SUSTAINABILITY REPORT 2016

A.C.Camargo Cancer Center
Centro Integrado de Diagnóstico, Tratamento, Ensino e Pesquisa

A.C.CAMARGO CANCER CENTER

SUSTAINABILITY REPORT 2016

Contents

Introduction

A.C.Camargo Cancer Center is an integrated Cancer Center for diagnosis, treatment, education and research. It is recognized internationally as a reference institution in the fight against cancer.

This Sustainability Report provides information on its principal activities, its results and the challenges faced by the institution in 2016, as well as its strategic vision for the future.

The report has been prepared in accordance with the Comprehensive Option of the G4 version of the Global Reporting Initiative (GRI) reporting guidelines and the principles of the United Nations Global Compact (UNGC). It presents economic, financial, social and environmental information.

Message from the Administration G4-1, G4-2

Diagnosis, Treatment, Education and Research. **Integrated**.

Every year approximately 600 thousand people in Brazil are diagnosed with cancer. Early detection, prevention and diagnosis are important factors in winning the battle against the disease.

The fight against cancer is a humanitarian cause.

The progress in this battle is the result of the combined efforts of professionals and institutions around the world who, by their commitment to this movement, dedicate their lives to creating better conditions to face this challenge.

The integrated approach of the Cancer Center model is an important advance in fighting cancer. For the last 64 years we have been an international reference center in oncology.

In 2016, we made substantial progress in the structuring of an integrated treatment model, in order to achieve the best and most effective therapeutic treatment, appropriate to the needs of each patient. This integrated, multidisciplinary care model is supported by evidence-based medicine and a patient-centered approach.

We attended more than 133 thousand patients and performed 3.8 million procedures in 2016, an increase of 4% compared to the previous year. Around 61% of such procedures were for patientsreferred through the National Public Health System (SUS). We provided more than 27 thousand hospitalizations, 40 thousand chemotherapy sessions, 49 thousand radiation therapy sessions and 22 thousand surgeries, especially those of high complexity.

The patient always comes first.

Caring is one of our core values. The satisfaction rating attributed by patients treated under private healthcare plans and under the National Health System (SUS) system were 97.9% and 99.3%, respectively.

We are constantly seeking to introduce promising therapeutic innovations that contribute to enhancing patient care and patient safety. Some important examples are: liquid biopsy, which is a molecular analysis carried out on a sample of body fluids that is able to identify fragments of mutant DNA of tumors, is already a reality; immunotherapy, which stimulates the immune system to fight tumors, is making progress as an alternative medical treatment, with great success; intraoperative radiation therapy enables the combination of the two procedures in some early-stage cases of breast cancer, reducing the length of the treatment; and the increased use of robotic surgeries, which, in 2016, rose to a total of 495 procedures. They are more precise and less invasive, and are now accessible for treatments in a number of sites and tumors types.

Tumor Boards, which are multidisciplinary forums for discussions of oncological cases bringing together specialists from different medical areas, enables us to define the most appropriate conduct for each patient and the respective institutional treatment protocols. In 2016 more than 500 cases were analyzed in these forums.

The Cancer Center's institutional practices for clinical procedures, research, and education are now being steered and supervised by the Medical-Scientific Committee, which is composed of representatives from the leadership of the medical and scientific teams. We are increasingly promoting the greater integration and improvement of the management and governance model of our care practices.

The optimum use of available resources, a focus on improving quality, providing access for a larger number of patients and more efficient operational practices are strategic objectives for the institution.

We have broadened the frontiers of knowledge about cancer.

From tumor biology to innovative therapies for many different tumors types, our research has made it possible to develop new therapies that contribute to achieving better results in terms of our patients' quality of life. In 2016, our researchers published 183 articles in international journals.

During the year we concluded our strategic plan for the institution's education and research activities. We established six priority research areas for molecular studies. Our Scientific Advisory Board, an institutional committee composed by international scientists, met for the first time. They were able to appreciate our significant scientific work, by international establish guidelines and contribute to the evolution of our practices.

Our specialists contributed to the Oncorede Project, which is coordinated by the National Agency for Supplementary Health. The project's objective is to promote and disseminate the best and most efficient models for the care of cancer patients, all of which have been consolidated in a compendium entitled *"The Oncorede Project"*.

Education in oncology and evidence-based medicine protocols enables the training of hundreds of new specialists, masters and PhDs every year. In this way, we can disseminate to other institutions our best practices for the effective and appropriate care of each patient.

In 2016, 89 students graduated from our Medical and Multidisciplinary Residence programs. Furthermore, in our *stricto sensu* Postgraduate programs, 23 Master's Degrees and 16 PhDs were awarded.

The Humberto Torloni School for Advanced Oncological Pathology (EPOAHT) held five international scientific events which were attended by 785 delegates. In all we held 23 scientific events during the year. These events counted on the presence of renowned national and international speakers and attracted over a thousand participants.

We are recognized as a reference institution in the field of oncology, due to the dissemination of our knowledge on cancer to a wide variety of audiences.

This year we received approximately 3 thousand mentions in the media and had more than 300 thousand followers in social networks. Our broadcasts of presentations on cancer prevention through Facebook called "Facebook Live - Connected with health" represented an innovation in communicating information about oncology to lay people, and reached over 1.5 million people. During the year, we carried out several awareness campaigns on the theme of oncology. The highlights were: "World Cancer Day"; "National Day to Fight Smoking"; "Pink October"; and "Blue November".

The search for a cure for cancer is a constant source of inspiration, instilling us with confidence and optimism.

We implemented a strategic plan for people management, for both clinical staff and employees, aimed at accelerating their development and recognition.

We have over 5,000 employees, in addition to 700 doctors and multidisciplinary specialists, 270 residents and 238 students enrolled in our master's and PhD courses.

We have initiated a project to profoundly transform our operating model, with the redesign of the care processes, to achieve a greater degree of integration and efficiency. Our operational management system is evolving and developing in order to broaden the scope of its activities, and to increase the level of responsibility and integration with the clinical staff.

The macroeconomic scenario and political changes in Brazil have led to additional pressure on all the agents toward the transformation of the National Health System (SUS). There is a need for greater efficiency and cost-

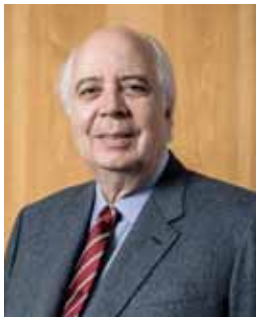
effectiveness, better quality and improved allocation of resources, and solutions to ensure its long-term sustainability. A.C.Camargo Cancer Center reaffirms its commitment to contribute to achieving these objectives.

In 2016, net revenue rose to R$ 1.3 billion, an increase of 16.5% compared to the previous year. The EBITDA margin increased to R$ 286 million.

Our investments to improve our infrastructure and the use of space were planned and expanded. Furthermore, we have increasingly adopted applications in information technology in our supply chain, financial and commercial activities. Our cost structure and strategic programs have responded to our strategy of consolidating our integrated Cancer Center operating model, and ensure its successful execution.

Every single day we strive to achieve excellence in all we do in science and healthcare in order to be recognized as one of the leading international centers in oncology. We have the capability to develop as a competitive and cutting-edge institution, with a high level of operational efficiency and adaptability, in order to meet the challenges of the National Health System (SUS) and overcoming cancer.

The evolution of our integrated Cancer Center model and the advances that we have achieved were only possible due to the trust placed in our work by our patients and society and, just as importantly, the dedication of our employees, scientists, and clinical staff, the support of our partners and doners, and the guidance provided by the members of the Board of Directors and the Board of Trustees. We would like to thank you for your contributions to yet another year of significant accomplishments.



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

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

Vivien Navarro Rosso
CEO of A.C.Camargo Cancer Center

↑
Synergy among employees is reflected in the day-to--day care activities

Our Purpose

To fight cancer, patient by patient

Values G4-56

Ethics
Knowledge
Resolution
Innovation
Patient-centered care
Humanity
Sustainability

Highlights in 2016

Cooperation to implement the Global Academic Programs 2016 (GAP) in Brazil. This event, which is organized by MD Anderson Cancer Center, aims to **promote the exchange of experiences** among the leading cancer centers, worldwide.

New formation of the Scientific Advisory Board (SAB), a committee of renowned international scientists to **guide strategies in the development of research initiatives**

Participation in a project to **provide oncology training for doctors at the Central Hospital, in Maputo**, Mozambique, in cooperation with the MD Anderson Cancer Center

10

national agreements and

9

International technical and scientific cooperation agreements

Participation in the development of the **Oncorede** Project, a nation-wide project organized by the National Agency for Supplementary Healthcare (ANS), an entity linked to the Ministry of Health. **This project aims to improve the brazilian cancer care model**

Awards

Valor 1000
For the seventh time, Valor magazine included the institution in its ranking of the 1,000 largest companies in Brazil.

IstoÉ Dinheiro
For the seventh time, IstoÉ Dinheiro magazine recognized the institution as one of the best companies in the brazilian healthcare market.

Exame Maiores e Melhores
For the eighth time, Exame Maiores e Melhores magazine ranked the institution as one of the largest companies in Brazil.

Estadão Empresas Mais
For the second year, Estadão Empresas Mais magazine ranked the institution as one of the largest companies in the brazilian healthcare market.

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Dr. Solange Sanches, MD, MSc, Clinical Oncologisty, during a medical appointment

Certifications

National and international certifications attest to a commitment to quality

Qmentum International, Diamond Level
Certified by the Canadian Council for Healthcare Services Accreditation. The program aims to assess the quality and safety of the healthcare delivered in all aspects of the institution's services, including: governance, direct care leadership and infrastructure, for the benefit of patients, clients and employees, in accordance with global best practices.

ONA - Level 3
The ONA accreditation is a system of evaluation and certification of the quality of the institution's healthcare services. This evaluation system is voluntary, carried out regularly and confidential. It attests to the quality of healthcare by means of a set of defined standards.

ISO 14001
This certification attests to the quality of the institution's Environmental Management System according to the Brazilian standard ABNT NBR ISO 14001. It enables the institution to develop policies and strategic and environmental objectives for its business and promotes improvements and efficiency in the use of resources, such as reducing waste, reducing costs and monitoring environmental aspects and impacts.

The fight against

cancer

is a cause of humanity.

Progress results from the efforts of people and institutions which, **committed to the cause**, dedicate their lives to create better conditions to face this challenge.

Cancer Center

An evolution in the fight against cancer

CANCER SPECIALISTS
dedicate themselves to offer
INTEGRATED
care at all stages, from
DIAGNOSIS TO REHABILITATION.

The search for the best results
for each patient
is possible when research generates
KNOWLEDGE
AND INNOVATION.

When therapies are based on scientific evidence. When oncologists and researchers are trained to take action in the fight against cancer thus benefiting all segments of society.

01 Governance and strategy

←
Luciana Spring, Chief Institutional Relations and Sustainability Officer, and Maurício Alves da Silva, Chief Human Resources Officer: integrated action in management

The fight against cancer is a humanitarian cause. **This cause is the purpose of A.C.Camargo Cancer Center**

Ethics, knowledge, resolution, innovation, patient-centered care, humanity and sustainability are the values that transmit the identity of A.C.Camargo Cancer Center.

In 1934, Antonio Candido de Camargo, doctor and professor, established the Paulista Association for the Fight against Cancer (APCC). This initiative inspired the actions of Antonio Prudente, a surgeon, and his wife Carmem, a journalist, who brought the subject to the attention of the population of São Paulo and mobilized society to build **the first hospital specifically set up for the treatment of cancer, in 1953**. In 1973, the APCC was transformed into the Antônio Prudente Foundation, a private, non-profit institution that to this day is the trust that maintains A.C.Camargo Cancer Center.

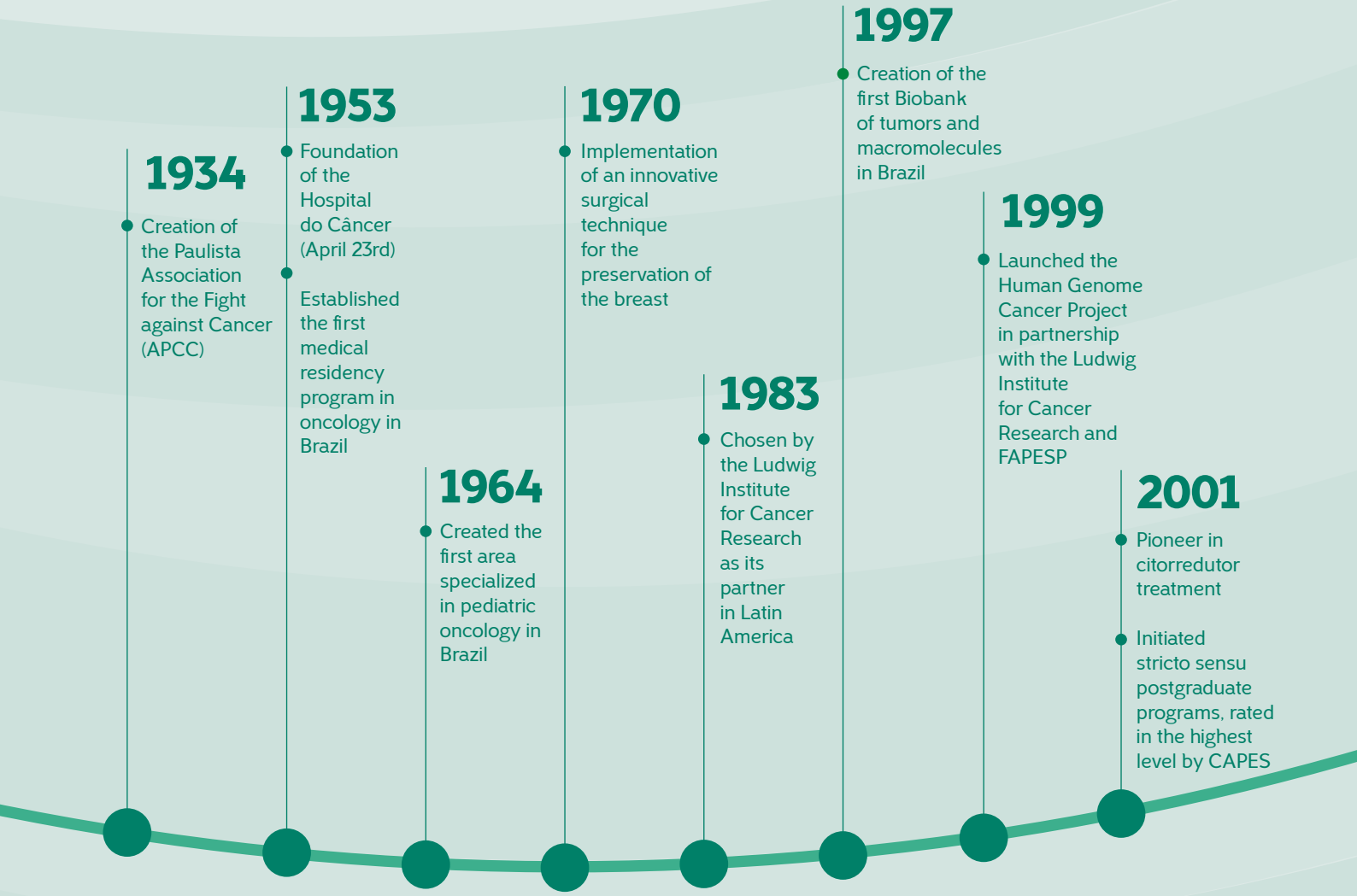
At the same time, the institution also created the first medical residency in oncology in Brazil. **The training of specialists and the dissemination of knowledge** are at the core of A.C.Camargo's work.

A.C.Camargo Cancer Center has been specializing in oncology for the last 64 years, understanding and researching the disease in depth. It was **a pioneer in adopting the cancer center model: this is one of the most important advances in the fight against cancer**, since diagnosis, treatment, education and research can be totally integrated in such a center. It has established guidelines to: deliver the best results for each patient; train specialists; generate knowledge about cancer and share it with other institutions and society in general; seek a sustainable operating model that ensures long-term continuity and constant progress in the fight against the disease.

Philanthropic institution

A.C.Camargo Cancer Center, a private non-profit institution maintained by Antônio Prudente Foundation, is certified by the Ministry of Health as a Charitable Entity for Social Assistance (Cebas-Saúde). To achieve this certification, **the organization committed to ensuring that 60% of its outpatient care would be to attend patients of the National Health System (SUS).**

Timeline


1934
Creation of the Paulista Association for the Fight against Cancer (APCC)
1953
Foundation of the Hospital do Câncer (April 23rd)
Established the first medical residency program in oncology in Brazil
1964
Created the first area specialized in pediatric oncology in Brazil
1970
Implementation of an innovative surgical technique for the preservation of the breast
1983
Chosen by the Ludwig Institute for Cancer Research as its partner in Latin America
1997
Creation of the first Biobank of tumors and macromolecules in Brazil
1999
Launched the Human Genome Cancer Project in partnership with the Ludwig Institute for Cancer Research and FAPESP
2001
Pioneer in citorredutor treatment
Initiated stricto sensu postgraduate programs, rated in the highest level by CAPES


2003
Discovery of the high incidence of the Li-Fraumeni Syndrome in Brazil
2006
Creation of the Center for the Support of Sponsored Trials (CAEP) for the development of clinical research
2007
Beginning of the partnership with MD Anderson (sister institution)
Establishment of INCiTO - National Institute for Science and Technology in Oncogenomics
2009
Certification by the National Organization for Accreditation (ONA) at the maximum level of excellence
2010
Inauguration of the International Research Center (CIPE)
2012
Beginning of the program for robotic surgery
Certified by the Canadian Council for Healthcare Services Accreditation
2014
Creation of the Corporate University and the Humberto Torloni School for Advanced Oncology Pathology (EPOAHT)
2015
Qmentum International - Diamond Level
Re-certification by ONA and ISO 14001
2016
Institutionalization of multidisciplinary Tumor Boards

↑
Reception Area for Outpatient Chemotherapy

Corporate Governance

Transparency and ethics in strategic decision-making G4-DMA, G4-36

The A.C.Camargo Cancer Center's corporate governance model is composed of instances that aim to **ensure the institution's sustainability and long-term continuity**. Joint action in decision-making is guided by ethics and transparency.

The Board of Trustees is the highest decision-making body and is responsible for directing and defining the strategies for the institution to achieve its vision for the future. In 2016 the composition of **the Board of Trustees was reduced from nine to seven members**. During the year it held five ordinary meetings and two extraordinary meetings. The Board of Trustees is supported by five advisory committees that focus on specific topics, as follows:

Audit and Risk Committee– responsible for ensuring the development of adequate internal controls and risk management processes. It is composed of three members, one of them being a member of the Board of Trustees and two other non-members. The coordinator of this committee is an external member.

Strategy and Governance Committee - responsible for monitoring the progress of the strategic plan and promoting best practices in corporate governance. It is composed of four members, of whom three are members of the Board of Trustees and one external member.

Compensation and Succession Planning Committee - responsible for making recommendations on compensation and the succession practices to be adopted. It is composed of three members, one being one member of the Board of Trustees and two being members of the Board of Directors.

Scientific Advisory Board - responsible for advising on guidelines for science, technology and innovation related to research in the prevention, diagnosis and treatment of cancer. It is composed of five international scientists, specialists in epidemiology, surgery, clinical medicine, radiation therapy and basic research. This committee held its first meeting in 2016.

Ethics Institutional Committee - responsible for ensuring compliance with the institution's values and Code of Conduct, monitoring the integrity program and addressing questions of ethical dilemmas and violations of the Code of Conduct. It is composed of four members: one director, the CEO, the clinical director and one senior representative of the clinical staff.

The Board of Directors reports to the Board of Trustees and is responsible for supervising the management of A.C.Camargo and taking decisions in accordance with the strategy defined by the Board of Trustees

The CEO is the most senior executive in A.C.Camargo's management structure. The CEO is supported by three Executives Officers, and other eight Officers, responsible for different functional areas, and one Medical Officer. In addition to this group, six Executive Committees report to the CEO. Of these six, two were implemented in 2016:

The **Board of Trustees** is the highest decision-making body

Medical-Scientific Committee: highest instance for the definition of medical conduct, clinical protocols, education and research. It is responsible for advising the CEO and the Board of Directors. It enables a greater degree of integration between healthcare management and the areas of education, research and support.

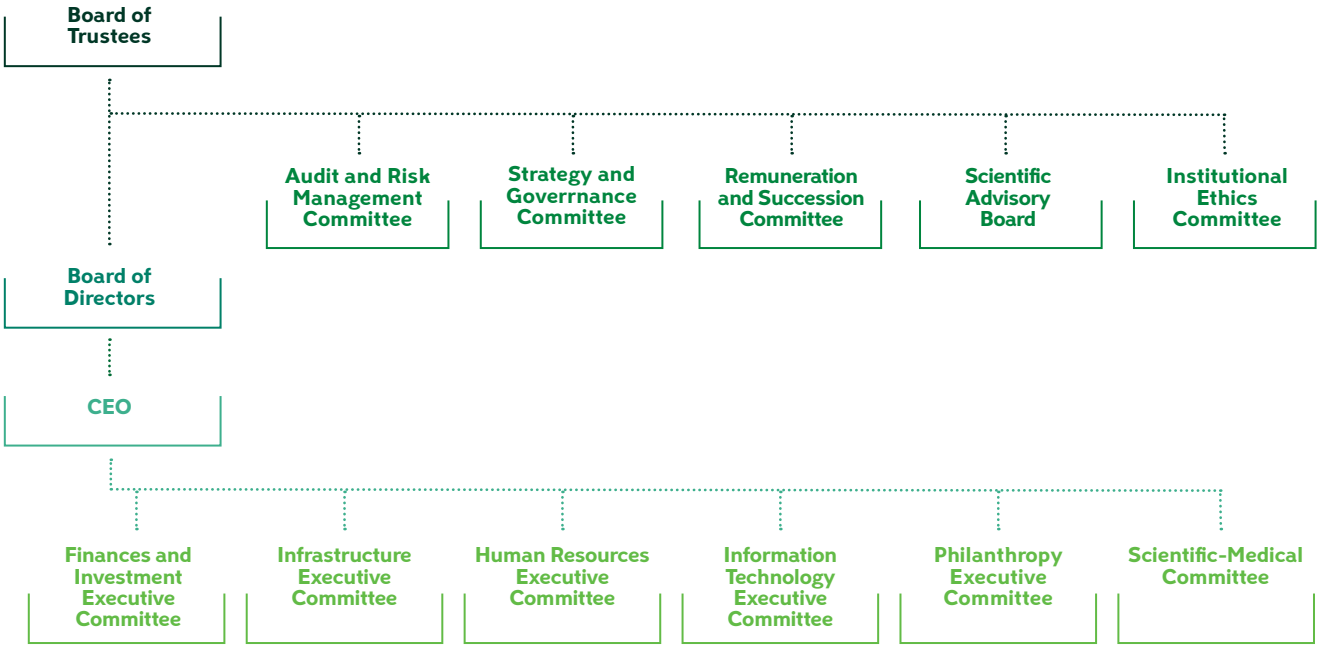
Executive Committee for Information Technology: it is responsible for advising the executive managementon the decision-making and prioritization of investment in information technology.

