



A.C. Camargo Cancer Center



**SUSTAINABILITY
REPORT
2017**

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Overview

A.C. Camargo Cancer Center is internationally recognized as a freestanding cancer center. Since 1953 we provide diagnosis and treatment for cancer patients and develop basic science, translational research and education in oncology.

Constituted under Antonio Prudente Foundation, is renowned as a benchmark for social responsibility, governance and sustainable practices.

The Sustainability Report describes the institution's strategy and value creation in 2017 and was produced in accordance with the Global Reporting Initiative (GRI)'s G4 version guidelines.

The report followed the International Integrated Reporting Council (IIRC) guidelines and is referred to the United Nations Global Compact (UNGC) principles and the United Nations Sustainable Development Goals (SDGs).

Administration's Stakeholder Letter G4-1, G4-2

Inspired by history and the institution's leaders for more than six decades, we recognize an outstanding legacy from several generations, who dedicated their lives to fight cancer for the benefit of thousands of patients, oncology professionals and science.

Our mission is to continuously position ourselves as a reference of excellence in cancer treatment in Brazil, collaborate with world's initiatives in cancer control and research, and disseminate knowledge on cancer prevention.

From challenges of the health care and cancer care fields to the advancements brought by science and technology, we continuously seek long-term sustainable value creation while improving treatment' cost-efficacy, evidence-based care and patient-centered services.

Following the strategic planning of 2015-2020, our main goal has been to consolidate the cancer center model in AC Camargo, and to serve as a model for other institutions in our country. Twelve complementary programs were set up, regarding infrastructure, technology innovation and science, people development, education and reference centers integration.

The year of 2017 was also marked by political and economic instability, postponing health care economic recovery and the reducing the number of private health plans beneficiaries, pressuring even more financial models due to increasing costs of care services.

Ageing population, lifestyle behaviors and innovation adoption are key elements of rising costs. The use of resources in a cancer center follows a cost-effectiveness approach, a premise which combines the right resource for the right case, a science-based and integrated pathway and a personalized line of care. **International reference centers, operating as comprehensive cancer center models, are succeeding to meet those challenges, delivering at the same time superior survivorship rates and cost-effectiveness of treatment.**

Despite the unfavorable economic scenario, we maintained structuring of operational processes, investments in science and education, people development, technology systems, infrastructure, new equipments and innovation.

The first Reference Center for Breast Cancer project was concluded delivering patients

personalized, more efficient, clinical integrated experience. New reference centers, for gynecologic cancer and for melanoma and skin cancer shall soon be available to patients.

Tumor board practices and processes are already in continuous improvement and have discussed more than two thousand cases within the year. After six years, the Immunotherapy line of care has attended more than 350 patients, developed by specialized staff. It was established a basic research team of Immuno-oncology, and directed investments in technology to expand knowledge on this promising treatment option for patients.

In 2017, more than **131 thousand patients** were treated, covered by Private Healthcare plans as well as by the Brazilian National Healthcare System (SUS). We carried out **more than 3.8 million outpatient procedures, 27 thousand inpatient admissions, 36 thousand infusion sessions, 51 thousand radiotherapy sessions and 23 thousand surgeries,** mostly high complexity cases.

Patient satisfaction index reached 96.5% in private, and 97.9% in SUS patients, their comments contributing to constant improvement efforts. The Patient-centered Program has mapped out the complete patient's journey during the line of care. Its goal was to better understand the needs and current service experience, from diagnosis to rehabilitation. Critical points were tackled, point of departure of a culture to be harvested and spread out. **Patient access service implementation has started, and a one-stop call center is now offered for all patients. Nursing navigators provides orientation and integrating services steps throughout patient line of care.** Patients from the Reference Center for Breast Cancer and Immunotherapy Center are already supported.

The investments on people development **program also expanded to medical staff and multidisciplinary teams.** The incentives were based on professional experience and expertise, education activities, research outcomes and quality KPI's. Nursing staff also received additional focus on career development pathway, aiming at excellence of standard of care. During 2017 **we achieved an average of 50 hours of training and education per employee.**

Education, training and research also have been enhanced, enabling us to achieve excellence and

to stimulate, generate and disseminate cutting-edge knowledge to fight cancer. New studies, clinical trials and research fundraised by the institution as well as by external collaboration funds, such as public and private grants, national and international agencies also belong to the institution's agenda. **More than R\$ 22 million were invested in research by the Foundation last year.** 180 new scientific papers were accepted and published by international journals.

The medical and multidisciplinary residencies graduated 117 specialists along the year, benefiting Brazilian and international institutions with high qualified professionals, disseminating best practices. 77 professionals were certified in master, doctorate and post-doctorate Oncology programs. Thereby contributing to the transference of knowledge and treatment advancements, in collaboration with international and national institutions.

A.C.Camargo is the main reference source for Oncology in the country, contributed to more than 3,400 general press articles, reaching around 370 thousand social network followers. More than 3.8 thousand people enrolled in the 7th annual edition "Running and Walking for Health and Cancer Prevention" sports event.

We established new formats of payment schemes for services' reimbursement, finding solutions for the healthcare market, continuously improving our philanthropy model.

Reinforcing the commitment as a reference institution in oncology, A.C.Camargo contributes beyond its boundaries and in the long-term through the sustainability platform, for 2017, with objectives, indicators and projects aligned to our activities in the fields of people, environment, value chain and funding the future.

Net revenues reached R\$ 1.3 billion, an 1,1% increase from previous year, despite the adverse macroeconomic scenario. **EBITDA margin was R\$ 229.4 million.** Total value added amounted to R\$ 744.5 million.

As a foundation, our commitment is to invest returns on better and effective care, increase access to more patients and increase quality. Infrastructure improvements and expansion, in technology, innovation, targeting leverage service care for patients with sustainability. Several critical infrastructure projects were realized, such as

new bone marrow transplant sector and the new energy substation. Other have started, as new information systems platforms, new surgical and radiotherapy equipments, operational processes redesign as well.

In 2018, new Pires da Mota outpatient facility will add complementary infrastructure capacity to expand services for supporting diagnostic, treatment and rehabilitation to breast, gynecologic and skin cancer patients. Investments were up to R\$ 120 million. Although this integrated care organized by reference centers and outpatient movement represents an innovation in Brazil, it is already consolidated in cancer centers around the world. This initiative will advance, in coming years, to the remaining reference centers: genitourinary, gastrointestinal, head & neck, thoracic, sarcoma, hematological, brain and pediatric cancer.

Nevertheless, all advancements could only be achieved due to stakeholders' confidence in our work and to the dedication, to which we are extremely grateful, of all: employees, scientists, medical and clinical staff, multidisciplinary teams, volunteer staff, business partners, suppliers, donors, members of the Statutory Board and Board of Trustees, patients and the civil society. We thank you.

May we keep contributing to this legacy in 2018, wishing you find this report informative.



José Ermírio de Moraes Neto, Chairman of the Board of Trustees, **Vivien Rosso**, CEO, and **José Hermilio Curado**, President of the Statutory Board

Highlights from 2017

SOCIAL CAPITAL

+ Attended more than

131
thousand
patients

Breast Cancer Reference Center

Consolidation of the Breast Cancer Reference Center, with an integrated and multidisciplinary patient care

376,930

Outpatient visits

310,733

Imaging tests

27,157

Inpatient
admissions

101,961

chemotherapy
sessions

22,976

surgeries*

51,167

radiotherapy
sessions

60.8%

of outpatient attendances were for patients covered by the public Unified Health System (SUS), including consultations, diagnostic examinations, outpatient surgeries, chemotherapy and radiotherapy sessions

479
robotic
surgeries
were carried
out

* Surgical Center, Outpatient Surgical Center and Hemodynamics.

—
Nurse Jéssica Azevedo Reis, from the Immunotherapy Center, attends a patient undergoing treatment



Immunology and Immunotherapy Group

More than 350 patients treated since 2011 from basic science up to translational research, established first integrated group in Brazil.

more than
+23

National and international cooperation agreements, of which **nine** were established in 2017

77

graduate students completed their stricto sensu training courses in 2017

30 PhD students
41 Master students
6 Post-doctorate students sensu stricto
graduate courses rated **grade 5** by CAPES

Residency, advanced programs in Oncology

117 specialists were trained

182 published articles in international indexed scientific journals

Congress: Next Frontiers to Cure Cancer

Organized an international congress on Research and Innovation in Oncology, with:

1,226 participants
150 articles presented
21 speakers from
10 international institutions
97 speakers from
55 Brazilian institutions

New topics addressed, included: oncological cardiology, fertility preservation, immunotherapy, care integration, late effects and epidemiology of cancer

Scientific Conference on Oncology Pathology

SOFT AND BONE TISSUES
450 participants
11 speakers, of whom
6 were from international institutions

SKIN
219 participants
15 speakers, of whom
7 were from international institutions

R\$ **1.3** billion
in net revenues
in 2017

R\$ **229.4**
million
of EBITDA margin

4,796
participants in
corporate programs

55
hours average
of training per
employee in 2017

Organizational Culture Survey

96%
of employees
acknowledged
and adherence to
institution's values
(Patient-centered Care,
Knowledge, Sustainability,
Innovation, Resolution,
Humanity and Ethics).

5.5%
Reduction in the
energy consumption

2%
Reduction in water
consumption

Sustainability Platform

Creation of this platform was approved in 2017. It will define the priority themes, objectives and long-term plans for addressing social and environmental topics.

Institutional Profile

The A.C. Camargo Cancer Center is a private, non-profit institution, whose legal name is the Antônio Prudente Foundation. The A.C. Camargo Cancer Center is an international reference in oncology and one of the most important specialized and integrated centers for cancer diagnosis, treatment, education and research, worldwide. The institution provides integrated, highly complex, humanized and patient-centered care at all stages of the disease, from diagnosis to rehabilitation. It is certified by the Brazilian Ministry of Health as a Social Assistance Charitable Entity (Cebas-Saúde) and it attends patients from both the private and public (National Health System (SUS)) healthcare systems. It provides an integrated cycle of patient care that covers all stages from diagnosis, to treatment and rehabilitation. Furthermore, it complements this core mission by generating and disseminating the knowledge acquired in its activities. G4-3, G4-4

The institution's origins date back to 1934, when Professor Antônio Cândido de Camargo founded the Associação Paulista de Combate ao Câncer (APCC) (Paulista Association for the Fight against Cancer). The inspiration for this initiative came from the surgeon Antônio Prudente and his wife, journalist Carmem, who mobilized society to build the first hospital in Brazil dedicated to the treatment and education

of cancer. In 1973, the APCC was renamed as the Antônio Prudente Foundation and is now referred to as the A.C. Camargo Cancer Center. It continues to have its head office in the city of São Paulo (SP). G4-5

At the A.C. Camargo Cancer Center, doctors and scientists work together to develop research that will be used in applications in oncology in the future. This results in the best therapeutic alternatives and, consequently, to increased patient rates survival. It has established the most important private cancer research center in Brazil. The Education Area has also achieved the position of being the main institution for training specialists, residents, masters and doctors in oncology in Brazil. It shares and disseminates the knowledge acquired and acts for the benefit of society as a whole in the fight against cancer.

Eduardo Giroud, Master and Head of Anesthesiology, Pedro Medeiros, MD and ICU member, and Felipe Coimbra, Master and Head of Abdominal Surgery, discussing a case in the ICU.



Complete infrastructure to fight cancer
diagnosis, treatment, education and research

4,308
employees

742
clinical and
multidisciplinary staff

16
scientists and
researchers

151
new entrants
in the medical and
multidisciplinary
residencies and in
the specialist
advancement
programs

197
graduate students

Awards from 2017

Valor Inovação Brasil Award

The A.C. Camargo Cancer Center was elected one of the 150 most innovative companies, gaining 4th place in the category for Medical Services, awarded by the Valor Econômico newspaper.

Exame Magazine's Biggest and Best Awards

Included in the list of the largest companies in Brazil in the ranking prepared by the Exame magazine, published by Editora Abril.

Exame Magazine's Women in Leadership Awards

Included in a select group of 12 companies rated as the best in the sector in this category, based on a questionnaire responded by 90 companies on 71 topics.

Estadão Awards for the Leading Companies in 2017

Organized by the Grupo Estado, the Estadão Awards highlighted A.C. Camargo as one of the most advanced companies in the country.

Valor Magazine 1000 Awards

These awards rank the thousand largest companies in Brazil, subdivided into 25 economic sectors.

More information about
A.C. Camargo Cancer Center
can be found at
[www.accamargo.org.br/
nossa-historia](http://www.accamargo.org.br/nossa-historia)

Quality certifications



Qmentum International, Diamond Level

The institution has been certified by the Canadian Council on Health Services Accreditation. The program aims to assess the quality and safety of the patient care delivered in all aspects of a healthcare 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

System of evaluation and certification of the quality of healthcare services. This evaluation system is voluntary, carried out regularly and confidential. It attests to the quality of patient care 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 ABNT NBR ISO 14001, the Brazilian equivalent of the ISO standard. It enables the institution to develop policies and achieve business objectives and promotes improvements and efficiency in the use of resources, such as reducing waste, reducing costs and monitoring environmental aspects and impacts. In an audit undertaken in December 2017, the certification was updated to the 2015 version of the standard.

Service and support units G4-4, G4-6, G4-9

1. Antônio Prudente e Tamandaré

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 consultation rooms, two surgical centers, an infusion center for the chemotherapy and radiotherapy and state-of-the-art equipment for cancer surgery diagnosis and treatment.

2. Castro Alves

Administrative headquarters.

3. CIPE

The International Cancer Research Center (CIPE), inaugurated in 2010, consists of laboratories for the institution's research scientists dedicated to basic and translational research. It also supports research activities and projects among the clinical staff, multidisciplinary teams and basic areas scientists, as well as managing the national and international scientific cooperation agreements.

4. Santo André and Morumbi

Networks outpatient units Santo André, in the greater metropolitan area of São Paulo, and in the Morumbi District, in the southern part of the city of São Paulo. They provide to patients clinical oncology and chemotherapy services.

5. Pires da Mota: a new unit that will be inaugurated in 2018

Scheduled for the second semester of 2018. It occupies a new building (20 floors, 12 thousand m²) and will house the Integrated Reference Center for the diagnosis, treatment and rehabilitation of patients with breast, gynecological and skin tumors.

Corporate Governance

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 and is guided by the institution's values of ethics and transparency. G4-DMA

The institution's by-laws lay out the guidelines and policies that consolidate its model in the fight against cancer. The main government bodies are the Board of Trustees, the Board of Directors and the Advisory Committees that support both instances. G4-34

Board of Trustees G4-34, G4-38

This is the highest decision-making body and has the responsibility to steer and define the strategies that the institution must follow in order to achieve its vision for the future. In 2017, it held five ordinary and one extraordinary meetings.

There are five Advisory Committees that support the Board in carrying out its responsibilities:

Audit and Risk Management Committee – responsible for ensuring the development of adequate internal controls and risk management processes. It is composed of three members, one of whom is a Trustee and two others who are not. The coordinator of this Committee is an independent 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 three members, all Trustees.

Compensation and Succession Committee – responsible for making recommendations on remuneration and the succession practices to be adopted. It is

composed of three members, one being a member of the Board of Trustees and two being members of the Statutory Board.

Scientific Advisory Board – responsible for advising on guidelines for science, technology and innovation related to patient care, education and research. It is composed of five international scientists, independent specialists in epidemiology, surgery, medical clinic, radiotherapy and basic research.

Institutional Ethics Committee – responsible for ensuring compliance with the institution's values and Code of Conduct Principles, monitoring the integrity program and addressing questions of ethical dilemmas and violations of the Code of Conduct. It is composed of four members: one member of statutory board, the CEO, the clinical director, and a senior representative of the nursing body.



Board of Directors

The Board of Directors reports to the Board of Trustees is composed by four members 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

Management

Chief Executive Officer – the highest executive position and responsible for leading A.C.Camargo's senior management team. The CEO is supported by three General Managers, eight Specialist Superintendents and a Medical Board. In addition to the above positions, seven Executive Committees report to the CEO. These Committees also report to the Statutory Board. The most recent addition to the organizational structure was the establishment, in 2017, of the Executive Committee for the Incorporation of Healthcare Technologies. This committee will strengthen the implementation of A.C.Camargo's vision of innovation by studying the deployment of innovative technologies in healthcare routines.

Board of Directors: José Hermilio Curado, President, Ademar Lopes, Liana Maria Carraro de Moraes and Celso Marques de Oliveira.



