suggestions for better performance in the function and adaptation of the organization of work;
- **Nutritional Reeducation Program** with accompanying nutritionist to all interested employees selected with predetermined criteria;
- **Tobacco Cessation Program**, composed of a physician, nutritionist and psychologist;
- **Life insurance** (at no cost to the employee);
- **Discount on the purchase of medicinal products** (credicards Raia and Goodcard);
- **Private Pension Program**: with voluntary membership, in which the employee contributes 5% of his salary and A.C.Camargo with 60 % of the employee contribution;
- **Opportunities For those With Special Needs**: an infrastructure where A.C.Camargo fulfills all requirements regarding access and movement of those with disability. Currently, 166 people work in the institution with disabilities in the healthcare and in administrative areas. Besides participating in the Integration Program, these employees attend a training program for two months, with weekly classes, available in different areas – IT, Business Administration, Accounting and Logistics.
- **Wedding kit and Baby Kit**
- **Beauty Salon**: Interior Facilities provide manicures, pedicures and hair services, with different values, well below the market;
- **Bike rack**;
- **Lessons in Tai Chi Chuan labor**;
- **Daycare**;
- **Patient Competitions**;
- **Credit cards for coffee machines** located on the premises of the A.C.Camargo Cancer Center;
- **Discount Car and home insurance**;
- **Partnerships** with the SESC / SP, language schools, academies, schools and nurseries;
- **Banking facilities in the A.C.Camargo Cancer Center**;
- **Food vouchers**;
- **Meal vouchers**;
- **Bus passes**;
- **Executive Check-up**;
- **Employee Support Program (PAE)**, which consists of psychological, social and legal services for all employees and their dependents through a 800 number;

- **Celebrations:** contributing to the maintenance of the organization's environment, in 2013 various festivities were held with employees:
 - Anniversary of the A.C.Camargo Cancer Center, Mother's Day, June Festival, Father's Day, Children's Day, Festival of Friendship.

QUALITY OF LIFE PROGRAM	AMOUNT
Live more (Monitoring of chronic disease)	50
Women's health (Consulting the gynecologist)	1.039
Ideal weight - food reeducation (Attendances)	349
Smoking (Membership of employees)	51
Smoking (Psychological care)	308
Tai Chi Chuan (Classes)	816

PCMSO - Medical Care	AMOUNT
Admission	1.721
Periodic	2.671
Resignation	480
Change function	73
Return to work	254

VACCINES	DOSES
Administration of doses	5.845
VACCINATION FOR EMPLOYEES	
Influenza and H1N1	
Adult double	
Hepatitis B	

GRI
LA11

OUTPLACEMENT (RELOCATION) BY CATEGORY	POSITIONS
Executive manager	100%
Manager	100%
Coordination / supervision	100%
Leader	0%
Administrative	0%
Operacional	0%

For 2014 A.C.Camargo Cancer Center intends to deliver two internal workshops with the theme Code of Ethics and Conduct.

We also intend to enhance the employee communications, including types of complaints and resolutions and historical evidence.



Environmental responsibility

IN 2013, THE ACHIEVEMENT OF ISO 14001

GRI
4.11
EN26

Certification demonstrating that the institution is on the path to full to environmental sustainability

The A.C.Camargo Cancer Center in January 2013 obtained the ISO 14001 certification. The Environmental quality seal confirms that the organization operates according to the strict standards set by Standard ISO 14001:2004.

Procedures to guide all in healthcare, teaching and research, the A.C.Camargo Cancer Center has an environmental policy that is expressed in the following parameters:

- Promote continuous improvement of its organizational and management system processes, ensuring the satisfaction of its clients, employees , community, environment and society , and effectiveness in the management of clinical and non-clinical risks;
- Ensuring safety in treatment planning;
- Optimize and streamline renewable and non-renewable resources to control the environmental impact of its activities, processes and services;
- Preventive action with regard to occupational health and safety of employees;
- Meet legal requirements and statutory requirements;
- Provide personal and professional development to its directors, employees and suppliers, expanding the cancer care to serve the community;
- Contribute to sustainable development.

The same environmental responsibility is required for our trading partners as well. An environmental assessment is done before hiring suppliers. This evaluation verifies that the supplier works according to the following criteria, in regards to legal and environmental issues:

- Business license
- License of operation
- License ANVISA
- Documents relating to discharges of waste
- Program for prevention of environmental risks
- Program to control medical and occupational health

In contracts with its suppliers, the A.C.Camargo Cancer Center also has a clause that confirms the commitment of the supplier in regards to compliance with existing environmental laws of the country.

GRI
EN6
EN14

Promote the development of executive projects of new buildings with environmental solutions such as solar energy, water reuse and low energy consumption equipment in order to streamline renewable and non-renewable natural resources and ensure maximum sustainability for business. Thus, confirming the goal set in 2012 that the new Hilda Jacob Tower, opened in October 2013, includes in its infrastructure solar panels for the water heating system. All bathrooms are serviced exclusively by this system.

GRI
EN9

In 2013 there was a approximately a 50% reduction of water consumption per pound of sanitized clothing in the laundry, as demonstrated in the following table:

CONSUMPTION OF WATER / KG OF LAYETTE SANITIZED
Representation of Laundry 1 and Laundry 2



ENERGY CONSUMPTION

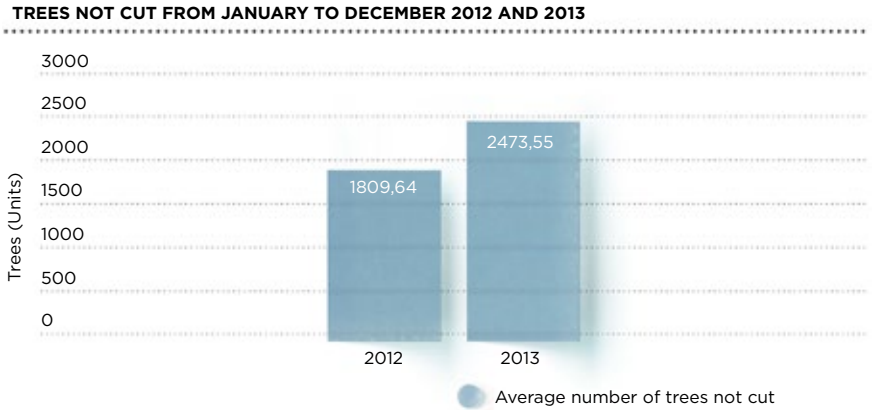
GRI
3.9
EN10

In all buildings, conventional bulbs have begun to be replaced by LED lamps and aerators are also being installed on faucets, which contribute to water savings. There is also a study being conducted for unification of the production of cooled water with replacement by new coolers. Currently, A.C.Camargo does not have its own system for collection, treatment and reuse of water. For their new expansion projects, the institution aims to encompass this system.

