A.C.Camargo Cancer Center

2015 SUSTAINABILITY REPORT

Our essence

GRI G4-56

Our purpose

To fight cancer, patient by patient.
Integrated Cancer Center for diagnosis, treatment, education and research.

Values

- Ethics
- Knowledge
- Resolution
- Innovation
- Patient-centered care
- Humanity
- Sustainability

Contents

Message from Management

GRI G4-DMA, G4-1, G4-2

The benefits of integrated Cancer Center for patients

After a prosperous cycle of expansion, 2015 hosted the institution's strategic planning for the next five-year period (2016-2020).

We have reasserted our positioning as an integrated Cancer Center, combining diagnosis, treatment, education and research on cancer, as well as an international player and example of sustainable social action model.

To reinforce best practices of economic, social and environmental, A.C.Camargo Cancer Center has subscribed to the United Nations Global Compact initiative, a call to encourage alignment of business strategies and operations with the universal principles of human rights, labor, the environment and anti-corruption, precepts honored in our activities. A Compliance Program was introduced and our Code of Conduct updated.

In 2015, Brazil´s macroeconomic situation posted a key challenge to healthcare institutions, increasing cancer treatment costs. The total number of private healthcare beneficiaries decreased, meanwhile services' demand grew steadily. In the short term, the hospital is facing a limited capacity to expand and the operational efficiency program is being decisive to guarantee treatment access to a greater number of patients, balancing the impact of increased costs.

Treatment is available to private insurance patients as well as National Health Service's SUS, the latter representing 62% of outpatients, underlining our commitment to social responsibility and sustainability. In 2015 the Institution performed 3.7 million healthcare procedures, including clinical visits, diagnostics tests, surgeries, chemotherapy and radiotherapy cycles, an increase of 3.2% in relation to 2014.

Consolidated net revenues reached R$1,115 million in this year, a 16% rise from 2014 with a R$295 million surplus and an EBITDA margin of R$232 million, representing 21% of total net revenues.

Further advancements were achieved, from integration in services' delivery to patient-centered assistance, quality and safety needs. Innovation in practices and technology furnished expansion of access to early diagnostic and treatment, better survival rates and quality of life for patients.

Eloquent results were also achieved underpinned by clinical and scientific evidence-based practices, integrated performance of multidisciplinary teams, a remarkable example of excellence in the field of Oncology in Brazil.

Significant steps were also taken to enhance cost-effectiveness of treatment, continuous quality improvement and efficiency of services. A.C.Camargo Cancer Center has achieved in 2015 the Qmentum International Accreditation - Diamond level, granted by the Canadian Council on Health Services Accreditation. The Institution also joined the Advisory Board Company's international network of hospitals for research and best practices.

Relevant progress was experienced in the institutionalization and expansion of Tumor Boards' forums, a current practice among medical teams and multidisciplinary experts grouped by type of tumor, with the purpose of evaluating and developing the best treatment plan according to the clinical conditions of each patient, and establishing guidelines and determining the best line of treatment. The benefits of such practice become even more significant for patients with



Knowledge. Expanding the possibilities of defeating cancer, on behalf of each and every patient.

critical conditions and for complex cases, when new therapies have to be considered.

Further investments were done, mainly in infrastructure, facilities and technology, such as expanding robotics program and intraoperative radiotherapy. Patient recognition reaching in 2015 a 97% rate of satisfaction.

Continued expansion of educational programs, enhancing integration among treatment and research practices, was also a 2015 goal. Fostering professionals' training and dissemination of knowledge inside and beyond the boundaries of our Institution.

During 2015, under the Residency Program in Oncology, 83 physicians and healthcare multi-professionals concluded their training, and 28 MSc´s and 26 PhD´s obtained their Strictu Sensu Graduate Degree. With the Corporate University´s initiative offering technical, behavioral and leadership development to a comprehensive share of professionals.

Through the expansion of knowledge boundaries, our activities and research pursued new effective ways for better clinical outcomes for all patients. New scientific partnerships were forged in 2015, expanding collaboration efforts in research and education both in Brazil and overseas. Additional 168 peer-review were published in indexed scientific journals.

We sincerely thank every member of this institution and all stakeholders who helped or supported our initiatives to fight cancer, for the decisive importance of their contribution in creating value for patients and for society as a whole and to save lives.

José Ermírio de Moraes Neto
Chairman of the Board of Trustees of Antônio Prudente Foundation

José Hermílio Curado
President of the Statutory Board of the Antônio Prudente Foundation

Vivien Navarro Rosso
Chief Executive Officer of the A.C.Camargo Cancer Center

2015 Highlights

3.7 million healthcare procedures, including clinical visits, diagnostic tests, surgeries, chemotherapy and radiotherapy cycles

62% of outpatients from the National Health Service (SUS)

168 peer-review were published in international indexed scientific journals

60 physicians trained in medical residency programs and **23** healthcare professionals trained in multi-professional residency programs in oncology

28 MSC's and **26** PhD's obtained their *Strictu Sensu* Graduate Degree

620 courses for the first two groups of nursing assistants at the Corporate University

- Institutionalization and expansion of **Tumor Boards' forums**, multidisciplinary experts groups to assess the best treatment planning approach for a patient with cancer
- Award of **Qmentum International – Diamond Level Certification**, by the Canadian Council on Health Services Accreditation
- Renewal of **ONA Level III - Excellence** certificate and **ISO 14001**
- Reinforcement of **Compliance Program**, through the Code of Conduct and the introduction of an Ombudsman channel
- Affiliation with **The Advisory Board Company's** international network of hospitals for research and best practices
- Subscription to the United Nations **Global Compact** initiative
- Review of **Strategic Plan** for 2016-2020
- More than **3.2 million** hits on the institutional website, **250 thousand** Facebook fans and **35 thousand** followers on LinkedIn

Recognition and awards

Octavio Frias de Oliveira Prize
A study on the Wilms tumor led by A.C.Camargo won the Cancer Research category in the Octavio Frias de Oliveira Awards, an initiative of the São Paulo State Cancer Institute (Icesp) in partnership with the Folha Group.

Octacílio Cunha Prize
Recognition by the National Nuclear Energy Commission (CNEN) of progress and new uses of nuclear energy to the benefit of patients, granted to institutions that contribute significantly to advances in the application of nuclear energy.

Best Institutional Clinical Research
A study submitted by the Radiotherapy team on brachytherapy was selected as the best institutional clinical research by the 17th Convention of the Brazilian Radiotherapy Society.

Pedro Kassab Prize
Antônio Prudente Foundation received the prize in the Corporate category. The award, granted by the São Paulo Association of Foundations, recognizes the best initiatives for the defense of knowledge, ethics, individual freedom and the common good.

Você S/A Guide
For the seventh time, A.C.Camargo Cancer Center is included in the ranking of the 150 Best Companies to Work For in the Exame magazine Você S/A Guide, with a commendation in the Best Corporate Citizenship Practices category.

Exame Melhores & Maiores
Listed, again for the seventh time, as one of the largest companies in Brazil.

Valor 1000
Listed as one of the thousand largest companies in Brazil.

IstoÉ Dinheiro
Ranked as one of the best companies in the healthcare sector.

Época 360° Businesses Manual
Ranked among the best companies in the country.

Estadão Empresas Mais
Placed third in the healthcare sector.

Who we are

Researcher Maria Galli de Amorim, PhD, prepares patient's DNA sequencing (genetic material) for genome analysis.

Benchmark in oncology. Strategic partner for private healthcare and the National Health Service

1953

was the year of foundation of A.C.Camargo, the first hospital in São Paulo dedicated to cancer care

A.C.Camargo Cancer Center

Prof. Dr. Antônio Prudente's dream of offering a full range of treatment to cancer patients, to train specialist professionals and to disseminate oncological skills, by setting up the São Paulo Anti-Cancer Association (APCC) in 1934, is closer to fulfillment every year. In 1953 this initiative led to the opening of the Cancer Hospital, thanks to a campaign involving the people of São Paulo, organized by Antônio Prudente and his wife Carmem, to build the city's first hospital for treating cancer.

The institution, led by health professionals, has a notable record of progress in patient care. In 1964, for example, the Pediatric Oncology Department was opened. It was the first in the country. This enabled not only the training of specialists in the area, but also the development of scientific research, new specific therapeutic approaches and the creation of more appropriate technology for these patients. As a result, there was an increase in survival rates, from 20% to the current level of 80%. Also of note is the technique of the surgeon Fernando Gentil, in the early 1970s, who pioneered breast-conserving surgery for cancer patients. At the time, the radical mastectomy introduced by William Stewart Halsted, at the end of the nineteenth century, was considered to be the gold standard of treatment.

The training of specialists and the dissemination of scientific knowledge are also part of the A.C.Camargo's goals. In the year of its foundation, the Institution pioneered the establishment of the first and greatest Program for Medical Residency in Oncology in Brazil and over six decades it has trained more than a thousand specialists. The graduate degree program, introduced in 1997, was the first in a non-academic private institution. In 1987, the institution also pioneered as the first to offer a hospital school program in Brazil, so as to allow children and teenagers to continue studying during their treatment in the hospital.

+ than one

thousand specialists in Oncology trained over six decades

Regarding our research activities, our fundamental role is to generate knowledge about cancer, and this is strengthened by a project initiated in 1983, when the institution was chosen to house the Ludwig Institute for Cancer Research, headed by Prof. Dr. Ricardo Brentani. One of the key milestones of this period was the recruitment of researchers, in partnership with laboratories in São Paulo, for sequencing the genome for *Xylella fastidiosa*, the bacterium that causes ferric chlorosis in oranges, when the disease was devastating crops in the state.

+ than 5

thousand professionals, including employees, physicians and multidisciplinary experts

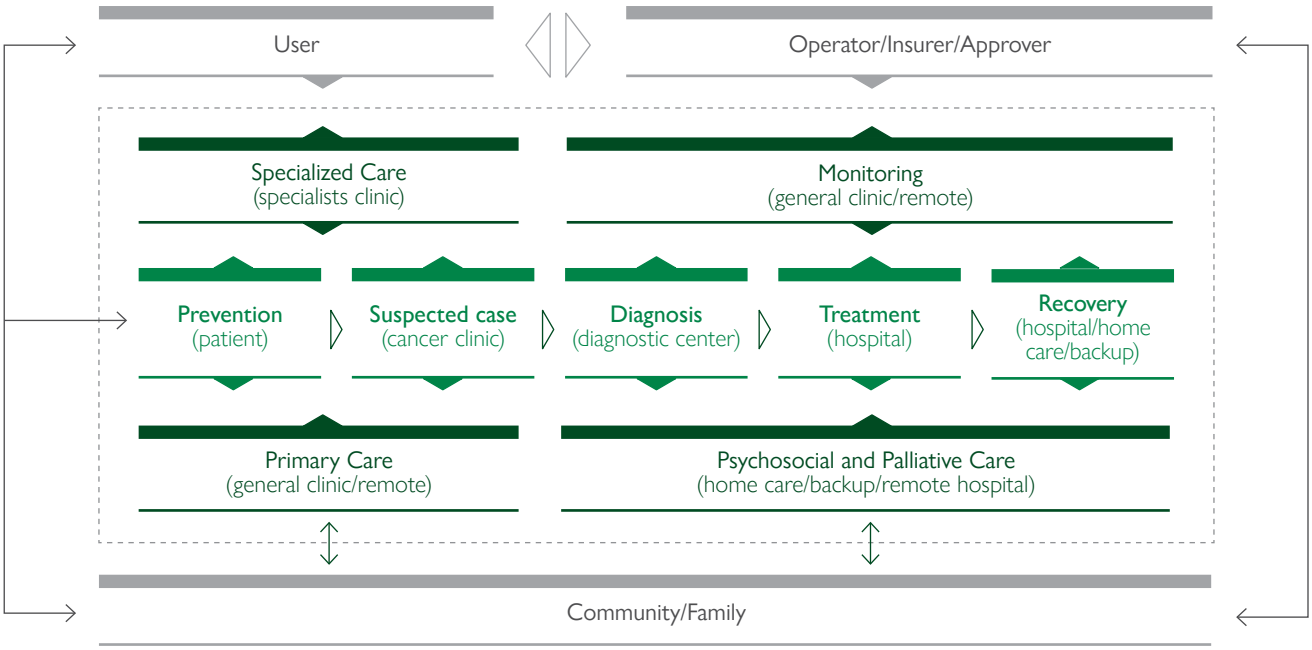
The work, which involved almost 200 scientists, was recognized by Onsa (Organization for Nucleotide Sequence and Analysis) and was the cover story in Nature magazine in July 2000. As a result of this success, A.C.Camargo also participated in sequencing the human cancer genome in Brazil, between 1999 and 2001.

As a result of this overarching operating model, in 2013 the institution was nominated as "Cancer Center", which is used by the major centers of reference worldwide, because it provides in a single location diagnosis, treatment, rehabilitation, education and research, as well as cancer prevention and early diagnosis.

An example of this integration includes A.C.Camargo's leadership in creating knowledge about cancer for application in clinical practice or in new diagnostic techniques, as well as in more efficient and cost-effective therapy. Supported by scientific evidence, multidisciplinary cancer care permits personalized treatment, with a constant broad watch over each patient and a focus on solving every case.

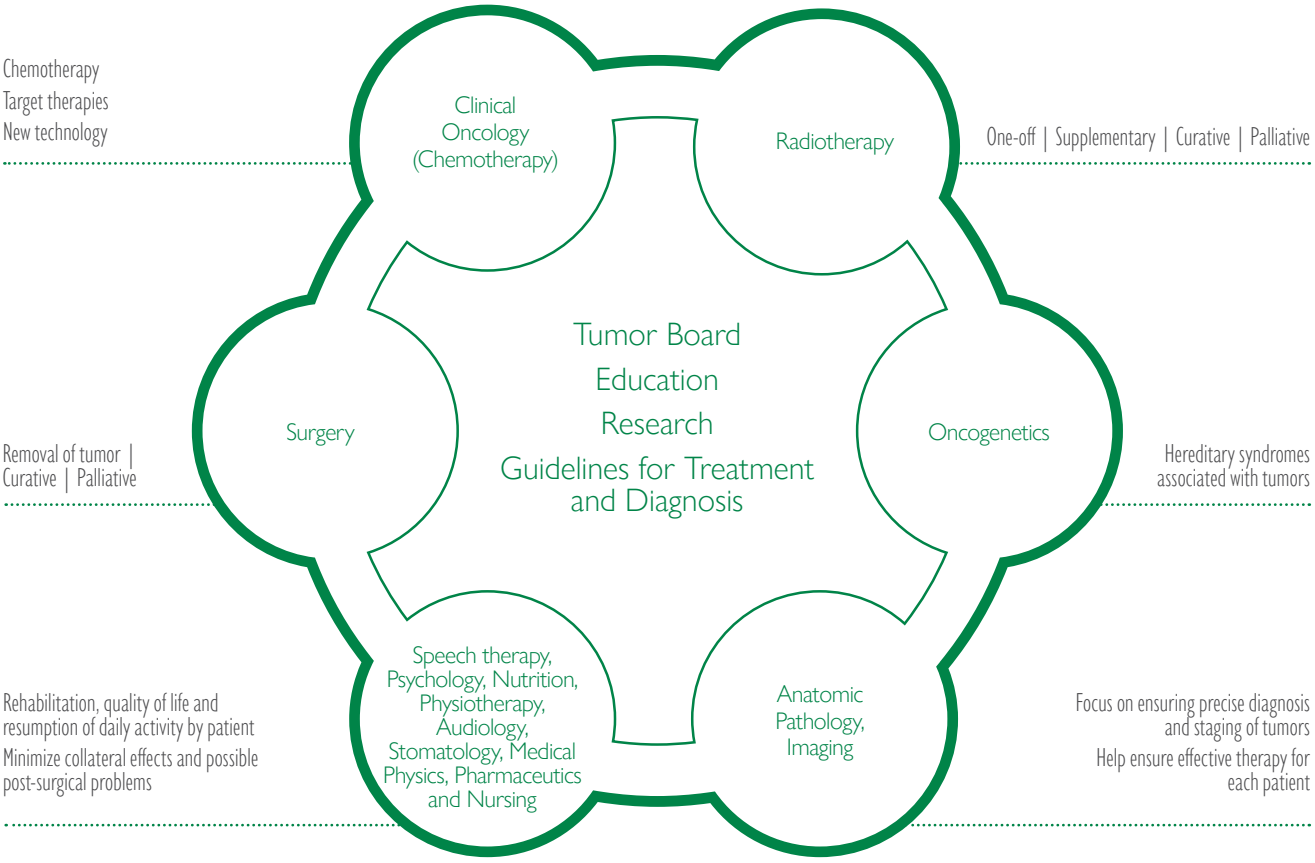
This model of assistance not only prioritizes the needs and the safety of patients, but also ensures a compassionate attitude, together with care and respect. More than five thousand professionals, including employees, medical doctors and a specialist multi-professional team, are proud to share in the fight against cancer and abide by the values cultivated over the years, which are part of the institution's culture.

Cycle of oncology services



Cancer Center

Integrated Multidisciplinary Treatment



A.C.Camargo Cancer Center is currently one of the largest and most important integrated oncology centers, as well as being a sustainable model of social action. It offers highly complex and personalized treatment for patients with cancer, both private insurance patients and those referred by the National Health Service (SUS). GRI G4-4, G4-8

Its hospital complex in the Liberdade district of São Paulo consists of four towers, offering 480 beds, an image diagnostics area, a surgical center, an emergency room and intensive care units, anatomic pathology, radiotherapy and chemotherapy, as well as an outpatient complex for doctor's appointments and multidisciplinary therapy.

The outpatient units for follow-up and chemotherapy are located in Santo André, in the Greater São Paulo ABC region, with capacity for 552 procedures per month, and in the Morumbi district, in the southern zone of São Paulo city, which can perform 414 procedures per month.

The institution also has a 4,500m^2 facility housing the International Research Center (CIPE) and two administrative buildings.