Review of institutional policies

In 2016, Antônio Prudente Foundation, the entity which maintains A.C.Camargo Cancer Center, undertook a review of its by-laws and institutional policies in order to adapt its processes and infrastructure and to consolidate its model of integrated action to fight cancer.

One of the important points was the reassessment of the mandates attributed to the different governance instances, which, in turn, also resulted in a revision of the policy fordelegation of authority and authority limits. These measures strengthened the role of the executive leadership team and led to increased speed and dynamism in the institution's decision-making processes.

Governance structure G4-34



Commitment to **ethics** and **compliance**

Ethics and Conduct

Commitment to ethics and rigorous compliance with respect to internal policies, laws, standard sand partnerships are the foundations of the day-to-day activities of A.C.Camargo Cancer Center. In 2016, through its training and communication actions, the institution **reinforced the need to comply with the guidelines of its Code of Conduct** for all those who are directly or indirectly related to the institution.

Reports on situations and behaviors that violate the guidelines of the Code of Conduct, the law, standards and/or internal policies established by the institution may be registered through a dedicated whistle-blowing hotline. This ensures the preservation of the identity of the person reporting thus inhibiting any form of retaliation. In 2016, 18 such reports were received on this hotline.

United Nations Global Compact G4-DMA, G4-15

Since 2015, A.C.Camargo Cancer Center has been a signatory of the Global Compact. This is an initiative of the United Nations to encourage companies and other organizations to adopt fundamental and internationally accepted values in the areas of human rights, labor relations, the environment and the fight against corruption.

Board of Trustees G4-36

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Mari Galvão
Chief Patient-centered Care Officer

Maurício Alves da Silva
Chief Human Resources Officer

Victor Piana de Andrade
Chief Medical Officer

Vilma Regina Martins
Chief Research Officer

↑
Humanity is one of our values: Karen de Angelo attends a patient

Strategic planning

Vision of the future to face the challenges of the next decade

The year 2016 was noteworthy for the implementation of the strategic plan. This plan, which had been defined at the end of 2015, set out the institution's vision of the future over the next ten years and at the core of the strategy is the consolidation of the integrated Cancer Center operating model.

This plan is reviewed on a regular basis due to the constant changes occurring in the healthcare sector, the economy and scientific progress, which together make the sector increasingly challenging.

Strategic Map and Corporate Goals

The institution's strategic map defines the guidelines for the definition of the indicators to be monitored. These indicators originate a **set of goals to be pursued in annual cycles,** with the appropriate balance between them all. We are using the Balanced Scorecard tool as the methodology supporting this monitoring.

The Strategic Programs

In practice, the strategic plan is composed of a set of 12 Strategic Programs that together guide all the activities for the consolidation of the cancer center model. These programs are as follows:

- Expansion
- Consolidation of the Cancer Center
- Patient-centered care
- People Management
- Excellence of the Clinical Staff, Multiprofessionals and Residents
- Redesign of Processes
- Infrastructure
- Information Technology
- Partnerships with Healthcare Insurance Providers and Companies
- Philanthropic model
- Education
- Research

While 2015 was marked by the preparation of the Strategic Plan, then 2016 and 2017 will be noteable for the implementation of its programs.

02 Cancer Center
Consolidation of the model

Today's research is tomorrow's treatment. **A patient-centered approach**

Like the leading cancer centers around the world, A.C.Camargo Cancer Center has adopted an operating model that integrates cancer diagnosis, treatment, education and research.This represents **an advance in the concept of healthcare in the field of oncology,** enabling the deepening of the knowledge about the disease and stimulating innovation.

At A.C.Camargo Cancer Center, **the patient is initially evaluated by a multidisciplinary group of specialists** and then passes through an integrated process of care, from diagnosis to rehabilitation. The protocols of these procedures are based on **scientific evidence**. Doctors and scientists work together to develop research that will be applied in oncology in the future. This results in the utilization of the best therapeutic alternatives and, consequently, to **an increase in cure rates and patient survival.** In the area of education, the institution trains **specialists who are capable of sharing knowledge** and contributing to the evolution of the fight against disease. **And at the center of everything, is the patient**. This is the concept of A.C.Camargo Cancer Center.

The integration of cancer diagnosis, treatment, education and research is the operating model adopted by A.C.Camargo Cancer Center.

← Integrated service approach: Genival Barbosa, MSc, surgical oncologist of the Department of the Head and Neck, standing next to Neyller Patriota, PhD, Department of Speech Therapy

Operating model G4-4

The fundamental pillars, underlying the concept of the center's operating model, were used as guidelines for its implementation. They are as follows:

➔ Clinical Divisions

In order to establish uniformity in departmental practices, doctors, protocols and publications are subject to the same guidelines. The Clinical Divisions create links between the medical departments and each reference center. Departments with similar activities establish commissions: Surgery; Oncological Treatment; Support for Therapeutic Diagnosis and Prevention; Clinical Support and Internal Medicine; Anesthesia, Intensive Care Unit and Emergency.

➔ Reference Centers

Multidisciplinary groups decide on the most specific form of treatment. The cancer center operating model is divided into 11 Reference Centers - each one corresponds to a part of the body affected by the disease, as follows: breast; head and neck; abdomen tumors; pelvic tumors; male urological and genital tumors; haematological tumors; gynecological tumors; lung and thorax tumors; central nervous system tumors; andpediatrics. The patient is attended by a multidisciplinary group that evaluates the case from both a personal and global perspective and in an individual manner.

➔ Personalized and integrated pathway for the care of each patient

Patients are accompanied at all stages by a navigator, a nurse specialized in oncology who will act as the patient's tutor from the first doctor's appointment to the post-treatment follow-up.

➔ Patient access service

➔ Patient navigation program

➔ Tumor Boards

The Tumor Boards, a recent innovation in Brazil, hold meetings in which surgeons, clinical oncologists, radiotherapists, pathologists, researchers and other specialists, depending on each situation, come together to discuss the conduct of complex cases with a multidisciplinary approach. The presentation of cases is carried outaccording to national and international guidelines and scientific protocols. Since it was implemented, in September 2016, theeight Tumor Boards have analyzed 521 cases of different tumors types.

↑
Nurse Flaviany Faria, acting as a navigator, accompanies a patient during treatment

➔ Research and education

At the same time, research and education are supporting the center's entire care process. Research contributes to the knowledge of the process of cancer development, enabling the study of innovative therapies to control the disease, thereby improving the quality of life and increasing the patients' survival times. On the other hand, education trains students to be oncology specialists who are capable of conducting a variety of cases and disseminating knowledge. The students work in the area of patient care and in the development of research under the guidance and supervision of doctors and scientists.

The Tumor Boards and the Clinical Divisions have already been implemented. In 2017, the institution started the project to establish the first reference center for Breast Cancer

Integrated operating model

PATIENT CARE

Diagnosis: Identification of risk factors, prevention, promotion of early detection of the disease and tracking of major occurrences.
Treatment: Care practices based on clinical and scientific evidence, accumulated experience in both simple and complex cases and integrated team performance make it possible to offer the best and most effective therapeutic treatment to each patient.

EDUCATION

Excellence in oncology, learning integrated with practice and the excellent technical and scientific qualifications of the faculty members, strengthens a student-centered learning approach. The integration of and synergy between education and care activities are fundamental to ensuring the excellence of care practices and the constant professional development of the professionals.

RESEARCH

Research into new drugs, bio-markers and innovative therapies for different tumors types make possible to establish new treatment protocols, thus improving the quality of life and increasing the survival time of the patient.

A.C.Camargo's main facility is located in the Liberdade District, in the central area of the city of São Paulo. It provides **high complexity healthcare services to patients covered both by the National Health System (SUS), and by private healthcare insurance plans.** It has two outpatient facilities, in the Morumbi District in São Paulo and in Santo André, a city in the Greater São Paulo Metropolitan Region.

Matrix Organizational Structure

In order to support the processes underlying the Cancer Center operating model, A.C.Camargo has made a significant advance by adopting a matrix organizational structure. This form of organization aims **to improve the quality and efficiency and speed of decision-making, while always ensuring that the direct benefits to the patient are prioritized.**

Under this matrix organization structure, the center's operations were divided into three dimensions that complement each other, with patient care at the core of the structure. These dimensions are as follows:

Support for care

It aims to ensure high-quality, efficient support and resources for the fulfillment of the institution's vision, thereby guaranteeing sustainable human and organizational development.

Patient care

The aims are to: ensure excellence in patient care; manage operational processes with a focus on evidence-based care; care that ensures a balance between the interests of the patient and the institution; and contribute to training healthcare professionals in oncology.

Future of patient care

The center strives to contribute to the generation of scientific discoveries to fight against cancer one patient at a time and to ensure the expansion of its services in a sustainable manner, in line with its internal guidelines and market trends.

Clinical staff and multidisciplinary teams

The cancer center operating model enables a greater degree of integration between the medical teams and other areas of the institution. It facilitates the **integrating action of various specialists in order to provide a personalized treatment for each patient, from diagnosis and treatment to rehabilitation.** This includes employees and specialists contributing to the fields of Education and Research.

The A.C.Camargo Cancer Center's operating model for its clinical staff and multidisciplinary teams is of the closed type. They must all follow the treatment guidelines established by the institution based on scientific evidence. In all, there are over 700 professionals, all of whom are highly trained in oncology, in a wide range of specialties.

The institution's perception of the importance of these professionals in the consolidation of its operating model led to the developmentof a specific strategic program for them. The main objective of this program is to further encourage integrated action in the three fundamental pillars: care, education and research, and the constant search for excellence and quality in patient care.

Cooperation in the cancer treatment model for the private healthcare sector

A.C.Camargo Cancer Center was invited by the National Agency for Supplementary Health (ANS), an entity linked to the Ministry of Health, to participate in a project to evaluate and redesign the flow of cancer patients within the care network of the private-sector supplementary healthcare plans. As well as the institution, other healthcare service providers, specialized medical organizations and the Rio de Janeiro Cancer Foundation, participated in these discussions.

The project, called "Oncorede", had the objective of creating a sustainable oncological network that would improve the services provided to cancer patients. A.C.Camargo Cancer Center made a presentation sharing its experience with its integrated operating model. The discussions led to the preparation of a handbook of recommendations on best practices, entitled "Oncorede Project – the (Re) organization of Cancer Patient Care in the Brazilian Private Healthcare Network".

As a result of this project, the ANS has initiated a process to select institutions that will volunteer to establish pilot projects to test the project's recommendations. A.C.Camargo Cancer Center was one of the institutions that registered interest in carrying out a pilot project.

Multidisciplinary team analyzing a patient's case in a Tumor Boardmeeting
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↑
The patient in the center of attention: Dr. Jefferson Luiz Gross, MD, PhD, Head of the Thorax Department, during a medical appointment

Patient care

The patient's needs and safety come first

Diagnosis

Diagnosis is **the first step in the oncology care cycle**, especially for patients with private-sector and group healthcare plans. Patients from the National Health System are referred to A.C.Camargo Cancer Center after the disease has been diagnosed and so they enter the care process in the treatment stage. However, there are cases where there is only a suspicion of cancer, requiring a diagnosis confirmation.

The diagnostic service **brings together a group of qualified oncology specialists who make use of high technology** in order to achieve **a fast and accurate diagnosis, eitherby imaging or molecular exams.** A.C.Camargo's technology facilities for diagnostics contain the most diverse and modern range of equipment for performing a wide variety of tests including: clinical analysis, endoscopy, colonoscopy, bronscoscopy, digital mammography, x-rays and ultrasound, computerized tomography, magnetic resonance imaging,

scintigraphy, densitometry, interventional radiology, and nuclear medicine.

In addition, throughout the treatment, diagnostic specialists are involved in monitoring the patient's health conditions.

In 2016, A.C.Camargo Cancer Center **expanded its technological facilities** with the installation of two new computerized tomography machines. This increased the number of tests carried out by 15%, as well as providing improvements in the quality and accuracy of the images and reduced turnaround times.

15%

are involved in monitoring the patient's health conditions

Liquid biopsy

A.C.Camargo is a pioneer in using liquid biopsy tests in therapy.

This technology, developed by the institution's research area, is used mainly in the planning and monitoring of the patient's course of therapy. The test identifies and analyzes fragments of DNA present in the bloodstream that are released when cells die. In the case of tumor cells, these DNA fragments contain mutations similar to those present in the tumor.

The liquid biopsy test can be used, for example, to monitor patients being treated with targeted drugs (personalized medicine). In some cases, the oncologist may opt to use the test in patients with signs of a disease progression to check whether mutations related to resistance to the drug being used are present in the blood and, if so, to adjust the drug prescription.

Unlike the traditional biopsy, which analyzes a part of the tumor tissue that is removed by means of invasive procedures (surgeries that require hospitalization and may present risks inherent in the procedure for the patient), the liquid biopsy is made through the collection of a capilar blood sample.

This technique is applied in cases of mutations associated with lung, colorectal, and melanoma cancer or to mutations in a variety of genes, including those associated with sensitivity or resistance to most targeted drugs for a number of different types of cancer.

Treatment

In A.C.Camargo Cancer Center, **each patient is evaluated in an individualized** way by a multidisciplinary team of specialists. According to the particular characteristics of each patient and protocols based on scientific evidence, the therapeutic conducts to be followed are defined. These include surgical options, systemic treatments (chemotherapy, immunotherapy, hormone therapy), radiation therapy and complementary procedures.

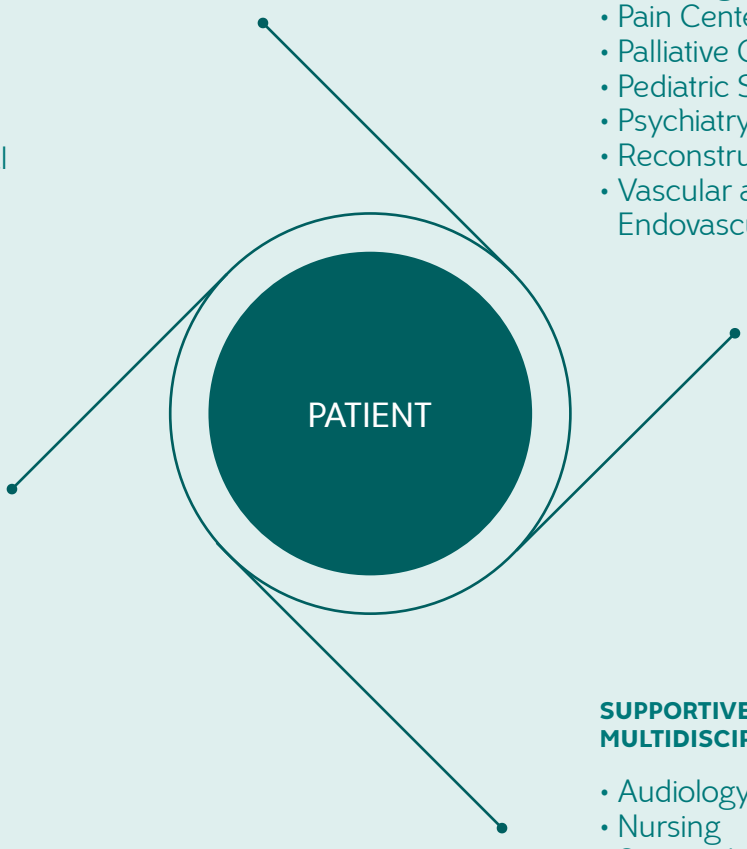
Patient care model G4-4

ONCOLOGY

- Breast
- Clinical Oncology
- Colorectal
- Diagnosis
  - Pathology
  - Imaging
- Gynecology
- Head and Neck
- Neurosurgery
- Oncogenetics
- Oncohematology
- Ophthalmology
- Orthopaedic
- Pediatrics
- Radiation therapy
- Skin
- Thoracic
- Upper Gastrointestinal
- Urology

MEDICAL ESPECIALTIES

- Blood Bank
- Cardiology
- Cardiovascular Surgery
- Endocrinology
- Hematology
- Infectology
- Internal Medicine & Hospitalists
- Laboratory Medicine
- Liver Transplant
- Nephrology
- Neurology
- Nutrology
- Pain Center
- Palliative Care
- Pediatric Surgery
- Psychiatry
- Reconstructive Surgery
- Vascular and Endovascular Surgery



CRITICAL CARE

- Anesthesiology
- Emergency
- Inpatient Care
- Intensive Care Units

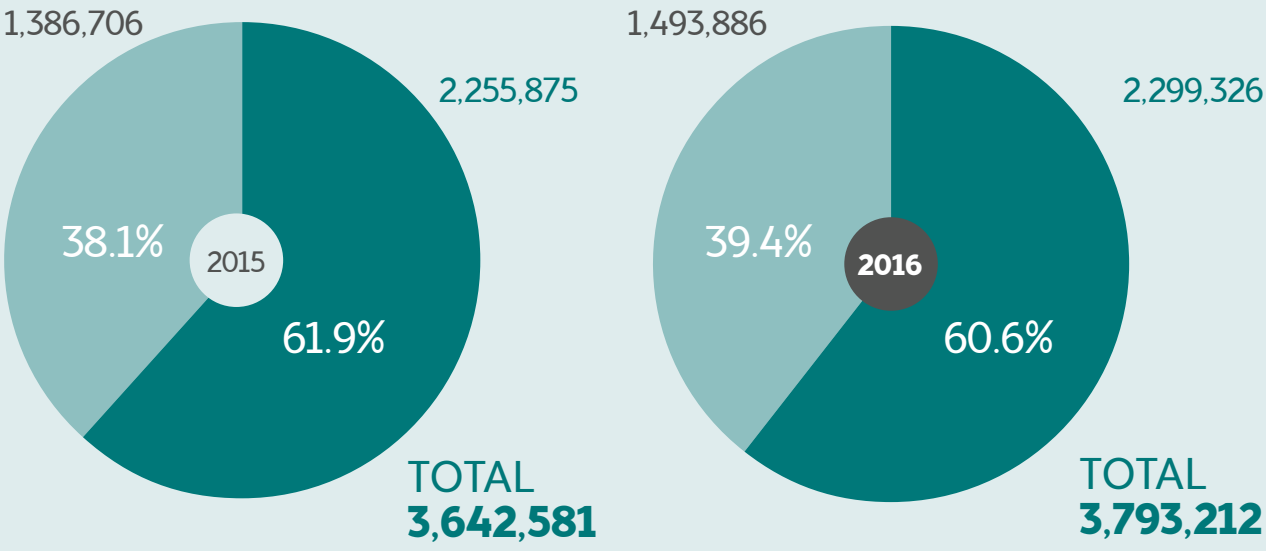
SUPPORTIVE MULTIDISCIPLINARY TEAM

- Audiology
- Nursing
- Stomatology
- Pharmacy
- Radioation Physics
- Physical Therapy
- Speech Therapy
- Nutrition
- Psychotherapy
- Social Service

Procedures G4-8, G4-9

In 2016, more than 3.8 million procedures were carried out, including consultations, tests, diagnoses, surgeries and sessions of chemotherapy and radiotherapy. In the out-patient sector alone 2,299,326 procedures were performed for SUS patients (60.6%) and 1,493,886 for all other users.

Procedures – Outpatient



In accordance with Article 38 of Decree DCEBAS/SAS/MS nº 1,970, dated August 16th, 2011, A.C.Camargo is required to provide a minimum percentage of 60% of its procedures for SUS users based on the total procedures provided in the most significant area, that is, outpatient procedures.

Our numbers	2015	2016	Variation 2016 vs. 2015
Outpatient	358,309	379,376	**5.9%**
Emergency	26,663	29,473	**10.5%**
Surgeries[1]	22,579	23,197	**2.7%**
Imaging Tests	284,593	309,253	**8.7%**
Pathology Tests	182,867	184,967	**1%**
Chemotherapy (sessions)[3]	92,629	99,948	**7.9%**
Radiation therapy (sessions)[4]	6,241	7,046	**12.9%**
Inpatient admission	26,041	27,323	**4.9%**
Patient Days	151,144	151,176	**0.0%**

1 Criterion includes the General Surgical Center, Outpatient Surgical Center and Hemodynamics.
2 Includes nuclear medicine procedures.
3 Also includes sessions.
4 In addition to the consultations, 49 thousand sessions were carried out.

A.C.Camargo's technological facility contains **state-of-the-art equipment for** the fight against cancer

Technology and innovation in treatment

A new type of treatment, which had previously only been used in the more advanced stages of the disease, is **now being used increasingly in the early stages: immunotherapy.** The drugs in this therapeutic class stimulate the body's own defense system to act against the tumor. **A.C.Camargo Cancer Center has the largest number of patients in this medication class** in Brazil, due to the many different clinical studies conducted in the institution. Clinical research is a way to give patients access to cutting-edge treatments, without incurring costs for the user or the institution. The institution is studying the creation, in 2017, of a nucleus dedicated to this new type of therapy.

At the end of 2015, A.C.Camargo initiated the use of **mobile intraoperative radiation therapy** in specific cases of breast cancer. In 2016, the introduction of this technology led to a significant improvement in the therapeutics and quality of life for women with breast cancer in the initial phase of the disease and who were over 50 years old. This technology **provides increased safety, speed and comfort for the patient**, since the procedure is performed in an operating room and in a single session. Conventional treatment with a linear accelerator requires about 30 sessions over a five to six weeks period.

Robotic surgery

A.C.Camargo has unique experience in performing robotic surgery in the field of oncology. This form of surgery was initially used in cases of urological cancer, but was later expanded to other types of the disease. Robotic surgery is more precise and less invasive and **reduces the risks and recovery period for patients**. In 2016, a second operating room for robotic surgery was inaugurated .