GRI
EN5

With respect to energy consumption, an indicator (Volume Energy Consumed/Total Number of patients attended) was created, through which it is possible to obtain a reduction of 4.3% compared to 2012, thanks to simple initiatives such as acquisition of equipment with low power consumption (Procel seal), installation of LED lamps and energy awareness of all employees.

The graph of trees, detailed below, show the evolution in 2013 compared to the amount of trees saved due to recycling.



GRI
EN7

In 2013, we also acquired two new generators, with a catalyst and acoustic treatment, one for the Hilda Jacob Tower and another as a back up to the current system, which supplies the A and B blocks. There is also a project to retrofit the facades of the Headquarters building, which is awaiting legal authorization, and is scheduled to begin in 2014, when we expect to receive approval from Conpresp and Condephaat. The release of the work permit from the City Hall is expected to be issued in the first quarter of 2014.

GRI
EN29
EN7
EN18

With the objective to avoid the environmental impacts of the logistics processes and transportation at the A.C.Camargo Cancer Center, Waste and Clothing Management works with Linen Inspection of Linen Vehicles. Vehicles are evaluated Monthly and also randomly, using a questionnaire containing various items which must be in accordance with legal standards of environmental safety and transportation. In case of irregularities, the company responsible receives notification and must correct the situation.

Another initiative of environmental responsibility is the acquisition of the Soft Eco blanket, which is available to all patients. This product is produced with fibers of PET bottles, and because it is lighter, the cost of cleaning is less and optimizes drying and storage facilitates. The manufacturer has a certification of social responsibility. (Social Responsibility Certificate, issued by the Ethos Institute).

GRI
EN28

Care in the environmental area is revealed, among other things, in the absence of fines or notices of non-compliance with environmental standards throughout the year.





WASTE TREATMENT

Throughout 2013, processes that had been implemented were improved and sustained according to the measures and standards governing the protection of the environment, such as:

WASTE COMMITTEE

GRI
EN26

Formed by leaders of the main sectors that manage waste from A.C.Camargo Cancer Center: Waste Management, Surgical Center, Chemotherapy and Pharmacy, among others. The goal is to maintain alignment with the standards for the collection and disposal of waste from the A.C.Camargo Cancer Center, as well as to the appropriateness of new procedures that may occur.

STANDARDIZATION OF CHEMICAL PRODUCTS COMMITTEE

Formed by leaders of various industries like Waste Management, CIPE (Research Center), Pathology, Pharmacy, Quality and Safety, among others. This group coordinates the entire entry process, use, handling and disposal of chemicals from the A.C.Camargo Cancer Center to comply with existing laws related to chemicals. The committee also has the responsibility to evaluate the chemicals required in the A.C.Camargo Cancer Center. The department requesting the material must fill out a form with various information to be evaluated by the Committee, for release and use.

AWARENESS CAMPAIGN ISO 14001, WITH EMPHASIS ON SEGREGATION OF WASTE

Objective: To emphasize with employees the correct way of collection and segregation of hazardous and non-hazardous waste produced by the A.C.Camargo Cancer Center, as well as, the importance this action has on the environment. Total employees trained: 871 using the Environmental Management Manual.

EDUCATION SURVEYS

Surveys taken by the staff of Waste Management in various sectors of the A.C.Camargo Cancer Center, which are randomly chosen to assess whether the waste disposal is being done properly and in accordance with proper standards. After each inspection a report is generated and sent to the head of the department. On average, 10 sectors are assessed per month.

INSTITUTIONAL INTEGRATION TRAINING

Offered to all employees who join the organization.

Objective: to present the actions and attitudes of the A.C.Camargo Cancer Center in relation to the environment emphasizing daily actions for the care of the environment.

Content: Waste Management plan, a manual is used in the safe handling and disposal of waste. This manual is a legal requirement of the RDC ANVISA and CONAMA 306 358. Total number of employees trained in 2013: 1560.

SECTOR TRAINING OF SAFETY IN WORK ROUTINES

Technical training offered to all employees of Hygiene and Cleanliness A.C.Camargo Cancer Center.

Objective: To teach the safe and correct way about the work they will perform in the institution, that is within the standards applied by Waste Management, related to environmental and personal safety. Content: Selective collection, segregation of waste, use of PPE (personal protective equipment). Total number of employees trained in 2013: 305.

SECTOR TRAINING OF ISO 14001

Training offered to all employees of Hygiene and Cleanliness at the A.C.Camargo Cancer Center.

Objective: To explain what is contained in the ISO 14001 certificate, its importance, what should be done to maintain the standards that govern the impact on the environment, seeking to minimize its effects.

Content: environmental aspects and impacts, environmental non-compliances, the contingency plan, the 3Rs, objectives and targets, environmental operational controls, selective collection, among others. Total number of employees trained in 2013: 305.

SECTOR TRAINING OF LABORATORY RESEARCH

Training offered to all employees CIPE - International Center for Research and Teaching.

Objective: to teach how to identify the waste from research laboratories and proper handling and disposal of the same, and the control of environmental and personal safety. Total number of employees trained in 2013: 63.

SECTORAL TRAINING OF LAUNDRY SERVICES

Training offered to employees of Nursing, Hygiene and Cleanliness.