Board of Trustees

José Ermírio de Moraes Neto
CHAIRMAN

Edson Vaz Musa
VICE-CHAIRMAN

BOARD MEMBERS

Ary Oswaldo Mattos Filho
José Hermilio Curado
José Ricardo Mendes da Silva
Waldomiro Carvas Junior

Board of Directors

José Hermilio Curado
PRESIDENT

Ademar Lopes
VICE-PRESIDENT

Liana Maria Carraro de Moraes
VICE-PRESIDENT

Celso Marques de Oliveira
VICE-PRESIDENT

Management

Vivien Rosso
CEO

José Marcelo de Oliveira
CHIEF OPERATIONS OFFICER

Marcos Cunha
CHIEF BUSINESS OFFICER

Nelson J. S. Silva
CHIEF CORPORATE AFFAIRS
OFFICER

Alexandre José Sales
CHIEF INTERNAL AUDIT

Flavio Castellan
CHIEF SUPPLY CHAIN OFFICER

Luciana Spring
CHIEF INSTITUTIONAL RELATIONS
AND SUSTAINABILITY OFFICER

Luiz Juliano Neto
CHIEF EDUCATION OFFICER

Mari Galvão
CHIEF PATIENT-CENTERED CARE OFFICER

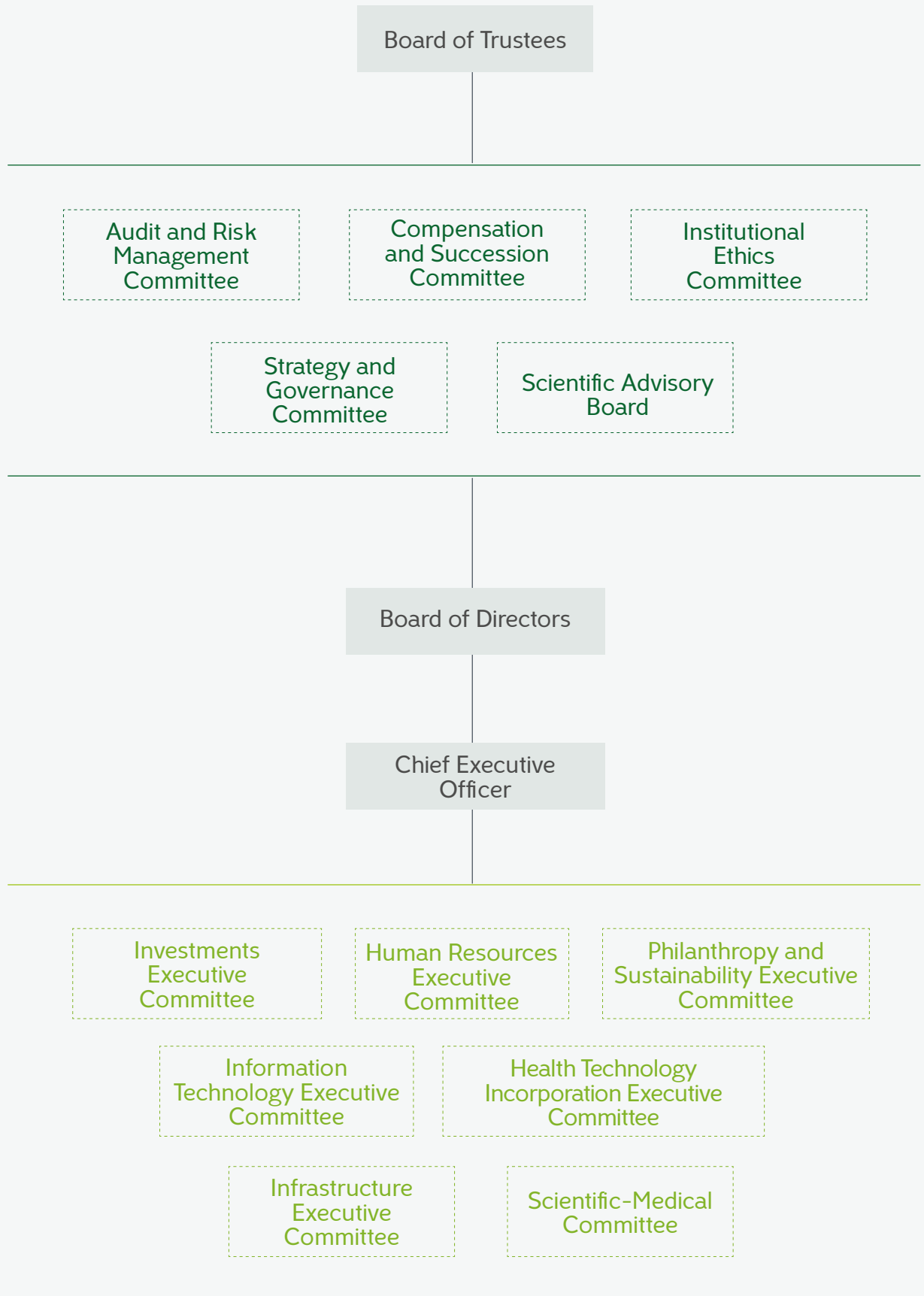
Maurício Alves da Silva
CHIEF HUMAN RESOURCES OFFICER

Tharso Bossolani
CHIEF FINANCIAL OFFICER

Victor Piana de Andrade
MEDICAL DIRECTOR

Vilma Regina Martins
CHIEF RESEARCH OFFICER

Governance structure





Ethics and compliance

G4-56, G4-57, G4-58

A.C.Camargo operates according to strict ethical standards to ensure compliance with the legislation and the guidelines established by the Foundation.

In 2017, compliance agenda gained increasing prominence, and the Compliance area was established reporting to the General Management for Institutional Relations and Sustainability office and to the Institutional Ethics Committee. Within the scope of the institution's Integrity Program, the Conduct Channel receives reports from the institution's internal or external stakeholders related to situations and behaviors that may violate current legislation or the institution's Code of Conduct, regulations and/or policies. Since April 2017, the Conduct Channel has been administered through an external platform, thus increasing the options of registering reports to include email, website, mailbox and a hotline. The Conduct Channel is available 24 hours a day, seven days a week, and reports can be identified or anonymous.

All reports received by the Conduct Channel are evaluated independently by the Compliance area and reviewed by the Institutional Ethics Committee. Based on these reports corrective controls are adopted to inhibit the repetition of the identified weaknesses. Also, preventive controls can be implemented to improve the operational and business processes, through policies, regulations and revisions to processes. In 2017, 175 reports were received by the Conduct Channel related to integrity themes such as behavioral issues, inappropriate procedures, conflicts of interest, among others.

Jefferson Luiz Gross, MD, Master and Head of Lung and Thorax, Fernando Maeda, Anesthetist, and Ketty Silvestre Vituriano, Nursing Technician, in a bronchoscopy procedure

175

reports were
received by the
Conduct Channel



Giovanna Magagnin, a Resident in Clinical Oncology, and Andréa Paiva Gadelha Guimarães, Clinical Oncologist, at bedside attendance

Cancer Center

An evolution in the fight against cancer

CANCER SPECIALISTS

dedicate themselves to providing

INTEGRATED

patient care at all stages, from

DIAGNOSIS TO REHABILITATION

The search for best outcomes

to each patient

is only 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 society as a whole

A.C. Camargo Cancer Center

The integration of cancer diagnosis, treatment, education and research

Today's research is the foundation of tomorrow's treatment. And at the center of care is the patient

In common with the leading cancer centers around the world, the integration of cancer diagnosis, treatment, education and research is the operating model adopted by the A.C. Camargo Cancer Center.

This represents an advance in the concept of healthcare in the field of oncology, enabling the deepening of the knowledge base and stimulating innovation.

In the 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 outcomes in the best therapeutic alternatives and, consequently, to increase patient's survival rates. Education, trains specialists, enabling them to share knowledge and contribute to the evolution of the fight against cancer. And, at the center of everything we do, is the patient. This is the A.C. Camargo Cancer Center's core concept.

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

Strategic programs

Our initiatives to consolidate the Cancer Center encompass a number of fronts and are organized in twelve strategic programs:

- Expansion Program
- Cancer Center model
- Patient-centered care
- People Management
- Medical and clinical excellence
- Processes Redesign
- Infrastructure
- Information Technology
- Partnerships with health plans and companies
- Philanthropic Model
- Education
- Research

Based on a strategic map, prepared and monitored by the leadership team, A.C. Camargo has defined a set of indicators to accompany its short, medium and long-term goals, using the Balanced Scorecard (BSC) methodology.

Some of the highlights from 2017 were as follows: the implementation of the first Specialized Cancer Reference Center for tumors (breast cancer); the establishment of new work-groups for immuno-oncology and immunotherapy; the preparation of development and career plans for the nursing care teams; the creation of the Clinical Staff Excellence Program; improvements in infrastructure; and the progress made with the Patient-centered care Program, with a complete analysis of their experiences in the institution and the establishment of a new integrated service channel.

Multidisciplinary team discuss a patient's case in a Tumor Board meeting



Operating model

Clinical Divisions

To establish and harmonize in the practices of all departments, doctors, protocols and publications follow the same guidelines. Clinical Divisions act as the link between the medical departments and each Reference Center. The divisions are composed of departments with similar activities and are as follows: Surgery, Clinical Oncology, Diagnostic and Medicine Prevention”, Critical Care and Clinical Specialists.

Tumor Reference Centers

Multidisciplinary groups organized by tumor types decide on the most specific form of treatment. The cancer center operating model is divided into 11 Cancer Reference Centers - each one corresponds to the part of the body affected by the disease, as follows: breast tumors; head and neck tumors; abdominal tumors; pelvic tumors; urological tumors; hematological tumors; gynecological tumors; skin tumors; lung and thorax tumors; central nervous system tumors; and pediatric tumors. The patient is treated by a multidisciplinary group that evaluates by individual case.

A personalized and integrated pathway for the patient centered care

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

Tumor Board

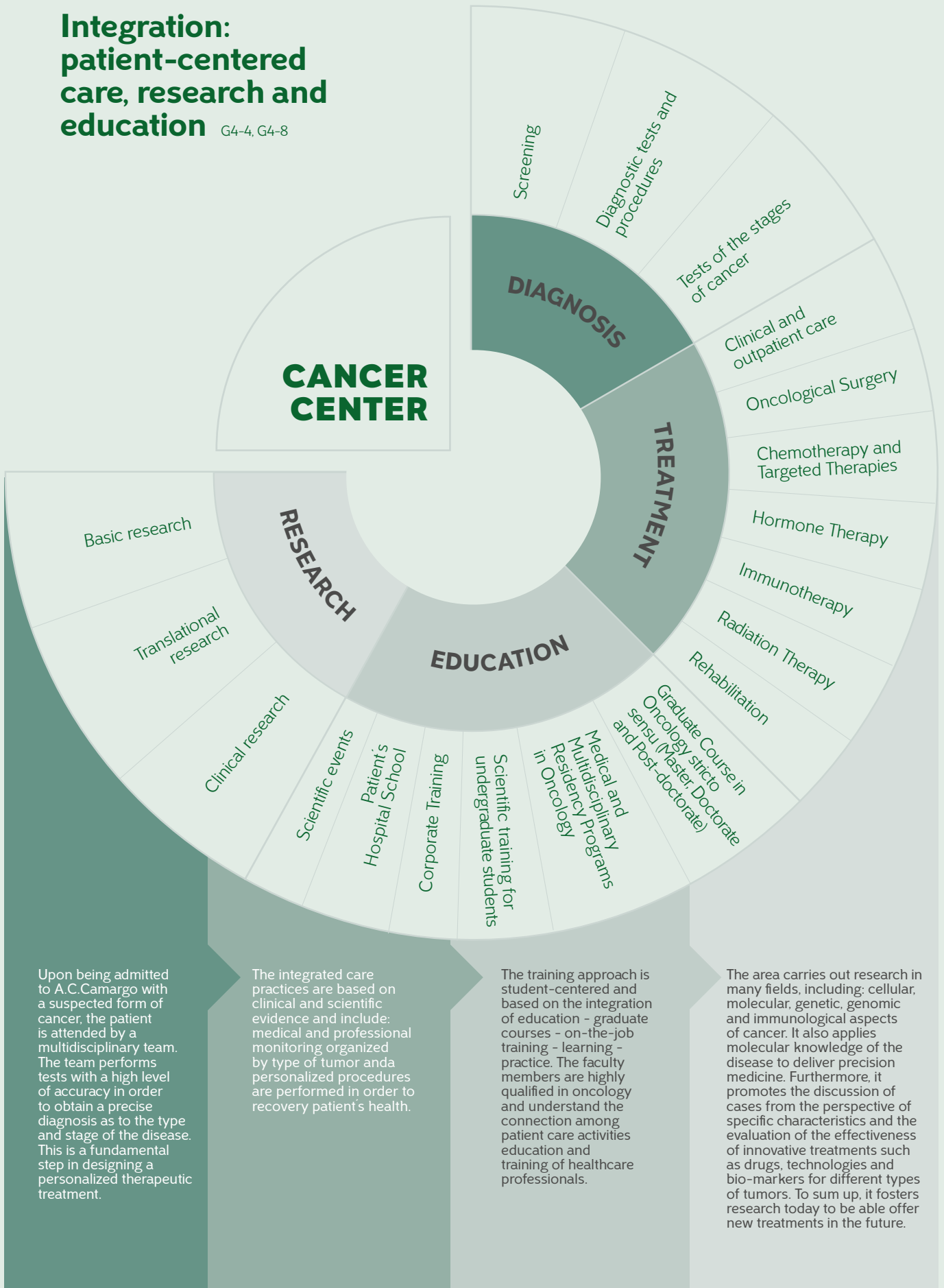
These are meetings in which surgeons, clinical oncologists, radiotherapists, pathologists, scientists and other professionals specific to each situation come together to discuss the conduct of complex cases, which have not been foreseen in the protocols, from a multidisciplinary perspective. In 2017, more than two thousand cases were evaluated at Tumor Board meetings (*see page 36 for more information*).

Research and Education

Research and Education provide support for A.C. Camargo's patient care. Research generates knowledge about the development of cancer, forming the base for the study of innovative therapies to control the tumor, improve patients' quality of life and increase their survival rates. Complementing these efforts, the Education prepares students to be specialists in oncology to work in this field and disseminate the knowledge acquired. Students also participate in day-to-day patient care activities and in the development of research under the guidance and supervision of doctors and scientists.

Integration: patient-centered care, research and education

G4-4, G4-8



Sustainability

A.C.Camargo has defined sustainability as one of its institutional values and considers it to be fundamental in guaranteeing access to effective and innovative treatments to fight against cancer for the population as a whole. The financial and non-financial aspects of sustainability are directly linked to the institution's mission and daily routines. These aspects include integrity, value-chain management, efficiency in the use of natural resources, and process quality and safety, with a focus on employees and patients.

In 2017, an important advance in the organization's sustainability agenda was achieved with the approval of the Sustainability Platform. This provides a strategic concept and guidelines for A.C.Camargo to evolve in its development

of the social and environmental best practices that will ensure the proper management of its impacts and the improvement of its processes and relations.

In line with the institution's Strategic Plan for 2020 and the United Nations Sustainable Development Goals (SDG) 2030, the platform has been organized in four pillars (*see below*).

The pillars for the platform are quality and safety, on one axis, and ethics and integrity, on the other. At the center is sustainability governance, which defines the roles and responsibilities that enable it to achieve its objectives.

QUALITY AND SAFETY

People: covers both practices related to human capital (in aspects such as diversity, inclusion and qualification) and those related to the institution's philanthropic performance.



Future: a broad look at the institution's long-term continuity, encompassing economic, reputation, innovation, and strategy building and management aspects.



Value chain: covers A.C.Camargo's relations with its partners, such as suppliers, health maintenance organizations, and other institutions, to work towards reducing the environmental footprint, and increasing the levels of trust and efficiency in activities and relations.

GOVERNANCE



Environment: the institution seeks solutions to address the challenges on issues such as energy efficiency, waste management and the construction of partnerships to mitigate impacts.

ETHICS AND INTEGRITY

In 2018, the Philanthropy Committee will incorporate the theme of sustainability in its monitoring of the performance of the institution's units.

In 2017, progress was made by the implementation of several environmental efficiency projects in our operations. Two of the highlights were the review of the analysis of environmental aspects and impacts in the Environmental Management System (EMS), in line with ISO 14001 requirements, and a study of the system's risks and opportunities.

United Nations Global Compact G4-DMA

Since 2015, the A.C. Camargo Cancer Center has been a signatory of the United Nations Global Compact (UNGC). This is an initiative that aims 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. G4-15

In terms of specific challenges for the future, the organization believes that sustainability will be an important vector for decision-making and will involve the development of solutions to mitigate the most significant impacts of its operations, such as waste generation and energy efficiency.

Materiality G4-24, G4-25, G4-26, G4-27

In line with the sustainability reporting guidelines of the Global Reporting Initiative (GRI), the A.C. Camargo Cancer Center periodically conducts materiality processes to identify its material issues. These include consultations with various groups of internal and external stakeholders in order to identify the relevant social, environmental and economic issues.

In the last materiality review, carried out in 2015, the institution identified seven material issues (see the chart and table), connected to the organization's pillars of patient care, teaching and research. They also correspond to the priority topics of management and communication including human capital development, research, access to medical treatment, knowledge generation and quality of patient care.

In the coming years, progress on initiatives related to the Sustainability Platform will lead to a further revision of the materiality matrix and, thus, to the revision of the institution's strategy.



Employees socializing in the internal courtyard.

Material issues

- 1 EFFICIENCY IN THE USE OF RESOURCES
- 2 TALENT TRAINING, DEVELOPMENT AND RETENTION
- 3 QUALITY OF PATIENT CARE
- 4 RESEARCH AND DEVELOPMENT
- 5 ACCESS TO GOOD QUALITY MEDICAL TREATMENT
- 6 GENERATION AND DISSEMINATION OF CANCER KNOWLEDGE
- 7 ASSESSMENT AND DEVELOPMENT OF HEALTHCARE SYSTEMS



Institution Perspective G4-19

- LIMITS WITHIN THE ORGANIZATION G4-20, G4-21
- LIMITS OUTSIDE THE ORGANIZATION G4-20, G4-21
- STAKEHOLDERS HIGHLIGHTING THE ISSUE G4-27

Integrated Model for Patient Care

Efficient use of resources	● all operations ○ customers, suppliers, government, society	→ All stakeholders
	GRI G4-EC1, G4-EC2, G4-EC3, G4-EC4	
Access to good quality medical treatment	● all operations	→ Chief's Clinical staff → Board of Directors → Patients
	GRI G4-SO1	
Assessment and development of healthcare systems	● all operations ○ customers, suppliers, government, society	→ Institutions in sector → Competitors → Health maintenance organizations → Suppliers
	GRI G4-EC7, G4-EC8, G4-SO1, G4-SO2, G4-SO6	

Early Diagnosis and Patient Care

Quality of patient care	● all operations	→ Board of Directors → Chief's Clinical staff → Patients → Suppliers
	GRI 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

Talent training, development and retention	● employees and clinical staff	→ Board of Directors → Employees → Patients → Clinical staff → HR Managers
	GRI G4-LA1, G4-LA2, G4-LA3, G4-LA9, G4-LA10, G4-LA11	
Generation and dissemination of cancer knowledge	● patient care, research and teaching areas	→ Healthcare Distributions → Chief's Clinical staff → Patients → Clinical staff → Scientists
	GRI	

Research

Research and development	● all operations ○ customers, government, society	→ Board of Directors → Chief's Clinical staff → Patients → Healthcare Distributions → Suppliers
	GRI	
Generation and dissemination of cancer knowledge	● patient care, research and teaching areas	→ Competitors → Chief's Clinical staff → Patients → Clinical staff → HR Managers
	GRI	



Kenneth Gollob,
PhD and Head
of Translational
Immuno-Oncology,
in a procedure
operating the flow
cytometer.

Value creation

The institution has presented its main projects and results according to the transformation of the various forms of capital employed using the integrated reporting guidelines.