Integrated practice
supported by scientific knowledge

Pillars

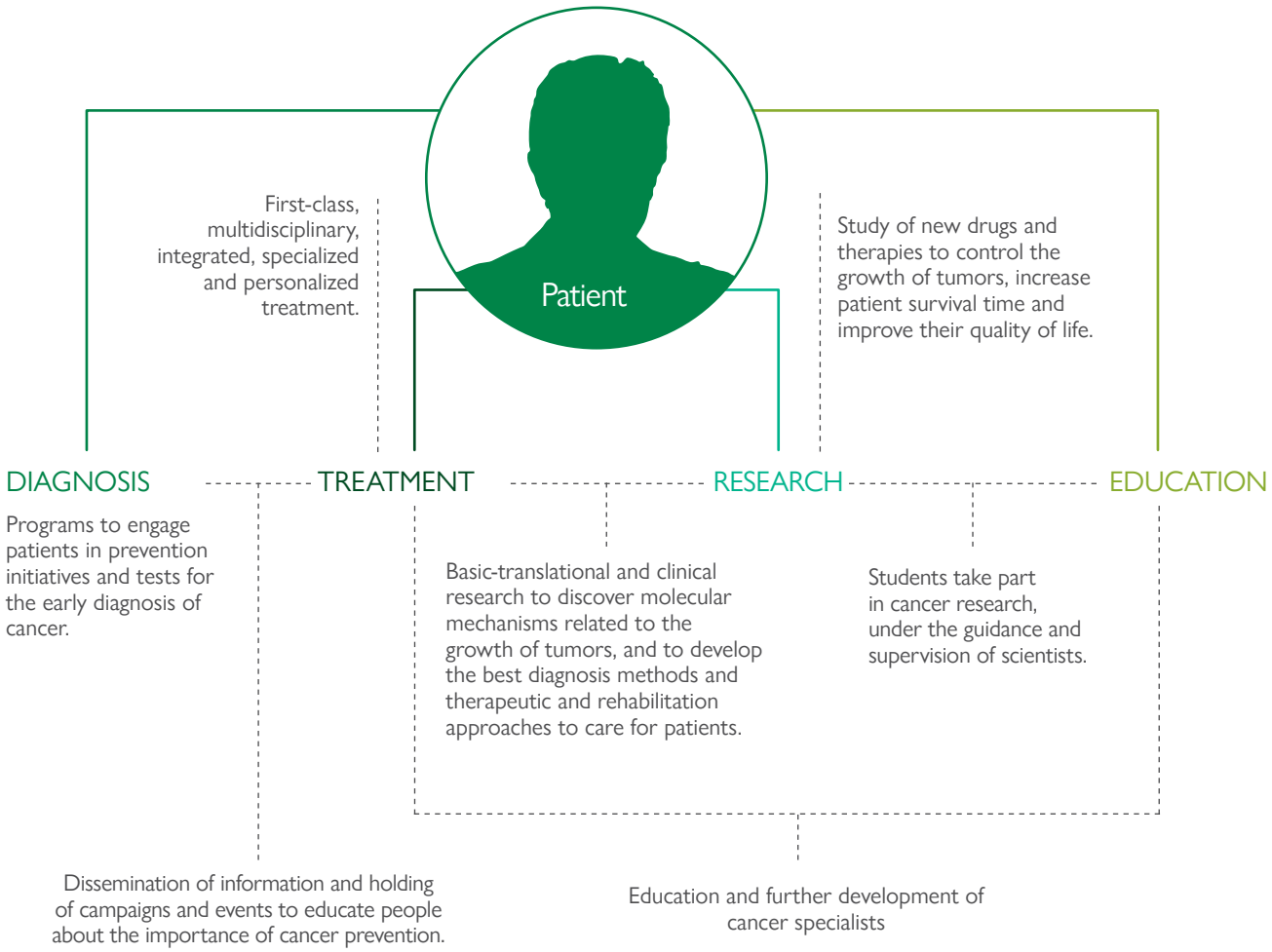
Diagnosis – identification of risk factors, diagnosis and secondary and tertiary prevention. Helps early detection of the disease, through prevention and healthy lifestyle campaigns, dissemination of information and tracking of principal incidences.

Treatment – first-class multidisciplinary, integrated, specialized and coordinated treatment, based on institutional protocols supported by scientific knowledge.

Research – scientific research projects, from basic and translational to clinical research.

Education – training and further development of professionals, through graduation programs (MSc and PhD) and medical and multiprofessional residencies in Oncology.

Integration of the pillars



Operational model

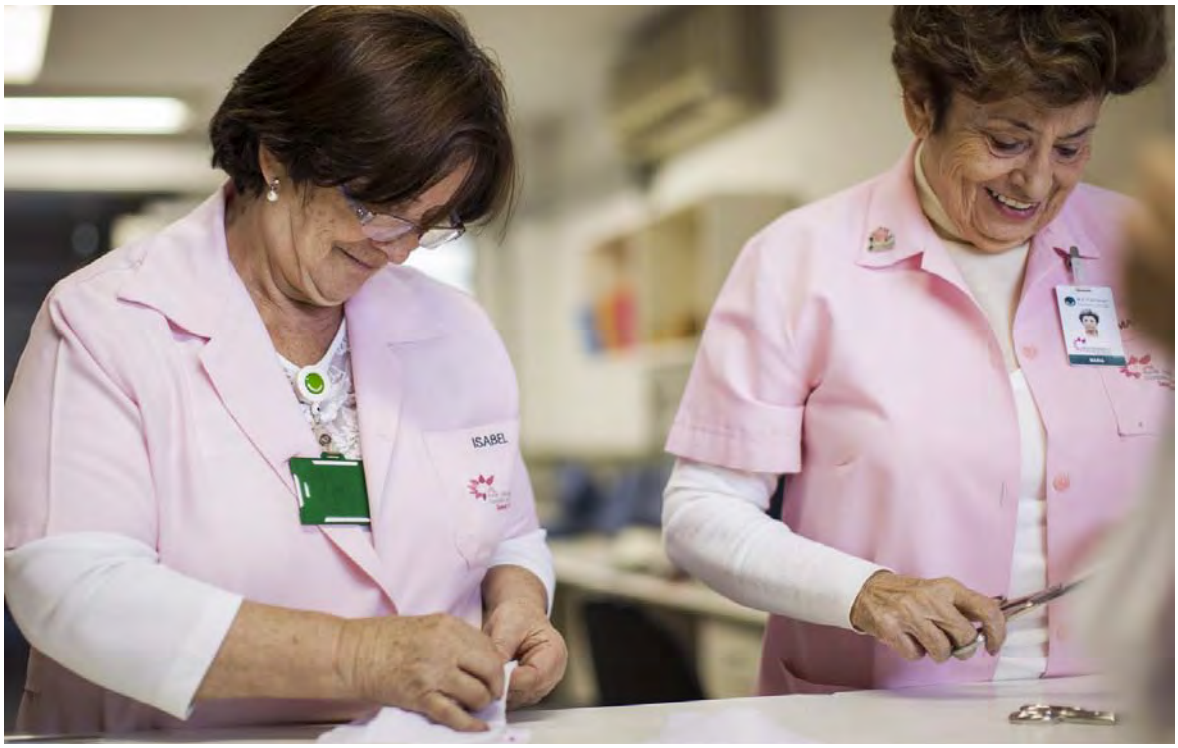
Efficient procedure for ensuring access to quality treatment

A.C.Camargo Cancer Center is a private not-for-profit institution which operates as a charity. This means that it is certified by the Ministry of Health as a Social Assistance Charitable Entity (Cebas) in the area of healthcare. To meet the legal requirements for this certificate, one of A.C.Camargo's commitments is to dedicate 60% of its outpatient services to patients referred by the National Health Service (SUS).

Outpatient services

	2014		2015	
	No. of patients seen	Percentage	No. of patients seen	Percentage
SUS	2,197,014	**62.2%**	2,255,875	**61.9%**
Non-SUS	1,333,307	37.8%	1,386,706	38.1%
Total	3,530,321	100.0%	3,642,581	100.0%

Luiz Paulo Kowalski, MD, PhD, lecturer and director of Head and Neck Surgery, and Simone Aparecida Claudino da Silva, PhD, member of Speech Therapy Department, jointly attending to a patient.



Volunteers sew temporary breast forms.

Gratuities GRI G4-DMA, G4-EC8

With philanthropy as its essence, A.C.Camargo is dedicated to undertaking projects to widen access to treatment and strengthen dissemination of knowledge and the education and development of professionals in the area, with the goal of helping to improve health in Brazil. The institution also invests its own funds in research and provides scholarships for students on graduate degree programs and residencies.

Gratuities (R$ thousands)	2013	2014	2015
Estimate of cost of SUS procedures	59,460	78,970	84,281
Research subsidies	13,791	15,784	18,552
Graduate (MSc and PhD degrees) and post-doctorate programs	5,194	6,148	7,631
Medical and multiprofessional residency programs	4,846	6,692	7,887
SUS Gratuity (over-ceiling amounts)	7,646	759	1,689
Gratuity – *lato sensu* program scholarships	134	-	-
Voluntary network donations (toys, diapers, snacks, tests not covered by SUS)	251	99	124
Total	91,322	108,452	120,164

Social initiatives

GRI G4-DMA, G4-SO1

Social initiatives undertaken by A.C.Camargo Cancer Center also help to disseminate knowledge about the disease, primarily information about the importance of prevention and early diagnosis. The institution believes that this is a way of changing people's behavior and fighting cancer. There are also initiatives giving vulnerable children the chance for inclusion and to be treated for cancer.

Cancer Prevention and Early Diagnosis Program

The Cancer Prevention and Early Diagnosis Program enables the most common types of cancer to be detected on an initial stage, resulting in less invasive alternative treatments and increasing the chances of cure. Sixty-three lectures were given in 2015 to public schools, unions, neighborhood associations, units of the Exceptional Children's Parents and Friends Association (Apae) and churches, to provide people with information about the disease, the importance of a healthy lifestyle, risk factors, signs and symptoms, methods of diagnosis and treatment.

Those who attend can also have a checkup at A.C.Camargo. Diagnostic tests are carried out and if cancer is diagnosed, treatment is given. A total of 33,802 people attended, leading to 46,471 clinical visits and 1,393,106 tests. After this stage, 960 patients were evaluated by cancer specialists, with 293 of them being diagnosed with cancer and treated by the institution without any costs.

33,802

people seen for early diagnosis of cancer

Dona Carolina Tamandaré Foundation

As part of its social responsibility initiatives, Antônio Prudente Foundation, A.C.Camargo's supporting entity, has since 2009 been providing financial and operational support for the operations of Dona Carolina Tamandaré Foundation, which looks after socially vulnerable children and teenagers in the region of Glicério, in São Paulo.

In recent years, under the supervision of the Supervisory Board for Foundations of the São Paulo State Attorney General's Office, Dona Carolina Tamandaré Foundation has been managed by Antônio Prudente Foundation. One of the key objectives of this transaction is to intensify social programs aimed at children and teenagers with cancer, through educational, cultural and psychosocial initiatives, to ensure they are more effectively included in society.

Social responsibility.

Initiatives for the benefit of children and teenagers with cancer

Corporate governance

GRI G4-34

Constant improvement in management, policies and procedures. More value created for society

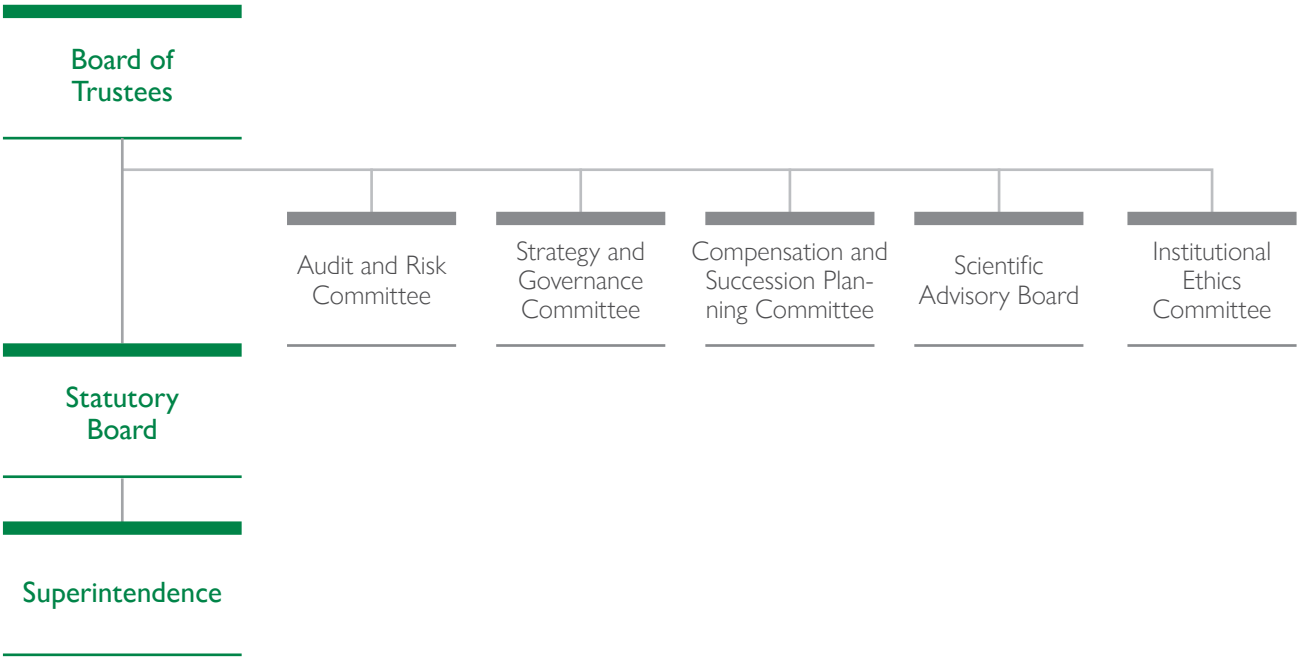
To contribute to the Institution's decision-making process, reinforce its commitment to transparency and consolidate the monitoring and internal controls processes, Antônio Prudente Foundation, which is A.C.Camargo Cancer Center's supporting entity, strengthened its governance structure in 2015, reviewing and supplementing its by-laws and regulations and the responsibilities of its corporate bodies, and setting up advisory committees to the Board of Trustees, as well as an internal audit department and a corporate governance secretariat.

The Board of Trustees is the Foundation's highest management body, and is supported by five committees, which analyze and discuss the issues for which they are responsible, making recommendations on the most strategic matters, including economic, environmental and social questions, for a decision by the Board of Trustees.

The organizational structure also includes a Statutory Board, with members appointed and elected by the Board of Trustees, and an Executive Management, appointed by the Statutory Board and headed by the Superintendent General.

New management support committees are being introduced, and the executive management has been expanded with the appointment of a Supply Chain Superintendent and a wider area of responsibility for the Marketing Superintendent, whose title has been changed to Business Superintendent.

Organizational structure GRI G4-34



Members of the Board of Trustees

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de Moraes Neto
Chairman

Edson Vaz Musa
Deputy Chairman

Aguinaldo Thomaz
de Andrade Rocha
Board Member

Ary Oswaldo Mattos Filho
Board Member

Carlos Américo Pacheco
Board Member

José Hermílio Curado
Board Member

José Ricardo Mendes da Silva
Board Member

Marcos Fernando
de Oliveira Moraes
Board Member

Waldomiro Carvas Junior
Board Member

Members of the Statutory Board

José Hermílio Curado
President

Ademar Lopes
Deputy CEO

Liana Maria Carraro de Moraes
Second Deputy CEO

Celso Marques de Oliveira
Officer-Secretary

Members of Executive Management GRI G4-36

Vivien Rosso
Chief Executive Officer

Alexandre José Sales
Financial Superintendent

Cláudio Correa Rey
Supply Chain Superintendent

Franklin Lindolf Bloedorn
Operations Superintendent

José Marcelo de Oliveira
Business Superintendent

Lourdes A. Marques
Business Support Superintendent

Mari Galvão
Hospitality Superintendent

Maurício Alves da Silva
HR and Quality Superintendent

Vilma Regina Martins
Research and Education Superintendent

Victor Piana de Andrade
Medical Director

Internal Audit

Best governance practices suggest that companies should have an internal audit department to assess the sufficiency and effectiveness of operational controls and management, and to ensure that procedures are in place to adequately identify and manage risks.

With functional reporting to the Board of Trustees, and its activities supervised by the Audit and Risk Committee, A.C.Camargo's Internal Audit is assured of its independence.

Ethics and conduct

GRI G4-DMA, G4-56

A commitment to ethics and strict compliance with internal policies, the law, rules and partnership are the basis for the day-to-day activities of A.C.Camargo. The Compliance Program was revised in 2015. The Code of Conduct, introduced in 2007, was updated to take into account the new governance rules, the systematization of whistleblowing channels, the Anticorruption Law and the principles of the United Nations Global Compact.

The code is a set of rules for behavior for everyone in the value chain or directly or indirectly related to the institution, and it has been widely publicized among these stakeholders.

Reports of situations or behavior violating the established rules can be submitted to an ombudsman specially appointed for the purpose. Eighteen reports were received through the whistleblowing channels in 2015, with the assurance that the senders' identities would be protected. GRI G4-57, G4-58

Global Compact GRI G4-DMA, GRI G4-15

In 2015, A.C.Camargo Cancer Center subscribed to the Global Compact, a United Nations initiative intended to encourage companies and other organizations to adopt fundamental, internationally accepted values in the areas of human rights, labor relations, the environment and the fight against corruption.

This move is in line with A.C.Camargo's strategy of sustainable operations, and underlines the institution's practices and commitment to quality and transparency, contributing to the constant dissemination of these principles to the general public.

Qmentum International Certification – Diamond Level

Strategic planning

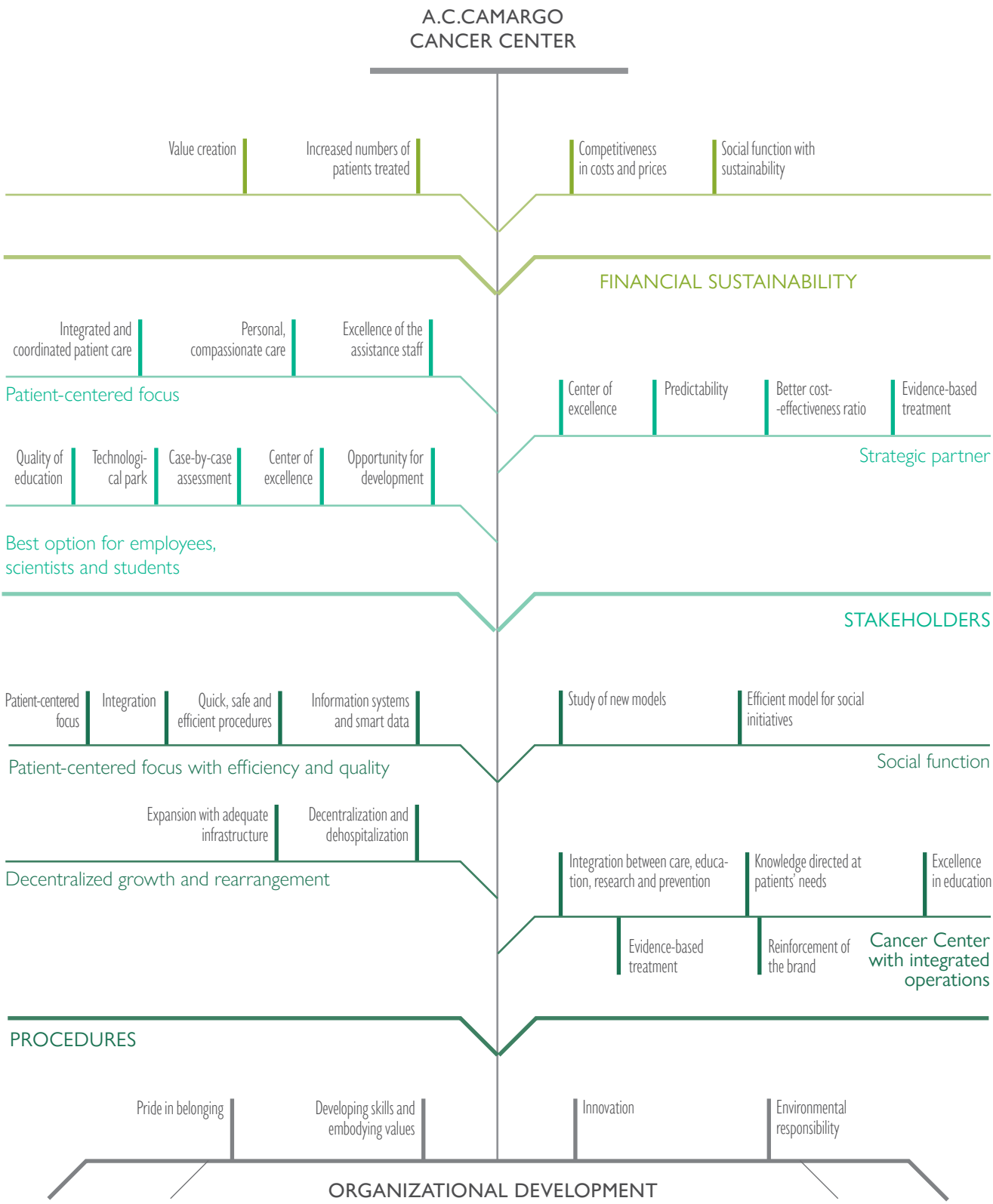
In 2015, a major reformulation of the institution's strategic guidelines for the next five years (2016-2020) was structured, taking into consideration the growing challenges in the healthcare sector, which include restrictions on financing limits and the impact of technological trends.