Objective: To raise employee awareness of these sectors on the

correct uses of the A.C.Camargo Cancer Center layettes which, if done correctly, leads to decreased use of water, electricity and effluent generation waste (water). Total number of employees trained in 2013: 396.

GRI
EN22

NON-HAZARDOUS WASTE

	MONTHLY AVERAGE IN 2013	TREATMENT
Recyclable waste (kg)	27.032	Recycling
Common residue (kg)	57.132	Landfill

HAZARDOUS WASTE

	MONTHLY AVERAGE IN 2013	TREATMENT
Infectious waste (kg)	49.992	Electro term deactivation ETD
Chemical waste (kg)	4.217	Incineration
Chemical residue (L)	1.258	Incineration

GRI
EN1
EN8
EN16
EN17
EN19
EN8 E
EN4 E
EN3 E

TYPE OF INPUT

	VOLUME CONSUMED	MEASURING STANDART
Water	139.454,00	M3/ano
Electricity	61.218,66	GJ/ano
Fuels	7.588,24	GJ/ano
Emissions	1.579,20	TON CO2

Observations:

GRI
EN4

1) 61218.66 GJ is 100% of energy purchased from AES Eletropaulo. This amount of energy could be higher if not for the installation of the solar heating system which supplies all bathrooms in the Hilda Jacob Tower.

GRI
EN3

2) Consumption of 7588.24 GJ of gas is justified by the fact that the entire block has its system water heated by gas heaters. Also due to the inauguration of the Hilda Jacob Tower it was necessary to create a second kitchen, which generated increased gas consumption. The A.C.Camargo Cancer Center also installed a Moto Group Generator system to meet 100% of the complex, and due to the various tests and supply of tanks, the diesel volume in 2013 was particularly high.

3) Not being informed of the volume of refrigerant used in the air conditioning system, this control was not done in previous years.

ENVIRONMENTAL AND SOCIAL RESPONSIBILITY IN THE SUPPLY CHAIN

The A.C.Camargo Cancer Center seeks a social and environmental commitment in its supply chain, which must be in accordance with pre-established Supplier Evaluation and Approval Policy, which are considered as commercial, technical, legal, environmental and social requirements.

In addition to the technical capacity and competitiveness in cost, the center requires compliance in area of human rights and environmental issues.

In 2013, all manufacturers of drugs and materials considered strategic to the operation of the institution were evaluated in relation to environmental aspects. Thus it was found that approximately 82% of the purchases from this group of suppliers originates from companies with an environmental certification.

GROUP OF SUPPLIERS	VALUE ACQUIRED IN 2013 (R\$)	PURCHASING OF CERTIFIED COMPANY (R\$)
Manufacturers of materials	21.344.500,12	11.742.635,48
Drug manufacturers	58.269.630,12	47.405.067,14
TOTAL	79.614.130,24	59.147.702,62

In addition to this group of companies, the leading suppliers of chemicals, hospital equipment and computers also have environmental certification.

GRI
EN2

The organization also seeks to purchase environmentally friendly products, considering what is realistic in the hospital sector. Thus, 90% of all A4 paper used in the institution is classified as 100% recycled paper used in the manufacture of disposable hygiene materials (paper towels and toilet paper) and are from reforestation.

GRI
EN24
SO9
SO10

With the nature of some procedures necessary to chemotherapy, the A.C.Camargo Cancer Center must use radioactive materials with high environmental risks to occupational health. In doing so, the center take steps to ensure that the companies responsible for the transportation of these products, even when outsourced, are evaluated for their technical capacity and legal compliance. Thus, we acquired 13 tons of radioactive materials in the local market and 100 kg of radioactive material via imports transported by duly accredited companies for that purpose.

LOCAL SUPPLIERS

GRI
EC6

Although there is not a policy of preference for acquisitions from local suppliers due to market realities, the Antônio Prudente Foundation focuses on the acquisitions of suppliers located in São Paulo, where about 80% of the active suppliers of medicines and materials approved at the institution are located.

**ACTIVE SUPPLIERS
OF MATERIALS AND DRUGS**

LOCALITY	NUMBER OF PROVIDERS	%
SP	219	79,93
DF	10	3,65
GO	11	4,01
MG	7	2,55
PB	2	0,73
ES	1	0,36
PR	5	1,82
PE	1	0,36
SC	2	0,73
RJ	15	5,47
RS	1	0,36
TOTAL	274	100

SUPPLIERS EVALUATED FOR HUMAN RIGHTS

One of the results obtained by the alignment of actions of the supply chain management to environmental and social issues was a result of the revision of the Certification Policy and Vendor Evaluation, in which issues were included relating to social and environmental performance of suppliers.

Initiated in April 2013 was the insertion of Social Responsibility clauses in contracts with our suppliers and 35 new contracts were signed considering these issues. The goal for 2014 is to promote these issues with suppliers of the institution and double that number. The renewal of existing contracts will also be conditional on the inclusion of such clauses. In addition, a review of public information on the Slave Labour List (Ministerial Decree 2 of 12/5/11) was initiated.

Goals for 2014:

An anticipated investment of U.S. \$ 16 million in upgrading the existing infrastructure. These investments seek to ensure greater reliability of facilities and optimization of natural resources with a focus on the following objectives:

- Reduction of water consumption;
- Reduction of energy consumption;
- Ensure adequate containment to prevent leaks.

GRI
HR1
HR2
HR10

GRI
EN30





INDEX GRI

PARAMETERS FOR THE REPORT

GRI
3.12
3.1
3.2
3.3
3.11
3.13

Performance reports of the A.C.Camargo Cancer Center are presented annually. This is the third Sustainability Report of the institution prepared according to the guidelines of the Global Reporting Initiative (GRI) and provides information on performance throughout 2013, with an audit performed by BDO RCS Independent Auditors, a member firm of BDO International Limited.

For the preparation of the report in 2013 there was intense mobilization of all sectors of the A.C.Camargo Cancer Center in order to provide even more information than what was provided in the previous report, which received the level GRI C+. The additional information provided was the result of the commitment of managers from all areas of the company which led to this publication meeting the criteria established by GRI for the declaration of an application level A. This report was not based on a Test of Materiality, a procedure which is set as a goal for the Sustainability Report next year.