The International Integrated Reporting Council (IIRC) has developed a set of guidelines for the integrated reporting. They apply to organizations of all sizes, segments, profiles and areas of action. All have in common the need to access and transform certain

resources that are necessary for their activities, converting them into outcomes for society.

A.C.Camargo has incorporated the concept to its outcomes report. This chapter presents a summary of the key performance indicators.

Intellectual Capital

- Basic science, translational and clinical research generate discoveries that are more efficient against cancer disease
- Education to healthcare professionals: medical and multidisciplinary specialists
- International and national collaboration to fighting cancer disease
- Dissemination of cutting-edge knowledge: new technologies, therapies and processes

Social Capital

- Providing patient centered care for health and wellbeing
- Compliance, efficiency and innovation with suppliers and business partners, aiming to increase the access to, and cost-effectiveness of, cancer treatments
- Institutional, governmental and community relations
- Practical care based on clinical-scientific evidence

Human Capital

- Cancer Center - institutional values and integration of care

- Organizational development of employees and clinical staff
- Well-being, health and safety of the employee
- Promoting diversity and inclusion

Financial Capital

- Efficient economic and financial management health
- Investment in strategic projects
- Best outcomes and cost-effectiveness for health chains
- Investments in research and education

Natural Capital

- Consumption efficiency of energy and use of natural resources
- Waste management and control
- Strategic management of the value chain and supplier relations, creating value and fostering longterm sustainable systems

Intellectual capital G4-DMA

The management of the knowledge generation cycle, from basic research to its application in new therapies and technologies, through the education and learning processes and the promotion of innovation is a priority for A.C. Camargo.

The integration between the education and research pillars and the dissemination of knowledge leads to scientific advances and benefits the patient care practices, promoting innovations in the treatment of cancer and providing a higher quality of life for patients.

RESEARCH: STRATEGIC CONNECTION

The research area is a fundamental factor in the consolidation of A.C. Camargo's Cancer Center model. It actively contributes to innovation in oncology and reinforces the institution's commitment to providing the best care outcomes for its patients.

Highlighted by stakeholders (see page 20 for more information) and directly connected to the institution's strategic planning, the subject of research is treated in all spheres of the institution through a consolidated structure to foster scientific activity, case discussion and the identification and implementation of new processes, technologies and therapies. By investing in research, the institution is able to maintain to deliver the best alternatives for the treatment and fight against cancer to its patients and society as a whole.

A.C. Camargo has a dedicated area for research activities, which is known as the International Cancer Research Center (CIPE). This is where the institution's scientists immerse themselves in the activities of basic and translational research, converting scientific knowledge into care practices.

The CIPE occupies a building of 4 thousand m² and is located near the institution's head office. The research, which is carried out in conjunction with the clinical and care staff, is conducted in laboratories that have state-of-the-art equipment for cell biology, genetic, genomic, microbiome studies, enabling the development of precision medicine.

The basic-translational research program is organized by groups, as follows: Genomics and Molecular Biology; Bioinformatics; Medical Genomics; Investigative Pathology; Immuno-Oncology; Tumor Biology and Biomarkers; Epidemiology; and Biostatistics.

A.C. Camargo works in partnership with international reference institutions and stimulates scientific production, with the publication of articles in international journals that apply eligibility and peer review criteria.

In 2017, A.C. Camargo's clinical and scientific staff published 182 articles in international indexed journals and 18 in national journals. In addition, A.C. Camargo, for the last 40 years, has published the magazine called "Applied Cancer Research". This is an online journal that brings together medical and scientific articles in oncology.

Scientific outcomes in the year

182
articles published in
international indexed journals

156
projects concluded

1,395
research projects concluded
between 2008 and 2017

How we do research

Basic research

Scientists work in laboratories with state-of-the-art equipment studying tumor tissues, cells, molecules and microorganisms (viruses, bacteria, among others) to understand the mechanisms and pathways by which tumors arise, and how they progress and spread (metastases), thereby identifying potential targets for therapy, diagnostic bio-markers, prognosis and treatment response.

Translational research

Transfer of the knowledge acquired in basic research into 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 resolve real-life problems.

Since 2016, we have prioritized certain areas for translational research and concentrated the

efforts of all our scientists on them. Based on criteria such as the incidence 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.

Clinical Research

These types of studies are conducted directly with patients to investigate new medications, surgical techniques and procedures and, eventually, working in partnership with the pharmaceutical industry. Due to the accumulated knowledge arising from more than five decades of treatment, of both simple and complex cases, the A.C. Camargo Cancer Center is able to carry out clinical research at all stages of the cancer care.

Diana Noronha, PhD and Researcher, analyzes a graph generated from a microbiome analysis

Clinical research in 2017

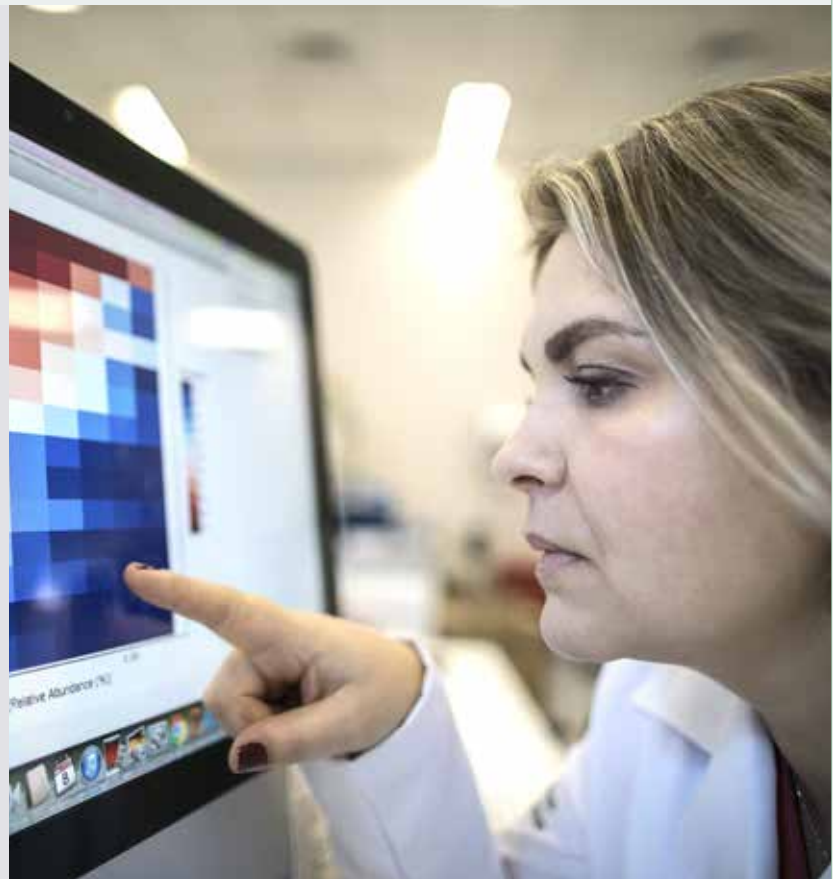
12 studies in enrolled phase

31 monitoring studies

6 studies concluded

189 studies concluded (2001-2017)

2,845 patients enrolled in research projects (2001-2017)



Biobank

Established in 1997, the Biobank is a repository of consented samples of tumors, normal tissues and blood from patients treated at the institution. The material collected enables scientists to carry out a number of studies that will eventually translate into knowledge and consequently a greater understanding of the mechanisms involved in tumor processes. The A.C. Camargo Biobank was the first of its kind in Brazil and is one of the largest in Latin America. Since its establishment it has accumulated more than 70 thousand samples of all types and currently the Tumor Bank has a stock of around 37 thousand samples.

In 2017, A.C. Camargo acquired three new freezers for the Biobank, with resources from the Federal Incentive Program. This will enable to expand the current structure.

Immuno-oncology: research integrated with immunotherapeutic treatment

Immunotherapeutic treatment has brought new hope to patients with advanced or aggressive tumors who previously had no therapeutic possibility or were undergoing inefficient treatments. It is now considered to be the fourth pillar of cancer treatment (in addition to surgery, chemotherapy and radiotherapy).

It has been approved for use in Brazil since 2016 for various types of tumors. This treatment is very costly and has a higher level of complexity regarding the management of side effects compared to chemotherapy or targeted molecular therapies, requiring the coordinated work of several specialists. However, immunotherapy can be considered to be the greatest advance in cancer treatment in recent years.

In this respect, 2017 was marked by significant advances in clinical-translational research focused on immunotherapy. One of the year's highlights was the setting up of the Immuno-Oncology Laboratory. From the beginning its activities were linked to patient care by the creation of the Immunotherapy Center which offers specialized treatment with specific processes, trained professionals and reference nurses to care for patients and ensure remote monitoring.

The project also included a number of actions integrated with the Research area, such as the acquisition of a Flow Cytometer, used for examining and classifying different cell types from different origins and is capable of providing 50 parameters on each analyzed cell. This is a new device, not available in other Centers in Latin America.

Biobank in 2017

1,618 patients recruited

3,043 tissue samples collected

1,594 blood samples collected

1,212 RNA and DNA extraction from tissue and blood samples

26,417 patients have been recruited since the creation of the Biobank

70,250 samples collected since 1997

The Translational Immuno-Oncology Group can count on several international and national cooperation agreements to increase the impact of the A.C. Camargo Cancer Center in this area of knowledge. They include agreements with researchers from the National Institute of Health and the National Cancer Institute, both based in the United States.

Oncology trends

Established in 2016, the outlook monitors periodically trends in oncology. It counts on the participation of doctors and researchers to identify aspects of oncology related to technology, innovation, the market and patient care.

In 2017, the program was organized into five groups of themes, as follows: Tumor Biology; Prevention and Early Diagnosis; Patient Care; Clinical and Surgical Treatments; and Systemic Innovations. This structure was modeled on the grouping of the advances and trends in oncology that was captured in trends reports of ASCO, AACR and scientific congresses.

Research Boards

In 2017, research boards were set up, they are exploratory forums, which anticipate future trends and knowledge to lead basic and translational research within the institution

Oncological Radar Program in 2017

43 participants

6 meetings

15 trends and

9 important topics in oncology defined

Liquid biopsy

This technology, developed by the research area, is used mainly in monitoring and therapeutic planning for patients. The test allows researchers to identify and analyze DNA fragments that are released into the bloodstream when cells die. Unlike a traditional biopsy, a liquid biopsy is carried out on a simple blood sample. The technique is applicable in patients presenting tumors with mutations.

In 2017

Acquired a molecular diagnostic equipment to perform a real-time liquid biopsy.

Fund-raising and financing

The institution is continually seeking financial incentives to fund research mainly through projects that are financed and/or developed in partnerships and cooperation agreements.

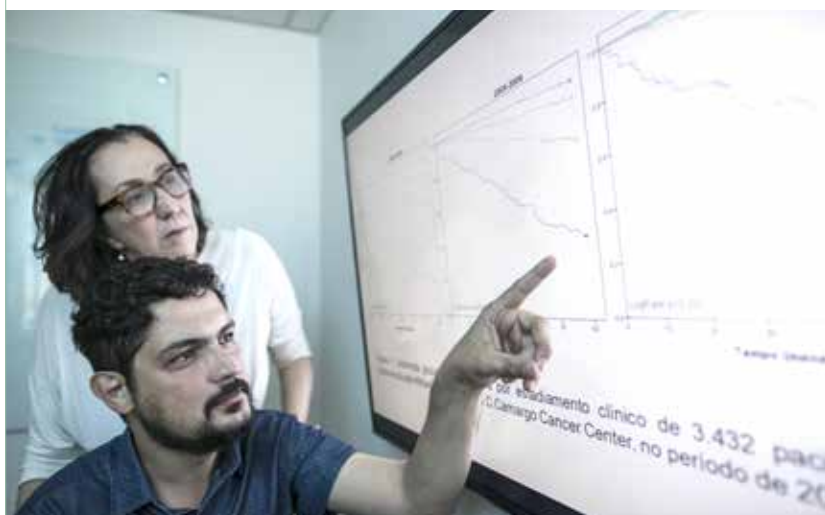
Incentives as the Law 12,715, of 2012, sponsored by the Ministry of Health, provides financial resources for non-profit private entities, associations and foundations in the field of oncology. The principal channels are the National Program of Support for Oncology (Pronon), and the National Program for Support for the Health of People with Disabilities (Pronas).

In 2017, the institution's project entitled Epidemiological and Molecular Study of the Natural History of Oral Cavity Cancer, which was submitted to the Pronon program, obtained funding approved by the Brazilian

Health Ministry. In 2018, three projects under the Pronon program and one under the Pronas program were submitted to the Brazilian Health Ministry. In most cases, the projects originated in the Research Board discussions.

The institution also raises funds both in Brazil, via agencies such as the Foundation for Research Support of the State of São Paulo (Fapesp) and the National Council for Scientific and Technological Development (CNPq), and internationally, via agencies such as Cancer Research UK's Grand Challenge (sponsored by the International Agency for Research on Cancer, IARC (France) & Sanger Institute, UK) and the International Atomic Energy Agency (IAEA).

Maria Paula Curado, MD, Master and Head of Epidemiology, and Max Moura de Oliveira, Epidemiologist, analyze patient data



Research financial support from government (R\$ thousand) G4-EC4

	2016	2017
Tax incentives/credits	863	251
Grants for investments, research and development	1,736	1,150
Total	2,599	1,401

Funds invested in research by source - 2017 G4-EC7

Fapesp: **R\$ 2,740,874.85**

CNPq: **R\$ 581,679,100**

Pronon – Regional Cancer Education Center: **R\$ 230,147.60**

Pronon – Tumor bank for research in treatment, prevention and early diagnosis of cancer: **R\$ 725,198.82**

Pronas – rehabilitation program for patients undergoing treatment or treated for cancer: **R\$ 1,049,56**

International Atomic Energy Agency - IAEA (Austria): **R\$ 37,244.05**

Others: **R\$ 418,973.71**

Labor Public Ministry – Conduct adjustment Agreement: **R\$ 234,048.70**

Antônio Prudente Foundation: **R\$ 17,285,720.98**

National and international collaboration agreements

A.C. Camargo established several collaborative agreements with educational institutions and other organizations in its sector in order to promote the development of clinical and translational research in Brazil. The integration of life sciences, physical sciences, mathematics, engineering and information technology - referred to as convergence - has emerged in recent years in first world countries as a powerful approach to research with the potential to lead to medical and technological solutions.

Examples of convergence that result in technologies of impact on cancer care include imaging, nanotechnology, medicine and regenerative engineering, materials science, big data and information technology. In this spirit, a collaboration between A.C. Camargo and the Engineering Department of the Aeronautical Technological Institute (ITA) was initiated in 2017.

Some of the new collaboration agreements, signed in 2017, with institutions in other countries were: the International Agency for Research on Cancer (IARC); Vejle Hospital (Denmark); Institut Curie (France); Children's Hospital of the Eastern Ontario Research Institute (Canada).

nine
new collaboration
research agreements
signed

five
institutional projects
approved in
partnership with M.D.
Anderson and other
Sister Institutions -
Sister Institution Funds
Program.

Projects

- RNA to DNA differences (RDD): from cancer to diabetes
- Classification of Variants of Uncertain Significance in BRCA1 and BRCA2
- Deciphering unexplained heredity among young adults with colorectal cancer
- Cultural and linguistic adaptation of a web-based tobacco prevention and cessation program to Portuguese speaking adolescents
- Adaptation And Demonstration Of CATCH® Program In Brazil

A.C. Camargo and Institut Curie: collaboration in sarcomas and radiotherapy

The A.C. Camargo Cancer Center entered into an important partnership in 2017 to promote cooperation with the Institut Curie, which is one of the major European cancer research centers and based in France. This institute was named after the French scientist Marie Curie, who discovered the effects of radioactivity and is the only woman to have received two Nobel Prizes. The initial studies will cover sarcomas and radiotherapy, and the partnership will involve cooperation in research, the exchange and training of doctors, residents and scientists.

National collaboration agreements

- University of São Paulo (USP)
- Federal University of São Paulo (UNIFESP)
- State University of Campinas (UNICAMP)
- University of West Santa Catarina
- Cancer Institute of Ceará (ICC)
- PIO XII Foundation - Cancer Hospital of Barretos
- State University of Montes Claros
- Technological Institute of Aeronautics - ITA

International collaboration agreements

- M.D. Anderson Cancer Center at the University of Texas - Global Academics Program: Sister Institutions.
- National Institutes of Health - NIH/ NCI - USA
- Catholic University of Córdoba, Argentina
- Latin American Cooperative Oncology Group - LACOG
- University of California - Davis, USA
- H. Lee Moffitt Cancer Center and Research Institute, USA
- International Atomic Energy Agency (IAEA)
- International Agency for Research on Cancer (IARC)
- Beckman Research Institute of the City of Hope National Medical Center, USA
- Vejle Hospital, Denmark
- Institut Curie, France
- Children's Hospital of Eastern Ontario Research Institute - Ottawa University, Canada
- Helmholtz-Zentrum Dresden-Rossendorf e. V. - Institute of Radio-pharmaceutical Cancer Research, Israel
- University Institute of the Italian Hospital of Buenos Aires, Argentina
- National Cancer Institute (United States), USA

EDUCATION: KNOWLEDGE AND PEOPLE AT THE CORE

The purpose of the education is to fight cancer through the generation and dissemination of knowledge. The education activity disseminates knowledge to employees, patients, medical and health professionals through the Medical and Multidisciplinary Residency Programs in Oncology, Stricto Sensu Graduate Courses (Master, Doctorate and Post-Doctorate), Scientific Initiation Programs, Corporate University and, in the Pediatric Oncology Department, the Hospital School (Schwester Heine Specialized School).

In 2017, all the education activities were reviewed in the context of the institution's strategic plan. As a result, the focus was directed towards the revision of the pedagogical proposal in an integrated manner, in order to strengthen the teaching of the Residency Programs, the Graduate Courses, the Continuing Education and the Hospital School.

In the case of the Medical Residency Program, this realignment resulted in a redesign of the methodology of evaluation and qualification, based on behavioral, theoretical and practical skills. The new approach is planned to go into effect in 2018.

