



Sustainability
Report
2020



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

ABOUT THE REPORT

INTRODUCTION

The A.C.Camargo Cancer Center, a reference institution in the fight against cancer in Latin America, presents its **2020 Sustainability Report** in line with its commitment to transparency in the disclosure of information to its stakeholders.

This report contains the institution's main results, and the achievements and challenges faced during the year to ensure high-quality integrated services for cancer diagnosis, treatment, teaching and research.

The report methodology was based on the core option of the Global Reporting Initiative (GRI) Standards - Essential option, and the guidelines of the International Integrated Reporting Council (IIRC). The content includes financial and non-financial indicators, covering operational, environmental, social and governance aspects.

The report reinforces the A.C.Camargo Cancer Center's commitments and partnerships to further sustainability through its adherence to the United Nations Global Compact and Sustainable Development Goals (SDGs).

The report content was selected based on the priority topics that were identified through a materiality study and on the institution's strategy for value creation and protection through its cancer center model.

For more information, please contact us by e-mail at:

relatorio_sustentabilidade@accamargo.org.br. GRI 102-53

We hope you find the report an informative read.

CONTENTS

ADMINISTRATION'S STAKEHOLDER
LETTER04

Highlights in 2020.07

01 BUSINESS MODEL AND
VALUE CREATION

The A.C.Camargo Cancer Center .10

Value creation strategy.13

02 CORPORATE GOVERNANCE

Structure20

Risk management system25

Fiscal management.25

03 PEOPLE

Organizational
development26

04 PERFORMANCE

Patient care34

Operations40

Education45

Social responsibility47

Research48

05 FINANCE

Economic and
financial results.54

Investments.55

Education
and research55

Value added55

06 ASSURANCE LETTER.56

07 INDICATORS

GRI.60

SASB66

ODS66

ADMINISTRATION'S STAKEHOLDER LETTER

GRI 102-14 e GRI 102-15

The year 2020 was an extremely challenging. The Covid-19 pandemic resulted in a loss of human life on a scale not previously seen. It also imposed restrictions on individual's and society's freedoms, and caused serious economic impacts, such as unemployment, a reduction in family income, scarcity of inputs and a consequent increase in the cost of living.

The healthcare sector was severely impacted by the pandemic. In the first few months of the pandemic, non-essential hospital services, such as elective procedures and treatments, were postponed. Healthcare plan users switched to lower-cost options or came to rely solely on the services of the National Health System (SUS). In turn, healthcare workers on the front lines needed to learn, both quickly and under enormous pressure, to deal with the new situation.

The impacts of the pandemic imposed enormous stresses, both physical and mental, on the A.C.Camargo Cancer Center's ability to continue to provide its services. Despite the complexity of this context, we were able to maintain high quality of our patient care services, while respecting our principles of integration and humanization, and our focus on safety. We drew on all our technical expertise to maintain our attendance structure through the implementation of strict protocols for the protection of employees and patients. The main action was the creation of the Protected Cancer Attendance Protocols, which involved, among other measures, the inauguration of a new emergency care ward, more modern and four times larger than a standard ward, which made it possible to dedicate an exclusive area for patients with flu-like symptoms, at a safe

distance from patients without such symptoms. We were also able to maintain our education and research activities, by transferring them to an online environment where possible. In some cases, these activities were even expanded. The Education area, in particular, accelerated its transformation to an online digital format with excellent results. New processes were incorporated in all its fields of activities, including graduate programs, hospital classes and ongoing education initiatives.

During the year, a significant number of patients with cancer were not diagnosed or were diagnosed at a more advanced stage of the disease. Our strategy to confront this situation was to use our communication channels and the media in general to divulge information about patient safety and the need to maintain ongoing cancer treatment. In addition, we launched, a highly successful campaign called #QuemTemCâncerTemPressa ("#WhoHasCancerNeedsToHurry"), which highlighted the importance of keeping an eye out for cancer signs and symptoms and contacting a specialist whenever abnormalities were noticed.

We were quick to provide innovative online services, such as telemedicine and a digital emergency service, using up-to-date integrated methods and tools. On another front, we strengthened our partnerships with suppliers through negotiations to ensure the constant supply of critical inputs for the operation of a cancer center during a pandemic, including personal protective equipment for all involved.

Through the combined effects of these actions, we were able to deliver solid clinical, financial and operational results in 2020. Although some



Facade of the
Antônio Prudente Unit

investments were postponed, we maintained our planned investments of R\$ 44 million in expansion projects, internal retrofits and equipment purchases, as well as investing in improvements in the infrastructure for attending patients with Covid-19.

In the program to expand the network of outpatient units in the São Paulo metropolitan region, we inaugurated the first phase of the Itaim Unit, which, when completed, will occupy an area of approximately 6 thousand m². It has been designed to provide a premium standard level of attendance, and provides consultations for patients seeking a high-quality cancer care service in the southern districts of the metropolitan region.

In the project to expand the integration of our cancer care services, we implemented three more reference centers for specific types of cancer during the year, namely, head and neck, colorectal and upper digestive tract tumors. These new reference centers complemented those already existing for breast, gynecological and skin tumors. We will complete the implementation of all the planned reference centers by 2022.

We also made progress in the new remuneration models for suppliers, clinical staff and healthcare providers, strengthening the delivery of high-complexity services and solutions. In all our decision-making and analytical processes, we seek to apply cost-effective concepts and criteria.

Furthermore, in 2020, we implemented a new corporate governance structure. The Board of Directors was eliminated and its members were incorporated in the Board of Trustees. This change was aimed at bringing the Board and senior management closer together, in order to contribute to the evolution of the institution's governance and greater agility in strategic decision-making.

This new phase coincides with the establishment of a new senior management team. In April 2021, Victor Piana de Andrade replaced José Marcelo Amatuzzi de Oliveira as the CEO of A.C. Camargo. Victor joined A.C. Camargo in 2005, and has contributed to the implementation of the cancer center model by promoting the close cooperation of the administrative, patient care, education and research areas. One of his priorities has been to highlight the factors focused

on patient needs and the importance of ensuring that the patient is a protagonist in the decisions about his/her care.

Even in the face of extreme adversity, our employees and clinical staff have spared no effort in providing high-quality treatments to our patients, and in a safe manner. The integration of the activities of the administrative, patient care, education and research areas was further strengthened during the year, and this was reflected in the institution's positive results, despite the difficulties created by the pandemic.

Our clinical staff and research scientists made a number of important contributions to meet the challenges posed by the Covid-19 pandemic, including: development of internal testing for detection and diagnosis of the disease; creation of new protocols for patient treatment; taking a leadership role in the national and international debates on the interactions between Covid-19 and cancer; and the dissemination of evidence-based information to society in general. The institution published 39 articles related to Covid-19 including: treatment recommendations, new protocols and revisions to existing protocols, all of which contributed to endorsing new practices in adapting cancer patient care to mitigate the risks of the disease.

For 2021, we are certain that we are prepared to face any new challenges with our increased knowledge

and we will continue on our chosen path, with great confidence in our proven skills and experience in high-complexity cancer treatment. Healthcare is an essential service and we have always attended the population with services based on the scientific knowledge generated by our education and research areas. Therefore, pride, gratitude and recognition are the words that represent our appreciation of the work of our clinical and scientific specialists in 2020.

We would also like to thank all our employees, business partners, volunteers and suppliers for working together in helping us achieve our objectives. To José Marcelo, our thanks for all the years he contributed to A.C.Camargo and we wish him success in his new challenges. To the members of the Board of Trustees, we would like to acknowledge and thank you for your important contributions and the time you have dedicated to the institution during this exceptionally difficult year.

Finally, and especially, we would like to thank our patients, their families and society in general for their trust in our work.

José Ermírio de Moraes Neto
Chairman of the Board of Trustees

José Hermílio Curado
Institutional President of the Board of Trustees

Victor Piana de Andrade
Chief Executive Officer

HIGHLIGHTS IN 2020

RESPONSE TO COVID-19

Protected Cancer Attendance Protocols

GRI 102-7

A series of measures taken early in the pandemic allowed patients at the A.C.Camargo Cancer Center to continue to be treated safely. These measures included: division of the emergency care function into two separate physical areas; preparation of an inpatient ward and surgical center exclusively for patients with Covid-19; improvement of cleaning and disinfection procedures; creation of the pre-surgical

protocol for virus control and detection; reorganization of the use of elevators to avoid any interactions between the patients and hospital staff in the Covid-19 ward and the remainder of the A.C.Camargo population. The impact of the establishment of the Protected Cancer Attendance Protocols was reflected in the indicators for patient care for 2020:



256,048 Outpatient attendances



17,553 Hospitalizations



25,591 Emergency attendances



12,115 New patients



2,138 Radiotherapy cycles



79,679 Patients attended



98,269 Inpatient days



17,884* Surgical procedures



231,378 Imaging examinations



29,388 Chemotherapy sessions

* Included general operating center, outpatient, hemodynamics and radiotherapy.

New coronavirus crisis committee

The crisis committee, which was established in the early days of the Covid-19 pandemic, contributed decisively to the institution's good results during this critical period. The purpose of this committee was to discuss and plan the coordinated set of actions required to face the pandemic. The resulting actions ensured the protection of the institution's patients, relatives and workforce from infection, reduced the

adverse impacts and supply shortages, and created the conditions for the safe resumption of patient care activities. The committee was a multidisciplinary body which held ongoing discussions and in addition to coordinating the initiatives for the protection and safety of the institution's patients and workforce it also coordinated the review of the budget for 2020, and monitored the projections of the results and defined

new operational and financial guidelines, which were regularly evaluated throughout the year.

The #QuemTemCâncerTemPressa campaign

In order to raise society's awareness of continuing to take care of their health even during the pandemic, the institution promoted the campaign called #QuemTemCâncerTemPressa ("#WhoHasCancerNeedsToHurry"). The campaign provided key information on cancer symptoms based on scientific evidence, and was promoted via an intense communication effort on TV, radio, newspapers and online media channels

A dedicated web-page was created (landing page) on the institution's website with information on the signs and symptoms of cancer, in order to alert the population to the importance of the early detection of the disease. In addition to providing free, high-quality information, the web-page served as a gateway for new cancer patients.

The campaign recorded significant results:

- **132 million** hits on TV, radio and news portals;
- **+10,9 million** views of our videos on social media;
- **+1,1 million** new users accessing our website;
- **+700 thousand hits on** the online campaign page;
- **9,452** hits on the page with a survey of signs and symptoms;
- **6,000** calls to the Patient Relations Center;
- **3,394** new patients were attended following the launching of the campaign;
- **951** appointments scheduled.



Josley Farias Macedo, nursing technician, positions a patient for a tomography examination

EXPANSION OF FACILITIES

Itaim Unit

GRI 102-10

In September 2020, the Itaim unit was inaugurated. The new unit offers a premium level of service including the reception and assistance of the patient by a designated concierge. The unit has a modern and welcoming environment and overlooks the Ibirapuera Park, one of the landmarks of the city of São Paulo. The unit has already attended a large number of patients from the surrounding districts and, over the next few months, its range of services will be expanded.

Emergency Service

The inauguration of the new Emergency Service, in January 2020, has been of fundamental importance in attending patients needing special or urgent care. It occupies an area that is four times larger than the previous area, and has an integrated imaging center and isolation beds. It is divided into two independent areas, one for the care of patients suspected of having Covid-19, and the other for patients with no signs of infection.

Emergency attendances: 25,591

Patient Relations Center

In May, the Patient Relations Center was relocated to a new physical area and its technological structure was upgraded. The objectives were to increase its service capacity and also implement modern and integrated systems. The new location provides a modern and extensive infrastructure and has already brought benefits to both patients and our workforce.

These changes enabled it to incorporate new processes and other services, such as: First Time Patient Monitoring, Medical Advice, Telemedicine, among others.

The institution also began to interact with patients through other communication channels, such as WhatsApp and Chat. In total, there were more than 700 thousand such interactions in 2020.



Dr. Wilson Toshihiko Nakagawa, endoscopist, and Klecia Lopes Stevanato, nurse, talking with a patient

1

BUSINESS MODEL AND **VALUE CREATION**

THE A.C.CAMARGO CANCER CENTER

GRI 102-1, GRI 102-2, GRI 102-6, GRI 102-7, GRI 102-16

The institution firmly believes that the PATIENT always comes first. Caring is in our essence. Caring for each person and for everyone. Caring is synonymous with generating benefits for society.

Founded in 1953, the A.C. Camargo Cancer Center is a privately-held, non-profit organization focused on providing integrated services in the fields of high-complexity patient care, education and scientific research. It provides oncology services for the private healthcare network and also for the National Health System (SUS).

In 2020, a year marked by the Covid-19 pandemic, the institution provided 256,048 attendances, 231,378 imaging exams, 29,388 chemotherapy sessions, 17,884 surgical procedures and 2,138 radiotherapy cycles. The institution also recorded solid financial results with a net revenue of R\$1,126 million and Ebitda of R\$70.9 million.

PURPOSE

Fight cancer, patient by patient

VALUES

- Ethical behavior
- Knowledge
- Resolution
- Innovation
- Patient-centered care
- Humanity
- Sustainability

UNITS AND OPERATIONS

GRI 102-4, GRI 102-6, GRI 102-7

- Patient care units: 6
- Administrative units: 2
- Beds in use: 359
- Consulting rooms: 179
- Outpatient surgical centers: 2
- General surgical centers: 3
- Infusion centers: 3

Antônio Prudente Unit: this unit is a hospital complex consisting of three tower blocks. It is located in the Liberdade district of the city of São Paulo, and has a complete infrastructure for providing high-complexity care services. Patients have access to emergency care, inpatient units, intensive care units, consulting rooms, surgical centers, chemotherapy and immunotherapy infusion centers, infrastructure for radiotherapy and an extensive range of equipment for cancer diagnosis, treatment and rehabilitation.

Tamandaré Unit: it houses the Schwester Heine Specialized School, in addition to inpatient units,

intensive care units, offices, surgical centers, emergency care, an infusion center for chemotherapy and immunotherapy and an extensive range of equipment for cancer diagnosis, treatment and rehabilitation. It also has areas for diagnostic imaging (mammography, x-ray, tomography and ultrasound), pediatric nutrition, pediatrics, chemotherapy and liver transplants, as well as providing social services.

Pires da Mota Unit: it is an integrated center for the diagnosis, treatment and rehabilitation of breast, gynecological and skin tumors. It was planned and built based on a new concept, that of facilitating the patient's pathway through their entire course of treatment at the A.C.Camargo Cancer Center. The attendance model implemented at the unit is based on the concept of decentralizing procedures that can be safely performed in an outpatient setting. This applies to services such as diagnostic examinations, consultations with specialists, chemotherapy and low-complexity surgery. The goal is for patients to undergo the entire outpatient cycle at the Pires da Mota Unit and only use the Antônio Prudente and Tamandaré Units for high-complexity surgery, emergency care, hospitalization and radiotherapy.

Itaim Unit: this unit was opened recently and is located on Avenida Brigadeiro Luís Antônio in a central area of the city of São Paulo. It is part of the program to expand the institution's network of outpatient units in the São Paulo metropolitan region. The unit offers a premium level of facilities and care services, and aims to offer improved access, more convenience and more comfort to cancer patients who work or live nearby. For the moment, it offers consultations with clinical oncologists and surgeons and, in the second phase, the unit will operate in the day-service format, that is, it will offer low-complexity services that do not require hospitalization.

Castro Alves Care Unit: inaugurated in 2019, this unit offers a higher level of comfort to blood donors, outpatients, SUS patients and to A.C.Camargo's workforce. The unit also houses the institution's Blood Bank, consulting rooms and the areas for Corporate Healthcare and the Volunteer Network.



Facade of the International
Cancer Research Center (CIPE)

Patient Relations Center: inaugurated in May 2020, it is located in the República district of the city of São Paulo and occupies an area of 1,000 m². The new physical and technological infrastructure offers an improved standard of comfort to our employees, in addition to enabling and the systems to expand the communication channels and support services for patients.