The strategic plan was a joint effort, with meetings and workshops involving management and members of the medical and multi-professional teams. All members of the institution were given details of the new plan.

The plan – which includes specific recommendations for Research and Education – represents the organization's vision of the future, with guidelines and short, medium and long-term goals to be achieved by means of ten strategic integrated programs.

The guidelines are included in the Strategic Map, which ensures that all members of A.C.Camargo will act in synergy, and will have a better understanding of the way forward.

Strategic Map 2016-2020



Resources and infrastructure

With an 88% occupancy rate, the infrastructure of A.C.Camargo is a key issue if we are to offer more patients access to quality cancer treatment.

The infrastructure master plan provides for expansion projects and the remodeling of existing areas. In the short term, A.C.Camargo's operational area will be expanded, by transferring the administrative area to two new buildings, increasing synergy between the teams and making more space available for patient care. New hospital towers and new outpatient units are also planned.

Initiatives for dehospitalization

Directly related to quicker recovery, dehospitalization initiatives promote the wellbeing of patients and family members, as well as contributing to the operational efficiency of a high-complexity organization, to the extent that they make access to quality services available to a greater number of people needing diagnosis and treatment of cancer. This is possible thanks to technological advances in medicine, knowledge of the best practices and innovative methods of treatment and safe procedures.

Ademar Lopes, MD, PhD, lecturer, director of Colorectal Tumors and deputy chairman of the Antonio Prudente Foundation, signs a release form for a patient of the hospital.

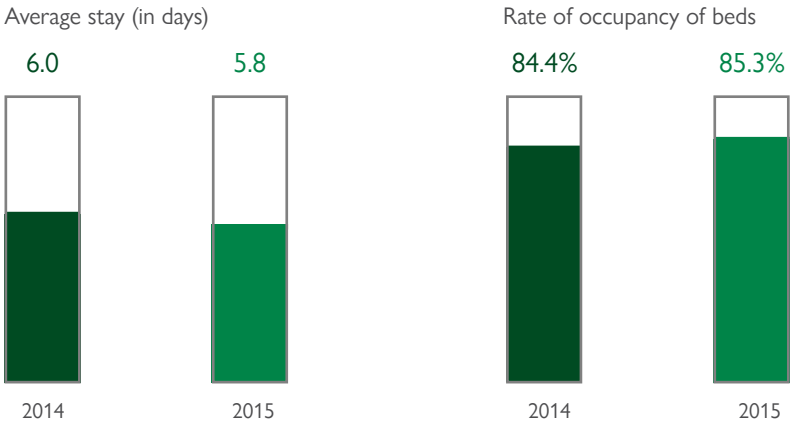
88%

occupancy rate in 2015

Using a predetermined assistance model and after a detailed and integrated assessment by the multidisciplinary teams, it is possible to safely identify the patients who can leave the hospital and continue their treatment at home.

New technology permits an early diagnosis, and also helps reduce the number of people requiring treatment at a more advanced stage of the disease. The sooner a tumor is detected, the less invasive will be the treatment, the better the chance of a successful outcome and the shorter the recovery period.

Hospitalization ratios



Environmental management

With the complexity of the work carried out by A.C.Camargo and the number of people who visit the institution every day, the environmental management process is a major challenge.

The institution holds the ISO 14001 certification, follows an environmental management policy, manages hospital waste to reduce the amount produced and ensure that it is disposed of correctly, and prioritizes the rational use of natural resources such as water and electricity.

The areas of A.C.Camargo are regularly assessed to identify the environmental aspects and effects of their daily activities in order to mitigate the risks.

With the ISO 14001 certification, A.C.Camargo disposes of hospital waste correctly and ensures rational use of natural resources such as water and electricity

There are 7

key environmental and integrated management commitments

The Integrated Management System Policy defines the institution's commitments, based on its purpose and values. They include:

- constantly improving organizational procedures and the Management System to ensure satisfaction of customers, employees, the community, the environment and the public, and efficient management of clinical and non-clinical risks;
- guaranteeing safe therapeutic planning;
- optimizing and rationalizing the use of renewable and non-renewable natural resources, and minimizing the environmental impact of activities, procedures and services supplied;
- taking preventive action to ensure the occupational health and safety of employees;
- meeting the applicable legal and statutory requirements;
- providing personal and professional development for managers, employees and suppliers, and expanding oncological care to serve the community;
- contributing to sustainable development.

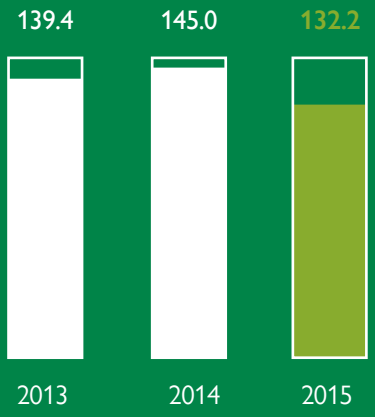
Douglas Ferreira de Lima, of the Supply Chain Superintendence, in the electrical cabin.

Water GRI G4-DMA

Critical situations such as the water shortage in São Paulo made it necessary to introduce a plan for reducing consumption, including the construction of tanks to hold rainwater. To guarantee the quality of water used and consumed by patients, employees and visitors, more than 650 microbiological and physical and chemical analyses were carried out at some 100 points of consumption, such as drinking fountains and taps (on a sample basis) in 2015. The institution has an electronic system to ensure the correct application of disinfectant in water storage tanks. GRI G4-PR1

In 2015, a total of 132,192m^3 of water was consumed, approximately 9% less than in the previous year, thanks to a number of measures taken.

Water consumption (thousands of m^3)
Concessionaire/supply company
GRI G4-EN8



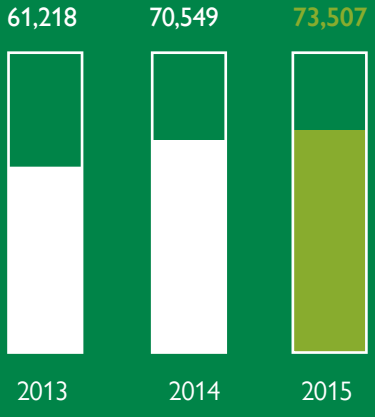
Energy GRI G4-DMA

More natural gas has been used to reduce the risks of electricity blackouts. In terms of energy efficiency, kitchen equipment is periodically replaced with more efficient models. To save electricity and use it more efficiently, R$3.7 million was invested in installing a new air conditioning plant. GRI G4-EC7

The institution has initiated a project to build an electricity substation for the hospital complex. It is due to come on stream in early 2017, and its main purpose is to minimize the risk of interruptions in the supply from the concessionaire.

4.2% more electricity was consumed than in 2014. Two targets have been set for 2016, for cutting water and energy consumption: an average annual consumption per outpatient case of 0.0337m^{3}of water and 5.02kWh of electricity.

Energy consumption (GJ)
Electricity (scopes 1 and 2)
GRI G4-EN3



Sanitary waste

GRI G4-DMA; GRI G4 PR1

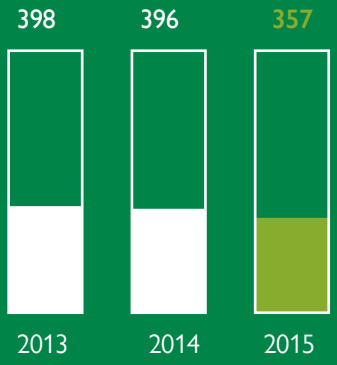
Health services waste is managed according to the guidelines of the Healthcare Service Waste Management Plan (PGRSS), which is intended to minimize environmental impact and comply with the legislation. Regular training is provided for the teams, to make them aware of the importance of proper disposal of waste, and of its direct impact on the environment. The results of these initiatives are reflected in a reduction of waste disposal between 2014 and 2015, in spite of a rise in patients attended. GRI G4-PR1

Non-hazardous waste (t) *

GRI G4-EN23

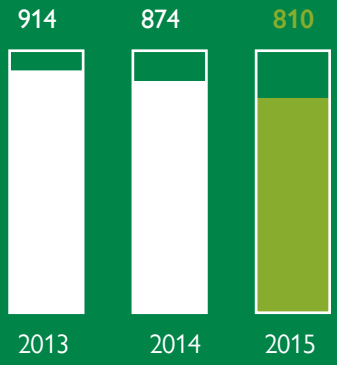
Recycling

Paper, plastic, metal



Landfill

Sanitary waste, paper towels, organic waste and non-recyclable items

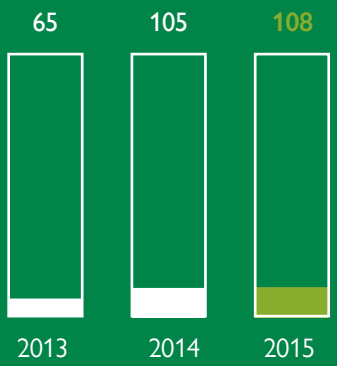


Hazardous waste (t) *

GRI G4-EN23

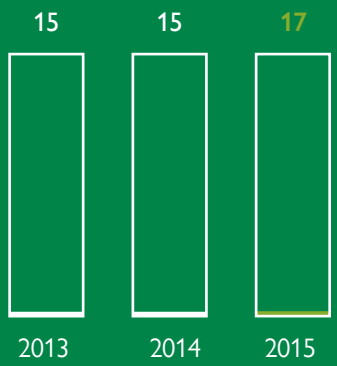
Incineration

Solid chemical waste



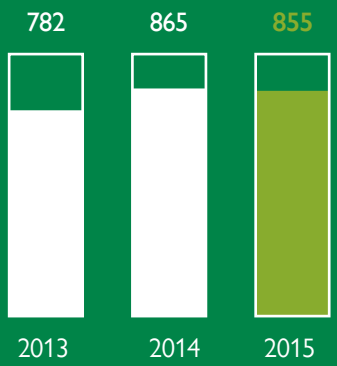
Incineration

Liquid chemical waste (in Kl)



Electrothermal deactivation

Infectious waste



*Hazardous waste (chemicals and infectious waste) is disposed of and treated according to the guidelines of the municipality of São Paulo regarding this process. Treatment of non-hazardous waste is decided by the institution, and it is sent to waste-disposal companies or to landfills approved by the Municipal Administration.

Financial management

GRI G4-DMA

Increased instability in the macroeconomic scenario and inflationary and currency pressures have pushed up the costs of services, materials and drugs, and equipment investment and maintenance expenses, thus increasing the cost of cancer treatment. However, in spite of the challenges of the Brazilian economy and the situation of the healthcare sector, the economic and financial performance of A.C.Camargo Cancer Center improved in 2015, with cash inflows providing the funds required for investment. Procedures and quality continued to improve, and the institution fulfilled its function of creating value for society.

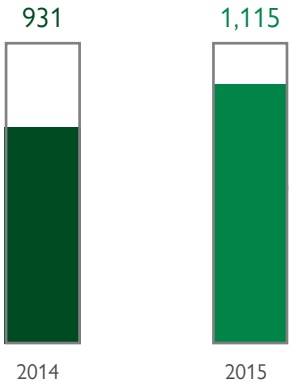
21%
EBITDA margin on total net revenues

R$ 639 million
in total value added

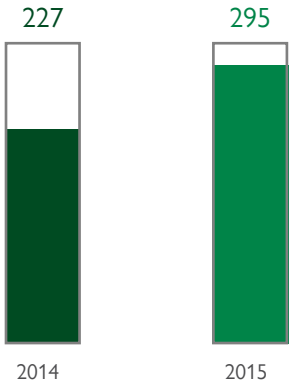
R$ 84.3 million
to pay for SUS procedures

Financial highlights

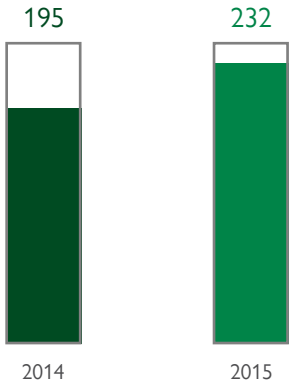
Net revenues (in R$ millions)



Surplus (in R$ millions)



EBITDA (in R$ millions)



Value added statements (IN THOUSANDS OF *REAIS*) GRI G4-EC1

	2014	2015
Revenues		
Revenues from hospital activities	930,412	1,071,274
Other revenues	21,888	33,215
Revenues from construction of own assets	22,770	22,795
Provision for doubtful debts	(23,358)	(21,355)
Inputs purchased from third parties		
Cost of products, goods and services sold	(368,626)	(419,369)
Materials, energy, third party services, etc.	(98,736)	(117,339)
Provision for losses on stock and fixed assets	439	343
Value added (gross)	484,789	569,564
Depreciation and amortization		
Depreciation and amortization	(18,576)	(20,389)
Net value added produced by the company	466,213	549,175
Value added received by transfer		
Financial revenues	53,736	89,531
Total value added for distribution	519,949	638,706
Distribution of value added		
Employees and charges	199,264	242,168
Direct compensation	153,001	183,584
Benefits	34,245	43,701
FGTS (unemployment fund)	12,018	14,883
Tax, charges and contributions	1,403	1,405
State	32	28
Municipal	1,371	1,377
Cost of SUS procedures	78,970	84,281
Remuneration of third party capital	13,245	16,123
Interest	3,086	6,294
Rental	10,159	9,828
Remuneration of own capital	227,067	294,729
Surplus for the year	227,067	294,729
Total value added	519,949	638,706

16%

increase in net revenues in 2015

Consolidated net revenues amounted to R$1,115 million for the year, up by 16% against 2014. The surplus for the year was R$295 million and EBITDA totaled R$232 million, with a margin of 21% of total net revenues. GRI G4-9

To reinforce management processes, the governance model was enhanced, in line with the best practices of the Brazilian Corporate Governance Institute (IBGC). This is an ongoing process which will continue over the next few years.

São Paulo Tax Invoice

GRI G4-EC4

Launched in 2011, the "Donate your São Paulo Tax Invoice for Cancer Research" campaign produced a return of more than R$1.7 million in contributions by citizens in 2015. These funds are invested in research into new methods of diagnosis and cancer treatment.

Fund-raising

GRI G4-EC4

The purpose of the institution's fund raising strategy is to expand our research and education activities. The funds are applied in creating and disseminating knowledge, and in special projects for expanding the physical infrastructure and for innovating.

The plan will include mapping of new incentive laws, projects for raising funds under the federal government's National Cancer Research Support Program (Pronon)

Researchers at work at the International Research Center (CIPE).

and National Program for Supporting Healthcare for the Disabled (Pronas), the assessment of former patients as individual donors and the development of a portfolio of opportunities for potential partners.

Tax incentives amounted to R$1.7 million and subsidies for investment, research and development exceeded R$1 million in 2015, since Antônio Prudente Foundation is exempt from taxation, i.e. from payment of ISS, PIS, Cofins, IRPJ and CSLL, as well as a reduced rate for contribution to the INSS social security institute, which totaled R$42,339 for the year.

In 2015, high-complexity endovascular orthopedic surgery and intensity-modulated radiation therapy (IMRT) were granted R$355 thousand by the São Paulo municipal administration, on the recommendation of council members. Legislators also provided the Foundation with R$1.1 million to purchase equipment, such as a surgical C-arm, ultrasound, a video laparoscopy system, an ultrasonic cleaner for surgical material and an operating table.

Researcher Maria Galli de Amorim, PhD, prepares DNA sequencing chip to be used in a project approved by the National Cancer Research Support Program (PRONON).

Caring for people and first class treatment

Fernanda Ferreira Fuhro, member of Physiotherapy Department and an MSc degree student, helps an inpatient with his exercises.

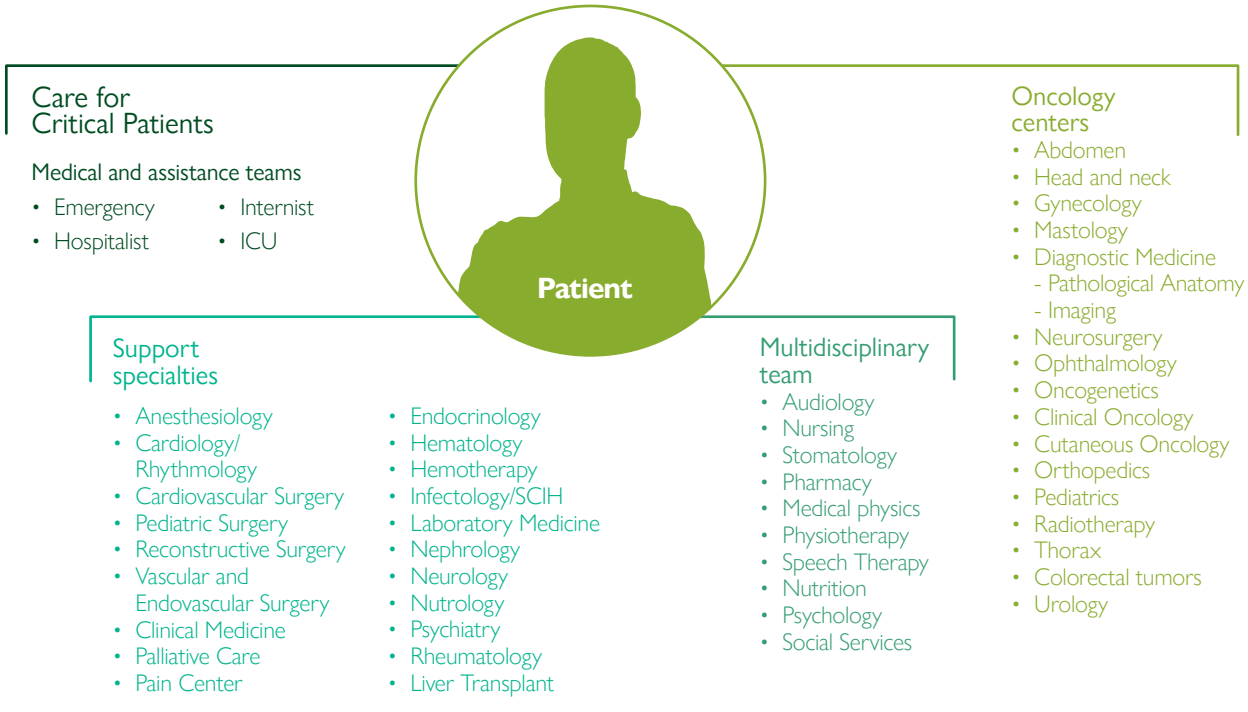
Integrated, compassionate care and assistance practice, respecting the needs of patients

A.C.Camargo Cancer Center appreciates the value of life and good health, and derives daily inspiration from its purpose of fighting cancer, patient by patient, to provide overall care that is integrated, specialized and personalized, using the best assistance practices based on scientific evidence.

