



Sustainability
Report
2021



A.C. Camargo
Cancer Center
Especializado em Vida

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CHAPTER 1

INTRODUCTION

About the report

GRI 2-3

Caring, for our patients and for our society, is one of A.C.Camargo's core values.

To demonstrate our commitment to care, we have prepared this report describing our actions and achievements in 2021 and, as we have done for the past 11 years, we are pleased to present it to society in general.

In addition to presenting this year's highlights and reporting on our progress in general the publication of this report is a testament to our commitment to best practices in sustainability governance and to the transparency of our patient care, education and research activities.

We hope you find the report an informative read!

Reading guide

The preparation and structuring of this report were based on the main international standards for sustainability reporting defined by the Global Reporting Initiative (GRI) and the Sustainability Accounting Standards Board (SASB). The symbols GRI XXX-X and SASB XX-XX-XX refer to the respective indicators, and a complete list of indicators can be found in Chapter 10.

In addition, A.C.Camargo has developed its own indicators as part of its efforts to constantly improve its operations. These indicators are identified by the symbol ACC XX.

The report also references the correlations between its indicators and the United Nations Sustainable Development Goals (SDGs) for 2030, and demonstrates how its business model aligns to the IIRC Integrated Reporting Guidelines. These latter guidelines illustrate both the dependence of the organization's business activities on the various forms of capital and how its Environmental, Social and Governance (ESG) approach creates value and ensures the institution's long-term viability.



Global Reporting Initiative(GRI)



Sustainability Accounting Standards Board (SASB)

If you have questions and suggestions regarding the information in the report please contact us by e-mail at: relatorio_sustentabilidade@A.C.Camargo.org.br

Administration's Stakeholder Letter

GRI INDICATOR 2-22

We take great pride in being responsible for the administration of A.C. Camargo. The institution focuses on achieving positive clinical outcomes for each and every patient in its care. Due to its use of the most advanced treatments, vast base of scientific knowledge and provision of first-class education services in oncology, it is recognized as a leading reference in the healthcare ecosystem and among its own employees and clinical staff.

The demonstration of our commitment to best practices was never more evident than during the Covid-19 pandemic. We all worked together as a single team to take the necessary emergency measures to continue with, or start, cancer therapies, while at the same time being careful to preserve the physical integrity of our patients, employees and clinical staff. In this challenging period, we developed and disseminated our Protected Cancer Attendance Protocol to the healthcare sector and informed society that cancer treatments were safe to continue provided that all involved followed the safety measures that the circumstances demanded.

Our results demonstrated the success of this strategy, and in 2021, as for 2020, we did not have any fatalities due to Covid-19 among our employees or clinical staff.

Furthermore, by the end of the year, and in line with our commitment to seek to preserve the physical and mental integrity of our workforce, 96% of our employees

and medical practitioners had been vaccinated against Covid-19. As a result of our integrated and humanistic approach to the pandemic, in the second semester of the year, the number of attendances was practically the same as during the pre-pandemic period.

We can state quite clearly that our response to the challenges of 2020 prepared us for the achievements of 2021. The pandemic led to increased social and economic complexity. The cost of living increased sharply while family income fell, and, in many cases, families also suffered the pain of loss of loved ones. To face these challenges, we responded quickly and on a daily basis in order to move forward with optimism. Despite this difficult context, we were able to respond by drawing on our solid experience in hospital management, using our capacity for logistical readiness, expanding our base of registered suppliers, negotiating to guarantee critical inputs, as well as moving rapidly forward in the adoption of digital tools. These institutional strengths enabled us to respond quickly to the challenges, overcome the difficulties and maintain our leading role in the fight against cancer.

In this way, we were able to ensure the continuance of our oncological routines, including even the most complex transplants, with the speed demanded in treating each case of cancer.

At the same time, there were significant changes in the healthcare market, with the growth of hospital networks and the vertical integration of hospitals



with healthcare operators. This new scenario for the sector has increased our confidence in the quality and cost-effectiveness of our cancer center model. We continue to be even more motivated to strive to improve our operating model, to increase our competitiveness in the healthcare sector. With this in mind, we carried out some important initiatives during the year. In the first semester, we initiated the Athena Project and defined the priorities to improve operational efficiency. We also laid the foundations for establishing partnerships with our suppliers and for working together to develop responsible and sustainable business practices. The use of partnerships constitutes a strategic structural axis for the institution's future development and, in 2021, we entered into a partnership with the Sabará Children's Hospital. Working together with them will enhance our position as a reference institution in the private healthcare sector and by combining our expertise we will be able to offer a complete and excellent pathway for the pediatric patient.

The institution also contributed to the development of the healthcare sector, through its ongoing investment in the training of cancer specialists in all regions of Brazil, and in the carrying out of research that improves the diagnosis, treatment and quality of life of cancer patients.

In the Research area, we continued to publish a significant number of scientific articles and in the Education area we expanded its activities by strengthening its digital transformation, resulting in important benefits for the institution. Examples of the year's highlights were the creation of a master's degree for medical practitioners, and the large number

of participants in our continuing education initiatives and open courses. The A.C. Camargo Cancer Center organized an international congress entitled Next Frontiers to Cure Cancer and the institution had the privilege of presenting many of its previously unpublished research studies. The conference has established a reputation as the largest digital oncological event in Latin America.

Due to our achieving good clinical, financial and operational results in 2021, the year 2022 will see a resumption of investments, with approved funding of R\$ 280 million. The investment program includes expansion works and the acquisition of equipment and digital technologies, all of which are aimed at advancing in our mission to provide excellence in patient care and in supporting scientific research.

We do not fear cancer, although it challenges us it also unites us. To combat cancer, we specialize in preserving life. For supporting us, and sharing in this objective, we would like to recognize and give thanks for the efforts of each and every one of our employees and clinical staff and, also our business partners, volunteers and suppliers. You never let us down, and you enabled us to achieve our mission in 2021.

We would also like to thank the members of the Board of Trustees, for every piece of advice and their important contributions during the year. To society in general and to all our supporters, we thank you very much. And finally, our most sincere thanks to those who are the main reason we wake up and go to work every day, inspiring us to be ever more specialized in preserving life: our patients.

José Ermírio de Moraes Neto
Chairman of the Board of Trustees

José Hermílio Curado
Institutional President of the Board of Trustees

Dr. Victor Piana de Andrade
Chief Executive Officer

THE A.C.CAMARGO CANCER CENTER

Profile

GRI INDICATORS 2-1, 2-6

We are the A.C.Camargo Cancer Center, an international reference in integrated multidisciplinary treatment, education and research in oncology. During our 68 years of history, we have consolidated the institution as a leading center of excellence in the fight against cancer in Brazil, with the care of each patient as its first priority.

The patient's pathway begins with an evaluation by a multidisciplinary team of specialists, and then progresses to diagnosis and treatment until total rehabilitation. Our 12 Reference Centers are responsible for conducting individual cases, through the adoption

of specific protocols by type of neoplasm, which allows us to achieve higher rates of survival and improved quality of life. This year was marked by a context of rapid change in the healthcare market including: growth of hospital networks; vertical integration of hospitals with healthcare operators; increase in the supply of oncological treatment services; and increases in the costs of materials and medicines. This context encouraged and strengthened our conviction that the cancer center model, which integrates patient care with the education, research and administrative areas, is indeed the most appropriate operational model.

Our purpose

Fight cancer, patient by patient.

Institutional values



Overview

Operational structure



7
Units



184
Consulting rooms



12
Reference centers



67
Infusion stations
distributed in 3 centers



3
Surgical centers



371
Beds in use



1
Outpatient surgical center

Network of Units

GRI 2-1, 2-2

Our operations are located in the municipality of São Paulo (SP), where we have seven units, with different service profiles:

Units	Built area (m²)	Main activity
Castro Alves Administrative	11,180	Administration
Antônio Prudente Unit	53,967	Attendance
Pires da Mota Unit	16,481	
Tamandaré Unit	8,329	
Itaim Unit	6,066	
Castro Alves Care Unit	4,809	
International Cancer Research Center (CIPE)	4,064	Basic and Translational Research
GRAND TOTAL	104,895	

Certifications

ACC INDICATOR 17

Our Antônio Prudente and Tamandaré units have obtained international certifications, which attest to the excellence of the institution's environmental management systems, governance and best practices in attendance.



ISO 14001:2015
Certified since 2012



Qmentum International
Diamond Level
Certified since 2015

Reference Centers

The Reference Centers provide patient care according to the type of tumor. They integrate clinical protocols, and adopt a multidisciplinary approach to care and medical support according to the needs of each patient. For certain diagnoses, the patient receives the support of the nursing navigation program, where a member of the nursing team, who is specialized in that type of tumor, will guide and accompany a patient along his/her entire oncological pathway.

In 2021, we made progress in introducing the navigation program in three new reference centers: Urological Tumors; Hematological Neoplasms; and Lung and Thorax Tumors. In total, 1,308 patients were attended during the year. In 2022, we plan to implement a further three new reference centers: Pediatric Tumors; Central Nervous System Tumors and Sarcomas and Bone Tumors.



Breast Tumors



Gynecological Tumors



Skin Tumors



Lung and Thorax Tumors



Pediatric Tumors



Upper Digestive System Tumors



Central Nervous System Tumors



Colorectal Tumors



Urological Tumors



Hematologic Neoplasms



Sarcomas and Bone Tumors



Head and Neck Tumors

HIGHLIGHTS IN 2021



Overview

Specialized human capital



3,627
Employees (Salaried - CLT)



735
Clinical staff composed of doctors and multidisciplinary teams



101
Students in the medical and multidisciplinary residency programs in oncology and the fellowship program



119
Specialists dedicated to scientific research



50
New masters, doctorates and postdoctorates

Performance



287,589
Outpatient attendances

22,183
Emergency attendances



86,722
Patients attended



14,568
New patients



R\$ 1.319
Billion of Net Income

Investments

GRI 203-1 | ACC 34

In 2021, R\$ 58.4 million was invested in structural and technological improvements. The endoscopy area (Antônio Prudente Unit) and pediatrics area (with its transfer from the Tamandaré Unit to the Antônio Prudente Unit) are undergoing a redesign of their physical spaces, with completion scheduled for the first semester of 2022.

The expansion of the endoscopy area will enable us to provide support in the diagnosis stage for many different types of tumors, and the new pediatric area will consolidate the partnership model of complementary specialized services with other institutions, providing a complete oncological pathway for patients from the Sabará Children’s Hospital, which is itself a reference center in pediatric care.

Type of investment	Main highlights	Amount (R\$ million)
Information Technology	Technological upgrading (includes hardware replacement), Tasy System, PACS/RIS Revitalization (imaging system), LGPD	25.7
Equipment replacement	Linear accelerator	16.8
New equipment and projects	Monitoring center	4.8
Renovations and retrofits	Kitchen renovation and nutrition equipment retrofit, inpatient units retrofit, civil and electrical engineering adaptations, imaging and diagnostic equipment retrofit	11.1
GRAND TOTAL		58.4

Monitoring center

Investing in the safety of our employees, practitioners, patients and their families are all part of our main purpose of providing care. In 2021, we opened the new Monitoring Center, located in the Antônio Prudente Unit, which monitors both internal and external areas.

The Monitoring Center has a video wall, which is an intelligent software for facial recognition, perimeter surveillance, intruder detection, people counting, object identification and monitoring of the firefighting system and the access control alarms, with the objective of ensuring everyone’s safety.

Response to Covid-19

Crisis committee

A series of actions to respond to the challenges of the pandemic were defined in regular multidisciplinary meetings held throughout 2021. Once the various measures to control the pandemic took effect, and after patients, employees and clinical staff had been vaccinated, the number of weekly meetings was reduced from three to one.



Protected Cancer Attendance Protocol

The lessons learned in 2020 enabled us to act with confidence in responding to Covid-19 in 2021. The Protected Cancer Attendance Protocol defined the necessary safety measures, with specific attendance protocols for the context of a pandemic.

To establish a safe environment, we carried out a communication campaign aimed at patients, employees and the clinical staff to orient and encourage them to take preventive protective measures, and to quickly identify symptoms and prioritize remote patient care.

The central objective was to make patients feel confident in continuing or starting cancer treatment.

In addition, with the establishment of rigorous work schedules for the available clinical staff, the management of medical inputs, the creation of our capacity for logistical readiness, the expansion of the supplier base and the direct importation or substitution of medicines, A.C.Camargo was able to maintain all its patient care routines, including those for high-complexity cases.

#QuemTemCâncerTemPressa

ACC INDICATOR 39

In 2021, A.C.Camargo continued with its campaign called #QuemTemCâncerTemPressa (#WhoHasCancerNeedsToHurry). Originally launched in 2020 the campaign has the aim of raising awareness among patients and their companions about the importance of continuing or starting cancer treatment, even during the Covid-19 pandemic. It also reinforced the importance of the observing the safety measures of the Protected Cancer Care Protocol.

The campaign was disseminated through the institution’s official social networks, with impressive results: 11 million hits and more than three thousand pre-bookings on the website, arising directly from the campaign’s audience.

Communication channel	Results generated by channel
 Facebook	7 million hits and 22 thousand visits to the website.
 Google	2.5 million hits and 112 thousand visits to the website.
 LinkedIn	429 thousand hits and 1.9 thousand visits to the website.
 Twitter	1.5 million hits.

CHAPTER 4

SPECIALIZED IN PRESERVING LIFE



A.C. Camargo is an ecosystem of specialized and personalized patient care, which is at the service of each patient and his/her family.

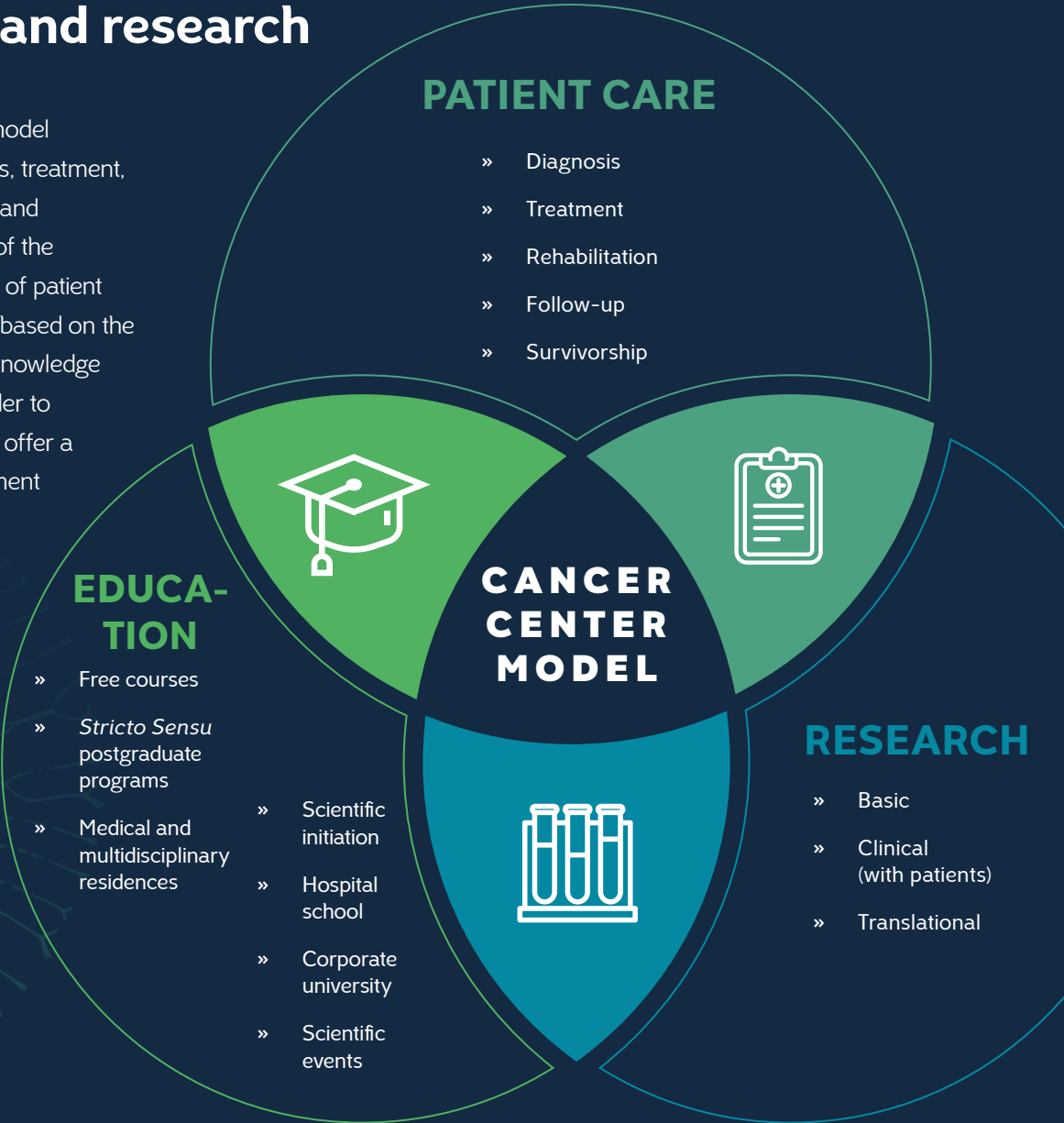
We employ our technical and human skills to offer the best available treatments for cancer and personalize the treatment to fit the needs of each patient.