In relation to the graduate post graduate programs, which completed 20 years of existence in 2017, the disciplines were regrouped into five main lines of research: Cellular, Molecular and Genetic Biology; Diagnostics in Oncology; Epidemiology and Prevention in Oncology; Support and Rehabilitation in Oncology; and Oncological Therapies.

five Research areas:

Cellular, Molecular and Genetic Biology; Diagnosis; Epidemiology and Prevention; Support and Rehabilitation in Oncology; and Oncological Therapies



Resident's Graduation Ceremony:
113 new specialists in oncology

Medical and Multidisciplinary Residency Programs

Established in 1953, A.C. Camargo's Medical Residency Program in Oncology is a pioneering course in Brazil and has trained more than 1,100 residents, who now are spread throughout Brazil and abroad. Scholarships are offered by the Brazilian Health Ministry, the São Paulo State Health Department and the Antonio Prudente Foundation.

Every year, between 5% and 10% of the new graduates are invited to be part of A.C. Camargo's clinical body. In 2017, A.C. Camargo trained 89 doctors and 28 multidisciplinary specialists in its Medical and Multidisciplinary Residence Programs.

Graduate studies

The A.C. Camargo Cancer Center's stricto sensu graduate 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. It offers a master, PhD and post-doctorate programs, and has been classified as **Level 5** by the agency for the Coordination of Improvement of Higher Level Education (CAPES).

The institution had a total of 197 students in 2017, of which 121 PhD students, 68 Master students and eight Post-doctorates

77 students completed graduate courses in 2017

Six Post-doctorates

30 PhD students

41 Master students

Graduate schools established by A.C.Camargo in educational institutions

A.C.Camargo develops projects for the training and qualification of graduate students at educational institutions in cities other than São Paulo. In this respect, in 2017, the institution entered into partnerships with the Cancer Institute of Ceará (ICC), the Federal University of the Valley of São Francisco (UNIVASF), the Cancer Hospital of Pernambuco and the Matogrossense Association to Combat Cancer (AMC). For 2018, further partnerships have already been signed with the Santa Casa de Misericórdia de Maceió and the University of Vale do Itajai (Univali - SC).

The Humberto Torloni School for Advanced Oncological Pathology (EPOAHT)

One of the major challenges of oncological medicine is the training and further education of the pathologists that work in diagnostic and investigative pathology. EPOAHT works towards meeting this need through the development of various mechanisms of continuing education. Currently, the school has 613 affiliates.

Schwester Heine Hospitalar School

Founded in 1987, the Schwester Heine School has pioneered the category of private hospital schools

Scientific Initiation Scholarships

These scholarships are an opportunity for undergraduate students to participate in basic or clinical research projects in Oncology. A.C.Camargo offers the Institutional Program of Scientific Initiation Scholarships (PIBIC). The scholarships, which are available through CNPq, last for five months and are granted to undergraduate students who wish to dedicate themselves fully to research activities in one of the eight lines of research cited in the application form.

in Brazil for more than 30 years. It offers traditional educational courses to children and adolescents during their cancer treatment. The project has become a national reference for hospital schools. During their period of hospitalization students take classes with teachers who coming from the public-school system and receive the same educational content as in their schools at home. This initiative is developed jointly with the Municipal and State Secretariats of Education and covers all ages from kindergarten to high school. In 2017, 2,020 patients received lessons at the hospital school.

Open communication to spread knowledge about cancer

Communication is an essential instrument for A.C.Camargo to maintain an open and ongoing dialogue with the institution's stakeholders and society as a whole. The central idea is to inform the public about the risk factors affecting the development of cancer, the importance of early diagnosis and the adoption of healthy lifestyle habits as factors to fight cancer.

The institution strives to disseminate the knowledge and research produced by its professional staff and through its partnerships. For this, it actively stimulates relations with the press and participates in the social media in order to reinforce of the digital presence of its brand.

A.C.Camargo has a presence on leading social media platforms, such as Facebook, Instagram, YouTube, Twitter and LinkedIn, and uses them to disseminate basic information about cancer and stimulate behavior changes and engagement with the theme.



Congress on Next Frontiers to Cure Cancer brought together about 1,200 participants including doctors, scientists and other healthcare professionals.

Dona Carolina Tamandaré Foundation G4-EC8

In 2016, the 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 included in the Education Area. In 2017, its main purpose was 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. In 2018, the A.C.Camargo Cancer Center plans to restructure the program.

New Frontiers to Cure Cancer

A.C.Camargo organized the 3rd edition of the congress entitled Next Frontiers to Cure Cancer, held in April 2017. This event is recognized as one of the principal forums for the discussion of cancer in the world and it attracted 1,226 participants. The following statistics illustrate the importance of the congress: 150 abstracts of scientific papers presented; 21 presentations by international speakers from 10 institutions; and 97 presentations by national speakers from 55 institutions. The themes addressed included innovative approaches such as cardio-oncology, immunotherapy and the integrated patient care, among others.

Cancer prevention program to companies

The dissemination of information on the prevention and early diagnosis of cancer is also present in the corporate environment. In 2017, 234 initiatives were carried out in companies, including presentations, workshops, exhibitions and the provision of healthcare content, which in total reached more than 380 thousand people.

Scientific events G4-EC8

Scientific events contribute to the dissemination of knowledge, advances in oncology and the exchange of experiences with institutions around the world. In 2017 A.C.Camargo sponsored 14 scientific events, with a total of more than 2 thousand participants.

Additionally, nine representatives from the institution participated in the Annual Meeting of the American Association for Cancer Research (AACR) in Washington (United States), and 27 representatives attended the Annual Meeting of the American Society of Clinical Oncology (ASCO) in Chicago (USA). As a result of the content acquired from these participations, the institution produced and distributed nine publications in its official social networks sites, interacting with more than 600 thousand people. The knowledge acquired at these events was also shared with the institution's employees.

A.C.Camargo in the media

3,329 references in the online and offline media.

72 on TV and radio

More than **3.6 milhões** visits to the institution's website

FACEBOOK

The institution's page attracted around 370 thousand followers and registered more than 1.4 million interactions (likes, shares and comments) in 2017

Eight live broadcasts (Facebook Live)

191,737 video views

29,284 interactions

INSTAGRAM

27,648 followers

3,843 people enrolled in the 7th edition of the event entitled Running and Walking - Health and Prevention

LINKEDIN

79,502 followers

Social capital

ACC founding principles are trust and scientific reputation. The patient centered approach and working with and to the community have been reinforced over generations



Integrated patient care: Genival Barbosa, Master and the surgical oncologist of Head and Neck, and Fábio Alves, MD, Master and Head of Stomatology, evaluate a patient's case

FOCUSING ON THE PATIENT'S EXPERIENCE

At A.C. Camargo, patient care practices are based on clinical and scientific evidence. The institution's experience in cases of all types of complexities and the integrated performance of its specialized multidisciplinary teams make it possible to offer the most effective therapeutic treatment to each individual patient.

Our concern with caring for the patient is present at all stages of the disease, from diagnosis to rehabilitation, in line with the institution's Patient-centered Care strategic program, one of 12 strategic programs supporting the consolidation of A.C. Camargo's cancer center model. In line with this strategy, in 2017 a significant advance was made in the optimization of the patient's stay at the institution, by the revision of protocols, definition of controls and management of indicators.

Diagnosis

A.C. Camargo's diagnostic area is led and staffed by a group of experts who are highly qualified and capable of producing accurate diagnoses. The area's technological infrastructure counts on a wide range of up-to-date equipment for all types of diagnoses, including: clinical tests; endoscopy; colonoscopy; bronchoscopy; digital mammography; x-ray imaging; ultrasound; computed tomography; magnetic resonance; scintigraphy; densitometry; interventional radiology; and nuclear medicine. In 2017, the infrastructure was upgraded by the acquisition of a Gallio-69 generator and the inauguration of the PET-CT-PSMA, which made it possible to perform imaging exams which combined positron emission tomography (PET-Scan) with a computerized tomography, which is a radio-tracer that can more accurately identify prostate cancer.

During the year, several actions were taken to continuously improve patient care practices in the diagnosis stage. These included a 15% increase in the availability of mammography and ultrasound examinations and a 12% increase in availability for magnetic resonance imaging examinations. These provision of the availability of these examinations was extended to include the nighttime period.

A rapid form of the creatinine test and a contrast-enhanced pre-examination of tomography and MRI were also introduced. As a result, the offer of qualified diagnostic options enables a higher degree of effectiveness in the early detection of cancer.

Treatment

At A.C. Camargo, each patient receives an individualized evaluation with the support of a multidisciplinary and specialized team. The courses of therapy are then defined in accordance with each patient's condition and with protocols based on scientific evidence. This stage of treatment focuses on systemic approaches (chemotherapy, immunotherapy, hormone therapy), radiotherapy and complementary procedures. Furthermore, A.C. Camargo is a reference institution for robotic surgery in oncology. This type of surgery is less invasive and provides a lower level of risk to the patient. In 2017 alone, the institution carried out 479 robotic surgeries.

Integrated Multidisciplinary Patient Care

Cancer treatment

- **Specialized Surgery:**
 - Abdomen
 - Head and Neck and Otolaryngology
 - Gynecology
 - Breast
 - Neurosurgery
 - Ophthalmology
 - Skin
 - Sarcomas
 - Bone Cancer
 - Pediatrics
 - Chest
 - Colorectal
 - Vascular
 - Urology
- **Clinical Oncology**
- **Hematology Oncology**
- **Pediatric Oncology**
- **Radiotherapy**
- **Nuclear Medicine**
- **Interventional Radiology**

Support Specialties

- **Cardiology/Rhythmology**
- **Cardiovascular Surgery**
- **Pediatric Surgery**
- **Reconstructive Surgery**
- **Vascular and Endovascular Surgery**
- **Medical Clinic**
- **Palliative Care**
- **Pain Clinic**
- **Endocrinology**
- **Hematology**
- **Hemotherapy**
- **Hospitalist**
- **Infectology/Infection Control**
- **Laboratory Medicine**
- **Nephrology**
- **Neurology**
- **Nutrology**
- **Psychiatry**
- **Rheumatology**
- **Liver Transplant**

Diagnosis and Staging

- **Clinical Analysis**
- **Pathological Anatomy**
- **Genetics Center**
- **Radiology & Nuclear Medicine**
- **Endoscopy, Colonoscopy, Bronchoscopy**
- **Dermatoscopy**

PATIENT

Multidisciplinary Team

- **Audiology**
- **Nursing**
- **Stomatology**
- **Pharmacy**
- **Medical Physics**
- **Physiotherapy**
- **Speech therapy**
- **Nutrition**
- **Psychology**
- **Social Service**

Critical Care

Medical and healthcare teams

- Anesthesiology
- Emergency
- Internist
- ICU

ATTENDANCE

In 2017, 3.83 million outpatient procedures were carried out including clinical visits, diagnosis tests, chemotherapy and radiotherapy sessions. In the outpatient sector, 2,329,579 (60.8%) procedures were carried to patients from the National Health System (SUS) and 1,501,234 (39.2%) attendances were for other users.



Our numbers

		2016	2017	
Clinical visits	Outpatient visits ¹	379,376	376,930	-0.6%
	Imaging tests ²	309,253	310,733	0.5%
Diagnosis	Anatomopathological tests	184,967	194,986	5.4%
	Laboratory Tests	3,703,047	3,532,344	-4.6%
Treatment	Surgeries ³	23,197	22,976	-1.0%
	Chemotherapy (sessions) ⁴	99,948	101,961	2.0%
	Radiotherapy (sessions)	49,308	51,167	3.8%
Inpatient admissions	Inpatients	27,323	27,157	-0.6%
	Day patients	151,176	145,454	-3.8%
Emergency	Emergency Attendances	29,473	29,480	0.0%

¹ Nursing Clinical visits and Procedures (Dressings).

² Includes nuclear medicine procedures.

³ Includes the Surgical Center, Outpatient Surgical Center and Hemodynamics.

⁴ Includes sessions and non-sessions (excludes Clinical visits from external units).

Cecilia Maria Lima da Costa, MD, Master and Head of Pediatric Oncology, with a patient in a clinical visit

Breast Cancer Reference Center

Consolidated in 2017, the Breast Cancer Reference Center follows the same concept as the cancer center, integrating diagnosis, treatment, education and research. In this model, which is organized by the origin of the tumor, the patient is attended by specialized and multidisciplinary teams at each stage of their journey, from access to rehabilitation.

From the patient's first contact with A.C.Camargo, he/she receives personalized care. If necessary, the patient is directed to the navigator service, in which a member of the nursing staff will facilitate their journey. Patient care is based on Clinical Protocols that ensure both excellence and homogeneity in care practices.

Cases for which there is no standard consensus are referred to the Tumor

Boards. These are forums that bring together all the specialties involved in order to define a conduct based on scientific evidence of a collegiate nature. The Education and Research teams are integrated with those of Patient Care, thereby promoting the generation and dissemination of knowledge and innovation.

Our experience in the first year of activities revealed efficiency gains, such as the reduction in the time between the first consultation and the beginning of treatment, and to an increase in patient satisfaction. These first results and lessons learned in 2017 have provided guidance for the continuation of the implementation of the Breast Cancer Reference Center, endorsing it as an evolution in the fight against cancer, patient by patient.

Immunotherapy

Immunotherapeutic treatment has been approved for use in Brazil since 2016. It is considered to be the most important advance in cancer treatment discovered in recent years. Immunotherapy aims to activate the body's defense cells so that they begin to recognize and fight the tumor cells. Up until then it was used only in the more advanced stages of the disease. Today immunotherapy is being used at increasingly earlier stages (see the section on Research on Page 26).

Following a series of clinical studies conducted at the institution in 2017, the Immunotherapy of the A.C. Camargo Cancer Center area was created. It offers specialized treatment for patients and has its own specific processes and trained staff. The project integrates the entire process, from Patient Relations Center to patient care and monitoring. Since 2011, when this type of cancer treatment became available, more than 350 patients have been attended.

Intraoperative radiotherapy

This therapy is applied in specific cases to make treatments shorter and less invasive. Mobile intraoperative radiotherapy offers more safety, speed and convenience in specific cases of breast cancer. The procedure is performed in the operating room in a single session. It is an alternative to the conventional linear accelerator treatment, which requires about 30 sessions over a period of five to six weeks.

Rehabilitation and support

Humanity. Humanity is one of A.C. Camargo's core values. The institution has established support groups to provide a welcoming and caring environment for patients and families, from diagnosis to rehabilitation. The group meetings are coordinated by the multidisciplinary teams. They facilitate the exchange of information and experiences between participants and specialists. Specific actions include participating in choirs, meetings with carers, cooking workshops, and specific groups for men and women. In 2017, 2,941 people participated in support group meetings.

Technology to healthcare improvement

A.C. Camargo invests continuously in new equipment to improve the diagnosis process and treatment of patients. In 2017, several significant acquisitions were made, including a HIFU Focal One machine, which is a high-intensity ultrasound device for the treatment of prostate cancer. The device captures images of the prostate in real time and can apply energy to exact locations, with millimeter precision, avoiding the need for surgery.

Pre-chemotherapy hemogram: implementation of a service point in the chemotherapy sector to perform a pre-treatment hemogram. This provides more comfort for the patient and reduces the need for his/her displacement.

Use of SMSs to confirm and/or cancel clinical visits and diagnoses tests:

this reinforces the interactions with patients and allows the Patient Relations Center to reschedule canceled appointments, optimizing the use of the hospital's installed capacity.

New **HIFU** machine for treating localized prostate tumors, replacing surgery and with substantially reduced side effects.

Acquisition of an **Autostainer Link 48** machine for the PD-L1 bio-marker expression test. This test indicates whether the patient who has been diagnosed with lung cancer is eligible for immunotherapy, a promising technique for advanced or aggressive tumors.

PATIENT SAFETY AND QUALITY

G4-DMA, G4-PR1

Petrus Paulo Eufrazio, Head of Medical Physics, carrying out radiation dosimetry and linear accelerator quality control

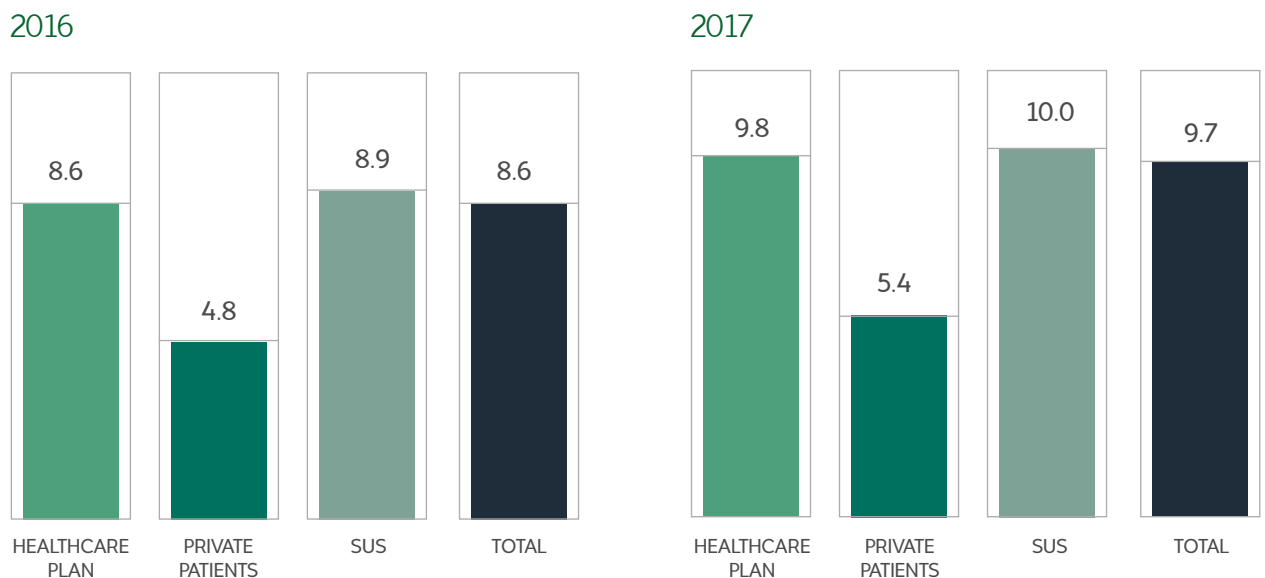
A.C. Camargo is constantly improving processes that involve patient safety through the monitoring of indicators. Monthly audits are carried out to monitor these quality indicators and identify opportunities for process improvement. The Patient Safety Survey is applied annually to all employees to assess their perception of the issue.