The International Cancer Research Center (CIPE): is dedicated to scientific research and it has a modern infrastructure and laboratories, and technological platforms and support services designed to enable the development of basic and translational clinical research projects. The CIPE is integrated with the Institutional Support Office for the Researcher, the Clinical Research Support Center, the Hospital Cancer Registry, the team of research nurses, the core facilities and the statistical

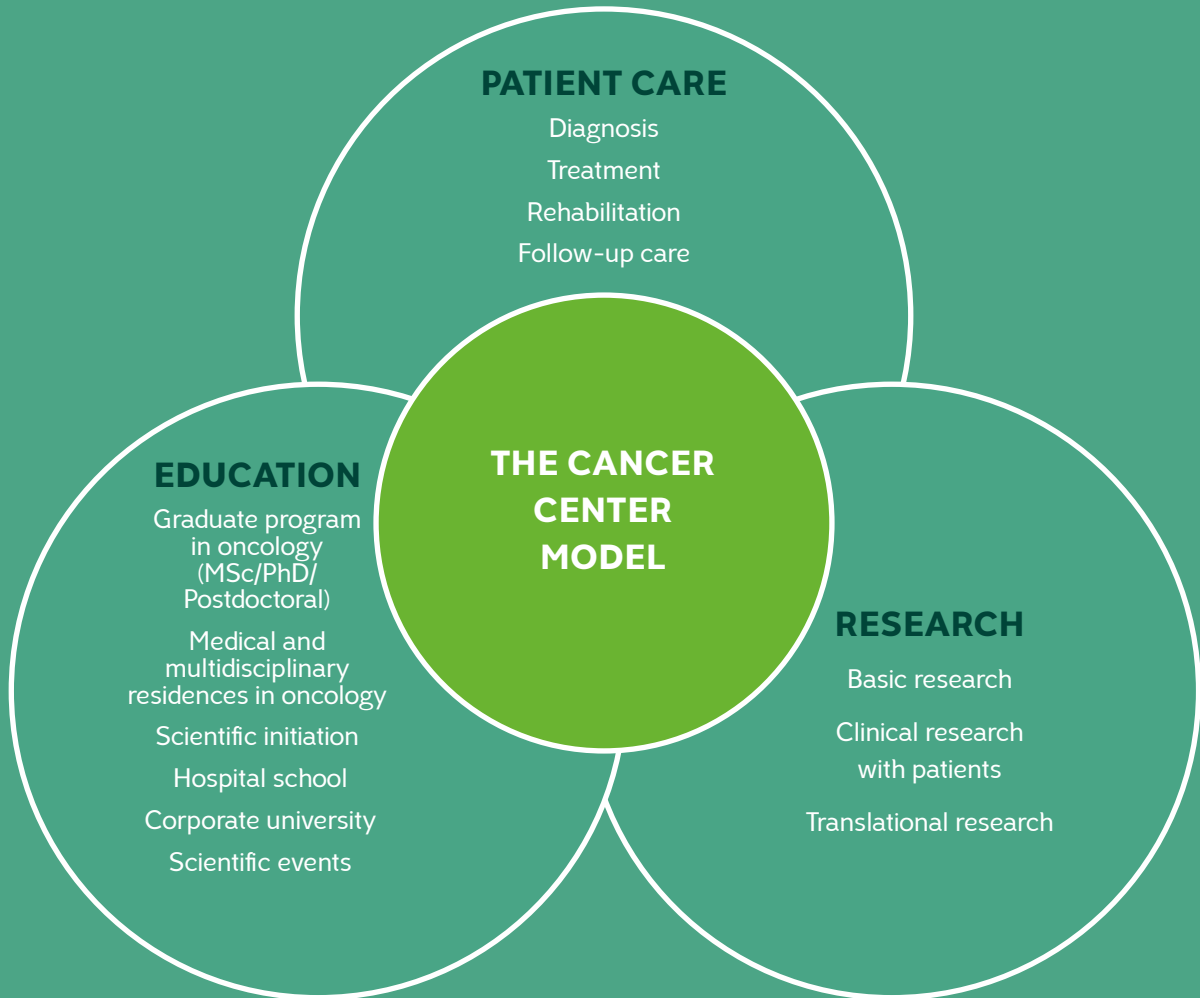
consultancy and database management services. It is dedicated to institutional scientific research and has a staff of about 70 professionals consisting of administrators, technicians, statisticians and knowledge scientists. There are five research groups coordinated by five principal scientific investigators and composed of 12 researchers dedicated to the areas of genomics and microbiomics, personalized medicine (including liquid biopsy), hereditary cancer syndromes, bio-informatics, data science and artificial intelligence, cancer epidemiology, immuno-oncology, tumor biology and preclinical models.

Castro Alves Administrative Unit: this unit is located in the Aclimação district, and houses the support and administrative areas.

VALUE CREATION STRATEGY

INTEGRATED MODEL

Patient care, education and research in detail



PATIENT CARE

A.C. Camargo's patient care pathway consists of diagnosis, treatment, rehabilitation and Follow-up care.

- **Diagnosis:** the patient undertakes a number of highly accurate exams in order to obtain a precise diagnosis of the specific cancer and identify the stage of the disease.
- **Treatment:** it is specific to each patient and is based on clinical and scientific evidence. It encompasses medical and multidisciplinary care, in addition to invasive or non-invasive procedures aimed at combating or delaying the progression of the disease.
- **Rehabilitation:** one of A.C. Camargo's main values is the humanization of patient care, and this also includes the period following discharge from hospital. The rehabilitation process is conducted by multidisciplinary teams and aims to help each patient to return to his/her daily routine, minimizing subsequent or collateral effects.
- **Follow-up care:** the patient enters this phase after finishing all stages of treatment and rehabilitation. Depending on the type of cancer, this period can last for up to five years or more, during which the oncologist monitors the patient's progress due to the possibility of a recurrence of the tumor. After this phase is successfully completed, the patient can be considered to be cured.

EDUCATION

A.C. Camargo's education activities are focused on the training and development of scientific researchers and highly qualified specialists in oncology, in order to meet the needs of the institution, academia and the market for healthcare practitioners in general. The institution is a reference institution in the area of oncology and, as such, generates and disseminates knowledge on cancer, both in Brazil and internationally.

SCIENTIFIC RESEARCH

The study of the complexities of cancer encompasses clinical, molecular, genetic, genomic and immunological research. Together, these disciplines seek to formulate treatments with improved effectiveness and increased cost-effectiveness, and to unravel the disease's mechanisms seeking the knowledge to enable the provision of patient care at an individual level. Discussion forums bring together doctors, scientists and the multidisciplinary team, and the collegiate analysis of complex cases of cancer in individual patients contributes to generating more effective therapeutic approaches.

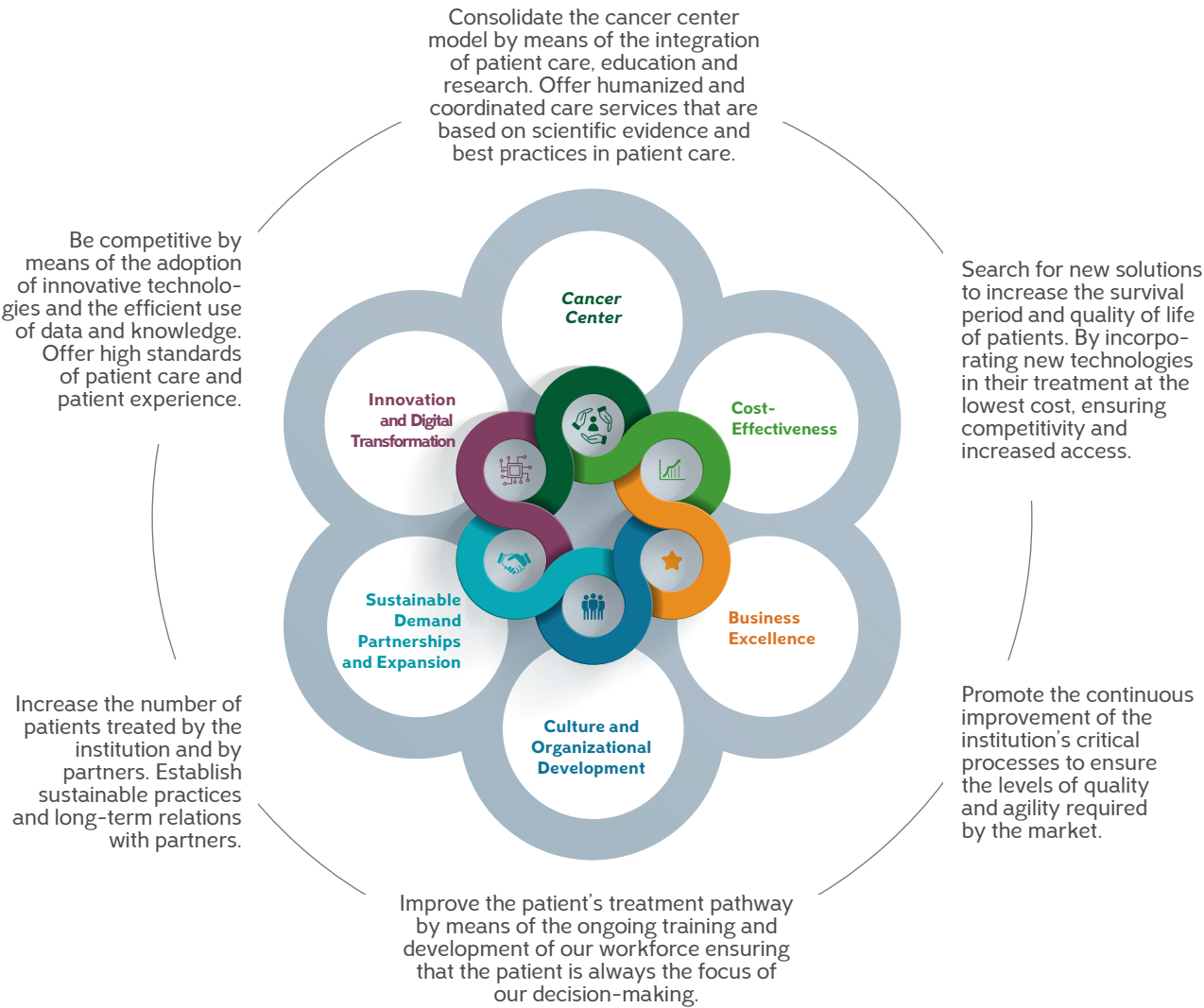
More information

Learn more about A.C. Camargo's history at: <https://accamargo.org.br/cancer-center/nossa-historia>

STRATEGIC PLAN FOR 2020-2025

The pandemic obliged the A.C.Camargo Cancer Center to make revisions and adjustments to its original strategic plan for 2020-2025. On the one hand, some initiatives scheduled for 2020 were temporarily delayed, such as the investments in certain types of equipment. On the other hand, initiatives, which had not been foreseen in the original plan, needed to be developed and implemented as a

matter of priority. This included the refurbishment and adaptation of the institution's physical infrastructure to provide specialist care for patients with Covid-19. Furthermore, some initiatives included in the original plan now needed to be accelerated, such as the digital transformation of the provision of services in the areas of education (distance learning) and of patient care (remote monitoring) and in a number of other areas and activities.



SUSTAINABILITY PLATFORM

GRI 103-2, GRI 103-3

The A.C.Camargo Cancer Center's sustainability platform focuses on four priority themes: people, environment, supply chain and fund-raising.

In relation to the themes of people and the supply chain, the main focus during the year was the establishment of goals and standards. An analysis of the demographics of the institution's workforce was completed; for the next discussion cycle, one of the main proposals is to expand the actions related to diversity. In the case of the supply chain, the objectives were to map out the institution's network of suppliers, understand the potential and limitations of partner companies and make progress in terms of sustainability commitments and requirements for suppliers.

With regard to fund-raising, the major challenge in 2020 was to attract investors to contribute to the Antônio Prudente Foundation's Endowment Fund for Education and Research at a time when they were focusing their efforts on fighting the pandemic. Despite this difficult scenario, the result for the year positive. Cash was generated for the fund and progress was made in implementing the strategic plans to increase revenues from both the research and teaching activities.

Another important aspect in this pillar was the new model of social contract agreed with the SUS. Originally implemented in 2019, it was maintained in 2020 and renewed for 2021 along the same lines. Under the new model the A.C.Camargo Cancer Center serves SUS patients by focusing on providing the high-complexity services that are consistent with the institution's area of expertise. By focusing on A.C.Camargo's main competences the new model contributes to its financial sustainability.

In relation to the theme of environment, progress was made in a number of initiatives, leading to positive

results. A work group, composed of representatives from a number of different areas, held a meeting every 15 days to monitor the evolution of indicators related to the institution's impacts on the environment. As a result, the quality of the discussions has deepened, as has the degree of engagement of all areas in relation to environmental issues.

One of the highlights was the implementation of the Integrated Solid Waste Management Plan, which has been under study since 2018. It has already resulted in an increase in the recycling rate and, consequently, a reduction in the volume of waste sent to landfills. The indicators demonstrated the improved results, which surpassed the targets established for the year. For 2021, a new goal is been established: to advance in the control and reduction of greenhouse gas emissions.

In 2020, the highlights of the Sustainability Platform were as follows:

Focus on People: Diversity & Inclusion Program

The main initiative of the Diversity & Inclusion Program was the launch of the Internship Program for people over 50 years old. It focused on hiring nursing students between 50 and 59 years old¹. The program attracted a total of 161 applicants and, after four stages of selection and validation of eligibility criteria, three applicants were selected and started working in 2021.

Another important initiative was the holding of a training course dedicated to the awareness and preparation of managers regarding unconscious biases in their interpersonal relations and the factors involved in creating a welcoming atmosphere in relation to diversity and inclusion. The practical objective was to ensure that the selection processes were honest and fair, ensuring that the decision-making process only considered the skills and experience of the candidate. Also, in relation to promoting awareness, a lecture was held on

1. In accordance with the guidelines for combating the Covid-19 pandemic of the World Health Organization (WHO) and the Brazilian Health Ministry, only candidates up to 59 years old were selected since all people 60 years or older were classified as a risk group for contamination by Covid-19. Additionally, all the A.C.Camargo Cancer Center's existing nursing staff who were in the risk groups were assigned to administrative activities.

sustainability concepts with a focus on diversity and inclusion during the integration program for the new medical and multidisciplinary residents at the Celestino Bourroul School of Cancer.

Focus on the future: the Antônio Prudente Foundation’s Endowment Fund for Education and Research

In 2020, the fund received a significant donation through a will. This donation contributed to the institution achieving its goal for the growth of the Endowment Fund’s net worth for the year, despite the challenges posed by the Covid-19 pandemic on its resource mobilization strategy.

Focus on the environment: the Integrated Solid Waste Management Plan

In 2020, the A.C.Camargo Cancer Center began to implement the Integrated Solid Waste Management Plan. This has already resulted in an increase in the recycling rate and a reduction in the volume of waste sent to landfills and, consequently, has reduced the institution’s impact on the environment. During the year, 58% of the total non-hazardous waste generated was recycled.

Focus on the environment: Energy efficiency and the responsible consumption of water resources

The monitoring of environmental indicators of electricity and water consumption was maintained as a factor in the institution’s Balanced Scorecard (BSC).

The indicators are monitored on a monthly basis by senior management and the Environmental Work Group. In both cases, the A.C.Camargo Cancer Center registered reductions in consumption compared to 2019.

Supply chain focus: sustainable purchasing

In the second semester, the Purchasing area became responsible for the approval and performance analysis of all suppliers of goods and services. After the centralization of this function, standards for the approval and performance analysis of suppliers were developed and implemented, marking the beginning of a process of building even stronger partnerships with suppliers. These standards encompass not only compliance with predetermined regulatory, technical, fiscal and ethical requirements, but also the institution’s sustainability guidelines.



MATERIALITY

GRI 102-40, GRI 102-42, GRI 102-44, GRI 102-46, GRI 102-47, GRI 103-1

Material topic		Relevance	Stakeholders	Limits	SDG	GRI MATERIAL TOPICS
Integrated patient care model	Resource utilization efficiency	Non-profit nature of the institution (Foundation)	All stakeholders	Inside: all operations Outside: customers, suppliers, government, society	8,9	• Economic performance (GRI 201-1)
	Access to high quality medical treatment	Nonprofit nature (Foundation) and mission to treat cancer patient by patient	• Senior management • Board of Trustees • Patients	Inside: all operations Outside: customers, society	3,10	• Attendance of SUS patients • Patient care indicators • Local communities (GRI 413-1)
	Assessment and development of healthcare systems	Significant participation in the Brazilian Healthcare System in the area of oncology, offering high-complexity services	• Sector institutions • Competitors • Healthcare operators • Suppliers	Inside: all operations Outside: customers, suppliers, government, society	3,11,17	• Attendance of SUS patients • Patient care indicators • Public policy (GRI 415-1)
Early diagnosis and patient care	Quality of patient care		• Senior management • Patients • Suppliers	Inside: in all operations	3,9	• Occupational health and safety (GRI 403-1) • Safety practices (GRI 403-7) • Consumer health and safety GRI 416-2) • Marketing and labeling
Education	Talent training, development and retention	Due to the nature of the services provided by the organization	• Board of Trustees • Employees • Patients • Doctors • Human resource managers	Inside: employees and clinical staff	8	• Employment (GRI 401-1) • Training and education (GRI 404-1)
	Generation and management of cancer knowledge		• Competitors • Senior management • Patients • Doctors • Human resource managers	Inside: attendance areas research and education Outside: medical-cientific community, society	3,4,9	Education indicators
Research	Research and development	A.C.Camargo's positioning as a reference institution in the generation and dissemination of knowledge in oncology	• Board of Trustees • Senior management • Patients • Competitors • Suppliers	Inside: in all operations Outside: customers, government, society	9,17	Research indicators
	Generation and management of cancer knowledge		• Competitors • Senior management • Patients • Doctors • Human resource managers	Inside: attendance areas, research and education Outside: medical-scientific community, society	9,17	Research indicators

INNOVATION

In terms of business activities, the highlight of 2020 was, without a doubt, innovation.