We are also always attentive to individual patient's weaknesses, supporting them in their daily progress, inside and outside our cancer center.

We invite you to read our manifesto on preserving life at www.especializadoemvida.org.br.

Integration of patient care, education and research

Our cancer center model integrates diagnosis, treatment, rehabilitation, education and research. It is the result of the evolution of the concept of patient care in oncology, and is based on the constant deepening of knowledge about the disease, in order to generate innovation and offer a better standard of treatment and patient experience.



PATIENT CARE

We offer care for high-complexity cases, which is integrated, humanized and focused on the needs and safety of each and every patient.

EDUCATION

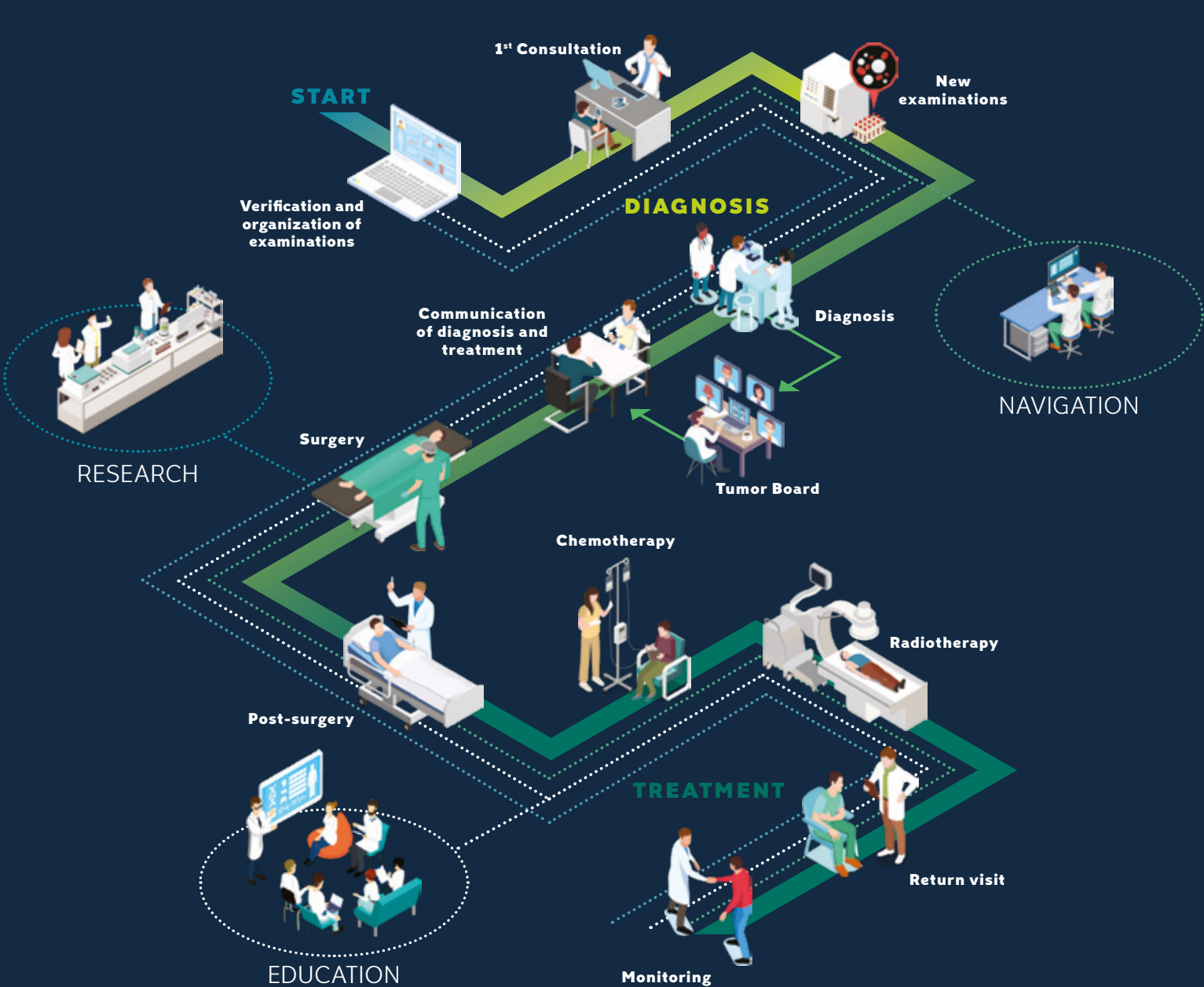
In the Education area, the institution trains specialists, and enables them to use and share this knowledge and to contribute to the evolution of the fight against disease. By having its own Education area, the institution can ensure excellence in the training of its practitioners in oncology.

RESEARCH

Our doctors and scientists work in an integrated way, and through both national and international partnerships, in the development of research that will result in practical applications in oncology in the future. Based on scientific evidence, the interaction between research and patient care promotes the best results for each patient. We have the most important private cancer research center in Brazil.

More detailed information on our cancer center model is given below.

The integrated structure of A.C.Camargo’s patient care provides the patient with access to examinations, consultations and the necessary therapies prescribed by teams of multidisciplinary specialists in a single place. This facilitates patient care in the different stages along their entire pathway of treatment.



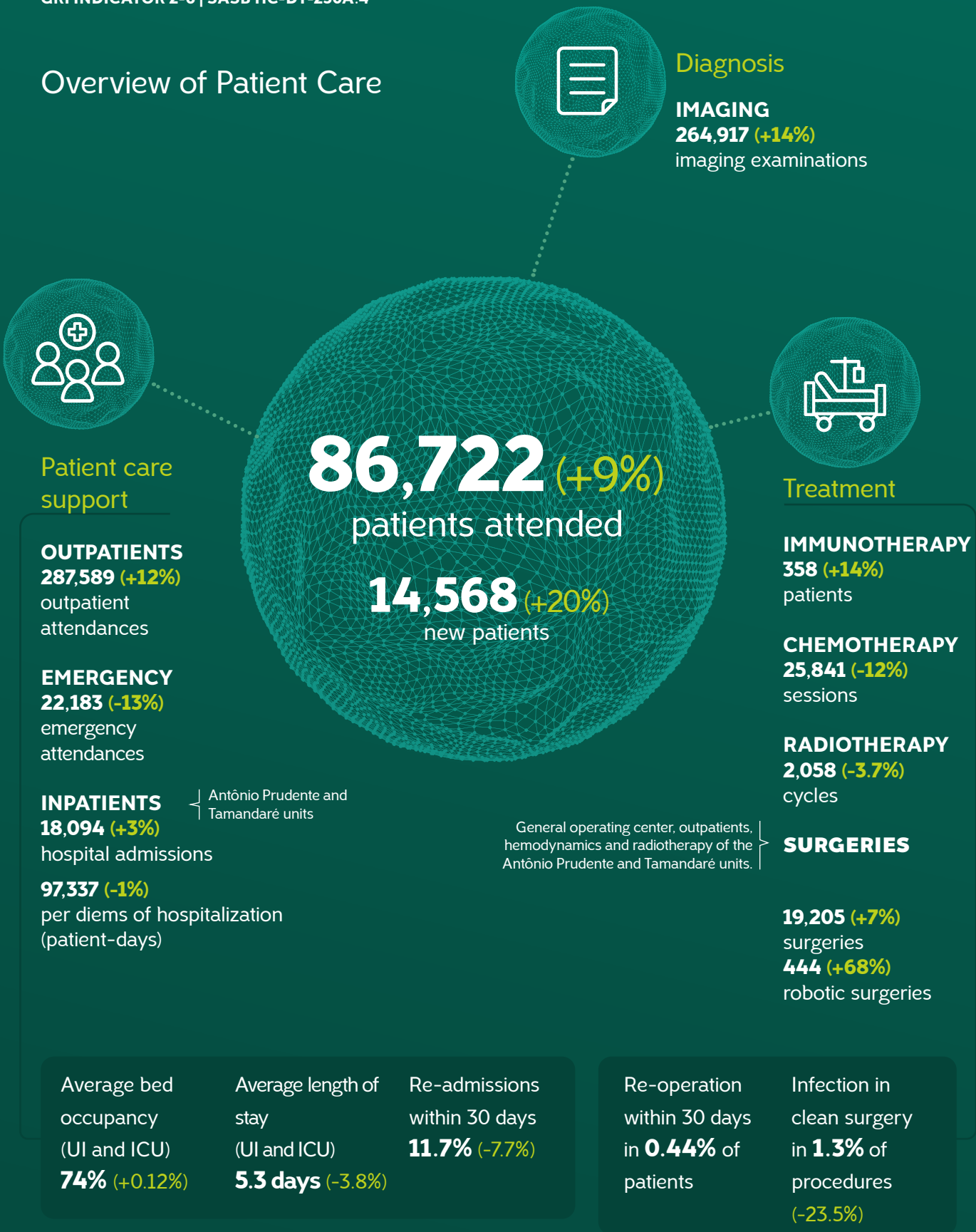
The integrated approach to cancer treatment gives patients access to:

- » Multidisciplinary team specialized in oncology.
- » Medical and care teams for the care of critically-ill patients.
- » Support specializations.
- » Optimized coordination of complex care and transition between teams.

Patient care

GRI INDICATOR 2-6 | SASB HC-DY-250A.4

Overview of Patient Care




(Compared to 2020)


Indicators of patient care quality


GRI 416-1 INDICATOR | SASB HC-DY-250A.2, HC-DY-250A.3 | ACC 2, 4, 5, 6, 8, 10, 11, 12, 13


The specialized cancer center model improves patient care indicators. A.C.Camargo's good performance as measured by its patient care indicators was due to the excellent levels of care and the benefits of a treatment focused on the curing and improved quality of life of patients that is provided by our employees and clinical staff.


It should also be noted that our good performance in 2021 was achieved despite it being an exceptionally challenging year due to the Covid-19 pandemic. Furthermore, A.C.Camargo is a center that treats high-complexity oncological cases, in which the majority of the patients have a weakened immune system. Having said that, however, we did experience some harmful effects from the pandemic on some of our patient care outcomes. In this respect, the Protected Cancer Attendance Protocol allowed us to ensure that we could continue to provide excellence in our oncological treatments and maintain a good performance in many of the indicators.


 The average time between the first consultation and the initiation of treatment was **27** days*.


 On average, we rotated **4.27** patients to each bed (increase of 4.1%), of which 4.65 in the Antônio Prudente Unit (increase of 3.3%) and 3.15 in the Tamandaré Unit (increase of 4.4 %).

 The average rate of healthcare-associated infection (HAI) was **4.9** The average rate of healthcare-associated infection (HAI) was 4.9 occurrences per thousand patients (increase of 2.1%). The rates for the hospital units were 4.99% for the Antônio Prudente Unit (6.6% reduction) and 4.65% for the Tamandaré Unit (increase of 40.9%). The calculation of the HAI rate included the treatment of patients with Covid-19, and this was reflected in an increase in this indicator due to the increased period of hospitalization and the comorbidities of these patients, which led to a greater risk of infections (source: ANAHP Observatory 2022).

 The fatality rate of patients in cases of sepsis was **25.2%** (increase of 34.8%), partly due to these patients being in the later stages of their pathway, as the disease advanced.

 We recorded **1,948** adverse events (a 9.9% reduction), with an average rate of 1.53% of total patients/day (13.3% reduction), of which **63%** were classified as a mild level of harm (15.4% reduction), **35%** no harm generated (7.4% increase), **2%** moderate level of harm (49.3% reduction), and there were **no cases** with serious harm or a fatality. In 2021, we reviewed the process of recording, analyzing and controlling the various types of adverse events, which affected the variation with prior years.

 We achieved a level of **81.7%** for compliance with the antibiotic administration time (4.2% reduction), surpassing the target of 80%.

 The average infection rate in clean surgery was **1.3%** of the procedures (reduction of 23.5%). By Unit, the rates were: 1.2% in the Antônio Prudente Unit (reduction of 29.3%); 2.2% at the Tamandaré Unit (increase of 29.8%), and 0.1% at the Pires da Mota Unit (no cases were registered in 2020). Now that almost all the outpatient and curative return visits after the surgeries are being performed at the institution, we are able to exercise a strict control of procedures, adopting preventive measures and a comprehensive follow-up of cases of suspected postoperative infection.

* New indicator, not available in 2020.

(Compared to 2020)

Survival rate

The survival rate for a given population is defined as the probability of being alive after a period of 5 years. Although it is not possible to predict the outcome for each new patient, the survival rate is an indication of the cancer center’s performance in treating patients who have same diagnosis. The institution publishes these results to promote a better understanding of the global impact of the cancer center, which integrates patient care, education and research to improve

the positive outcomes for patients. In 2021, we observed a rate of 92.6% for the probability of patients diagnosed with breast cancer between 2012 and 2017 being alive for the following 5-year period. In the case of lung cancer, this rate was 46.5% for the same period, as this type of tumor has a more aggressive behavior. Even so, compared to the results of other countries, A.C.Camargo achieved a better survival rate for this type of tumor.

			% 5-year survival rate		
Reference Center	Type of cancer	Number of patients in A.C.Camargo	A.C.Camargo	SEER (EUA)	Nordcan (Sweden) (Women/Men)
Breast Tumors	Invasive ductal carcinoma of the breast (C50)	1,953	92.6	90.6	92
Urological Tumors	Prostate adenocarcinomas (C61)	1,859	92.5	96.8	94.6
Skin Tumors	Skin melanoma (C43)	663	91.3	93.7	95.5 92.9
Colorectal Tumors	Colon adenocarcinomas (C18)	454	73.6	63.9	70.3 67.5
Upper Digestive System Tumors	Stomach adenocarcinomas (C16)	210	49.4	33.3	32.2 26.9
Head and Neck Tumors	Oral cavity (C02-C06)	158	66.7	68	69.8 62.2
	Oropharynx (C01, C024, C051, C052, C09-C10)	111	59.8	72.8	71.6 68.3
Lung and Thorax Tumors	Lung adenocarcinoma (C34)	151	46.5	29.8	29.3 22.4
Gynecological Tumors	Cervical squamous cell carcinomas (C53)	91	76.5	66.7	70.9
Hematologic Neoplasms	Multiple myeloma (C90)	22	60.1	57.9	61.6 62.2

1. The analysis was based on data from the Hospital Cancer Registry, from 2012 to 2017, for the selected malignant neoplasms, by topography and morphology classified by the International Classification of Oncological Diseases 3rd edition (ICD-O3), and presented by the International Classification of Diseases – ICD-10, according to the A.C.Camargo Reference Centers.

2. The survival time was calculated as the period between the date of diagnosis and the date of death (for any reason) or the date of the last available information. The survival curves were calculated using the Kaplan-Meier method and the probabilities were estimated at 60 months.