Our first class clinical and assistance staff, consisting of 704 highly qualified professionals, work as a multidisciplinary team. At a single location the patient can be diagnosed and provided with full treatment, including the most advanced Imaging and Molecular Diagnostics and cutting edge infrastructure for the entire treatment cycle, whether radiotherapy, chemotherapy, surgery, supplementary therapies or rehabilitation.

The expertise and dedication of professionals and their interaction with education and scientific research afford even more effective treatment, with strict quality standards. In this integrated model of multidisciplinary assistance, more than 50 specialties are organized in four groups: oncology centers, medical support specialties, a multidisciplinary team and care for critical patients. GRI G4-9

Integrated model of multidisciplinary assistance



3.7 million

procedures, including doctor's appointments, diagnostic tests, operations and chemo and radiotherapy sessions

Changes in evidence-based oncology practices and the institutionalization of diagnostic and therapeutic guidelines also allow better clinical results to be achieved, with solutions comprising the Assistance-Education-Research pillars by disseminating knowledge across the clinical and assistance staff.

In 2015, there was progress in institutionalizing the Tumor Boards, which are meetings between medical and multidisciplinary teams for each type of disease. These meetings are intended to determine the best individual and consensual therapeutic plan, being supported by medical practices based on scientific evidence. The practice makes use of the knowledge existing in the institution, especially for complex cases or those that require new therapies. As a result, each patient's treatment is more effective and well solved.

Multiprofessional experts discussing clinical cases at Tumor Board's meeting.

Moreover, the affiliation of A.C.Camargo to The Advisory Board Company connects the institution to a significant international group of hospitals, which provides an exchange of experiences and helps guide patient care, while learning about and assessing the best practices, processes and assistance indicators, with a view to adopting them to the benefit of the clinical results of each patient.

In terms of assistance, in 2015 A.C.Camargo performed 3.7 million procedures, including doctor's appointments, diagnostic tests, operations and chemo and radiotherapy sessions, representing a 3.2% increase over the previous year. Through a regulated partnership with SUS, around 62% of outpatients were referred by the service.

+ than
358
thousand
outpatients seen

+ than
26
thousand
emergency cases

+ than
22
thousand
surgeries

Key indicators GRI G4-9

	2013	2014	2015	Change 2014 x 2015
Outpatients seen	329,115	352,048	358,288	1.8%
Emergency cases	23,986	25,180	26,673	5.9%
Surgical operations[1]	19,602	22,382	22,579	0.9%
Imaging tests	253,101	262,604	284,593	8.4%
Anatomic pathology examinations[2] GRI G4-23	174,528	191,863	182,867	-4.7%
Chemotherapy (patients)[3] GRI G4-23	72,743	85,921	92,629	7.8%
Radiotherapy (patients)[4] GRI G4-23	7,082	7,134	6,241	-12.5%
Inpatients	21,351	24,244	26,041	7.4%
Patients/day	129,679	144,915	151,144	4.3%

[1] Criterion includes: general surgical center, outpatient surgical center and hemodynamics.

[2] Criterion for counting of anatomic pathology examinations was changed in 2015.

[3] Criterion was changed in 2015 to number of patients instead of the number of sessions.

[4] Criterion was changed in 2014 to number of doctor's appointments instead of the number of fractions.

Patient-centered focus

Experience at A.C.Camargo Cancer Center is guided by the needs of each patient. The institution derives satisfaction from its commitment to safe care and high quality, efficient services.

Fabiana Baroni Alves Makdissi, MD, PhD and director of Mastology Department, talking to a patient and her companion in the outpatient clinic.

Support groups

We treat patients with compassion and welcome them and their family members at every stage of the process, from diagnosis to rehabilitation. In this, A.C.Camargo Cancer Center is helped by various support groups, in addition to the Psycho-Oncology Nucleus, which provides specialized psychiatric and psychotherapeutic care for patients.

The support groups are coordinated by multidisciplinary teams, and hold meetings aimed at providing information and a better quality of life for patients, companions and care givers. The main groups are:

- Smokers Support Group (GAT): specialist help for people who want to stop smoking, with psychological and psychiatric monitoring;
- Breast Group: for women with breast cancer;
- Men's Group: for male patients with any type of cancer;
- Women's Group: for female patients diagnosed with cancer other than breast cancer;

Patients in the Sua Voz Choir give a year-end concert in the Sen. José Ermírio de Moraes theater, at A.C.Camargo Cancer.

- *Afeto* (Affection) Group (Support for Cancer Patients' Families): for parents of children in treatment, with monthly meetings organized by the Pediatric Oncology Department;
- *Amor à Vida* (Love of Life) Group: fortnightly meetings to improve the physical and mental wellbeing of patients;
- *Sua Voz* (Your Voice) Group: for patients with laryngectomies, focusing on rehabilitating the voice, and open to all;
- Meeting the Care Giver: workshops for family members and companions to teach them techniques for caring for a patient;
- Adult Cookery Workshops: free classes on matters relating to eating and cancer;
- Children's Cookery Workshops: free classes for pediatric patients on matters relating to healthy and tasty eating and cancer;
- Group for Pediatric Studies on Delayed Effects of Cancer Treatment (Gepetto): post-cure monitoring to improve the quality of life of patients in the 0 to 21 years age group.

Volunteers

Since its foundation, A.C.Camargo Cancer Center has included a Voluntary Anti-Cancer Network. Currently, the volunteers do work such as sewing temporary breast implants, drain tube holders and tracheotomy protectors, as well as helping patients get around the hospital premises. There were 196 volunteers working in the institution in 2015.

97.9%

overall satisfaction rating by SUS patients

96.8%

overall satisfaction rating by private and healthcare plan patients

Patient satisfaction GRI G4-DMA, G4-PR5

Customer satisfaction is one of the indicators which we watch closely. In addition to the internal channels for obtaining these results, coordinated by the Customer Ombudsman Office, an independent consultancy carries out an annual Customer Satisfaction Survey. In 2015, the results showed an overall satisfaction rating of 97.9% by SUS patients and 96.8% by private and healthcare plan patients.

The survey was carried out between September and November 2015, using procedures aligned with the codes of ethics of the Brazilian Research Association (Abep) and the European Society for Opinion and Market Research (Esomar).

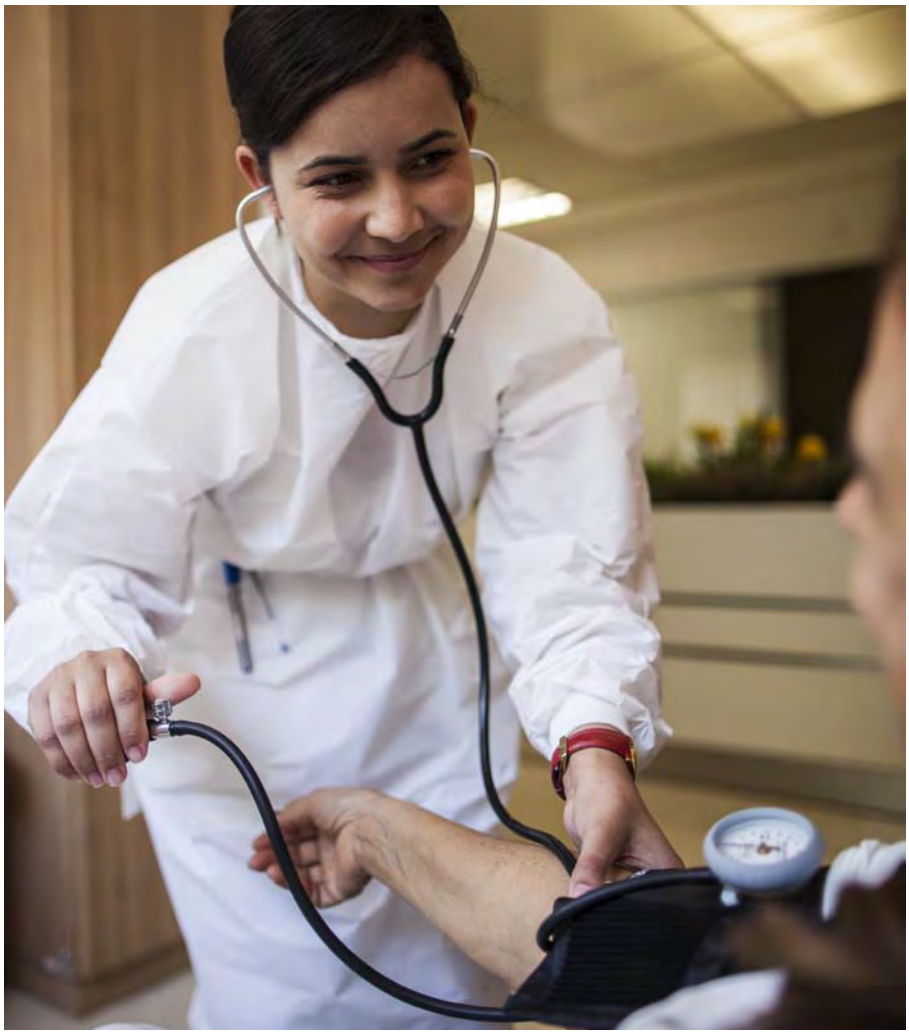
833 people covered by healthcare plans and private patients were interviewed, 585 of them patients (margin of error of 3.8%) and 248 companions (margin of error up to 6%). For SUS referrals, the total was 404 interviews, 291 with patients (margin of error of 5.5%) and 113 with companions (margin of error up to 9%), with a confidence interval of 95% in both groups.

The same questionnaire will be used in 2016. The goal is to increase the number of maximum marks (5) both for SUS and for healthcare plan patients. For private and healthcare plan patients, the target for maximum marks is 44.5% (in 2015: 43.4%). For SUS patients the target is 76% (in 2015: 74.2%).

Indicators assessed (%) GRI G4-PR5

	Recommendation[1]		Overall satisfation[2]		Diferenciation[3]		Engagement[4]	
	2014	2015	2014	2015	2014	2015	2014	2015
Healthcare plan and private patients	98.8	99.1	94.7	96.8	93.4	94.3	75.6	76.4
SUS patients	100	99.7	98.9	97.9	98.5	99.0	92.3	91.4
Plan and private patients' companions	96.5	99.2	94.0	95.2	90.1	93.0	71.5	76.6
SUS patients' companions	100	99.1	100	98.3	98.7	97.3	89.2	88.5

[1] Recommendation: I would definitely recommend A.C.Camargo to someone in need, marks 4 and 5
[2] Overall satisfaction: I am totally satisfied with A.C.Camargo, marks 4 and 5.
[3] Differentiation: I feel I am better cared for here than in any other hospital, marks 4 and 5.
[4] Engagement: combines loyalty and involvement. Reflects the rational, behavioral and affective dimensions of the relationship with A.C.Camargo, marks 4 and 5.



Jéssica Azevedo Reis, a chemotherapy nurse, treating a patient.

Patient Satisfaction Study – percentage of full marks (5)

		Healthcare plans and private patients	SUS
Loyalty	Summarizes rational and behavioral elements of the relationship	60.7%	83.2%
Welcome	The basis of the emotional relationship, the perception of what the relationship provides in terms of affection	77.5%	88.0%
Affiliation	Represents what is given in emotional terms: this is the factor that determines the strength of the affective link	52.3%	81.1%
Involvement	Considers the synergy between welcome and affiliation. Involves the affective flow of the relationship	50.1%	78.7%
Engagement	Combines loyalty and involvement. This indicator reflects the rational, behavioral and affective dimensions of the relationship	43.4%	74.2%

Key investments during 2015 were the purchase of more robotic surgery equipment and the implementation of mobile intraoperative radiation therapy

Innovation and technology to benefit the patient

GRI G4-DMA

A.C.Camargo Cancer Center has continued to invest in updating its technological park, to offer better results to cancer treatment, directly benefiting the patients. The institution invested more than R$13 million in new equipment.

A key acquisition during the year was the mobile intraoperative radiation therapy system, at a cost of about R$2 million, for use with breast cancer patients, reducing treatment time and side effects. Installed capacity for undertaking minimally invasive surgery was doubled, primarily by means of an investment of about R$11 million to purchase a second robotic surgery system. GRI G4-EC7

Urology team using robotic surgery to treat prostate cancer.

Mobile intraoperative radiotherapy

The purchase of a mobile intraoperative radiation therapy system has led to major progress in breast cancer treatment, with direct benefits for the patient. The technology allows a single dose of radiotherapy to be applied at the time the tumor is removed. In this way radiotherapy treatment, which previously used a linear accelerator and took between 5 and 6 weeks, now takes only 30 minutes, during the surgery.

As well as benefiting a greater number of patients, due to the shorter treatment time, the technique eliminates or reduces possible side effects linear accelerator radiotherapy, such as skin reddening and sensitivity, fatigue or a prolongation of the healing period after surgery.

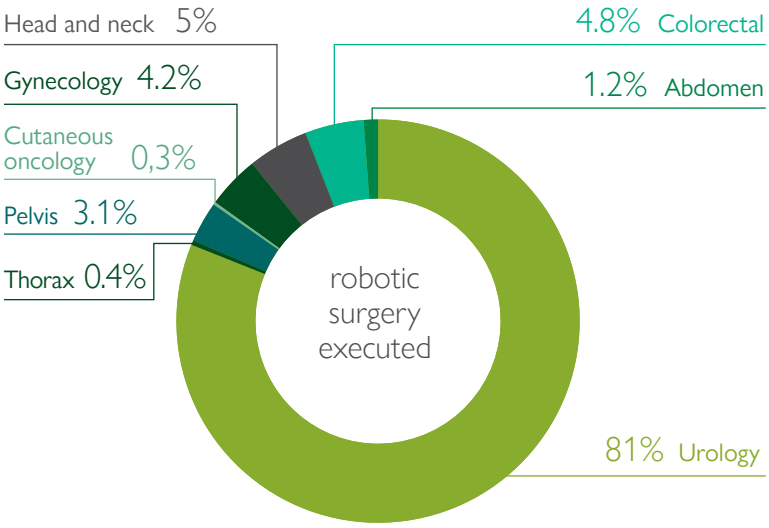
Using the new equipment, the application of radiotherapy for treating breast cancer lasts

30 minutes.

Robotic surgery

Robotic surgery is extremely efficient for cancer treatment, and in 2015 A.C.Camargo Cancer Center consolidated this procedure with the purchase of its second equipment set. At the start, in May 2013, we used this system only for urological procedures; now it is used for removing colorectal, head and neck, and gynecological tumors, and tumors of the abdomen, skin and lung.

The equipment permits two surgeons working at the same time, using high-precision movements, which is safer for the patient in complex surgery, such as tumors of the rectum or the upper digestive tract.



802

surgeries have been carried out using robots since 2013

Maria Teresa Duarte Pereira da Cruz, MD, PhD and director of Psychology/Psychiatry Department, washes her hands before treating a patient.

Personal health and safety GRI G4-PR1

Personal health and safety in every aspect are of the utmost importance to A.C.Camargo. The process, which in 2015 led to our receiving the International Qmentum Certification – Diamond level – from the Canadian Council on Health Services Accreditation, reinforces our institutional culture of prioritizing patient safety and safe management methods.

In 2015 our ONA (National Accreditation Organization) level III – Excellence certificate was also renewed. These certifications, as well as the ISO 14001, confirm the institution's progress in quality of services, and our compliance with the best international practices of assistance quality and safety, governance and environmental management.

Qmentum Certification

Qmentum (which stands for quality + momentum) is an evolution of the program introduced by Accreditation Canada, and uses a methodology of excellence for worldwide standardization of the best management and assistance practices. A.C.Camargo Cancer Center was certified for the first time in 2012.

ROPs (*Required Organizational Practices for Qmentum*)

Safety culture

- Issue of reports on sentinel events

Communication

- Dangerous abbreviations
- Patient identification
- Safe practices in surgical procedures
- Medication reconciliation
- Medication reconciliation as a strategic priority
- Information transfer at care transitions

Use of drugs

- Control of concentrated electrolytes
- High-alert medications
- Infusion pump training

Work environment

- Preventive maintenance program
- Patient safety training

Prevention and control of infection

- Timely administration of prophylactic antibiotics
- Hand-hygiene
- Safe practices in use of medication

Risk assessment

- Falls prevention
- Pressure ulcer prevention
- Venous thromboembolism (VTP) prophylaxis

Managing clinical risk

GRI G4-DMA

A.C.Camargo's assistance work is developed within a context of high complexity, which increases the need to comply with integrated quality standards and procedures, which are constantly monitored to ensure the safety of patients and the medical and multiprofessional teams' ongoing search for improvements.

Assistance quality indicators

	Average/year 2015 Antônio Prudente Unit	Average/year 2015 Tamandaré Unit
Falls	1.31	1.06
Phlebitis	1.23%	1.26%
Leakage of antineoplastic medication	0.15%	0.13%
Extubation	0.49%	0.73%
Loss of nasogastroenteral tube	0.88%	1.69%
Pressure ulcer	0.13%	0.19%
Loss of central catheter	0.06%	0.10%
Infections acquired	3.06%	4.03%

Intensive Care Unit (ICU).

The assistance teams work according to strict quality standards. Hygiene procedures, for example, follow the Hygiene and Cleaning Manual, which is intended to ensure compliance with barrier and control techniques for hospital infections, and has been assessed and validated by the Hospital Infection Control Service (SCIH) and Occupational Safety. GRI G4-PR1

Throughout the year, there are a number of educational and awareness events and campaigns for employees relating to best practices for patient safety, such as "Washing your hands", "Sepsis" and "Venous thromboembolism (TEV)".