Health and safety

Indicator	2016	2017
Average length of stay	5.5 days	5.4 days
Mortality rate	4.7%	4.5%
Occupancy rate	84.7%	81.4%



Inpatient readmissions rate - Clinical Emergency (%)



Quality of care indicators

Indicator	Antônio Prudente Unit		Tamandaré Unit	
	2016	2017	2016	2017
Surgical site infection rate (overall)	2.44%	2.47%	3.08%	2.51%
Surgical site infection rate (clean surgery)	1.62%	1.21%	1.76%	2.03%

Quality of care indicators

Indicator	Antônio Prudente Unit		Tamandaré Unit	
	2016	2017	2016	2017
Falls per thousand patients	1.88	1.50	1.85	1.74
Phlebitis	2.23%	1.33%	1.24%	0.74%
Leakage of Antineoplastic medication	0.05%	0.07%	0.05%	0.09%
Pressure ulcer	0.43%	0.25%	0.35%	0.16%
Loss of central catheter	0.19%	0.13%	0.30%	0.18%
Acquired infections	2.78%	2.25%	3.71%	2.50%
Sepsis fatalities- excluding cases of terminally ill patients	8.76%	10.46%	8.88%	17.98%

PROCESS ENHANCEMENTS

In 2017, the Patient-centered Care Management and associated teams implemented improvements and new patient care protocols that integrated the care practices throughout the patient care journey.

In practice, this means that from the moment the patient arrives at the hospital to register and receive the first care procedure, he/she will be viewed from a holistic perspective from diagnosis to treatment to follow-up, since the procedures and stages follow standard protocols.

Another innovation in 2017 was the introduction of a new protocol for critical patient care, based on the Early Warning Alert

Score (MEWS). This protocol provides for the anticipation of patient care for a patient who is admitted to the A.C. Camargo's intensive care unit. It has specific criteria that allow the clinical team to assess the level of criticality of the patient's health status.

Services efficiency

In 2017, 96.9% of the patients were attended at the scheduled time or within 60 minutes, with 86.7% attended within 30 minutes. This performance represented an improvement in the indicators compared to the previous year.



Administrative Assistant
Keilla Ramos Bonfim Ribeiro
welcomes a patient

Institutional standards and policies

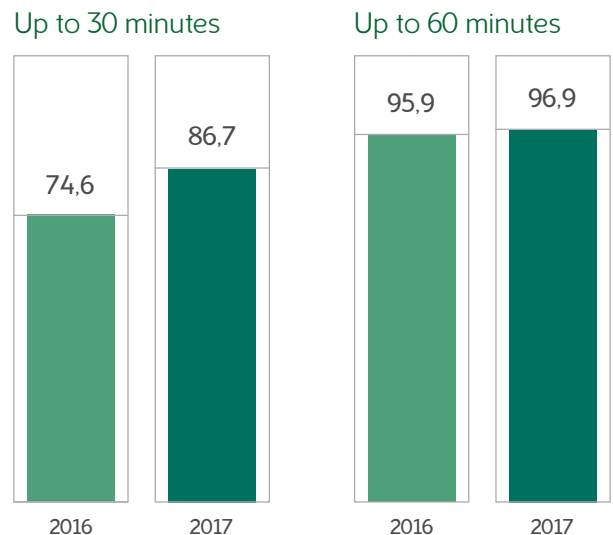
Internally, the Institutional Standards Portal was implemented as part of the Strategic Program for Process Redesign. This system, which was developed in a collaborative effort between the administrative and patient care areas, facilitates the identification and registration of processes, thereby contributing to the preservation of the institution's knowledge base and process flows.

Patient discharge team

A.C.Camargo has established a discharge team with the objective of guaranteeing a better patient experience at this stage and developing more efficient models for the de-hospitalization process. Implemented in 2016, the area is responsible for evaluating the hospital discharge decision on a case-by-case basis. The aim is to avoid the patient being admitted for longer than necessary since their general condition tends to improve after returns home. In 2017, a pilot project was carried out with seven patients.

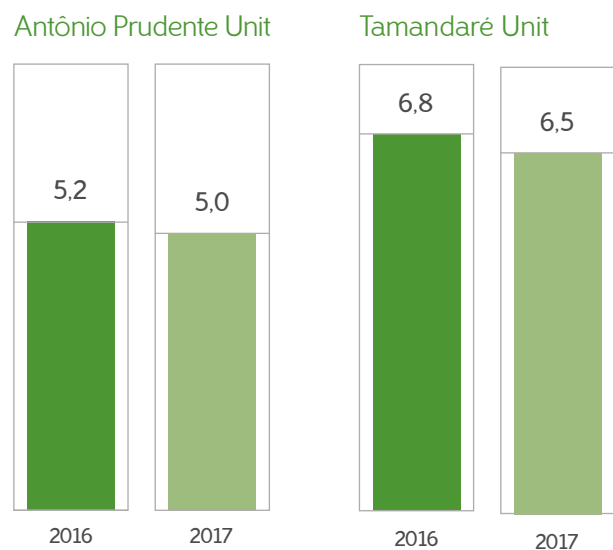
One of the goals is to investigate, in practice, the benefits of a model that values the best use of hospital assets. The average stay indicator in the institution, for example, will decrease as the number of long hospitalizations is reduced due to the patient's earlier return to his/her home.

Patients attended * (%)



* Includes outpatient visits

Average length of stay*



* Inpatient admissions or stay in hospital in days

Ombudsman

Since 2015, the Ombudsman has served as a communication channel for the registering of complaints by A.C. Camargo's patients, companions and family members. The complaints are registered in a data base and can be used to identify the main opportunities for improvement. In 2017, the Customer Ombudsman registered 3,756 complaints, which represented an average of 0.94% of the sum of the total number of patients-month and 1,857 compliments, representing 0.46% of the total number of patients-month. The indicators for 2017 demonstrated a decrease of about 5% in the total number of complaints and an increase of around 10% in the total of compliments, compared to 2016. The Customer Ombudsman also monitors the indicators on the Reclame Aqui ("Complain Here") website. In 2017, the institution's reputation index was classified as "Good" by Reclame Aqui, indicating a positive average rating over a 12-month period, based on the rates of response and resolution of the cases reported.

SUS Satisfaction Survey

Every four months SUS carries out an evaluation of the services provided by its suppliers. The evaluation, which is conducted by the Municipal Health Department, assesses the institution's patient care and process management, based on a list of 33 targets. Since 2012, A.C. Camargo has always received the **maximum score**.

Patient and Companion Satisfaction Survey G4-PR5, G4-DMA

On an annual basis, A.C. Camargo carries out a survey with patients who have used the institution's services to assess the levels of satisfaction for patient care, infrastructure, treatment and other stages of their experience and journey through the institution. The survey is conducted by an independent research institute and the outcomes are considered to be reliable indicators of the quality of patient care in the institution.

1,274 people interviewed

873 interviews done with patients with healthcare plans (653 patients and 220 companions)

401 were patients/companions from SUS (294 patients and 107 companions)

In addition to this annual survey, in 2017, an ongoing Net Promoter Score (NPS) survey was carried out so that the patient's experience could be more broadly evaluated. The research is performed daily soon after the patient's attendance, by e-mail or SMS. In 2017, **90% of the patients interviewed indicated that they would recommend A.C. Camargo's services.**

SATISFACTION INDICES

private patients or with healthcare plans
96.5% (compared to 97.9% in 2016)

Patients from SUS
97.9% (compared to 99.3% in 2016)

Companions of private patients or with healthcare plans
95.4% (compared to 96% in 2016)

Companions of patients from SUS
100% (compared to 99.1% in 2016)

RELATIONS WITH PARTNERS AND SUPPLIERS

The growth of healthcare spending, coupled with the need to seek efficiency in resource allocation, has played an important role in the agenda of public policy and sector discussions. Cognizant of its wider responsibility and role, in society, A.C. Camargo has implemented a Supplier Relations Manual and a Conduct Code. Together these instruments address the issues related to the institution's business conduct and the expectations of its stakeholders regarding ethical behavior. These documents are published on the A.C. Camargo website.

In 2017, the institution implemented a positive agenda for its relations with suppliers in order to strengthen its new commercial policy. This

policy provides guidelines for negotiating with healthcare providers, essential partners in ensuring the sustainability of the patient care services. One of the initiatives was the realization of the "Meeting with Companies" events, aimed at strengthening the relations with both healthcare operators and the Human Resources and Occupational Medicine areas of A.C. Camargo's business partners.

In 2018, the institution intends to establish an official communication channel with these companies, creating specialized services and internal processes to meet their requirements. In addition to strengthening its relations with its business partners, A.C. Camargo also seeks to broaden the scope of its patient care offerings, in order to determine the optimum cost-benefit effectiveness of the entire system.



7th Edition of the Health and Prevention Walk and Race.

CANCER PREVENTION AND EARLY DIAGNOSIS PROGRAM

The 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 (APAE) and religious entities. The presentations addressed topics such as healthy lifestyles, risk factors, signs and symptoms of the disease, diagnosis and treatment. Interested participants were offered free consultations and tests in the institution's facilities. In the event that participants were diagnosed with cancer, they were treated by A.C. Camargo.

SOCIAL RESPONSIBILITY G4-DMA

A.C. Camargo invests its own resources to promote various initiatives of a social nature, in line with its values, and its mission of disseminating knowledge on cancer and promoting prevention and early diagnosis.

Some of the highlights were as follows: grants for oncology education; development of research to generate cancer knowledge; free patient care for sectors of the population; inclusion and reintegration of children in society during and after treatment; engagement of the population in the fight against cancer; promotion of behavior change, the adoption of healthier lifestyles and the avoidance of risk factors; and scaling up the dissemination of information through its relationship networks.

Prevention Program G4-SO1

	2016	2017
Number of people attended	33,957	34,100
Clinical visits	43,997	48,310
Diagnosis Tests	1,403,332	1,416,406
Confirmed Cancer Diagnoses	326	307
Referred to specialties	1,025	824

Human capital

A.C. Camargo's human capital development is one of the main factors underlying the institution's success and is the subject of one of the 12 main programs that comprise the Strategic Plan. In 2017, the institution directed considerable efforts to consolidate the new organizational structure. The work carried out by employees is an essential part of the success of the patient's journey, within the integrated model of the Cancer Center.

The main objective of career planning is to provide opportunities for employee growth and development.

The main objective of career planning at A.C. Camargo is to provide opportunities for employee growth and development. This translates into actions to increase retention rates and build capacity, in order to consolidate the cancer center model. The strategic planning process, broadly speaking, provides developmental pathways for the administrative, patient care and clinical staff.

In the second semester of 2017, a review of the organizational skills required for the consolidation of the cancer center model was completed. The institution also made progress on designing a new remuneration policy. It was based on the outcomes of a study by external consultants on positions, salaries and specific indicators, in line with best market practices. The new policy will be implemented in 2018.



Employees in the atrium

People Management Strategic Program



Development Pathways Program

G4-DMA

The employee's career development pathway at A.C. Camargo is based on career planning and preparation to occupy specific positions. In 2017, the institution prepared development programs for all functions, at different skill levels. From auxiliaries and technicians to superintendents and other managers, specific topics were defined for each function, through group dynamics and preparation activities, as well as activities in the training modules to ensure knowledge consolidation. For senior management (general managers and superintendents) a development program was designed with specific and individual actions, based on an assessment carried out with this group. The program is structured in three pathways (see diagram).

Behavioral

Leadership pathway for managers and key positions without management responsibility. Topics included: Strategic Vision (macroeconomic scenario, interdependence between areas, decision-making process) and People Development (communication, dialogue, performance management and protagonism).

Institutional

- Institutional integration
- Patient care
- Communication of difficult news
- A.C. Camargo's ethics and values
- Diversity and inclusion
- Internal controls and information security
- Responsible use of resources
- Quality

Functional

- All employees: project and process management
- Patient care: issues related to patient care practices

HUMAN CAPITAL IN NUMBERS G4-10, G4-LA1, G4-LA3, G4-LA9

Employees by functional level

	2016		2017	
	Men	Women	Men	Women
Chief officers	7	5	7	4
Managers	12	33	13	33
Head/Coordinator/Supervisor	66	156	72	162
Technician	482	1,377	484	1,376
Administration personnel	61	111	72	114
Operation personnel	697	1,084	691	1,121
Outsourced personnel	278	276	267	273
Apprentice	40	73	40	71
Intern	10	47	9	39
Total by gender	1,653	3,162	1,655	3,193
Total	4,815		4,848	

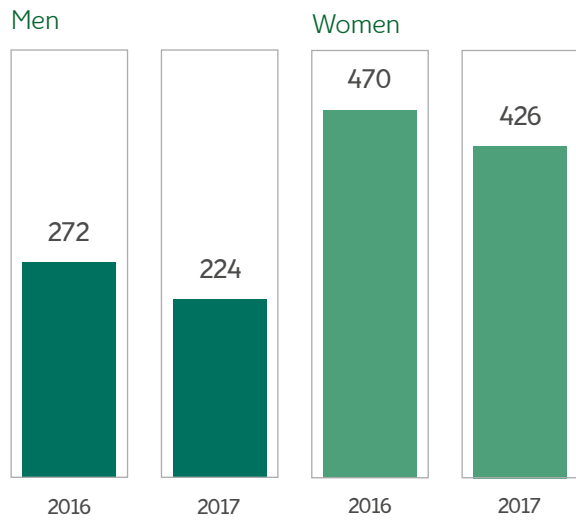
Employees by type of employment contract

	2016		2017	
	Men	Women	Men	Women
Own Employees	1,375	2,891	1,388	2,920
Permanent: Full-time	820	1,432	844	1,455
Permanent: Part-time	554	1,454	495	1,463
Temporary: Full-time	1	5	0	2
Temporary: Part-time	0	0	0	0
Intern	10	47	9	39
Apprentice	40	73	40	71

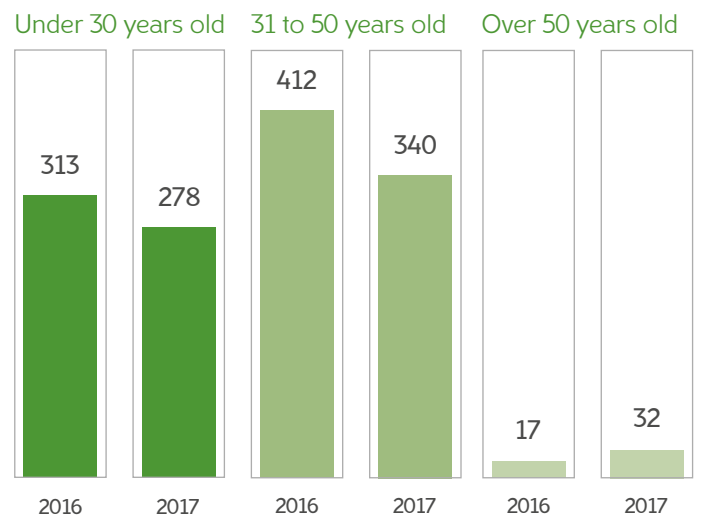
Work force/total employees

	2016		2017	
	Men	Women	Men	Women
Total employees	1,375	2,886	1,388	2,920
Total Clinical staff (Doctors)	360	258	356	287
Total volunteers	15	179	12	152
Total Multidisciplinary Team	278	276	267	273
Total work force	2,028	3,599	2,023	3,632

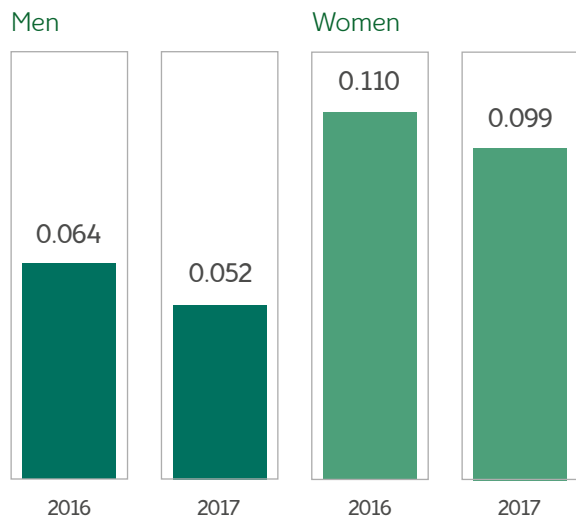
Terminations by gender



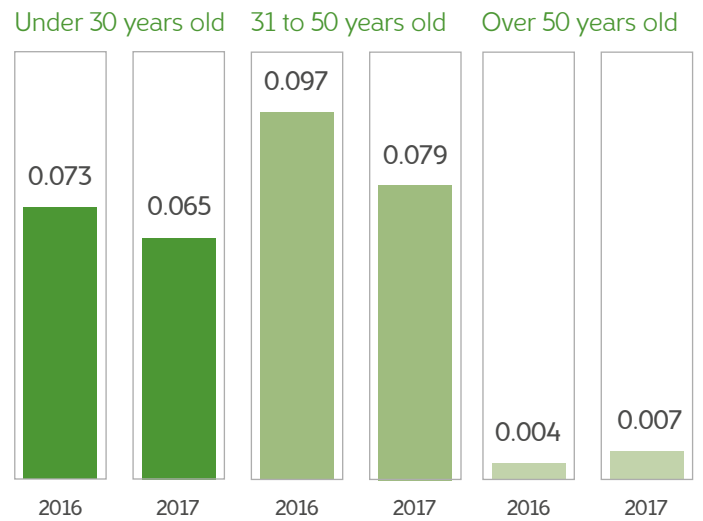
Terminations by age group



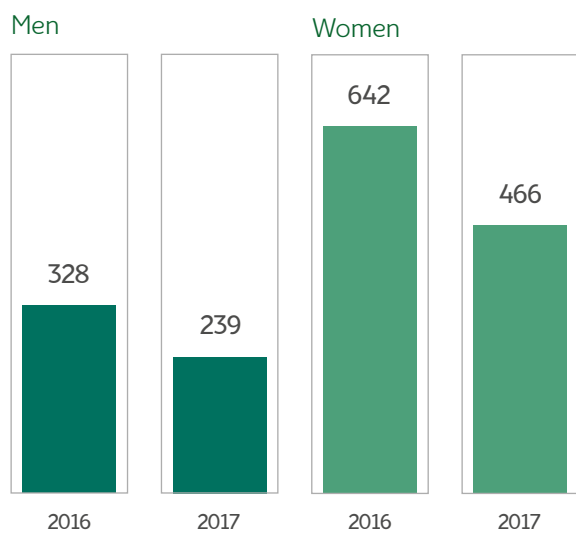
Turnover rate by gender (%)