3. Aggregated information on overall survival rates in Brazil was not available. To enable the use of comparative external references, we used the public databases of SEER (US population) and Nordcan (Swedish population). We chose to use the relative survival data of these countries

as references, even though they deal with general population data, while A.C.Camargo’s survival rate reflects the results of a center specialized in patient care, education and research that is located in Brazil, a country with an average level of economic development. We emphasize that the reference level for the population attended by A.C.Camargo may have a different epidemiological profile compared to the populations of the above-mentioned countries regarding factors such as distribution by sex, age group and stage of the disease at the time of diagnosis, as well as distinct characteristics in the availability of new technologies, and access to diagnosis and treatment.

4. Sources consulted:

a. NORDCAN: https://nordcan.iarc.fr/en/dataviz/survival_table

b. SEER: <https://seer.cancer.gov/statistics-network/explorer/application.html>

Tumor board

ACC INDICATOR 9

One of the factors in achieving success in the treatment of patients is the discussion and analysis of high-complexity cases in the institution’s tumor boards. These meetings bring together the doctors and multidisciplinary specialists of a specific tumor site. The decisions on the appropriate therapies and care for those patients undergoing high-complexity treatment are taken following these group discussions.

During 2021, a total of **2,434 cases were discussed** by these boards of multidisciplinary specialists in the search for specific clinical treatments, 5% more compared to 2020, which demonstrates the increase in the number of cases of high medical and care complexity.

From diagnosis to the initiation of treatment

Better outcomes are achieved when cancer treatment is started quickly and assertively. One of the benefits of a high-quality integrated approach

is to shorten the time between the first consultation with a specialist and the beginning of treatment. In 2021, for A.C.Camargo, this period was **27** days.

Reference Center	New patients in 2021	New patients starting treatment in 2021	Procedures carried out			Patient satisfaction (NPS)
			Surgery	Chemo therapy	Radio therapy	
Hematologic Neoplasms	513	167	440	1,384	108	88.4%
Breast Tumors	1,922	596	2,737	8,047	557	91.7%
Pediatrics Tumors	878	143	509	238	24	92.7%
Upper Digestive System Tumors	781	214	742	2,832	26	86.5%
Sarcomas and Bone Tumors	225	94	336	783	282	79.0%
Lung and Thorax Tumors	317	111	293	1,682	106	92.1%
Colorectal Tumors	1,002	271	1,052	2,641	58	92.9%
Central Nervous System Tumors	308	69	232	249	211	88.7%
Skin Tumors	2,158	1,359	7,255	1,161	81	91.2%
Gynecological Tumors	1,255	465	1,336	1,941	105	91.6%
Head and Neck Tumors	2,349	829	1,790	1,454	136	91.3%
Urological Tumors	1,416	520	2,059	781	155	91.8%
Not linked*	1,444	105	424	2,648	209	90.2%
TOTAL	14,568	4,943	19,205	25,841	2,058	90.6%

* Patients treated at the institution, but not linked to a specific Reference Center.

Reduced waiting times

ACC INDICATOR 3

In relation to our ongoing efforts to improve relations with patients, we have introduced new procedures to facilitate the making of appointments and increased the speed of attendance of the reception area. Currently, the waiting time for carrying out procedures is less than 30 minutes, including laboratory visits, examinations, consultations and surgeries. One of our commitments to increase patient satisfaction is to reduce this waiting period, further with the use of digital tools and the constant improvement of processes.

Attendance waiting times	2021	2020	2019
Up to 30 minutes	87.4%	85.7%	82.4%
More than 30 minutes	10.2%	11.9%	14.1%
More than 60 minutes	2.4%	2.4%	3.5%

Communication channels

GRI INDICATOR 205-3

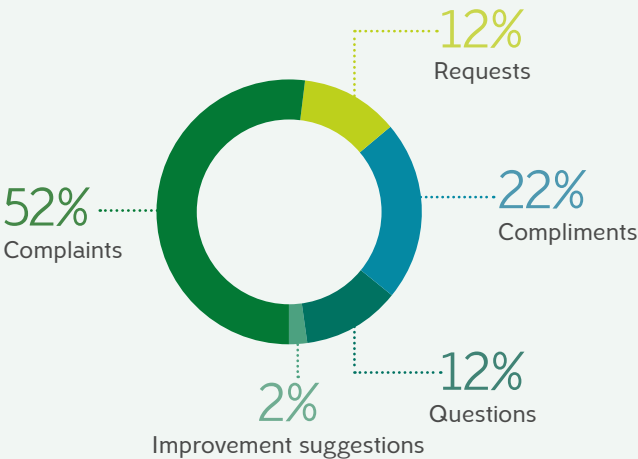
We provide direct communication channels to receive reports of criticism, compliments, requests and suggestions from the institution’s various stakeholders. The institutional Customer Service channels aim to handle reports of low complexity and analysis time, and can be accessed quickly by patients, family members and companions via WhatsApp, chat, e-mail, telephone and QR Code.

For more complex cases involving non-compliance or ethical issues, we have an Ombudsman Channel (<https://accamargo.org.br/form/ouvidoria>) and a Conduct Channel, both of which are open to society in general and can be accessed at (www.canalconfidencial.com.br/accamargo). For more information, see page 38.

Total reports:
13,516

71%
responded in
up to **1 hour**

Number of reports: **9,182**



Continuous improvement of the patient experience

GRI INDICATORS 2-16, 2-29

In addition to the measurement and constant monitoring of the Net Promoter Score (NPS) from the patients' satisfaction survey, we also maintained discussion forums aimed at continuous improvement, as presented below:

PATIENT ADVISORY COUNCIL

The purpose of this council, which was established in 2020, is to provide a forum for the contribution of patients, former patients and their companions to the evolution and improvement of our services.

Representatives of these stakeholder groups meet, from time to time, to discuss the experiences of patients and their companions together with the institution's employees and clinical staff.

In 2021, 10 such meetings were held totaling 20 hours of discussion. As a result, the following actions were taken:

- » distance-learning training courses for carers and doctors;
- » development of guidelines for Units in relation to the preparation for patients who perform more than one exam on the same date;
- » refurbishment of the snack offered to Blood Bank donors;
- » change of fruit juice for the meal and breakfast after blood collection in the laboratory;
- » initiation of tests with suppliers to implement self check-in.

PATIENT EXPERIENCE MEDICAL COMMITTEE

The committee meets monthly to discuss ways to improve the relations and support practices for patients during their pathways at A.C.Camargo.

In 2021, the committee addressed the following topics:

- » presentation of the patient's perception analysis to the clinical staff;
- » interface between the internal communication team and the clinical staff;
- » reception of the surgical patient;
- » attendance by resident doctors;
- » indicators of the patient's experience for each Reference Center;
- » NPS indicator by type of attendance.

These discussions resulted in actions, such as: the detailed evaluation of patient and doctor indicators to serve as inputs to the criteria for defining remuneration; medical evaluation; and management of the clinical staff.

PATIENT PERCEPTION FORUMS

These are internal forums, segmented into the following themes: hospitalization and emergency; infusions; consultations; and diagnostic medicine. They discuss issues of the patient's pathway, the results of the NPS survey and the reports received through the institution's various communication channels. The analysis of the results and the action plans to improve practices are presented by the managers responsible for the respective patient journeys.

PATIENT'S EXPERIENCE WEEK

This event, which is held annually, aims to raise awareness and engage A.C.Camargo's employees and clinical staff in the culture of improving the patient experience, through lectures, simulators, contests and exhibitions. In 2021, more than 2,500 employees and members of the clinical staff participated in the various activities.

Satisfaction and progress

GRI INDICATORS 2-16, 2-29

We monitor patient satisfaction through surveys, seeking to identify points for improvement and consequently prepare plans to address them. The results show that we are on the right track:



The main reasons given to achieve this level of satisfaction in the NPS were:

- » warm welcome by employees and clinical staff;
- » quality of the clinical staff;
- » speed of attendance.

Partnerships in patient care

Our cooperation agreements with healthcare institutions of excellence in their respective areas aim to improve the positive outcomes for patients, the optimization of investments and the use of available hospital resources, and the strengthening of the cancer center model.

They are based on the synergy and complementarity of skills, and the degree to which they reflect and contribute to our vision and initiatives in the face of the dynamism of the healthcare market in Brazil.

Sabar Children’s Hospital: through this partnership, we will offer a complete and advanced pediatric oncological treatment for the entire care pathway for children, adolescents and young adults with cancer. This model promotes collaboration between medical specialties, increases the demand for these services and, at the same time, preserves each institution’s autonomy and independent action.

To strengthen this partnership, we have been refurbishing and expanding the facilities of our pediatrics area, and this work will be completed in 2022.

Support groups and workshops – Survivorship initiatives

ACC INDICATOR 14

We provide support groups and workshops for patients and their companions throughout the care pathway, from diagnosis to the stages of follow-up and survivorship. Survivorship is a stage in the oncological pathway in which potential late effects of the treatment are monitored, and when we emphasize the importance of maintaining the promotion of healthcare and well-being practices. These groups provide activities, discussions and support, in face-to-face and virtual formats. With the participation of psychologists, social workers, volunteers and practitioners from a variety of specialties, the groups support the patient in the treatment of pain and anguish at this stage in their lives, and promote activities that value well-being and self-esteem, as well as providing entertainment.

We also offer a Radiotour, a guided tour that aims to demystify radiotherapy treatment.

Patients can find more information on our support groups, and register to join them, on our website at: www.A.C.Camargo.org.br/pacientes/apoio-ao-paciente-e-familiar.

	Love of life		Storytelling
	Self make-up		Coral Sua Voz (choir)
	Musical performances		Cooking workshop
	Arts and crafts		Smoker support group
	Meeting with the carers		Grupo Mama (group for women on breast cancer)
	Fisiodana (dance)		Espao Homem (group for men)
			Espao Mulher (group for women)

Education

We are the principal education institution dedicated to oncology in Brazil. We provide and promote training for healthcare practitioners who are specialists in oncology and who work in institutions all over Brazil. Our students, in courses ranging from scientific initiation to postdoctoral studies, have the opportunity to experience the structure of an integrated cancer center and how it relates to their respective areas of specialization.

Training courses

SASB INDICATOR HC-DY-330A.2 | ACC 28

FREE HEALTHCARE IMPROVEMENT COURSES

A.C.Camargo offers free training courses on improvements in healthcare as a contribution to the advancement of the medical community and society in general. In recent years, the emergence of the online format of courses has allowed us to expand both the number of participants and the portfolio of courses offered.

For more information on the courses available, and how to register, see (<https://bit.ly/3vrovw9>).

TECHNICAL COURSE IN NURSING

The A.C.Camargo Technical School, which was established in 1990, trained 31 practitioners in 2021, of which 75% were members of A.C.Camargo’s clinical staff. This training contributes to improving the quality of our team’s practices and strengthens the integration of education and patient care.

Residence programs and fellowships

ACC INDICATOR 24

We offer medical and multidisciplinary residency programs and fellowships (intended for doctors). For the residents, we offer a mentoring program

As a result of our partnership with the Canadian institution, The Princess Margaret Cancer Centre, A.C.Camargo was one of the institutions selected to be represented at the Master Course of the World Congress of the Union for International Cancer Control. We also had representatives who were active in the programs for the development of young leaders for global oncology and the training of students and researchers in this field.

with the sharing of experiences and training courses that support them in building their careers. In 2021, 13 residents who had been trained in A.C.Camargo’s residency programs were incorporated into its clinical staff team and remained at the institution.

Our results in training medical practitioners specialized in oncology*:

Residence and Further Development Program	2021	2020	2019
Graduate medical residents	64	75	80
Total medical residents	176	178	186
Graduate Multidisciplinary residents	27	26	27
Total multidisciplinary residents	53	55	53
Graduate Fellowships	10	17	9
Total Fellowships	11	13	19

*Data as of 02/28/2022, when the graduation ceremonies of these programs took place.

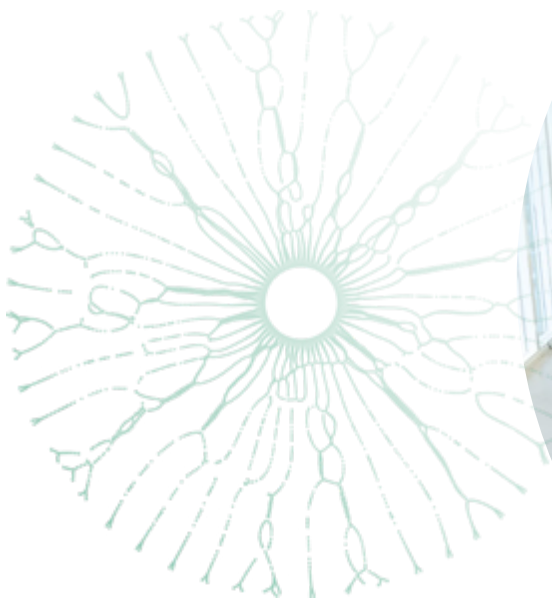


For more information on the selection processes:

Medical residency
<https://bit.ly/3ON11Jh>

Multidisciplinary residence
<https://bit.ly/3F0NvxS>

Further Development/Fellowship
<https://bit.ly/3MBC1Tr>



Education Programs

STRICTO SENSU POSTGRADUATE PROGRAMS

More than 25 years ago, our master’s and doctorate programs in oncology were the first to be created by a private institution that was not a university. We currently offer master’s, doctorates, postdoctorates and scientific initiation programs, taught by a multidisciplinary faculty composed of active and recognized scientists in the field of oncology. For more information on courses, availability of places and enrollment see: <https://bit.ly/3MHPJEB>.

The seminars organized by the postgraduate program are also open to our clinical staff, thereby contributing to the professional development of these practitioners. The seminars consisted of information and debates on scientific topics, results and discussions regarding ongoing research, and innovations in healthcare.

In 2021, we trained 50 practitioners, including masters, doctorates and postdoctorates, and a total of 152 postgraduate students undertook further development studies at the institution.

★
Capes Classification
(*stricto sensu*
postgraduate course):
5
(2017 to 2020)

Stricto sensu postgraduate programs	2021	2020	2019
Masters completed	30	36	33
Masters’ students	64	64	79
Doctorates completed	15	20	47
Doctorate’s students	83	80	89
Postdoctorates completed	5	2	8
Postdoctorates’ students	5	9	7
Scientific initiations completed	22	17	22
Total scientific initiation’s students	26	25	24

SCIENTIFIC INITIATION
ACC INDICATORS 22, 25

The Institutional Scholarship Program for Scientific Initiation (PIBIC) aims to prepare undergraduate students, encouraging them to practice research so that, in the future, they may enter the postgraduate programs. The program is supervised by A.C.Camargo's research team, who encourage students to develop scientific reasoning, and research techniques and methods. For more information see: <https://bit.ly/3LmOjyS>.

PRACTITIONER'S MASTER'S IN ONCOLOGY

In 2021, we launched the practitioner's master's degree in oncology, with the aim of disseminating the knowledge acquired as a cancer center, in addition to divulging the importance of the cancer center care model in Brazil. Practitioners from all areas of knowledge receive training in healthcare services management, scientific methods and care practices in oncology, with the knowledge being acquired focused on practical applications.

To facilitate group integration and communication, forums are held to discuss projects and contributions presented by both the masters students and A.C.Camargo's teaching staff.

Graduates from this course will be qualified to work in education and research institutions, the pharmaceutical industry, and companies that provide services and products in the healthcare area.

For more information, see <https://bit.ly/3vrQs76>.

MASTERS, DOCTORATE AND
POSTDOCTORATE PROGRAMS

The postgraduate courses at A.C.Camargo integrate the care activity with scientific knowledge in clinical, basic and translational research, aiming to improve cancer care.