495
robotic surgeries carried out in 2016

3D Laparoscopy

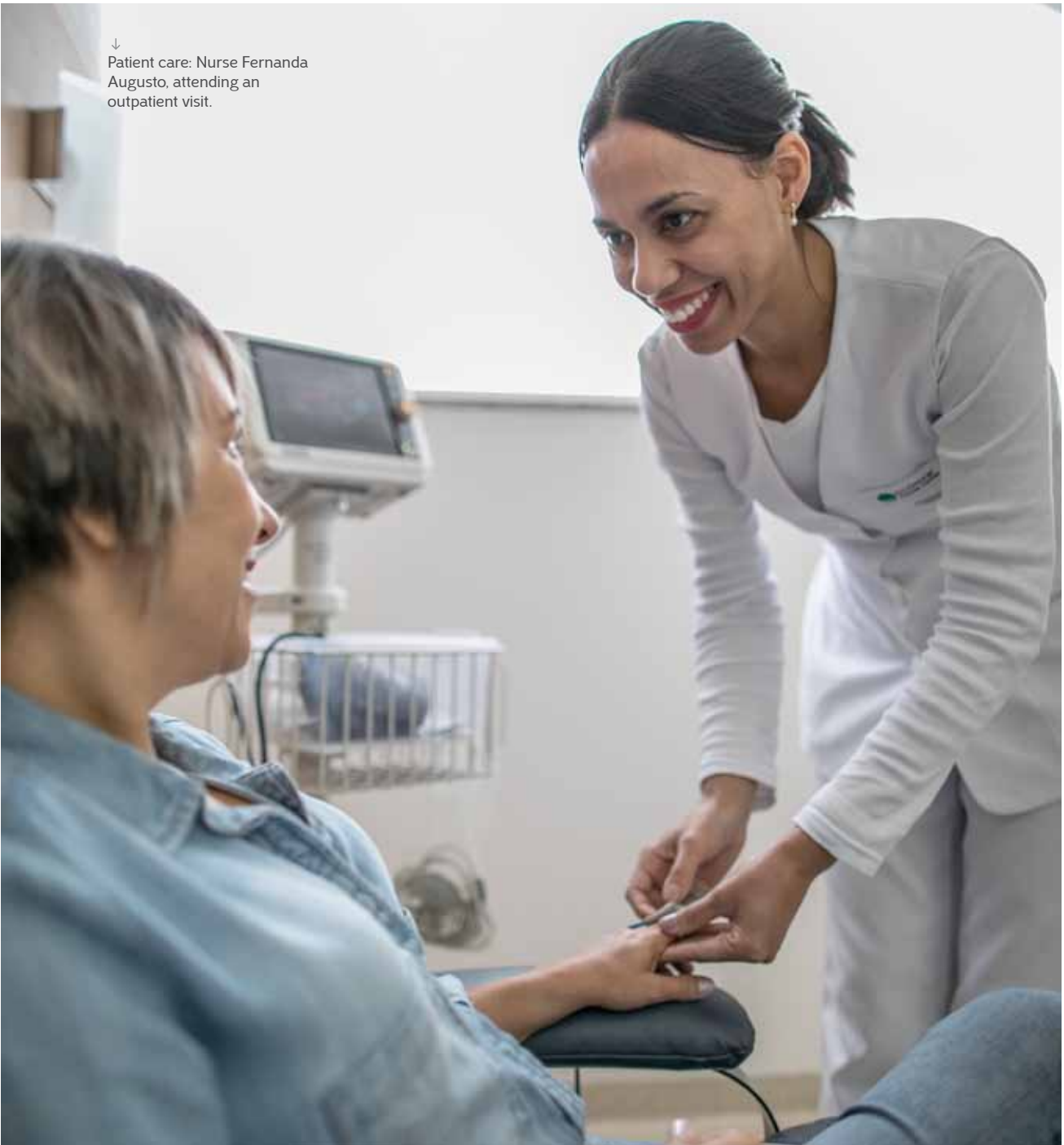
In 2016, the institution initiated the use of 3D laparoscopy equipment in surgery. This **equipment increases the precision of the surgical act by providing the surgeon with more accurate information** in relation to the depth, distance, position and size of the intervention site.

This is also results in **improved patient recovery**. In the case of a prostatectomy, surgery for the treatment of prostate cancer, this technique makes it possible to preserve sexual potency through the maintenance or reduction of the nerves. The purchase of the equipment was funded through a grant donated by the Public Prosecution Ministry .

The patient comes first

Patient-centered care is one of the main values underlying A.C.Camargo's culture. **This means always putting the patient first, at the center of attention**, and meeting his/her needs. The institution seeks to provide a safe and human approach to care, which is welcoming and attentive to the experiences of the patient and his/her companions.

To achieve this, A.C.Camargo carried out a detailed study of the experience, behavior and concerns of patients. The study revealed important factors that will contribute to further improving the institution's approach.



↓
Patient care: Nurse Fernanda Augusto, attending an outpatient visit.

Support and rehabilitation groups

Giving a warm welcome to patients is an essential part of the day-to-day activities at A.C.Camargo. The patient is at the center of all the institution's work. In this context, the possibility of getting involved with themes that directly influence the quality of the patient's life is also a concern. One such action is the formation of support groups for the patient and his/her family, as follows:

- **Sua Voz Choir:** based on the knowledge that singing helps in rehabilitation and elevates the self-esteem of patients who have undergone removal of the larynx, the speech therapy team created this project, which completed five years in 2016;
- **Dance Therapy Group:** helps breast cancer patients to recover their self-esteem. Led by the physiotherapy team, the activity not only stimulates social integration, but also contributes to the rehabilitation process;
- **Grupo de Apoio ao Tabagista - GAT** (Smokers Support Group): specialized care for people who wish to stop smoking, with psychological and psychiatric monitoring;
- **Men's Place:** for male patients with any type of cancer;
- **Women's Place:** for female patients with a diagnosis of cancer, other than breast cancer;
- **Afeto Group (Support for Cancer Patients' Families):** aimed at the parents of children in treatment, with monthly meetings organized by the Pediatric Oncology Department;
- **Amor à Vida Group:** bimonthly meetings focused on improving patients' physical and mental well-being;
- **Meeting the Carer:** workshops for family members and companions to teach them techniques of patient care;
- **Adult's Cooking Workshops:** free classes for adult patients, companions and members of the community on issues related to food and cancer;
- **Children's Cooking Workshops:** free classes for pediatric inpatients on topics related to healthy and tasty food and cancer;
- **Groups of Pediatric Studies on the After-effects of Cancer Treatment (Gepetto):** post-cure follow-up that aims to help to improve the quality of life of patients in the 0 to 21 age group.

Nutrition and gastronomy

The nutrition of the cancer patient requires special care. Often the disease causes the patient to lose taste and appetite, which can lead to weight loss. In this situation, nutritional therapy becomes an important tool for the oncological treatment to be effective. **A healthy diet, rich in nutrients** and individualized, can contribute to **reducing the side-effects caused by the treatment** and improve patient's nutritional condition.

A.C.Camargo provides specialized nutritional assistance that is designed to meet the individual needs of each patient. Continuous care enables adequate and early intervention which considerably assists the recovery process.

Gastronomy is another ally in providing nutritional support to the cancer patient by harmonizing the presentation of the dish, its taste and its nutritional value. In 2014and 2015, the institution hired the services of a gastronomy school, and a French chef trained the production team. The aim was to introduce concepts of gastronomy into diet therapy, so that the food offered to patients was not only suitable for their pathology but also tasty and attractively presented.

Also in 2016, the Center initiated a pilot project to test the impact of offering more sophisticated meal options to patients who did not have dietary restrictions. The goal was to improve the acceptability of food and contribute to patient recovery.

Patient care quality G4-PR1

Health, safety and quality of care are key aspects that guide A.C.Camargo's daily activities. In offering high complexity care the center follows **internationally-recognized processes and quality standards** and seeks continuous improvement in all its interactions.

Patient safety

A.C.Camargo is constantly improving processes that involve patient safety. This is controlled through the monitoring of indicators that guide initiatives aimed at the continuous improvement of care.

Audits are performed on a monthly basis to monitor these quality indicators and to **identify opportunities to further improve processes that impact patient safety**. The Patient Safety Survey is applied annually to all employees to evaluate their perceptions on this theme. It is another way of seeking excellence in care and ensuring the best level of service for the patient.

A.C.Camargo strives to achieve **excellence** in all it does

Indicators of care quality	Antônio Prudente Unit		Tamandaré Unit	
	Average/2015	Average/2016	Average/2015	Average/2016
Falls per 100 patients	1.31	1.88	1.06	1.85
Phlebitis	1.23%	2.23%	1.26%	1.24%
Leakage of Antineoplastic medication	0.15%	0.05%	0.13%	0.05%
Extubation	0.49%	0.42%	0.73%	0.44%
Loss of nasogastroenteral tube	0.88%	1.93%	1.69%	2.24%
Pressure ulcer	0.13%	0.43%	0.19%	0.35%
Loss of central catheter	0.06%	0.19%	0.10%	0.30%
Infections acquired	3.06%	2.78%	4.03%	3.71%

The indicators for clinical readmission, which measure the return of the same patient to the institution within a period of less than 30 days following their hospital discharge, showed an improvement for the year.

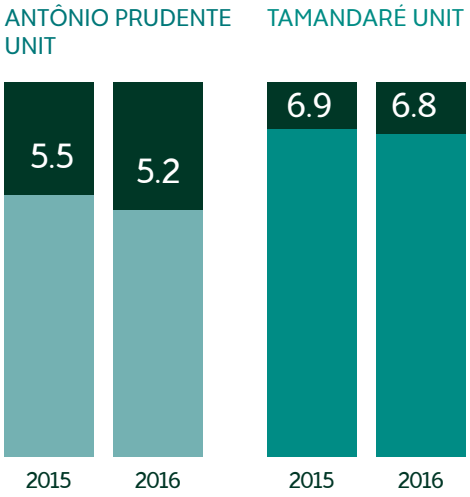
The rate of emergency readmissions fell from 9.5 in 2015 to **8.6 in 2016**

The clinical emergency readmissions rate (%)		
	2015	2016
Healthcare Plan	9.9	8.6
Private patients	5.9	4.8
SUS	8.9	8.9
Total	**9.5**	**8.6**

Data on health and safety		
	2015	2016
Average length of stay (days)	5.8	5.5
Mortality rate (%)	4.9	4.7
Occupancy rate (%)	85.3	84.7
Surgical site infection rate Overall (%)	2.7	2.4
Surgical site infection rate Clean surgery* (%)	2.4	1.6

* Surgery that presents a lower degree of risk of infection, for example, surgery performed on the epidermis, is considered clean.

Average length of stay



This represents the use of operational beds during the period. It is the ratio of the number of patients leaving (discharge, transfers out and death) during a given period to the number of beds available for patients in the same period.

The average length of stay, which is the time during which the patient remains hospitalized, and the indicators of mortality, occupation and site infection, also showed improvement. There was an 11% reduction in the overall infection rate and a 33% reduction in the rate of infection in clean surgery.

Operational efficiency

It is well known that the patient's overall condition improves when he is able to return to his/her home environment. Therefore, A.C.Camargo Cancer Center evaluates each case to ensure that the patient is not hospitalized for any longer than strictly necessary.

One of the initiatives developed to contribute to this objective was the creation of the de-hospitalization department, which is responsible for focusing specifically on **assisting those patients identified as ready to be discharged**. The department's work includes the **orientation and training of family members or carers** and the monitoring of their needs during this period of transition. This process also contributes to increasing operational efficiency.

Services efficiency

In recent years, A.C.Camargo has set targets for the reduction of the waiting time for outpatient clinic visits.

- 74.6% of patients were attended in up to 30 minutes;
- 95.9% of patients were attended in up to 60 minutes;

These targets are complementary and reflect the institution's commitment to high quality in patient care. Currently, this action has been implemented in the Antônio Prudente Unit.

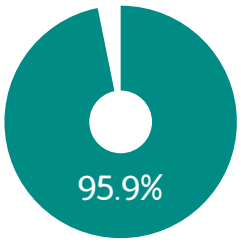
As a result, in 2016, the waiting time of the patients attended at this unit showed a 20.2% improvement in the indicator for attendance within 30 minutes and an improvement of 8% in the target for attendance within 60 minutes. This data refers to the comparison of the performance in the months of January and December of 2016.

A.C.Camargo also invested in the segmentation inpatient, grouping them in wards according to the type of tumor. As part of its strategy of continuous improvement, the Institution redesigned its processes in order to accommodate clinical and surgical cases in specific wards. This allowed for greater speed and flexibility in the inpatient hospitalization process. For 2017, the center proposes to further enhance this concept by segmenting wards by specialty.

Inpatients' waiting time for consultation

UP TO 30 MINUTES

UP TO 60 MINUTES



→
Rodrigo Suzuki, physical Terapist, in a rehabilitation procedure

Satisfaction index

97.9%
Private individual and healthcare plan patients
(in 2015, this index was 96.7%)

99.3%
SUS patients
(in 2015, 98%)

96%
Companions of private individual and healthcare plans patients
In 2015, 95.2%)

99.1%
Companions of SUS patients
(in 2015, 98.3%)

Patient and companion satisfaction G4-DMA, G4-PR5

A.C.Camargo monitors the satisfaction of patients and companions since this is an important indicator of quality. A survey is carried out annually by an independent external research institute. The survey evaluates the perceptions about the various aspects of the services provided.

The latest survey, which is now in its third edition, **interviewed 1,275 participants**. These face-to-face interviews lasted between 30 and 45 minutes. The questions were designed to evaluate the various areas involved in care and also to see if the patients and companions felt well treated, welcomed, and had confidence in the center's work. Of the total, 873 interviews with users of healthcare plans and private patients (624 patients and 249 companions) and 402 interviews with SUS users (294 patients and 108 companions). **The survey followed the parameters of the Code of Ethics of the Brazilian Association of Research (ABEP) and the European Society for Market Research (Esomar).**

A.C.Camargo obtained the following indices for the satisfaction of patients and companions, considering the scores of 4 and 5:

- Patients of healthcare plans and private patients, 97.9% (in 2015, this index was 96.7%);
- SUS patients, 99.3% (in 2015, 98%);
- Companions of private individual and healthcare plan patients, 96% (in 2015, 95.2%)
- Companions of SUS patients 99.1% (in 2015, 98.3%)

Points to be improved were also identified. Action plans and targets to address improvements have been developed and are being implemented and will be monitored in 2017.

SUS carries out its own evaluation of the services provided by its suppliers every four months. The survey, which is conducted by the São Paulo State Department of Health, evaluates both patient care and process management based on a list of detailed information: numbers of clinic visits, procedures, hospitalizations, etc. In total, there are 33 targets (seven quantitative and 26 qualitative). Each target is attributed a score in points, and the maximum total score is one thousand points. **Since 2012, A.C.Camargo has achieved the maximum score every year.**

The institution also monitors the indicators published by the website Reclame Aqui ("Complain Here"). In 2016, A.C.Camargo was classified at the "optimal" level, which is the second best level awarded by Reclame Aqui.

Customer Ombudsman

The Customer Ombudsman was created in 2015 to broaden the range of communication channels between the institution and its patients and companions. This channel, which acts in an impartial manner, in the role of a mediator, is responsible for addressing all the reports received and acting as an interface between the internal areas and the customer in order to resolve the presented situation. Regular meetings are held to analyze the reports received and define plans for improvements.

Research

↑ Dr. Gláucia Hajj, PhD, observes tumor cells under a microscope. Advances in oncology research bring new possibilities for diagnosis and treatment

Cancer knowledge

The generation of scientific knowledge benefits patient care practices, and stimulates innovation in the treatment of cancer. In the 1950s, Antônio Prudente brought back to Brazil a number of Brazilian physicians, who excelled in oncology in the United States and Europe, and who already had experienced in integrating clinical practice with scientific research.

But it was only later, in the 1980s, that **A.C.Camargo Cancer Center achieved a position of national leadership in scientific research in Oncology** through a partnership with the Ludwig Institute for Cancer Research, then under the direction of Ricardo Brentani, a Full Professor of Oncology at the Medical School from São Paulo University. This leadership and visionary position was due to its fostering the convergence between basic and molecular science and clinical research by intensifying the already existing culture of scientific know-how.

The next leap forward was the institution's leadership role in the Cancer Genome Project in partnership with the Ludwig Institute and with the support of FAPESP in the 1990's. This participation positioned A.C.Camargo on the international scientific scene. From then on, the institution's scientific production, integrated with its graduate education programs for MS and PhD Degrees, **progress with increasing success in Brazil.**

The scientists of the International Research Center (CIPE) develop their activities in an area of 4 thousand m^2 in the Prof. Dr. Ricardo Renzo Brentani building, which is located close to the center's headquarters. They focus on basic-translational research, which

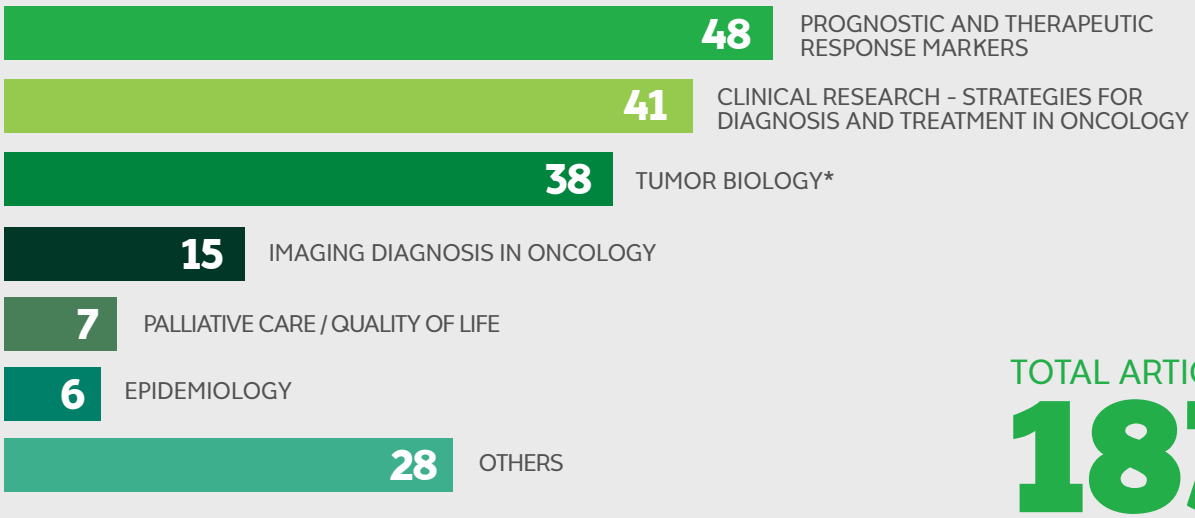
aims to transfer scientific knowledge to clinical and patient's bed. Their work is developed in colaboration with the clinical and patient care staff and is carried out in laboratories with state-of-the-art equipment for studying cellular and molecular biology. The Genomics Department has three high-performance platforms with information technology support including dedicated high-performance servers that enable them to sequence a human genome in a matter of days.

The basic translational research program is organized by groups, as follows: Genomics and Molecular Biology; Bio-informatics; Medical Genomics; Investigative Pathology; Molecular Oncogenetics; Tumor Biology and Bio-markers; Epidemiology; and Bio-statistics.

A.C.Camargo research area are envolved in cooperation agreements with leading international institutions, and their scientists are conducting pioneering projects. One of the most important results of this investment in research is the growth of Intitucional scientific output, with the publication of articles in well-known indexed journals. Such publications are evaluated in peer review criteria and are incorporated in public scientific databases that reference research in various areas of knowledge as Scopus and The Web of Science and which, therefore, are of greater relevance for the scientific universe. In 2016, the institution's clinical and scientific areas published 183 articles in indexed journals distributed among various areas of knowledge in oncology. In addition to an increase in the number of articles, the quality of the research intensified, which was evidenced by the acceptance of these publications by journals of high impact in the scientific world.

In 2016, 164 new research projects were approved, taking the total, since 2008, to 1,239.

Articles published by area



TOTAL ARTICLES
183

* Cellular, molecular, genomic and genetic studies

↑
Danielle Nascimento, chemist, studies a new bio-marker in cell culture that could be used in clinical practices

Research areas

Basic Research

Scientists work in laboratories studying tumoral tissues, cells, molecules and microorganisms (virus, bacteria, etc.), in order to understand the mechanisms and pathways by which tumors develop, grow and disseminate (metastases), identifying potential targets for therapy, biomarkers for diagnosis, prognosis and response to treatment.

Translational Research

Transfer of the knowledge acquired in basic research to clinical practice. It consists of applying the molecular knowledge of the mechanisms related to the tumor process, in combination with studies involving patients or their biological material, in order to understand and, as a result, to solve challenges in the daily clinical activities.

Clinical Research

These are studies conducted directly with patients to investigate new medications, surgical techniques and procedures. In some cases, they are carried out in partnership with the pharmaceutical industry. In particular, in the case of new medicines, clinical trials are conducted in three or four stages, as follows: toxicity and side effects (stage 1); safety and effectiveness (stage 2); comparison of the effectiveness to the existing standard care (stage 3); and, finally, studies with large populations when the treatments are already commercially available (stage 4).

Indexing

The publications of articles in indexed journals increases the credibility of the scientific research findings and encourages more scientists to read and cite specific articles. **A.C.Camargo has been publishing the journal called Applied Cancer Research for the last 40 years. This is now an online journal that brings together medical and scientific articles related to a number of topics in oncology**, in its clinical, surgical andtranslational aspects: genetics, pathology, diagnosis, treatment, patient care and epidemiology.

In 2016, a process was initiated to incorporate Applied Cancer Research in the BioMed Central (BMC), an open-access publishing company, based in the United Kingdom, that is owned by the Springer Nature Group.

Scientific Advisory Board

In order to contribute to preparing the guidelines, supervising the research work, and promoting support in the identification of global trends and key topics in oncology that would necessitate direct action by the Institution, A.C.Camargo has reactivated its Scientific Advisory Board (SAB). It is an international **committee composed of scientists who are world leaders** in the fields of epidemiology, surgery, clinical oncology, radiation therapy, genomics and cell and molecular biology. This committee advises the institution's Board of Trustees on scientific matters.

The SAB meets every two years and presents its opinion to the institution, making recommendations on points of improvement for conducting research in the coming years. The first meeting of the committee with the new structure took place in 2016.

Some of the significant articles published by A.C.Camargo Cancer Center in 2016 can be found in the section "Appendices" at the end of this report.