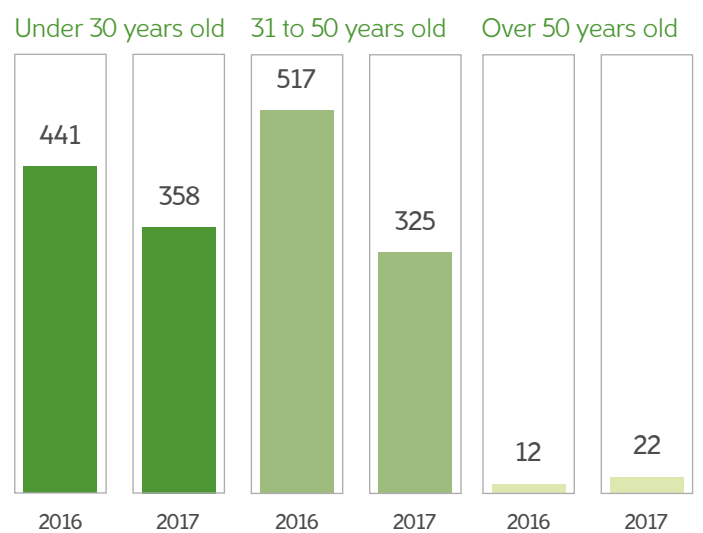
Turnover rate by age group (%)



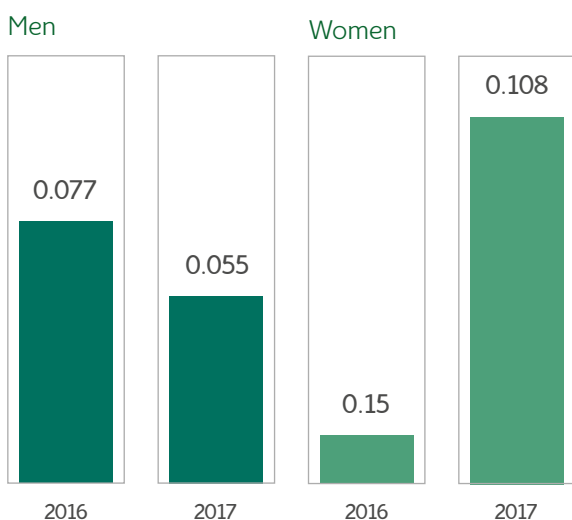
Hiring by gender



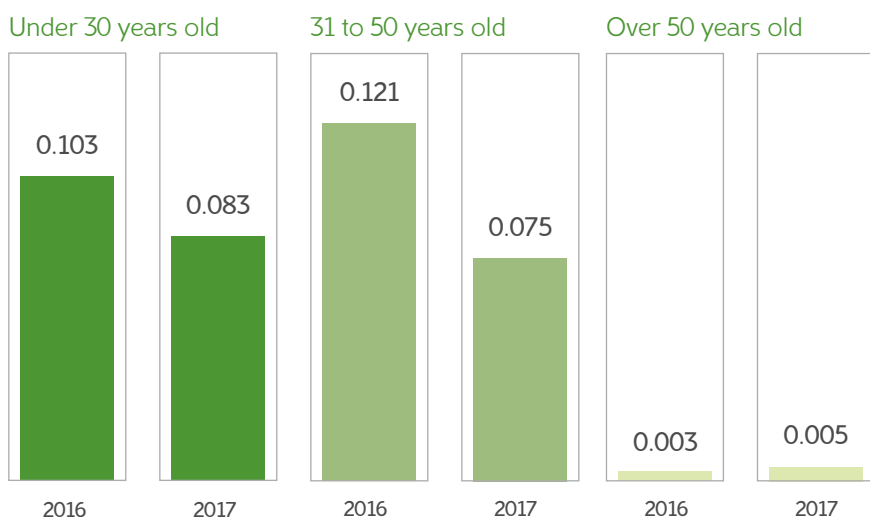
Hiring by age group



Rate of new hires by gender (%)



Rate of new hires by age group (%)



Maternity or Paternity Leave and return to work by gender

		2015	From 2012 to 2016	2017
Employees entitled to maternity/paternity leave	Men	62	620	62
	Women	97	683	122
Employees who took maternity/paternity leave	Men	62	620	62
	Women	97	683	122
Employees that returned to work after taking maternity/paternity leave	Men	62	620	62
	Women	86	658	113
Employees that did not return to work after taking maternity/paternity leave	Men	0	0	0
	Women	11	25	9
Employees that returned to work after maternity/paternity leave that were still in the institution 12 months after their return	Men	62	545	62
	Women	86	587	113
Rate of return of employees returning to work upon termination of leave	Men	0%	0%	0%
	Women	11%	4%	7%

Training by functional category/gender						
	2016			2017		
	Employees	Hours	Hours per employee	Employees	Hours	Hours per employee
Chief officers	11	349	31.73	11	243	22.05
Men	6	173	28.83	7	169	24.07
Women	5	176	35.2	4	74	18.5
Managers	45	3,300	73.33	46	3,394	73.79
Men	12	530	44.17	13	760	58.46
Women	33	2,770	83.94	33	2,634	79.83
Head / Coordinator	224	17,132	76.48	234	17,615	75.28
Men	67	6,771	101.06	72	6,850	95.14
Women	157	10,361	65.99	162	10,765	66.45
Technician / Supervisor	1,859	112,264	60.39	1,860	106,519	57.27
Men	482	26,621	55.23	484	22,919	47.35
Women	1,377	85,643	62.2	1,376	83,600	60.76
Administration Personnel	172	60,870	353.90	186	45,082	242.38
Men	61	32,265	528.93	72	21,265	295.35
Women	111	28,605	257.7	114	23,816	208.92
Operational personnel	1,785	15,894	8.9	1,812	14,135	7.80
Men	697	3,411	4.89	691	4,344	6.29
Women	1,088	12,493	11.48	1,121	9,791	8.73
Apprentice	113	24,497	216.79	111	20,911	188.39
Men	40	10,577	264.43	40	6,803	170.07
Women	73	13,920	190.68	71	14,108	198.71
Intern	57	6,435	112.89	48	8,972	186.91
Men	10	509	50.9	9	1,275	141.68
Women	47	5,926	126.09	39	7,696	197.35
TOTAL	4,266	240,740	56.43	4,308	216,869	50.34
Men	1,375	80,856	58.8	1,388	64,384	46.39
Women	2,891	159,884	55.3	2,920	152,485	52.22

Note: The number of training hours per employee was calculated by dividing the total number of hours of training by the total number of active employees at December 31st 2017.



TALENT ACQUISITION

In 2017 the area of Talent Acquisition worked very closely with the patient care and business areas, in order to select the most talented employees for the institution, Internal recruitment is the first priority, before seeking talent in the market, In 2017, the institution filled 25% of its vacant positions through internal recruitment, During the year, a review of A.C.Camargo's internal recruitment policy was initiated, The objectives are to ensure that the process takes place with more autonomy, with strengthened communication and consultative actions, and based on a clear understanding of the needs and particularities of the areas, in order to maximize the retention of internal talents,

Apprentice Program

The institution is evaluating the implementation of an apprentice program that would provide theoretical and practical training, under pedagogical supervision and guidance, via a professional training entity, in order to equip young learners to improve their skills within the context of A.C.Camargo's culture and values,

Internship Program

The eligibility requirements for entering this program are as follows: Nursing undergraduate students between the 5th and 8th semesters; Nutrition students in the 7th or 8th semester (compulsory internship); Nutrition Technician students in the 2nd semester; undergraduate

students from all other courses in the 1st semester, 61 interns were hired in 2017

People with disabilities inclusion program

A program was structured to attend people with disabilities based on the premise of hiring a skill and not a disability, in other words, people with disabilities will be considered for all vacant positions in the institution provided they meet the requirements of the position,

In 2018, the program will be restructured with the aim of introducing new development initiatives focused on the needs of people with disabilities

SUCCESSION PROGRAM

In 2017, the human resources management area began to prepare a succession map for the positions of Officer, with completion scheduled for the first half of 2018, the objective is to provide insight into the profile and potential of the institution's managers, and align them with organizational competencies, the strategic plan and the individual career trajectories,

In 2017, the institution undertook a major revision of the its policy for positions and salaries, using a new methodology, based on best market practices and directed to the institution's needs. This is planned to be implemented in 2018,

Talent attraction: a group of trainees working in patient care

Refugees hiring initiative

A.C.Camargo, in partnership with the NGO called "I'm a Refugee", is undertaking an initiative to support the insertion of refugees in the labor market. In Brazil alone, there are more than 10 thousand refugees from countries such as Haiti, Nigeria and the Congo. In 2017, four refugees were hired and the number of vacancies for refugees will be increased in 2018.

Organizational Culture Survey

A.C.Camargo carried out an organizational culture survey in 2017 in order to understand how the institution's values are perceived by employees and how they are reflected in the day to day activities. The survey gathered information on the employees' perceptions regarding the adherence to the institutional values and how they are practiced, and provide inputs for cultural evolution.

REMUNERATION AND BENEFITS

The employee benefit package offered is in line with best market practices and has as a priority access to healthcare. All employees are eligible for all benefits except parking.

G4-LA2

- Healthcare Plan;
- Dental care;
- Meal and travel vouchers;
- Basic food package/food voucher;
- Private pension plan with a contribution from the institution;
- Childcare assistance;
- Life insurance (including funeral assistance);
- Partnership/discounts with auto and home insurers;
- Partnerships/discounts with pharmacies;
- "Good Card" benefits card;
- Scholarships for technical, graduate 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 G4-DMA

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.

A.C.Camargo prioritizes the safety of its employees in the exercise of their work activities. It has developed an Individual Protective Equipment (IPE) Policy, which defines norms and regulations for behavior in order to ensure the safety of all employees. The institution has established two Internal Accident Prevention Commission (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 also have staff who are responsible for meeting the CIPA objectives. Each CIPA is composed of members representing the employees (50%) and members indicated by the A.C.Camargo Cancer Center (50%), who represent 100% of the employees G4-LA5

The Chemical Products Standardization Commission (CPPQ) also covers 100% of employees, as in previous years (2016 and 2015). The CPPQ is composed of 6 members. It is a multisectoral group, responsible for approving the standardization of the chemical products that are used in the institution. G4-LA5

In 2017, A.C.Camargo sponsored actions to encourage healthy eating by employees, as a factor in preventing cancer. Presentations, cooking workshops and a survey of the nutritional profile of the workforce were carried out.

Some of the initiatives offered by the institution were: free gynecological care, occupational gymnastics; programs and psychosocial support for smokers; program for pregnant women; programs for the prevention and early diagnosis of cancer and other diseases; and actions to prevent obesity and manage chronic diseases.

Annually the institution organizes a week of internal activities focused on the prevention of accidents involving people or the environment. 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 patients; falls at the same level; contamination by sharp instruments; and exposure to biological and radioactive materials in the handling of drugs and equipment. To further minimize these risks, practitioners are constantly trained in prevention practices. G4-LA7

In 2017, the number of injuries due to road accidents increased resulting in an increase in the institution's injury frequency rate and number of days lost. The total number of lost days in 2017 was 54.53% higher compared to 2016 and the injury frequency rate increased by 4.59%. The injury frequency rates included light injuries.

Health and safety rates by gender * G4-LA6

	2016			2017		
	Men	Women	Total	Men	Women	Total
Injuries Rates	6.89	16.87	23.76	7.34	17.51	24.85
Occupational illnesses Rates	1.12	4.78	5.9	1.35	3.29	4.64
Total days lost	169	394	563	365	505	870
Absenteeism Rate**	0.76	1.36	2.12	0,86	1.80	2,66
Total deaths	0	0	0	0	0	0

* All employees are located in the Southeast Region. Third-party contract staff are not included in the calculations of health and safety indicators.

** Information by gender was estimated based on the total absenteeism.

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 and includes the man-hours worked in all units.
4. The total number of days lost considers all injuries resulting in lost days including those related to commuting for all units.
5. The units included in the indicator were: Antônio Prudente, Tamandaré, Santo André and Morumbi. We only account for our own employees (workers = self-employed). In relation to the absenteeism rate, we only analyzed the total (men and women) since the system does not provide a breakdown by gender. Furthermore, for the purposes of benchmarking the total value is used.



Marcos Duarte, MD, Master, Head of Imaging and a lecturer in the graduate program.

CLINICAL STAFF EXCELLENCE PROGRAM

The Program promotes quality in integrated cancer care, stimulates continuous professional development and balanced care research and education activities. It recognizes that the excellence of patient care combined with operational efficiency is the institution's driving force. However, it is the integration of these with research and teaching that ensures the continuous evolution of the A.C. Camargo Cancer Center and the professional development of the people who work in providing its services.

By means of this program, the institution recognizes the dedication, excellence and diversity of activities of its clinical and multidisciplinary staff.

VOLUNTEER TRAINING

In addition to employees and members of the clinical staff and multidisciplinary teams, there are 164 permanent volunteers working at the institution, performing a fundamental role in the care of our patients and their companions. In 2017, about 100 volunteers participated in a Training and Enhancement Program where they received training on how to improve their performance in their activities. The program addressed a number of topics, including: Basic Principles in Hospital Infection Control; the Role of the Volunteer; NR 32; Patient Safety; and Communication with Patients and Family Members.

Financial capital G4-DMA

The year of 2017 was a challenging one for the entire healthcare sector in Brazil. The country went through a phase of economic instability, which adversely impacted the results achieved by the national health system. A.C. Camargo focused on seeking a better balance between the cost and effectiveness of treatments and the rational use of resources.

The investments in the Cancer Center continued to focus on consolidating its

integrated care model, which has achieved international recognition for its excellence and effectiveness.

The total investments also included: infrastructure projects such as the new energy substation, renovations and expansions, a new information systems platform and the acquisition of new equipment; redesign and improvement of critical operational processes in all sectors; and institutional governance.

A new concept was developed for the remuneration and relations with healthcare plans operators, focusing on offering integrated services. This is a new trend in the healthcare sector since it brings more security, balance and efficiency to these partnerships, with a higher degree of predictability of costs and an increase in market competitiveness.

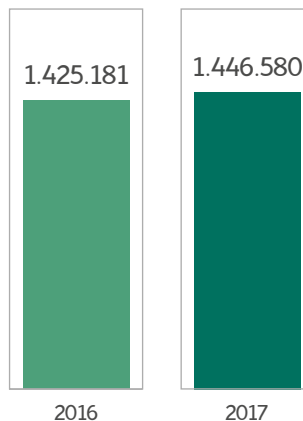
Finally, the institution has been improving its risk management and internal controls to foster a culture of quality and patient safety. Initiatives included an analysis of the compliance of care practices with internal standards and the promotion of the continuous improvement of processes, in line with the guidelines for obtaining quality certifications.

A.C. Camargo's system of institutional controls is based on the integrated and interdependent performance of the areas of Compliance, Internal Audit and Internal Controls, combined with the cross-cutting view taken by the Quality and Processes area. In order to strengthen the institution's risk management culture, a Risk Management area will be established in 2018 to identify, evaluate and monitor institutional risks.

Statement added G4-EC1

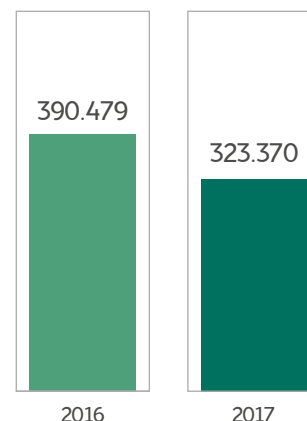
Direct economic value generated - revenues

(R\$ thousand)



Surplus of the year*

(R\$ thousand)



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

Investments related to the Strategic Planning (R\$ million)

- 40.4** | Electrical Substation
- 7.6** | Infrastructure plan and Retrofit Plan
- 6.7** | Infrastructure works
- 5.5** | Project - New units
- 3.0** | Project - New software
- 4.1** | Project - IT Infrastructure
- 1.8** | Reallocation of administrative areas

Numbers for 2017

R\$ 1.3 billion

Net Revenues

1.1% increase from 2016

R\$ 229.4 million

EBITDA margin

R\$ 744.5 million

Value Added

R\$ 121.654 milhões

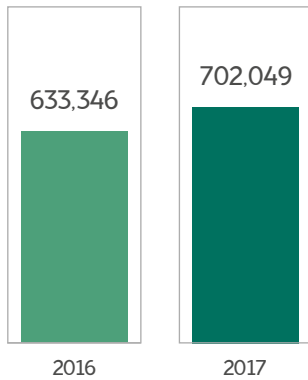
Costs for SUS procedures
(R\$ 103.669 million in 2016)



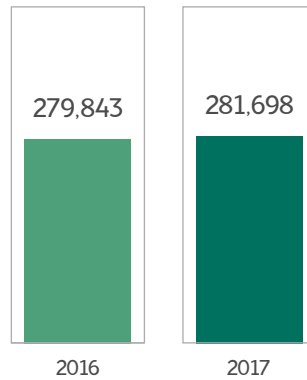
Bruno Rodrigues
Alencar, IT support
analyst, in the new
Data Center

Economic value distributed (R\$ thousand)

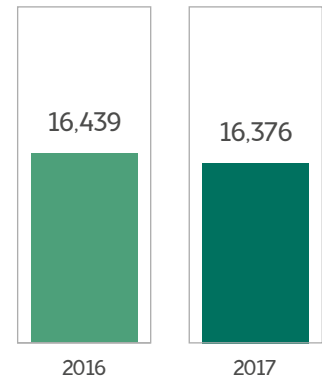
Operating costs



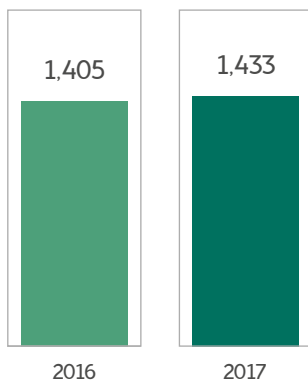
Employee salaries and benefits



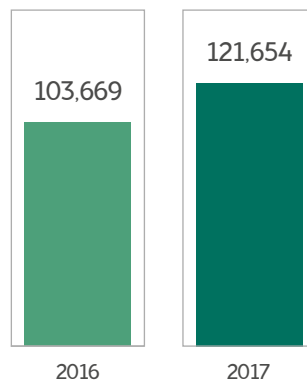
Capital providers reimbursements



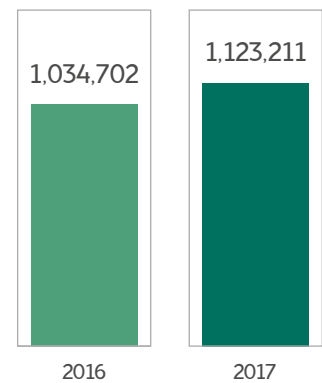
Government's reimbursements



Community investments



Total



Natural capital

In 2017, A.C.Camargo launched a new sustainability platform, which will be responsible for developing long-term objectives and plans in relation to social and environmental topics. It will also seek solutions in areas such as energy efficiency, waste management and the building of partnerships for the management of impacts (*for more information see the section on Sustainability on page 19*). The new platform will propose initiatives that reinforce A.C.Camargo's purpose and values, within a model for the rational use of resources and the optimization of processes, Sustainability is a strategic theme for management and for the institution's long-term planning.