This multidisciplinary faculty offers the following research fields in oncology for master's and doctoral degrees: Cellular, Molecular and Genetic Biology; Diagnosis; Epidemiology and Prevention; Therapies; and Support and Rehabilitation. For more information, see: www.A.C.Camargo.org.br/ensino/pos-graduacao-stricto-sensu. The postdoctorate program, which offers basic, clinical and translational research fields, trained five practitioners in 2021. For more information, see: <https://bit.ly/3vpKuDF>.

Dissemination of knowledge



LIBRARY: the library is open to practitioners, students, accredited educational institutions, patients and companions. It offers physical and digital collections and software that allows you to search for content on a range of scientific knowledge platforms. For more information, see: <https://bit.ly/3Kq9Khj>.

VIDEOTECA: this is an online channel open to all interested parties, containing videos of the meetings, seminars and webinars held by the institution. For more information, see <https://bit.ly/3y4vBZ0>.

THESES AND DISSERTATIONS: we offer a digital collection of theses and dissertations by graduate students. To access the collection, see: <https://bit.ly/3rZxwtY>.

Cancer Center Radio Podcast

In 2021, we launched 21 new podcasts covering topics such as cancer prevention, the importance of patient safety and the differences between a general hospital and a cancer center. This initiative aims to disseminate relevant content based on scientific evidence to the general public, addressing the most frequent doubts about cancer and the technical terms widely used in oncology. The podcasts can be accessed at: <https://www.A.C.Camargo.org.br/sobre-o-cancer/podcast>.

A.C.Camargo Webinars

These webinars focus on debates between specialized practitioners on strategic and highly important themes in the healthcare market, especially in oncology. Examples include: the innovative therapy of CAR-T cells; humanized care; remote care for cancer patients; and future perspectives for the treatment of breast cancer. The webinars can be accessed on our Youtube channel at: https://youtube.com/playlist?list=PLHkkUUAAsck3U_ovRP6C0SburCgDdJpIJB.

Next Frontiers Magazine

During the Next Frontiers congress, we launched the digital magazine of the same name. It is a quarterly publication aimed at both society and the scientific community that presents the ongoing activities of the A.C.Camargo Cancer Center in education, research and innovation, with a focus on the advances in oncology. The Next Frontiers magazines can be accessed at: <https://bit.ly/3OVFomj>.

Oncological conduct and practices manual:

During the congress on Next Frontiers to Cure Cancer we launched the fifth edition of the Diagnostic and Therapeutic Conduct Manual in Oncology. It is a basic guide for the indication of procedures aimed at confirming the diagnosis, the staging and therapeutic planning, and it covers essential themes for high-quality oncology practices.



Congress: Next Frontiers to Cure Cancer 2021

For the fifth time, we held the largest international cancer congress in Latin America. The central theme of the 2021 edition was the cure of cancer through genes, data and technologies. We emphasized the value of the role of science in the evolution of finding a cure for cancer and medical practice in oncology.

3 days
congress,
100% online

+ 300 hours
of online content

+ 800 classes
in 16 rooms
simultaneously

+ 3,400
registered,
with a participation
rate of 80% across
the whole congress

307 abstracts
of scientific papers
submitted

20
sponsors

+ 550
national and
international
speakers

Partnerships with
internationally
recognized institutions
in cancer treatment

Research

ACC INDICATORS 30, 40

A.C.Camargo contributes significantly to the advancement of science at the frontiers of knowledge in oncology. We are convinced that the excellence of care provided to patients is the result of the close relationships between care and education and research.

We have 119 staff dedicated to research, consisting of 39 medical researchers, 14 researchers from the International Cancer Research Center, and 66 members of the administrative support team.

In order to collaborate in research efforts with other institutions, in 2021, we participated in 79 international and 30 national cooperation agreements.

INCiTO-INOTE

The National Institute of Science and Technology in Oncogenomics and Therapeutic Innovation (INCiTO-INOTE) of the A.C.Camargo Cancer Center is classified as a National Institute of Science and Technology (INCTs) by the CNPq, and its mission is to promote therapeutic innovation in cancer treatment, by translating research results into clinical practice, so that new knowledge is transferred quickly and efficiently. For more information on INCiTO-INOTE, see our website at: <https://bit.ly/3koZnQ6>.

During the year we entered into 41 new agreements, of which 7 were international and 34 were national.

For more information on our activities in our principal fields of research, see below.

International Cancer Research Center (CIPE)

The International Cancer Research Center (CIPE) is dedicated to basic, translational and epidemiological research. It has an up-to-date infrastructure and laboratories, technological platforms, and support services for the development of research protocols.

The CIPE is integrated with the Institutional Support Office for Researchers, the Clinical Research Support Center, the Hospital Cancer Registry, the team of research nurses, the core facilities, and the statistical consulting and database management services.

Research is focused on: tumor and cell biology; microbiome; personalized medicine(including liquid biopsy); hereditary cancer syndromes; data science and artificial intelligence; cancer epidemiology; immuno-oncology; and preclinical models.

For more information on the fields of research and our researchers, see <https://bit.ly/3vo3Bhc> and the hot papers in <https://bit.ly/3kmmw5P>.



Basic, translational and clinical research

ACC INDICATOR 29

We are active in **three** complementary segments of research and investigation:



For more information
on ongoing
research, see:

Basic and translational research
<https://bit.ly/3s0aXFz>

Clinical research
<https://bit.ly/38si2YF>



RESEARCH BOARDS

These are the scientific forums of the Reference Centers that bring together medical and multidisciplinary specialists and researchers to debate and develop research at the A.C.Camargo Cancer Center. The close interaction between healthcare practitioners and researchers enables not only the advancement of knowledge, but also leads to new practices that meet the needs of patients. In total, there are nine Research Boards focused on the following specific types of tumors: upper digestive tract; colorectal; head and neck; lung and chest; breast; gynecological; urological; skin; and sarcomas and bone tumors. In 2021, these boards held a total of 62 meetings, all in a virtual format due to the pandemic.

STUDIES IN GENOMICS AND BIO-MARKERS USING LIQUID BIOPSY

Liquid biopsy is a test used to investigate blood samples to detect the presence of mutations in traces of DNA (circulating tumor DNA - ctDNA) or cancer cells originating from the tumor. The method has a high level of precision and a wide applicability in oncology practice, having been used for eight years in our research area and, since 2017, in clinical routines.

In the clinical setting, liquid biopsy has been used in patients with advanced stages of lung, melanoma, colorectal and other solid tumors, with 66 tests performed in 2021.

In the research setting, we have performed over 200 personalized ctDNA assessments of blood samples from patients with breast, colorectal and renal tumors. The results of these evaluations enable us to be more agile in the diagnosis of tumor growth compared to the use of conventional imaging examinations.

The knowledge acquired through our research made it possible to adopt this form of testing in the routine of our clinical conduct, by means of our Molecular Tumor Board, with 19 cases discussed in 2021. The method is being made available to patients using the resources of the research project.

A scientific project financed by the National Support Program for Oncology Care (PRONON), in the category: Personalized Medicine applied to the therapeutic monitoring of cancer patients.

CLINICAL RESEARCH

This form of research is carried out directly with patients, and involves testing of new drugs not yet available in the market. These drugs are administered only in controlled environments, within strict safety and quality standards, and in a clinical research setting. Such research is often the opportunity to test new drugs in situations where traditional treatments are no longer effective. A.C.Camargo has established a Clinical Research Support Center (CAPEC), where patients who are candidates for research are welcomed and treated with innovative medicines, restoring them with the hope of a cure.

Biobank

ACC INDICATOR 29

The Biobank, which was created in 1997, has accumulated around 176,000 tissue samples and 30,000 blood samples from patients diagnosed with cancer. These samples are an important institutional asset for conducting cancer research projects.

Our sponsored clinical research focused on innovative products in the treatment of cancer. There were 90 studies ongoing in 2021, of which 30 focused on targeted therapy, 23 on immunotherapy, 19 on the care program, 10 on epidemiology, 2 on chemotherapy and 6 on other methods, such as hormone therapy and pain control.

Sponsored clinical research	2021	2020
New studies registered	19	Not reported
Studies registered from 2001 to 2021	268	249
New patients included in clinical research projects	88	81
Patients included in clinical research projects from 2001 to 2021	3,489	3,401
Studies initiated	19	26
Studies being monitored	38	15
Studies with recruitment of patients	25	83
Studies completed in the year	27	4
Studies completed in 2020-2021	31	4

Scientific production

In 2021, we completed 241 research projects and published 320 articles in scientific magazines.

	2021	2020	2019
Completed research projects	241	178	174
Number of articles published			
Clinical	241	237	148
Translational	40	45	34
Basic and epidemiological	39	38	39
Total	320	320	221

Immuno-oncology

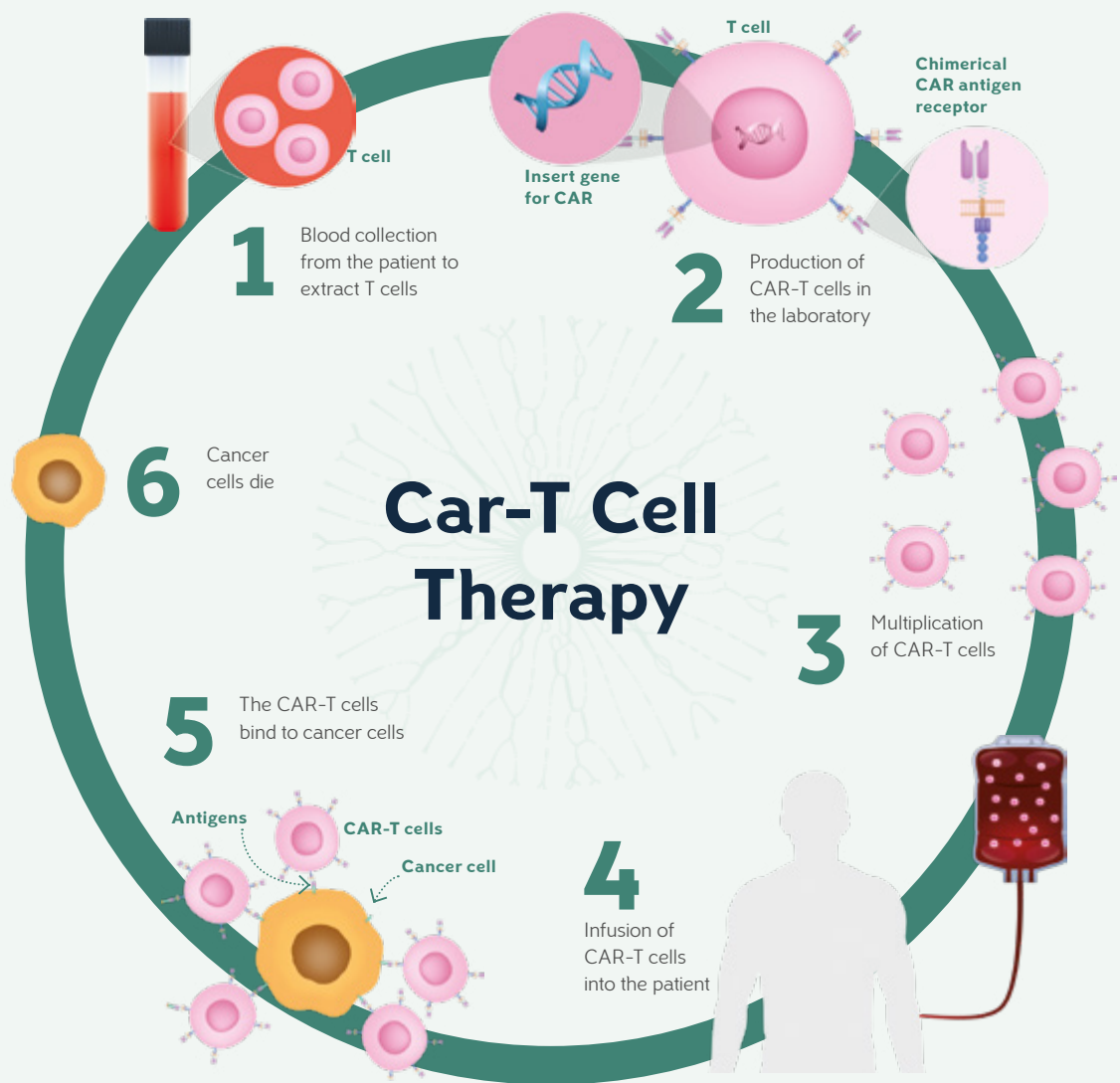
PERSONALIZED ONCOLOGY (CAR-T CELLS)

The A.C.Camargo Cancer Center was one of four institutions in Brazil selected for the use of a new immunotherapy approach using CAR-T cells. This approach is considered to be a great scientific advance and an unprecedented evolution in oncology.

The treatment uses lymphocytes that have been genetically modified and reprogrammed in the laboratory to destroy tumors. For this reason, the treatment is known as a "living drug" and is currently available for diffuse large cell lymphoma, acute lymphoblastic leukemia, and multiple myeloma.

The institution's team participated in a number of national and international training courses on the process of apheresis, handling, receipt and storage of patient cells for this specific therapy. We also dedicated resources to this new area of cell manipulation in patient care. We created integrated protocols to ensure adherence to the necessary requirements to carry out the therapy safely and we aim to achieve a quality certification for the topic.

This leading role played by the institution reflects its increasing importance as a cancer center, both nationally and internationally.



Financial resources for research

GRI INDICATORS 201-4 | ACC 19, 31, 32

The financial resources for A.C.Camargo’s research come from a number of different funding sources, including: national and international agencies; the Ministry of Health; donations from individuals and corporations; and payment for

studies sponsored by pharmaceutical industries. The external funding raised for research in 2021 amounted to R\$ 4.8 million. The institution also invested R\$16.7 million of its own resources via the Antônio Prudente Foundation.

		Amount (R\$ thousand)		
Source		2021	2020	2019
National	Own resources: Antônio Prudente Foundation	16,731	13,348	19,930
	Funding agencies (FAPESP)	1,300	1,579	2,612
	Grants	825	-	-
	Scholarships	475	-	-
	Funding agencies (CNPq)	725	739	461
	Grants	222	-	-
	Scholarships	503	-	-
	Ministry of Health (PRONON)	1,993	1,570	3,741
	Personalized Medicine	977	-	-
	Microbial Profiles	964	-	-
	Biobank	52	-	-
	Ministry of Health (PRONAS)	-	-	114
	Conduct Adjustment Agreements (TAC)	42	138	186
	TAC	42	-	-
	Others*	197	153	7
	Hcor - Renovate (90717002)	9	-	-
	Hcor - Halo (90717004)	26	-	-
	Conrad Wessel Foundation (90717006)	55	-	-
	Pharmaceutical industry	107	-	-
	Subtotal	4,257	4,180	7,121

		Valor (mil R\$)		
Source		2021	2020	2019
International	larc/Who - Mutographs	106	32	-
	larc/Who - Interchange (Capex)	-	5	1
	laea	1	-	-
	Others*	416	151	6
	University of California (90717005)	97	-	-
	Lady Davis (90717008)	165	-	-
	Nirvana-Pfizer (15018)	153	-	-
	Subtotal	524	187	7
TOTAL		21,513	17,715	27,058

* External funding for investigator-initiated studies.
Note: Includes both expenses (OPEX) and investments (CAPEX).



GOVERNANCE AND STRATEGY

Management

Structure

GRI INDICATOR 2-9 | ACC 29

A.C.Camargo is a private non-profit institution and its management acts with consensus, ethical rigor, transparency and dedication to ensure the institution’s position in the market and the institution’s long-term business success. Management also strives to achieve excellence in the quality of the services offered.

A description of our organizational structure is given below.



Board of Trustees

GRI INDICATORS 2-9, 2-10, 2-11, 2-17

The Board of Trustees is A.C.Camargo’s highest governance body. It is composed of nine independent members, with two-year terms, and members may be reappointed for up to three additional terms. In 2021, four members were reelected to continue their terms of office, as established in the bylaws of the Antônio Prudente Foundation.

The members are aged between 66 and 76 years old, and come from a range of professions to ensure a multidisciplinary vision: two doctors, an economist, four engineers and two business administrators.