Scientific Advisory Board

Eduardo Franco
Chairman of the Department of Oncology at McGill University, Canada

Charles Balch
Professor of Surgery of the MD Anderson Cancer Center and Director of Research of the Johns Hopkins Hospital

Mary Gospodarowicz
Medical Director and Head of Radiation therapy at the Princess Margaret Cancer Center (Canada). Former president of the Union for International Cancer Control (UICC)

Mina Bissell
Professor of Cell Biology, Director of the Lawrence Berkeley National Laboratory (USA), and member of the American Academy of Sciences

Webster Cavenee
Geneticist and Director of Strategic Alliances at the Ludwig Institute for Cancer Research. Former director of the San Diego branch of the Ludwig Institute for Cancer Research

→ Members of the Scientific Advisory Board, from left to right: Mary Gospodarowicz Vilma Regina Martins, PhD, Chief Research Officer at A.C.Camargo Cancer Center, Eduardo Franco, Mina Bissell and Webster Cavanee

Basic-translational research

In line with A.C.Camargo Cancer Center's Strategic Plan, which set out a clear vision of the path the institution will take over the next five years, a review of the research area was carried out. **The guideline in the strategic plan was to to encourage an increase in the institution's translational scientific production, in order to make important contributions to oncology**, generate higher treatment success rates and increase patient survival rates.

To achieve this objective, the institution developed a plan that resulted in internal organizational changes. In 2016, a reassessment of the priority research areas was carried out based on the guidelines of the institution's future vision. Translational research began to prioritize areas and focus the efforts of the institution's scientists. Based on criteria such as the importance of certain types of cancer in Brazil and the expertise already acquired, **the following areas were selected as priorities for research: head and neck carcinomas; kidney and stomach tumors; soft tissue sarcomas; rare tumors; and hereditary tumors. By focusing on these areas, the institution expects to achieve increasingly promising results for advancing in cancer treatment.**

Clinical research studies

186
Studies registered at the institution from 2001 to 2016

20
Studies initiated

11
Studies completed

28
Studies involving patients

31
Monitoring studies

2.815
Patients enrolled in clinical research projects from 2001 to 2016

142
Total patients enrolled in 2016

Clinical research

A.C.Camargo Cancer Center has important differentials that makes it possible to be a center for clinical research: firstly, its casuistry, that is **great experience in the treatment of all types of cancer cases, from the simplest to the most complex**, and, secondly, the quality of its care infrastructure, which allows it to attend the cancer patient in all stages, from diagnosis to therapeutic treatment. Clinical studies require groups of patients who have not only the same disease, but also a number of other similar characteristics. This is fundamental in enabling the use of a common basis for the evaluation of results.

This attribute of casuistry, coupled with strict operational control and the excellence of its clinical staff, has made A.C.Camargo one of the **leading institutions in clinical research in Brazil. Of particular note is the number of clinical studies using targeted drugs and immunotherapy**. Of the 20 studies initiated 12 are related to this theme, and of the 28 studies involving patients, 7 are related to targeted drugs and 11 to immunotherapy.

Biobank

The clinical and molecular database is one of the most important fronts in the fight against cancer, A.C.Camargo Cancer Center created a biobank in 1997. **It is a database of tumor samples, normal tissues and blood donated by patients undergoing surgery and/or procedures at the institution.** This material enables the institution to carry out a variety of studies that generate both knowledge and a greater understanding of the mechanisms related to the tumor processes, making it possible to develop new treatment approaches.

A.C.Camargo's Biobank was the first in Brazil and is one of the largest in Latin America. It is divided into two main areas: tumors and tissues, and macromolecules. The Biobank has accumulated more than 65 thousand samples of tumors and around 34 thousand samples of normal tissues. The Macromolecules Bank, created in 2004, has already carried out approximately 20 thousand extractions of RNA and DNA, of which 969 were conducted in 2016 alone. All the samples are used for research in order to: improve our understanding of the processes causing cancer; identify the risks of tumor development; facilitate early detection; and develop better treatment techniques.

A.C.Camargo's Biobank is one of the **largest in Latin America**

Changes in legislation

Recent changes in legislation related to the collection of biological samples, which have made the consent process more complex, may have an adverse impact on the supply of samples and so reduce the generation of a flow of knowledge from the Biobank. This led to the institution publishing an article entitled "Challenges in developing a cancer-oriented Biobank: experience of a 17 years-old cancer Biobank in São Paulo, Brazil". The article was included in the volume entitled "Biobanking in the 21st Century", part of a series focused on advances in experimental medicine and biology, published by Springer in December 2015.

↓
Ana Paula Suenaga, biologist, manipulating samples from the Macromolecules Bank

The Biobank in numbers

24,798
Patients involved

27,777
Samples collected in 2016

OF THE SAMPLES COLLECTED IN 2016:

3,427
referred to frozen tissues

3,076
blood samples (leukocytes and plasma)

29
research projects using Biobank samples

65,523
samples collected since its creation

SINCE 2004, THE MACROMOLECULES BANK HAS CARRIED OUT

19,465
extractions of RNA and DNA of which **969 in 2016**

National and international cooperation

A.C.Camargo is currently participating in a number of cooperative studies, both in Brazil and abroad. Through these cooperation agreements the institution is increasing the scope of its knowledge generation and its **dissemination capability to the global level, allowing its work to contribute to the global cause of fighting cancer.** An example is the fact that A.C.Camargo is a sister institution of the MD Anderson Cancer Center, Texas (USA), one of the largest oncology centers in the world.

National cooperation

- University of São Paulo (USP)
- Federal University of São Paulo (UNIFESP)
- State University of Campinas (UNICAMP)
- Paulista University (UNIP)
- University of São Judas Tadeu
- University of Vale do Itajaí
- Federal University of Espirito Santo
- University of Oeste de Santa Catarina
- Cancer Institute of Ceará (ICC)
- Arnaldo Vieira de Carvalho Cancer Institute

The generation and dissemination of knowledge to contribute to the **fight against cancer**

International cooperation

- **University of Texas, MD Anderson Cancer Center -** Global Academics Program: Sister Institutions. Programs for the exchange of researchers and students in many different fields of research and training including the areas of surgery, clinical oncology and translational research.
- **National Institutes of Health (NIH)**, a medical research agency of the United States Government. Project for the development of research on the Li-Fraumeni syndrome. This is caused by a mutation in the TP53 gene that significantly increases the risk of development of various tumors types in the families carrying this gene.
- **Catholic University of Córdoba** - cooperation on a project to use genomic analysis in oral cavity tumors in order to search for potential molecular markers of prognosis and treatment.
- **University of Melbourne** - A project sponsored by FAPESP SPRINT to promote scientific and technological cooperation among researchers through the joint funding of research activities and collaborative projects.
- **Latin American Cooperative Oncology Group (LACOG)** - research activities: metastatic breast cancer in Brazil: characterization and patterns of patient care. The study plans to include from 500 to 1,500 patients involving a total of 24 centers in Brazil.
- **University of California:** a project sponsored by FAPESP SPRINT to promote scientific and technological cooperation among researchers, through joint funding of research activities and collaborative projects for development and exchange of studies in the areas of clinical medicine, education and the prevention and eradication of cancer.
- **University Health Network - Princess Margaret Cancer Center -** development of a partnership in translational research, the training of postgraduate students and the exchange of researchers.
- **University of Western Ontario - Canada** development of a partnership in translational research, training of postgraduate students and exchange of researchers.
- **H. Lee Moffitt Cancer Center** - a large-scale study of renal tumors through a partnership among A.C.Camargo Cancer Center, the Latin American Renal Cancer Group (LARCG) and H. Lee Moffitt Cancer Center.
- **International Atomic Energy Agency** – Research project entitled: "Correlation between circulating tumor cells and control of metastatic disease of breast tumors following stereotactic focal radiation therapy".

Main projects
in progress at the institution

Cancer Mutographs: a study to discover the causes of five types of tumor (colorectal, kidney, pancreas, esophagus (squamous cell tumor and adenocarcinoma) across five continents (Africa, Asia, Europe, North America and South America). Funding from the Cancer Research UK - Grand Challenge. Cooperation with the Welcome Trust Sanger Institute (UK) and the International Agency for Research in Cancer (IARC, France), an entity of the World Health Organization.

Olimpioma: an international collaborative study that mapped the impact of the influx of large numbers of people into the microbiome (variety of bacteria, viruses and fungi) during the 2016 Olympic Games. Financed by he International Consortium for Metagenomics & Metadesign of Subways & Urban Biomes (MetaSUB).

Epidemiology and genomics of gastric tumors in Brazil: study of the epidemiology of stomach cancer in the North, Northeast and Southeast Regions of Brazil. Financed by FAPESP.

Microbioma Profile in Human Tumors: prognosis and response to treatment - to investigate the microorganisms present in tumors of the head and neck, stomach, colon and rectum in order to establish the causative agents associated with these types of cancer. Financed by Pronon, a program of the Brazilian Ministry of Health.

Precision Medicine and Therapy Response Monitoring in patients with kidney, lung, colon, rectum and breast cancer: To evaluate how different patients metabolize the active principles of the medicines used in cancer treatment and to test the possibility of establishing staged doses according to the profile of each person. To identify the response to treatment through the evaluation of three components of the liquid biopsy: circulating tumor DNA, circulating tumor cells and extracellular vesicles. Financed by Pronon, a program of the Brazilian Ministry of Health.

National Institute of Science and Technology for Oncogenomics and Therapeutic Innovation: a study of hereditary cancer syndromes, rare tumors and mechanisms of resistance to treatment and its bio-markers. Financed by CNPq, Capes and FAPESP.

International Atomic Energy Agency (IAEA): a project on the prospective evaluation of the correlation between circulating tumor cells and the control of brain disease following stereotactic focal radiation therapy for treatment of brain metastasis of breast tumors.

Cooperation with the Labor Prosecution Office, funded by resources originated of a consent decree: correlation between the number and molecular profile of circulating tumor cells in treatment resistance and tumor progression in advanced colorectal and prostate tumors.

121
national collaborations in scientific publications

61
international collaborations in scientific publications

10
national agreements on technical and scientific cooperation

9
international agreements on technical and scientific cooperation

↑
Israel Tojal, PhD, evaluating the location of the mutations identified in the 3D structure of the TP53 protein

Research funding

One of the most important ways of fund raising in Brazil for a number of lines of research is through government funding agencies such as FAPESP (Foundation for the Support of Research of the State of São Paulo) and CNPq (National Council for Scientific and Technological Development).

A.C.Camargo Cancer Center has also accessed other sources of funding, such as those based on tax incentive legislation. Examples include the Ministry of Health programs Pronon (National Oncological Support Program) and Pronas (National Support Program for the Health Care of People with Disabilities). These two funding sources enable individuals and corporations to donate to research projects in the field of cancer and rehabilitation inexchange for income tax deductions. All these resources are **applied in a variety of scientific research studies that help to disseminate knowledge on the disease and to develop new ways for its prevention, early diagnosis and treatment.** Two Pronon projects and one Pronas project were ongoing in the institution during 2016 with a total funding amount of R$ 15,102,067.19.

In addition to receiving external financial support, the institution has made a strong commitment to **maintain its leadership role in the generation of scientific knowledge.** As such the institution also invests its own funds in research. In 2016, it invested a total of R$ 20.9 million in basic-translational and clinical research network.

Three projects are under way at the institution with

FUNDING OF MORE THAN

15

MILLION
REAIS

Incentives and grants G4-EC4

Form of financial aid received (R$ thousand)	2015	2016
Tax incentives/credits *	1,736	863
Grants for investments, research and development and other relevant types of concessions	1,094	1,736
Total amount	2,830	2,599

* Credits generated by the São Paulo State Government Fiscal Program

São Paulo State Fiscal Program R$ 863,141.57 G4-EC4

A.C.Camargo received donations from the São Paulo State Fiscal Program, in the amount of R$ 863,141.57. The reduction in the amount received during the year resulted from changes in this stimulus program. The percentage of the value-added tax (ICMS) rebated was reduced, some company sectors were excluded from the program and the rules for the lottery of coupons were restricted. In addition, tax turnover declined in line with consumption due to the persistent economic crisis of recent years.

Tax rebates in 2016** G4-EC4

- Taxes on revenue (ISS 2%, PIS 0.65% and COFINS 3.0% - cumulative regime)
- Taxes on the year's surplus (IRPJ and CSLL - 34%)
- INSS without employer's quota R$ 57,325

** Antônio Prudente Foundation has obtained certification under CEBAS (charity and social assistance). As such it is classified as a philanthropic entity and has tax immunity status.

Other research grants received during the year 2016 G4-EC4

R$ 3,390,716.80
FAPESP

R$ 1,057,392.61
Pronon - Regional Cancer Education Center

R$ 392,417.05
Pronon - Tumor bank for research in treatment, prevention and early diagnosis of cancer

R$ 20,660.00
Pronas - rehabilitation program for patients undergoing treatment or treated for cancer

R$ 6,200.00
Donations by individuals

R$ 14,404.30
Institute of Studies in Supplementary Healthcare - IESS (for a study in partnership with FAPESP)

R$ 35,896.08
International Atomic Energy Agency (Austria)

R$ 179,244.28
National Institute of Health (United States)

R$ 8,542.75
International Agency for Research on Cancer (France/WHO)

↑
A study group of stricto sensu postgraduates

Education G4-DMA

Sharing knowledge, a way of fighting cancer

Knowledge management

The generation and dissemination of knowledge is at the core of A.C.Camargo's mission. **The education activity provides knowledge to employees, patients, medical staff and healthcare professionals.** The institution's main education initiatives are as follows: Medical and Multidisciplinary Residency Programs in Oncology; **stricto sensu** postgraduate programs (Master's, PhD and Postdoctoral); Scientific Initiation Programs; Corporate University; and, in the Department of Pediatric Oncology, the Schwester Heine Hospital School.

The institution promotes a high degree of integration between the education programs, patient care and the research areas. **Students participate in the development of scientific research and patient care**, and, conversely, **research scientists participate in the guidance and supervision of these students.** This approach foments **a continuous cycle of generation and dissemination of knowledge.**

Medical and Multidisciplinary Residency Programs

A.C.Camargo developed the first medical residency program in oncology in Brazil in 1953. Since then, it has trained more than 1,100 residents who are now distributed all over Brazil and abroad. Doctors trained in this program are, today, working in Argentina, Bolivia, China, Colombia, El Salvador, Ecuador, Honduras, Nicaragua, Panama, Paraguay, Peru, Portugal, Uruguay and Venezuela. The training courses cover 14 professional areas and the program offers scholarships funded by the Ministry of Health, the São Paulo State Department for Health, and Antônio Prudente Foundation itself. The admission test is carried out by Carlos Chagas Foundation. In the case of the Multidisciplinary Program, which focuses on nursing, physics, psychology, nutrition, phonoaudiology, physiotherapy and dentistry, the admission test was developed by the institution itself.

Every year, the institution selects on average 5% to 10% of the graduates from its programs to join its clinical staff. In 2016, A.C.Camargo graduated its 60th class of residents, composed of 62 doctors and 27 multidisciplinary specialists.

In 2016, the Medical and Multidisciplinary Residency Programs initiated a process of restructuring. The new format will include modules on team management and development and will be introduced in 2017.

1,173
medical residents graduated (since 1953)

272
multidisciplinary residents graduated (since 2010)

Professionals trained in medical and multidisciplinary residency courses

Year	Doctors	Healthcare specialists
2015	60	23
2016	62	27

Residency graduation ceremony ↓

In addition to the residency programs, A.C.Camargo Cancer Center has also developed nine other training programs (*Fellowships*), intended exclusively for doctors. Current residents who elect to do this specialization must reapply and, if approved, remain for another year at the institution. The program also offers scholarships to students.

A.C.Camargo also develops **projects to train undergraduate students from educational institutions** of cities and states throughout Brazil. Currently it is running programs in Petrolina and Recife (PE), Fortaleza (CE), Cuiabá (MT) and the Vale do itajaí (SC). In 2016, 68 students were trained in these programs.

9
training programs exclusively for doctors

Stricto sensu postgraduate programs

A.C.Camargo Cancer Center's **stricto sensu postgraduate program** was created in 1997. It was the **first program in the area of oncology in Brazil to be maintained by a private institution that was not associated with a university.**

The program encompasses master's degrees, PhDs, and postdoctoral and scientific initiation courses. It is carried out in partnership with the Federal University of São Paulo. The program, which has already **graduated more than 600 students with master's degrees and PhDs since its inception,** also counts on the support of the Institute of Energy and Nuclear Research (IPEN) of the University of São Paulo (USP).

The Institutional Program for Scientific Initiation Scholarships (PIBIC) of the National Council for Scientific and Technological Development (CNPq) of the Ministry of Science, Technology, Innovation and Communications offers scholarships for students of this program. In 2016, 14 students were benefited.

ACCUMULATED TOTAL IN 2016

409
Masters graduated (since 1997)

209
PhDs graduated (since 1997)

Ano	2015	2016
Mestrandos	28	23
Doutorandos	26	16
Pós-doutorandos	16	12
Alunos de iniciação científica	17	14

Cancer biology course

A.C.Camargo Cancer Center has initiated a **program to stimulate interest in scientific research** and is offering acess to knowledge to undergraduate **students in a wide variety of areas**, such as medicine, pharmacy, biology, bio-medicine, physics, etc. The program is called the Cancer Biology Course and there are 50 vacancies available annually. The course, which is delivered during the university vacation period, consists of both theoretical classes and workshops and has a total workload of 40 hours.

The Humberto Torloni School for Advanced Oncological Pathology (EPOAHT)

One of the biggest challenges of oncological medicine is **the training and improvement of pathologists in diagnostic and investigative pathology**. The requirements of this branch of medicine have increased significantly, and the reports need to contain precise and unique information according to each type of tumor. The EPOAHT works to meet this need through the development of various mechanisms for continuing education. Currently the school has 785 affiliates.

Schwester Heine Hospital School

Founded in 1987, the Schwester Heine Hospital School **pioneered the category of private hospital schools in Brazil. It offers traditional educational courses to children and adolescents during their cancer treatment.** The project has become a national reference for hospital classes.

During the time that they are hospitalized, the students take classes with teachers from public schools. They receive the same curricular content as in their original schools. The initiative was developed jointly with the Municipal and State Departments of Education and covers all levels from kindergarten to high school. Each student receives individualized content in order to facilitate his/her reinsertion in the regular school system after the conclusion of the treatment. In 2016, 2,244 patients were being accompanied by the school.

2,244
patients accompanied by the hospital school

Eliane Laterza, teacher, giving pedagogical guidance to a pediatric patient ↓

↑
6th Men's Health Running and Walk

Sharing of knowledge G4-EC8

Caring for patients is, at all times, the central purpose of A.C.Camargo Cancer Center. However, **another essential part of this work is to disseminate knowledge about cancer.** Through its communication activities, the Institution informs the population about the risk factors for the development of the disease, the need for early diagnosis and the habits of a healthy lifestyle, all of which are important allies in the fight against cancer.

On the National Day for Fighting Smoking, which is celebrated on August 29th, the institution launched a social media campaign that reached more than 1.7 million people. This action was aimed mainly at adolescents, since epidemiological data show that the fight against smoking begins in the first decades of life. The institution also made **presentations in schools aimed at discouraging young people from starting smoking** and encouraging those who have already started to quit.

In October, a campaign entitled "Not Quite Perfect Hands" reinforced the importance of annual mammography screening for the early diagnosis of cancer. The idea of the campaign was to demonstrate that hands, which are so important for art, can not always detect breast cancer in its initial stage. Therefore, **it is essential to do a mammogram regularly.** The campaign reached more than 3 million people.

In November, the "Men's Health Running and Walk" event took placed on the campus of the University of São Paulo. This was the sixth edition of the event which aims to alert people about the **prevention of prostate cancer.** More than 2 thousand people participated in the event in 2016.

1.7 million people were reached in the social media during the campaign on the National Day for Fighting Smoking

Digital platform G4-26

A.C.Camargo promotes interactions with the general public through its social media platform which includes Facebook, Instagram, YouTube, Twitter and LinkedIn. The objective is to **disseminate referenced information about cancer and to influence behavior changes to prevent the disease.**

One of the innovative initiatives in the digital world was the Connected with Health Program. This was a **live broadcast transmitted through Facebook** in which the institution's specialists answered questions about cancer. More than 1.5 million people attended.

A.C.Camargo's profile on Facebook holds a prominent position worldwide among institutions working in oncology. Today the institution has more than 300 thousand fans, and has **registered hits from almost 2 million people**, counted based on likes, shares, comments and other interactions.

A.C.Camargo website is also a source of referenced information with **various contents that help people to understand more about the disease**. In 2016 the website recorded 3.7 million hits.

A.C.Camargo in the media

A.C.Camargo Cancer Center was the source of information in almost three thousand articles published in communication vehicles in Brazil. Since the Institution understands that **the press is an important partner in the dissemination of knowledge**, in 2016, it held **two courses in oncology for journalists.** One of them took place in the studio of the Globo TV network in São Paulo and the other was in A.C.Camargo, for journalists of other vehicles. In total, around 35 professionals participated in these courses and were able to improve their knowledge about cancer helping them produce even more informative articles on the subject.

Highlights in the social media

WEBSITE
3.7 MILLION
hits

LINKEDIN
+ THAN **63**
THOUSAND followers

INSTAGRAM
+ THAN **19**
THOUSAND followers

FACEBOOK
+ THAN **300**
THOUSAND
fans and **1.9 million hits**
(likes, shares and comments)

Reports in numbers

PRINT AND ONLINE
2,870
articles

TV AND RADIO
79
articles

TOTAL
2,949
articles

↑
Milton José de Barros e Silva, MD, Clinical Oncologisty, conference on Cutaneous Oncology

Corporate actions

The institution's work in **preventing cancer and creating awareness about healthy life style habits also extends to the corporate segment**. In 2016, **130 organizations participated in activities** related to the dissemination of knowledge on the prevention and early diagnosis of cancer, an increase of 30% compared to the previous year. This program includes presentations, workshops and healthcare information.

One of these partnerships led to the creation of a special project. In partnership with OdontoPrev, A.C.Camargo is contributing to educating dentists on aspects of oncology. Dentists take photographs of suspicious lesions in patients' mouths and forward them to A.C.Camargo to be examined. Based on the clinical information of each patient and the photograph of the lesion, **the institution's doctors study the case and assess the need for referral to a specialist. This action enables dentists to identify cancerous lesions, and this can make an early diagnosis possible.**

IN 2016

89 exhibitions
86,512 participants

104 presentations
18,133 participants

24 workshops
2,008 participants

Scientific events G4-EC8

Scientific events are another way of disseminating knowledge and promoting the ongoing education of oncology professionals. One of these events was the Global Academic Program 2016 (GAP). This is an international event held in partnership with the MD Anderson Cancer Center, Texas (United States). It is an annual event that in odd years is held at the MD Anderson Centerand in even years, at the offices of one of the so-called Sister institutions. These are **a group of 31 cancer centers distributed in 22 countries globally. A.C.Camargo is one of the sister institution in Brazil.** Held for the first time in a Latin American country, the GAP promoted the exchange of experiences among important cancer centers from around the world.