GRI
3.4

More information about this publication can be obtained at marketing@accamargo.org.br.

ITEM	TEOR	NÍVEL	COMENTÁRIO	PÁGINA
PERFIL				
Estratégia e Análise				
1.1	Declaração do detentor do cargo com maior poder de decisão na organização sobre a relevância da sustentabilidade para a organização e sua estratégia	A		4
1.2	Descrição dos principais impactos, riscos e oportunidades causados pela organização sobre a sustentabilidade, e seus efeitos em relação aos <i>stakeholders</i>	A		4
Organizacional				
2.1	Nome da organização	A		11
2.2	Produtos e serviços, incluindo marcas	A		11
2.3	Estrutura operacional	A		20
2.4	Localização da sede da organização	A		20, 136
2.5	Número de países em que a organização opera e nome dos países em que suas principais operações estão localizadas	A	O A.C.Camargo Cancer Center possui operações apenas no Brasil.	20

2.6	Tipo e natureza jurídica da propriedade	A		13
2.7	Mercados atendidos	A		20, 63
2.8	Porte da organização	A		20, 91
2.9	Principais mudanças durante o período coberto pelo relatório (inclusive abertura de unidades)	A		20
2.10	Prêmios recebidos no período coberto pelo relatório	A		24
Parâmetros para o Relatório				
3.1	Período coberto pelo relatório	A		122
3.2	Data do relatório anterior mais recente	A		122
3.3	Ciclo de emissão de relatórios	A		122
3.4	Dados para contato em caso de perguntas relativas ao relatório ou seu conteúdo	A		122
3.5	Processo para definição do conteúdo e limite do relatório, como materialidade, priorização de temas e principais <i>stakeholders</i> que a organização espera que utilizem o relatório	A	O presente relatório não se baseou em um Teste de Materialidade, procedimento que se estabeleceu como meta para a edição do Relatório de Sustentabilidade do próximo ano.	
3.6	Límites do relatório - países, divisões subsidiárias, arrendamentos, <i>joint ventures</i> , fornecedores, entre outros	A	A instituição não possui conhecimento de nenhuma organização <i>joint-ventures</i> , terceiros, arrendatários que venham a afetar significativamente as operações do A.C.Camargo Cancer Center.	
3.7	Declaração sobre quaisquer limitações específicas quanto ao escopo ou ao limite do relatório	A	Não há limitação quanto ao escopo ou ao limite do relatório.	
3.8	Base para a elaboração do relatório no que se refere a <i>joint ventures</i> , subsidiárias, instalações arrendadas, operações terceirizadas e outras organizações que possam afetar significativamente a comparabilidade entre períodos e/ou entre organizações	A	A instituição não possui conhecimento de nenhuma organização <i>joint-ventures</i> , terceiros, arrendatários que possam afetar significativamente as operações do A.C.Camargo Cancer Center.	
3.9	Técnicas de medição de dados e bases de cálculos	A		112
3.10	Explicação de reformulações de informações fornecidas em relatórios anteriores	A	Não houve mudanças significativas em comparação aos anos anteriores.	
3.11	Mudanças significativas em comparação aos anos anteriores referentes ao escopo, limites ou métodos de medição aplicados no relatório	A	Não houve mudanças significativas em comparação aos anos anteriores.	122
3.12	Tabela que indica a localização das informações no relatório (Sumário GRI)	A		122
3.13	Política e prática atual relativa à busca de verificação externa para o relatório	A		122

Governança, Compromissos e Engajamento				
4.1	Estrutura de governança da organização	A		13
4.2	Indicação caso o presidente do mais alto órgão de governança também seja um diretor executivo	A	O presidente do A.C.Camargo Cancer Center não ocupa também o cargo de diretor executivo da instituição.	
4.3	Para organizações com uma estrutura de administração unitária, declaração do número e gênero de membros independentes ou não executivos do mais alto órgão de governança	A	O A.C.Camargo Cancer Center não é uma organização com estrutura de administração unitária.	
4.4	Mecanismos para que acionistas e empregados façam recomendações ou deem orientações ao mais alto órgão de governança	A		13, 104
4.5	Relação entre remuneração para membros do mais alto órgão de governança e o desempenho da organização	A		13
4.6	Relatar os procedimentos estabelecidos pelo Conselho Curador para assegurar que conflitos de interesse sejam evitados	A		13
4.7	Processo para determinação de composição, qualificações e conhecimento dos membros do mais alto órgão de governança e de seus comitês	A		13
4.8	Declarações de missão e valores, códigos de conduta e princípios internos	A		12
4.9	Procedimentos do mais alto órgão de governança para supervisionar a identificação e gestão por parte da organização do desempenho econômico, ambiental e social – avaliação do desempenho de sustentabilidade	A		13
4.10	Processos para a auto-avaliação do desempenho do mais alto órgão de governança, referente desempenho econômico, ambiental e social	A		13
4.11	Explicação sobre se e como a organização aplica o princípio da precaução	A		111
4.12	Cartas, princípios ou outras iniciativas desenvolvidas externamente de caráter econômico, ambiental e social que a organização subscreve ou endossa	A	A instituição não é signatária de iniciativas desenvolvidas externamente de caráter econômico, ambiental ou social.	
4.13	Participação em associações e/ou organismos nacionais/ internacionais	A		26
4.14	Relação dos grupos de <i>stakeholders</i> engajados pela organização	A		15