In 2021, the institution established a Corporate Governance Committee that will be responsible for monitoring the functioning of the institution’s corporate governance system and ensuring that best practices are adopted by the governance and management bodies.

MEMBERS OF THE BOARD OF TRUSTEES

Board Member	Position	Mandate
José Ermírio de Moraes Neto	Chairman	03/25/2020 to 04/30/2022
Waldomiro Carvas Junior	Vice Chairman	03/25/2020 to 04/30/2022
José Hermílio Curado	Institutional President	04/30/2021 to 04/30/2023
Ademar Lopes	Institutional Vice-president	04/30/2021 to 04/30/2023
Celso Marques de Oliveira	Board member	12/13/2019 to 04/30/2022
José Ricardo Mendes da Silva	Board member	03/25/2020 to 04/30/2022
Liana Maria Carraro de Moraes	Board member	04/30/2021 to 04/30/2023
Nelson Koichi Shimada	Board member	12/13/2019 to 04/30/2022
Pedro Luiz Barreiro Passos	Board member	04/30/2021 to 04/30/2023

ADVISORY COMMITTEES

GRI INDICATORS 2-9, 2-12, 2-13

The support structure for the Board of Trustees underwent a review in 2020, with the aim of better defining the attributions and interfaces of governance bodies and, in 2021, the institution had six Advisory Committees.

Advisory Committees	Member's names	Mandate	Board members	Independent members	Gender	Age Range
Corporate Governance	José Ermirio de Moraes Neto (coord.)	05/2021 to 04/2022	X		male	67-72
	José Hermilio Curado	05/2021 to 04/2022	X		male	
	José Ricardo Mendes da Silva	05/2021 to 04/2022	X		male	
	Pedro Luiz Barreiros Passos	05/2021 to 04/2022	X		male	
Clinical Governance and Medical Practices	José Hermilio Curado (Coordinator)	06/2020 to 04/2022	X		male	47-76
	Ademar Lopes	06/2020 to 04/2022	X		male	
	Elisabete Carrara de Angelis	06/2020 to 04/2022		X	female	
	Luiz Paulo Kowalski	06/2020 to 02/2022		X	male	
	Helano Carioca Freitas	06/2020 to 04/2022		X	male	
	Rubens Chojniak	06/2020 to 04/2022		X	male	
Scientific Advisory Board	Inactive in 2021.					
People and Organizational Development*	Celso Marques de Oliveira (Coordinator)	03/2020 to 04/2022	X		male	60-70
	João Carlos Senise	09/2021 to 04/2022		X	male	
	José Ricardo Mendes da Silva	09/2021 to 04/2022	X		male	
	Victoria Christina Bloch	03/2020 to 04/2022		X	female	
Strategy, Innovation and Sustainability	José Ricardo Mendes da Silva (Coordinator)	03/2020 to 04/2022	X		male	63-72
	José Hermilio Curado	03/2020 to 04/2022	X		male	
	Pedro Luiz Barreiros Passos	03/2020 to 04/2022	X		male	
	Mauricio Ceschin	09/2020 to 04/2022		X	male	
Audit, Risks and Finance	Nelson Koichi Shimada (Coordinator)	03/2020 to 04/2022	X		male	66-69
	Ana Maria Elorrieta	03/2020 to 04/2022		X	female	
	Waldomiro Carvas Junior	03/2020 to 04/2022	X		male	

*One independent member was appointed in 2021.

Executive Board

GRI INDICATORS 2-9A, 2-9B

Dr. Victor Piana de Andrade took over as CEO of A.C.Camargo in April 2021. Under this new leadership, the institution dedicated itself to seeking the ideal design of the processes for patient care, education and research, with the aim of achieving greater synergy between the areas and their respective processes.

Furthermore, a review of part of the organizational structure was carried out, aiming to consolidate the commercial and business activities in the cancer center model, in addition to preparing the institution for the new challenges of the healthcare market.

As a result of these reviews, three new executive committees were established, with the objective of supporting management decisions:



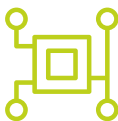
OPERATIONAL EFFICIENCY COMMITTEE

It aims to support, orient, contribute and monitor actions in various areas of the institution's operations, with the mission of developing action plans and projects that contribute to increased productivity, the reduction of waste and the efficient use of institutional assets.



CORPORATE SECURITY AND DATA PROTECTION COMMITTEE

It was created with the objective of defining guidelines for information security, privacy and protection of personal data, and property security, by ensuring the implementation of technical and administrative measures, for the best management of these themes in the institution.



DIGITAL INNOVATION AND TRANSFORMATION COMMITTEE

It is responsible for defining guidelines for innovation and digital transformation in order to find new ways to care for patients in a sustainable manner, and to play a leading role in the evolution of oncology.

As a result, the Information Technology Committee has been discontinued.

Diversity in governance bodies

GRI INDICATORS 2-9, 405-1

	Total	Gender		Age range		
		Men	Women	Up to 30 years	From 30 to 50	More than 50 years
Board of Directors	9	8	1	0	0	9
Senior Management*	12	8	4	0	10	2

*Composed of six directors (including the CEO) and six superintendents, as per page 32.

Succession plan

GRI INDICATORS 2-9, 2-10

The institution’s succession plan was first established in 2016 and has been reviewed annually since then.

In 2021, potential succession candidates for the positions of supervisors, managers, superintendents and directors were identified.

In this cycle, we updated concepts and criteria, defined the process steps and concluded the calibration meetings.

The Corporate Governance Committee is responsible for the succession plan for the Board of Trustees and its associated Advisory Committees. In 2021, following the establishment of this committee, a study of the profiles and competencies necessary to guide the succession process in 2022 was carried out.

Governance Assessment

GRI INDICATORS 2-9, 2-18

Governance Assessments contribute to the continuous improvement of the performance of governance bodies. They measure the effectiveness of their performance and their adherence to best practices, and identify opportunities for the continuous improvement of the practices of these bodies.

Remuneration

GRI INDICATORS 2-19, 2-20

The members of the Board of Trustees participate on a voluntary basis and consequently are not remunerated. The senior managers, on the other hand, receive fixed compensation in line with the market, and variable compensation, linked to their performance in relation to corporate goals. Senior managers also undergo periodic competency assessment cycles promoted by the institution, as a way of ensuring their continuous development.

Ethics and compliance

Conduct

Ethical behavior is a fundamental condition underlying all our relations, and especially those with patients.

We seek to ensure that all relations with the institution follow our ethical conduct guidelines. We have published a Code of Conduct that is based on our values, principles and standards, and is in line with the current legislation and the principles of the United Nations Global Compact (UNGC).

Our Code of Conduct was approved by the Board of Trustees and, together with the other related institutional policies, guides our relations with all our stakeholders. It also underlies the construction of an organizational culture focused on mutual respect.

Our values, policies and practices serve as a guide for our daily conduct in relation to: diversity and inclusion; combating discrimination; prevention and eradication of child, forced or compulsory labor; prevention of moral and sexual harassment in the workplace; privacy; health and safety; prevention and combating of corruption, fraud and money laundering; among other topics.

We also have a robust governance structure on the subject, with a specific Governance Advisory Committee, in addition to the Audit, Risks and Finance Committee.

The size of the team dedicated to the topic of governance was increased in 2021, and the compliance program has been restructured with the objective of reviewing internal rules, ensuring the maintenance of an ethical culture, the engagement and training of employees and practitioners, and the proper investigation and remediation of cases of non-compliance.

In 2021, no cases of corruption were recorded.

Allegations of non-compliance

GRI INDICATORS 2-26, 2-29, 205-1, 205-2, 205-3

We have established a Conduct Channel, which is available to society in general on a 24/7 basis, to receive reports of alleged violations or non-compliance with laws or the guidelines set out in our Code of Conduct.

The channel ensures the anonymity of the persons filing the reports and allows them to monitor the investigation process as it proceeds.

The Conduct Committee is responsible for supervising the Conduct Channel, as well as for recommending improvements to processes, training, action plans and disciplinary sanctions, as well as forwarding communications to the competent authorities.

In 2021, the Conduct Channel received 413 reports (a reduction of 34% compared to 2020), of which 99% were investigated. Of the total reports, 77% were registered anonymously and 23% were identified. In terms of relevance, 86.92% were within the scope of the Conduct Channel and 13.07% were judged as not valid. The reports were classified using an impact analysis, as follows: weak (33.6%); medium (48.6%); high (16.7%); and critical (1%).

Of the total number of reports under investigation in the year, 435 were completed and five remained ongoing. The elapsed times for the resolution of the completed cases were as follows: 45% of cases in 30 days; 28% from 30 to 60 days; and 27% in more than 60 days.



Risk management model

GRI INDICATOR 2-12, 2-13, 2-25

For a hospital institution, taking and managing risks is part of the essence of its activities and is a responsibility shared by all employees and clinical staff.

Throughout the year, corporate risk management worked to establish well-defined policies, objectives, roles and responsibilities, in order to improve risk mitigation and ensuring the safety of our patients, employees and clinical staff.

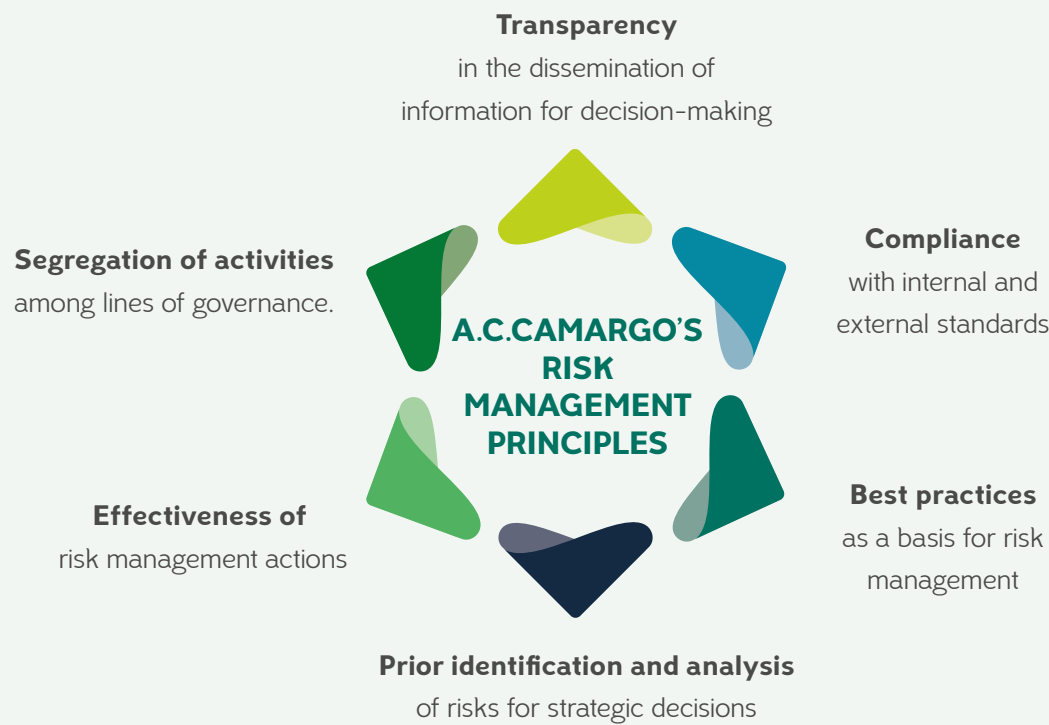
The institution's risks were identified and prioritized in a risk map. This will serve as an input to the strategic planning process, which will be completed in 2022, and to an extensive review of organizational processes.

Risk management model

Our risk management model complies with best market practices and, in an effort to ensure both a robust structure and the efficiency of controls, is structured according to the methodology of three lines of governance.

The patient care and business areas, which are directly responsible for the institution's operations, carry the primary responsibility for managing risks, by establishing processes and creating appropriate controls.

The second line of governance is formed by the control areas, which support the monitoring process with their technical expertise.





The third line of governance is the Internal Audit area, which acts independently to ensure the adequacy and effectiveness of governance and risk management. Additionally, we rely on external consultants for risk assessment.

The risk management process is monitored by the Executive Board and the Board of Trustees, through forums composed of members of the institution's senior management:

- » **The Corporate Risk Executive Committee**, linked to the Executive Board, has the purpose of evaluating management actions in relation to the identified risks (including through the work of the Internal Audit area), its mitigation plans and the progress in executing the defined plans.
- » **The Audit, Risks and Finance Advisory Committee**, linked to the Board of Trustees, oversees risk management activities and their adherence to institutional policy, as well as monitoring the most critical strategic and operational risks.

Internal controls

In 2021, the structure and processes of the Internal Controls area were also reviewed, with the aim of seeking the best resources for an adequate assessment of the effectiveness of the institution's control environment.

Patient care risk management

A.C.Camargo has specific forums, linked to its core business, for discussing improvements to the procedures and practices, aimed at institutional safety, for patients, employees and clinical staff, in addition to compliance with the regulatory environment.

As an example, we have the following risk management forums for patient care: (i) operational committees, including: fatality review; review of medical records; hospital infection control; patient safety; and radiological protection, all of which discuss protocols and eventual incidents aimed at the continuous improvement of institutional processes (ii) weekly meetings to monitor adverse events, conducted by the Medical and Operations Directorates, and (iii) the Ombudsman Committee, which examines the risks identified by patients and their family members, in order to avoid a repetition of similar new cases.

Information security

GRI INDICATOR 418-1

As the trend to the digitization of all our personal and professional routines has advanced, so has A.C.Camargo advanced in the digitization of the processes involving patients, employees and clinical staff within an appropriate technological infrastructure to ensure data privacy and security.

A.C.Camargo gives a high priority to the management of information on patients, employees, clinical staff and suppliers in its custody, due to the critical nature of the data collected. We are constantly working on the development of policies and tools for information management and security.

For this reason, the Information Security Program was set up, in 2021, in addition to the revision of the Information Security Policy, the creation of privacy notices, the revision of organizational processes for managing cyber threats, the mitigation of the risks of protecting data and the creation of a software for data privacy management.

As a result of these efforts, we have not received any complaints about breaches of data privacy or security from any stakeholder groups, including the regulatory agencies. There was one case of a data leak where a patient had an exam result sent to another patient in error. The case was dealt with individually, pursuant to Art. 52, paragraph 7 of the LGPD (General Personal Data Protection Law) and a plan to mitigate the possibility of repeating the error was adopted.

Data privacy and protection

We are permanently committed to ensuring the effective treatment of our patients and with improving the experience of all those who interact with us.

In 2021, we concluded our project to adapt the institution to comply with the General Law for the Protection of Personal Data (LGPD). As a result, we adopted a series of measures to ensure the security and respect for the privacy of our patients, employees, clinical staff, students and other owners of personal data in our custody.

In line with the LGPD, we created a page on privacy on the A.C.Camargo portal, where the general public can access information on our Privacy Policy, and be informed as to what data is collected, how it is used, their rights, and the information security guidelines we follow for storing the data.



Our webpage on data security and privacy can be accessed at:

<https://A.C.Camargo.org.br/privacidade>

Strategic Planning

Due to the Covid-19 pandemic, it was necessary to postpone the discussions to define the new strategic planning cycle, and so the time-frame of the strategic plan prepared for 2015-2020 was extended into 2021. The existing plan was structured on the pillars of consolidation of the cancer center model, cost-effectiveness, business excellence, organizational culture and development, sustainable demand, partnerships and expansion, innovation and digital transformation. In 2022, the new strategic plan for the 2022-2025 cycle will be developed.

Institutional goals

Based on the institution's strategy, we have defined the following institutional goals for our **Balanced Scorecard** (BSC) assessment for 2021:

- » Organizational development: technical and behavioral training of employees and clinical staff, and business effectiveness in clinical research;
- » Financial: operating EBITDA;
- » Processes: billing to take place in the functional area; termination of the billing of third-party activities; initial rejection; medical transfers; and general hospital records (RGH) active at 12/31/2021;
- » Stakeholders: Outpatient attendances to start in less than 30 minutes, number of new patients treated, and ongoing patient satisfaction survey.