A number of initiatives in the area of digital transformation were developed and successfully implemented during the year.

A good example was the development of the Digital Emergency Attendance system. The system, which was designed with artificial intelligence features, functions as an online screening system that can identify whether the person is suspected of being contaminated by Covid-19 and whether there is a need to go to the A.C. Camargo Cancer Center for treatment. Less critical cases are also followed up online. Patients who need face-to-face service can use the system to check in online and the system organizes the flow of arrivals/departures in emergency care, helping to avoid queuing and overcrowding.

At any time, it is possible to clarify doubts through the website environment, interacting with a virtual attendance service (chatbot), an artificial intelligence solution that organizes and streamlines patient interactions.

The remote monitoring application was another important development. Developed and implemented in 2020 for patients under immunotherapy treatment, the application helps the nursing staff to identify symptoms of clinical deterioration at an early stage.

It does this by monitoring the symptoms and adverse effects experienced by patients, providing them with relevant information, prompting them to contact the medical team

or even advising them to seek the emergency service in more critical cases. The next step is to expand the use of this application in the areas of radiotherapy and surgery. In the case of surgery, the objective is to provide practical information and give assurance to people who have a surgery scheduled or who have recently undergone one. For 2021, it is planned to include protocols for monitoring mental health in the application.

The implementation of Telemedicine, which had been in the development phase, was accelerated during the pandemic. It is activated via the Patient Relations Center, and facilitates the patient's access to the clinical staff. It enabled them to continue to monitor patients, even during the periods when strict self-isolation and social distancing measures were in effect. Digital technology also enabled another new service to be launched in 2021: the Second Opinion Program. Using digital communication channels, the institution disseminates the knowledge of its specialists to hospitals and companies throughout Brazil. It provides analysis of complex cases and the clinical staff give advice on the definition of therapeutic alternatives.

With the Patient Relations Center in full operation, we implemented a Medical Advice Service, designed as a relationship channel exclusively for external medical practitioners. The purpose of the service is to facilitate the discussion of complex cases and promote dialogue with the external medical practitioners who refer patients to A.C. Camargo.

MARKET CONTEXT

In 2020, the transformation in healthcare services was not restricted to the digital sphere: there were also significant changes in market practices during the year. A joint initiative of the areas of Business, Operations and the Medical Board, designed, priced and commercialized a clinical operational pathway for thyroid tumors. Additional pathways for breast and colorectal tumors will be designed, priced and offered to healthcare providers in 2021. This was the institution's initial step in participating in the major market movement towards value-based medicine. This approach aims to benefit the patient, who gets earlier treatment and so recovery tends to be more effective, the institution, which creates new sources of revenues that contribute to its financial sustainability, and the healthcare system as a whole, by the more efficient use of resources.

To further develop this promising area of business, the institution set up a Value-based Healthcare area. Initially, it is focusing on designing new service bundles (combinations of cost-effective procedures) and new remuneration models for its business partners. An example of value-based healthcare is the A.C.Camargo's Vital product. The institution's remuneration is adjusted to the payment capacity of the healthcare operators' basic healthcare plans and also focuses on the segment of the population that does not presently have access to supplementary healthcare services. It is worth noting that the institution is also developing cost-effective projects with the major pharmaceutical companies and medical device manufacturers involved in cancer treatment.

Another important advance in 2020 was the creation of a project aimed at simplifying the patient's pathway through the A.C.Camargo Cancer Center.

The goal is to work more closely with the healthcare operators to make the processes for the authorization of procedures and consultations more dynamic and agile. A pilot operation has produced encouraging results and the new approach will soon be extended to other healthcare providers.

Business opportunities were also identified in the research area. The Immunotherapy Center, which has received significant investments over the last three years, has increased its range of therapeutic solutions. A similar opportunity has been identified in the area of cell therapy: treatment with CAR-T Cells is one of the promising development areas in the area of cancer treatment and the A.C.Camargo Cancer Center has already been working with this technology, in partnership with large pharmaceutical companies. It is likely that within two years a therapy with CAR-T Cells will be made available to patients being treated at the institution, bringing a new perspective in the fight against cancer.

Another highlight of the year was the development of a new range of genetic tests. The A.C.Camargo Cancer Center's knowledge in the areas of genomics and genetics is already very well established in the market. In 2020, the institution's Center for Genomic and Molecular Diagnosis and Departments of Oncogenetics, Clinical Oncology and Pathological Anatomy jointly undertook a major reconfiguration of the institution's services and products in this field of expertise. The new configuration of products and services is better connected to current needs, and is available to patients, laboratories and other institutions that work in cancer treatment and that need these highly specialized services.



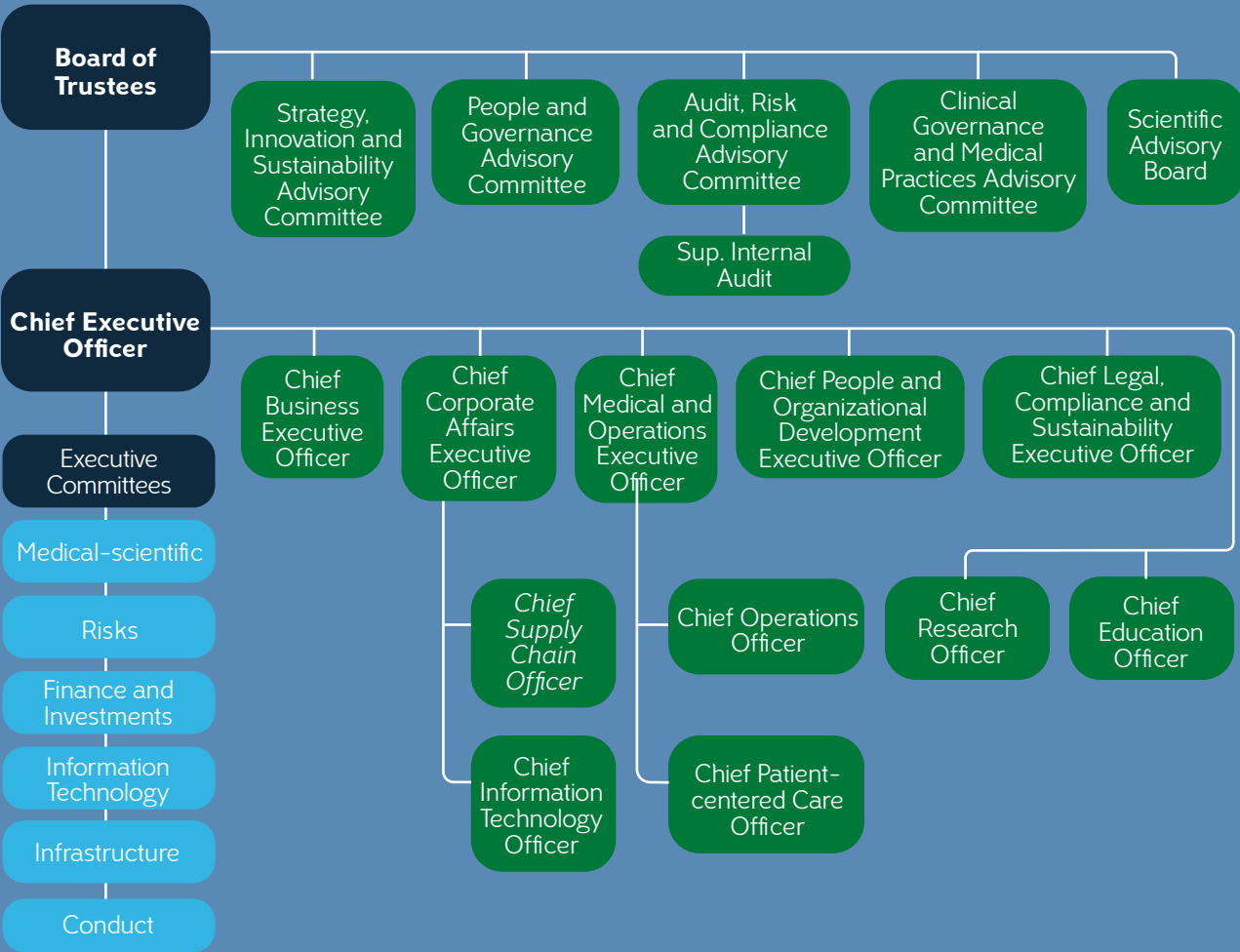
STRUCTURE

In 2020, the A.C.Camargo Cancer Center implemented a new corporate governance structure, which represented a significant change for the organization. The new governance structure has been under discussion since 2018, and the process was supported by an external consultancy.

The aim was to streamline the decision-making processes and eliminate any overlapping of governance functions. As a result, the institution now has a single statutory management body, the Board of Trustees, which has taken on a more strategic role. The members of the Board of Directors in the previous system have been elected as members of the Board of Trustees. To support the Board's activities, five new internal advisory committees were created, including one for Clinical Governance and Medical Practices.

In the new structure, the Executive Board executes the guidelines set by the Board of Trustees and, for this purpose, has five directorates and six superintendencies. Due to the nature of its activities, the Internal Audit Superintendency reports to the Audit, Risks and Compliance Committee.

Corporate governance structure



The Board of Trustees is the highest governance body and is responsible for decision-making on economic, environmental and social topics. In this decision-making process, the Board is supported by five Advisory Committees, made up of specialists in the relevant areas of expertise. The Board members do not have any other role in the organization other than participating in the Board of Trustees and the Advisory Committees.

The Advisory Committees are statutory governance bodies, of a permanent nature, without any executive functions, and they conduct their activities in

accordance with Board resolutions and other internal policies, as well as the applicable legislation.

The Advisory Committees, which are explained in detail below, make recommendations to the Board on the practices to be adopted by the institution:

- **The Strategy, Innovation and Sustainability Advisory Committee:** provides advice on strategic planning and commercial practices, communication, innovation and sustainability.
- **The Audit, Risk and Compliance Advisory Committee:** provides advice

on auditing practices, risk management, compliance, information security and data privacy and protection.

- **The People and Governance Advisory Committee:** provides advice on people management strategies and policies regarding organizational development, succession planning, talent development retention, compensation and benefits practices.

It is also responsible for ensuring the observance and management of governance best practices.

- **The Clinical Governance and Medical Practice Advisory Committee:** provides advice on clinical governance best practices, especially with regard to protocols and the medical conduct of the institution's clinical staff, as well as on the selection and evaluation of medical and multidisciplinary department managers.
- **Scientific Advisory Board:** provides advice on guidelines for science, technology and innovation related to institutional scientific research.

Remuneration of governance bodies

GRI 102-34, GRI 102-35, GRI 102-36 E GRI 102-37

The members of the Board of Trustees act on a voluntary basis and do not receive any remuneration. Senior managers receive fixed and variable remuneration components which are based on market parameters. Their remuneration is evaluated and calibrated in accordance with internal management processes and is validated by an external specialized consultancy service. The variable compensation component is determined by performance in delivering predefined corporate goals and in strict compliance with the current legislation.

The members of the Advisory Committees may be remunerated by amounts defined by the Board and in compliance with the average market values in the region, except where they are also members of the Board of Trustees, in which case, they will not receive any compensation for participating in the Advisory Committees.

Some of the most critical issues monitored by the Board of Trustees in 2020, were as follows:



The implementation of the new business and hospital management system and the impacts on the institution's operations.



The management of the Covid-19 crisis and its impacts on the operations and the safety of patients and the institution's workforce.



Review of the guidelines for the institution's strategic plan for the 2020-2025 cycle.



Medical service payments and remuneration model for the clinical staff.



Commercial strategy and attendance of healthcare operator's standard plans.

Composition of governance bodies GRI 405-1

Name	Function	Mandate		Composition
		Start Date	End Date	
Board of Trustees				
José Ermirio de Moraes Neto	Chairman	25/03/2020	30/04/2022	Nine independent members, without executive functions, eight men and one woman, between 65 and 74 years old; two doctors, an economist, four engineers, two business administrators; overlapping two-year terms.
Waldomiro Carvas Junior	Vice-chairman	25/03/2020	30/04/2022	
José Hermílio Curado	Institutional President	13/04/2018	30/04/2021	
Ademar Lopes	Institutional Vice-president	13/12/2019	30/04/2021	
Celso Marques de Oliveira	Board Member	13/12/2019	30/04/2022	
José Ricardo Mendes da Silva	Board Member	25/03/2020	30/04/2022	
Liana Maria Carraro de Moraes	Board Member	13/12/2019	30/04/2021	
Nelson Koichi Shimada	Board Member	13/12/2019	30/04/2022	
Pedro Luiz Barreiros Passos	Board Member	13/04/2018	30/04/2021	
Strategy, Innovation and Sustainability Advisory Committee				
José Ricardo Mendes da Silva	Committee Coordinator	25/03/2020	30/04/2022	Four members, of whom three are Board Members and one is an external member; four men, between 61 and 71 years old.
José Hermílio Curado	Committee Member	25/03/2020	30/04/2022	
Pedro Luiz Barreiros Passos	Committee Member	25/03/2020	30/04/2022	
Maurício Ceschin	Committee Member	18/09/2020	30/04/2022	
Audit, Risk and Compliance Advisory Committee				
Nelson Koichi Shimada	Committee Coordinator	25/03/2020	30/04/2022	Three members, of whom two are Board Members and one is an independent member; two men and one woman, between 65 and 67 years old.
Ana Maria Elorrieta	Committee Member	25/03/2020	30/04/2022	
Waldomiro Carvas Junior	Committee Member	25/03/2020	30/04/2022	
People and Governance Advisory Committee				
Celso Marques de Oliveira	Committee Coordinator	25/03/2020	30/04/2022	Three members, of whom two are Board Members and one is an independent member; one man and two women, between 65 and 69 years old.
Liana Maria Carraro de Moraes	Committee Member	25/03/2020	30/04/2022	
Victoria Christina Bloch	Committee Member	25/03/2020	30/04/2022	
Clinical Governance and Medical Practices Advisory Committee				
José Hermílio Curado	Committee Coordinator	19/06/2020	30/04/2022	Six members, of whom two are Board Members; five men and one woman, of whom five are doctors and one is a speech therapist.
Ademar Lopes	Committee Member	19/06/2020	30/04/2022	
Elisabete Carrara de Angelis	Committee Member	19/06/2020	30/04/2022	
Helano Carioca Freitas	Committee Member	19/06/2020	30/04/2022	
Luiz Paulo Kowalski	Committee Member	19/06/2020	30/04/2022	
Rubens Chojniak	Committee Member	19/06/2020	30/04/2022	
Scientific Advisory Board				
Eduardo L. Franco	Committee Coordinator	24/06/2016	30/06/2019*	Four members, all international scientists with recognized skill and experience in the relevant scientific areas; three men and one woman.
Charles M. Balch	Committee Member	24/06/2016	30/06/2019*	
Fabrice André	Committee Member	29/06/2018	30/06/2019*	
Mary K. Gospodarowicz	Committee Member	24/06/2016	30/06/2019*	

* Mandate extended until the appointment of a successor.

ETHICS AND INTEGRITY

GRI 102-16, GRI 102-17, GRI 102-43, GRI 102-44

The A.C.Camargo Cancer Center gathers information about ethical behavior, compliance with legislation and good institutional practices through a number of channels. The most important channels are:

- (i) The Customer Ombudsman Channel that receives reports from patients, carers, relatives and other third parties who maintain relations with the institution.
- (ii) The Conduct Channel, which can be accessed by all employees, clinical staff, suppliers and other stakeholders (including the external community), focuses on ethical and behavioral issues.

The Conduct Channel was established to register complaints, denounce violations or raise doubts about potential ethical infractions. It can be accessed by phone (0800 377 8022) and e-mail

(canaldeconduta@accamargo.org.br), 24 hours a day, seven days a week, and anonymity is guaranteed.

All contacts are recorded and evaluated by the Compliance area and evaluated by the Conduct Committee. In 2020, the Conduct Channel received 629 reports which were evaluated and responded to in the shortest time possible. The average response time in 2020 was 72 days.

No cases of corruption were identified in 2020.

GRI 205-3



Diego Rodrigues Mendonça e Silva, data management supervisor, and Vinicius Fernando Calsavara, statistician, discussing the data in a report.

RISK MANAGEMENT SYSTEM

In a major step forward, the institution's corporate risk management process was restructured in 2020, under a policy approved by the Board of Trustees.

Furthermore, an Executive Risk Committee was established, reporting to the Executive Board. This committee meets weekly and is responsible for evaluating the management actions in relation to the identified risks, the internal audit reports, the action plans proposed by management, and the progress made in achieving the defined plans.

This was the first time that processes and discussion forums on risk management had been instituted and the benefits soon become evident. The sharing of information on projects and decisions between the various management levels and the Executive Board has resulted in the development of more strategic

guidelines, progressive improvements in compliance with deadlines, and a more emphatic promotion of a corporate risk culture.