Health and safety data

5.8 days
average stay

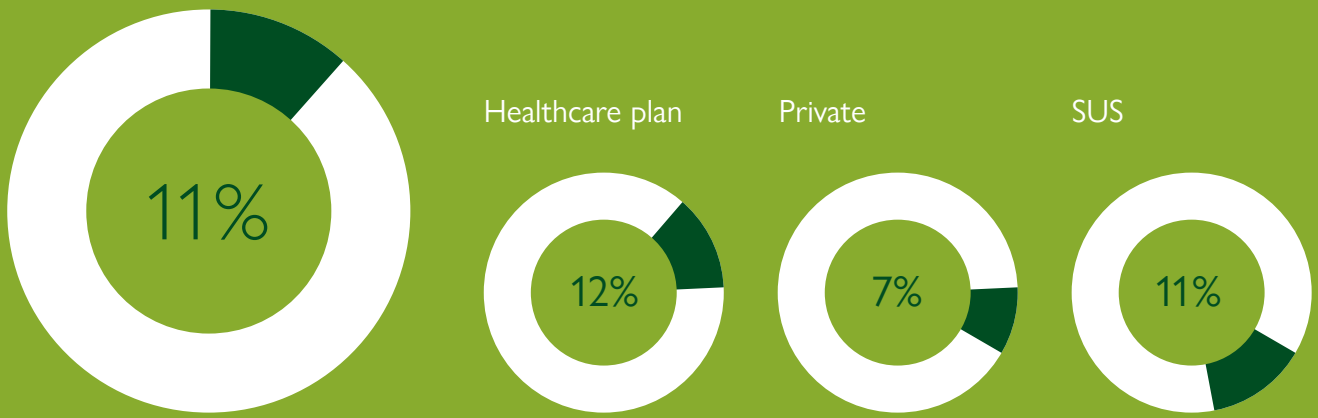
85.3%
occupancy rate

4.9%
mortality rate

2.6%
infection rate in operating center

nil
serious reportable events

Readmission rate in clinical emergencies



Occupational safety and quality of life

GRI G4-DMA

The care and safety of employees and professionals working in the institution are of fundamental importance. Programs for wellbeing, quality of life and occupational safety allow professionals to perform their duties to the full and to provide patients with the care they need.

Health and quality of life programs

- **Viva Mais (Live More)** – control of chronic diseases, with medical supervision and free medication for employees diagnosed with diseases such as diabetes and hypertension.
- **Nutritional reeducation** – supervision by a nutritionist for all employees in selected risk groups.
- **Gynecological care** – routine and early disease detection tests and obstetric monitoring.
- **Abolindo o Tabagismo (Giving Up Smoking)** – advice from doctors, nutritionists and psychologists.
- **Vaccination** – annual, against influenza (1,467 doses), measles, mumps and rubella (467 doses), chickenpox (547 doses), adult dual (669 doses), hepatitis B (1,685 doses) and hepatitis A (733 doses).
- **Cancer prevention and early diagnosis** – for families of employees, with free treatment if cancer is diagnosed.
- **Beauty Salon** – beauty care, such as manicure and hairdressing, at special prices deducted from the payroll.
- **Employee Support Program (PAE)** – psychological, social and legal services for employees and their dependents.

A.C.Camargo Cancer Center Employees in the Employees Plaza.

PPE

The Personal Protective Equipment (PPE) policy, which provides for the use of accessories such as gloves, glasses, ear muffs and respiratory equipment, footwear and helmets, is part of the daily routine of employees in a number of areas. To increase people awareness regarding occupational health and safety, there are two Internal Accident Prevention Commissions (Cipas) and a team of 808 brigade members, who take part in regular training and meetings, so as to update fire prevention and firefighting skills, and for the correct handling of safety equipment.

Safety indicators* GRI G4-LA6

	Women	Men	Total
Rate of injuries (per million)[1], [2] GRI G4-23	32.01	20.07	28
Rate of occupational illnesses[3] (per million)	4.94	0.44	3.45
Total days lost[4]	818	169	987
Absenteeism rate[5]	1.54	1.14	1.40
Total deaths	0	0	0

*All our employees work in the southeast region of Brazil. Third parties are not included in the health and safety statistics. One of the factors contributing to the total indicator of days lost was the number of employees involved in an accident on the way to work.
[1] The injuries rate includes minor injuries (at the first-aid treatment level).
[2] Injury rate = sum of accidents with and without absence from work (all units – including commuting)*1,000,000/total man-hours worked (all units).
[3] The occupational illnesses rate covers cases defined by the INSS as accidents or occupational disease.
[4] Total days lost = total accidents with medical leave (all units – including commuting).
[5] Absenteeism rate = total hours missed (excluding medical leave)*100/ total scheduled hours of work for the year.

Edgar Silva Guerra, of the Supply Chain Superintendence, working in the administrative building.

Number of maternity leaves and paternity leaves, and rate of return to work GRI G4-LA3

	Men	Women
Total employees entitled to take maternity/paternity leave	62	97
Total employees taking maternity/paternity leave	62	97
Total employees returning to work after maternity/paternity leave	62	86
Total employees not returning to work after maternity/paternity leave	0	11
Total employees returning to work after maternity/paternity leave and still employed 12 months later	62	86
Rate of return to work after leave	100%	89%

Benefits

GRI G4-LA2

The benefits package includes healthcare, since all employees and registered dependents are entitled to cancer treatment, whatever health insurance cover they have.

Interns are given food vouchers, transportation benefit voucher and meal vouchers. All employees are eligible for all these benefits, but those who work less than eight hours a day receive half the amount of the meal vouchers.

The benefits include healthcare plan, dental care plan, meal vouchers and transportation benefit voucher; staple basket and food vouchers, daycare nursery allowance, as well as a private pension plan with a matching contribution by the institution; among others.

The benefits package includes cancer treatment for all employees and their dependents.

The dissemination of knowledge and development of people

Renata Mayumi Takahashi, member of Colorectal Tumors Department, performs cancer surgery with resident Murilo de Oliveira Fernandes.

Dissemination of theory and practice of oncology

Managing knowledge about cancer

GRI G4-DMA, G4-EC8, G4-SO1

In 2015, A.C.Camargo Cancer Center expanded its education programs for a wide range of students, so as to support and integrate the pillars of assistance and research and to contribute to the formation, upgrading and qualification of professionals, disseminating knowledge about oncology inside and outside the institution.

A.C.Camargo's education programs are intended for a wide range of people, including the public at large, the medical professionals, healthcare professionals, scientists, employees, patients and companies, with structured projects such as the Medical and Multiprofessional Residency Programs in Oncology, the Corporate University and the Schwester Heine Specialist School, in the Pediatric Oncology Department.

Contribution to oncology in Brazil

	Total number 2015
Medical residents graduated during the year	60
Medical residents graduated (total since 1953)	1.111
Multiprofessional residents graduated during the year	23
Multiprofessional residents graduated (total since 2010)	245
MSc degrees awarded during the year	28
MSc degrees awarded (total since 1997)	386
PhD degrees awarded during the year	26
PhD degrees awarded (total since 1997)	194
Post-doctorates	16
Scientific initiation	17

83
residents graduated in 2015

28
MSc degrees awarded in 2015

26
PhD degrees s awarded in 2015

Medical and multiprofessional residency programs

Until 1953, doctors wanting to specialize in oncology had to resort to a program abroad. The first Medical Residency Program in Oncology in Brazil was created that year, and since then the institution has become one of the most important centers for training these professionals, resulting in the qualification of more than a thousand cancer specialists, who now work in Brazil and abroad.

In February 2015, the 59th Class of Residents, consisting of 60 medical doctors, graduated from A.C.Camargo. The year also saw the graduation of another 23 specialists under the Multiprofessional Residency Program.

Graduation ceremony for the 59th class of residents.

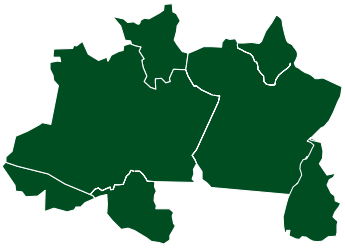
Contribution to oncology in Brazil

Former medical residents (1953 – 2015)

996 *Total*

Former non-medical residents (2010 – 2015)

212 *Total*



North
28 03

Midwest
48 05

Northeast
239 09

Southeast
575 172

South
106 23

The current Medical Residency programs cover 14 different areas:

- Surgical Oncology
- Clinical Oncology
- Pediatric Oncology
- Cytopathology
- Cytopathology, R4 only
- Head and Neck Surgery
- Nuclear Medicine
- Pathology
- Radiology and Diagnostic Imaging, R4 only
- Interventional Radiology, R4 only
- Radiotherapy
- Marrow Transplants, R3 only
- Endoscopy
- Intensive Medicine

In addition to the Medical Residency programs, A.C.Camargo has introduced a further 9 Fellowship programs in the following areas:

- Surgical Oncology for Foreign Medical Doctors
- Head and Neck Surgery for Foreign Medical Doctors
- Cytopathology for Foreign Medical Doctors
- Head and Neck Surgery
- Microsurgery
- Thoracic Oncology Surgery
- Oncological Urology
- Mastology
- Orthopedic Oncology

Number of foreign doctors graduating from residency programs between 1953 and 2015

1 Honduras
1 El Salvador
1 Nicaragua
3 Venezuela
4 Panama
2 Colombia
6 Ecuador
2 Peru
15 Bolivia
7 Paraguay
1 Uruguay
4 Argentina

Graduate degree students at a lecture in the Sen. José Ermírio de Moraes theatre.

Educational programs are aimed at a range of students, including the general public, medical doctors, healthcare professionals, scientists, employees, patients and companies

Graduate programs

Introduced in 1997, A.C.Camargo's graduate program was the first in Brazil in the area of oncology to be recognized by the Commission for Development of Higher Education Personnel (Capes) and held by a non-academic private institution.

Intended for developing healthcare professionals in scientific research, the graduate program covers basic, translational and clinical research. Studies undertaken by students in the MSc and PhD, scientific initiation (Pibic) and post-doctorate programs, tutored and supervised by members of the

clinical, assistance and scientific staff, help train even more oncology specialists, and encourage the development of scientific knowledge that will serve as a basis for better care and treatment for cancer patients.

Almost 600 master and doctorate degrees have been awarded since the program was introduced, with 28 MSc and 26 PhD degrees in 2015 alone.

Scholarships

Accredited as a Teaching Hospital, A.C.Camargo Cancer Center is able to offer scholarships thanks to partnerships with the Ministry of Education, the Ministry of Health and the State Department of Health. The institution offers full scholarships for MSc degrees, PhD degrees, post-doctorate programs, scientific initiation and medical and multiprofessional residencies. In 2015, scientists and clinical staff were provided with research grants and scholarships for their students, totaling more than R$4.7 million.

Schwester Heine School

The Schwester Heine School was opened in 1987 as the first private hospital school in Brazil, offering regular education to children and teenagers undergoing cancer treatment. Since then it has become a national benchmark in hospital classes. In partnership with the Municipal and State Education

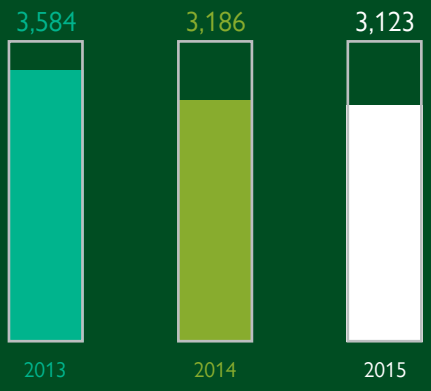
Professor Ivone Amorin Fonseca, of the Schwester Heine School, reads a children's book to a pediatric inpatient.

departments, it takes students of all ages up to 21, and covers all levels of education, from pre-school to the end of high school.

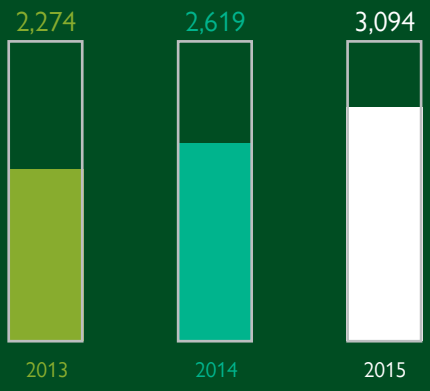
The aim is to allow inpatients to continue studying during their treatment, and to help them return to a normal life in the community after release from hospital. In practice, the institution contacts the schools that the patients come from so that teachers can follow the same program in the hospital and give the same homework as for the other students, subject to the physical and mental limits of each patient. This avoids children and teenagers missing a school year while they are being treated, which is generally a long-term process.

Attendance at Schwester Heine School

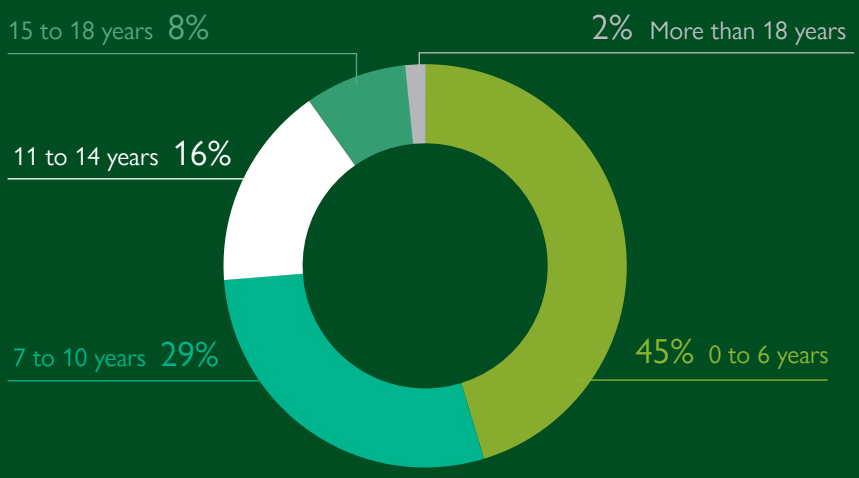
Outpatient



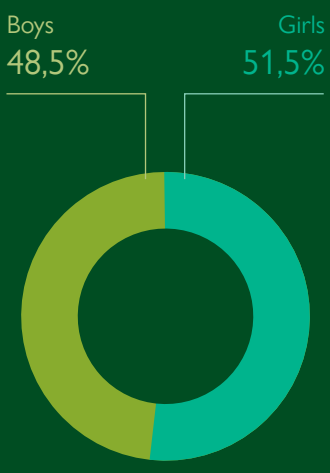
Inpatient



By age group



By gender



Dissemination of knowledge

GRI G4-DMA, G4-EC8, G4-SO1

A.C.Camargo Cancer Center and its specialists have consolidated their position as a source of reference in oncology by disseminating knowledge about cancer to various audiences through a variety of channels.

The institution assisted with more than 2500 newspaper articles in 2015. A number of awareness and educational campaigns about the disease were also held during the year, such as "World Cancer Day", "+Carnival+Health", "National Blood Donor Day", "Pink October" and "Blue November". A highlight was the fifth annual A.C.Camargo Men's Health Run and Walk, with more than two thousand participants, making it one of the largest races in the city of São Paulo.

A.C.Camargo offered 11 editions of the lecture "Meet the Specialists", an event to provide information on issues related to the most common tumors in Brazil, which are colorectal, mouth and throat, bowel, lung, breast and prostate cancer.

A reference source in oncology, A.C.Camargo disseminates knowledge about cancer to various audiences through a variety of channels

The public learns about health in an event on World Cancer Day.

2,500

press articles involved A.C.Camargo Cancer Center

To train people, including multipliers, partnerships were set up with four NGOs to disseminate information about the disease, using information supplied by A.C.Camargo. Lectures cover incidence, risk factors, methods of prevention, diagnosis and treatment of the most common types of cancer.

Other important tools contributing to the aims of the institution and to broaden access to reliable information on cancer are the institutional website (which received more than 3.2 million hits) and the social media, with engagement of users being reflected in the indicators: 35 thousand followers on LinkedIn and 250 thousand fans and 41 million people reached on Facebook.

A.C.Camargo also has a close relationship with companies, which are interested in both obtaining and disseminating knowledge. 98 corporate events were held in 2015, including 48 exhibitions, 40 lectures and 6 workshops. We estimate that these events reached a total audience of around sixty thousand.

A.C.Camargo also produces free content with tips on prevention and early diagnosis of cancer, healthcare and quality of life. The material is sent to partner companies each month, for distribution to their employees. Newsletters were sent to more than a thousand companies in 2015.

Jefferson Luiz Gross, MD, PhD and director of Thoracic Surgery Department lectures to patients and the public about lung cancer.

Fernando Soares, MD, PhD, lecturer and director of Anatomic Pathology Department, during Pathology Day.

School of Pathology

In its second year of activities, the Humberto Torloni Advanced Oncological Pathology School (EPOAHT) already registers more than 900 members, 100 of them from abroad. By arranging scientific events, seminars, internships and other programs, its aim is to fill the gaps in new initiatives for diagnostic and investigative pathology.

Scientific events

A.C.Camargo Cancer Center also offers a wide range of scientific programs aimed at healthcare professionals. More than 15 scientific events were held in 2015 on various oncological specialties, with lectures given by well-known Brazilian and international speakers to more than a thousand attendants. The highlights were:

- 19th Pathology Day – Pathology of Hematopoietic Neoplasms
- 18th Pathology Day - Urological Pathology
- Bioinformatics, Biotechnology and Health
- Course on Intensity-Modulated Radiation Therapy (IMRT) and Image-Guided Radiation Therapy (IGRT)
- From Biology to Therapy, with scientific support from the Princess Margareth Cancer Centre, of Canada
- 2nd International Symposium on Imaging in Oncology
- 1st Course on Cellular and Molecular Biology of Cancer

More than 15

scientific events on a variety of oncological specialties were held in 2015

Development and retention of talents

For the seventh time, A.C.Camargo Cancer Center was included in 2015 in the ranking of the 150 Best Companies to Work For of the Exame magazine Você S/A Guide, with a commendation in the Best Corporate Citizenship Practices category. The institution believes that its professionals are of fundamental importance for attaining its objectives and perpetuating its values.

Professionals who proudly share the purpose of fighting cancer and who embody the values of the Institution

Profile of employees

Number of employees by functional level in 2015 GRI G4-10

	Male	Female	Total
Superintendents	6	4	**10**
Managers	14	28	**42**
Coordinators and supervisors	56	134	**190**
Technicians	430	1,273	**1,703**
Administrative personnel	56	100	**156**
Operational personnel	681	1,062	**1,743**
Outsourced personnel	246	276	**522**
Apprentices	49	61	**110**
Interns	8	49	**57**
Total	**1,546**	**2,987**	**4,533**

Number of employees by type of employment contract GRI G4-10

		2014		2015	
		Male	Female	Male	Female
Employees		1,180	2,569	**1,300**	**2,711**
Permanent	Full time	695	1,302	**781**	**1,364**
	Part time	432	1,212	**519**	**1,345**
Temporary	Full time	0	1	**0**	**1**
	Part time	2	1	**0**	**1**

Work force/total of employees in 2015	Male	Female
Total number with employment contract	1,300	2,711
Total of doctors providing services at A.C.Camargo	338	245
Total of volunteers	14	175
Total of outsourced service providers (multiprofessionals)	246	276
Total work force	1,898	3,407

*All employees are located in the southeast region of Brazil.