Consultations with stakeholders

GRI INDICATORS 2-29, 3-1

The adoption of best practices in ESG (environmental, social and governance) is one of the institution's strategic guidelines, and sustainability is one of our institutional values.

The production of this report was structured around the materiality analysis carried out in the first quarter of 2022, and the selection of the material topics was based on (i) an analysis of the market environment and (ii) consultations with representatives of A.C.Camargo's stakeholder groups.

In relation to the market environment, we first conducted an analysis of the trends in sustainability in the healthcare suppliers, equipment and services sectors and then we examined the practices of five of the leading companies in the sector, participants in the Dow Jones Sustainability Index portfolio, in order to identify the priority sustainability topics for this business segment. Following this, we carried out online consultations with representatives of the institution's main stakeholder groups as to their opinions on the degree of importance they attributed to each material topic identified in the market analysis.

We received 3,266 responses from stakeholders with a wide range of profiles. Then, the scores attributed by them were used to construct a matrix of power (degree to which they influenced the institution) and interest (degree to which they were impacted by the institution).

Stakeholder groups consulted*

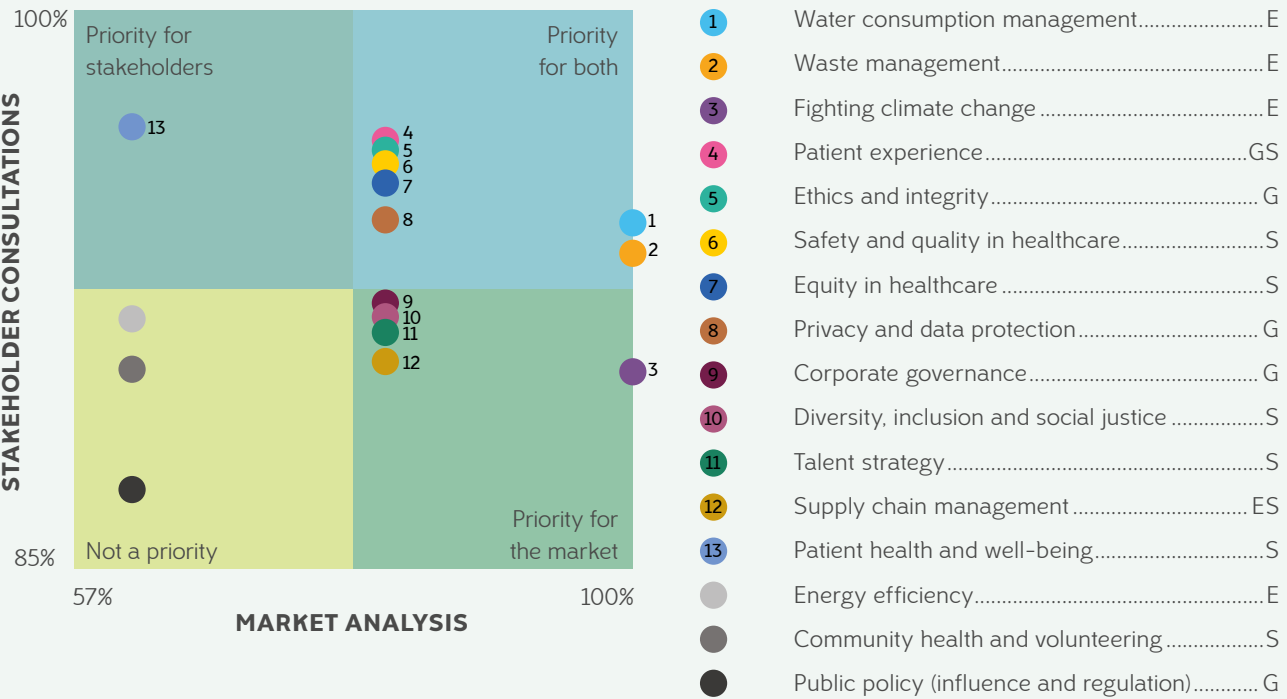
- » Patients, former patients or companions
- » Medical community
- » Employees, clinical staff and service providers
- » Representatives of other healthcare institutions
- » Single-visit patients
- » Healthcare plan operators
- » Volunteers
- » Suppliers
- » Students
- » Research Institutes
- » Patient relationship networks (friends and family)
- » Senior Management and Board Members
- » Partner institutions
- » Scientific community

*Consultations were also requested with representatives of universities and the media but no responses were received.

MATERIAL TOPICS

GRI INDICATOR 3-2

As a result of these studies and analysis, we were able to identify a consensus between the topics identified in the market analysis and the priorities assigned by the stakeholder groups. The criterion to define A.C.Camargo’s material topics was to select the topics that had the highest scores in both approaches – market analysis and stakeholder opinions:



E = Environmental; S = Social; G = Governance

For more information on our Sustainability Platform, see page 48.

The Athena Project

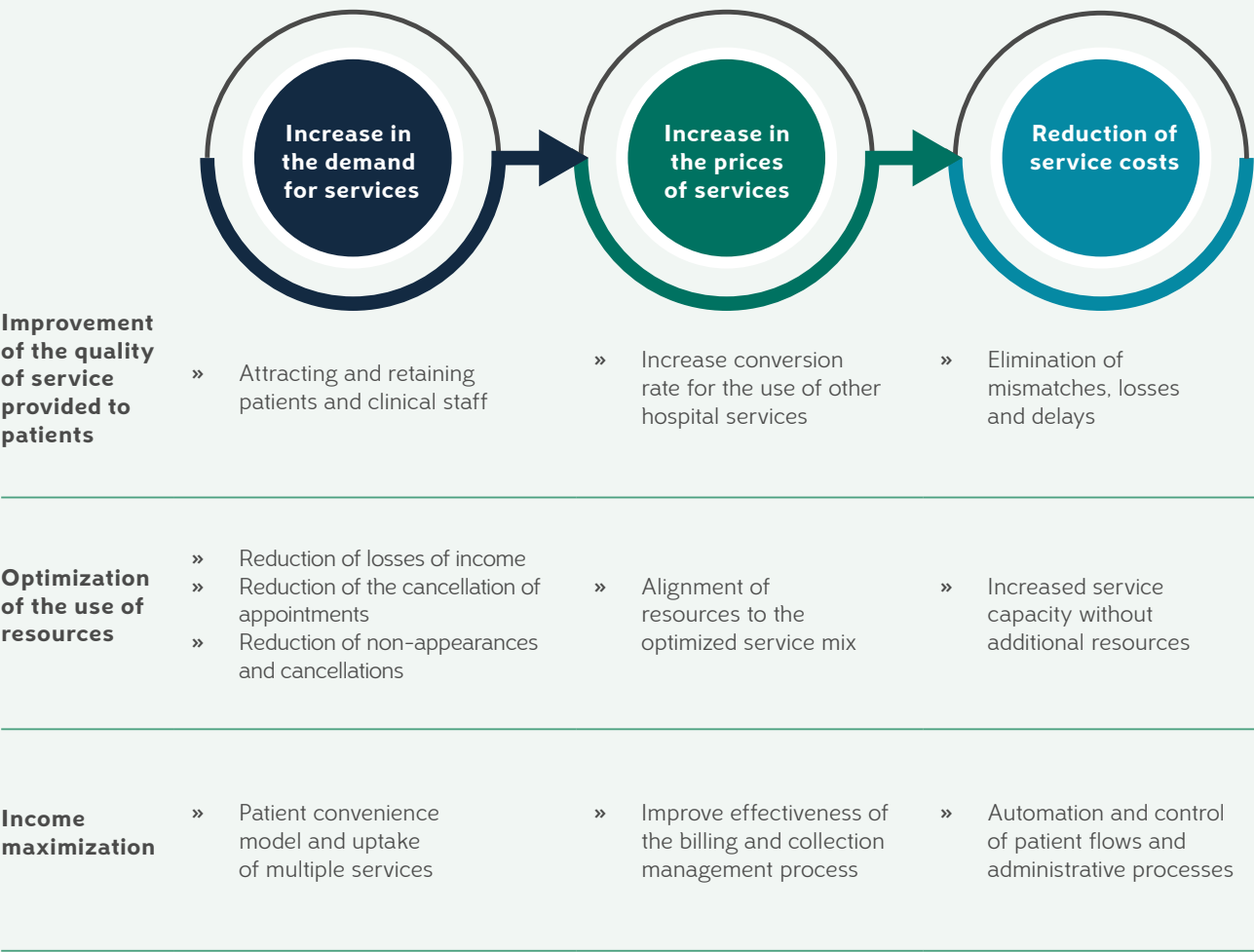
The Athena Project, which was set up to respond to the context of rapid change in the healthcare market in Brazil, aims to improve A.C.Camargo’s operational efficiency.

An external consultancy identified and evaluated the institution’s strategic processes and then proposed measures focused on demand, costs and the value of the services provided.

The responses to the challenges identified in 2021 will be put into practice in 2022, with the expectation of an increase in financial results.

The Athena Project recommended the creation of two new areas: Innovation and Digital Transformation; and Strategic Planning, Market Intelligence and Indicators.

CHALLENGES TO THE EFFECTIVENESS OF THE OPERATIONS PLAN



CHAPTER 6

OUR VALUE CREATION MODEL

Highlights by type of capital

GRI INDICATOR 201-1



Our purpose is to provide cancer patients with a personalized treatment that ensures an improved quality of life for each patient. We seek to achieve our purpose through the application of our values of ethics, knowledge, humanity, patient focus, innovation,

sustainability and resolution. Our cancer center business model, with its integrated format of patient care, education and research, differentiates us in the market. It also reflects our values and enables us to generate value for patients, employees, clinical staff, partners and society in general.

HUMAN

Consolidation of a One Team culture (leadership-culture-long-term perspective); adoption of tools for team management and management development; new remuneration models for the clinical staff; comprehensive healthcare program; provision of training courses and events; restructuring of the Patient Advisory Committee.

INTELLECTUAL

Completion of 241 research projects; publication of 320 articles; realization of the Next Frontiers to Cure Cancer 2021 congress, and the launch of the master's degree in oncology for medical practitioners.

MANUFACTURED

Purchase of a state-of-the-art linear accelerator; expansion of the endoscopy area; initiation of the refurbishment of the Pediatrics area; modernization of the security monitoring center; and the new facilities for the volunteer network.

NATURAL

Monitoring of greenhouse gas emissions; Going Paperless initiatives; reverse logistics and analysis of critical suppliers; implementation of electric vehicle charging points and logistical transport with electric trucks; implementation of the composting initiative.

FINANCIAL

Net income of R\$1.319 billion; research funding of R\$ 21.5 million (77.8% from own resources); investments of R\$ 58.4 million in technology, equipment, projects and renovations of infrastructure.

SOCIAL AND RELATIONSHIP

Implementation of technologies aimed at facilitating the patient's pathway; NPS satisfaction score 90.57; partnerships in patient care, education and research; expansion of approved supplier base by 68%; emphasis on the pillar of social responsibility and the new facilities for the volunteer network.



Financial performance

GRI INDICATORS 201-1, 203-1 | ACC 33, 34

Context

The year 2021 was marked by the restructuring of the institution’s business, due to changes in the healthcare sector, the economic consequences of the Covid-19 pandemic and the strengthening of the cancer center model. Even in this challenging context, we increased net revenue to R\$1.319 billion, an increase of 17% compared to 2020.

STATEMENT OF VALUE ADDED (Antônio Prudente Foundation)

	Amount (R\$ thousand)	
	2021	2020
Income		
Hospital activities	1,142,277	1,044,024
Other income	159,036	50,112
Construction of own assets	35,437	22,304
Provision for doubtful debts	-17,418	- 13,126
Inputs purchased from third parties		
Cost of products, goods and services sold	- 640,373	-519,825
Materials, energy, third-party services and other expenses	- 178,517	- 124,810
Provision for losses in inventory and fixed assets	-3,824	-203
Gross value added	496,618	458,476
Depreciation and amortization	-79,965	- 74,957
Net value added produced	416,653	383,519
Value added received in transfers		
Financial income	67,199	34,117
Total value added to be distributed	483,852	417,636
Value added distributed		
Remuneration and benefits		
Direct remuneration	202,702	188,982
Benefits	59,568	57,578
FGTS	19,149	18,796
Subtotal	281,419	265,356

	Amount (R\$ thousand)	
	2021	2020
Taxes, tariffs and contributions		
State	584	48
Municipal	2,342	2,182
Subtotal	2,926	2,230
Subsidies for SUS procedures	110,921	109,078
Remuneration of third-party capital		
Interest income	39,298	22,439
Rents	2,928	4,171
Subtotal	42,226	26,610
Remuneration of own capital		
Surplus	46,360	14,362
Total value added	483,852	417,636

For more information on the institution’s financial performance, including the explanatory notes that accompany the Statement of Value Added, please consult the financial statements for 2021 using the QRCode.



Economic and financial management during the pandemic

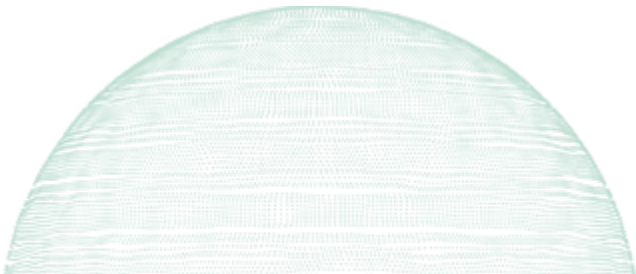
SASB INDICATOR HC-DY-240A.1

Despite the adverse effects of the Covid-19 pandemic, the institution’s economic and financial management achieved adequate results in 2021 through the adoption of a market segmentation model, expansion in the accreditation of basic healthcare plans, and negotiations for intermediate and premium healthcare plans.

The Vital Project was created in 2020 to adjust the institution’s pricing to the payment capacity of patients without any healthcare plan or who only had a basic plan. In 2021, Vital allowed us to increase our market share with healthcare operators, with overall gains from the mix of the different types of healthcare plans.

The attendances by market segment were distributed as follows: 16.5% in the Vital Plan; 9.4% in the basic plan; 64% in the intermediate plan; and 10.1% in the premium plan.

At the end of 2020, we renewed our agreement with the São Paulo Municipal Health Department for the attendance of high-complexity cancer patients coming from the National Unified Health System (SUS) in 2021.



Sustainability Platform

GRI INDICATORS 2-22, 2-23, 2-24, 2-25 | ACC 16

The A.C.Camargo Sustainability Platform, which was created in 2017, brings together our sustainable development programs and projects and our social and environmental commitments. The platform is organized into four main pillars (see below) that guide our sustainability strategies, programs and actions. In addition, our Institutional Sustainability Policy provides for actions to carry out our commitments under the United Nations Global Compact (UNGC), of which we have been signatories since 2015.

In 2021, our efforts focused on the following projects: a review of the scope of the Antônio Prudente Foundation’s Endowment Fund for Education and Research; preparation of an inventory of our greenhouse gas emissions; and the scaling up of three pilot projects, namely: the analysis of critical suppliers for the Environmental Management System; going paperless; and reverse logistics.

For more information on the Sustainability Platform’s pillars, see below.



FOCUS ON PEOPLE

Diversity and Inclusion Program



FOCO ON THE FUTURE

Antônio Prudente Foundation’s Endowment Fund for Education and Research



FOCUS ON THE ENVIRONMENT

Environmental indicators, GHG Inventory, paperless operations and solid waste management



FOCUS ON THE SUPPLY CHAIN

Sustainable procurement and services and reverse logistics

Focus on the environment

We have an Environmental Management System, based on the ISO 14001:2015 standard. This enables the institution to improve its environmental performance through the monitoring of indicators aligned to our management objectives, including the reduction of the consumption of natural resources, the generation of waste and the emission of greenhouse gases.

In addition, we have an Environmental Working Group that aims to strengthen the visibility of the environmental topic within the institution.

The group is made up of representatives from a number of internal areas and meets fortnightly to monitor indicators, actions and the progress in environmental projects.