In the process of implementing the methodology defined by the Board of Trustees, a number of priority corporate risks were selected for monitoring by senior management, with the establishment of controls to mitigate or contain risks. One of the priority risks identified was the risk of interruption of operations (partial or total) due to the Covid-19 pandemic. This was seen as a major threat to the institution's financial stability, due to the significant reduction in the number of patients seeking cancer diagnosis and care services during the first half of 2020.

FISCAL MANAGEMENT

GRI 207-2

Fiscal control is the responsibility of the Corporate Directorate and is carried out in conjunction with the areas of Compliance, Processes and Legal. It is based on procedures and systems defined in the current legislation, which are periodically verified by the competent bodies. The process is monitored, tested and maintained through internal and external control and audit mechanisms.

Internally, the Risks and Internal Controls area monitors the respective management indicators and tests and verifies the effectiveness of internal controls. In turn, Internal Audit also carries out tests of the effectiveness of controls, identifying both opportunities for improvement in processes such as

risks of fraud. These processes are also monitored by the Audit, Risks and Compliance Advisory Committee, which reports to the Board of Trustees.

Externally, the A.C.Camargo Cancer Center is audited by an independent specialized company that assesses the compliance of the institution's processes with current legislation. At year-end, it audits the accounts and issues an opinion on the financial statements. The institution has a policy of replacing its external auditors every five years at most, in order to identify opportunities and ensure the adequacy of its fiscal governance.



José Luiz Gasparini Júnior and Victoria Januzzi Neves, nurses, in a training session with the care team

3

PEOPLE

ORGANIZATIONAL DEVELOPMENT

A few weeks after the restructuring of the institution’s corporate governance structure, senior management and Board Members had suddenly to face then enormous challenge of leading the institution to face the Covid-19 pandemic. As soon as the pandemic was declared, a crisis committee was set up. It was a multidisciplinary group, composed of members of the senior management, clinical staff and operational managers from a number of different areas. The group held meetings on a daily basis, including Saturdays, Sundays and holidays, to assess scenarios and take decisions.

The budget for 2020 was revised and projections were constantly updated, so that adjustments could be made as and when necessary. New guidelines were established and continually revised, as reality, both sanitary and economic, was changing rapidly.

Internal communication was reinforced with the publication of bulletins to share safety measures and updates on Covid-19. Weekly online meetings with all the institution’s managers were instituted in order to provide updated information, disseminate practices and new protocols, as well as to support them in the management of their teams. Employees and clinical staff in the risk groups were allocated to remote working tasks, and support actions, such as the creation of a program focused on mental health, were quickly implemented.

During this initial period of the pandemic, both the Board Members and senior management underwent a steep and rapid learning curve. Important decisions regarding the definition of powers and the degree

autonomy were made and the committees became more active, with a greater degree of participation. The objective now is to maintain the agility in the decision-making processes acquired in this period as an ongoing feature of the institution’s culture.

WORKFORCE PROFILE

At year-end 2020, the institution had 3,842 own employees. This represented a reduction of 292 employees compared to the previous year, due to the outsourcing of part of the hospital hygiene team. The majority of our own employees occupy technical and administrative functions, are between 31 and 50 years old, and are female.

Profile of own employees

GRI 102-7, GRI 102-8 E GRI 405-1

	2019	2020					
Job categories	Total	Total	Age range			Gender	
			<30	Entre 31-50	>50	M	F
Director and Superintendent	14	12	0	8	4	8	4
			0%	67%	33%	67%	33%
Manager	42	40	0	31	9	20	20
			0%	78%	23%	50%	50%
Head of Department, Coordinator and Supervisor	231	198	16	166	16	64	134
			8%	84%	8%	32%	68%
Operator	849	967	271	589	107	434	533
			28%	61%	11%	45%	55%
Technician	1.933	1.589	343	1.161	85	370	1.219
			22%	73%	5%	23%	77%
Administrator	904	921	384	458	79	310	611
			42%	50%	9%	34%	66%
Intern	47	39	36	3	0	9	30
			92%	8%	0%	23%	77%
Apprentice	114	76	76	0	0	17	59
			100%	0%	0%	22%	78%
Total	4,134	3,842	1,126	2,416	300	1,232	2,610
			29%	63%	8%	32%	68%

*Due to a new criterion adopted in this reporting cycle, it was not possible to report the data for 2019 by position in the categories of age range and gender.

Type of employment and employment contract
GRI 102-8

Item	Type	2020		
		Men	Women	Total
Type of employment contract	Permanent	1,155	2,442	3,597
	Temporary	77	168	245

*In 2019 this indicator was not reported.

Item	Type	2019			2020		
		Men	Women	Total	Men	Women	Total
Type of employment	Full-time	1,091	2,615	3,706	1,090	2,397	3,487
	Part-time	125	142	267	142	213	355

PROMOTING DIVERSITY AND
INCLUSION GRI 103-2 E GRI 103-2

The A.C.Camargo Cancer Center has always been concerned about the gender diversity of its employees and this was no different in 2020. The proportions of men and women remained similar to previous years, even at the most senior levels. In six of the eight main hierarchical levels, the female gender predominates.

The institution intends to expand discussions on the theme as from 2021. The institution will maintain its existing commitments to promote diversity and will establish new forums to discuss the theme.

In the second semester of 2021, affinity groups for gender, race, LGBTQIAP+ and people with disabilities will be set up. Each group will have one of the institution's senior managers as its sponsor. Once

these affinity groups are in place, it is expected that the pace of inclusion will accelerate.

Progress has been made in relation to gender equity in remuneration in recent years. A comparative analysis of the remuneration of men and women in the institution's eight main functional categories demonstrated that women earned the same, or even a little more, than men in four job categories (Apprentice, Administrator, Technician and Head of Department/Coordinator/Supervisor) and slightly less in three job categories (Intern, Operator and Manager). However, in the highest job category (director and superintendent) the remuneration of men is still higher than for women by over 20%.

Ratio between the base salary and remuneration received by women in relation to men by job category*
GRI 405-2

Job category	2020
Director and Superintendent	75%
Manager	94%
Department Head/Coordinator/Supervisor	118%
Technician	100%
Administrator	101%
Operator	91%
Apprentice	100%
Intern	98%

*Indicator reported as from 2020.

CLINICAL STAFF

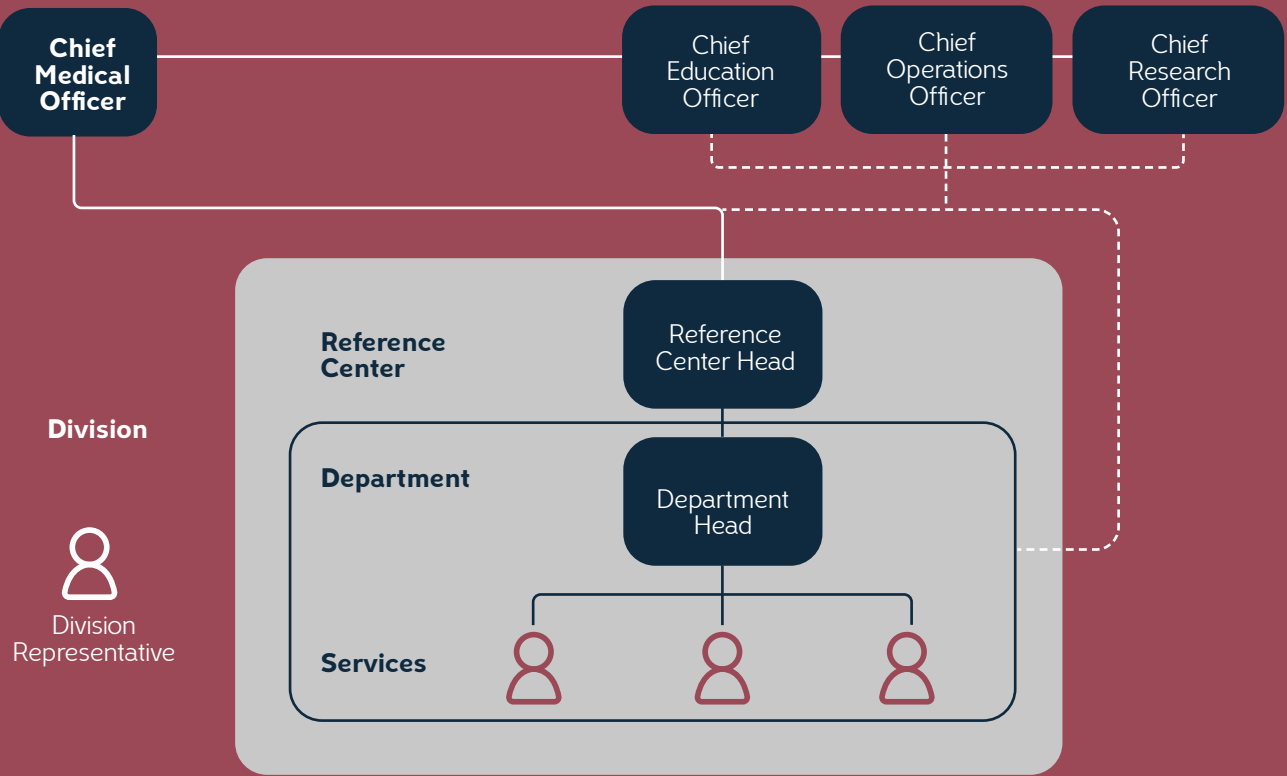
The A.C.Camargo Cancer Center’s clinical staff body has an important specific characteristic: it is a closed group of 754 medical practitioners. Furthermore, the institution encourages them to also participate in the Education and Research areas. In order to strengthen a team culture, online meetings are held fortnightly with the senior clinical staff to align their activities to the institution’s strategies. Administrative and patient care issues are discussed and solutions are developed in a collegiate and collaborative manner.

The remuneration model also has some specific characteristics: it is calculated based on the productivity of the specialist both in the patient care area and also according to their participation in education and scientific research projects. The model is designed to maintain their level of engagement and in this way strengthen the institution’s operating pillars. This model will be reviewed in 2021. Although the basic concept will be the same, the goal is to simplify the operational details to gain more clarity and functionality. The revised model should be in place by the end of 2021.

New architecture of clinical staff medical specialties

The architecture of the clinical staff’s medical specialties and the structure of divisions, departments, services and nuclei were revised to be consistent with the cancer center model. The revised architecture included certain new medical specialties needed for comprehensive patient care, resulting from the evolution in oncological practices. This process aims to:

- Establish an organizational structure for the clinical staff that works more efficiently within the cancer center model, and with criteria centered on the patient’s needs;
- Promote the approximation of similar fields of activity to improve the management of medical or multidisciplinary practices, creating solutions for continuous improvement, knowledge management and communication;
- Review and standardize the nomenclature of the organizational structure in terms of divisions, reference centers, departments, services and associated functions, in order to ensure uniformity in all the situations in which they are represented.



PHYSICAL AND MENTAL HEALTH

The Cuidando de Você (Take Care of Yourself) program, which was developed during the Covid-19 pandemic, aims to provide support for the physical and mental health of the institution’s workforce. It was structured on three fronts:

- A communication channel to clarify general questions, respond to personal issues and to disseminate the internal guidelines related to Covid-19.
- Face-to-face and remote psychological care conducted by the institution’s psycho-oncology center.
- The FriendsBee virtual platform is a channel for mutual emotional support, in which people can exchange their experiences.

The institution also conceded an emergency allowance for employees with school-age children (Infants and Elementary I courses), as well as for delivery services and, during the closure of its restaurants, offered alternative food services.

The institution’s physical facilities were adapted to increase the safety of the workforce, with the installation of signing and acrylic barriers in the restaurants.

Furthermore, a team of employees called Guardiões do Atendimento Oncológico Protegido (“Protected Cancer Attendance Guardians”) was created, with the objective of orienting people to follow the sanitary practices of physical distancing, correct use of masks and also to monitor the supply of sanitizing gel dispensers in the facilities.

INSTITUTIONAL INTEGRATION

The pandemic obliged the institution to take unprecedented measures in relation to its hiring processes, which were conducted exclusively online. After a pre-selection of candidates based on their CVs, the interviews and subsequent contacts were conducted on line. The approved candidates underwent an integration process, which also took place mainly online. The new employee received digital content about the A.C.Camargo Cancer Center, such as informative videos and guides, in order to become familiar with the institution and its culture through distance learning. Only the contract signing was done in person. The new format proved to be so successful that it will be maintained, even when there is a normalization of the sanitary situation.

NEW HIRES AND TURNOVER GRI 401-1

Categories	New hires				Turnover			
	Number		Rate		Number		Rate	
	2019	2020	2019	2020	2019	2020	2019	2020
Age range								
<30 years old	363	496	38%	46%	310	380	32%	35%
Between 30 and 50 years old	449	333	16%	14%	519	632	18%	26%
> 50 years old	24	9	7%	3%	61	142	19%	47%
Gender								
Men	272	262	21%	21%	340	318	27%	26%
Women	564	576	20%	22%	550	836	20%	32%
Total	836	838	20%	22%	890	1,154	22%	30%

DEVELOPMENT, ATTRACTION AND RETENTION

GRI 103-2, GRI 103-3 E SASB HC-DY-330A.2

The institution invested around R\$ 70.7 thousand in executive development programs. Some of the more important topics were: performance evaluation and career development, coaching of executives in communication, workshop on non-violent communication and the strategic vision program in healthcare and operational efficiency.

R\$ 93.4 thousand were invested in an evaluation aimed specifically at residents, on the theme of resilience, and in a workshop on conflict management, aimed at the clinical staff, research scientists and the multidisciplinary team.

In 2020, 3,817 own employees and interns (99% of the institution's own workforce) underwent skills

evaluations. The number of employees participating exceeded that in the previous cycle, when 80% were evaluated. In addition to the above actions, the institution invested R\$ 108.1 thousand in a Scholarship Program, which benefited 67 employees.

It also invested R\$ 261.3 thousand in projects and programs identified in the individual development plans based on the skills evaluations. These included themes such as: conflict management, non-violent communication, cognitive flexibility, resilience and the art of influencing.

Overall, the institution provided more than 108 thousand hours of training, the majority of which was directed to the technical and operational areas.

Hours of training by gender and job category
GRI 404-1

	Average hours of training/participation		Hours of training	Number of participations
Job category	2019	2020	2020	2020
Director and Superintendent	39.9	8.6	104.2	12
Manager	30.9	21.9	875.8	40
Department Head, Coordinator and Supervisor	41.4	32.6	6,468.3	198
Technician	31.7	33.4	52,816.8	1,589
Administrator	14.1	10.5	9,741.5	921
Operator	16.4	29.5	28,553.2	967
Apprentice	23.0	13.9	1,061.7	76
Intern	253.7	218.9	8,536.2	39

* There is no information on training hours for outsourced staff.

	2020		
Gender	Average hours of training/participation	Hours of training	Number of participations
Men	20.2	24,895.9	1,232
Women	32.1	83,757.1	2,610

** In 2019, the data was not reported by gender.

In 2020, 1,178 vacancies were filled by recruiting or retaining talent, of which 941 were advertised internally. In the process 380 employees were promoted, especially in the Operations area. Seven nurses were promoted to the position of senior nurse and three senior nurses were promoted to the position of supervisor nurse. Additionally, 32 interns and six multidisciplinary nursing residents were hired as junior nurses.

The Nursing Program offers opportunities for people who have completed either the technical course or undergraduate degree in nursing and who are interested in a nursing career. During the year, seven nursing technicians and 28 junior nurses were promoted. The selection process for the nursing positions involved a technical test, a realistic practical

simulation of situations with the patient, prior experience in the position and individual interviews.

The institution also contributed to the inclusion of young people in the healthcare labor market by hiring 94 interns and 79 apprentices. Furthermore, at year-end, the institution's workforce included 14 employees from foreign countries.

In order to give recognition to employees who performed their work at a level above expectations the institution created the Our Value Program. The aim is to promote a sense of belonging and to highlight employee contributions to the institution's ongoing success. In 2020, the program selected 11 projects and each of the 230 employees involved received a certificate and gift voucher.

Maternity and paternity leave
GRI 401-3

Employees	2019*		2020	
	Men	Women	Men	Women
Entitled to maternity/ paternity leave	1,274	2,813	1,254	2,755
Took maternity/ maternity/paternity leave	48	123	36	103
Returned to work after paternity leave	48	108	36	87
Returned to work after maternity/paternity leave and were still employed 12 months after their return to work	-	-	87	27
Rates of return to work of employees that took maternity/ paternity leave	100%	88%	100%	84%
Rates of retention of employees that took maternity or paternity leave	-	-	75%	25%

*The percentage calculation was revised in 2020 and the information for 2019 was updated to be comparable.

HEALTH AND SAFETY

GRI 103-2, GRI 103-3, GRI 403-1, GRI 403-2, GRI 403-3, GRI 403-4, GRI 403-5, 403-6, GRI 403-7, GRI 403-9, GRI 403-10

The institution takes steps to anticipate and avoid risks by: promoting specific training courses for each area; integration program for new employees; and the rotation of the participants in the institution’s internal emergency brigade. In 2020, a policy and procedure on Occupational Safety for Service Providers was developed, based on current legislation and internal guidelines.