The exchange of experiences was also the objective of a meeting between A.C.Camargo specialists and professionals from the Princess Margaret Cancer Center (Canada). It was held to **discuss current and future therapies in cancer treatment**, and cases studies were presented by both institutions.

In total, A.C.Camargo Cancer Center hosted 23 scientific events in 2016 involving more than 1,000 participants and 36 international specialists. The EPOAHT event was one such example. In promoting an event called "Pathology Journey", it **brought together professionals from this area to exchange experiences and improve their knowledge of this theme.** In the 2016 edition, the event was attended by Harald zur Hausen, the German virologist who won the Nobel Prize for Medicine in 2008.

A.C.Camargo organized 23 scientific events in 2016 with **more than 1,000 participants and 36 international experts**

Talent development G4-DMA

In order to secure A.C.Camargo's progress based on the consolidation of the cancer center model, the institution took steps to **further strengthen its talent development initiatives**. These were intended to ensure that the necessary skills will be stimulated and internal recruitment intensified.

Talent development in the institution is supported by the Corporate University through two main programs: firstly, **continuing education**, which plans all the technical training of the institutions specialists, and, secondly, the **Development Pathways Program**, which focuses on behavioral training for employees and other stakeholders. One of the initiatives included in the Development Pathways Program is the Leadership Development Program (PDL), which focuses on management training and the **development of specific leadership skills** that are required to meet the challenges of managing high performance teams.

In 2016, the institution invested R$ 490,600 in undergraduate and postgraduate courses for 222 employees. The institution offers scholarships up to 80% of the value of the course, and the choice of the educational institution is at the discretion of the beneficiary. If desired, the beneficiary can have the support of the Corporate University to assist in choosing the course that will better contribute to his/her activities in the institution.

R$490,600
invested in undergraduate and postgraduate courses

Development Pathways Program G4-26

An organizational management program called Development Pathways Program was developed during 2016 and will be introduced in 2017. The objective is to foster employee engagement and anticipate the development of the necessary skills to meet A.C.Camargo's current and future growth challenges, allowing for the further development of the model. The program is based on three main pillars:

Behavioral pathway: leadership topics for management positions and basic principles for non-management positions;

Functional pathway (technicians): topics related to safety management and quality in patient care;

Institutional pathway (for all positions): related to institutional issues such as ethics and values, diversity and inclusion etc.

Average hours of training G4-LA9	2015			2016		
	Employees	Hours	Hours per employee	Employees	Hours	Hours per employee
Officer	**10**	**399**	**39.85**	**11**	**349**	**31.73**
Men	6	270	44.92	6	173	28.83
Women	4	129	32.25	5	176	35.20
Manager	**42**	**2,238**	**53.28**	**45**	**3,300**	**73.33**
Men	14	517	36.94	12	530	44.17
Women	28	1,721	61.45	33	2,770	83.94
Head/Coordinator	**191**	**9,310**	**48.74**	**224**	**17,132**	**76.48**
Men	56	2,450	43.75	67	6,771	101.06
Women	135	6,860	50.81	157	10,361	65.99
Technician/supervisor	**1,702**	**57,069**	**33.53**	**1,859**	**112,264**	**60.39**
Men	430	15,156	35.25	482	26,621	55.23
Women	1,272	41,913	32.95	1,377	85,643	62.20
Administration Personnel	**156**	**1,760**	**11.28**	**172**	**61**	**0.35**
Men	56	697	12.44	61	32,265	528.93
Women	100	1,063	10.63	111	28,605	257.70
Operational personnel	**1,743**	**78,316**	**44.93**	**1,785**	**15,894**	**8.90**
Men	681	26,725	39.24	697	3,411	4.89
Women	1,062	51,591	48.58	1,088	12,483	11.47
Apprentice	**110**	**4,289**	**38.99**	**113**	**24,497**	**216.79**
Men	49	1,789	36.50	40	10,577	264.43
Women	61	2,500	40.98	73	13,920	190.68
Intern	**57**	**4,679**	**82.09**	**57**	**6,435**	**112.89**
Men	8	651	81.39	10	509	50.90
Women	49	4,028	82.20	47	5,926	126.09
Total	**4,011**	**158,060**	**39.41**	**4,266**	**240,740**	**56.43**
Men	**1,300**	**48,255**	**37.12**	**1,375**	**80,856**	**58.80**
Women	**2,711**	**109,805**	**40.50**	**2,891**	**159,884**	**55.30**

03 Management

← Gustavo Guimarães, MD, PhD and Head of Urological Surgery in Robotic Surgery

The adoption of best management practices is contributing to the **Cancer Center's success**

Infrastructure G4-DMA, G4-8

A.C.Camargo's main facility is located in the Liberdade District in the central area of the city of São Paulo. It has 480 hospital beds, 138 medical offices, two surgical centers, a center for the application of chemotherapy and radiation therapy and a state-of-the-art technology center focused on diagnosis and treatment.

In addition, it has two satellite units, one in the city of Santo André, in the Greater São Paulo Metropolitan Region, and another in the Morumbi District, in the southern part of the city of São Paulo.

The International Research Center (CIPE), which was inaugurated in 2010, consists of laboratories for the institution's research professionals. Its activities are integrated with those of the patient care and education areas, thus stimulating the exchange of knowledge and practices among the multidisciplinary clinical specialists and the research scientists. The laboratories are also used by postgraduate students, doctors and scientists to develop research in a number of fields, such as: genomics, molecular and cellular biology; cytogenetics; molecular genetics and oncogenetics; investigative pathology; medical genomics; and bio-informatics.

In line with the institution's Infrastructure Master Plan, in 2016, A.C.Camargo's entire administrative team was relocated to a building of 4.5 thousand m^2 in Castro Alves Street, also located in the Liberdade District. This move facilitated a greater degree of proximity between the support areas as well as freeing up space to increase the patient care capacity of the Antônio Prudente Unit.

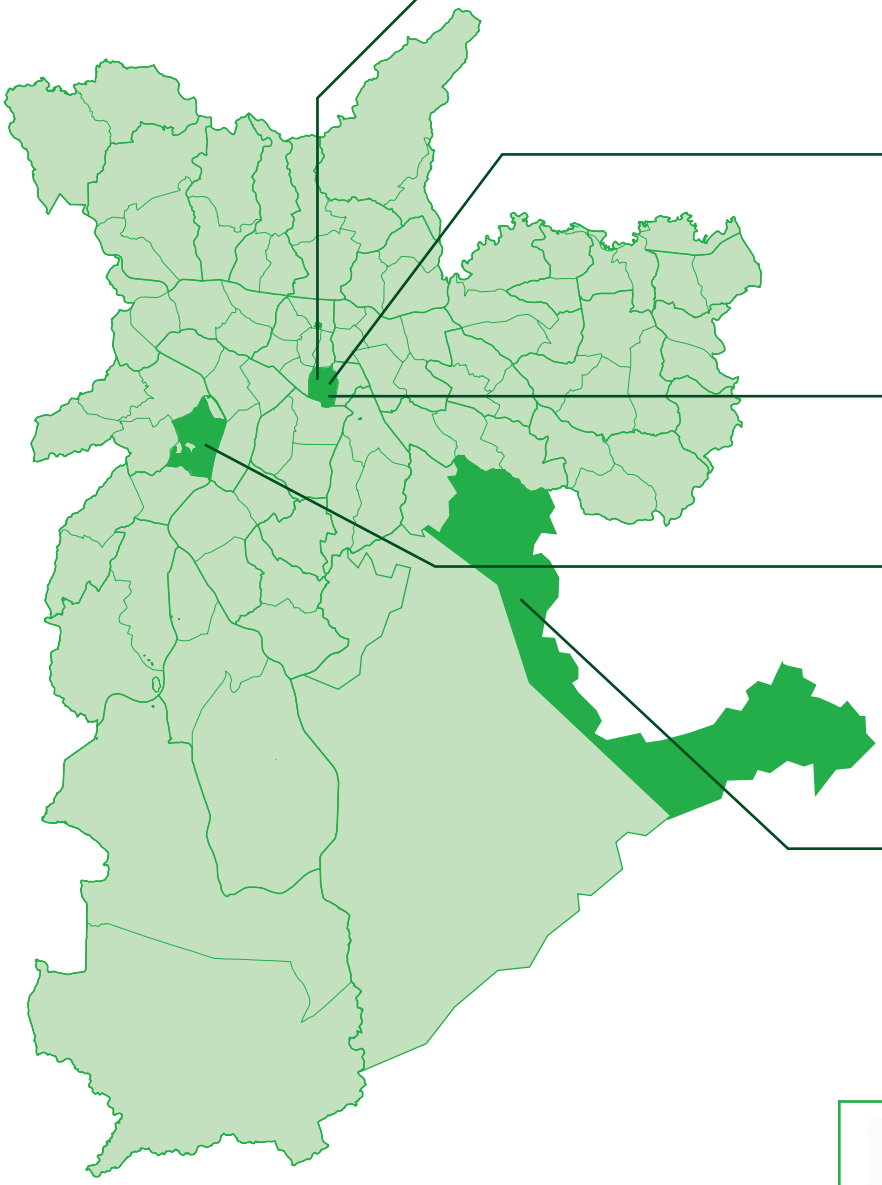
A.C.Camargo's main facility has

480 BEDS

138 MEDICAL OFFICES

2 SURGICAL CENTERS

Units G4-8



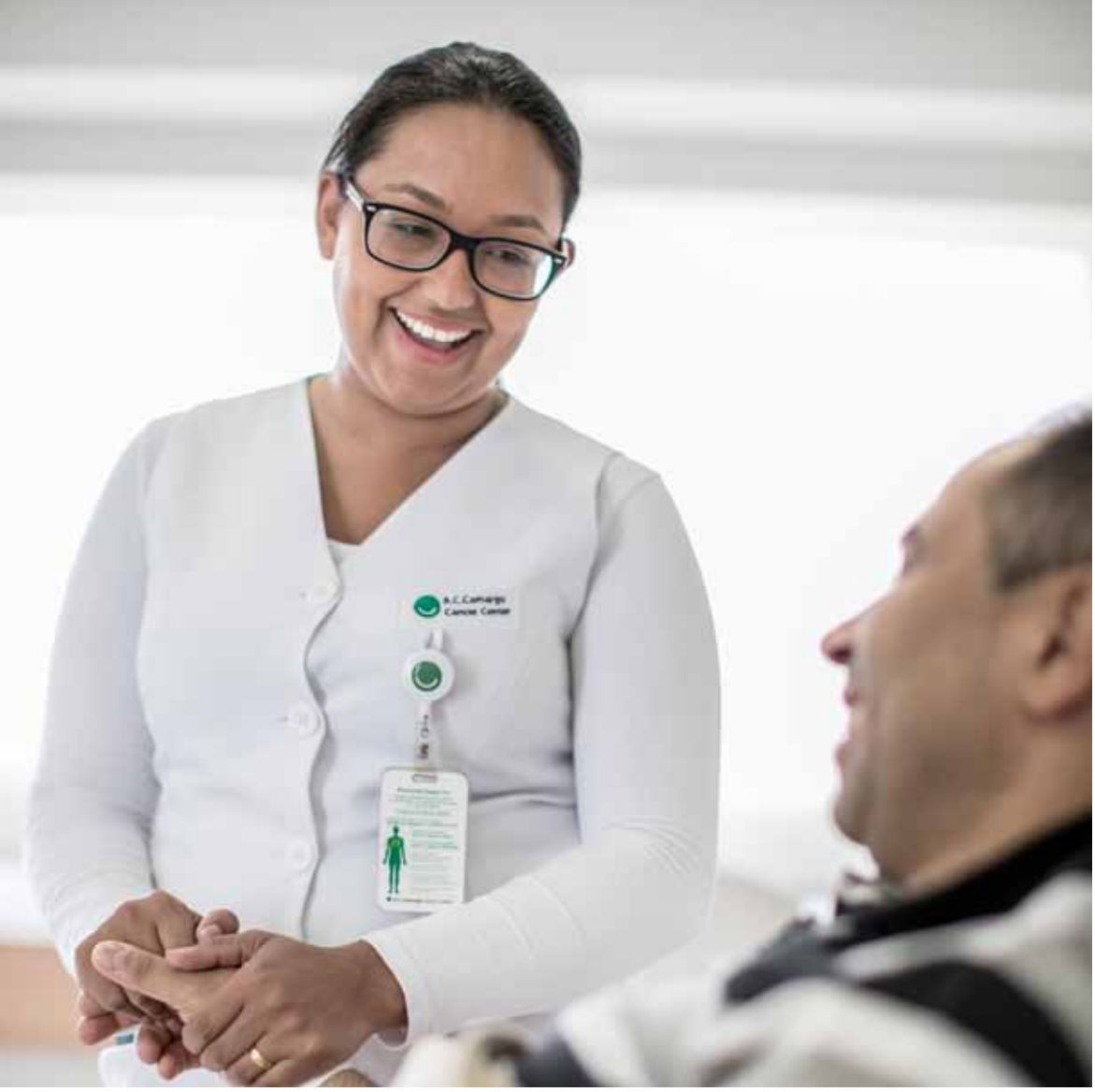
ANTÔNIO PRUDENTE AND TAMANDARÉ
COMPLETE CARE SERVICES: HOSPITAL, DIAGNOSIS, TREATMENT AND MONITORING, EDUCATION AND RESEARCH

CASTRO ALVES
ADMINISTRATIVE OFFICES

CENTRO INTERNACIONAL DE PESQUISA (CIPE)
RESEARCH

MORUMBI
CLINICAL ONCOLOGY

SANTO ANDRÉ
CLINICAL ONCOLOGY AND CHEMOTHERAPY



←
Andreia Martins, nurse, attending a patient in the inpatient care unit: personalized services and complete infrastructure

Development and impact of investments in infrastructure and services offered G4-EC7 , G4-EC8

INVESTMENT (R$)

ELECTRIC POWER SUBSTATION

R$ 7.4
MILLION

RELOCATION OF ADMINISTRATIVE AREAS

R$ 6.7
MILLION

IMAGING EQUIPMENT

R$ 1.6
MILLION

INFORMATION TECHNOLOGY PROJECT

R$ 1.7
MILLION

↑
Pharmacists Frank Ferreira Pinto and Juliana Pires da Silva: employees who fight cancer patient by petient

People Management

Fighting cancer is our purpose and it is shared by all G4-DMA

The central purpose of A.C.Camargo Cancer Center is caring for people and this also applies to the internal environment, the people who work in the institution every day. Because of its importance, people management is the subject of one of the Strategic Programs in the institution's Strategic Plan. The objective is to have people who are both qualified and engaged in meeting the institution's current and future growth challenges. They should feel recognized while performing their work and contributing to the transformation and evolution of the A.C.Camargo Cancer Center's integrated operating model.

The Strategic Program for People Management mapped out the human resources' processes and, based on this, defined a number of specific actions regarding attraction and selection of employees, organizational development and compensation and benefits.

The internal recruitment process was reviewed with the **aim of increasing the rate of internal promotions and transfers**. In 2016, this rate was 30%. The target is to reach 80% by 2020.

Another action initiated was the revision of the model for compensation, positions and salaries, at all organizational levels. The objective is to **enhance the current compensation and benefits model, giving appropriate recognition to employees and offering them financial and non-financial rewards** such as training courses.

Total number of employees by functional level* G4-10	2015		2016	
	Men	Women	Men	Women
Officer	6	4	7	5
Manager	14	28	12	33
Head/Coordinator/Supervisor	56	135	66	156
Technician	430	1,272	482	1,377
Administration personnel	56	100	61	111
Operation personnel	681	1,062	697	1,084
Physicians and healthcare multiprofessionals	338	245	360	258
Volunteer	14	175	15	179
Outsourced personnel	246	276	278	276
Apprentice	49	61	40	73
Intern	8	49	10	47
Total by gender	1,898	3,407	2,028	3,599
Total	**5,305**		**5,627**	

* all employees are located in the Southeast Region

Number of own employees by type of employment contract					
Employees		1,300	2,711	1,375	2,891
Permanent	Full-time	781	1,364	820	1,432
	Part-time	519	1,345	554	1,454
Temporary	Full-time	0	1	1	5
	Part-time	0	1	0	0

100%

of employees are covered by union agreements G4-11

Benefits, healthcare and well-being G4-LA2

A.C.Camargo Cancer Center provides its employees with a number of benefits focused on health and well-being. It is a question of extending the same principles and practices applied to patients to the institution's employees: the essence of caring.

The package of benefits offered is in line with the best market practices and the priority is providing access to healthcare. All employees are eligible for all benefits except parking. G4-LA2

- Health plan;
- Dental care;
- Meal and travel vouchers;
- Staple foods/Food stamps;
- Private pension plan with a contribution from the institution;
- Childcare assistance;
- Life insurance with funeral assistance;
- Partnership/discounts with auto and home insurers;
- Partnerships/discounts with pharmacies;
- "Good Card" benefits card;
- Employees living room;
- Bicycle racks;
- Espresso coffee, hot drinks and access to kitchens;
- Banking services;
- Scholarships for technical, undergraduate or postgraduate courses;
- Partnerships/discounts with service providers, such as universities, English language schools, gyms, restaurants, etc;
- Cancer treatment extended to dependents.

Employee quality of life

The institution's approach to managing human capital is expressed in a number of programs aimed at the well-being, quality of life and occupational safety of its employees.

Gynecological care
The free gynecological assistance offers regular clinic visits and preventive tests.

Beauty salon
Manicure, pedicure, hairdressing and eyebrow design services with discounts for employees and payment through the payroll system.

Employee support program (PAE)
Specialists in the areas of psychology, law and social work are available to assist employees and their families in the solution of emotional, financial, professional and legal problems. These services are provided by telephone, with total confidentiality.

Ideal Weight Program
The program covers the control of hypertension and diabetes. Employees who are overweight or with abnormal cholesterol and triglycerides levels, can count on medical and nutritional assistance and monitoring.

Quit smoking program
Evaluation and treatment for those who want to quit smoking.

Occupational gymnastics
This activity is carried out in the employee's workplace. The aim is to improve flexibility, strength, coordination, rhythm, agility and endurance, promoting greater mobility and improved posture.

Pregnancy Program
The monitoring of pregnant women is performed by obstetricians. Follow-up is carried out in parallel with prenatal care and offers extra support, especially for high-risk pregnancies.

"Live Longer" Program – chronic disease control
Free medical assistance and medication for all employees diagnosed with chronic diseases, such as diabetes and hypertension.

Mental Health Program
Monitoring the level of stress of employees with the support of a team of occupational medicine psychologists.

Programs for the prevention and early diagnosis of cancer and other diseases
Programs for the family members of all employees, with free treatment in cases of cancer diagnosis.

Pension plan G4-EC3

Employees may opt for one of the two forms of A.C.Camargo Cancer Center's private pension program: an income tax deductible plan (PGBL) or a cash value life insurance plan (VGBL). Both plans aim to encourage the accumulation of savings and their transformation into a future income stream.

They are defined-contribution plans, without obligations, and the employee's monthly contribution of 5% of his/her salary is deducted directly in the payroll system. In addition, A.C.Camargo makes a monthly contribution of 3% of the employee's salary. If the employee wants to contribute more than 5%, there is the option to make an additional contribution.

↓
Employees in the living room

Maternity or paternity leave G4-LA3 *		Data from 2012 to 2016
Total number of employees entitled to maternity/paternity leave	Men	620
	Women	683
Total number of employees who took maternity/paternity leave	Men	620
	Women	683
Total number of employees that returned to work after taking maternity/paternity leave	Men	620
	Women	658
Total number of employees who are still on maternity/paternity leave	Men	0
	Women	0
Total number of employees that did not return to work after taking maternity/paternity leave	Men	0
	Women	25
Employee return rate (returned to work after the end of leave)	Men	100%
	Women	96%
Total number of employees that returned to work after maternity/ paternity leave that were still in the institution 12 months after their return	Men	545
	Women	587
Employee retention rate (remained as employees 12 months after their return from leave)	Men	88%
	Women	89%

* The response of this indicator was reformulated to be consistent with GRI's guidelines. The calculation was based on data for the last four years in order to obtain the actual post-leave employee return and retention rates.

Hiring and turnover G4-LA1	2015	2016		2015	2016
Number of hires by gender			Rate of new hires by gender (%)		
Men	417	328	Men	0.104	0.077
Women	646	642	Women	0.161	0.150
Number of hires by age group			Rate of new hires by age group (%)		
Under 30 years old	516	441	Under 30 years old	0.129	0.103
31 to 50 years old	529	517	30 to 50 years old	0.132	0.121
Over 50 years old	18	12	Over 50 years old	0.004	0.003
Number of hires by region			Rate of new hires by region (%)		
Southeast Region	1,063	970	Southeast Region	0.265	0.227

Number of terminations by gender			Rate of terminations by gender (%)		
Men	302	272	Men	0.075	0.064
Women	560	470	Women	0.140	0.110
Number of terminations by age group			Rate of terminations by age group (%)		
Under 30 years old	370	313	Under 30 years old	0.092	0.073
31 to 50 years old	474	412	30 to 50 years old	0.118	0.097
Over 50 years old	18	17	Over 50 years old	0.004	0.004
Number of terminations per region			Turnover rate by region (%)		
Southeast Region	862	742	Southeast Region	0.2149	0.1739

100%

of employees are **represented in formal** health and safety committees

Ongoing training on **preventive safety practices**

Safety at work G4-DMA

A.C.Camargo **prioritizes the safety of its employees in the exercise of their work activities.** One of the main instruments to to promote this topic is the institution's policy on Personal Protective Equipment (PPE). It defines the rules for safe behavior, aiming to ensure the safety of all employees. A.C.Camargo has also established two Internal Commissions for the Prevention of Accidents (CIPAs), and provided regular training on emergency situations that could promote life risks for 1,128 employees. In 2016, the institution held 60 training courses on fire prevention and emergencies, as well as carrying out 14 simulations of building evacuations covering all the institution's units.

Annually the institution organizes a week of internal activities focused on the prevention of accidents involving people or the environment (SIPATMA). The activities include actions to educate and increase the awareness of employees on these topics.