Eco-efficiency

We are monitoring the indicators of electricity consumption, water consumption and the recycling rate of non-hazardous solid waste in all our units seeking to mitigate negative environmental impacts and to promote continuous improvement in the eco-efficiency of our operations.

As in previous years, we recorded very positive results in 2021, with an improvement in our performance indicators in relation to 2020. For more information see the data below.

Climate change

ACC INDICATOR 16

In 2021, we directed our main efforts to making progress in environmental management by focusing on the preparation of an inventory of greenhouse gas emissions. This was an important step towards measuring and reducing the impact of the institution's emissions considering the urgency of the global challenge of climate change.

The inventory was prepared based on the GHG Protocol methodology. It included all the institution's Scope 1 and 2 emissions, and a partial calculation of Scope 3 emissions.

The preliminary result for the institution's emissions was a total of 8.8 thousand tons of CO₂e, about 2 thousand tons of CO₂e below the base value estimated for the year.

ELECTRIC VEHICLES

During the year, we carried out two pilot initiatives to support electric vehicles:

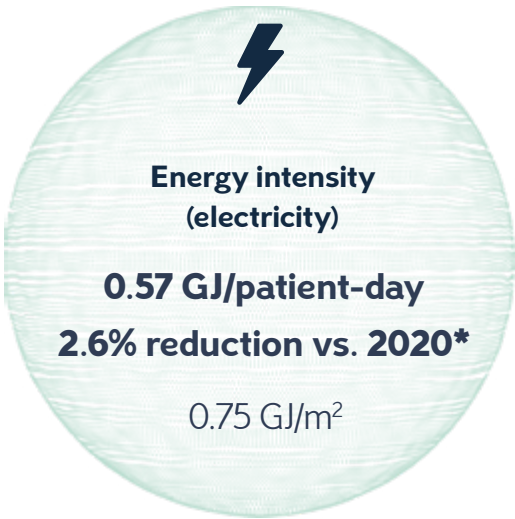
- » We provided patients and their companions with two charging points for electric or hybrid cars in the parking lots of the Antônio Prudente and Pires da Mota units.
- » In partnership with the logistics operator hired by the institution, some of the deliveries of hospital products started to be made using electric vehicles.

Energy consumption

GRI INDICATORS GRI 302-1, 302-3, 302-4

Energy is a fundamental input to the operation of a healthcare institution, and it is used continuously and intensively. The A.C.Camargo Cancer Center regularly evaluates its operations and practices to optimize its consumption and improve its energy efficiency.

In 2021, we reduced our electricity consumption by 4.5%. Electricity represented 89% of the institution's total energy input. As a result, even though we increased the consumption of fossil fuels by 17.6%, our total energy consumption fell by 2.5%.



*Includes only the Antônio Prudente and Tamandaré units.

			Consumption (GJ)		
Type of energy	%	Variation 20,21	2021	2020	2019
Electricity	89%	-4.5%	77,552.34	81,173.00	81,227.80
Fossil fuels	11%	17.6%	9,447.02	8,034.30	9,780.40
Fuel oil	3%	-55.4%	2,852.90	6,399.90	6,891.50
Natural gas	8%	303.5%	6,594.12	1,634.40	2,888.90
TOTAL	100%	-2.5%	86,999.36	89,207.30	91,008.20

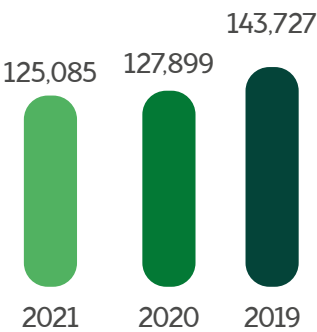
Water consumption

GRI INDICATORS 303-3, 303-5

The water used in our operations comes from the municipal water supply and contracted companies. In 2021, we consumed around 125,000 m³ of water, a 2% reduction compared to 2020.

In addition to carrying out campaigns to raise awareness of the consumption of resources, we undertook daily monitoring and immediate corrective actions, such as investigation and remediation of leakages.

Total water consumption (m³)



Waste management

GRI INDICATORS 306-1, 306-2, 306-3, 306-4, 306-5, SASB HC-DY-150A.1

The majority of the waste generated in our facilities is hospital waste and there are significant risks associated with its handling, transportation, storage in our units, and final disposal.

While the waste is on our premises it is managed internally by our own team. The collection and transport of waste are carried out by third parties and supervised by the A.C. Camargo team, according to the guidelines of the Integrated Solid Waste Management Plan – PGIRS.

In 2021, we expanded our system of selective collection by installing cigarette butt dispensers on the sidewalks near the entrances to the units and also

provided specific bins for electronic waste, batteries and X-ray films. Furthermore, we began to compost organic waste, which will be used as a fertilizer in the institution's gardens and green areas.

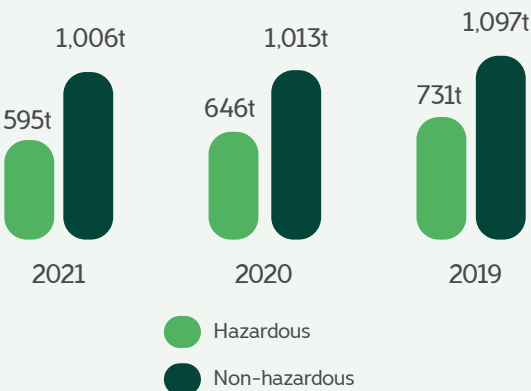
These measures aim to encourage the correct disposal of waste by everyone that uses the institution's facilities, and by the surrounding population.

As part of the routine to increase awareness about waste, our employees participated in the annual training courses on the Environmental Management System, which explains the concepts of waste reduction and correct disposal.

Waste generation¹

In 2021, we achieved an overall reduction of 4% in the total waste generated, with reductions of 8% in hazardous waste and 1% in non-hazardous waste, respectively.

¹ The data on waste generation included all A.C. Camargo units: Antônio Prudente, Tamandaré, Pires da Mota, Castro Alves Care Unit, Castro Alves Administrative, Itaim and CIPE.



Types of waste generated	Variation 20-21	Total weight (tons)		
		2021	2020	2019
Hazardous waste	-7.9%	594.7	645.5	730.6
Healthcare services - Group A (infectious)*	-8.9%	527.0	578.4	650.5
Healthcare services - Group B (chemical)*	19.6%	59.4	49.7	62.1
Hazardous civil construction / industrial (recyclable)	-52.7%	8.3	17.5	18
Hazardous civil construction / industrial (non-recyclable)	-	0	0	0
Non-hazardous waste	-0.8%	1,005.7	1,013.4	1,096.6
Healthcare services - Group D (common) + Civil construction/ industrial (common)	-14.1%	368.9	429.6	501.4
Healthcare services - Group D (recyclables) + Civil construction/ industrial (non-hazardous recyclables)	9.1%	636.8	583.8	595.1
TOTAL	-3.5%	1,600.3	1,658.9	1,827.2

*For disposal, Group A waste is treated in autoclaves and Group B waste is incinerated.

GOING PAPERLESS PROJECT

ACC INDICATOR 16

We implemented a Going Paperless pilot project which was conceived and carried out in an integrated and voluntary manner by employees in our Processes, Supply Chain and Billing areas. The initial objective was to reduce the consumption of paper used in patient attendance and billing. Paper documents were substituted by digital documents for the reception of patients, private accounts, authorizations, services billing and medical auditing of healthcare operators.

As a result, we achieved a reduction of 30% in the paper consumption in the billing of private accounts, and of the participating healthcare operators*.

*Bradesco and SulAmérica



Focus on the supply chain

Supplier profile

GRI INDICATORS 2-6, 204-1

Our main suppliers provide consumables, hospital products and medicines, and are located in many Brazilian States namely: Amazonas, Bahia, Ceará, Federal District, Espírito Santo, Goiás, Mato Grosso do Sul, Minas Gerais, Pará, Paraíba, Paraná, Pernambuco, Rio de Janeiro, Rio Grande do Sul, Santa Catarina, São Paulo and Tocantins.

During the year, we expanded our active supplier base from 1,379 at year-end 2020 to 2,314 at year-end 2021. This was an important measure to address shortages of hospital supplies in the market, and enabled us to maintain our level of operations.

The cost of our total purchases from direct and indirect suppliers amounted to more than R\$ 728.3 million in the year.

Type of product or service	Direct	Indirect	Quantity	Distribution
Hospital supplies or OPME	391	-	391	17%
Medicines or hospital supplies	208	-	208	9%
Nutrition	80	-	80	3%
Services	-	943	943	41%
Other materials and equipment	-	467	467	20%
Imports of products, materials and equipment	-	225	225	10%
TOTAL	679	1,635	2,314	100%

Sustainable purchases and services

We have worked hard to better understand the potential contributions and limitations of partner companies to make progress in fulfilling the institution's commitments and requirements regarding sustainability.

We have had a process to evaluate and approve suppliers since 2016 and, in 2020, we established contractual regulatory, technical, fiscal and ethical requirements, in addition to the observance of the institution's sustainability guidelines.

In 2021, we developed a pilot project together with our waste collection and disposal suppliers to assess their social and environmental performance, and, as a result, established requirements in relation to their health and safety and environmental practices.

Also, in line with our Supply Chain strategy, we identified 17 service providers that could potentially have impacts on our business and in relation to social and environmental aspects. The next step will be to develop a checklist of technical, documentary, social and environmental requirements.

REVERSE LOGISTICS

At the end of 2021, we started a pilot project in reverse logistics program in partnership with two suppliers of medical and hospital inputs aimed at reducing waste from the single-use packaging of medicines and other consumables, by replacing them with returnable boxes.

Focus on people

Diversity and inclusion

We have a Diversity and Inclusion Program that is structured in five stages of development, with actions in engagement and implementation.



A review of the program was discussed with the Culture Work Group, which is an internal forum made up of representatives from a number of different areas of the institution.

Throughout the year, we made presentations on unconscious biases and inclusive communication in the development program for senior and middle management in the medical and administrative areas. We carried out actions to raise awareness and promote an inclusive culture with managers, members of the Internship 50+ program, and employees in the Nutrition department.

Based on the progress so far, in 2022, we will establish the initial affinity groups. They will be aimed at the inclusion of people with disabilities and in relation to the topic of gender, in order to stimulate engagement, and encourage a sense of belonging and representation.

GENDER

Our hiring criteria are based on factors of competence, diversity, equity and inclusion. We have begun to select women for positions that were predominantly occupied by men, for example, a female firefighter who joined a group of five men. We have also hired men in positions traditionally occupied by women, such as our two new male telephone operators.

GENERATIONS

On the subject of generational inclusion, we have created the Internship 50+ program, which provides a practical and pedagogical experience for future nursing professionals who are more than 50 years old.

Focus on the future

In 2019, we established an Antônio Prudente Foundation’s Endowment Fund for Education and Research. This will provide the financial support to enable us to fulfill our commitment to the ongoing production and dissemination of knowledge in oncology. The fund’s resources come from both contributions by the institution and donations from third parties.

In 2021, the Board of Trustees and the Executive Board carried out a detailed review of the fund’s strategic positioning, objectives and long-term financial projections. Following this, the Executive Board presented a new proposal for the objectives and scope of the fund.

The proposal recommended the prioritization of the social impact pillar in the areas of Education and Research, and also updated the mechanics of the contributions and use of resources for these themes.

Social Responsibility and Impact

ACC INDICATOR 16

In 2021, we identified an opportunity to structure and expand A.C.Camargo’s actions aimed at social impact and in private social investment, in order to increase the number of beneficiaries, and to broaden the geographic reach.

The objective is to connect our actions with the generation of positive impacts in our value chain, and this will be based on two programs to support the education of children and young people, as presented below.

SCHWESTER HEINE SPECIALIZED SCHOOL

ACC INDICATOR 27

In 1987, we created the first school in a private hospital environment in Brazil. Also known affectionately as

“Escolinha da Pediatria”, it became a reference in Brazil by offering the standard education curriculum (from kindergarten to high school) to children and adolescents under treatment for cancer during their periods of hospitalization and outpatient follow-up. The initiative is carried out in cooperation with the Municipal and State Education Departments.

By providing regular school activities, we are supporting our young patients, enabling them to continue with their studies and avoiding delays in finishing the academic year. It also facilitates their return and reintegration into normal school life, since there are ongoing interactions between the supervisor of the Schwester Heine School and the teachers in the students’ original schools.

In 2021, we also trained school teachers in Braille to support the inclusion of students with visual impairments.

In all, 937 students were able to continue their studies at the school in 2021, with more than 7,060 pedagogical attendances.

DONA CAROLINA TAMANDARÉ PROGRAM

ACC INDICATOR 26

This program is coordinated by the Education area, and its mission is to provide social, educational, cultural and intellectual support for children and adolescents in situations of social vulnerability, and who reside in the district of Glicério in the municipality of São Paulo.

In 2021, we provided support to 20 families, with a total of 23 beneficiaries including children, adolescents and young people up to 23 years old. Also, 10 language scholarships were granted. During the year, the scope of the program was revised so that, as of 2022, it will have its positive impact expanded, by including patients from the Pediatric Cancer Reference Center who are in situations of social or economic vulnerability.

CHAPTER 7

PEOPLE AND RELATIONS

Our team

Overview

We are a team of more than 5 thousand people including employees, clinical staff, multidisciplinary specialists and third-party contract staff, and we are all engaged in the same purpose of fighting cancer patient by patient. We invest in training, and encourage the exchange of knowledge, innovation and professional development. We are confident of the technical capacity

and interpersonal skills of our team and, on a daily basis, strive also to take care of the carers, by improving their working conditions and workplace environment.

For more information on these actions, see below.

PROFILE

GRI INDICATOR 2-7, 2-8, 405-1

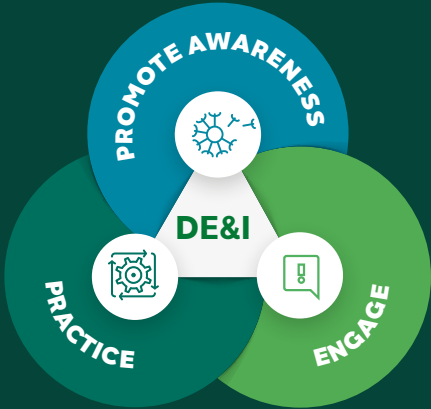
		2021		2020		2019	
Total employees		3,627		3,842		3,973	
Team profile		Men	Women	Men	Women	Men	Women
Subtotal		1,171 (32.3%)	2,456 (67.7%)	1,232 (32.1%)	2,610 (67.9%)	1,216 (30.6%)	2,757 (69.4%)
Type of employment contract							
Permanent	3,487	1,125	2,362	1,155	2,442	1,091	2,615
Temporary	140	46	94	77	168	125	142
Type of work period							
Full-time	1,823	719	1,104	1,090	2,397		
Part-time	1,804	452	1,352	142	213		
Flexihours*	41	15	26				

* Not included in the total number of employees.

PROMOTING DIVERSITY AND INCLUSION

A.C.Camargo promotes a culture that respects differences, and seeks to create an institutional environment that encourages interactions among everyone who works in, or visits, our facilities. Every day, we seek to work in an environment of equitable and inclusive treatment regardless of position, gender, color, sexual orientation or individual choices.

As examples, we would highlight our Intern 50+ program, and the affinity groups for people with disabilities and in relation to the topic of gender, which will be launched in 2022.