Also in 2020, the evaluation reports for the identification and elimination of hazards were finalized, contributing to minimizing the risks in all the units.

The next steps of this initiative will be coordinated by the People and Organizational Development area. Adjustments will be made to systems and work orders to include all risks by job category, in addition to the preparation of updated informative materials.

In order to structure the formation of the internal Fire Brigade, the institution followed the guidelines of the Technical Instruction of the Fire Department of the State of São Paulo (IT nº 17/2019). In all, 1,213 brigade members were trained: 647 from September to December 2019 and 566 from January to March 2020.

Due to the pandemic, the retraining of new brigade members has been suspended. However, this does

not mean the team members already trained are not prepared to perform these duties. On the contrary, the brigade members trained in 2019/2020 are still on active duty. The institution also trained 124 employees in Ergonomics (NR-17) and 293 in Radio-protection (NR-32)

Also, to promote healthcare, immunization programs were carried out for the entire workforce, and there is biannual or annual biological monitoring according to the occupational risks.

The Quality area identifies the risks related to occupational health and safety and prepares a spreadsheet of environmental aspects and impacts, which is distributed to all employees. Detailed investigations of accidents are carried out and improvements in safety procedures are constantly being proposed and implemented.

The risks of the occupational health and safety impacts have been identified for the institution’s own employees.

During the pandemic, the area of Occupational Medicine was very active and played an important role in protecting the health and safety of everyone in the institution’s workforce. During the year, it carried out 3,845 PCR tests to detect Covid-19 and 4,474 tests for flu-like symptoms. As a result, 917 people were asked to self-isolate at home and some were hospitalized, including in the intensive care unit (ICU). In 2020, no deaths in the institution’s workforce due to Covid-19 were recorded.

Work-related injuries

GRI 403-9**

	2020*
Number of man-hours worked	7,996,170
Frequency rate	5.1
Severity rate	31.9
Deaths	Zero
Work-related injuries with lost days	41
Work-related injuries without lost days	24
Total work-related injuries	65

*The calculation methodology excludes injuries while commuting. The rates are based on 1,000,000 man-hours worked and the calculations of the frequency and severity rates were based on NBR 14,280. Currently, there is no process to identify the hazards that may present risks of work-related injuries and there is no information on outsourced staff.

**Due to changes in the criteria to calculate this GRI indicator in 2020, the comparison with the 2019 results is only possible for the severity rate and the number of deaths. The severity rate decreased by 42% in 2020 (2019: 55.0) and there were no deaths in 2019 and 2020.



Maria Fabiana Viana de Toledo,
nurse, attending a patient

4

PERFORMANCE

PATIENT CARE

QUALITY AND PATIENT SAFETY

GRI 103-2, GRI 103-3, GRI 416-1

The A.C.Camargo Cancer Center operates in a highly regulated industry and all the services it provides are subject to strict health and safety protocols and regulations. Ensuring that each patient care practice is carried out with maximum safety and technical excellence, based on clinical-scientific evidence and according to strict protocols, is a commitment of the institution to its patients. The institution has a number of processes in place that contribute to patient safety and the quality of services, as follows:

- Qmentum re-certification and ISO 14001:2015 certification;
- Review of protocols for patient care and patient pathway navigation (accompanied by a navigator nurse) in the Reference Centers;
- Evaluation/audit of hand hygiene and infection prevention controls in the institution's installations;
- Regular technical visits with the participation of area managers;
- Internal and external assessments carried out by the Quality area to verify compliance with accreditation/certificate regulations;
- Monitoring of care indicators and adverse events;
- Protected oncological flow.

PATIENT'S PATHWAY AND EXPERIENCE

GRI 102-43, GRI 102-44, GRI 103-2, GRI 416-1

90.4. This was the Net Promoter Score (NPS), an indicator of patient satisfaction, achieved by the A.C. Camargo Cancer Center in 2020. This was a score to be commemorated and resulted from the changes promoted during the year, both by the Operations area, which monitors everything related to patient care from diagnosis to treatment, and by the Patient Focus area, which provides a welcoming environment and strives to improve the patient's experience along his/her entire pathway.

Despite the good overall result, the feedback that patients provided led to a number of actions to improve aspects related to reception, humanization and patient experience. The points for improvement included topics such as: agility and problem resolution in the services provided by both the medical-care and support teams; agility in attendance; reduction in the waiting time for examination results; solution of the demands by the areas of patient support; possibility of making requests via the website, such

as for reports and medical records; and the doctor/patient relationship.

The decrease in the number of attendances in the first months of the pandemic was used as an opportunity to implement improvements that had been shown to be necessary. One of the most significant improvements was the transfer of the Patient Relations Center to an external and more modern area, where the institution's employees continued to provide the attendance service. This change provided new technological and ergonomic conditions for these employees. The existing telephone contacts with patients were expanded to include WhatsApp and Chat, with very positive impacts.

Other specific improvements were made, such as: the optimization of the menu in the nutrition sector; employee training to improve the quality of invoicing; and a more effective management of surgical schedules and procedures.

The Protected Cancer Attendance Protocols was established which resulted in the screening of patients in reception, installation of acrylic barriers between seats, improvement of cleaning and disinfection practices and the prohibition of the presence of patient's carers/companions on the institution's premises, save in some exceptional cases. This latter measure required new responses from the Patient Focus team, such as facilitating contact with the family through technological resources such as video calls.

A further improvement to benefit patients undergoing treatment was the establishment of the Patient Advisory Panel. The panel aims to help patients by assessing the institution's services from a patient perspective. It is composed of ten members including patients, ex-patients and carers/companions. As a result of the panel's work, some changes have already been implemented in relation to technologies, the menu for hospitalized patients and even to the physical infrastructure, for example, the radiotherapy area, which has been renovated to become more comfortable and welcoming. The topics addressed by the Patient Advisory Panel in 2020 were: medical care,

the Protected Cancer Attendance Protocols, telemedicine, service mall, the Patient Relations Center, digital solutions for patients and nutrition services.

A final but important highlight were the innovations in the institution's communication with patients during the pandemic. Patients were kept continuously informed through a variety of communication channels about everything that was happening in general at the institution and were quickly alerted to any changes impacting their own treatment. This enhanced and efficient communication strategy contributed to patients feeling more reassured that they were safe from contracting Covid-19 during their treatment.

Integrated attendance model

The institution made substantial progress towards achieving its the goal of structuring knowledge generation and specialist services at its Reference Centers for specific cancers. In 2020, three more Reference Centers were implemented: head and neck tumors, colorectal tumors and upper digestive tract tumors. During the year, a total of 137 patients completed an integrated treatment pathway at these centers. The Reference Centers for lung and chest tumors, urologic tumors and hematologic neoplasms initiated a pilot phase of operation in 2020 and are expected to be fully operational in the first semester of 2021. The Reference Centers for pediatric tumors, central nervous system tumors and sarcomas and bone tumors are still under development, with activities expected to start by the semester of 2022.

In 2020, the institution made progress in the structuring of operational pathways for each type of tumor. A pathway is composed of a sequence of steps to be followed by each patient in order to execute the clinical protocol. In these pathways, each visit, before, during and after treatment is carefully planned, as are the procedures that are to be carried out at each one, and the ideal interval between them. The pathway also specifies the most appropriate specialist responsible for each interaction. The goal is to achieve a pathway which maximizes survival and quality of life after cancer, while being operationally efficient by eliminating the costs of tests and procedures

that do not add any value. These operational pathways are designed to result in a gain in efficiency through the effective management of the time and resources employed.

The Reference Centers have tumor boards, which are meetings that bring together specialists in a specific tumor site to discuss the options for the therapeutic decisions and care of individual patients undergoing treatment.

Tumor boards are extremely beneficial to patients, medical specialists and the institution itself: patients ensure they will receive access to the best possible care, provided by the most appropriate team; medical specialists can access the enormous knowledge and experience, and the support, of their peers in decision-making; and finally, the A.C.Camargo Cancer Center gains from the advancement of its accumulated expertise and in the range of services offered.

During the year, the tumor boards took place virtually and the cases addressed were the more advanced and more complex tumors, presenting challenges to the institution's medical specialists. Although the numbers of patients in surgery and treatment fluctuated from month to month during the year due to the pandemic, a total of 2,317 cases were discussed. The number of high-complexity cases was expected to decrease, however, in the event, it increased by 4% compared to 2019. During the year, a Molecular Tumor Board was established. This is the 15th such discussion/decision nucleus and it focuses on the genetic alterations of tumors and patients. It will examine the decisions on personalized treatments, and has the potential to reduce litigation in this area.

This highlights not only the importance of these forums within the A.C.Camargo Cancer Center, but also the reaffirms the validity of the concept of an integrated cancer center. The model enabled multidisciplinary and integrated discussions to continue to function and even improve in a critical situation such as the one faced during the year.

In 2020, the project for the relocation of the Pediatrics area was approved, thereby enabling the expansion of the cancer center project. The Pediatrics area

will move to a new space in the Antônio Prudente Unit and the attendance structure will be revitalized. The goal is to reinforce the importance of pediatric oncology within the A.C.Camargo Cancer Center enhancing its role as a reference institution in the treatment of child cancer.

ACCESS TO CANCER TREATMENT

One of the biggest challenges presented by the Covid-19 pandemic was to establish a safe pathway for cancer surgery to continue. The A.C.Camargo Cancer Center succeeded in overcoming the challenge by making adjustments in a number of areas.

A pre-operative protocol was developed for the diagnosis of Covid-19 in asymptomatic patients. It defined a series of steps to be completed prior to carrying out the surgery. After authorization from the healthcare operator or payment source, the countdown begins. Firstly, the candidate for surgery is tested for infection by Covid-19 up to 72 hours before the proposed admission time. Secondly, the test report is evaluated and the decision is made as to whether or not to continue the procedure. Thirdly, if the surgery is approved then, and only then, the patient is hospitalized and admitted to the operating room.

Patients who were already undergoing treatment were instructed to maintain their therapeutic schedule. As there was no interruption in their therapies, their progress indicators remained constant throughout 2020, and there was no adverse impact on the evolution of cases, including patients requiring chemotherapy, immunotherapy, radiotherapy, interventional radiology and bone marrow transplantation treatments.

In relation to the surgical center, there was initially a decrease in movement in April and May. Then there was a gradual resumption starting at the end of the second quarter, and by December the level of utilization had returned to normal. Four actions were fundamental in enabling this recovery to occur: the implementation of strict security protocols throughout the pandemic; the institution's ability to demonstrate to its patients the importance of carrying

out the surgery when it had been recommended; the confidence of patients in the A.C.Camargo Cancer Center's Protected Cancer Attendance Protocols; and the extraordinary work done by the clinical and patient care staff, in transmitting reassurance and tranquility to those who needed to undertake surgery or to commit to maintaining their cancer treatments. No cancer patient was harmed by a delay in receiving a needed surgery. The institution's specialists even carried out high-complexity surgery such as liver transplants during the pandemic.

National Health System (SUS) Patients

SASB HC-DY-240a.1

The institution attended patients from the National Health System (SUS), referred by the São Paulo Municipal Health Department. All patients had their care ensured during the pandemic. The guidelines and conduct for treatment, both for patients infected by Covid-19 and for those not infected, maintained the standards offered. Even during the pandemic, the institution contributed to the Municipal Government's drive to reduce waiting lists through an additional contract in the Corujão do Cancer program. During 2020, 79 patients with thyroid cancer were treated in this program within the protocols for surgery and iodine therapy.

The proportion of SUS patients attended is established annually in an agreement with the São Paulo Municipal Health Department, according to an agreed work plan, and is focused on high-complexity care services, consistent with the cancer center operating model.

Regarding the proportion of patients insured by healthcare operators' plans, A.C.Camargo Cancer Center maintained its strategy of expanding as much as possible the access of these patients to the institution's services. On the one hand, it preserved and enabled the accreditation of the operators' basic healthcare plans, and on the other hand, it inaugurated a unit with a premium level of service to provide care services for private patients in the Itaim Bibi district of the city of São Paulo.

SUPPORT GROUPS AND WORKSHOPS FOR PATIENTS AND COMPANIONS

The support groups are an initiative to help patients, companions and families during the patient’s pathway from diagnosis to rehabilitation. During the year, 236 people participated in support groups, in activities such as dance classes, crafts, make-up and adult cooking workshops. The adult cooking workshop alone had more than 2.2 million views on social media.

Number of participations in support groups and workshops	2020
Coral Sua Voz (choir)	78
Espaço Mulher (for women)	13
Fisiodança (rehabilitation dance)	30
Grupo Mama (for women with breast cancer)	15
Oficina de Automaquiagem (make-up)	83
Oficina de Artesanato (crafts)	17
Total	236

The groups and actions called: Amor à Vida (love of life), Oficina de Culinária Infantil (cooking for children); Grupo de Apoio ao Tabagista (support group for smokers); Espaço Homem (for men); and Encontro com o Cuidador Adulto e Pediátrico (adult and pediatric care-giving) were not carried out in 2020 due to the pandemic. The scope of their activities did not allow them to be transferred to an online format. As a result, there was a reduction in the number of participations in support groups of 88% compared to 2019 (2019: 2,048).

PATIENT CARE INDICATORS
SASB HC-DY-250a.2, HC-DY-250a.3 e HC-DY-250a.4

The procedures for treating cancer are complex and subject to complications. In 2020, the infection rate for clean surgery was reduced by 25% compared to 2019, due to a number of actions aimed at improving these rates. These actions included hand hygiene training, enforcement of NR32 standards, structural improvements in operating rooms and the Surgical Room Cleaning Management Project. The readmission rate was 13% and two serious events were registered during the year.

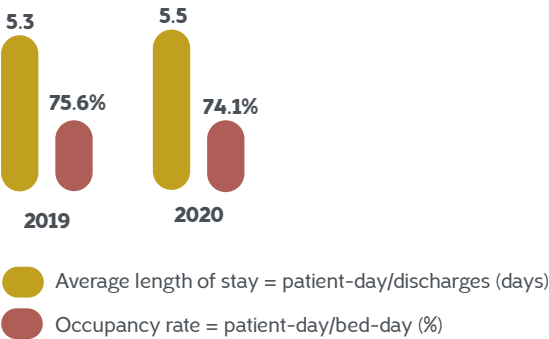
Attendance indicators	2019	2020
Outpatient attendances	328,046	256,048
Emergency attendances	26,242	25,591
Surgery (general operating center, outpatient, hemodynamics and radiotherapy)	21,991	17,884
Imaging examinations	278,275	231,378
Hospitalizations	22,187	17,553
New patients	-*	12,115
Patients attended	-*	79,679
Day patients	122,109	98,269
Chemotherapy (sessions)	33,171	29,388
Radiotherapy (cycles)	2,331	2,138

*Due to the transition of the hospital management system, in the years 2018 and 2019 it was not possible to report this information.

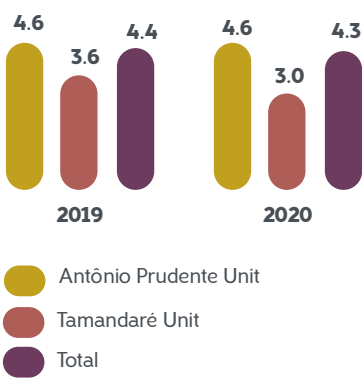
Immunotherapy: patients attended in a Reference Center (RC)	2020
Hematologic Neoplasms RC	2
Colorectal Tumors RC	9
Skin Tumors RC	77
Head and Neck Tumors RC	36
Breast Tumors RC	9
Lung and Thorax Tumors RC	76
Upper Digestive System Tumors RC	28
Gynecological Tumors RC	16
Urologic Tumors RC	60
Total	313

*Indicator reported as from 2020.

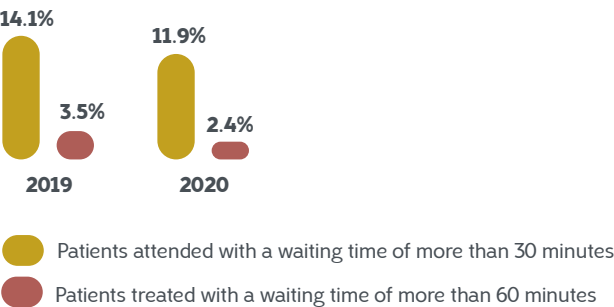
Occupation and length of stay



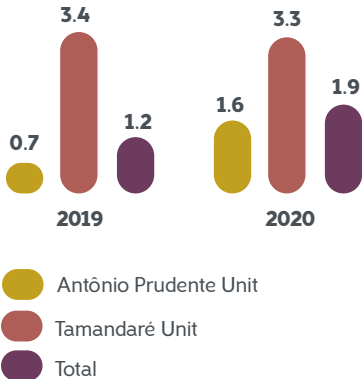
Turnover of beds/unit (days)



Patient attendance waiting time



Replacement of beds/units (days)





Dr. Fernanda Alves de Oliveira, resident doctor, and Dr. Thiago Bueno de Oliveira, clinical oncologist, discussing a patient's case

OPERATIONS

INFORMATION TECHNOLOGY

The year 2020 brought a number of new demands for the Information Technology area. Many of these had been planned, such as the successful completion of the implementation of the hospital management system. Others, however, were emergencies, due to the Covid-19 pandemic. One example was the need to quickly implement solutions for remote working, as a significant part of the institution's workforce was forced to work from home.