The main direct impacts on natural resources for an institution the size of A.C.Camargo are related to water management, in terms of the reduction of total consumption and its reuse and recycling, waste management and energy efficiency. The Sustainability Platform environmental pillar will provide guidance for investments and projects to increase efficiency in the use of natural resources and search for innovative solutions in equipment, processes and technologies. The aim is to enhance and expand the responsible manner in which the institution operates and reinforce its commitment to more eco-efficient models

to provide services to its patients while minimizing environmental impacts.

The main negative impacts caused by A.C.Camargo's activities are those related to environmental aspects of its operations. The institution's actions to mitigate its impacts include hospital waste management and the responsible use of water and energy, in addition to certain specific actions in line with the ISO 14001 certification guidelines. G4-EC2

In addition to continuing to comply with the ABNT NBR ISO 14001:2004 standard, in 2017, the external audit team recommended that the Environmental Management System of the Antônio Prudente Foundation – A.C.Camargo Cancer Center migrate to the new version of the standard, ABNT NBR ISO 14001:2015. G4-S02

The institution adopts international standards in its environmental management systems in order to increase its efficiency in the use of natural resources.

The Leader of Hygiene and Cleaning, Silvano Naoto Kageyama, uses an electric car to transport waste





Engineer Antônio Hernandes at the new energy substation

ENERGY EFFICIENCY G4-EC2

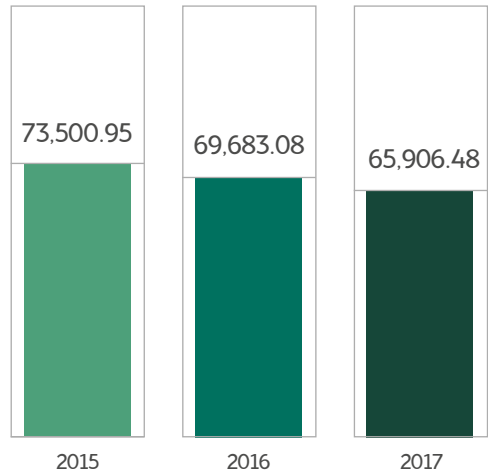
A new Power Plant was installed in 2017, in line with the strategic plan. It will contribute to improving the security and quality of the energy supply for the entire A.C.Camargo complex. The plant went into operation in August at the Antônio Prudente unit.

In parallel, an evaluation of the energy supply mix of the main heating systems for showering was carried out. As a result, the electrical heating system was changed to natural gas, providing an increase in energy efficiency. Additionally, more than 2,700 fluorescent lamps have been replaced by LED models.

Another initiative involved the mapping out of the use of air conditioning, lighting and equipment in the nighttime period. Since the beginning of 2017, an inspector has been making a daily round at the head office to identify points where there is no need to use air conditioning or there are lights that can be switched off, for example. In addition, the water-cooling plant which supplies cold water to the air conditioners has been reprogrammed to temperatures that are more suitable for cold days, reducing energy consumption.

In 2017, energy consumption decreased by 5.5% compared to the previous year.

Energy consumption in the organization* (GJ) G4-EN3



*The consumption amounts include only the energy supplied by the electricity distribution company

5.5%
decrease in energy consumption

Water G4-EN8

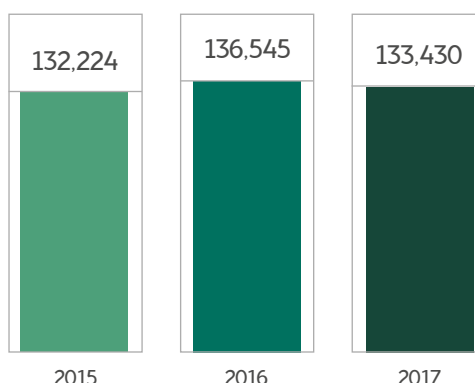
In 2017, water consumption decreased by 2% compared to the previous year. Pressure reducers were installed in showers and aerators in taps to reduce fresh water consumption. As a precautionary measure, an evaluation of the whole water system was made to identify possible leaks, although none were detected.

The utilization of reuse water was also maintained, with two reservoirs at the Tamandaré Unit, one for the International Cancer Research Center (CIPE) and the other for the Antonio Prudente Unit. The reuse water in these reservoirs is used for washing floors and watering the gardens. The expansion of these reservoirs contributes to improving water management and reducing the consumption of fresh water.

A study was carried out to evaluate the possibility of changing the fresh water system to reuse water throughout the complex. The plans for the infrastructure for water collection have been prepared, and the initiative should be implemented in 2018.

Total water withdrawal per source (m³)* G4-EN8

Water supply company



*The values do not contemplate the eventual consumption of reuse water.

WASTE MANAGEMENT G4-EN23

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 volume of hazardous waste increased due to improvements in the process of collecting infectious waste, with improved monitoring by management of the collections and consequently more accuracy in the information given

Non-hazardous waste (metric tons)*

	2015	2016	2017	
Recycling	357	352	307	Paper, plastic, metal and other recyclables
Sanitary landfill	810	815	805	Sanitary, organic and non-recyclable waste
Total	1,167	1,167	1,112	

Hazardous waste (metric tons)*

	2015	2016	2017	
Incineration	108	118	110	Medical waste, chemotherapeutic and solid reagents
Electro-thermal deactivation	855	917	982	Infectious waste
Cremation		2	2	Anatomical parts
Total	963	1,037	1,095	

Hazardous waste (m³) *

	2015	2016	2017	
Incineration	17	18	15	Liquid reagents

* Units included: Antônio Prudente e Tamandaré

Ludmilla Chinen, PhD,
Master and Researcher,
analyzes data from
circulating tumor cells



Reporting

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

Document reports the contribution of the A.C. Camargo Cancer Center for Oncology in Brazil to society

This is the seventh edition of the A.C. Camargo Cancer Center Sustainability Report. The report was prepared in accordance with the comprehensive option of the G4 version of the Global Reporting Initiative (GRI) reporting guidelines. It presents the main indicators, projects and initiatives, in both financial and non-financial aspects, that summarize its performance in 2017.

The report also marks a first effort by the organization to align itself with the guidelines for integrated reporting issued by the International Integrated Reporting Council (IIRC). These guidelines seek to integrate both financial and non-financial information in the reporting of an organization's results.

The content presented has been structured in a manner to describe in detail the progress in the implementation of the institution's cancer center model, its strategic planning topics and its results in terms of value creation in relation to the various forms of capitals accessed and transformed by the institution, namely: intellectual capital (essentially through the areas of education, research and innovation); human capital (employees and clinical staff); social capital (relations with patients, institutions and society); financial capital (access to resources, investments and economic and financial performance); and natural capital (natural resources, with an emphasis on water, energy and waste).

The indicators and data relate to the period from January 1st to December 31st, 2017. They focus primarily on A.C. Camargo's most important issues which were identified in a materiality process and also address its recently established Sustainability Platform (for more information see page 19). In addition to the institution's own indicators and those required by the GRI guidelines, 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 in each business sector.

The financial statements cover all the operations of the Antonio Prudente Foundation. They were prepared according to the Brazilian accounting standards and also the International Financial Reporting Standard (IFRS). All of the indicators were submitted to an independent external assurance.

Any questions, comments or suggestions on the information presented here should be sent to the following e-mail address: relatorio_sustentabilidade@accamargo.org.br.

GRI Content Index



General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
STANDARD INDICATOR				
Strategy and analysis	G4-1 Administration's Stakeholder Letter	Page 4		Yes, Page, 67
	G4-2 Description of key impacts, risks and opportunities	Page 4		
Organizational Profile	G4-3 Name of the organization	A.C. Camargo Cancer Center		
	G4-4 Primary brands, products and/or services	Integrated multidisciplinary treatment: Diagnosis, Treatment, Education, Research		
	G4-5 Location of the organization's headquarters	São Paulo (SP)		
	G4-6 Countries where either the organization has significant operations or that are specifically relevant to the sustainability topics covered in the report	Brazil		
	G4-7 Nature of ownership and legal form	Private, non-profit foundation		
	G4-8 Markets served	Page 18		
	G4-9 Scale of the organization	Page 6		Yes, Page 67
	G4-10 Employee Profile UNGC	Page 45		Yes, Page 67
	G4-11 Percentage of employees covered by collective agreements UNGC	100%		
	G4-12 Description of the organization's supply chain	3,726 active suppliers (registered and reviewed in 2016/2017, with which there are financial transactions). Total payments of more than R\$ 591 million (transactions in Brazil).		Yes, Page 67
	G4-13 Significant changes in size, structure, ownership and supply chain	There were no significant changes.		
	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 Charters, principles or other initiatives developed externally	Page 20		

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
	G4-16 Memberships of associations and national or international advocacy organizations	<ul style="list-style-type: none"> - SBCO - Brazilian Society of Oncological Surgery - FEHOSP - Federation of Hospitals of São Paulo - FNQ - National Quality Foundation - ABIFICC - Brazilian Association of Philanthropic Institutions to Fight Cancer - ANAHP - National Association of Private Hospitals - APF - Paulista Association of Foundations - IBGC - Brazilian Institute of Corporate Governance - UICC - Union for International Cancer Control - M.D. Anderson Cancer Center 		
Identified material aspects and boundaries	G4-17 Entities included in the consolidated financial statements and entities not covered by the report	Page 59		
	G4-18 Process for defining the report content	Page 59		
	G4-19 List all the material aspects	Page 21		
	G4-20 For each material aspect, report the aspect boundary inside the organization	Page 21		
	G4-21 For each material aspect, report the aspect boundary outside the organization	Page 21		
	G4-22 Report the effect of any restatements of information provided in previous reports	There were no changes.		
	G4-23 Significant changes from previous reporting periods in the scope and aspect boundaries	There were no changes.		
Engagement of stakeholders	G4-24 List of stakeholder groups engaged by the organization	In 2015, the consultation process included 12 representatives of management and various stakeholder groups (health maintenance organizations, competitors, suppliers, public authorities and specialists), as well as an online survey with more than 1,700 responses. For more information see the institution's website at: www.accamargo.org.br/files/Arquivos/accamargors2015 (page 70)		
	G4-25 Basis for identification and selection of stakeholders with whom to engage			
	G4-26 The organization's approach to stakeholder engagement	Page 20		
	G4-27 Key topics and concerns that have been raised through stakeholder engagement	Page 20, 21		
Report profile	G4-28 Reporting period	Page 59		
	G4-29 Date of most recent previous report	2016.		
	G4-30 Reporting cycle	Yearly.		
	G4-31 Contact for questions about the report or its content	Page 59		
	G4-32 Report the "in accordance" option and the location of the GRI Content Index for the chosen option	Page 59		

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
	G4-33 The organization's policy and current practice with regard to seeking external assurance for the report	Page 67		
Governance	G4-34 Governance structure of the organization	Page 10		
	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, in addition to meetings with the Board of Directors and Chiefs Departments to monitor economic, environmental and social aspects.		Yes, Page 67
	G4-36 Executive-level position or positions with responsibility for economic, environmental and social topics.	CEO		
	G4-37 Report processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics.	There is no direct stakeholder participation in relation to such topics.		
	G4-38 Composition of the highest governance body and its committees	<p>Board of Trustees: six independent members without executive functions; men between 62 and 79 years old; one is a doctor, two are economists, one is an engineer, one is an administrator and one is a lawyer; mandates are for three years and are staggered.</p> <p>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 62 and 64 years old.</p> <p>Strategy and Governance Committee: three members; all are members of the Board of Trustees and men, between the ages of 62 and 79.</p> <p>Remuneration 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 62 and 79 years old.</p> <p>Institutional Ethics Committee: four members, of whom one is a Director, one is the CEO, one is the Clinical Director, and one is a nurse; two men and two women.</p> <p>Scientific Advisory Board: five members, all international scientists with recognized ability and experience in the relevant scientific areas; three men and two women.</p>		
	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 among proven reputable names in an evaluation that includes academic qualifications, profession, experience and availability, as well as knowledge of economic, environmental and social topics.		

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
	G4-41 Processes for the highest governance body to ensure conflicts of interest are avoided and managed	The Conduct Code establishes guidelines for the expected conduct of employees to prevent conflicts of interest, prohibiting, among other questions, cross-linking relations with suppliers. Questions of potential or actual conflicts of interest are analyzed by the Institutional Ethics Committee. Furthermore, the institution is regulated by the Curator for Foundations of the Public Prosecution Ministry of the State of São Paulo.		
	G4-42 Role of the highest governance body and executives in defining impact management policies and targets	The Board of Trustees defines strategies, policies and targets related to economic, environmental and social impacts.		
	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. Some of its members also participate in advisory committees, overseeing these issues together with the members of the Board of Directors and Chiefs Departments. In addition, the Board of Trustees receives quarterly reports on the institution's performance on a variety of indicators, including those on economic, environmental and social aspects.		
	G4-44 Processes for the 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.		
	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 and, if necessary, with the support of external consultants.		Yes, Page 67
	G4-46 Role of the highest governance body's in reviewing the effectiveness of the organization's risk management processes for economic, environmental and social topics	The Board of Trustees, the Board of Directors and Chiefs Departments meet periodically to provide guidance on the institution's strategies and accompany the business and the related social, environmental and economic issues.		
	G4-47 Frequency with which the highest governance body's reviews the economic, environmental and social impacts, risks, and opportunities.			
	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	Stakeholder access to the governing bodies is provided through a number of different communication channels (institutional website, social media, Employee Channel, Customer Service, Customer Ombudsman and Conduct Channel), as well as through the São Paulo Municipal Health Secretary, which acts as the local manager for SUS.		

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
	G4-50 Nature and total number of critical concerns communicated to the highest governance body and the solutions adopted	In 2017, 14 critical concerns were conveyed to the highest governance body on topics such as the institutional philanthropy model, contracting of new hospital and corporate management systems, remuneration policy and the succession of the Board of Trustees.		
	G4-51 Remuneration policies for the highest governing body and senior management and their relation with the performance of the organization, including social and environmental aspects	The members of the Board of Trustees and the Board of Directors are all volunteers and they do not receive any form of remuneration. The Chiefs Departments Officers receive fixed and variable remuneration according to market parameters that were evaluated with the support of a specialized consulting company.		
	G4-52 Process for determining remuneration and whether consultants are involved, who are independent of management.	The Remuneration and Succession Committee and the Human Resources Executive Committee deliberate on matters of remuneration and people management. The salary definition process is based on a points system and the methodology is applied with the support of an external consulting company.		
	G4-53 Report how stakeholders' views are sought and taken into account regarding remuneration	The Remuneration and Succession Committee and the Human Resources Executive Committee deliberate on matters of remuneration and people management.		
	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	46.87 times, including salary and additional payments for insalubrity, gratuities, length of service, night shifts and benefits.		
	G4-55 Ratio of the 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	The ratio of the percentage increase in the total annual compensation of the highest paid individual in the organization is equivalent to 67% of the average percentage increase in the total annual remuneration of all employees.		
Ethics and integrity	G4-56 The organization's values, principles, standards and norms of behavior	Page 13 Purpose, Values and Conduct Code		
	G4-57 Internal and external mechanisms for seeking advice on ethical and lawful behavior, and matters related to organizational integrity	The Customer's Ombudsman Channel receives reports and complaints from patients, companions and third parties related to the institution's operations. The Conduct Channel, which can be accessed by all stakeholders, receives reports related to non-compliance with the Conduct Code.		Yes, Page 67
	G4-58 Internal and external mechanisms for reporting concerns about unethical or unlawful behavior, and matters related to organizational integrity	Complaints are made through channels managed by the Compliance team. There is a specific policy which regulates these reports called the Policy of Receiving and Handling Reports in the Conduct Channel.		