4.15	Base para a identificação e seleção de <i>stakeholders</i> com os quais se engajar	A	O presente relatório não se baseou em um Teste de Materialidade, procedimento que se estabeleceu como meta para a edição do Relatório de Sustentabilidade do próximo ano.	15
4.16	Abordagens para o engajamento dos <i>stakeholders</i> , incluindo a frequência do engajamento por tipo e por grupos	A		45
4.17	Principais temas e preocupações levantados por meio do engajamento dos <i>stakeholders</i> e que medidas a organização tem adotado para tratá-los			45
INDICADORES DE DESEMPENHO				
Desempenho Econômico				
EC1	Valor econômico direto gerado e distribuído, incluindo receitas, custos operacionais remuneração, doações e outros investimentos na comunidade, superávit acumulado	A		93
EC2	Implicações financeiras e outros riscos e oportunidades para as atividades da organização devido a mudanças climáticas	NA	Esse indicador não se aplica ao A.C.Camargo Cancer Center, pois a operação da instituição não é diretamente afetada por mudanças climáticas.	
EC3	Cobertura das obrigações do plano de pensão de benefício definido que a organização oferece	A		105
EC4	Ajuda financeira significativa recebida do governo	A		84
EC5	Variação da proporção do salário mais baixo comparado ao salário mínimo local em unidades operacionais importantes	A		100
EC6	Políticas, práticas e proporção de gastos com fornecedores locais local em unidades operacionais importantes	A		119
EC7	Procedimentos para contratação local e proporção de membros de alta gerência e trabalhadores recrutados na comunidade local em unidades operacionais importantes	A	O A.C.Camargo não possui política formal para contratação de colaboradores na comunidade local.	
EC8	Desenvolvimento e impacto de investimentos em infraestrutura e serviços oferecidos, principalmente para benefício público, por meio de engajamento comercial, em espécie ou atividade <i>pro bono</i>	A		32, 34, 35, 38
EC9	Identificação e descrição de impactos econômicos indiretos significativos, incluindo a extensão dos impactos	A		34, 85

Desempenho Ambiental				
Produtos e Serviços				
EN1	Materiais usados por peso ou volume	A		118
EN2	Percentual dos materiais usados provenientes de reciclagem	A	O A.C.Camargo utiliza poucos materiais recicláveis devido à peculiaridade e especificidade de sua operação que é regulamentada técnica e legalmente.	119
EN3	Consumo de energia direta discriminado por fonte de energia primária	A		118
EN4	Consumo de energia indireta discriminado por fonte primária	A		118
EN5	Energia economizada devido a melhorias em conservação e eficiência	A		113
EN6	Iniciativas para fornecer produtos e serviços com baixo consumo de energia, ou que usem energia gerada por recursos renováveis, e a redução na necessidade de energia resultante dessas iniciativas.	A		112
EN7	Iniciativas para reduzir o consumo de energia indireta e as reduções obtidas	A		113
EN8	Total de retirada de água por fonte	A		118
EN9	Fontes hídricas significativamente afetadas por retirada de água	A		112
EN10	Percentual e volume total de água reciclada e reutilizada	A		112
EN11	Localização e tamanho de áreas sob responsabilidade da organização dentro de áreas protegidas, ou adjacente a elas, e áreas de alto índice de biodiversidade fora de áreas protegidas	NA	Não se aplica.	
EN12	Descrição de impactos significativos na biodiversidade de atividades, produtos e serviços em áreas protegidas e em áreas de alto índice de biodiversidade fora das áreas protegidas	NA	Não se aplica.	
EN13	Habitats protegidos ou restaurados	NA	Não se aplica.	
EN14	Estratégias, medidas em vigor e planos futuros para a gestão de impactos na biodiversidade	A		112, 118
EN15	Número de espécies em listas nacionais de conservação com habitats em áreas afetadas por operações, discriminadas pelo nível de risco de extinção	NA	Não se aplica.	

EN16	Total de emissões diretas e indiretas de gases de efeito estufa, por peso	A	As emissões relatadas já contemplam emissões diretas e indiretas.	118
EN17	Outras emissões indiretas relevantes de gases de efeito estufa, por peso	A		118
EN18	Iniciativas para reduzir as emissões de gases de efeito estufa e as reduções obtidas	A		113
EN19	Emissões de substâncias destruidoras da camada de ozônio, por peso	A	As emissões relatadas contemplam as substâncias destruidoras da camada de ozônio.	118
EN20	NOx, SOx e outras emissões atmosféricas significativas, por tipo e peso	NA	Não se aplica.	
EN21	Descarte total de água, por qualidade e destinação	A	Todos os efluentes são classificados como “esgoto doméstico” e descartados via sistema de saneamento local.	
EN22	Peso total de resíduos, por tipo e método de disposição	A		118
EN23	Número e volume total de derramamentos significativos	A	Não ocorreram derramamentos significativos no período coberto pelo relatório.	
EN24	Peso de resíduos transportados, importados, exportados ou tratados considerados perigosos e percentual de carregamentos de resíduos transportados internacionalmente	A		21, 119
EN25	Identificação, tamanho, status de proteção e índice de biodiversidade de corpos d'água e habitats afetados por descartes de água e drenagem realizados pela organização relatora	NA	Não se aplica.	
EN26	Iniciativas para mitigar os impactos ambientais de produtos e serviços e a extensão da redução desses impactos	A		111, 116
EN27	Percentual de produtos (e suas embalagens) recuperados em relação ao total de produtos vendidos, por categoria de produto	NA	Não se aplica	
EN28	Valor monetário de multas significativas e número total de sanções não-monetárias resultantes da não-conformidade com leis e regulamentos ambientais	A		113
EN29	Impactos ambientais significativos do transporte de produtos, trabalhadores e/ou outros bens e materiais utilizados nas operações da organização, bem como do transporte de trabalhadores	A		113
EN30	Investimentos e gastos em proteção ambiental, por tipo	A		120