Of the planned initiatives, the stabilization of the hospital management system was one of the most important. In 2019, when it started operating, its focus was primarily on the patients, that is, on managing their entry and pathway through the institution. As of

2020, the focus of the system shifted to supporting services in general including billing, medication stock management, relationship with healthcare operators and financial transfers to the institution's clinical staff. At the end of the year, all processes were working in an integrated manner, with the points for improvement identified at the beginning of implementation, being duly corrected. In 2021, the goal is to seek new benefits related to the use of the system and employ it more strategically, using the information in the database as inputs to decision-making.

Another important initiative was the implementation of a management information system. The system, which is continuously supplied with data coming from

all sectors, enables management to monitor and analyze key financial and operational indicators such as the evolution of billing, outcomes of cases and the number of surgeries (total, by department and by medical specialist), among others.

In relation to emergencies, in addition to developing solutions for remote access by the clinical and administrative teams, a major highlight was making telemedicine feasible. Thanks to a combined effort together with the Operations and Innovation areas, it was possible to carry out all the necessary adjustments, in terms of equipment and network, to make it possible to monitor patients through remote consultations, without compromising on the quality of care.

ENVIRONMENT

GRI 103-2, GRI 103-3

In relation to environmental topics, the Sustainability Platform implemented measures aimed at reducing the consumption of natural resources. Furthermore, it monitored the respective indicators through an Environmental Management System, based on the ISO 14001:2015 standard. In 2020, the institution took important steps in identifying and mitigating its environmental impacts.

The various areas of the institution held regular meetings to discuss the theme and the associated strategic environmental indicators. The corporate goals in relation to water and electricity consumption and waste management were all achieved and, in some cases, exceeded.

The significant upgrading of the new Patient Relations Center was also an important achievement. This service was relocated to an external outsourced environment, and this required an enormous amount of work by the Information Technology to set up the new infrastructure.

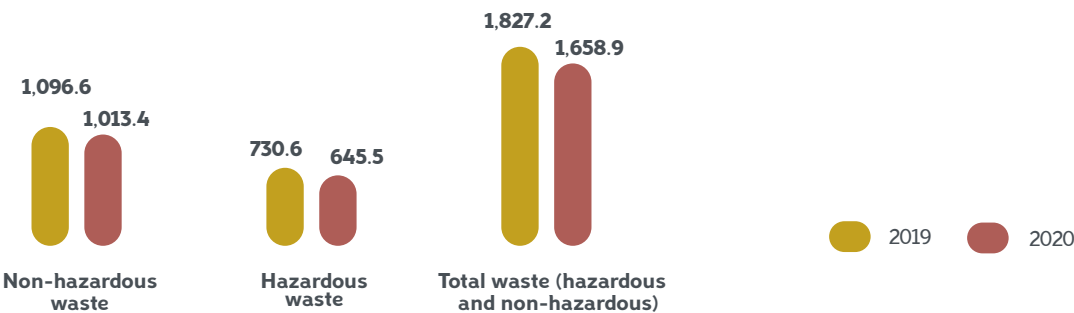
A final important point was the creation of a medical advisory service inside the Information Technology area. This aimed to bring the clinical world closer to the technology environment, facilitating the interactions and including the doctor’s perspective in the assessment of needs and priorities.

Waste

GRI 103-2, GRI 103-3, GRI 306-1, GRI 306-2, GRI 306-3, GRI 306-4, GRI 306-5

The highlight of the year was the implementation of the Integrated Solid Waste Management Plan. Its implementation in 2020 was the result of two years of research and planning. It has already made an important contribution by reducing the amount of waste generated by the institution and the amount sent to sanitary landfills. In 2020 the amount of waste generated decreased by 9.2% compared to 2019. In addition, the segregation and recycling rates increased, resulting in more appropriate destinations for the segregated materials.

Decrease in waste generation



Total waste generation by type and destination (tonnes)

Indicator	Type of treatment	Target	2019	2020
Generation of recyclable waste	Recycling	Monitor the production of recyclable waste	395.4	430.8
Generation of organic recyclable waste	Composting	Composting	199.7	153.0
Generation of common waste	Composting	Common waste – Sanitary landfill	501.4	429.6
Total non-hazardous waste			1,096.6	1,013.4
Generation of infectious waste	Autoclave	Monitor the generation of infectious waste. Autoclave	650.5	578.4
Generation of chemotherapy waste	Incineration	Monitor the generation of chemotherapy waste. Incineration	62.1	49.7
Generation of liquid laboratory reagent waste	Incineration	Monitor the generation of chemical waste. Incineration	15.9	14.2
Generation of solid laboratory reagent waste	Incineration	Monitor the generation of chemical waste. Incineration	-	1.4
Generation of waste from anatomical parts	Incineration	Monitor the generation of chemical waste. Incineration	1	0.5
Generation of waste from anatomical parts	Cremation	Monitor the generation of infectious waste. Cremation	1.1	1.4
Total hazardous waste			730.6	645.5
Grand total of waste (non-hazardous and hazardous)			1,827.2	1,658.9

The real and potential significant impacts are related to inputs such as medicines, chemical products that, after handling and administration in patient care activities, are disposed of as hazardous waste. In relation to the institution’s supply chain, the impacts derive from the purchase of medicines and chemical products. Currently, the institution does not have ongoing projects in relation to the reduction of waste generation by its suppliers.

The treatment and disposal of all substances considered hazardous, such as leftover paint and solvents, among other materials, are included in the integrated solid waste management plan.

The monitoring of the types of waste and their destinations is as follows:

- Hazardous waste (chemical and infectious): segregated and treated according to the guidelines of the São Paulo Municipal Solid Waste Management Plan.

- Non-hazardous waste: segregated and collected by the companies contracted by the institution and destined to landfills approved by the Municipal Government, in accordance with the current legislation and waste management best practices.
 - Infectious and chemotherapeutic waste: weighed and recorded in a spreadsheet on a daily basis. Destined for incineration.
 - Liquid and solid chemical waste and medicines: weight and volume recorded at the time of collection. Destined for incineration.
- Recyclable waste, composting and common waste: weight recorded at the time of collection by the service provider.

Energy

GRI 103-2, GRI 103-3, GRI 302-1, GRI 302-4

Energy is a critical input for the operation of a healthcare institution, since it is consumed continuously and intensively. The A.C.Camargo Cancer Center regularly evaluates its operations and practices to optimize its consumption.

Initiatives to improve energy management in 2020 reduced consumption by 2%.

Total energy consumption (GJ)

	2019	2020
Electricity: distribution company	81,227.8	81,173.0
Fuels: non-renewable sources	9,780.4	8,034.3
- Natural gas	6,891.5	6,399.9
- Fuel oil	2,888.9	1,634.4
Total	91,008.2	89,207.3

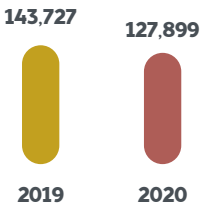
Water resources

GRI 103-2, GRI 103-3, GRI 303-3, GRI 303-5

The A.C.Camargo Cancer Center withdraws water from the municipal supply network and from companies contracted especially for this purpose. The controls to monitor and optimize water consumption include the installation of flow reducers in the toilets and the promotion of awareness campaigns with the workforce.

In 2020, water consumption was reduced by about 11%, due to daily monitoring, detection of leaks and immediate corrective actions, and also the reduction in the number of surgical procedures due to the pandemic.

Total water consumption (m³)



SUPPLIERS

GRI 102-9

In 2020, the institution had 2,016 active suppliers, and inputs were purchased and services contracted from 1,452 companies. These included suppliers of medical materials and medicines, medical service providers, providers with manpower allocated, among others. The total expense with suppliers was R\$ 584 million, the majority of which was for medicines and medical services.

The institution's relations with its supplier network became more productive and transparent during the year. Expense reviews and contract renegotiation with business partners were conducted throughout the year. The strict monitoring of expenses contributed to the institution's positive financial performance.

The measures adopted were estimated to have generated savings of around R\$ 62 million.

The renegotiation of contracts did not compromise the supply of inputs. On the contrary, the institution did not experience any supply interruptions for important items, such as surgical masks and gel alcohol, and the rate of stock shortages even decreased. In 2020, this rate was 0.27%, compared to 1.4% in 2019. Even at the height of the restrictions due to the pandemic, the institution's supply chain was not interrupted.

The extensive work done on the re-evaluation of processes brought other benefits. A number of suppliers were replaced resulting in cost savings and without compromising the quality of the inputs needed for the operations. A good example was the outsourcing of cleaning and sanitation services. However, in certain critical areas, the institution maintained its team of own employees for these services.

We also implemented some important initiatives in relation to inventory management including a consignment model with some pharmaceutical companies that started to manage the storage of their medicines inside the institution's installations. As a result, the number of items lost and the associated financial losses were reduced.

Strategic partnerships were established. For example, a new remuneration model has been developed with a pharmaceutical company for cancer treatment. In relation to the prices of medicines, the agreement is to reduce the amount charged for the first stage of therapy, so expanding the access for more patients. Also, in partnership with a medical equipment supplier, a new methodology for the use of its products and materials was developed.

Other advances in 2020 were the centralization of supplier management in the Supply area and the publication of revised norms for the approval of suppliers and purchases. The objective of these new methodologies was to identify compatibilities and inconsistencies in the partners' practices compared to those of the institution at the time of registration and prior to approval. By means of this prior assessment it was possible to ensure that both the quality of service provided, and the supplier's social and environmental practices were consistent with those required by the A.C.Camargo Cancer Center. The last important element of this ongoing transformation was the decision to institute an excellence award that will be granted to the suppliers that best fit the model sought by the institution. We plan to initiate these awards in 2021.

EDUCATION

Despite the numerous challenges faced in 2020, it was a positive year for A.C. Camargo Cancer Center's Education area. The institution began implementing the digital transformation of its education activities in 2018. However, the new demands and urgency imposed by the Covid-19 pandemic significantly accelerated the process and the institution has made considerable progress in consolidating its distance learning capability.

This included the adoption of new digital tools to adapt classroom training courses to the online environment, such as webinars, which have now become commonplace. This transformation occurred at all levels of education and teaching, from classes at the Schwester Heine Specialized School to complex postgraduate programs for medical specialists.

NEW DYNAMICS IN EDUCATION DELIVERY

With the migration of all classroom education to digital platforms, the number of participants in training courses has increased significantly. In the classroom format, which predominated before the onset of the Covid-19 pandemic, participation levels averaged between 40% and 50%. Once courses were digitized and delivered online, internal the level of participation in internal training courses increased to 100%.

The goal now is to further develop the new model and maintain the level of participation achieved even when a normal work situation is resumed.

The teaching methodology has undergone major changes. A good example is in the training of residents. During the pandemic, the activities were no longer carried out during the normal class periods. The residents could determine the ideal time to complete their coursework and only the online case discussions were held at fixed times. The new approach proved to be very effective and will be maintained even after the end of the pandemic.

STRATEGIC DECISIONS AND LEARNING CHANNELS

In 2020, the institution made an important strategic decision to make certain courses available free of charge to external audiences through on-line channels. The objective was to share some of the vast amount of knowledge accumulated by the A.C. Camargo Cancer Center with society in general and also divulge the range of courses that the institution can offer through its Education area. One of the highlights was the Health Management course, presented in partnership with eminent professors in the field, and which attracted over 600 participants daily, over a total period of five days. Free open online classes on specific tumors were also offered. All of these initiatives were part of a larger and more ambitious project called "Teaching Beyond Our Walls". The project aims to expand its education offerings to the entire market of healthcare practitioners, with the expertise and branding of the A.C. Camargo Cancer Center.

Another initiative of the Education area was the "Lecture Cycles" program. These lectures always took place at lunchtime and were open to all the institution's workforce. The initiative began in 2019 and has gained traction in 2020, with lectures being offered more frequently. The "A.C. Camargo Dialogues" initiative was launched in 2020. These are online discussions held by the CEO with market experts on relevant issues at the time.

In early 2020, the restructuring of the Education area was completed. The physical space was completely refurbished and the administrative areas and the classrooms were redesigned in an integrated manner, improving the convenience and comfort of both the students and the teaching staff.

A further item worthy of note was the approval, by CAPES, of the practitioner master's program. The implementation of the program is currently in the planning phase and it is expected to be launched by the end of 2021.

PERFORMANCE INDICATORS

Residence and development program	2019	2020
Medical residence graduates	80	75
Medical residence students	186	178
Multidisciplinary residence graduates	27	26
Multidisciplinary residence students	53	55
Graduated in the year in the Fellowship Program	9	17
Total students in the Fellowship Program	19	13

Graduate program* degrees	2020
Master's degree graduates	36
Master's degree students	64
PhD graduates	20
PhD students	80
Postdoctoral graduates	2
Postdoctoral students	9
Scientific initiation students	25

*This data was not reported in 2019.

Of the total of 101 graduates in the medical and multidisciplinary residences, 22 joined the institution's clinical staff, representing a success rate of 22%.

In 2020, the Education area provided 124 training courses for the institution's workforce with a total of 27,312 participations. Some of the more important courses were as follows:

- Oncology for nurses
- Environmental management
- Hand sanitization
- Preparation and administration of medicines
- Patient care protocol for sepsis

SOCIAL RESPONSIBILITY

GRI 103-2, GRI 103-3, GRI 413-1

SCHWESTER HEINE SPECIALIZED SCHOOL

The A.C.Camargo Cancer Center’s support for social responsibility projects goes back many years. The Schwester Heine Specialized School, founded in 1987, was the first institution to provide classes for students in a privately-owned hospital in Brazil, and it has become a national reference institution in this area. It attends students of ages ranging from kindergarten to high school and its aim is to provide ongoing pedagogical support to children and adolescents while they are hospitalized or undergoing treatment. It also helps them to return to their original schools.

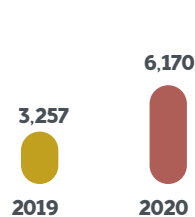
In 2020, even during the pandemic, it continued to attend 593 school-age patients undergoing treatment by transferring the teaching to online platforms and facilitating the students’ access to information and educational activities. In this way, children and young people of all ages, and their families were able to continue to participate in the educational

activities. The success of the experience has already resulted in a decision to continue with some of the online activities even when sanitary conditions return to normal. Going forward, the Schwester Heine Specialized School will offer a combination of classroom and online formats for learning.

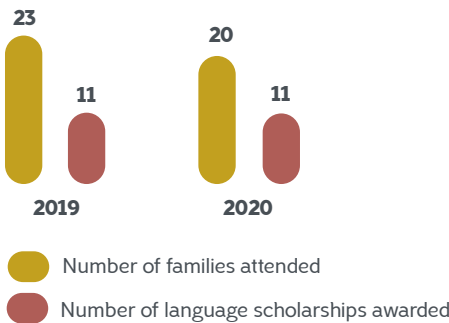
DONA CAROLINA TAMANDARÉ PROGRAM

This program, which attends socially vulnerable children and adolescents from the Glicério district, was forced to reduce its activities due to the Covid-19 pandemic. However, despite this, the period proved to be productive in another way. The program was redesigned in 2020 to be more inclusive and enable it to attend young people being treated at A.C.Camargo and who are in socially vulnerable situations.

Number of attendances in the Schwester Heine Specialized School



Number of attendances in the Dona Carolina Tamandaré Program



RESEARCH

The year 2020 was marked by the major scientific challenge of understanding Covid-19, a previously unknown disease. This resulted in, of course, an especially demanding year for the A.C.Camargo Cancer Center’s Research area.

The physical restrictions imposed by the need for social distancing during the pandemic created difficulties for the continuance of research studies, since many researchers and students were forced to work at home. On the other hand, it created a situation where the sharing of knowledge increased to unprecedented levels. The possibility of working remotely and the smaller volume of attendances in person resulted in more time being dedicated to the analysis of data already collected, and so much work in progress could be completed. Additionally, a number of articles with results related to the pandemic were quickly drafted and published. As a result of these exceptional conditions the institution’s scientific researchers published the largest number of articles in any single year in the institution’s history. A total of 320 scientific articles were published.

The challenge of keeping patients, and the workforce free from Covid-19 proved to be an enormous task. However, the institution’s clinical staff and scientists succeeded in quickly designing studies and

establishing protocols in partnership with national and international medical organizations. In addition, they developed innovations aimed at ensuring the safety of the institution’s workforce and especially those who were in the front line of treating cancer. Overall, the balance for the year was very positive.

Biobank

The A.C.Camargo Biobank, created in 1997, is recognized as one of the largest in Latin America. Since its inception it has accumulated more than 174 thousand samples, collected from patients and volunteers in prevention programs. It stores samples of tumors, normal tissues and blood from patients.