Corporate University

Focusing on the development of the internal public, the Corporate University, which started in 2014, has now become an instrument of social transformation, in view of the enormous contribution it has made both to the professional advancement of the employees and to their social and economic progress. The university trains professionals with specialist knowledge of cancer to work in the institution or in the healthcare market. 620 courses were held in 2015, and the first two groups of nursing auxiliaries graduated, a total of 34 students. GRI G4-LA9

In 2015, the Leadership Development Program (PDL) was focused on excellence and quality of services. All the superintendents and 39.2%of the managers, coordinators, supervisors and other leaders took part in specific training on the management of indicators. The others will be trained during 2016. The institution also invested in external training for leaders, and some of them attended workshops and national and international conventions.

The Corporate University held

620

courses in 2015

Nursing team being trained in a Continuing Education project.

Hours of training GRI G4-LA9

H = men; M = women; T = total

	No. of employees			Hours of training			Average hours per employee		
	H	M	T	H	M	T	H	M	T
Directors	6	4	**10**	270	129	**399**	44.9	32.3	**39.9**
Managers	14	28	**42**	517	1,721	**2,238**	36.9	61.4	**53.3**
Coordinators and department heads	56	134	**190**	2,450	6,860	**9,310**	43.7	51.2	**49.0**
Technicians	430	1,273	**1,703**	15,156	41,913	**57,068**	35.2	32.9	**33.5**
Administrative personnel	56	100	**156**	697	1,063	**1,760**	12.4	10.6	**11.3**
Operational personnel	681	1,062	**1,743**	26,725	51,591	**78,316**	39.2	48.6	**44.9**
Apprentices	49	61	**110**	1,789	2,500	**4,288**	36.5	41.0	**39.0**
Interns	8	49	**57**	651	4,028	**4,679**	81.4	82.2	**82.1**
Total	**1,300**	**2,711**	**4,011**	**48,253**	**109,805**	**158,058**	**37.1**	**40.5**	**39.4**

R$ 444

thousand was expended in scholarships for employees to attend undergraduate and graduate programs

Retention of talents is one of the challenges proposed in the Strategic Plan, and the internal recruitment and performance assessment programs are important tools for meeting the challenge.

The selection process gives priority to existing employees, to grant them recognition. In 2015, 27.3% of places were filled by the Institution's employees. The performance assessment, in turn, provides for professional learning and development, since it offers employees feedback and an individual development plan.

A.C.Camargo also offers a Study Scholarship Program for undergraduate and graduate programs. Subsidies can be as high as 80% of the tuition costs, and an investment of R$444,648.93 was made in this regard during the year. The choice of an educational institution lies with the beneficiaries, but they have to meet the requirements of the HR policy and select a course which adds value and learning in the area of healthcare. The most popular undergraduate program is nursing, while the list for graduate programs is headed by hospital management/healthcare management.

Employees of A.C.Camargo Cancer Center studying at the Corporate University.

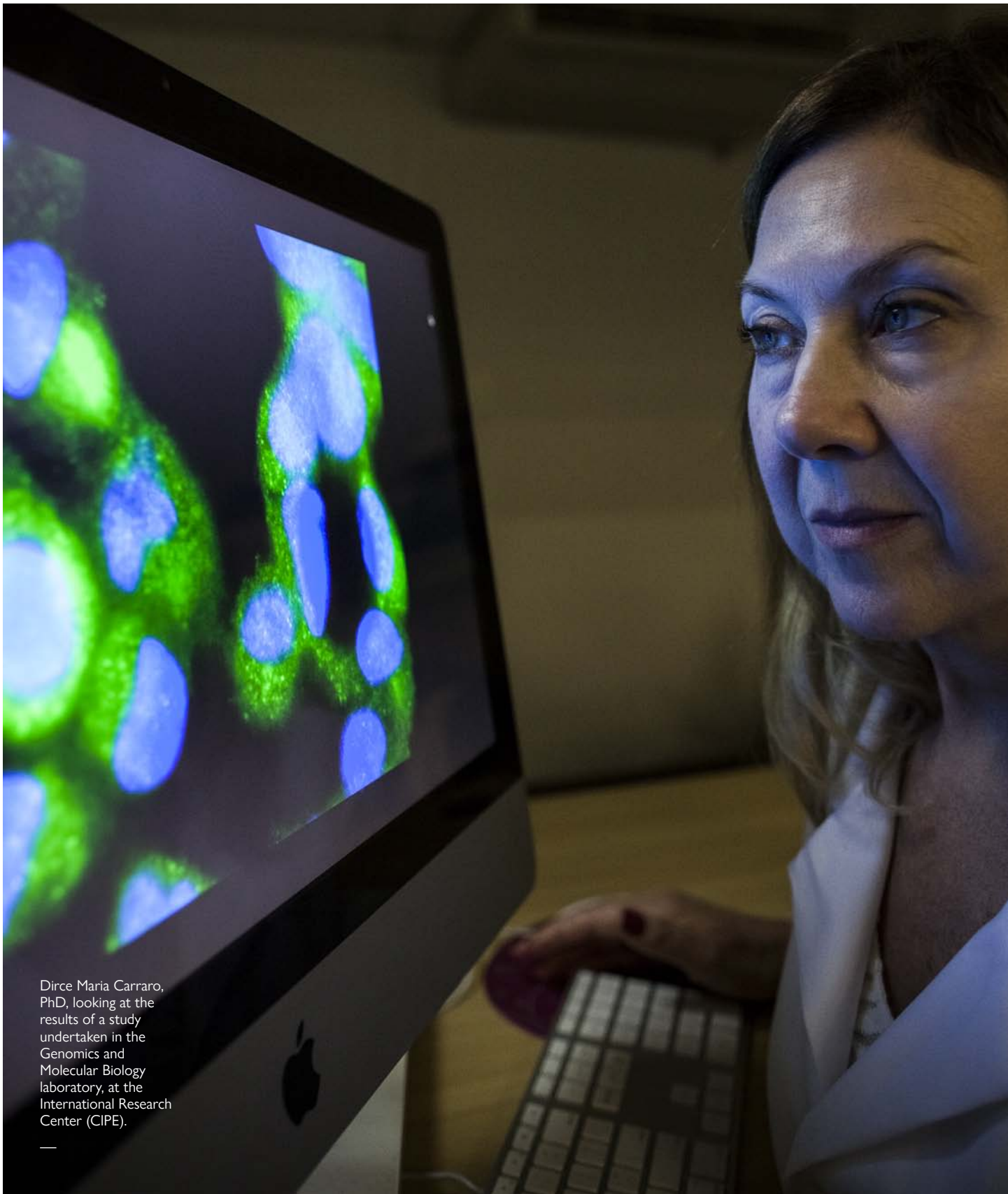
Percentage of employees receiving performance reviews in 2015 GRI G4-LA11

Functional category	Male	Female	Total
Superintendents	100%	100%	**100%**
Managers	57%	96%	**83%**
Department heads/coordinators	75%	76%	**76%**
Technicians/supervisors	85%	100%	**96%**
Administrative personnel	68%	80%	**75%**
Operational personnel	90%	97%	**94%**
Apprentices	86%	113%	**101%**
Interns	100%	143%	**137%**
Total	**86%**	**98%**	**94%**

Turnover GRI G4-LA1

Number of new hires by age			
Below 30 years of age			516
Between 31 and 50			529
Above 50			18
Number of new hires by gender	Male	Female	Total
	417	646	1,063
Percentage of new hires by age			
Below 30 years of age			0.407
Between 31 and 50			0.216
Above 50			0.062
Percentage of new hires by gender	Male	Female	Total
	0.321	0.238	0.265
Number of leavers by age			
Below 30 years of age			371
Between 31 and 50			473
Above 50			18
Number of leavers by gender	Male	Female	Total
	302	560	862
Turnover rate by age			
Below 30 years of age			0.293
Between 31 and 50			0.193
Above 50			0.062
Turnover rate by gender	Male	Female	Total
	0.232	0.207	0.215

Research, innovation and creation of knowledge



Dirce Maria Carraro, PhD, looking at the results of a study undertaken in the Genomics and Molecular Biology laboratory, at the International Research Center (CIPE).

Working on the frontiers of knowledge and anticipating trends to achieve the best clinical results

Advances in the assistance field are reinforced by the growing integration of research and education. The scientific area takes the lead in A.C.Camargo's international efforts, through the pioneering activities of its community.

Scientific research at A.C.Camargo Cancer Center aims at expanding knowledge about the genesis and aggressiveness of tumors, and seeks to innovate through more accurate diagnosis and more effective and personalized treatment, enhancing better control of the disease and the quality of life of patients with cancer. The institution itself invested some R$15 million in this area in 2015.

Projects are undertaken in laboratories equipped with state-of-the-art technology, which is available for all the research groups, such as latest generation DNA sequencers and high-resolution microscopes for analyzing cells and tissues.

About R$15 million

was invested by A.C.Camargo in developing scientific research

Innovation in the diagnosis of breast cancer

An essential tool for advances in oncology, research constantly encourages innovation, which is a key feature of the Cancer Center model, combining assistance, education and research. An example of this is the T1 Sure medical laboratory device, designed by a specialist at A.C.Camargo after years of research and tests on breast cancer patients.

An acrylic plate allows for initial stage breast cancers to be mapped more effectively, contributing to a more accurate diagnosis and better choices of treatment. The device is of assistance throughout the process of breast-conserving surgery to remove lesions with microcalcifications. The T1 Sure prototype has been patented, and is to be manufactured by a specialist company that will make it available in the market.

Basic-translational and clinical research

Scientific basic-translational and clinical research projects at A.C.Camargo Cancer Center aligns scientific knowledge with the practice of oncology to the benefit of the patient. The combination of research and education is of major importance for strengthening the quality of the patient treatment and care, and represents the concept of the Cancer Center. In order to better support these areas, the institution has defined a specific and detailed strategy, which is to be deepened in 2016 with the leadership support.

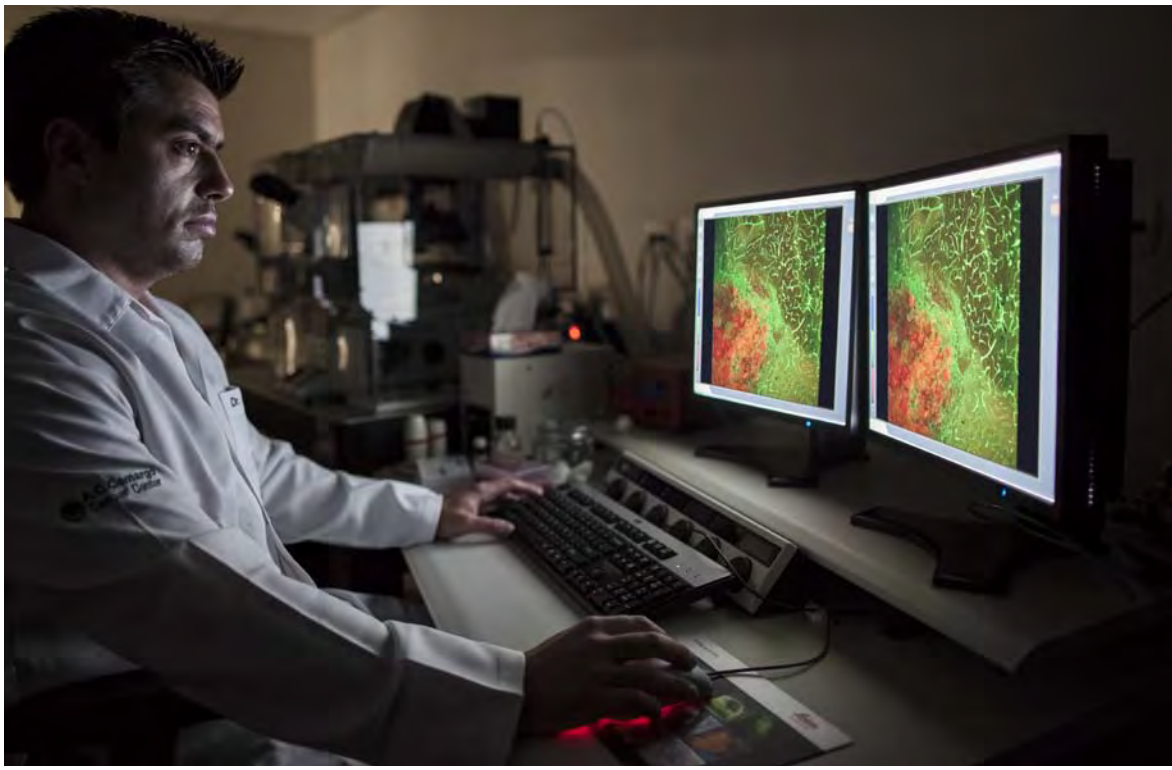
Basic-translational research

The results of research studies conducted are shown in articles published by A.C.Camargo Cancer Center in international peer-reviewed scientific periodicals. This knowledge promotes an unparalleled contribution to science not only in Brazil but also at the global level.

There are currently some 90 professionals dedicated to research, in addition to the clinical and assistance staff who actively participates in research activities. In 2015, 159 research projects were undertaken, totaling 1075 since2008. During the year, 168 scientific articles were also published in indexed international journals. Some 20% of these publications were a joint effort between scientists from the basic-translational area and clinical staff at A.C.Camargo, combining molecular and cellular data and tracing their direct relationship with the disease.

159

scientific research projects were undertaken in 2015



Researcher Tiago Góss dos Santos, PhD, analyzes the image of a tumor cell captured by confocal microscopy for identification of changes associated with cancer.

Major publications in 2015

Alleviating side effects of the treatment of head and neck tumors

A study supporting the use of the drug bethanechol to alleviate dry mouth symptoms (xerostomia), one of the most common and uncomfortable effects of radiotherapy on patients with tumors in this region. The work was carried out by the departments of Stomatology, Nuclear Medicine, Radiotherapy and Head and Neck Cancer at A.C.Camargo, with the collaboration of the Head and Neck Department of the Barretos Cancer Hospital.

(JAGUAR ET AL., RADIOTHER ONCOL. 2015 MAY;115(2):253-256).

Diagnosing lung cancer

Carried out by the Imaging and Lung and Thorax departments of A.C.Camargo, the study describes a technique for locating possible malignant lesions in the lung by means of radio-guided computerized tomography. The technique has proved effective and promising for the accurate identification of lesions in the lung during surgery.

(TYNG ET AL., ANN THORAC SURG . 2015)

Cervical and sentinel lymph node cancer

A joint study between hospitals in Paraná and São Paulo, including A.C.Camargo, confirmed that an assessment of the sentinel lymph node (the primary drainage node of substances and cells from the tumor site) is a safe and accurate approach to increasing the detection of nodal metastasis and represents an important factor for prognosis of cervical cancer patients after surgery. The importance of the study lies in the fact that this is the third most common type of tumor in women, with 500 thousand new cases every year worldwide.

(FREITAS ET AL., ANN SURG ONCOL . 2015 MAY; 22(5):1564-9)

Other research studies are listed in the attachment at the end of this report

- Clinical research - strategic studies on cancer diagnosis and treatment
- Biomarkers for prognosis and therapeutic response
- Tumor biology*
- Palliative care/quality of life
- Others
- Diagnosis by imaging in oncology

* Cellular, molecular, genomic and genetic alterations.

Researcher Edson Cassinela prepares components isolated from patients' blood samples for identification of circulating tumor biomarkers.

International collaboration

To reinforce our positioning as a scientific benchmark in oncology and reassert our commitment to sharing knowledge, collaboration was intensified with major international centers such as the University of California, Davis (USA), International Prevention Research Institute (France), University Health Network (Canada), Queen's University (Canada), Ohio State University (USA), University of Melbourne (Australia) and MD Anderson Cancer Center (USA).

Since 2007, A.C.Camargo has been one of the three Brazilian centers regarded as sister institutions by MD Anderson, which arranges the exchange of experience and knowledge between more than 50 international institutions.

With recognized importance in the advance of oncological practice, research by A.C.Camargo receives financial support from state, federal and international development agencies

Collaboration with national and international institutions

	2015
National collaboration on scientific publications *	28
International collaboration on scientific publications *	38
National technical and scientific cooperation agreements	4
International technical and scientific cooperation agreements	7

*Criteria used for mention of national and international collaborator institutions:
1 For scientific articles published, where the principal author is from A.C.Camargo Cancer Center: all the institutions collaborating in the study are named.
2 For scientific articles published, where the co-author is from A.C.Camargo Cancer Center: only the author institutions or study coordinating centers are named.

Investment in research

The institution receives financial support from state and federal research foundation agencies and from international agencies to support research projects.

- São Paulo Research Foundation (Fapesp): R$2,351,337 for research and R$1,822,109 for scholarships
- National Council for Scientific and Technological Development (CNPq): R$105,635 for research and R$457,389 for scholarships
- Capes: R$67,200 for research and R$616,000 for scholarships
- National Institute of Health (NIH-USA): R$129,451 for scientific research and scientific events

R$1 million was subscribed in 2015 to develop the Regional Cancer Educational project, with funds raised through the National Cancer Care Support Program (Pronon). The program allows tax relief of up to 1% of tax payable, for investment in projects approved by the Ministry of Health in the areas of education, assistance and research in oncology.

A further R$1 million was passed on by the Public Prosecutor's Office, under a Conduct Adjustment Agreement (TAC) between Banco Santander and the Ministry of Labor. These sums were used to conduct research projects aimed at identifying biomarkers of therapeutic response. GRI G4-EC4

Clinical research

Clinical research is of fundamental importance for advances in oncological practice. Studies of the effect of new drugs and innovative therapies on different types of tumor make it possible to establish new treatment protocols, enhance the quality of life and increase the survival time of patients.

Since A.C.Camargo started making these studies, 166 have been carried out with the participation of 2,676 patients. In 2015, 23 clinical studies were performed, 15 of them started during the year, with a total of 82 patients recruited and 66 selected to participate in randomized groups.

Sponsored clinical research

+ than 59

thousand samples have been collected for the Tumor Bank since its creation in 1997

43 research

projects used samples from the Biobank in 2015

Biobank

A world reference for scientific study, A.C.Camargo Cancer Center's Biobank[1] is one of the largest and best organized in Latin America, consisting of the Tumor Bank, created in 1997, and the Macromolecule Bank, created in 2004. By the end of 2015, samples from 22,888 patients had been collected.