Desempenho Social				
Emprego				
LA1	Total de trabalhadores, por tipo de emprego, contrato de trabalho e região	A		98, 99
LA2	Número total e taxa de rotatividade de empregados, por faixa etária, gênero e região	A		99
LA3	Benefícios oferecidos a empregados de tempo integral que não são oferecidos a empregados temporários ou em regime de meio período	PA		105
LA4	Percentual de empregados abrangidos por acordos de negociação coletiva	A		100
LA5	Prazo mínimo para notificação com antecedência referente a mudanças operacionais incluindo se esse procedimento está especificado em acordos de negociação coletiva	A	Não há política formal estabelecida para prazo de notificações referentes a mudanças operacionais, porém há diversos meios de comunicação com os colaboradores.	
LA6	Percentual dos empregados representados em comitês formais de segurança e saúde compostos por gestores e por trabalhadores, que ajudam no monitoramento e aconselhamento sobre programas de segurança e saúde ocupacional	A		100
LA7	Taxas de lesões, doenças ocupacionais, dias perdidos, absenteísmo e óbitos relacionados ao trabalho, por região e por gênero	A		100
Saúde e Segurança no Trabalho				
LA8	Programas de educação, treinamento, aconselhamento, prevenção e controle de risco em andamento para dar assistência a empregados, seus familiares ou membros da comunidade com relação a doenças graves	A		105
LA9	Temas relativos às questões de segurança e saúde cobertos por acordos formais com sindicatos	A		100
Treinamento e Educação				
LA10	Média de horas de treinamento por ano, por funcionário, discriminadas por categoria funcional	A		102
LA11	Programas para gestão de competências e aprendizagem contínua que apoiam a continuidade da empregabilidade dos funcionários e para gerenciar o fim da carreira	A		102, 109
LA12	Percentual de empregados que recebem regularmente análises de desempenho e de desenvolvimento de carreira	A		104

Diversidade e igualdade de oportunidades				
LA13	Composição dos grupos responsáveis pela governança corporativa e discriminação de empregados por categoria, de acordo com gênero, faixa etária, minorias e outros indicadores de diversidade	A		13
LA14	Proporção de salário base entre homens e mulheres, por categoria funcional	A		100
LA15	Retorno ao trabalho e taxas de retenção após licença maternidade/paternidade, discriminados por gênero	A		100
Direitos Humanos				
HR1	Percentual e número total de contratos de investimentos significativos que incluam cláusulas referentes a direitos humanos ou que foram submetidos a avaliações referentes a direitos humanos	A		120
HR2	Percentual de empresas contratadas e fornecedores críticos que foram submetidos a avaliações referentes a direitos humanos e as medidas tomadas	A		120
HR3	Total de horas de treinamento para empregados em políticas e procedimentos relativos a aspectos de direitos humanos relevantes para as operações incluindo o percentual de empregados que recebeu treinamento	A	No treinamento Programa de Integração são abordados temas relacionados à conduta ética e respeito aos direitos humanos.	102
HR4	Número total de casos de discriminação e as medidas tomadas	A	Não houve qualquer relato de caso associado à discriminação no período coberto pelo relatório.	
HR5	Operações e fornecedores significativos identificadas em que o direito de exercer a liberdade de associação e a negociação coletiva pode estar correndo risco significativo e as medidas tomadas para apoiar esse direito	A	Não foi identificado qualquer cerceamento de liberdade de associação dentro da instituição.	
HR6	Operações e fornecedores significativos identificados como de risco significativo de ocorrência de trabalho infantil e as medidas tomadas para contribuir para a efetiva erradicação do trabalho infantil	A	Não foram identificadas operações e fornecedores com risco de ocorrência de trabalho infantil.	
HR7	Operações e fornecedores significativos identificados como de risco significativo de ocorrência de trabalho forçado ou análogo ao escravo e as medidas tomadas para contribuir para a erradicação de todas as formas de trabalho forçado ou análogo ao escravo	A	Não foram identificadas ocorrências, em operações ou fornecedores, de trabalho forçado ou análogo ao escravo.	

HR8	Percentual do pessoal de segurança submetido a treinamento nas políticas ou procedimentos da organização relativos a aspectos de direitos humanos que sejam relevantes às operações	A	Na contratação de terceiros, há o alinhamento com os representantes do contratado que ficam responsáveis por repassar o treinamento a seus colaboradores sobre o Código de Conduta e Ética do A.C.Camargo Cancer Center.	
HR9	Número total de casos de violação de direitos dos povos indígenas e medidas tomadas	NA	Não se aplica.	
HR10	Percentual e número total de operações que foram submetidas a análises e/ou avaliações de impactos relacionados a direitos humanos	A		120
HR11	Número de queixas relacionadas a direitos humanos protocoladas, tratadas e resolvidas por meio de mecanismo formal de queixas	A	Não foram protocoladas quaisquer queixas relativas a direitos humanos no A.C.Camargo no período coberto pelo relatório.	
Comunidade				
SO1	Percentual de operações que implementaram programas de engajamento da comunidade, de avaliação de impacto e de desenvolvimento	A		44
SO2	Percentual e número total de unidades de negócios submetidas a avaliações de riscos relacionados à corrupção	A		19
SO3	Percentual de empregados treinados nas políticas e procedimentos anticorrupção da organização	A	No treinamento Programa de Integração são abordados temas relacionados à conduta ética e anticorrupção.	102
SO4	Medidas tomadas em resposta a casos de corrupção	A	Não foram protocoladas quaisquer queixas relativas à corrupção no A.C.Camargo no período coberto pelo relatório.	19
SO5	Posições quanto a políticas públicas e participação na elaboração de políticas públicas e lobbies	A	A instituição não participa no desenvolvimento de políticas públicas e lobbies.	
SO6	Valor total de contribuições financeiras e em espécie para partidos políticos, políticos ou instituições relacionadas, discriminadas por país	A	A instituição não contribui financeiramente para partidos políticos, políticos ou instituições relacionadas.	
SO7	Total de ações judiciais por concorrência desleal, práticas de traste e monopólio e seus resultados	A	O A.C.Camargo Cancer Center informa a ausência de ações judiciais por práticas de traste e monopólio.	
SO8	Valor monetário de multas significativas e número total de sanções não-monetárias resultantes da não-conformidade com leis e regulamentos	A	O A.C.Camargo Cancer Center não recebeu nenhuma multa significativa associada a não-conformidade com leis e regulamentos.	
SO9	Operações com impactos negativos significativos potenciais ou reais nas comunidades locais	A		119