Research is carried out on the samples to increase the institution’s knowledge in relation to diagnostic methods and to the identification of the genetic changes that increase the risk of cancer, modify the response to treatment or that can be targets for designing new drugs. The samples also enable researchers to study the microbiota and immune profile of patients with different tumor types and under different treatment scenarios. Furthermore, they can construct pre-clinical models that can assist in the identification of the molecular changes occurring in the tumor process which, one day, may serve as tools for use in personalized medicine.

The Biobank’s annual and cumulative indicators	2019	2020
Surgical patients recruited - tissues and blood***	-	716
- Tissue samples (collected and frozen)	1,658	1,428
- Blood samples - leukocytes (isolated and frozen)	721	696
Research projects that use samples from the Biobank	28	21
DNA and RNA extractions at the Biobank	1,545	1,891
Tissue and bio-fluid samples processed at the Biobank*	-	4,617
Surgical patients recruited - tissues and blood 1997-2020***	-	42,209**
- Tissue and blood samples (collected and frozen) 1997-2020***	-	174,056**
DNA and RNA extractions at the Biobank accumulated between 2004-2020***	-	28,034**

*Includes RNA and DNA extraction samples at Biobank

**Cumulative data

*** Data not reported in 2019.

INNOVATION AND NEW PRACTICES

The vast knowledge of the research groups in molecular biology and genomics at the International Cancer Research Center (CIPE) enabled the Adolfo Lutz Institute to quickly standardize and certify an RT-PCR test for the detection of the SARS-CoV-2 virus and the diagnosis of Covid-19, in the early days of the pandemic. The test it developed had a lower cost than the market average and was very efficient. It was used as an instrument of infection control to monitor the A.C.Camargo Cancer Center’s workforce enabling the institution to maintain the workforce’s shift system functioning and to monitor critical areas.

The research culture, the modern infrastructure and the institution’s intellectual capital was harnessed to focus on the great challenge of understanding the new disease and its effects on cancer patients. Several research projects were designed and some have already been completed and published. A total of 39 articles on Covid-19 were published in 2020 with the participation of the institution’s clinical staff, either on their own or in association with medical societies or national and international multicenter groups. These articles covered themes such as: treatment recommendations; new protocols; revisions to existing protocols that contributed to endorsing new practices in cancer patient care and Covid-19. Among the many methods that proved to be

effective, the establishment of parameters for the use of computerized tomography in the diagnosis of Covid-19 and the pre-surgical testing for Covid-19 stood out as particularly important, and certainly saved the lives of many of the institution’s patients.

Many of the various studies initiated during the year aimed to analyze the connections between cancer and Covid-19 including the implications of delaying treatment and how the disease can affect the therapeutic response to treatment and the progression of tumors. In the coming years, this research promises to bring significant results and help the medical-scientific community to design the most appropriate clinical conduct.

Although Covid-19 was one of the main research focuses in innovation in 2020, it was not the only one. Other fields of study produced innovative proposals for new approaches in surgery, systemic therapy, including immunotherapy and radiotherapy. They resulted in published articles and will have direct implications for new treatment approaches for cancer patients. Studies in the areas of genomics and bio-markers by liquid biopsy gave a new impulse to the development of new approaches in personalized medicine. In total, 320 scientific articles were published, of which 83 were on translational and epidemiological research and 237 on clinical research.



Dr. Ludmilla Thomé Domingos Chinen, researcher, analyzing circulating tumor cells

PROJECTS, PARTNERSHIPS AND THE FUTURE

Of the research projects that had some type of external funding, two stood out. The first was the development of a prototype of a robot in partnership with the Instituto Tecnológico da Aeronáutica (ITA). The equipment captures compounds and particulate matter suspended in the air to check for contamination in the environment. It was conceived, in principle, as a resource to combat Covid-19.

The second highlighted project relates to therapy with CAR-T Cells and is being carried out in conjunction with the National Cancer Institute (INCA) and the Oswaldo Cruz Foundation (Fiocruz). This highly innovative technology, which uses genetic engineering to manipulate cells from the patient's own immune system to enable them to recognize and eliminate tumor cells, is already being evaluated in clinical trials. The proposal is to develop a proprietary methodology to make therapy with CAR-T Cells safer, more efficient and as affordable as possible. The A.C.Camargo Cancer Center intends to be one of the pioneers in the implementation of this methodology in Brazil and has been working in partnership with the pharmaceutical industry to make it feasible as quickly as possible.

The institution entered into 63 partnerships to carry out research and innovation projects, of which 24 were national and 39 international. All the international partnerships are with large institutions, such as the Institut Curie, in France; the National Cancer Institute, USA; and the Broad Institute, England. The partnerships among a number of cancer centers around the world has enabled the creation of multicenter research projects, many of which dedicated to investigating the impacts of Covid-19 on cancer treatment. These partnerships have contributed to accelerating the rate of knowledge generation and the internationalization of the A.C.Camargo Cancer Center.

During the year, a Genomic and Molecular Diagnosis Nucleus was set up. It uses the protocols and methods of personalized medicine to test and evaluate patients before establishing the treatment strategy. Another new project to map out data on patients treated at the institution was also initiated, based on the patients' informed consent. With the aid of technologies such as high-power flow cytometry and the use of Next Generation Sequencing (NGS) and exome sequencing, the institution has been collecting information related to the immune system and the genetic profile of patients undergoing treatment.

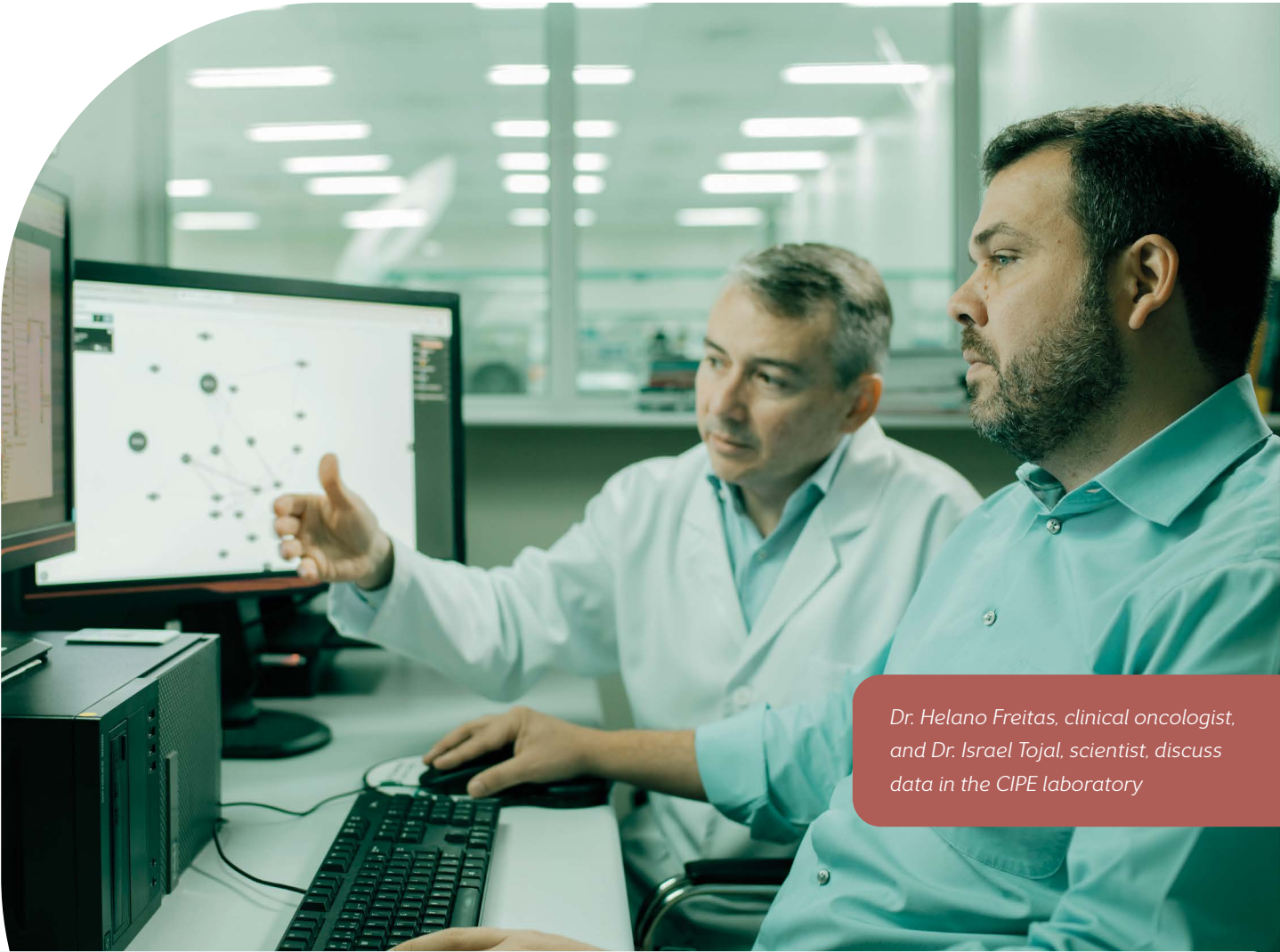
As this work progresses, it will be possible, for example, to develop new tests that indicate, even more precisely, which patients are the ideal candidates for immunotherapy, chemotherapy and other treatments, and understand the related risk factors in each specific case. It will also be possible to define more personalized and effective therapeutic strategies to prevent patients being exposed to unnecessary side effects and ensure that the healthcare system as a whole avoids spending on unnecessary resources.

Research funding

In 2020, the A.C.Camargo Cancer Center invested more than R\$ 13 million in institutional research of which R\$ 4.3 million was directed to researchers, scientists and medical-researchers from national and international research development agencies. The National Program for Support for Oncological Care (Pronon) and Conduct Adjustment Agreements (TAC) were additional sources of support received by the research area. Some of the research projects were subsidized by international agencies such as the International Agency for Research in Cancer (IARC), the World Health Organization (WHO) and the International Atomic Energy Agency.

RESEARCH INDICATORS

Research Promotion Expenditure (R\$)	2019	2020
Own resources	19,930,103	13,347,563
National sources	7,121,291	4,179,520
- Fapesp	2,612,295	1,579,120
- CNPq	460,720	738,627
- Conduct Adjustment Agreements (TAC)	186,223	138,251
- Pronon	3,740,861	1,570,165
- Pronas	114,367	-
- Others (Researcher-initiated studies)	6,825	153,357
International sources	6,947	187,426
- IARC/WHO - Mutograph Project	-	27,423
- IARC/WHO - Mutograph Project (Capex)	-	4,248
- IARC/WHO - Interchange (Capex)	1,110	4,700
- Others (Researcher-initiated studies)	5,837	151,055
Total	27,058,341	17,714,510



Dr. Helano Freitas, clinical oncologist, and Dr. Israel Tojal, scientist, discuss data in the CIPE laboratory

Scientific production table	2019	2020
Total research projects completed in the year	174	178
Total articles published in the year	221	320
- No. Basic and epidemiological research	39	38
- No. Translational research	34	45
- No. Clinical staff	148	237
No. of dedicated researchers*	-	87
- CIPE Administrative Support Team	-	70
- Scientists (principal investigators and researchers)	-	17

*In 2019, the number of dedicated researchers was not reported.

Clinical research sponsored by pharmaceutical industries is focused on the development of new medicines, mainly in the field of oncology. These studies assess whether the new treatment is superior to the standard treatment. In 2020, there were 33 studies with new partnerships in chemotherapy,

immunotherapy and targeted therapies, in addition to patient care programs. In total, 26 clinical studies were initiated with 81 patients selected at random. This activity is fundamental in a cancer center, as it prepares and trains clinical staff to deal with new medicines, their peculiarities and side effects.

Sponsored clinical research						
Category	Studies initiated		Patients in ongoing studies		Attendances	
	2019	2020	2019	2020	2019	2020
- Epidemiology*	-	6	-	48	-	-
- Immunotherapy	20	6	43	47	134	1,417
- Patient care program	16	3	147	20	263	88
- Chemotherapy	1	0	16	4	97	335
- Targeted therapy	14	11	60	30	234	1,337
- Other (hormone therapy and pain)	2	0	40	5	62	28
Total	53	26	306	154	790	3,205

*In 2019, data on sponsored clinical trials in epidemiology was not reported.

Sponsored clinical research – other indicators	
- Studies cataloged (2001-2020)	249
- Patients participating in clinical research projects (2001 to 2020)	3,401
- New patients participating in clinical research projects (2020)	81
2020*	
- Studies being monitored	15
- Studies completed	4
- Studies initiated	26
- Studies recruiting patients	83

*This data was not reported in 2019.

*Dr. Thais Fernanda Bartelli,
researcher, analyzing data
at Cipe*





5

FINANCE

ECONOMIC AND FINANCIAL RESULTS

GRI 103-1, GRI 103-2, GRI 103-3, GRI 102-7 e GRI 201-4

As for other areas of the A.C.Camargo Cancer Center, the finance area faced major challenges in 2020. The most important and essential challenge was to ensure that the institution delivered a satisfactory result for the year, despite the obstacles brought by Covid-19. Through strict cost-cutting measures such as renegotiation with suppliers, postponement of investments and the balancing of discretionary versus emergency expenses, the objective of facing the pandemic and ending 2020 with good results was achieved. Cash generation for the year, measured by Ebitda, was R\$ 70.9 million.

This result can be considered exceptional since it was achieved at a time when most healthcare institutions failed to deliver a satisfactory performance. And it was achieved, despite having to fund the additional expenses for increasing the inventory level of inputs, the investments necessary to create specific wards for the treatment patients with Covid-19, and all the other measures required to adapt our infrastructure to ensure a safe working environment.

One of the most important measures enabling the institution to ensure its economic and financial stability was the development of the Protected Cancer Attendance Protocols. The use of the protocols made it was possible to maintain emergency care services and elective surgeries during virtually throughout the pandemic, except for a short interruption while we analyzed the dynamics of Covid-19 and adjusted protocols and processes. The accurate planning of admissions and schedules was another important component contributing to ensuring financial stability. Changes in some of our services also contributed to the good economic and financial results in 2020.

In 2020, the expenses (Opex) and investments (Capex) of implementing mitigation and contingency plans to fight the Covid-19 pandemic amounted to more than R\$ 8 million. The expenses included the purchase of personal protective equipment (PPE), medical equipment, medicines, diagnostic tests for Covid-19, costs with sick leave and employee financial assistance, as well as for implementing the technology solutions for remote working and making improvements in infrastructure for the segregation of patients with suspected or confirmed infections by Covid-19.

INVESTMENTS

The most important investment projects in the strategic plan were maintained in 2020 even while we were cutting costs. Three of these projects were particularly important and are described below. The first was the inauguration of the Itaim Unit, the institution's new facility in the Itaim Bibi district of the city of São Paulo. This unit was projected to offer a premium level of attendance for patients. It has a modern architectural design and innovations in patient care such as the concierge service, a designated

companion for each patient during his/her stay in the unit's facilities. The unit initiated its first phase of operation in September, offering consultations for patients seeking an alternative for high quality cancer care in the surrounding districts. The second phase is scheduled for completion in 2022, with the additional services of cancer diagnostics and clinical therapy.

The second highlight of the investment program was the completion of the renovation of the Emergency area at the Antônio Prudente unit. The third highlight was the stabilization of the hospital management system.

Additionally, we invested R\$ 44 million in expansion projects, internal retrofits, improvements in the infrastructure for attending patients with Covid-19, and equipment purchases.

PROMOTION OF EDUCATION AND RESEARCH

The Antônio Prudente Foundation's Endowment Fund for Education and Research is an initiative aimed at ensuring the continuity of the investments in the institution's education and research pillars. During the year, the funding available from donors in private social investment was mostly being directed to actions combating the pandemic, but despite the challenging scenario, the fund-raising target for the year was achieved.

The greatest impact on fund-raising in 2020 was the difficulty in obtaining donations. Although some donations were received, the majority of potential donors acted more conservatively throughout the year, preferring to direct their resources to actions directly combating Covid-19. The contribution of funds to projects and research was considered to be secondary during the year.

Value added (R\$'000) GRI 201-1	2019	2020
Total economic value added	1,439,153.36	1,125,753.00
Total economic value distributed	1,305,491.76	1,111,391.15
- Operating costs	890,318.54	715,682.73
- Investments in the community	110,925.00	109,078.00
- Payments to capital providers	20,163.88	19,044.00
- Payments to government	2,317.11	2,229.43
- Employee salaries and benefits	281,767.23	265,356.99
Valor econômico retido	133,661.60	14,361.93
Financial assistance received from government (R\$'000) GRI 201-4	2019	2020
Grants for investments, research and development and other types of relevant concessions	2,892,004.47	5,490,257.63



*Dr. Jean Haroldo Oliveira
Barbosa, medical physicist, using
a radiotherapy device*

6

ASSURANCE
LETTER

GRI 102-56



KPMG Assessores Ltda.
Rua Arquiteto Olavo Redig de Campos, 105, 6º andar - Torre A
04711-904 - São Paulo/SP - Brasil
Caixa Postal 79518 - CEP 04707-970 - São Paulo/SP - Brasil
Telefone +55 (11) 3940-1500
kpmg.com.br

Limited verification report issued by independent auditors

To the Board of Trustees
A.C. Camargo Cancer Center
São Paulo - SP

Introduction

We have been engaged by A.C. Camargo Cancer Center ("A.C. Camargo" or "Foundation") to apply limited verification procedures on the sustainability information disclosed in A.C. Camargo's 2020 Sustainability Report, related to the year ended December 31st, 2020.