The samples are used in research to find out more about processes that cause cancer, map the risk of developing tumors and facilitate early detection, as well as developing better therapeutic approaches. In 2015, samples were provided for 43 research projects undertaken by the institution, including collaborations with national and international researchers.

The Tumor Bank have already collected 59,020 samples (leucocytes, plasma, frozen tissue, PFA tissue and FA tissue), including 3534 samples of frozen tissue and 1072 samples of blood (leucocytes and plasma) in 2015 alone. The Macromolecule Bank, for its part, has processed approximately 18 thousand samples of RNA and DNA since its creation, and has a collection of 13 thousand samples.

[1]A.C.Camargo's Biobank is governed by the rules in force in Brazil for collection, storage and use of human biological material for research, and is registered with the National Research Ethics Commission under number B-001

Bioinformatics and biostatistics groups

In 2015, A.C.Camargo Cancer Center set up the Computational Biology and Bioinformatics Group (GBCB) for development of computational tools. In the same year, improvements were made to the Epidemiology Group's statistical techniques, with the creation of the Epidemiology and Statistics Nucleus (NEE).

The role of the Epidemiology and Statistics Nucleus is to help design and plan individual and multicentric studies and coordinate case-control studies and statistical models for application. It provides individual guidance for statistical project analysis. The analysis of survival times of patients treated by A.C.Camargo has been the principal focus of the studies developed by this group.

The GBCB is responsible for analyzing genetic data in the areas of genomics and transcriptomics. Its research is primarily focused on developing new computer methods for application to the study of cancer. In addition, the group is committed to training people in bioinformatics and providing support for researchers at the International Research Center (CIPE), and for the clinical and multiprofessional staff.

Researcher Elisa Napolitano e Ferreira, PhD, performing an experimental approach for identification of genetic changes associated with hereditary cancer syndromes.

About the report

Nurse Adilson Roberto Ferreira cares for an inpatient.

The A.C.Camargo Cancer Center 2015 Sustainability Report, apart from providing key information on the institution's performance and vision of the future, underlines our commitment to transparency and accountability

Presented in printed and online versions, this is the fifth annual report based on the methodology of the Global Reporting Initiative (GRI) – the main international reference for sustainability reports – and, for the second year running, follows the guidelines of the GRI-G4 version, comprehensive option. The publication also uses indicators proposed by the Sustainability Accounting Standards Board (Sasb), a non-governmental organization which seeks to set accounting standards for critical issues of sustainability. GRI G4-32

The content is defined on the basis of the commitments assumed in previous reports and prioritized as significant issues for the institution. The indicators and key information cover the period January 1 to December 31, 2015, on an annual cycle. GRI G4-28, G4-30

Queries, criticism and suggestions on the content can be emailed to *relatorio_sustentabilidade@accamargo.org.br*

GRI G4-31

The financial statements cover all the operating units of Antônio Prudente Foundation and comply with Brazilian accounting standards and the International Financial Reporting Standards (IFRS). They have been audited by KPMG Auditores Independentes. The GRI indicators have been calculated in-house with the help of external consultants, and verified by PwC Brazil. GRI G4-17, G4-33

Engagement and materiality

GRI G4-18

A.C.Camargo Cancer Center has revised its materiality and reporting processes to improve the institution's management and strategy, with significant input by the Executive Management. The material issues were validated by the Superintendence and the Statutory Board. Thus the new materiality correlates issues of interest to stakeholders with the priorities of the Strategic Map.

The process started with the identification of stakeholders and impacts on the institution's operating environment, through sector studies by organizations such as IARC (International Agency for Research on Cancer) and the White Book – Brazil Healthcare, references in the area of sustainability, and relevant in-house material such as the Strategic Map and the SGI Policy. GRI G4-25.

To fight cancer patient by patient, through the engagement of stakeholders and the patients' trust

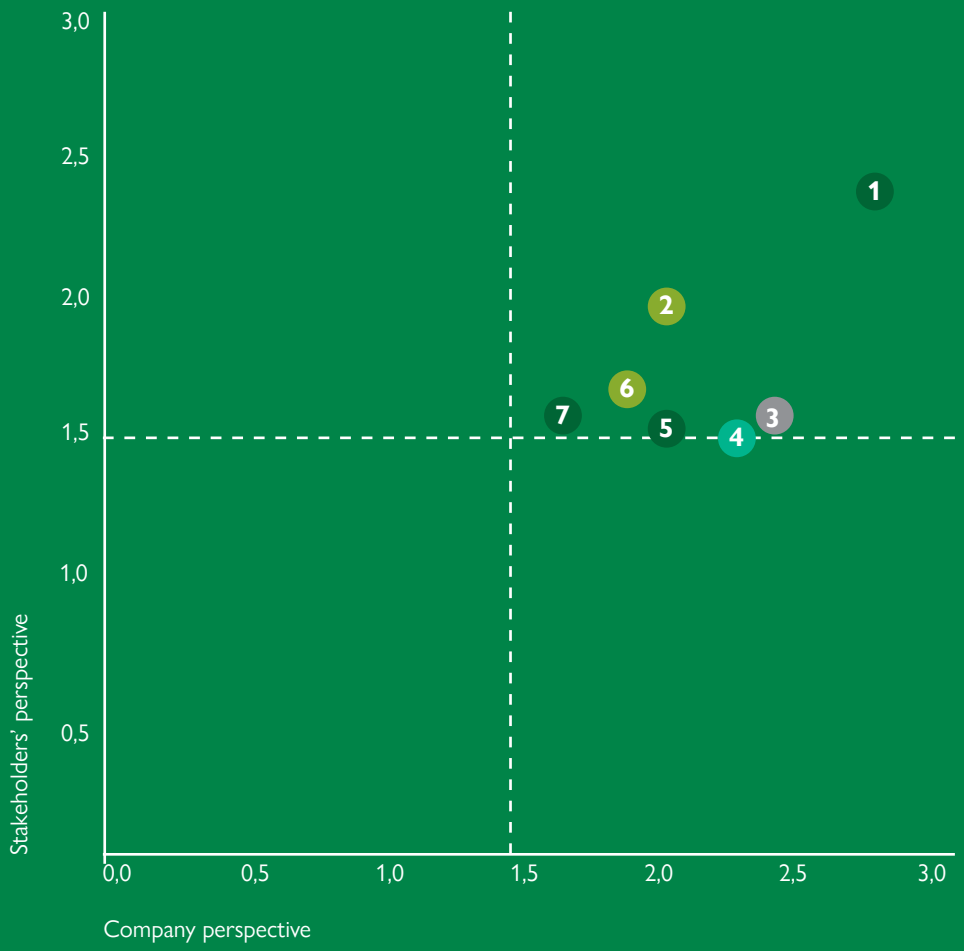
Strategic stakeholders were consulted to set priorities for the issues identified. On the company's side, ten superintendents and two members of the Statutory Board were interviewed. Among stakeholders, contributions were made by healthcare operators, competitor hospitals, suppliers, representatives of the public sector and specialists, who were interviewed in person or by phone. Additionally, an online survey was completed by 1,744 people, including employees, patients, doctors, company HR managers and also suppliers and operators. GRI G4-24, G4-26

Members of the Executive Management validated the issues prioritized, taking into account important aspects of the previous annual process, such as health and safety and education in the broadest sense. Management proposed grouping the issues into four thematic categories: Integrated Assistance Model, Early Diagnosis and Assistance, Education and Research.

1,744

people contributed to the online survey to prioritize the material issues

Materiality matrix



Issues

1. Efficient use of resources
2. Training, development and retention of talents
3. Quality of patient care
4. Research and development
5. Access to quality medical treatment
6. Generation and management of knowledge about cancer
7. Assessment and development of healthcare systems

Integrated Assistance Model

An efficient model to guarantee access to quality treatment - *issues 1, 5 and 7*

Early Diagnosis and Assistance

Caring for people and first class treatment – *issue 3*

Education

Dissemination of knowledge and development of people - *issues 2 and 6*

Research

Research, innovation and creation of knowledge – *issues 4 and 6*

Material issues

Thematic categories	Material issue GRI GRI G4-19	Stakeholders who highlighted the issue GRI G4-27	Limits inside and outside the organization GRI G4-20, G4-21	Related GRI content
Integrated Assistance Model	Efficient use of resources	All stakeholders	Inside: in all operations Outside: customers, suppliers, government, society	G4-EC1, G4-EC2, G4--EC3, G4-EC4
	Access to quality medical treatment	Superintendence Statutory Board Patients	Inside: in all operations	G4-SO1
	Assessment and development of healthcare systems	Sector institutions Competitors Healthcare plans Suppliers	Inside: in all operations Outside: customers, suppliers, government, society	G4-EC7, G4-EC8, G4-SO1, G4-SO2, G4-SO6
Early Diagnosis and Assistance	Quality of patient care	Statutory Board Superintendence Patients Suppliers	Inside: in all operations	G4-9, G4-10, G4-PR1, G4-PR2, G4-PR3, G4--PR4, G4-PR5, G4--HR7, G4-LA5, G4--LA6, G4-LA7, G4-LA8
Education	Training, development and retention of talents	Statutory Board Employees Patients Doctors HR Managers	Inside: employees and clinical staff	G4-LA1, G4-LA2, G4-LA3, G4-LA9, G4-LA10, G4-LA11
	Generation and management of knowledge about cancer	Competitors Superintendents Patients Medical Doctors HR Managers	Inside: Assistance, Research and Education areas	
Research	Research and development	Statutory Board Superintendence Patients Competitors Suppliers	Inside: in all operations Outside: customers, government, society	
	Generation and management of knowledge about cancer	Competitors Superintendents Patients Medical Doctors HR Managers	Inside: Assistance, Research and Education areas	

GRI content index

GRI G4-32

Content Index A.C.CAMARGO CANCER CENTER

Sept 2016 Service

General Standard Disclosures

General Standard Disclosures	Page / reply	Omission
Strategy and analysis		
G4-1	4	
G4-2	4	
Organizational profile		
G4-3	A.C.Camargo Cancer Center.	
G4-4	11	
G4-5	São Paulo (SP).	
G4-6	- Antônio Prudente Unit and Tamandaré Unit, in the district of Liberdade, São Paulo. - International Research Center (CIPE), in the district of Liberdade, São Paulo. - Outpatient unit in Santo André, in the Greater São Paulo ABC region. - Outpatient unit in the district of Morumbi, southern zone of São Paulo.	
G4-7	Private not-for-profit institution, supported by Antônio Prudente Foundation.	
G4-8	11	
G4-9	28,31,33	
G4-10	56	
G4-11	100% of the employees.	
G4-12	A.C.Camargo's supply chain consisted of 989 companies at the end of 2015. The main categories of suppliers considered as strategic are: a) Products: hospital material, drugs, OPME (orthoses, prostheses, special material and synthesis), fixed assets (e.g. equipment) and inputs (e.g. medicinal gases, radioactive material, nutrition); b) Service providers: facilities and equipment maintenance, consultants, projects, works, logistics etc. The total amount paid to these suppliers exceeded R$398.8 million.	
G4-13	There were no changes in 2015.	
G4-14	A.C.Camargo only uses authorized and scientifically proven techniques and material for its cancer treatment.	
G4-15	18	
G4-16	Brazilian Association of Charitable Anti-Cancer Institutions (a member of A.C.Camargo's management is on the board); National Association of Private Hospitals (ANAHP); São Paulo Federation of Hospitals; National Quality Foundation (FNQ); and the Brazilian Institute of Corporate Governance (IBGC). Internationally, A.C.Camargo Cancer Center partners the Union For International Cancer Control (UICC) and the MD Anderson Cancer Center in the fight against cancer.	
Association Material aspects identified and limits		
G4-17	69	
G4-18	70	
G4-19	72	
G4-20	72	
G4-21	72	
G4-22	Any needs for reformulation have been mentioned in the answers on indicators.	
G4-23	33 and 34	

Stakeholder engagement	
G4-24	70
G4-25	70
G4-26	70
G4-27	72
Report profile	
G4-28	68
G4-29	Year 2014.
G4-30	69
G4-31	69
G4-32	69
G4-33	79
Governance	
G4-34	16
G4-35	The Board meets at least five times a year to set guidelines for the institution's activities. Its members also attend monthly meetings with the Statutory Officers, superintendents and managers, to direct strategy and monitor indicators for business and social, environmental and economic matters.
G4-36	17
G4-37	The stakeholders do not currently participate directly in these matters.
G4-38	Board of Trustees: nine independent male members, with no executive functions; two of them are medical doctors, two economists, two engineers, one business administrator, one lawyer and one physicist; three-year overlapping terms of office. Audit and Risk Committee: two male members, one a board member and the other from outside the institution, with recognized capacity and experience in the field (a place for a second external member remained vacant during 2015). Strategy and Governance Committee: four male members, three of them board members and one external (a former board member). Compensation and Succession Planning Committee: three members, one a member of the board and two of them officers; two men and one woman. Institutional Ethics Committee: four members, one of them an officer, one superintendent general, one clinical director and one senior doctor; three men and one woman. Scientific Advisory Board: five members, all international scientists with recognized capacity and experience in their fields; three men and two women.
G4-39	The Chairman of the Board has no executive function.
G4-40	Members of the Board of Trustees are selected from candidates of proven suitability taking into account their academic background, activities, experience and availability, respecting the need for skills and knowledge of economic, environmental and social issues.
G4-41	The Code of Conduct sets guidelines for the behavior expected of employees, so as to prevent conflicts of interest, and forbidding, among other things, cross-relationships with suppliers. Issues of potential or actual conflict are analyzed by the Institutional Ethics Committee, which reports the more important issues periodically to the Board of Trustees. The institution is also subject to the Supervisory Board for Foundations of the São Paulo State Attorney General's Office.
G4-42	Board members and officers define the strategies, policies and goals related to the economic, environmental and social impact of the organization, ensuring that these guidelines are observed in accordance with the institution's mission, vision and values.
G4-43	The Board meets at least five times a year to set guidelines for the institution's activities. Some of its members are also members of its ancillary committees, and monitor these issues jointly with the Executive Board and Superintendence.
G4-44	This is part of the review of corporate governance initiated in 2015, which is expected to be implemented as from 2017.

G4-45	The Board of Trustees is responsible for defining economic, environmental and social policies, setting guidelines for their implementation by the Institution's Statutory Board and executive management, with the support of external consultants if necessary.	
G4-46	The Board meets at least five times a year to set guidelines for the institution's activities. Its members also attend monthly meetings with the Statutory Officers, superintendents and managers, to direct strategy and monitor indicators for business and social, environmental and economic matters.	
G4-47	The Board meets at least five times a year to set guidelines for the institution's activities. Its members also attend monthly meetings with the Statutory Officers, superintendents and managers, to direct strategy and monitor indicators for business and social, environmental and economic matters.	
G4-48	Board of Trustees.	
G4-49	Stakeholders have access to governance bodies through various channels, such as the institutional website, social media, the Employee's Channel, the Customer Support Service (SAC) and the Customer Ombudsman and Code of Conduct channels, through which suggestions, criticisms and situations of non-compliance are submitted to senior management for assessment. Stakeholders such as the Municipal Department of Health, which is the local administrator of SUS, are consulted regularly on issues related to patient care.	
G4-50	Fourteen critical concerns were communicated to the highest governance body in 2015. The issues of special importance were: approval of the strategic plan for 2016-2020, setting guidelines for the institution's activities and defining strategy; review of financial policy; revision of the Code of Conduct; the quality of services and strategies for meeting SUS quota; and matters relating to the Master Plan for the institution's infrastructure.	
G4-51	Members of the Board of Trustees and the Statutory Board are volunteers, and receive no compensation. The executive managers receive fixed and variable compensation, in line with market parameters which are determined with the help of specialist consultants. The variable compensation depends on the fulfillment of predetermined targets, and is strictly in accordance with the law.	
G4-52	The Human Resources Committee discusses matters related to compensation and people management. Salaries are determined on a points basis, which is applied with the help of external consultants. The compensation model adopted by A.C.Camargo is intended to ensure the engagement of executives and their teams, who contribute to attaining strategic goals.	
G4-53	The Human Resources Committee, which consists of executives and members of the Statutory Board, discusses matters related to compensation and people management, and takes decisions by consensus.	
G4-54	30.9 times, including salary, unhealthy working conditions, bonuses, additional payments for length of service and night shift bonuses.	
G4-55	8% for the best-paid individual (annual collective bargaining agreement) and 9% on average, including increases on promotion and merit rises.	
Ethics and integrity		
G4-56	2, 18	
G4-57	Reports of situations or behavior violating established standards can be submitted to an ombudsman specially appointed for the purpose.	
G4-58	Confidentiality is guaranteed, and reports sent through the whistle blowing channels help expose the weaknesses of the institution and allow preventive action to be taken.	

Specific Standard Discloures

Economic category

Material Aspect	DMA and Indicators	Page / reply	Omission
Economic performance **UNGC**	**G4-DMA**	26	
	G4-EC1	27	
	G4-EC2		Not applicable, since operations are not affected by climate change and emissions are insignificant.
	G4-EC3	Employees can choose between two types of private pension plan: a traditional pension plan (PGBL) and a free benefits generating life insurance plan (VGBL). Both aim at accumulating capital for conversion into a future supplementary income, and the difference between them is the way in which tax is payable. They are optional defined contribution plans, and a fixed amount of monthly contributions, equivalent to 5% of salary, is deducted from payroll. For its part, A.C.Camargo contributes a monthly amount corresponding to 3% of the employee's monthly salary. If an employee wishes to contribute more than 5%, the plan is transferred to the Extraordinary Contribution model, with a minimum of R$100.00, which can be deducted monthly or on an occasional basis. In this case the company makes no corresponding contribution.	
	G4-EC4	28, 65	
Indirect economic impact	**G4-DMA**	4, 38, 47 and 53	
	G4-EC7	24, 38	
	G4-EC8	14, 47 and 53	

Category: social – Subcategory: labor practices and decent work UNGC

Material Aspect	DMA and Indicators	Page / reply	Omission
Employment	**G4-DMA**	43	
	G4-LA1	59	
	G4-LA2	45	
	G4-LA3	45	

Occupational health and safety	**G4-DMA**	43	
	G4-LA5	There are two Internal Accident Prevention Commissions (Cipas): one in the Antônio Prudente Unit, with 36 members, and one in the Tamandaré Unit, with 22 members. The Morumbi and Santo André units have people responsible for complying with the aims of the Cipa. 50% of the members of each Cipa represent the employees and 50% are nominated by A.C.Camargo Cancer Center, to represent all the employees.	
	G4-LA6	44	
	G4-LA7	The key risks mapped by the institution relate to ergonomics in the movement of patients, same level falls, contamination from sharp instruments and exposure to biological or radioactive materials in handling drugs and equipment. However, in line with the principles of health promotion and to minimize these risks as far as possible, we guide and train our professionals in prevention techniques, take administrative measures and ensure the use of collective and individual protection.	
	G4-LA8	Agreements provide for the supply of Personal Protection Equipment (PPE).	
Training and education	**G4-DMA**	47	
	G4-LA9	57	
	G4-LA10	The institution has no competence management or further education programs to support continuing employability for employees or end-of-career management.	
	G4-LA11	59	

Category Social – Sub-category: human rights UNGC

Material Aspect	DMA and Indicators	Page / reply	Omission
Safety practices	**G4-DMA**	18	
	G4-HR7	A.C.Camargo does not provide training for safety personnel, since this service is outsourced.	