SO10	Medidas de prevenção e mitigação implementadas em operações com impactos negativos significativos potenciais ou reais em comunidades locais	A		119
<i>Saúde e Segurança do Cliente</i>				
PR1	Fases do ciclo de vida dos produtos e serviços em que os impactos na saúde e segurança são avaliados visando melhoria, e o percentual de produtos e serviços sujeitos a esses procedimentos	A		24, 67, 70
PR2	Número total de casos de não-conformidade com regulamentos e códigos voluntários relacionados aos impactos causados por produtos e serviços na saúde e segurança durante o ciclo de vida, discriminados por tipo de resultado	A	O A.C.Camargo Cancer Center não identificou nenhuma não conformidade com esse indicador nos serviços de saúde que presta no período coberto pelo relatório.	
PR3	Tipo de informação sobre produtos e serviços exigida por procedimentos de rotulagem, e o percentual de produtos e serviços sujeitos a tais exigências	NA	O indicador não se aplica ao A.C.Camargo Cancer Center, visto não serem exigidos procedimentos de rotulagem nos serviços que presta.	
PR4	Número total de casos de não-conformidade com regulamentos e códigos voluntários relacionados a informações e rotulagem de produtos e serviços discriminados por tipo de resultado	NA	O indicador não se aplica ao A.C.Camargo Cancer Center, visto não serem exigidos procedimentos de rotulagem nos serviços que presta.	
PR5	Práticas relacionadas à satisfação do cliente, incluindo resultados de pesquisas	A		63, 72
PR6	Programas de adesão a leis, normas e códigos voluntários relacionados à comunicação de marketing, incluindo publicidade, promoção e patrocínio	A	O A.C.Camargo não é signatário de nenhuma lei, norma ou código voluntário relacionado à comunicação de marketing.	
PR7	Número total de casos de não-conformidade com regulamentos e códigos voluntários relativos a comunicações de marketing incluindo publicidade, promoção e patrocínio discriminados por tipo de resultado	A	O A.C.Camargo Cancer Center não identificou nenhuma reclamação sobre casos de não-conformidade com regulamentos e códigos voluntários, relativos a comunicações e marketing.	
PR8	Número total de reclamações comprovadas relativas à violação de privacidade e perda de dados de clientes	A		67
PR9	Valor monetário de multas (significativas) por não-conformidade com leis e regulamentos relativos ao fornecimento e uso de produtos e serviços	A	O A.C.Camargo Cancer Center não recebeu nenhuma multa significativa associada a não-conformidade com leis e regulamentos relativos ao fornecimento e uso de produtos e serviços no período coberto pelo relatório.	

Sobre o nível: A = GRI Atendido; PA = GRI Parcialmente Atendido; NA = Não se Aplica

RELATÓRIO DE ASSEGURAÇÃO LIMITADA DOS AUDITORES INDEPENDENTES

Aos Conselheiros, Diretores e Demais Partes Interessadas

Fundação Antônio Prudente - A.C.Camargo Cancer Center

São Paulo - SP

INTRODUÇÃO

Fomos contratados pela administração da Fundação Antônio Prudente ('A.C.Camargo Cancer Center') para apresentar nosso relatório de asseguração limitada sobre as informações contidas no Relatório de Sustentabilidade do A.C.Camargo Cancer Center, relativas ao exercício findo em 31 de dezembro de 2013.

RESPONSABILIDADES DA ADMINISTRAÇÃO DA FUNDAÇÃO

A administração do A.C.Camargo Cancer Center é responsável pela elaboração e apresentação de forma adequada das informações constantes do Relatório de Sustentabilidade 2013, de acordo com os critérios determinados pelas diretrizes GRI (*Global Reporting Initiative*), em sua versão 3.1, para nível de aplicação A+ e pelos controles internos que ela determinou como necessários para permitir a elaboração dessas informações livres de distorção relevante, independentemente se causada por fraude ou erro.

RESPONSABILIDADE DOS AUDITORES INDEPENDENTES

Nossa responsabilidade é expressar conclusão sobre as informações constantes no Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center, com base no trabalho de asseguração limitada conduzido de acordo com o Comunicado Técnico CTO 01/12, aprovado pelo Conselho Federal de Contabilidade e elaborado tomando por base a NBC TO 3000 – Trabalho de Asseguração Diferente de Auditoria e Revisão, emitida pelo Conselho Federal de Contabilidade (CFC), que é equivalente à norma internacional ISAE 3000, emitida pela Federação Internacional de Contadores, aplicáveis às informações não históricas. Essas normas requerem o cumprimento de exigências éticas, incluindo requisitos de independência e que o trabalho seja executado com o objetivo de obter segurança limitada de que as informações constantes no Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center, tomadas em conjunto, estão livres de distorções relevantes.

Um trabalho de asseguração limitada conduzido de acordo com a NBC TO 3000 (ISAE 3000) consiste principalmente de indagações à administração da Fundação e outros profissionais da Fundação que estão envolvidos na elaboração das informações constantes no Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center, assim como pela

aplicação de procedimentos analíticos para obter evidência que nos possibilite concluir na forma de asseguração limitada sobre as informações contidas no Relatório de Sustentabilidade 2013 da Fundação. Um trabalho de asseguração limitada requer, também, a execução de procedimentos adicionais, quando o auditor independente toma conhecimento de assuntos que o leve a acreditar que as informações constantes no Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center, tomadas em conjunto, podem apresentar distorções relevantes.

Os procedimentos selecionados basearam-se na nossa compreensão dos aspectos relativos à compilação e apresentação das informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center e de outras circunstâncias do trabalho e da nossa consideração sobre áreas onde distorções relevantes poderiam existir. Os procedimentos compreenderam:

- a) o planejamento dos trabalhos, considerando a relevância, o volume de informações quantitativas e qualitativas e os sistemas operacionais e de controles internos que serviram de base para a elaboração das informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center;
- b) o entendimento da metodologia de cálculos e dos procedimentos para a compilação dos indicadores por meio de entrevistas com os gestores responsáveis pela elaboração das informações;
- c) a aplicação de procedimentos analíticos sobre as informações quantitativas e indagações sobre as informações qualitativas e sua correlação com os indicadores divulgados nas informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center; e
- d) o confronto dos indicadores de natureza financeira com as demonstrações contábeis e/ou registros contábeis.