The main workplace safety risks identified by the institution were: the ergonomics of moving/lifting patients; falls at the same level; contamination by sharp instruments; and exposure to biological and radioactive materials in the handling of drugs and equipment. However, in line with the principles of a safe and healthy workplace, to further minimize these risks, employees are constantly trained in risk prevention practices. In addition, institutional, collective and individual protection measures have been implemented by the administration. G4-LA7

Health and safety

Health and Safety Indicators (own employees and outsourced personnel) by gender *** G4-LA6

	2015			2016		
	Men	Women	**Total**	Men	Women	**Total**
Injury frequency rate[1 2 5]	6.32*	21.68*	**28.0**	6.89	16.87	**23.76**
Rate of occupational diseases[3]	0.44	4.94	**5.38***	1.12	4.78	**5.9**
Total lost days[4 5]	169	818	**987**	169	394	**563**
Absenteeism rate **	1.14	1.54	**2.68**	0.76	1.36	**2.12**
Total number of fatalities	0	0	**0**	0	0	**0**

* Adjusted figures.
** Information by gender was estimated based on the total absenteeism.
*** All employees are located in the Southeast Region. Outsourced personnel are not included in the calculations of health and safety indicators.
1. The injury frequency rate includes all injuries from light ones (at the first-aid level) to severe ones.
2. The injury frequency rate was calculated by dividing the sum of all injuries (with and without lost days) for all units, and including commuting, by the total number of man-hours worked in all units, multiplied by 1,000,000.
3. The rate of occupational disease encompasses cases determined by an accredited expert (from the INSS) as an accident or an occupational disease.
4. The total number of days lost considers all injuries resulting in days lost, including those related to commuting, for all units.
5. In 2016, the number of injuries due to commuting accidents decreased, thereby reducing the frequency rates for injuries and days lost. As a result, the total number of days lost decreased by 57.04% compared to 2015.

The institution has established two Internal Commissions for Accident Prevention (CIPAs), one in the Antônio Prudente Unit, composed of 36 members, and one in the Tamandaré Unit, with 22 members.

↑
Team of influencers who increase employee awareness about conscious consumption of resources

Environmental management

A.C.Camargo has set an objective to reduce the the consumption of all forms of resources G4-PR1

Based on its Integrated Management System Policy, A.C.Camargo Cancer Center has **established seven commitments in concerning to the environmental management** of its operations, They are as follows:

- Promote the continuous improvement of organizational processes and the Management System, ensuring the satisfaction of patients, employees, community, environment and society, and increase the institution's effectiveness in managing clinical and non-clinical risks;
- Ensure safety in therapeutic planning;
- Optimize and rationalize the use of renewable and non-renewable natural resources, minimizing the impact of its activities, processes and services on the environment;
- Take preventive action on issues related to the occupational health and safety of employees.
- Comply with applicable legal and statutory requirements;
- Provide opportunities for the personal and professional development of its leaders, employees and suppliers, expanding its oncological assistance services to attend the community;
- Contribute to sustainable development.

The institution's concern with reducing the consumption of resources is aligned to its Integrated Management System Policy, which has been cascaded down to all levels of the institution through a number of initiatives and actions. One such initiative was the internal campaign focused on the conscious consumption of resources involving water, energy, paper, plastic, proper waste disposal and the selective collection of waste. In order to mobilize employees, some were chosen as influencers with the mission to engage with their colleagues and make them aware of the theme of conscious consumption.

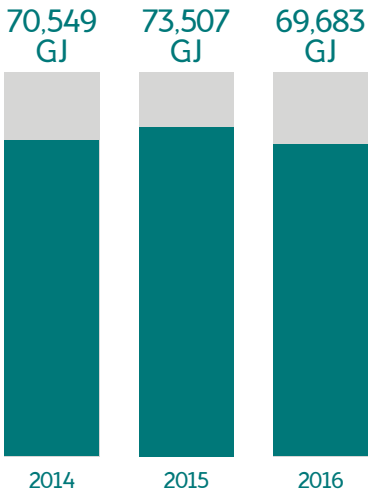
Energy

Even without increasing the number of hospital beds, A.C.Camargo recorded increased growth in the number of attendances of around 4%. Despite this growth, energy consumption was reduced by 5% in 2016.

During 2017, measures will be implemented to increase the capacity of the institution's energy sources. The main measure will be the installation of a power plant with two new redundant feeder circuits. With the implementation of the new power plant, the institution's energy system will migrate to a supply voltage of 34.5 kV. The quality of the new energy supply system will be much higher than the old system, ensuring fewer interruptions in the electrical grid.

Furthermore, the institution has defined an indicator to monitor energy expenditure. The indicator is the ratio of the energy consumption to the number of attendances. In 2016 the indicator was 5.1029 kWh compared to 5.6051 kWh in 2015.

Energy consumption within the organization (Scopes 1 and 2)* G4-EN3



* The calculation does not include the occasional consumption of diesel oil in the generators

Waste

In order to reduce the potential impacts of its waste on environment and to comply with current legislation, A.C.Camargo adopted a strategy to ensure the correct disposal of waste. The institution is continuously carrying out educational and training initiatives with employee teams in order to achieve this goal.

Total weight of waste, by type and disposal method** G4-EN23	2014	2015	2016	Types of waste
Non-hazardous waste (tonnes)				
Recycling	396	357	352	Paper, plastic, metal and other recyclables
Sanitary landfill	874	810	815	Sanitary waste, paper towels, organic and non-recyclable waste
Total	**1,270**	**1,167**	**1,167**	-
Hazardous waste (tonnes)				
Incineration	105	108	118	Solid chemical residues
Incineration	15	17	18	Liquid chemical residues (measured in Kl)
Electro-thermal deactivation	865	855	917	Infectious waste
Cremation			2.11	Infectious waste: anatomical parts
Total	**985**	**980**	**1,055**	-

* Hazardous waste (chemical and infectious) is destined and treated according to the guidelines established by the municipality of São Paulo, which is responsible for the treatment of such waste. Non-hazardous waste was destined to landfills managed by companies, accredited by the municipal authorities, for proper disposal.
** The figures refer to the Antônio Prudente and Tamandaré units. This does not include the waste originated from construction works, gardening maintenance, batteries, batteries and lamps.

The amount of non-hazardous waste generated remained at a similar level to the preceding years. On the other hand, there was an increase in the amount of hazardous waste generated due to the growth in the number of attendances in the hospital complex.

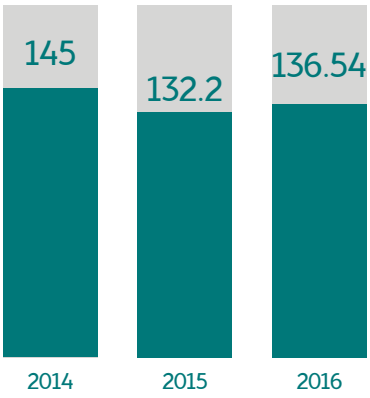
Water

In 2016, three new tanks for storing reuse water were installed, of which two were for the Tamandaré Unit and one for the International Research Center (CIPE). These tanks supply reuse water for activities, such as floor washing and gardening. The increase in the number of tanks will contribute to water management and reduce the consumption of drinking water.

In 2016, water consumption increased by about 3% compared to the previous year due to the growth in the institution's activities. Another factor increasing water consumption in 2016 were the modifications to the cooling tower for the new Cold-water Station (CAG). A part of the cooling process was changed from air-cooling to water-cooling. This led to a modest increase in water consumption but, on the other hand, it reduced energy consumption. To reduce the consumption of drinking water a new tank for reuse water will be installed in 2017/2018 to supply water to the cooling-towers of the new CAG.

The institution also established an indicator to monitor water consumption, calculated by dividing the consumption by the number of attendances. The indicator for 2016 was 0.0360, compared to 0.0361 in 2015.

Total water withdrawal per source (thousand m^3) G4-EN8



Source used: Water supply company

The consumption for the year was calculated by adding the amounts informed on the monthly bills sent by the water supply company.

The figures do not include the consumption of reuse water.

Reducing the use of paper is one of the corporate goals

Paper

As for water and energy, reducing the use of paper is one of the corporate goals. At A.C.Camargo the printers are shared among the teams and are used in economy mode, that is, printing on both sides of the paper. A specific software program keeps track of this indicator. The paper used is being replaced by paper certified by the Forest Stewardship Council (FSC), which attests that it originated from a certified sustainable source.

A.C.Camargo has obtained **ISO 14001 certification**, verified by the Carlos Alberto Vanzolini Foundation. This certification attests that the institution adopts environmental management best practices, in conformity with the ABNT NBR ISO 14001: 2004 standard. It was initially awarded in 2012 and then re-certified in 2016. The next accreditation maintenance cycle will be in 2018.

↑
Accuracy and safety in pharmacy procedures

Supply chain management

Quality, reliability and performance are considered when choosing the supplier

The management of the procurement activity is based on the same values that apply to the institution's other operational areas, namely, it is **guided by ethical principles, is transparent in its processes** and seeks to ensure that the patient is attended to in the best possible way, with efficiency and agility, and with high quality products.

A.C.Camargo Cancer Center has developed a Supplier Relations Handbook that defines procurement principles and the prerequisites for working with suppliers. The handbook, which was prepared based on the institution's internal policies for relations with suppliers, addresses topics related to the commercial and ethical conduct expected of suppliers. These documents can be accessed on A.C.Camargo's website. The procurement contract, signed between A.C.Camargo and the supplier, stipulates that the supplier must agree to conform to the principles and practices in the handbook.

↑
Volunteers making breast implants for patients

Social responsibility

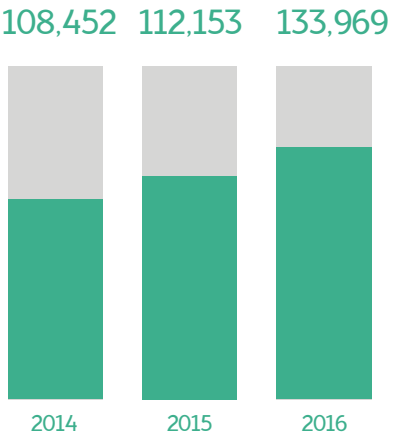
Social responsibility is in the very essence of A.C.Camargo's culture and activities. It is expressed in its values, and in its activities of disseminating knowledge, and preventing, diagnosing and treating cancer. G4-DMA, G4-26

A.C.Camargo Cancer Center is a depositary of information and knowledge, much of which has been generated through the scientific research conducted internally. The institution is acutely aware of the **important role it plays in training oncology professionals and in disseminating its accumulated knowledge to society.** These actions contribute to fostering the generation of even more knowledge on the disease and its risk factors, prevention, diagnosis and treatment.

In practical terms, the institution invests its own resources to promote a number of initiatives of a social nature. Some examples of its initiatives are as follows: **grants for education in oncology; development of cancer research; free attendance for the general public; inclusion and reintegration of children in society during and after cancer treatment; and engaging with society in the fight against cancer** by promoting changes in behavior, the adoption of a healthy lifestyles, the avoidance of risk factors and the dissemination of information by people in their relationship groups.

Subsidies for care activities and research (R$ thousand)	2015	2016
Subsidies for SUS procedures	84,281	103,669
Subsidies for the research area	18,552	20,325
Grants (R$ thousand)		
Stricto Sensu Courses/ further education courses (Master, PhD, Postdoctoral and Scientific Initiation)	7,631	8,743
Grants for SUS (extra-ceiling) Total	1,689	1,232
Grants	112,153	133,969

Total subsidies and grants (R$ thousand)



The program in numbers G4-SO1

IN 2015	IN 2016
Number of presentations	
63	52
Number of people attended	
33,802	33,957
Cancer diagnoses	
272	326
Clinical visits carried out	
46,471	43,997
Referrals to specialists	
919	1,025
Tests carried out	
1,467,688	1,403,332

Prevention and Early Diagnosis Cancer Program

A.C.Camargo Cancer Center made presentations in many different sectors of society such as public schools, trade unions, neighborhood associations, branches of the Association of the Parents and Friends of Exceptional People (APSE) and religious communities. The presentations addressed topics such as healthy lifestyles, risk factors, signs and symptoms of the disease, diagnosis and treatment.

Interested participants were offered free clinic visits and tests in the institution's facilities. In the event that the participant were diagnosed with cancer, he/she would then be treated by A.C.Camargo. With this action, the institution was **carrying out its purpose of treating cancer, patient by patient, and disseminating knowledge in society.**

Dona Carolina Tamandaré Program

In 2016, Dona Carolina Tamandaré Foundation, which had been providing assistance to children and adolescents in the Glicério District, in the vicinity of A.C.Camargo's facilities, was incorporated by the Antônio Prudente Foundation, and integrated into the education area. Now, restructured as a program, its main purpose is to provide education and training for children and adolescents. The program provides scholarships for English language and computer courses, and training in basic administrative practices for adolescents who are seeking their first job. It also provides dental and ophthalmological healthcare and organizes social and cultural events.

A.C.Camargo intends to extend the benefits of this program to ex-students of the Schwester Heine School, who were all formerly pediatric patients and who, due to cancer, are facing social barriers.

↑
Samuel Aguiar, MD, PhD and Head of the Colorectal Tumors with surgery staff members, Paulo Stevanato, MD, and Thiago Santoro, MD.

Economic and financial management

Efficiency ensures A.C.Camargo's long-term continuity G4-DMA

During the year A.C.Camargo carefully monitored the possible adverse impacts of the macroeconomic environment in order to mitigate its business risks. Closer relations with the institution's main business partners and the improvement of its operational risk management procedures reduced the occurrence of adjustments and cancellations and also reduced the payment terms and risks of non-payment.

The institution recorded significant financial results, achieved its targets, and maintained a positive cash flow. The strict control of costs ensured the maintenance of the institution's operating margins. This made it possible to continue subsidizing the attendance of patients from the National Health System (SUS), as well as financing investments in improving infrastructure, information technology and supply chain cycles, both financial and commercial. This strategy of conservatively managing expenditures and close monitoring of strategic programs has corresponded to the progress in the consolidation of the integrated Cancer Center model, and have ensured its execution and continuity.

22%

Ebitda margin on total net revenues

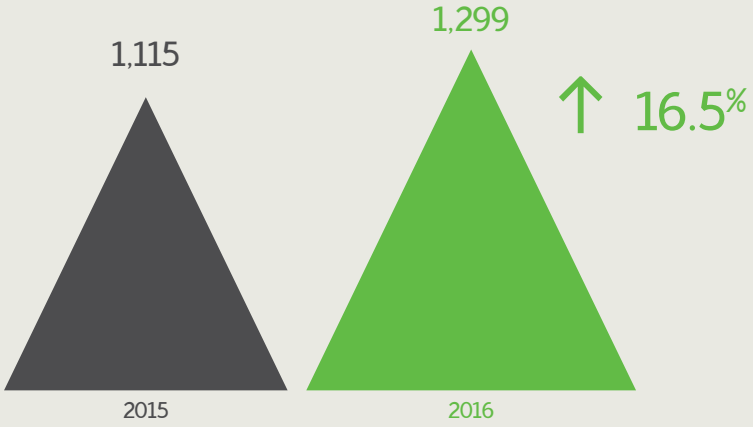
R$ 791.8 MILLION

total value added

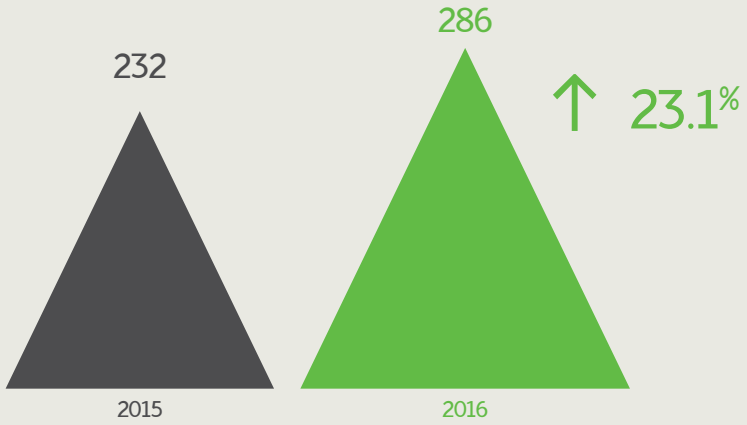
R$ **103** MILLION

Subsidies for SUS procedures

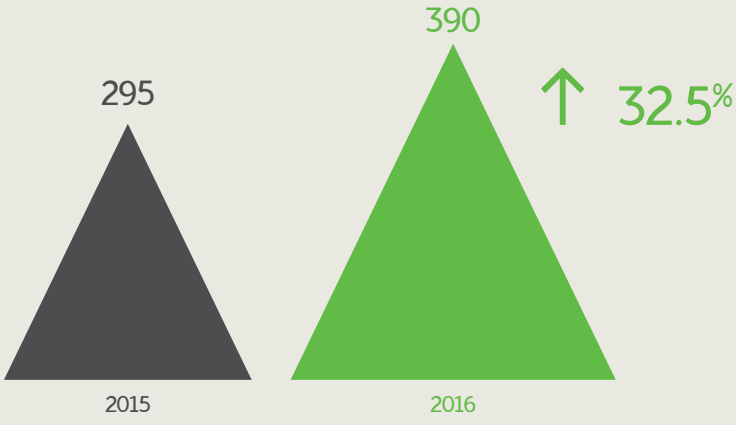
Net revenues (R$ million)



EBITDA (R$ million)



Surplus (R$ million)



↑
Supply chain
management and control

Reduction of impact

In 2016, the Committee for the Regulation of the Medicine Market (CMED) approved price increase for medicines with a maximum of 12.5%. This measure impacted more than 9 thousand medicines with government-controlled prices. In order to mitigate the very large impact on its expenses due to these price increase, the institution carried out a detailed analysis of the products affected in order to find new lower-cost alternatives.

One of the actions taken was to purchase products directly from the manufacturers. This resulted in lower inventories but also lower prices compared to purchasing from distributors with higher inventories and higher prices. The process resulted in some supply interruptions during the months of March and April of 2016, but these were quickly solved by changes in the supply chain processes.

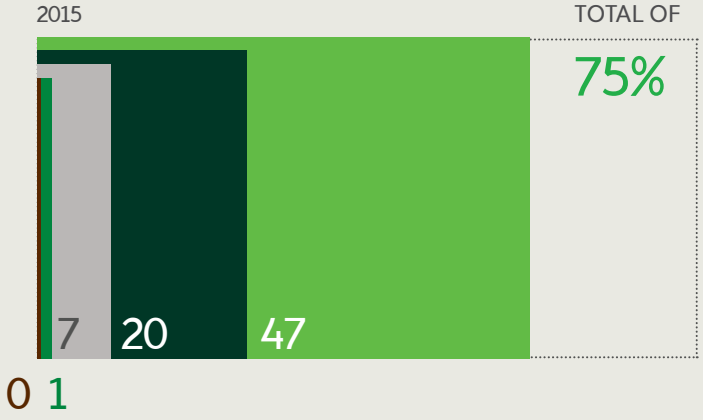
MORE THAN
R$ 1
BILLION
was the economic value distributed in 2016

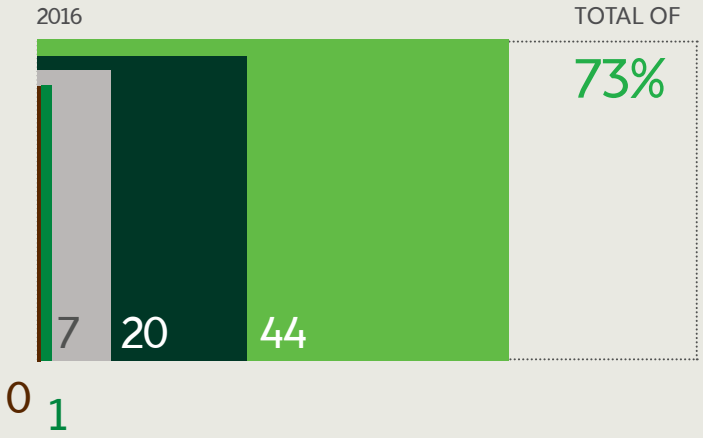
Statement of value added G4-EC1

Direct economic value generated – revenues (R$ thousand)

Economic value retained (R$ thousand) (direct economic value generated less economic value distributed)

Economic value distributed (%)





Economic value distributed (R$)

	2015	2016
Operating costs	R$ 556,754	R$ 633,346
Employee salaries and benefits	R$ 242,168	R$ 279,843
Payments to capital providers	R$ 16,123	R$ 16,439
Payments to government	R$ 1,405	R$ 1,405
Community investments	R$ 84,281	R$ 103,669
Total	**R$ 900,731**	**R$ 1,034,702**

04 About the report

← José Ivanildo Neves, biologist, PhD, conducting immunohistochemical reactions in automated diagnostic equipment

Report production process

A.C.Camargo Sustainability Report has been **prepared in accordance with the global standard** established by the Global Reporting Initiative (GRI)

G4-17, G4-18, G4-28, G4-30, G4-31, G4-32

This is the sixth time that A.C.Camargo has prepared a sustainability report in accordance with the standard established by the Global Reporting Initiative (GRI). The Sustainability Report 2016 has been prepared in accordance with the guidelines of the Comprehensive Option of the G4 version. The report also includes certain indicators proposed by the Sustainability Accounting Standards Board (SASB), a non-governmental organization that seeks to establish accounting standards for critical sustainability issues.