Social category - society

Material Aspect	DMA and Indicators	Page / reply	Omission
Local communities	**G4-DMA**	15, 47 and 53	
UNGC	**G4-SO1**	15, 47 and 53	
	G4-SO2	A.C.Camargo considers that the main adverse impacts caused by its activities relate to the environment. We are therefore always seeking to plan and develop initiatives in line with the ISO 14001 certification, the management of hospital waste and the conscientious use of resources such as water and energy.	
Public policy **UNGC**	**G4-DMA**	18	
	G4-SO6	A.C.Camargo Cancer Center does not contribute to political parties.	

Category: social – Sub-category: product responsibility

Material Aspect	DMA and Indicators	Page / reply	Omission
Customer health and safety	**G4-DMA**	25 and 41	
	G4-PR1	24, 25, 40 and 42	
	G4-PR2	A.C.Camargo identified one case of non-compliance with regulations and voluntary codes in relations to health and safety in 2015, and Antônio Prudente Foundation paid R$25,955.32 for four fines for accessibility violations, due to not having made the necessary adaptations to the building to facilitate free access, circulation and the use of the area by physically handicapped people.	
Product and service labeling	**G4-DMA**	36, 38	
	G4-PR3		There is no requirement for information or labeling.
	G4-PR4		There is no requirement for information or labeling.
	G4-PR5	36	

UNGC – Aspects/dimensions associated with the ten principles of the United Nations Global Compact.

Assurance report

Limited assurance report by the independent auditors on the information contained in the 2015 Sustainability

To the Board Members and Management
Antônio Prudente Foundation,
São Paulo- SP

Introduction

We have been engaged by Antônio Prudente Foundation ("A.C.Camargo Cancer Center" or "Foundation") to prepare a limited assurance report on the compilation of information related to sustainability contained in the A.C.Camargo Cancer Center 2015 Sustainability Report for the year ended December 31, 2015.

Responsibility of the Foundation management

A.C.Camargo Cancer Center's management is responsible for preparation and fair presentation of the information contained in the 2015 Sustainability Report, in accordance with the guidelines of the Global Reporting Initiative (GRI-G4) and the internal controls which it has determined as being necessary for this information to be free from material misstatement, whether caused by fraud or by error.

Responsibility of the independent auditors

Our responsibility is to express a conclusion about the information contained in the 2015 Sustainability Report, based on the limited assurance work undertaken in accordance with Technical Notice CTO 01 - "Issue of Assurance Report Related to Sustainability and Social Responsibility", issued by the Federal Accounting Council (CFC), on the basis of NBC TO 3000 – Assurance engagements other than audits or reviews, also issued by the CFC, which is equivalent to international standard ISAE 3000 - Assurance engagements other than audits or reviews of historical financial information, issued by the IAASB (International Auditing and Assurance Standards Board). These standards require compliance with ethical requirements, including independence requirements, and that the work be performed with the objective of obtaining limited assurance that the information disclosed in the 2015 Sustainability Report, taken as a whole, is free from material misstatement.

A limited assurance engagement undertaken in accordance with NBC TO 3000 and ISAE 3000 consists, primarily, of putting questions to management and other employees of the Foundation involved in compiling the sustainability information, and in applying analytical procedures to obtain evidence to enable us to reach a conclusion in the form of a limited assurance on the information taken as a whole. A limited assurance engagement also requires the execution of additional procedures whenever the independent auditor becomes aware of matters that lead him to believe that the information, taken as a whole, may represent material misstatements.

The procedures selected are based on our understanding of the aspects of compilation and presentation of the information given in the 2015 Sustainability Report, on other circumstances of the engagement and on our consideration of areas where material misstatements can occur. The procedures consisted of:

(a) planning the work, taking into account the relevance and the volume of quantitative and qualitative information and the operating systems and internal controls which served as a basis for the preparation of the information contained in the A.C.Camargo Cancer Center 2015 Sustainability Report

(b) an understanding of the calculation methods and procedures for the compilation of the indicators by means of interviews with the managers responsible for preparing the information;

(c) the application of analytical procedures to the quantitative information and questions on the qualitative information and their correlation with the indicators disclosed in the information given in the 2015 Sustainability Report;

(d) a comparison of the financial indicators with the financial statements and/or accounting records.

The limited assurance engagement also includes the application of procedures to verify compliance with the Global Reporting Initiative (GRI-G4) guidelines applicable to the compilation of the sustainability information contained in the 2015 Sustainability Report.

We believe that the evidence obtained is sufficient and appropriate to serve as a basis for our limited conclusion.

Scope and limitations

The procedures applied in a limited assurance engagement are significantly less extensive that those for a reasonable assurance report, which would be intended to issue an opinion on the information contained in the 2015 Sustainability Report. Consequently, we were unable to obtain assurance that we had been made aware of all the matters that would be identified in a reasonable assurance engagement, the purpose of which is to issue an opinion. If the purpose of our engagement had been to express an opinion, we might have identified other matters and any misstatements potentially existing in the information contained in the 2015 Sustainability Report. Accordingly, we are not expressing an opinion on this information.

Non-financial data is subject to more inherent limitations than financial data, given the nature and the diversity of the methods used to determine, calculate or estimate them. Qualitative interpretations of materiality, relevance and accuracy of the data are subject to individual assumptions and judgments. Moreover, we did not examine the data given for previous years or future projections or targets.

Conclusion

Based on the procedures described in this report, we were not aware of anything that might lead us to believe that the information contained in the Antonio Prudente Foundation 2015 Sustainability Report was not compiled, in all material aspects, in accordance with the guidelines of the Global Reporting Initiative (GRI-G4).

São Paulo, August 22, 2016

PricewaterhouseCoopers
Contadores Públicos Ltda.
CRC 2SP023173/O-4

Andre Pannunzio Candido Oliveira
Accountant CRC 1SP196603/O-1

Attachments

Major publications in 2015

Classification for the risk of relapse after treatment of squamous cell carcinomas in the oral cavity is still limited. A review of the literature carried out by the Head and Neck Surgery Nucleus indicated approaches permitting the identification of molecular markers which can identify tumors with a greater probability of recurrence, helping to classify and provide special treatment for this group of patients.
(GLEBER-NETTO ET AL., Oral Oncol. 2015 Aug;51(8):738-44)

A collaboration between A.C.Camargo, Ohio State University and the Stefanie Spielman Comprehensive Breast Center led to the identification of biomarkers in epidermoid carcinomas of the oral cavity. One of these, PD-L1, a protein that suppresses the immune system, is the target of treatment of various types of tumor, and this has produced good results in cancer treatment. Its presence in circulating tumor cells (CTC) also points to the possibility of monitoring the blood for a response to the treatment of this type of carcinoma.
(OLIVEIRA-COSTA ET AL., Oncotarget. 2015 Aug 28; 6(25):20902-20)

It is known that tumors in the oral cavity in advanced locoregional stages are highly subject to relapse after definitive treatment. The Head and Neck Surgery Nucleus group has shown that the use of chemotherapy before surgery on these patients is ineffective.
(MARTA ET AL. Eur J Cancer. 2015 Nov; 51(17):2596- 2603)

A study by the Stomatology, Nuclear Medicine and Head and Neck departments of A.C.Camargo, with the collaboration of the Head and Neck Department of the Barretos Cancer Hospital, confirmed the use of bethanechol, a drug which alleviates the symptoms of dry mouth (xerostomia), one of the most common and uncomfortable effects of tumors in this region.
(JAGUAR ET AL., Radiother Oncol. 2015 May;115(2):253-256)

Penile carcinoma is rare worldwide, but occurs more frequently in Brazil. These tumors have been under investigation for several years by the Urology and Anatomic Pathology Departments at A.C.Camargo. In 2015, the group demonstrated that the presence of inflammatory cells within the tumor and of the protein FoxP3, involved in the immune response, can predict an adverse prognosis for such tumors. Awareness of this fact can indicate a more aggressive therapeutic treatment of these tumors and lead to more effective treatment for patients.
(VASSALLO ET AL, Tumour Biol. 2015 Apr; 36(4):2509-16)

A partnership between A.C.Camargo researchers and Universidade Estadual Paulista Júlio de Mesquita Filho (Unesp), the Universidade Estadual de Campinas (Unicamp) and the Barretos Cancer Hospital helped to identify molecular aspects associated with tumors of the penis. It was demonstrated that the SLC8A1 gene, which codifies a protein that transports calcium ions, is reduced in the cancerous cells, making them harder to kill and so promotingthe tumor growth. Studies based on these data, with the aim of interfering in the activity of these transporters, may lead to new therapeutic strategies.
(MUÑHOS ET AL. J Urol 2015 Jul;194(1):245-51)

Also with the objective of investigating tumor processes of penile carcinoma, the A.C.Camargo team, jointly with Unesp, Universidade de Londrina, Universidade de São Paulo (USP), the Barretos Cancer Hospital and the International Agency for Research on Cancer (Iarc), from France, identified new epigenetically regulated genes. These genes are associated with essential cellular processes and with the prognosis of penile carcinoma, indicating new targets to be explored in treating these tumors.
(KUASNE ET AL., Clin Epigenetics. 2015 Apr 18;7(1):46)

A collaborative effort between hospitals in Paraná and São Paulo, including A.C.Camargo, confirmed the viability of detecting the sentinel lymph node as a prognostic factor in cervical cancer. This type of tumor is the third most common among women, with 500 thousand new cases and 250 thousand deaths a yearworldwide. Assessment of the sentinel lymph node, although not included in the staging of cervical cancer defined by the International Federation of Gynecology and Obstetrics (Figo), was considered safe and indicated by the group as the most important prognostic factor for patients at an

early stage of the disease after surgical treatment.
(FREITAS ET AL., Ann Surg Oncol. 2015 May; 22(5):1564-9)

A.C.Camargo was part of a large collaborative group dedicated to the study of endometrial cancer, the most common type of uterine cancer. This study confirmed that polymorphism of the HNF1B gene is associated with the occurrence of the cancer. A meta-analysis also indicated that the polymorphism is associated with greater susceptibility to the development of prostatic and ovarian tumors.
(PAINTER ET AL., Hum Mol Genet. 2015 Mar 1; 24(5):1478-92)

A systematic critical review was undertaken by a group from Clinical Oncology in collaboration with other centers, to assess the results of a number of random clinical trials and focusing specifically on patients over 70 years old with non-small cell lung cancer. The review reported that, for this group of patients, the increase in survival time observed for the therapy combined with platinum should be assessed in conjunction with the side effects it produces. Meanwhile, the study emphasized the need for additional investigation to find a therapy with a better balance between effectiveness and quality of life.
(SANTOS ET AL., Cochrane Database Syst Rev 2015 Oct 20; 10:CD010463)

Groups from the International Research Center (CIPE) and the Colorectal Tumors Nucleus undertook a comprehensive genomic study of patients with Lynch syndrome and for the first time demonstrated their clinical and genetic profiles. Patients with this syndrome represent 3-5% of the cases of colorectal tumors observed in a Brazilian cohort study.
(CARNEIRO ET AL., PLoS One 2015 Oct 5; 10(10):e0139753)

A study undertaken by the A.C.Camargo Oncogenetics Group and led by the Hospital for Sick Children of the University of Toronto, Canada, used large scale genomic analysis methods to refine the classification and to guide therapeutic options for patients with tumors in the choroid plexus. The study was successful in correlating cases with more aggressive tumors and a lower survival rate with a greater number of genetic and epigenetic alterations in the TP53 gene.
(MERINE ET AL., Clin Cancer Res 2015 Jan 1; 21(1):184-92)

A study by the Colorectal Tumors Nucleus in collaboration with Universidade de São Paulo measured the levels of serum folate in patients with colorectal adenocarcinoma. Results revealed that a significant percentage of the patients showed increased levels of ingestion of folate. In addition, data emphasized the damage that this nutrient can cause to established tumor lesions.
(FERRERI ET AL., Nutrients 2015 Jun 2;7(6):4318-35)

A pilot study undertaken by groups from Anatomic Pathology, Imaging Diagnosis and Cutaneous Oncology in collaboration with Barretos Cancer Hospital and University of Modena and Reggio Emilia (Italy) proposes the use of Optical Coherence Tomography to detect dermal infiltration in melanocytic melanomas. This approach may influence the choice of the surgical procedure between scraping and the complete excision of the suspect lesions.
(MORAES ET AL., J Am Acad Dermatol. 2015 Aug;73(2):315-7)

The Palliative Care group carried out a retrospective cohort study with the aim of finding risk factors for failure of non-invasive ventilation in patients with acute respiratory failure. The study showed that non-invasive ventilation must be used with caution in patients with severe pulmonary infections.
(FERREIRA ET AL, J Crit Care. 2015 Oct;30(5):1003-7)

A joint study between Clinical Oncology, Nursing and the International Research Center indicated that an analysis of the enzyme thymidylate synthase in circulating tumor cells (present in the blood) is a useful tool for predicting resistance to 5-Fluoracil chemotherapy in patients with metastatic colorectal cancer.
(ABDALLAH ET AL., Int J Cancer. 2015 Sep;137(6):1397-405)

The study, carried out by the Imaging and Lung and Thorax departments, described a technique for locating possible malignant lesions in the lung by means of radio-guided computerized tomography. The technique has proved effective and promising for the accurate identification of lesions in the lung during surgery.
(TYNG ET AL, Ann Thorac Surg. 2015)

A study by the International Research Center in collaboration with a wide network of researchers from the United States, in particular University of New Mexico, demonstrated that the PCA3 gene, which has been used as a biomarker for prostate cancer, but has no recognized biological function, is able to reduce the expression of a tumor-suppressing gene and contribute to the development of a tumor. The mechanism which causes this phenomenon has not formerly been seen, and represents a unique molecular target for diagnosis and for prostate cancer therapy.
(SALAMEH ET AL., Proc Natl Acad Sci U S A. 2015)

The lobular in situ breast carcinoma is a benign neoplasia, but can evolve into an invasive lesion. A.C.Camargo researchers, in collaboration with the Memorial Sloan Kettering Cancer Center, of the United States, showed the gene expression profile of this neoplasia in order to identify and understand its heterogeneity. Some mechanisms that govern the processes triggering the invasive lesions of these tumors were explained.
(ANDRADE ET AL, Mol Oncol. 2015 Apr; 9(4):772-82)

Extracellular vesicles have attracted a lot of attention from the scientific community due to their capacity to interfere with the biological behavior of the cells which capture them, and because they carry molecules with the potential to act in the tumor process and which serve as biomarkers. The study, which includes members of the International Research Center was made available on a website for interested parties to see details of these structures. The website includes data bank of components of these vesicles, and bioinformatics tools for use as a source of informationon this new area of science.
(KIM ET AL, Bioinformatics. 2015 Mar 15;31(6):933-9)

Desmoid tumors are rare mesenchymal lesions, with a high rate of local recurrences. Due to their rarity and limited cases to be investigated, treatment of these tumors is still inadequate. In collaboration with the Comprehensive Cancer Center, of Ohio University, A.C.Camargo demonstrated that the Notch pathway is highly activated in this type of tumor. The use of an inhibitor of this signaling pathway (PF-03084014) showed major activity in suppressing the growth of desmoid tumor cellsin culture, indicating that the inhibitor should be considered as apotentialtherapeutic.
(SHANG ET AL., Cancer. 2015 Nov 15;121(22):4088-96)

The use of radiotherapy for elderly patients with glioblastoma who are in a debilitated state of health is not yet well established. Researchers from Canada, Europe, Asia, Africa and Brazil, including A.C.Camargo Radiotherapy Department, performed a phase III clinical study inpatients with this profile. The results obtained may lead to a more effective treatment regime.
(ROA ET AL, J Clin Oncol 2015 Dec 10;33(35):4145-50)

Carcinoma of the gall bladder is a rare but aggressive neoplasia. The publication of an international consensus of specialists, including A.C.Camargo Abdominal Surgery Nucleus, has organized the protocols for treating this disease. The protocols cover anatomic pathology assessment, surgical procedures, the evaluation of residual disease and recent advances in adjuvant and neoadjuvant chemotherapy, as well as radiotherapy regimes.
(ALOIA ET AL. HPB (Oxford). 2015 Aug; 17(8):681-90)

Ewing sarcoma is a type of tumor affecting the bones and, less often, soft tissue. It is the most frequent bone tumor in children, after osteosarcoma. A collaborative study by the Brazilian Study Group for Familial Ewing Tumors and the Brazilian Oncological Pediatrics Society, with a number of centers in Brazil, including the Pediatric Oncology Nucleus from A.C.Camargo Cancer Center and the Dana-Farber Cancer Institute, in the United States, analyzed the standard protocol for chemotherapy treatment with the addition of carboplatin, which was shown to be ineffective. However, the collaboration showed the institutions' capacity to realize risk-adapted protocols, leading to conclusions comparable with the large cooperative groups in developed countries.
(BURNETTO ET AL., Pediatr Blood Cancer 2015 Oct; 62(10):1747-53)

Glioblastomas are the most frequent tumors of the central nervous system, and are highly aggressive and lethal. The scientists and clinicians from International Research Center, Department of Anatomic Pathology and Department of Neurosurgery showed an increase in the prion protein in these tumors, and that its presence is correlated with a high proliferation of tumor cells. Inhibition of the protein can control the growth of the tumors in animals, and reduce the cognitive loss caused by the presence of the tumor, indicating, therefore, that this protein could be an important therapeutic target in the treatment of glioblastomas.
(LOPES, SANTOS ET AL., Oncogene. 2015 Jun;34(25):3305-14)

Clinical, multiprofessional and research team

Anatomic Pathology
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Cynthia Aparecida Bueno de Toledo Osório
Felipe D'Almeida Costa
Fernando Augusto Soares
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Luiz Guilherme Cernaglia Aureliano de Lima
Maria Dirlei Ferreira de Souza Begnami
Mariana Petaccia de Macedo
Patricia Maria Peresi
Stephania Martins Bezerra
Victor Piana de Andrade

Anesthesiology
Adriana Mayumi Handa
Adriano Carbonieri Bredis
Alessandra Bittencourt de Oliveira
Alex Madeira Vieira
Aline Yuri Chibana
Ana Alice Sant'anna Nunes
Ana Claudia Vaz Tostes Lima
André Sarlo
Andréa de Carvalho Knabe
Armando José Paiva Pedroso Ramos
Bruno Carvalho Deliberato
Bruno Zacchi
Camila de Souza Hagui
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Filipe Isper Rodrigues Meireles da Fonseca
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José Orestes Prati
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Luis Eduardo Silveira Martins
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