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
SPECIFIC STANDARD DISCLOSURES				
Economic category				
Economic performance UNGC	G4-DMA Management approach	Page 52		
	G4-EC1 Direct economic value generated and distributed	Page 53		
	G4-EC2 Financial implications and other risks and opportunities due to climate change	A.C.Camargo is aware of the issue of climate change and seeks to minimize the direct impacts of its operation through an internal policy for waste disposal and the responsible consumption of natural resources. It has also developed a new sustainability platform (see pages 55 and 56).		
	G4-EC3 Benefits obligation plan coverage	A.C.Camargo offers employees a defined contribution pension plan for voluntary participation, with two options: an income tax deductible plan (PGBL) or a cash value life insurance plan (VGBL). The fixed monthly contribution discounted in the payroll system is equivalent to 5% of the employee's salary. In return, A.C.Camargo makes a monthly contribution corresponding to 3% of the employee's salary.		
	G4-EC4 Financial assistance received from government	Page 28		Yes, Page 67
Impactos econômicos indiretos	G4-DMA Management approach	Page 24		
	G4-EC7 Impact of infrastructure investments and services supported	Page 28		Yes, Page 67
	G4-EC8 Significant indirect economic impacts, including the extent of impacts	Page 33		Yes, Page 67
Social Category - labor practices and decent work UNGC				
Employment	G4-DMA Management Approach	Page 44		
	G4-LA1 Total number and rates of new hires and employee turnover	Page 45		
	G4-LA2 Benefits provided to full-time and temporary employees	Page 50		
	G4-LA3 Rates of return to work and retention after maternity/ paternity leave	Page 45		
Occupational health and safety	G4-DMA Management approach	Page 50		
	G4-LA5 Percentage of total workforce represented in formal health and safety committees	Page 50		
	G4-LA6 Type of injury and rates of injury, occupational diseases, lost days, and absenteeism	Page 51		Yes, Page 67
	G4-LA7 Workers with a high incidence or a high risk of diseases related to their occupation	Page 51		Yes, Page 67
	G4-LA8 Health and safety topics covered in formal agreements with trade	These agreements include the provision of personal protective equipment (PPE).		
Training and education	G4-DMA Management approach	Page 44		
	G4-LA9 Average hours of training per year per employee	Page 45		Yes, Page 67

General standard disclosures/ description	Information on the form of management and indicators/ description	Page/response	Omission	External assurance
	G4-LA10 Programs for skills management and lifelong learning	The institution does not maintain programs for skills and lifelong learning.		
	G4-LA11 Percentage of employees receiving regular performance and career development reviews	In 2017, the percentage was 92%.		
Social category - human rights UNGC				
Security Practices	G4-DMA Management approach	Page 20		
	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 outsourced company.		
Social category - society				
Local communities UNGC	G4-DMA Management approach	Page 42		
	G4-SO1 Percentage of operations with implemented local community engagement programs, impact assessment and development programs	Page 42		Yes, Page 67
	G4-SO2 Operations with significant actual or potential negative impacts on local communities	Page 55		
Políticas públicas UNGC	G4-DMA Management approach	Page 10		
	G4-SO6 Total value of contributions to political and political parties broken down by country and recipient/beneficiary	The A.C.Camargo Cancer Center does not make any contributions to political parties.		Yes, Page 67
Social category - product responsibility				
Customer health and safety	G4-DMA Management approach	Page 38		
	G4-PR1 Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	Page 38		
	G4-PR2 Total number of incidents of non-compliance concerning the health and safety impacts of products and services	No case of non-compliance with regulations or voluntary codes has been identified.		Yes, Page 67
Labeling of products and services	G4-DMA Forma de gestão	Page 41		
	G4-PR3 Type of information required by the organization's procedures for product and service information and labeling	-	Indicator not reported. Content not applicable as there is no requirement for information or labeling.	
	G4-PR4 Total number of incidents of non-compliance concerning product and service information and labeling	-	Indicator not reported. Content not applicable as there is no requirement for information or labeling.	
	G4-PR5 Results of surveys measuring customer satisfaction	Page 41		Yes, Page 67

Note: 1: UNGC - Aspects/dimensions that are connected to the Ten Principles of the United Nations Global Compact.

Note: 2: Although they are not considered to be material, the indicators G4-EN3, G4-EN8 and G4-EN23 were reported. All three indicators were audited and can be found on pages 56 and 57.

Independent auditor's limited assurance report on the information related to sustainability included in the 2017 Sustainability Report G4-33

**To the A.C. Camargo Cancer Center Administration
São Paulo-SP**

Overview

We have been engaged by A.C. Camargo Cancer Center to present our limited assurance report on the compilation of the information related to sustainability included in the 2017 Sustainability Report of A.C. Camargo Cancer Center for the year ended December 31, 2017.

Responsibilities of the management

The A.C. Camargo Cancer Center management is responsible for the preparation and fair presentation of the information included in the 2017 Sustainability Report in accordance with the guidelines of the Global Reporting Initiative 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 auditor's responsibility

Our responsibility is to express a conclusion on the information included in the 2017 Sustainability Report, 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 2017 Sustainability Report, 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 Foundation

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 the auditor to believe that the information taken as a whole might present significant misstatements.

The procedures selected are based on our understanding of the aspects related to the compilation and presentation of the information included in the 2017 Sustainability Report, 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 2017 Sustainability Report 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 2017 Sustainability Report; and
- (d) comparing the financial indicators with the financial statements and/or accounting records.

The limited assurance engagement also included procedures to assess compliance with the guidelines of the Global Reporting Initiative (GRI-G4) applied in the preparation of the information related to sustainability included in the 2017 Sustainability Report.

We believe that the evidence we have 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 2017 Sustainability Report. 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 2017 Sustainability Report. 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 2017 Sustainability Report 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, June 15, 2018

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Eliane Kihara

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Data for December 31st, 2017

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International Cancer Research Center

Data for December 31st, 2017

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Financial Information

(A free translation from Portuguese into English of the independent auditor's report originally issued in Portuguese)

INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL STATEMENTS

To the
A.C. Camargo Cancer Center Administration
São Paulo - SP

Opinion

We have audited the financial statements of A.C. Camargo Cancer Center, which comprise the balance sheet as at December 31, 2017, and the statements of operations, comprehensive income, changes in equity, cash flows and value added, for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Fundação Aotônio Prudente, as at December 31, 2017, and of its financial performance and its cash flows for the year then ended in accordance with the accounting practices adopted in Brazil and not for profit entities (ITG 2002).

Basis for opinion

We conducted our audit in accordance with the Brazilian and International Standards on Auditing. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Entity in accordance with the Code of Ethics for Accountants (*Código de Ética Profissional do Contador*) and the professional requirements issued by the Federal Accounting Council (*Conselho Federal de Contabilidade*), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information accompanying the financial statements and the auditor's report

The Entity's Management is responsible for other information that includes the Management Report.

Our opinion on the financial statements does not cover the Management Report and we do not express any form of audit conclusion on the Management Report.

In connection with the audit of the financial statements, our responsibility is to read the Management Report and, in doing so, consider whether this report is materially inconsistent with the financial statements or based on our knowledge obtained in the audit, or otherwise, whether this report appears to be materially misstated. If, based on our work performed, we conclude that there is a material misstatement in the Management Report; we are required to report this fact. We have nothing to report on this matter.

Responsibilities of Management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the accounting practices adopted in Brazil and for not for profit entities (ITG 2002), and for such internal control as Management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, Management is responsible for assessing the Entity's ability to continue as a going

concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless Management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance of the Entity are responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Brazilian and International Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the Brazilian and International Standards on Auditing, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the internal control of the Entity.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by Management.
- Conclude on the appropriateness of

Management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the Entity to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

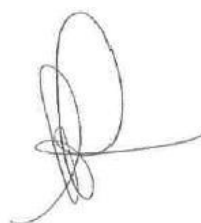
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

São Paulo, April 19, 2018

ERNST & YOUNG

Auditores Independentes S.S.
CRC-2SP034519/O-6



Alessandra Aur Raso

Accountant
CRC 1SP248878/O-7

BALANCE SHEETS

December 31, 2017 and 2016 (in thousands of reais)

	Note	2017	2016
Assets			
Current assets			
Cash and cash equivalents		10,347	1,453
Short-term investments	4	241,981	386,578
Trade accounts receivable	5	247,238	226,528
Service provision rights	6	65,392	22,125
Inventories	7	34,273	34,021
Sundry advances		4,184	5,831
Prepaid expenses		4,093	2,891
Other accounts receivable		1,390	546
		608,898	679,973
Noncurrent assets			
Long-term strategic reserve fund	4	1,189,938	827,127
Judicial deposits		3,257	2,827
Other assets	10	10,274	7,335
Investment property	8	6,596	7,579
Property and equipment	9	520,126	467,447
Intangible assets	10	5,713	4,713
		1,735,904	1,317,028
Total assets		2,344,802	1,997,001
Liabilities and equity			
Current liabilities			
Financing	11	10,313	9,770
Trade accounts payable	12	115,559	100,543
Salaries, vacation pay and charges payable	13	57,803	52,508
Other accounts payable	14	26,947	19,429
		210,622	182,250
Noncurrent liabilities			
Financing	11	24,995	30,723
Other accounts payable	14	22,660	21,528
Provision for contingencies	15	12,986	12,330
		60,641	64,581
Equity			
Equity	17		
Net asset value		1,678,078	1,286,067
Revaluation reserve		51,454	52,878
Properties received in donations		19,213	19,213
Equity adjustment		-	109
Accumulated surplus		324,794	391,903
		2,073,539	1,750,170
Total liabilities		2,344,802	1,997,001

See accompanying notes.

STATEMENTS OF OPERATIONS

Years ended December 31, 2017 and 2016 (in thousands of reais)

	Note	2017	2016
Revenue			
Hospital activity	18	1,273,700	1,234,456
Teaching activity	18	332	605
Research activity		258	556
Donations received		8,788	28,323
Volunteering		1,740	1,881
Hospital gratuity	18	863	1,232
Free teaching	18	8,518	8,743
Other operating income	20	13,715	17,761
		1,307,914	1,293,557
Costs			
Hospital activity	19	(906,578)	(852,348)
Teaching activity		(2,241)	(4,130)
Research activity		(21,027)	(20,881)
Hospital gratuity	16	(863)	(1,232)
Free teaching	16	(8,518)	(8,743)
Volunteering		(1,740)	(1,881)
		(940,967)	(889,215)
Gross surplus		366,947	404,342
Operating expenses			
General and administrative expenses	21	(150,385)	(131,140)
Depreciation and amortization		(5,255)	(4,111)
Other operating expenses	22	(8,195)	(7,363)
		(163,835)	(142,614)
Operating surplus before finance income (costs)		203,112	261,728
Finance income	23	124,363	133,804
Finance costs	23	(4,105)	(5,053)
		120,258	128,751
Surplus for the year		323,370	390,479

See accompanying notes.

STATEMENTS OF COMPREHENSIVE INCOME

Years ended December 31, 2017 and 2016 (in thousands of reais)

	2017	2016
Surplus for the year	323,370	390,479
Comprehensive income	-	-
Total comprehensive income	323,370	390,479

See accompanying notes.

STATEMENTS OF CHANGES IN EQUITY

Years ended December 31, 2017 and 2016 (in thousands of reais)

	Net asset value	Revaluation reserve	Properties received in donations	Equity adjustment	Accumulated surplus	Total
Balances at December 31, 2015	986,518	54,302	19,213	109	296,152	1,356,294
Realization of the revaluation reserve (Note 9)	-	(1,424)	-	-	1,424	-
Net asset value increase by incorporating accumulated surplus	(296,152)				(296,152)	-
Net asset value increase from incorporation	3,397					3,397
Surplus for the year					390,479	390,479
Balances at December 31, 2016	1,286,067	52,878	19,213	109	391,903	1,750,170
Realization of the revaluation reserve (Note 9)		(1,424)			1,424	
Net asset value increase by incorporating accumulated surplus	392,012			(109)	(391,903)	
Surplus for the year					323,370	323,370
Balances at December 31, 2017	1,678,079	51,454	19,213		324,794	2,073,540

See accompanying notes.

STATEMENTS OF CASH FLOWS

Years ended December 31, 2017 and 2016 (in thousands of reais)

	2017	2016
Cash flows from operating activities		
Surplus for the year	323,370	390,479
Adjustments:		
depreciation and amortization	26,255	23,865
Allowance for doubtful accounts	9,789	6,111
Inventory valuation allowance	(182)	(206)
Interest on financing, trade accounts payable and taxes	3,029	3,076
Donation of properties	(881)	(3,128)
Donation of property and equipment	(812)	(599)
Profit (loss) on sale of assets and write-offs of property and equipment	1,741	357
Set up of provisions for contingencies	2,220	7,753
Loss / gain on fair value adjustment of investment properties	958	(4,229)
	365,487	423,479
Changes in assets and liabilities		
(Increase) decrease in assets		
Trade accounts receivable	(30,499)	(50,475)
Service provision rights	(43,267)	13,754
Other accounts receivable, advances	801	(502)
Inventories	(70)	(7,107)
Prepaid expenses	(1,202)	1,042
(Decrease) increase in liabilities		
Trade accounts payable and other accounts payable	23,666	16,852
Salaries, vacation pay and charges payable	5,295	7,774
	320,211	404,817
Net cash from operating activities	320,211	404,817
Contingencies paid	(1,992)	(897)
Cash flows from investing activities		
Acquisition of property and equipment and intangible assets	(81,903)	(36,598)
Short-term investments and Long-term Strategic Reserve Fund	(218,214)	(381,674)
Net cash used in investing activities	(300,117)	(418,272)
Cash flows from financing activities		
Financing		
Funding	-	-
Principal payment	(5,103)	(9,621)
Interest payment	(4,105)	(4,426)
Net cash used in financing activities	(9,208)	(14,047)
Increase (decrease) in cash and cash equivalents	8,894	(28,399)
At beginning of year	1,453	29,852
At end of year	10,347	1,453
Increase (decrease) in cash and cash equivalents	8,894	(28,399)

See accompanying notes.

STATEMENTS OF VALUE ADDED

Years ended December 31, 2017 and 2016 (in thousands of reais)

	2017	2016
Turnover		
Turnover from hospital activity	1,273,700	1,234,456
Other turnover	26,912	52,743
Turnover from construction of own assets	35,214	10,289
Allowance for doubtful accounts	(9,789)	(6,111)
Bought-in inputs		
Cost of sales and services	(505,494)	(473,556)
Bought-in materials, energy and services and others	(172,499)	(133,927)
Provision for losses on inventories and property and equipment	(1,622)	(1,461)
Gross value added	646,422	682,433
Depreciation and amortization		
Depreciation and amortization	(26,255)	(24,402)
Net value added produced by the Institution	620,167	658,031
Value added received in transfer		
Finance turnover	124,363	133,804
	124,363	133,804
Total value added payable	744,530	791,835
Payment of value added		
Personnel and charges	281,697	279,843
Direct compensation	199,896	211,808
Benefits	61,571	50,713
Unemployment Compensation Fund (FGTS)	20,230	17,322
Taxes, charges and contributions	1,433	1,405
State	59	54
Local	1,374	1,351
SUS procedure costing	121,654	103,669
SUS procedure costing	121,654	103,669
Debt remuneration	16,376	16,439
Interest	4,105	5,053
Rents	12,271	11,386
Equity remuneration	323,370	390,479
Surplus for the year	323,370	390,479
Total value added	744,530	791,835

See accompanying notes.

For more information and details of the notes, see publication in the Federal Official Gazette, section 3, No. 83, Wednesday, May 2, 2018.

References

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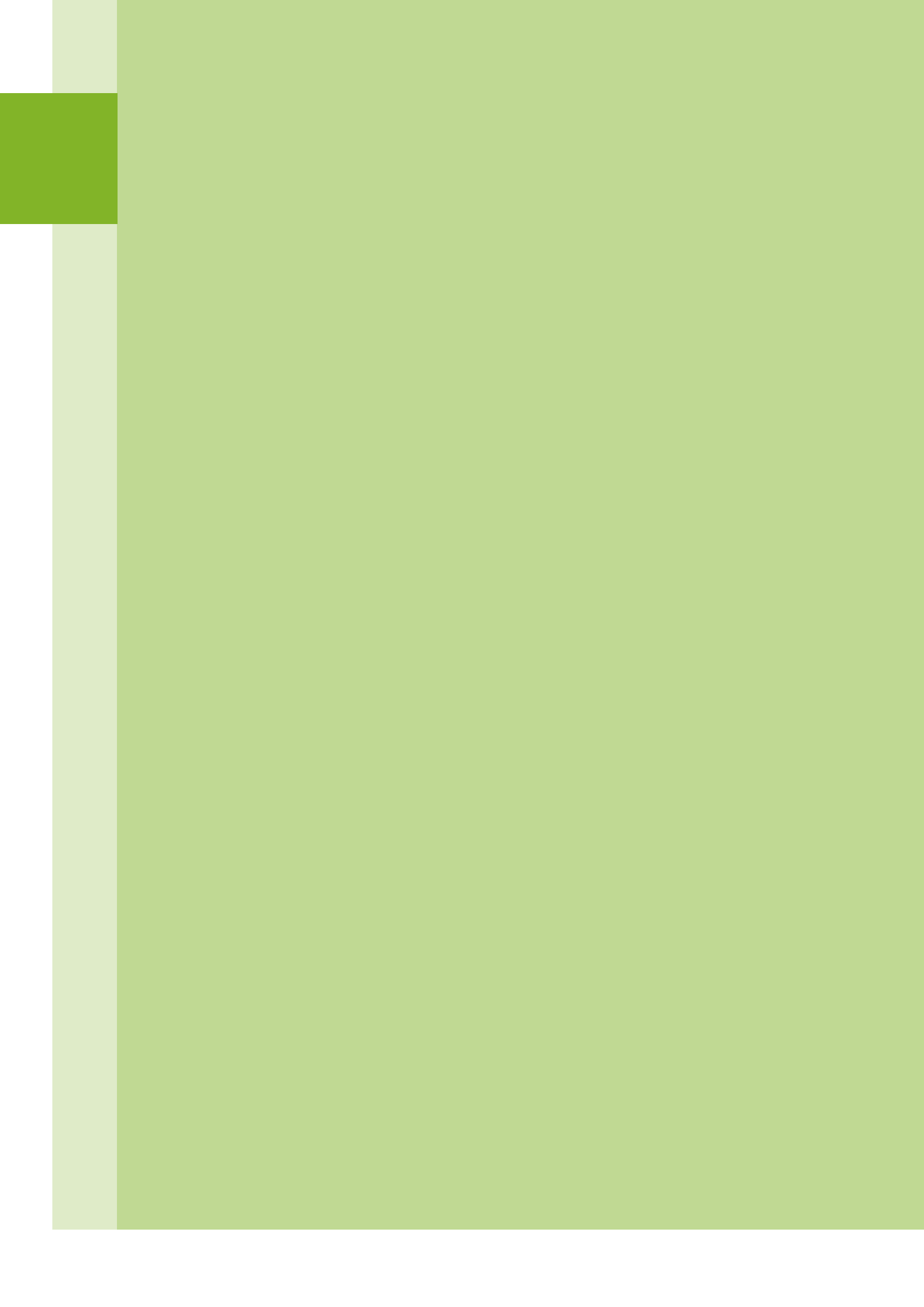
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A.C. Camargo Cancer Center



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