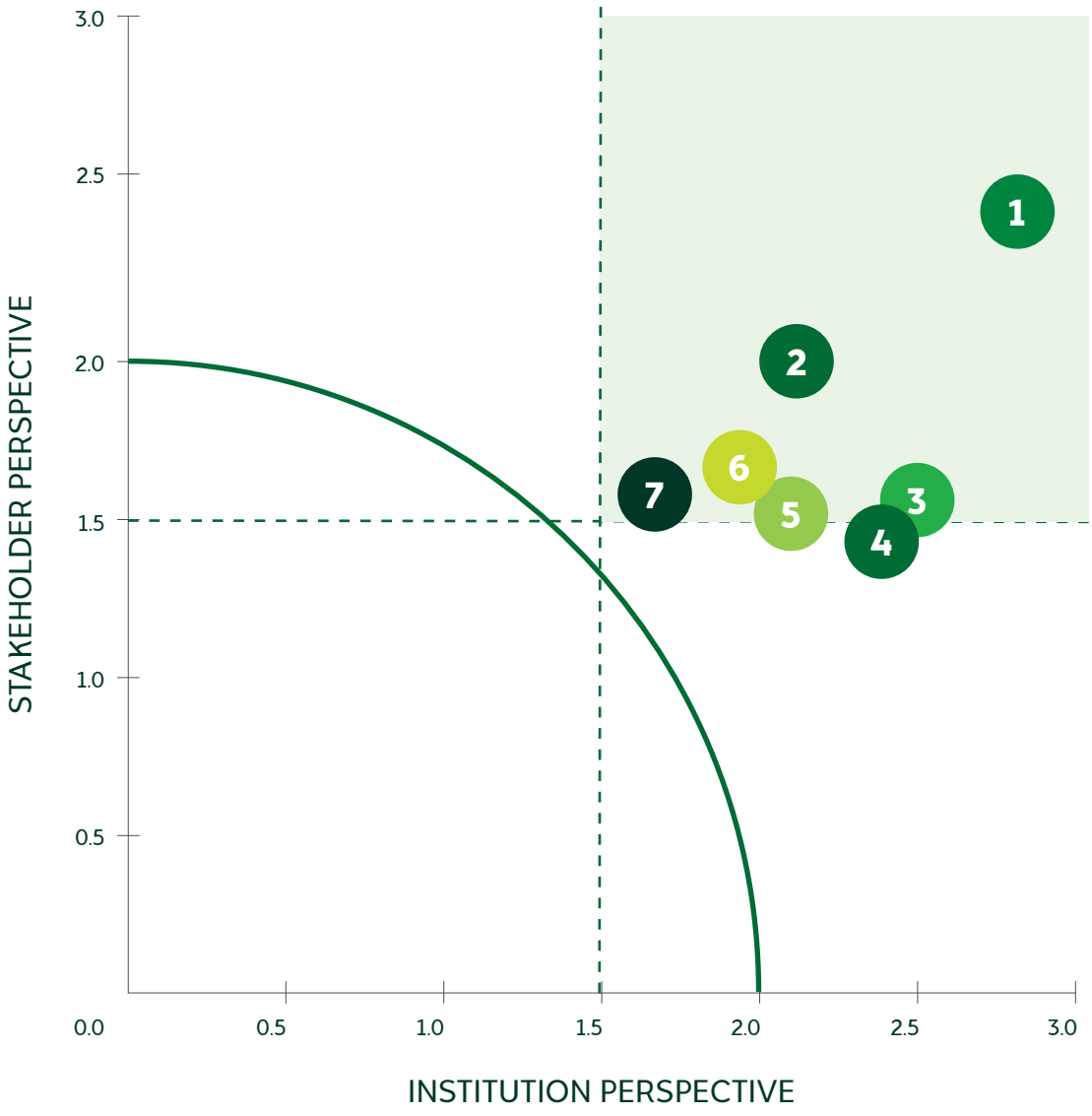
The definition of content took into consideration the commitments assumed by the institution in previous reports and its priority material issues. The indicators and report content refer to the period from January 1st to December 31st, 2016, which is the institution's annual reporting cycle.

The financial statements cover all the operating units of the Antônio Prudente Foundation. They have been prepared according to both the Brazilian accounting standard and the International Financial Reporting Standard (IFRS). They were audited by Ernest & Young independent auditors. **The GRI indicators were verified internally, with the support of outside consultants, and also by PwC independent auditors.**

Questions, criticisms and suggestions on the report content can be sent to the following e-mail: relatorio_sustentabilidade@accamargo.org.br.

Materiality matrix

A.C.Camargo Cancer Center carried out a process to identify its materiality issues in 2015 based on clinic visits with its principal stakeholder and from the perspective of its strategy. The materiality study revealed a number of critical issues which the institution should manage and communicate.



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

INSTITUTION PERSPECTIVE

Thematic areas	**Material issue** G4-19	**Stakeholders that highlighted the issue** G4-27	**Boundaries inside and outside the organization** G4-20, G4-21	**Related GRI content**
Integrated care model	Efficient use of resources	All stakeholders	**Inside:** all operations **Outside:** customers, suppliers, government, society	G4-EC1, G4-EC2, G4-EC3, G4-EC4
	Access to quality medical treatment	Officers Directors Patients	**Inside:** all operations	G4-SO1
	Assessment and development of healthcare systems	Sector institutions Competitors Operators Suppliers	**Inside:** all operations **Outside:** customers, suppliers, government, society	G4-EC7, G4-EC8, G4-SO1, G4-SO2, G4-SO6
Early diagnosis and care	Quality of patient care	Directors Officers Patients Suppliers	**Inside:** 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	Directors Employees Patients Doctors RH Managers	**Inside:** Employees and clinical staff	G4-LA1, G4-LA2, G4-LA3, G4-LA9,G4-LA10, G4-LA11
	Generation and management of cancer knowledge	Competitors Officers Patients Doctors RH Managers	**Inside:** Patient care areas, Research and Education	
Research	Research and development	Directors Officers Patients Competitors Suppliers	**Inside:** all operations **Outside:** customers, government, society	
	Generation and management of cancer knowledge	Competitors Officers Patients Doctors RH Managers	**Inside:** patient care areas, Research and Education	

GRI-G4 List of Contents

The Global Reporting Initiative (GRI) has established guidelines for the preparation and publication of sustainability reports.

The information required to meet the GRI standard includes a series of indicators that enable the institution's social, environmental and economic performance to be assessed.

Although the GRI guidelines are voluntary, many leading companies in a number of industries have adopted them.

A.C.Camargo has published this sustainability report according to the GRI standard in order to ensure transparency and credibility in its reporting.

Content Index A.C. CAMARGO CANCER CENTER

Aug 2017 Service

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Strategy and analysis	G4-1 Message from the Administration	07		
	G4-2 Description of the key impacts, risks and opportunities	07		
Organizational Profile	G4-3 Name of the organization	A.C.Camargo Cancer Center		
	G4-4 Primary brands, products and/or services	28 and 34		
	G4-5 Location of the organization's headquarters	São Paulo (SP)		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Organizational Profile	G4-6 Countries where either the organization has significant operations or that are specifically relevant to the sustainability topics covered in the report	Antônio Prudente Unit, Tamandaré Unit and the Castro Alves Unit, all located in the Liberdade District, in the city of São Paulo. International Research Center (CIPE), located in the Liberdade District, in the city of São Paulo. Outpatient Unit in Santo André, a city located in Greater São Paulo Metropolitan Region. Outpatient Unit located in the Morumbi District, in the southern area of the city of São Paulo.		
	G4-7 Nature of ownership and legal form	Private non-profit institution, maintained by the Antônio Prudente Foundation.		
	G4-8 Markets served	35, 65 and 66		
	G4-9 Scale of the organization	35		Yes, pg. 100
	G4-10 Employees by employment contract and gender UNGC	69		Yes, pg. 100
	G4-11 Percentage of employees covered by collective bargaining agreements UNGC	69 100% of employees.		
	G4-12 Description of the organization's supply chain	A.C.Camargo Cancer Center's supply chain was made up of approximately 1,200 active suppliers at year-end 2016. The supplier categories are as follows Products: hospital materials, medicines, OPME (stents, protheses, special materials and synthetics), MRO (materials for maintenance, repairs and operations), fixed assets (e.g. equipment) and consumables (e.g. medical gases, radioactive materials, nutrition). Service providers: maintenance of facilities and equipment, consultancies, projects, construction, logistics, etc. All our commercial transactions are carried out with companies located in Brazil. The total amount paid to suppliers was R$ 477 million.		
	G4-13 Significant changes in size, structure, ownership and supply chain	In 2016, there were no operational changes involving the location of A.C.Camargo Cancer Center's major suppliers. There was also no significant change in the structure of the organization's supply chain.		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Organizational Profile	G4-14 Description of how the precautionary approach or principle is addressed by the organization	A.C.Camargo uses only authorized and scientifically-proven oncological techniques and resources in its treatment of cancer.		
	G4-15 Externally developed economic environmental and social charters, principles, or other initiatives to which the organization subscribes or which it endorses	22		
	G4-16 Memberships of associations and national or international advocacy organizations	Brazilian Association of Philanthropic Institutions to Fight Cancer (a member of A.C.Camargo's administration is a member of the Statutory Board); Brazilian Society of Urology; National Association of Private Hospitals (ANAHP); Federation of Hospitals of São Paulo; National Quality Foundation (FNQ); and the Brazilian Institute of Corporate Governance. Internationally, A.C.Camargo Cancer Center works together with the International Union for Cancer Control Union (UICC) and the MD Anderson Cancer Center to fight cancer.		
Identified material aspects and boundaries	G4-17 Entities included in the organization's consolidated financial statements	85		
	G4-18 Process for defining the report content and the aspect boundaries	85		
	G4-19 List all the material aspects	87		
	G4-20 For each material aspect, report the aspect boundary inside the organization	87		
	G4-21 For each material aspect, report the aspect boundary outside the organization	87		
	G4-22 Report the effect of any restatements of information provided in previous reports	In cases where it was necessary to restate information, there are explanatory notes to the indicators.		
	G4-23 Significant changes from previous reporting periods in the scope and aspect boundaries	In cases where it was necessary to restate information, there are explanatory notes to the indicators.		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Engagement of stakeholders	G4-24 List of stakeholder groups engaged by the organization	www.accamargo.org.br/files/Arquivos/accamargo-rs2015-20161003.pdf - pg. 70		
	G4-25 Basis for identification and selection of stakeholders with whom to engage	www.accamargo.org.br/files/Arquivos/accamargo-rs2015-20161003.pdf - pg. 70		
	G4-26 The organization's approach to stakeholder engagement	59, 62 and 78		
	G4-27 Key topics and concerns that have been raised through stakeholder engagement	87		
Report profile	G4-28 Reporting period	85		
	G4-29 Date of most recent previous report	Year 2015		
	G4-30 Reporting cycle	85		
	G4-31 Contact point for questions regarding the report or its contents.	85		
	G4-32 Report the 'in accordance' option the organization has chosen and location of theGRI table of contents	85		
	G4-33 The organization's policy and current practice with regard to seeking external assurance for the report	100		
Governance	G4-34 Report the governance structure of the organization	22		
	G4-35 Process for delegating authority for economic, environmental and social topics from the highest governance body	The Board of Trustees meets at least five times a year, to establish the institution's guidelines. Its members also meet, on an ad-hoc basis, with the Statutory Board and Officers to provide guidance on the institution's strategies and accompany the business and the related social, environmental and economic issues by the regular analysis of indicators.		Yes, pg. 100
	G4-36 Executive-level position or positions with responsibility for economic, environmental and social topics	20 and 23		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Governance	G4-37 Doctor's appointment processes between stakeholders and the highest governance body on economic, environmental and social topics	Currently there is no direct external stakeholder participation in relation to these issues.		
	G4-38 Composition of the highest governance body and its committees	Board of Trustees: seven independent members without executive functions; men between 61 and 80 years old; two are doctors, two are economists, one is an engineer, one an administrator, and one a lawyer; mandates are for three years and are staged. Audit and Risk Management Committee: three members of whom one is a member of the Board of Trustees, one is external and one is independent, with recognized capacity and experience in these topics; two men and one woman, aged between 61 and 63 years old. Strategy and Governance Committee: four members (all men), of whom three are members of the Board of Trustees and one is an external member,(former member of the Board of Trustees), between 61 and 85 years old Compensation and Succession Committee: three members, of whom one is a member of the Board of Trustees and two are Directors; two men and one woman, between 61 and 78 years old. Institutional Ethics Committee: four members, of whom one is a Director, one is a Superintendent, one is the Clinical Director, and one is a senior doctor; three men and one woman. Scientific Advisory Board: five members, all international scientists with recognized ability and experience in the relevant scientific areas; three men and two women.		
	G4-39 Report whether the Chair of the highest governance body is also an executive officer	The Chairman of the Board of Trustees does not exercise any executive functions.		
	G4-40 Nomination and selection processes for the highest governance body and its committees	Members of the Board of Trustees are chosen from a list of names of proven good character through an analysis that includes academic qualifications, area of activity, experience, availability, while also considering the need for skills and knowledge related to economic, environmental and social topics.		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
	G4-41 Processes for the highest governance body to ensure conflicts of interest are avoided and managed	The Code of Conduct establishes guidelines for the expected conduct of employees to prevent conflicts of interest, prohibiting, among other questions, cross-linking relations with suppliers. Potential or actual conflicts of interest are analyzed by the Institutional Ethics Committee. The committee reports the most relevant issues to the Board of Trustees and the Audit and Risk Management Committee. Furthermore, the institution is regulated by the Curator for Foundations of the Public Prosecution Ministry of the state of São Paulo.		
	G4-42 Report the highest governance body's and senior executives' roles in the development of policies, and targets related to economic, environmental and social impacts	The Board of Trustees defines the strategies, policies and targets related to the economic, environmental and social impacts of the institution. It monitors the fulfillment of these guidelines and ensures that they are in line with the institution's purpose and values.		
	G4-43 Measures taken to develop and enhance the highest governance body's collective knowledge of economic, environmental and social topics	The Board of Trustees meets at least five times a year, to establish the institution's guidelines. Some of its members also participate in advisory committees, overseeing these issues together with the Statutory Board and Senior Management.		
	G4-44 Processes for evaluation of the highest governance body's performance with respect to governance of economic, environmental and social topics	The evaluation process for the Board of Trustees is under discussion and part of a review of the institution's corporate governance structure, initiated in 2015.		
Governance	G4-45 Role of the highest governance body in the identification and management of economic, environmental and social impacts, risks, and opportunities.	The Board of Trustees is responsible for: the definition of economic, environmental and social policies; the definition of guidelines for their implementation by the institution's Statutory Board and Senior Management, in some cases with the support of external consultants.		Yes, pg. 100
	G4-46 The Board of Trustees is responsible for: the definition of economic, environmental and social policies; the definition of guidelines for their implementation by the institution's Statutory Board and Senior Management, in some cases with the support of external consultants.	The Board of Trustees meets at least five times a year, to establish the institution's guidelines. Its members also meet, on an ad-hoc basis, with the Statutory Board and the Officers to provide guidance on the institution's strategies and accompany the business and the related social, environmental and economic issues by the regular analysis of indicators.		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Governance	G4-47 Frequency with which the highest governance body's reviews the economic, environmental and social impacts, risks, and opportunities.	The Board of Trustees meets at least five times a year, to establish the institution's guidelines. Its members also meet, on an ad-hoc basis, with the Statutory Board and the Officers to provide guidance on the institution's strategies and accompany the business and the related social, environmental and economic issues by the regular analysis of indicators.		
	G4-48 The highest committee or position that formally reviews and approves the organization's sustainability report and ensures that all material aspects are covered	Board of Trustees		
	G4-49 Process for communicating critical concerns to the highest governance body	Stakeholders have access to the institution's main governance bodies through a number of channels, including: the institution's website; social media; Employee Channel; Customer Service Center (SAC); and the Ombudsman channels for customer and Code of Conduct issues. In this latter case, suggestions, criticisms and reports of non-compliance are forwarded to Senior Management for their direct evaluation. The institution maintains regular clinic visits with certain stakeholder groups, such as the Municipal Secretary for Health, which is the the local manager of the SUS, to discuss and evaluate issues related to patient care.		
	G4-50 Nature and total number of critical concerns that were communicated to the highest governance body and the mechanism(s) used to address and resolve them	In 2016, 21 critical concerns were reported to the highest governance body. Among the topics addressed, the highlights were: the review of the institution's branding; detailing of the strategic programs for information technology, infrastructure, expansion, management of the Clinical Staff and the Cancer Center model; trends and impacts in technology and the healthcare market; and issues related to the variable compensation program.		Yes, pg. 100
	G4-51 Compensation policies for the highest governance body and senior executives and the relation with performance in achieving economic, environmental and social objectives	The Board of Trustees and the Statutory Board are composed of volunteers who do receive any form of compensation. Senior Management receives both fixed andvariable compensation. The levels of compensation are in line with market parameters and are determined with the support of a specialized external consultant. The variable compensationis linked to the delivery of predefined performance targets and are in strict compliance with current legislation.		

GENERAL STANDARD DISCLOSURES

Aspect	Description	Page/Response	Omission	External Verification
Governance	G4-52 Process for determining compensation and whether consultants are involved, independent of management, in determining compensation	The Compensation and Succession Committee and the Human Resources Executive Committee discuss issues related to compensation and people management. The process for the definition of salaries is based on a points methodology, applied with the support of external consultants. A.C.Camargo's compensation model is designed to ensure that managers and their teams are fully engaged in contributing to the achievement of the institution's strategic objectives.		
	G4-53 Report how stakeholders' views are sought and taken into account regarding compensation	The Compensation and Succession Committee and the Human Resources Executive Committee discuss matters related to compensation and people management, and decisions are taken on a consensus basis.		
	G4-54 Ratio of the annual total compensation of the highest-paid individual in each country of significant operations to the median annual total compensation for all employees	57.64 times, including salary and additional payments for insalubrity, gratuities, length of service and night shifts.		
	G4-55 Ratio of percentage increase in annual total compensation for the organization's highest-paid individual in each country of significant operations to the median percentage increase in annual total compensation for all employees	8% for the highest paid individual (annual collective agreement) and 14% for the average employee, which included increases for promotions and merit.		
Ethics and integrity	G4-56 The organization's values, principles, standards and rules of behavior	10		
	G4-57 Internal and external mechanisms for seeking advice on ethical and lawful behavior, and matters related to organizational integrity	Complaints regarding situations and behavior that violate the established rules can be reported to the Ombudsman, which was created specifically to carry out this function.		Yes, pg. 100
	G4-58 Internal and external mechanisms for reporting concerns about unethical or unlawful behavior, and matters related to organizational integrity	The institution guarantees the confidentiality of the identity and content of the reports registered through the complaints channels. The information received is used to map out the institution's vulnerable points so that preventive actions can be implemented.		Yes, pg. 100

SPECIFIC STANDARD

Aspect	Description	Page/Response	Omission	External Verification
Economic Category				
Economic performance UNGC	G4-DMA Management Approach	80		
	G4-EC1 Direct economic value generated and distributed	83		
	G4-EC2 Financial implications and other risks and opportunities due to climate change	Not applicable, since the operation is not affected by climate change and has a low emissions impact.		
	G4-EC3 Coverage of the organization's defined benefit plan obligations	71 Employees can opt for one of two forms of A.C.Camargo Cancer Center's private pension program: an income tax deductible plan (PGBL) or a cash value life insurance plan (VGBL). Both plans aim to encourage the accumulation of savings and their transformation into a future income stream. The main difference is in the income tax treatment. They are defined-contribution plans, without obligations, and the employee's monthly contribution of up to 5% of his/her salary is deducted directly in the payroll system. A.C.Camargo contributes with a monthly amount of 3% of the employee's salary. The employee may also make additional contributions to the program, either monthly or from time to time, however without any further contribution by the company. The minimum amount of such additional contribution is R$ 100.00.		
	G4-EC4 Financial assistance received from government	53		Yes, Pg. 100
Indirect economic impacts	G4-DMA Management approach	54 and 65		
	G4-EC7 Development and impact of infrastructure investments for public benefit	67		Yes, Pg. 100
	G4-EC8 Significant indirect economic impacts, including the extent of impacts	58, 61 and 67		Yes, Pg. 100
Social Category - labor practices and decent work UNGC				
Employment	G4-DMA Management Approach	68		

SPECIFIC STANDARD				
Aspect	**Description**	**Page/Response**	**Omission**	**External Verification**
Employment	G4-LA1 Total number and rates of new employee hires and employee turnover	72		
	G4-LA2 Benefits provided to full-time employees that are not provided to temporary or part-time employees	69		
	G4-LA3 Return to work and retention rates after parental leave, by gender	72		
Occupational health and safety	G4-DMA Management Approach	73		
	G4-LA5 Percentage of total workforce represented in formal health and safety committees	The institution has established two Internal Commissions for Accident Prevention (CIPAs), one in the Antônio Prudente Unit, composed of 36 members, and one in the Tamandaré Unit, with 22 members. The Morumbi and Santo André Units have employees responsible for ensuring that the CIPA objectives are met. Each CIPA is composed of members elected by the employees (50%) and members nominated by A.C.Camargo Cancer Center (50%) to represent 100% of the employees. 73		
	G4-LA6 Type of injury and rates of injury, occupational diseases and lost days	73		Yes, pg. 100
	G4-LA7 Workers with a high incidence or high risk of diseases related to their occupation	73 The main risks identified by the institution are related to ergonomics in the movement of patients, same-level falls, contamination bysharp instruments and exposure to biological-radioactive materials in the handling of drugs and equipment. However, in accordance with the principles of promoting safe and healthy behavior, in order to further minimize these risks, we have established guidelines and training for our employees on prevention practices, as well as carrying out administrative and collective and individual protection measures.		Yes, pg. 100
	G4-LA8 Health and safety topics covered in formal agreements with trade unions	These include the provision of personal protective equipment (PPE).		
Training and education	G4-DMA Management Approach	62		
	G4-LA9 Average hours of training per year per employee	63		Yes, pg. 100
	G4-LA10 Programs for skills management and lifelong learning	The institution does not have any programs for skills management and lifelong learning that support the continued employability of employees or to manage the end of their careers.		

SPECIFIC STANDARD				
Aspect	**Description**	**Page/Response**	**Omission**	**External Verification**
	G4-LA11 Percentage of employees receiving regular performance and career development reviews	99% of employees were evaluated in 2017 - the data refers to the Skills Cycle for 2016 - with the remaining 1% referring to terminations during the evaluation period.		

SPECIFIC STANDARD				
Aspect	**Description**	**Page/Response**	**Omission**	**External Verification**
Social category - human rights UNGC				
Security Practices	G4-DMA Management approach	22		
	G4-HR7 Percentage of security personnel trained in the organization's human rights policies or procedures	A.C.Camargo does not conduct training courses for security personnel, since this service is provided by a third-party company.		
Social category - society				
Local communities UNGC	G4-DMA Management approach	78		
	G4-SO1 Percentage of operations with implemented local community engagement, impact assessments, and development programs	79		Yes, pg. 100
	G4-SO2 Operations with significant actual or potential negative impacts on local communities	A.C.Camargo believes that the main negative impacts caused by its activities are on the environment. For this reason, it is always seeking to plan and develop actions that are in line with the guidelines of the ISO 14001 certification, especially in relation to the proper management and disposal of hospital waste and the conscious use of resources such as water and energy.		
Policies Public policy UNGC	G4-DMA Management approach	20		
	G4-SO6 Total value of political contributions by country and recipient/ beneficiary	A.C.Camargo Cancer Center does not make any contributions to political parties.		Yes, pg. 100
Social category - product responsibility				

SPECIFIC STANDARD

Aspect	Description	Page/Response	Omission	External Verification
Customer health and safety	G4-DMA Management approach	In compliance with the strictest quality standards defined by national and international legislation, A.C.Camargo carried out more than 300 microbiological and physicochemical analyzes in 2016 at around 110 points in its facilities. In terms of prevention, an electronic system guarantees the correct application of a sanitizing product in the institution's water tanks, which ensures that the water used and consumed by patients, employees and visitors is at the appropriate level of quality. 39, 74 and 75		
	G4-PR1 Percentage of significant product and service categories for which health and safety impacts are assessed for improvement			Yes, pg. 100
	G4-PR2 Total number of incidents of non-compliance concerning the health and safety impacts of products and services	In 2016, the Antônio Prudente Foundation paid a fine of R$ 6,367.27 related to an infringement of the legislation on accessibility.		Yes, pg. 100
Labeling of products and services	G4-DMA Management approach	42		
	G4-PR3 Type of product and service information required by the organization's procedures for product and service information and labeling	There are no requirements for information or labeling.		
	G4-PR4 Total number of incidents of non-compliance concerning product and service information and labeling	There are no requirements for information or labeling.		
	G4-PR5 Results of surveys measuring customer satisfaction	42		Yes, pg. 100

Although they are not considered to be material, the indicators G4-EN3, G4-EN8 and G4-EN23 were audited. The information for the G4-EN3 and G4-EN23 indicators is on page 75, and for G4-EN8 on page 76.