Responsibilities of A.C. Camargo's Management

The Management of A.C. Camargo is responsible for adequately preparing and presenting the sustainability information in the 2020's Sustainability Report in accordance with the Standards for Sustainability Report of Global Reporting Initiative – GRI (GRI-Standards), as well as the internal controls determined necessary to ensure this information is free from material misstatement, resulting from fraud or error.

Independent auditors' responsibility

Our responsibility is to express a conclusion about the information in the Report based on a limited verification engagement conducted in accordance with the Standards for Sustainability Report of Global Reporting Initiative - GRI (GRI-Standards) and the methodology developed globally by KPMG for verification of social and environmental information disclosed in sustainability reports denominated KPMG Sustainability Assurance Manual - KSAM, applicable to historical non-financial information.

These standards require compliance with ethical requirements, including independence ones, and the engagement is also conducted to provide limited verification that the information disclosed in the Report, taken as a whole, is free from material misstatement.

A limited verification engagement conducted in accordance with the Standards for Sustainability Report of Global Reporting Initiative - GRI (GRI-Standards) and the KPMG Sustainability Assurance Manual - KSAM consists mainly of questions and interviews with the Management of A.C. Camargo and other professionals of the Foundation involved in the preparation of the information disclosed in the Report and use of analytical procedures to obtain evidence that enables us to reach a limited verification conclusion about the sustainability information taken as a whole. A limited verification engagement also requires additional procedures when the independent auditor acknowledges issues which may lead them to believe that the information disclosed in the Report taken as a whole could present material misstatement.

KPMG Assessores Ltda., uma sociedade simples brasileira, de responsabilidade limitada e firma-membro da organização global KPMG de firmas-membro independentes licenciadas da KPMG International Limited, uma empresa inglesa privada de responsabilidade limitada.

KPMG Assessores Ltda., a Brazilian limited liability company and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.



The selected procedures were based on our understanding of the issues related to the compilation, materiality and presentation of the information disclosed in the Report, on other engagement circumstances and also on our considerations regarding areas and processes associated with material sustainability information disclosed where relevant misstatement could exist. The procedures consisted of:

- (a) engagement planning: considering the material aspects for A.C. Camargo's activities, the relevance of the information disclosed, the amount of quantitative and qualitative information and the operational systems and internal controls that served as a basis for preparation of the information in the Report. This analysis defined the indicators to be checked in details;
- (b) understanding and analysis of disclosed information related to material aspects management;
- (c) analysis of preparation processes of the Report and its structure and content, based on the Principles of Content and Quality of the Standards for Sustainability Report of Global Reporting Initiative - GRI (GRI-Standards);
- (d) evaluation of non financial indicators selected:
 - understanding of the calculation methodology and procedures for the compilation of indicators through interviews with management responsible for data preparation;
 - application of analytical procedures regarding data and interviews for qualitative information and their correlation with indicators disclosed in the Report;
 - analysis of evidence supporting the disclosed information;
- (e) analysis of whether the performance indicators omission and justification are reasonable to be accepted associated to aspects and topics defined as material in the materiality analysis of the Foundation;
- (f) comparison of financial indicators with the financial statements and/or accounting records.

We believe that the information, evidence and results we have obtained are sufficient and appropriate to provide a basis for our limited verification conclusion.

Scope and limitations

The procedures applied to a limited verification engagement are substantially less extensive than those applied to a reasonable verification engagement. Therefore, we cannot provide reasonable verification that we are aware of all the issues that would have been identified in a reasonable verification engagement, which aims to issue an opinion. If we had conducted a reasonable verification engagement, we may have identified other issues and possible misstatements within the information presented in the Report.



Nonfinancial data is subject to more inherent limitations than financial data, due to the nature and diversity of the methods used to determine, calculate or estimate these data. Qualitative interpretation of the data's materiality, relevance and accuracy are subject to individual assumptions and judgments. Additionally, we have not examined data related to prior periods, to evaluate the adequacy of policies, practices and sustainability performance, nor future projections.

Conclusion

Based on the procedures carried out, described earlier in this report, we have not identified any relevant information that leads us to believe that the information in the in A.C. Camargo's 2020 Sustainability Report is not fairly stated in all material aspects in accordance with the Standards for Sustainability Report of Global Reporting Initiative - GRI (GRI-Standards), as well as its source records and files.

São Paulo, July 23rd, 2021

KPMG Assessores Ltda.
(Original report in Portuguese signed by)
Marcio Andrade Barreto
Principal

GRI INDICATORS

GRI 102-55

General disclosures	Indicator	Page, description, or link	SDG
GRI 102 General disclosures 2016	Strategy and analysis		
	102-14 – Management Statement	Pages 4, 5 ,6.	
	102-15 – Key impacts, risks and opportunities	Pages 4, 5 ,6.	
	Organizational profile		
	102-1 – Name of the organization	Fundação Antônio Prudente. Page 10.	
	102-2 – Activities, brands, products and services	Integrated Multidisciplinary Cancer Treatment: Diagnosis, Education and Research Pages 10 and 11.	
	102-3 – Location of the organization’s headquarters	São Paulo, SP.	
	102-4 – Location of operations	São Paulo, SP. Page 11.	
	102-5 – Ownership and legal form	Private non-profit institution (foundation).	
	102-6 – Markets served	Pages 10, 11.	
	102-7 – Scale of the organization	Pages 7, 10, 11, 27 and 54.	
	102-8 – Information on employees and other workers	The information was compiled in accordance with the processes of the human resources area. Pages 27 and 28.	8
	102-9 – Supply chain	Page 44.	
	102-10 – Significant changes to the organization and its supply chain	In 2020, the Itaim Unit was opened, a facility occupying approximately 6,300 m2. Page 9.	
	102-11 – Precautionary principle or approach	The A.C.Camargo Cancer Center uses only authorized and scientifically proven techniques and resources in its cancer treatments.	
	102-12 – External initiatives	United Nations Global Compact (UNGC) (without a financial contribution).	
	102-13 – Membership of associations	Brazilian Association of Philanthropic Institutions Fighting Cancer (Abificc) Brazilian Association of Quality of Life (ABQV) National Association of Private Hospitals (ANAHF) Brazilian Institute of Corporate Governance (IBGC) Ethos Institute for Business and Social Responsibility Union for International Cancer Control (UICC) United Nations Global Compact (UNGC) (without a financial contribution)	
	Ethics and integrity		
	102-16 – Values, principles, standards and norms of behavior	Pages 10 and 24.	16
	102-17 – Mechanisms for advice and concerns about ethics	Page 24.	16

Corporate governance		
102-18 - Governance structure	Pages 20, 21, 22 and 23.	
102-22 - Composition of the highest governance body and its committees	Pages 20, 21, 22 and 23.	5.16
102-34 - Nature and total number of critical concerns	Pages 20 and 22.	
102-35 - Remuneration policies	Pages 20 and 22.	
102-36 - Process for determining remuneration	Pages 20 and 22.	
102-37 - Stakeholders' involvement in remuneration	Pages 20 and 22.	
Stakeholder engagement		
102-40 - List of stakeholder groups	In 2015, the consultation process included 12 representatives of senior management and various stakeholders (healthcare plan operators, competitors, suppliers, public authorities and specialists), as well as an online survey with more than 1,700 people responding, p. 70. More information is available at: https://www.accamargo.org.br/sites/default/files/2020-08/sustainability-report-2015.pdf Page 17.	16
102-41 - Collective bargaining agreements	100% of our own employees are covered by a collective bargaining agreement.	8
102-42 - <i>Identifying and selecting stakeholders</i>	In 2015, the consultation process included 12 representatives of senior management and various stakeholders (healthcare plan operators, competitors, suppliers, public authorities and specialists), with more than 1,700 people responding, p. 70 of the Sustainability Report 2015: https://www.accamargo.org.br/sites/default/files/2020-08/sustainability-report-2015.pdf Page 17.	
102-43 - Approach to stakeholder engagement	Pages 24 and 35.	
102-44 - Key topics and concerns raised	Page 17, 24 and 35.	
Reporting practice		
102-45 - Entities included in the consolidated financial statements	The information on economic and financial indicators is consistent with the audited financial statements of the Fundação Antônio Prudente and is based on the disclosure standards of Brazilian GAAP and the International Financial Reporting Standards (IFRS). The information in the report was subjected to an external independent limited assurance review.	
102-46 - Defining report content and topic boundaries	The definition of the content and reporting principles was based on the materiality study carried out by the institution in 2015. Page 17.	
102-47 - List of material topics	Page 17.	
102-48 - Restatements of information	There were no changes.	
102-49 - Changes in reporting	There were no significant changes.	
102-50 - Reporting period	This report refers to the year 2020.	
102-51 - Date of most recent report	The Sustainability Report for 2019 was published in July 2020.	

GRI 102 General disclosures 2016	102-52 - Reporting cycle	Annual.	
	102-53 - Contact point for questions regarding the report	Page 2.	
	102-54 - Claims of reporting in accordance with the GRI standards	This report has been prepared in accordance with the GRI Standards: core option.	
	102-55 - GRI content index	Pages 60 to 65.	
	102-56 External assurance	Pages 56 to 59	

Topic-specific disclosures		Page, description, or link	SDG
Economic performance			
GRI 201 Economic performance 2016	103-1 - Explanation of the material topic and its boundary	Pages 54 and 55.	
	103-2 - The management approach and its components	Pages 54 and 55.	1,5,8,16
	103-3 - Evaluation of the management approach	Pages 54 and 55.	
	201-1 - Direct economic value generated and distributed	Pages 54 and 55.	2,5,7,8,9
	201-4 Financial assistance received from government	Pages 54 and 55.	
Anti-corruption			
GRI 205 Anti-corruption 2016	205-1 - Operations assessed for risks related to corruption	The institution is implementing a compliance program. The processes related to identification and treatment of corruption risks are being developed by the compliance area.	16
	205-3 - Confirmed incidents of corruption and actions taken	Page 24.	16
Tax			
GRI 207 Tax	207-2 - Tax governance, control and risk management	Page 25.	
Environment			
GRI 302 Energy 2016	103-2 - The management approach and its components	Page 41.	
	103-3 - Evaluation of the management approach	Page 41.	
	302-1 - Energy consumption within the organization	Page 43.	7,8,12,13
	302-4 - Reduction of energy consumption	Page 43.	7,8,12,13

GRI 303 Water and Effluents 2018	103-2 - The management approach and its components	Page 41.	
	103-3 - Evaluation of the management approach	Page 41.	
	303-3 - Water withdrawal	Page 43.	6,7
	303-5 - Water consumption	Page 43.	6,7
GRI 306 Waste 2020	103-2 - The management approach and its components	Page 41.	
	103-3 - Evaluation of the management approach	Page 41.	
	306-1 - Waste generation and significant waste-related impacts	Pages 41 and 42.	3,6,10
	306-2 - Management of significant waste-related impacts	Pages 41 and 42.	3,6,10
	306-3 - Waste generated	Pages 41 and 42.	3,6,10
	306-4 - Waste diverted from disposal	Pages 41 and 42.	3,6,10
	306-5 - Waste directed to disposal	Pages 41 and 42.	3,6,10

Work relations

GRI 401 Employment 2016	103-2 - The management approach and its components	Pages 31, 32 and 33.	8
	103-3 - Evaluation of the management approach	Pages 31, 32 and 33.	
	401-1 New employee hires and employee turnover	Page 30.	5,8
	401-2 - Benefits provided to full-time employees that are not provided to temporary or part-time employees	Full-time employees and temporary/part-time employees receive: life insurance (except interns); health insurance; Gympass; Grancoffee; meal vouchers (except for employees with a workload of less than 4 hours); transport vouchers; food vouchers; study grants for technicians, undergraduates and graduates (except for interns, apprentices and employees hired for a fixed period of time). All employees (except interns) have access to discount agreements with drugstores, dentists (Ondontoprev), and purchases of certain consumer goods (Good Cards). All employees (except interns and apprentices) have access to payroll-deductible loans and a private pension plan.	8
	401-3 Parental leave	Page 32.	5,8

GRI 403 Occupational Health and Safety 2018 GRI 404 Training and Education 2016	103-2 - The management approach and its components	Page 33.	
	103-3 - Evaluation of the management approach	Page 33.	
	403-1 - Occupational health and safety management system	Page 33.	8
	403-2 - Hazard identification, risk assessment and incident investigation	Page 33.	8
	403-3 - Occupational health services	Page 33.	3,8
	403-4 - Worker participation, consultation, and communication on occupational health and safety	Page 33.	8
	403-5 - Worker training on occupational health and safety	Page 33.	4,8
	403-6 - Promotion of worker health	Page 33.	3,8
	403-7 - Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	Page 33.	3,8
	403-9 - Work-related injuries	Page 33.	3,8
	403-10 - Work-related ill health	Page 33.	3,8
GRI 404 Training and Education 2016	103-2 - The management approach and its components	Pages 31 and 32.	
	103-3 - Evaluation of the management approach	Pages 31 and 32.	
	404-1 Average hours of training per employee year	Page 31.	4,5,8
Diversity			
GRI 405 Diversity and equal opportunities 2016	103-2 - The management approach and its components	Page 28.	5,10
	103-3 - Evaluation of the management approach	Page 28.	5,10
	405-1 - Diversity of governance bodies and employees	Pages 23 and 27.	5,10
	405-2 - Ratio of basic salary and remuneration of women to men	Page 28.	5,10

Local communities			
GRI 413 Local Communities 2016	413-1 - Operations with local community engagement programs, impact assessments, and development programs	Page 47.	1,3,4
GRI 415 Public Policy 2016	415-1 - Political contributions	The institution does not make political or electoral contributions due to a prohibition in its bylaws.	16
Consumer Health and Safety			
GRI 416 Consumer Health and Safety 2016	103-2 - The management approach and its components	Pages 34 to 39.	
	103-3 - Evaluation of the management approach	Pages 34 to 39.	
	416-1 Assessment of the health and safety impacts of product and service categories	100% of our products and services are evaluated for health and safety impacts Page 34.	
	416-2 - Incidents of non-compliance concerning the health and safety impacts of products and services	No cases of non-compliance with regulations or voluntary codes were identified.	16
Customer Privacy			
GRI 418 Customer Privacy 2016	103-2 - The management approach and its components	Página 34.	
	418-1 - Substantiated complaints concerning breaches of customer privacy and losses of customer data	In 2020, there were no substantiated complaints of violations of privacy aspects, nor identified leaks, thefts or losses of customer data.	

SASB

Theme	Indicator	Page
Talent training, development and retention	HC-DY-330a.2 - Description of talent recruitment and retention efforts for health care practitioners	Page 31.
Quality of Care and Patient Satisfaction	HC-DY-250a.2 - Number of serious reportable events HC-DY-250a.3 - Hospital-acquired condition HC-DY-250a.4 - Readmission ratio	Page 38.
Access to high quality medical treatment	HC-DY-240a.1 - Description of strategy for managing the proportions of insured and uninsured (SUS) patients, including alternative pricing programs	Page 37.

ODS



1. NO POVERTY



10. REDUCED INEQUALITIES



2. ZERO



11. SUSTAINABLE CITIES AND COMMUNITIES



3. GOOD HEALTH AND



12. RESPONSIBLE CONSUMPTION AND



4. QUALITY EDUCATION



13. CLIMATE ACTION



5. GENDER EQUALITY



14. LIFE BELOW WATER



6. CLEAN WATER AND



15. LIFE ON LAND



7. AFFORDABLE AND CLEAN ENERGY



16. PEACE, JUSTICE AND STRONG



8. DECENT WORK AND ECONOMIC GROWTH



17. PARTNERSHIPS FOR THE GOALS



9. INDUSTRY, INNOVATION AND

*Dr. Guilherme Yazbek, vascular surgeon,
during a procedure in the operating room
at the Pires da Mota Unit*



CREDITS

The A.C.Camargo Cancer Center

Luciana Spring, Marcos Cunha, Fernanda Mediano and
Danielle Oliveira, supervision

Hugo Pacifico, production coordination

Aline Alvarenga, Clayton Ribeiro and Monique Silva,
editorial production

Diego Nascimento, layout review

GRI Consulting, editorial coordination and design

Gestão Origami

Vicente Manzione Filho, general coordination and editing
Maria Cecília Prado, report writing and revision

Thais Dias, graphic design and layout

English translation

Richard Wightwick

Photography

A.C.Camargo archives

Typographic family

Carmen