Os trabalhos de asseguração limitada compreenderam, também, a aderência às diretrizes e critérios da estrutura de elaboração de Relatórios de Sustentabilidade no padrão GRI, em sua versão 3.1, nível de aplicação A+, aplicável na elaboração das informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center.

Acreditamos que as evidências obtidas em nosso trabalho são suficientes e apropriadas para fundamentar nossa conclusão na forma limitada.

ALCANCE E LIMITAÇÕES

Os procedimentos aplicados no trabalho de asseguração limitada são substancialmente menos extensos do que aqueles aplicados no trabalho de asseguração que tem por objetivo emitir uma opinião sobre as informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center.

Consequentemente, não nos possibilitam obter segurança de que tomamos conhecimento de todos os assuntos que seriam identificados em trabalho de asseguarção que tem por objetivo emitir uma opinião. Caso tivéssemos executado um trabalho com objetivo de emitir uma opinião, poderíamos ter identificado outros assuntos e eventuais distorções que podem existir nas informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center. Dessa forma, não expressamos uma opinião sobre essas informações.

Os dados não financeiros estão sujeitos a mais limitações inerentes do que os dados financeiros, dada a natureza e a diversidade dos métodos utilizados para determinar, calcular ou estimar esses dados. Interpretações qualitativas de materialidade, relevância e precisão dos dados estão sujeitos a pressupostos individuais e a julgamentos. Adicionalmente, não realizamos qualquer trabalho em dados informados para os períodos anteriores, nem em relação a projeções futuras e metas.

CONCLUSÃO

Com base nos procedimentos realizados, descritos neste relatório, nada chegou ao nosso conhecimento que nos leve a acreditar que as informações constantes do Relatório de Sustentabilidade 2013 do A.C.Camargo Cancer Center não foram compiladas, em todos os aspectos relevantes, de acordo com as diretrizes da GRI 3.1, nível A+ e de acordo com as premissas e metodologias próprias do A.C.Camargo Cancer Center.

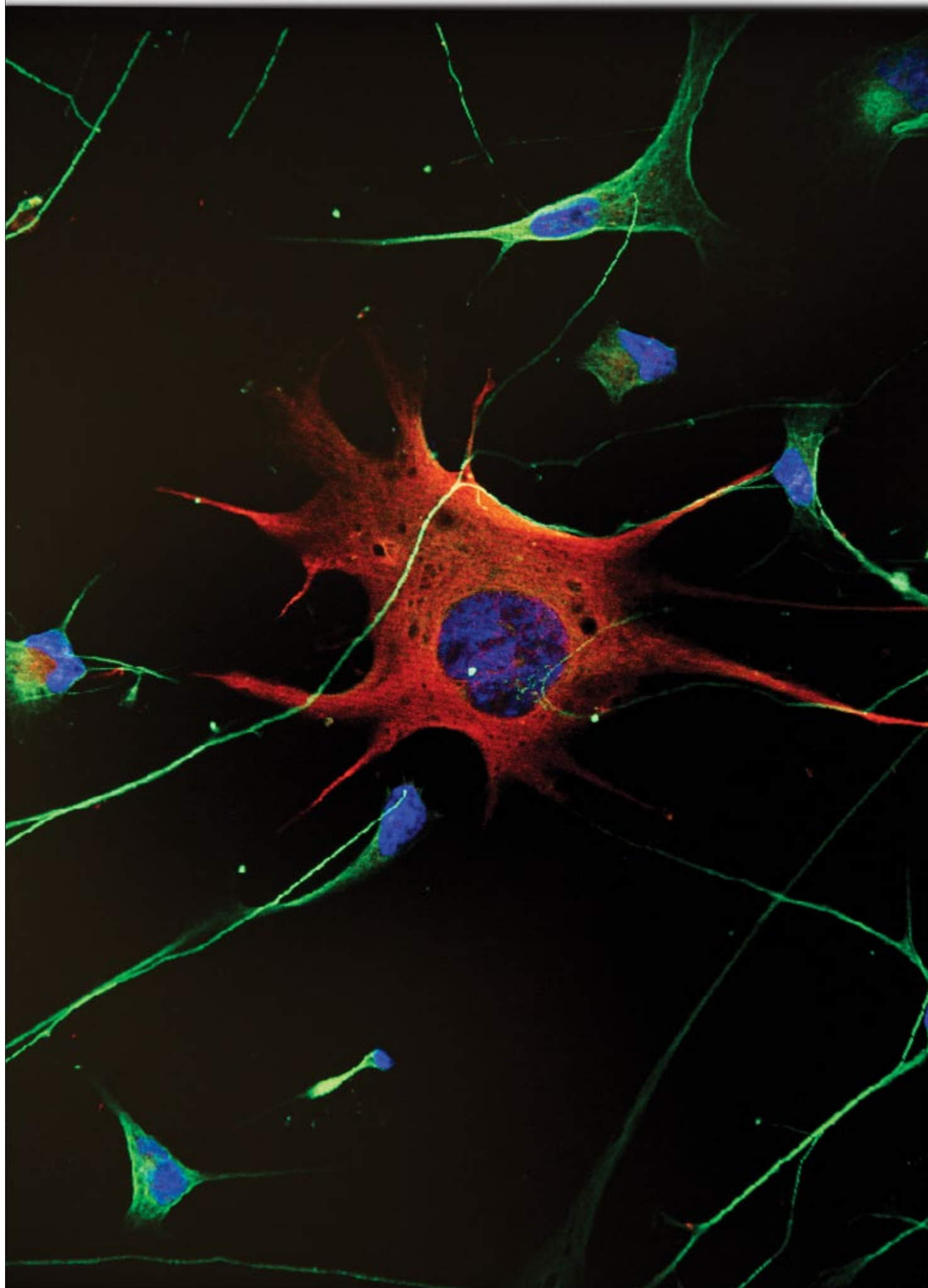
São Paulo, 25 de abril de 2014.



BDO RCS Auditores Independentes
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