Independent auditors' limited assurance report on the sustainability information included in the Sustainability Report for 2016

G4-33

To the Board Members and Directors
Fundação Antônio Prudente
São Paulo- SP

Introduction

We were contracted by Fundação Antônio Prudente ("A.C.Camargo Cancer Center" or "Foundation") to present our limited assurance report on the compilation of the information related to sustainability included in the Sustainability Report for 2016 of A.C.Camargo Cancer Center for the year ended December 31, 2016.

Responsibilities of the Foundation's management

The management of A.C.Camargo Cancer Center is responsible for the preparation and fair presentation of the information included in the Sustainability Report for 2016 in accordance with the guidelines of the Global Reporting Initiative (GRI-G4) and for such internal control as management determines is necessary to enable the preparation of information free from material misstatement, whether due to fraud or error.

Independent auditors' responsibility

Our responsibility is to express a conclusion on the information included in the Sustainability Report for 2016, based on our limited assurance engagement carried out in accordance with the Technical Communication CTO 01, "Issuance of an Assurance Report related to Sustainability and Social Responsibility", issued by the Brazilian Federal Accounting Council (CFC), based on the Brazilian standard NBC TO 3000, "Assurance Engagements Other than Audit and Review", also issued by the CFC, which is equivalent to the international standard ISAE 3000, "Assurance engagements other than audits or reviews of historical financial information", issued by the International Auditing and Assurance Standards Board (IAASB). Those standards require that we comply with ethical requirements, including independence requirements, and perform our engagement to obtain limited assurance that the information included in the Sustainability Report for 2016, taken as a whole, is free from material misstatement.

A limited assurance engagement conducted in accordance with the Brazilian standard NBC TO 3000 and ISAE 3000 mainly consists of making inquiries of management and other professionals of the entity involved in the preparation of the information, as well as applying analytical procedures to obtain evidence that allows us to issue a limited assurance conclusion on the information taken as a whole. A limited assurance engagement also requires the performance of additional procedures when the independent

auditor becomes aware of matters that lead him to believe that the information taken as a whole might present significant misstatements.

The procedures selected were based on our understanding of the aspects related to the compilation and presentation of the information included in the Sustainability Report for 2016, other circumstances of the engagement, and our analysis of the areas in which significant misstatements might exist. The following procedures were adopted:

(a) planning the work, taking into consideration the materiality and the volume of quantitative and qualitative information and the operating and internal control systems that were used to prepare the information included in the Sustainability Report for 2016 of A.C.Camargo Cancer Center;

(b) understanding the calculation methodology and the procedures adopted for the compilation of indicators through interviews with the managers responsible for the preparation of the information;

(c) applying analytical procedures to quantitative information and making inquiries regarding the qualitative information and its correlation with the indicators disclosed in the information included in the Sustainability Report for 2016;

(d) comparing the financial indicators with the financial statements and/or accounting records.

The limited assurance engagement also included tests to assess compliance with the guidelines of the Global Initiative Report (GRI-G4) applied in the compilation of the information related to sustainability included in the Sustainability Report for 2016.

We believe that the evidence we obtained is sufficient and appropriate to provide a basis for our limited assurance conclusion.

Scope and limitations

The procedures applied in a limited assurance engagement are substantially less detailed than those applied in a reasonable assurance engagement, the objective of which is the issuance of an opinion on the information included in the Sustainability Report for 2016. Consequently, we were not able to obtain reasonable assurance that we would become aware of all significant matters that might be identified in an assurance engagement, the objective of which is the issue of an opinion. If we had performed an engagement with the objective of issuing an opinion, we might have identified other matters and possible misstatements in the information included in the Sustainability Report for 2016. Therefore, we do not express an opinion on this information.

Non-financial data is subject to more inherent limitations than financial data, due to the nature and diversity of the methods used to determine, calculate and estimate these data. Qualitative interpretations of the relevance, materiality, and accuracy of the data are subject to individual assumptions and judgments. Furthermore, we did not consider in our engagement the data reported for prior periods, nor future projections and goals.

Conclusion

Based on the procedures performed, described herein, no matter has come to our attention that causes us to believe that the information included in the Sustainability Report for 2016 of Fundação Antônio Prudente has not been compiled, in all material respects, in accordance with the guidelines of the Global Reporting Initiative (GRI-G4).

São Paulo, August 10, 2017

PricewaterhouseCoopers
Contadores Públicos Ltda
CRC 2SP023173/O-4

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

Appendices

Highlights in scientific research

Articles coordinated by A.C.Camargo Cancer Center

Rare tumors - personalized response to treatment and prediction of mortality risk

Rare tumors, such as small cell desmoplastic tumors affecting young adults or adolescents, are poorly understood at the molecular level and therefore have few therapeutic and monitoring possibilities in relation to the response to the available treatments.

This study identified a number of changes in the DNA of the affected patient which makes it possible to conduct future studies for the development of new drugs.

Of particular usefulness in the investigation, was the use of liquid biopsy, to evaluate, regularly and in a personalized way, one of the molecular alterations encountered in order to monitor the patient's response to the treatment. Ferreira et al., Hum Genomics. 2016 Nov 18;10(1):36.

Although penile tumors are rare an increased incidence has been observed in Brazil and particularly in some regions, such as the Northeast. The results showed that differentiation markers, called the epithelial-mesenchymal transition, could beused to predict a higher mortality risk, in general or associated with cancer, in these patients. This predictive capacity could support differences in the therapeutic approach for these patients with the aim of increasing their survival times. Cunha et al., Urologic oncology: Seminars and original investigations 2016 oct;34(10): 433.e19-26. doi: 10.1016/j.urolonc.2016.05.015

Colorectal tumors - the importance of microbiota

Colon and rectum tumors have a high incidence in the population. They represent different entities and should be treated as such. The microbiota (collection of microorganisms) present in the intestine is being widely studied since it may interfere positively or negatively in the tumor process. In this project, the bacteria present in the tumor micro-environment were studied, that is, those in the tumor itself. The findings showed an increase in the variety and diversity of bacteria in the rectum tumors. For the first time, evidence was presented that suggests the possible involvement of bacteria such as *B. fragilis* and *Phylum Parcubacteria* in rectum tumors. These results may promote the development of interventions to regulate or control the presence of these bacterial types in the intestine in order to decrease the risks of the tumor process or even to improve its response to treatment. Thomas et al., Front Cell Infect Microbiol. 2016 dec 9;6:179. doi: 10.3389/fcimb.2016.00179.

Circulating tumor cells - markers of resistance to therapy

Circulating tumor cells (CtCs) leave the tumors and circulate in the blood thus having a direct involvement in tumor biology and in the formation of metastases. They are still an important component in the identification of the response to treatment and tumor progression since they can be measured and evaluated in the blood, through an approach called liquid biopsy. In this study, CtCs from patients with colorectal tumors

were used to evaluate the presence of three proteins, MrP1/2 and erCC1, that confer resistance to irinotecan and platinum compounds, which are the chemotherapeutics used in the treatment of these tumors. The presence of MrP1/2 in CtCs was shown to be a potential bio-marker of treatment resistance and needs to be validated in a larger group of patients. If the approach is validated, it may be used for the monitoring of patients with metastatic colorectal tumors in order to ensure that the treatment is changed as soon as resistance to therapy is detected. Abdallah et al., Int J Cancer. 2016;139(4):890-8. doi: 10.1002/ijc.30082.

Ovarian tumors - approach in the treatment of recurrent relapses

Ovarian tumors are generally very aggressive and often relapse occur after treatment, with chemotherapy being the standard therapeutic approach. However, the cytoreduction, a surgical approach that reduces the tumor mass disseminated in the abdomen, followed by hyperthermic intraperitoneal chemotherapy has been proposed in patients with recurrent tumors. In this study 50 patients who underwent secondary cytoreduction and who received intra-abdominal chemotherapy were compared to 29 who received this treatment in combination with hyperthermia. The results showed that the addition of hyperthermia to the cytoreduction did not increase the survival time of patients with recurrent ovarian tumors and who were sensitive to the chemotherapeutic agent cisplatima. This data pointed to a new therapeutic behavior to be applied after verification by research centers. Baiocchi et al., ann Surg oncol. 2016apr;23(4):1294-301. doi: 10.1245/s10434-015-4991-4

Gastric tumors - when to use non-curative surgery to improve quality of life

Patients with incurable gastric tumors can undergo surgery to improve survival times and quality of life. However, the occurrence of morbidity and the application of more efficient chemotherapy regimens have raised the question as to which patients would benefit from this type of approach. The mean survival time of the studied group was about 10 months, but the determination of a prognostic score showed that for the lower age group in the patients, the total resection and the inclusion of chemotherapy increased this time to 20 months. Therefore, non-curative surgery may be considered in patients with gastric tumors provided they have a low degree of morbidity or are accompanied by chemotherapy. Coimbra et al., ann Surg oncol. 2016 apr;23(4):1212-9.

Exosomos - future research

The identification of mechanisms related to the functioning of cells can lead to the acquisition of knowledge that can be used in future cancer treatments. Exosomes, which are vesicles released by tumor cells, can interfere with the immune response, preventing the recognition of the tumor, or increasing the ability of the tumor cells to leave the primary tumor and reach a target organ thus triggering metastasis. In this study a mechanism was identified by which it was possible to inhibit the secretion of exosomes by these cells. It represents the first step in enabling the exploration of how this finding may be translatable to tumor cells and, possibly, in the future, be applied to prevent them from being released by tumor cells and ceasing to block the immune system or promote the formation of metastases. Dias et al., Autophagy 2016 Nov; 12 (11): 2113-2128.

Head and Neck - quality of medical practice at a Cancer Center

Quality assessment is the most important tool to measure the delivery of a good healthcare service. MD Anderson, one of the largest cancer treatment centers in the world, has published indicators for quality standards in patient care. These indicators were used to compare performance in low and high complexity stratified procedures in 360 head and neck surgeries conducted at A.C.Camargo Cancer Center. The results showed that the performance indicators were comparatively lower in patients with any co-morbidity. On the other hand, in low complexity procedures, all the indicators measured at A.C.Camargo Cancer Center were similar to those at MD Anderson and even in the case of high complexity procedures, indicators such as local infection and length of hospital stay were better than those established by that North-american institution. Therefore, this showed that the evaluation and comparison of indicators is a good practice to be followed and that this activity improves delivery efficiencyin the healthcare sector. Lira et al., Head Neck. 2016 38(7):1002-7.

Robotic head and neck surgeries - institutional experience

There is an increasing search for improvement in anesthetic and functional outcomes without compromising oncologic efficiency in head and

neck surgeries. In this context, robot-assisted endoscopic surgeries enable the development of new approaches to neck surgery, including retroauricular access, which is particularly used by cancer treatment centers in South Korea. In this study, a descriptive analysis of the experience of the Department of Head and Neck Surgery with the retroauricular approach assisted by endoscopy was performed, regarding its feasibility, safety and anesthetic results. Of the 18 patients included in the study, no local complications, surgical accidents or the need for conversion to conventional (open) procedures were observed. Therefore, the initial experience demonstrated that the approach is feasible, safe and efficient in oncological terms and that it applied in selected cases with a clear aesthetic benefit. Lira et al., int arch otorhinolaryngol 2016 apr; 20(2):138- 44. doi: 10.1055/s-0036-1578807

Determination of the optimum parameters in the planning of brachytherapy in the adjuvant treatment of endometrial tumors

There is still no consensus as to the use of computer tomography for the therapeutic planning of brachytherapy in the vagina after surgery for gynecological cancer. This study evaluated the reproducibility of the calculation points for the dose received in the bladder and the maximum dose and compared them with volumetric analysis. Twenty-two patients were treated with high dose rate brachytherapy with a Foley catheter inserted in the bladder and two traction points.

The results showed that the voltage did not influence the volumetric parameters. Therefore, changes should be introduced in the planning of these tumors. Lucas Gomes Sapienza, Flosi A, Aiza A, Assis Pellizzon AC, Chojniak R, Baiocchi G. Sci rep. 2016 Jun 14; 6:28074. doi: 10.1038/srep28074

National and international cooperation for the benefit of patients

Pediatric tumors - Results of the protocol established by the Brazilian Cooperative Group for Oncology Pediatrics

This study describes the main results of a therapeutic approach (GCt-99 study) performed in Brazil on germ cell tumors (which affect the cells that give rise to the eggs and spermatozoa). From May 1999 to October 2009, 579 participants were enrolled in the study and the treatment, which was established with a specific chemotherapy regimen and number of cycles, was performed by attributing a risk groupat the time of diagnosis, considering the stage and site of the primary tumor. Patients with a low level of risk did not receive chemotherapy and those with intermediate and high levels of risk underwent staged cycles as well as the combination of chemotherapeutics. The results showed that the reduction of therapy to two drugs did not compromise the survival outcomes for patients in the intermediate risk level group and with a good response, however, the change in therapeutic composition did not significantly improve survival outcomes in patients at high risk levels. The study pointed to the importance of staging the therapy in young patients with a lower level of risk to avoid lesions caused by the toxicity of these drugs and which will manifest themselves in adulthood for the cancer survivors. Lopes et al., J Clin Oncol. 2016 Feb 20;34(6):603-10. doi: 10.1200/JCo.2014.59.142

Hereditary tumors - discoveries of new DNA changes associated with the Li-Fraumeni syndrome

Patients with Li-Fraumeni syndrome have mutations in the tP53 gene, which leads to greater susceptibility to several tumors types. A large-scale genome analysis of patients who do not have mutations in this gene, but have the clinical characteristics of the syndrome, was conducted in a cooperative effort together with international groups, specifically the University of Toronto, Canada and the National Cancer Institute, United States, and with the participation of A.C.Camargo. The study evaluated another chemical alteration in DNA called methylation, that could contribute to the appearance of tumors and responses because they do not have a TP53 mutation. Specific methylation changes were identified in regions of the DNA that could promote the same mutation effect in TP53. In particular a differential methylation was observed in the locus of microRNA miR-34A, which was inactivated in several tumors of patients with the syndrome. This alteration was also linked to a worse prognosis with a decreased overall survival time. These findings were very important in enabling these patients to be traced and monitored so that the detection of tumors would always occur as early as possible. Samuel et al., J Clin Oncol.2016; 34:3697-3704.

Brazil and precision medicine in oncology

Precision medicine today is considered the best approach for cancer treatment because it can result in substantial improvements in the survival times of cancer patients. This resulted from increased knowledge about the molecular pathology of tumors, combined with the emergence of new drugs associated with advanced diagnostic technologies. The genetic classification of tumors, based on the identification of specific gene mutations, may indicate different types of treatment, for example. To enable the national healthcare service to offer this type of treatment it will be necessary to implement strategies to overcome obstacles in a very complex national healthcare service in an emerging country such as Brazil. A group of experts, including representatives from A.C.Camargo, met at a scientific event to discuss the challenges of implementing precision medicine. Difficulties in regulation, lack of human and technical resources and complexities of the health system were identified as the main obstacles. A possible pathway proposed at this meeting would depend on active cooperation between clinical experts, private health organizations and government. It is possible and feasible, despite economic and political problems, for Brazil to quickly emerge as a model for other Latin American countries. Ferreira et al., Lancet oncol 2016; 17: and 363-70.

Head and Neck - Comprehensive international cooperative studies involving surgical, clinical, molecular and epidemiological studies

The staging of oral squamous cell carcinoma has clinical utility and the importance of the current classification of the disease in the less or more advanced stages (N1 and N2a) needs to be reviewed. A multi-center study, with the participation of A.C.Camargo, was performed with more than 700 patients diagnosed with these types of disease in a number of countries in Europe, Asia, Oceania, the United States and Brazil.

The conditions evaluated were the progression of the local disease and progression-free and overall survival. The statistical analysis showed no differences between the stages N1 and N2a, indicating that the prognosis between the stages is, in fact, similar. This study suggested that the classification of squamous cell carcinoma based on theaffected lymph nodes should be reviewed in order to improve diagnostic accuracy and patient benefits. Ebrahimi et al., Head Neck. 2016 Jan;38(1):135-9. doi: 10.1002/hed.23871.

A large-scale genomic study to identify genomic changes associated with oral cavity and pharyngeal cancer was conducted in Europe. The study received samples from several centers throughout the world, including A.C.Camargo. A total of 6,034 cases and 6,585 controls were studied. A total of eight alterations associated with cancer were found of which seven had not previously been published. The associations of oropharyngeal cancer were related to the human leukocyte antigen (HLA) region, which in turn showed a protective association with some specific haplotypes. The stratified analysis of a subgroup of oropharyngeal cancer cases with information available on the presence of human papillomavirus (HPV) indicated that this association was considerably stronger in HPV positive patients. The identification of these associations provides an increase in the molecular knowledge of the disease and in information that can be used to develop new drugs/treatments for these tumors. Lesseur C, et al., Nat Genet. 2016 dec;48(12):1544-1550. doi: 10.1038/ng.3685.

Age is a crucial factor in the prognosis of patients with thyroid tumors. Currently, the age of 45 years is used to stage patients with this type of tumor. However, studies suggest that the average age of patients with the disease is increasing. With the aim of improving the classification criteria, a multi-center study was conducted with more than 9 thousand patients from 10 institutions in Brazil, including A.C.Camargo, and the United States and Australia. The information on tumor size, presence of affected lymph nodes and metastasis was pooled and used to calculate survival times free from the disease using the ages of 45 and 55 years. The comparative analysis between the two groups showed that adopting the age of 55 years for staging improves the distribution of patient outcomes in Stages I to IV. This suggests that this change could affect thousands of patients around the world, preventing the "over-staging" of low-risk patients and providing a more accurate prognostic estimate for those patients who remain in the high-risk group. Nixon et al., Thyroid. 2016 Mar;26(3):373-80. doi: 10.1089/thy.2015.0315

The paradigm of the surgical approach to block tumor resection without violating neoplastic tissue has been challenged by new treatments in head and neck cancer. An analysis of treatment results involving fragmented but systematized removal of sinonasal, laryngeal, oropharyngeal, and hypopharyngeal cancers showed that this type of resection did not compromise tumor control. The logic for the evolution towards the use of this technique was outlined in this review article that counted on the participation of cancer centers in the United States, Spain, Italy, the Netherlands, UK and Japan, as well as A.C.Camargo's Department of Head and Neck Surgery. The article pointed out that although complete ideal resection with tumor-free margins continued to be a key element in surgical oncology, perhaps it was time to recognize that the fragmented removal of the tumor could be considered in specific situations. Robbins et al., JaMa Otolaryngol Head Neck Surg. 2016 oct 1;142(10):1010-1013. doi: 10.1001/jamaoto.2016.1826

Poor oral hygiene has been proposed as a factor contributing to the risk of head and neck cancer, although the causality of some indicators is uncertain. This study investigated the relationship of five indicators of oral hygiene with the incidence of HNC. Ananalysis of the data on 8,925 cases of these tumors and 12,527 controls extracted from 13 studies that participated in the International Head and Neck Cancer Epidemiology Consortium (INHaNCe) was carried out. Comparable data on good oral hygiene indicators was harmonized. The associations showed that the loss of fewer teeth, an annual dental examination, daily brushing and the absence of gingival disease were associated with a lower risk of developing these tumors. On the other hand, there was no association with the use of dental prostheses. The authors, including A.C.Camargo's epidemiology group, concluded that good oral hygiene may reduce the risk of head and neck tumors. Hashim et al., International Head and Neck Cancer Epidemiology Consortium (INHANCE). Ann oncol. 2016 aug;27(8):1619-25. doi: 10.1093/annonc/mdw22

Breast tumors - theranostic approach for a very rare and aggressive tumor type

Inflammatory breast cancer (IBC) is extremely aggressive and there are few therapeutic options. In this study, carried out in cooperation with the

group of Wady Arap and Renata Pasqualini-Arap at the Cancer Center of the University of New Mexico, United States, a "theranthostic" approach was developed, that was, at the same time, diagnostic and therapeutic for this type of tumor. It was observed that a fragment of the GrP78 protein, when placed on the surface of an artificially-produced virus or antibody molecule, it was capable of binding to the cells of inflammatory breast tumors. These viruses were isolated and manipulated so they contained an enzyme that had two activities, namely: the first was to promote the modification of a compound called [124i] - FiaU that was retained within the cell and could be detected by tomography; the second was to generate a toxic compound that would kill the tumor cell.

Therefore, with this approach, both a greater diagnostic capacity and a treatment with greater specificity for tumor cells were achieved. The model will be further explored in new clinical studies so that its future use can be made possible in patients with this type of tumor. Dobroff et al., Proc Natl Acad Sci Sci. 2016 113(45):12780–12785. doi: 10.1073/pnas.1615288113.

Prostate tumors - therapeutic option for patients resistant to hormonal castration

Prostate cancer is one of the most prevalent tumor types in the global population. Patients whose local or distance relapse is observed, are subjected to androgen deprivation therapy, called hormonal castration. However, most of these patients show disease progression after 18-24 months. This clinical study compared the efficacy and tolerance of taxane-based and non-taxane-based chemotherapy in castration-resistant prostate cancer. The study enrolled 333 patients over 70 years old. The results pointed to an increase in overall survival time and disease-free survival time in taxane-based therapies. The study suggested that taxane-based first-line therapies should benefit elderly patients with castration-resistant prostate cancer. Droz et al., Urol oncol. 2016 May; 34(5): 234.e21-9. doi: 10.1016/j.urolonc.2015.12.005.

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