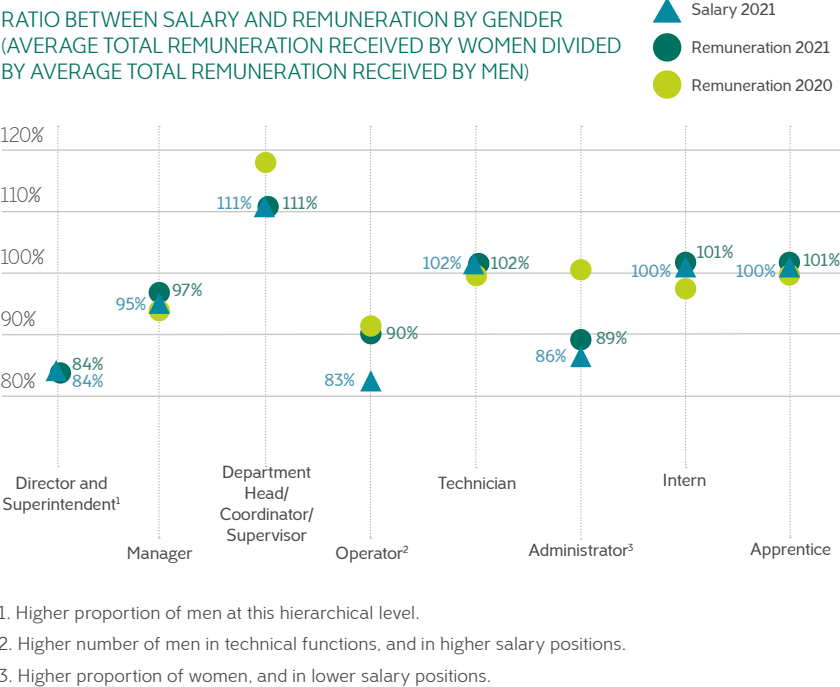


Breakdown by gender

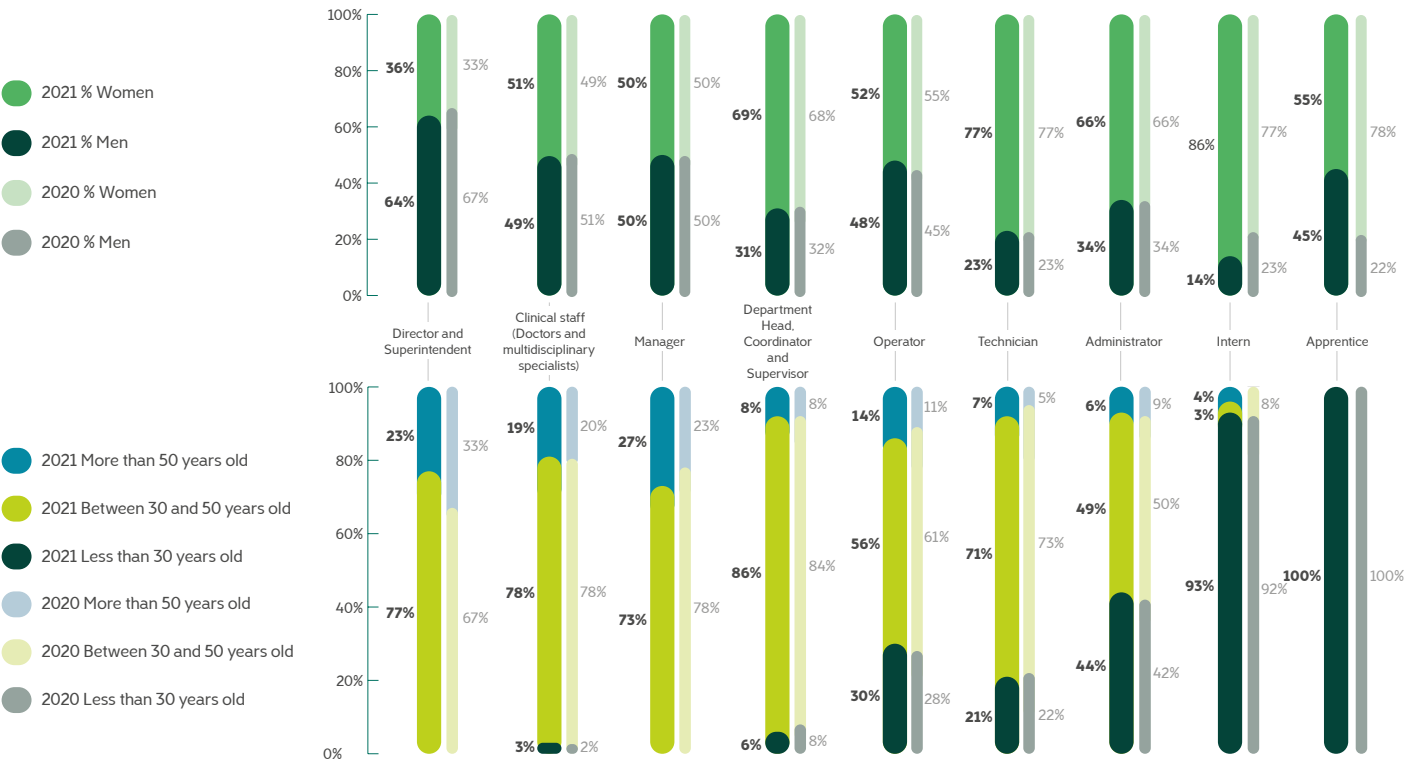
GRI INDICATOR 405-2

We seek equity in remuneration, in line with the best market practices and salary surveys. Our premise is to remunerate all people in our team in accordance with our institutional policy, regardless of gender.

In the job categories of management, coordination and supervision, technicians, apprentices and interns, the average salary for women is similar to, or higher than, that for men.



Employees by job category



HIRING AND TURNOVER

GRI INDICATOR 401-1

We implemented changes in the selection process in 2021, as one of our measures aimed at continuous improvement. Our Net Promoter Score (NPS) results demonstrated our good practices on the subject, since we achieved levels of satisfaction of 97% for candidates and 89% for managers who participated in the selection processes.

Due to the Covid-19 pandemic, our total number of staff was reduced to adjust to the new economic context. In 2021, our termination rate was 29% and our hiring rate was 24%. The gender distribution was similar to the previous year.



*Terminations included dismissals, voluntary departures, retirements and death.

Other diversity indicators



Annual average number of employees at 31/12/21

Clinical staff

At the A.C.Camargo Cancer Center, the clinical staff is composed of 735 doctors and multidisciplinary specialists, who work in an integrated manner with the Education and Research areas. In relation to gender distribution, 56% were men and 44% were women. The composition by age range was as follows: 15% Less than 30 years old; 70% from 30 to 50 years old; and 15% over 50 years old. Our clinical staff are highly specialized. We seek always to be on the frontiers of knowledge, research, studies and new technologies.

People management

We are in the process of creating a data culture in the institution. In the area of People Management, we have established a People Analytics nucleus, which will support managers in making decisions about their teams, based on monthly indicators. Additionally, we approved a change in the people management system that will allow us to integrate all the information.

Medical and multidisciplinary pathways

A.C.Camargo is intensely dedicated to caring for those who provide care. Our employees and clinical staff make the difference due to their considerable knowledge and talents. Thus, we aim to place the right people in the right positions, to converge towards the best professional experience, with the certainty of this having a positive impact on the patient's experience.

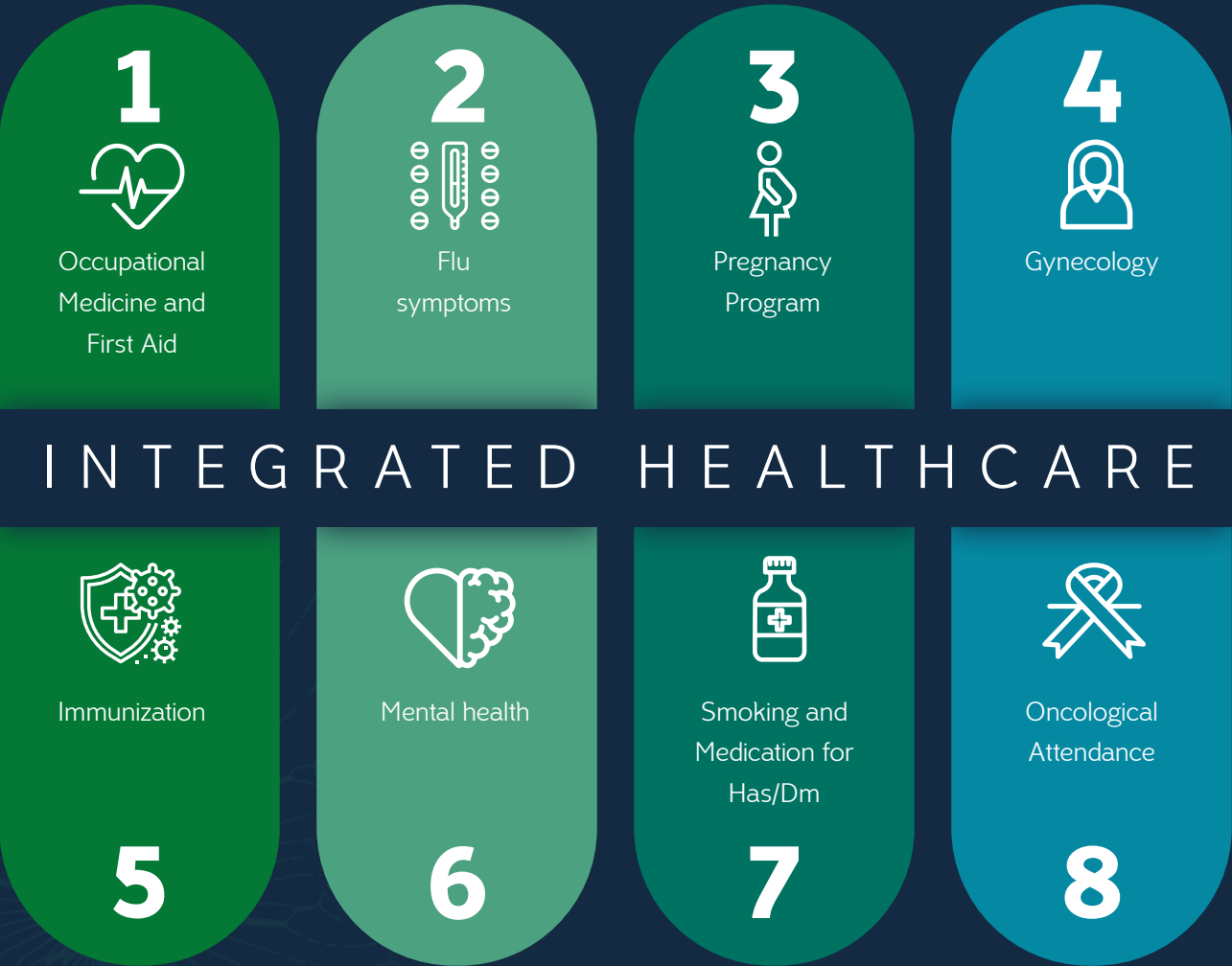
Our guidelines on leadership, culture and a long-term perspective encourage and value collaboration

and integration, seeking to create a welcoming and humane work environment for employees and to appreciate and recognize their ideas and innovations.

In 2021, we implemented a comprehensive healthcare program, based on the "family doctor" concept. We offer specialized training courses and promote diversity and integration among the employees and practitioners working in A.C.Camargo's many different functional areas.

You at the center of care

GRI INDICATORS 403-4, 403-6

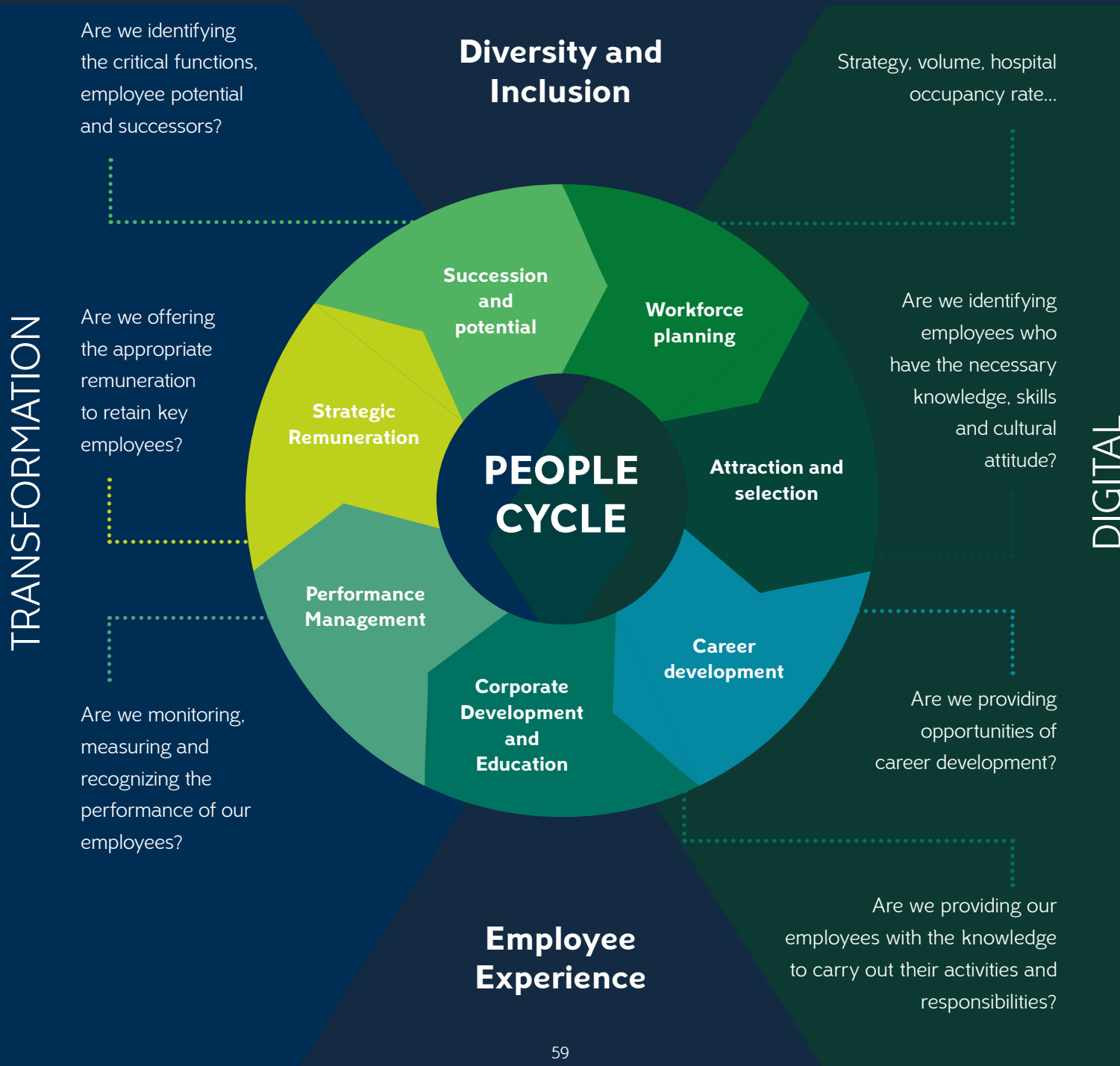


One Team

Our projects in the area of People and Organizational Development are structured around a One Team concept, with an emphasis on leadership, culture and a long-term perspective. They are aimed at contributing to the quality of our network of clinical practitioners and their performance in different environments. We seek to provide humanized relations and to offer an excellent standard of treatment to our patients.

You at the center of care

Employee routine



BE A.C.Camargo Program

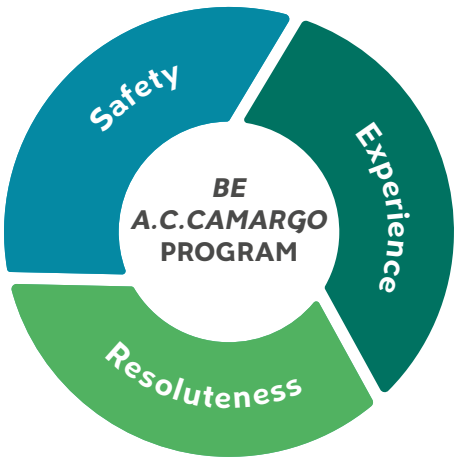
The *BE A.C.Camargo* Program is a professional development initiative. It started in 2021 and focuses on encouraging safety, experience and resoluteness in employee behaviors, and includes:

- » monitoring of the quality of support provided to employees by managers;
- » training in awareness, patient experience, quality of care and resoluteness in attendance;
- » incentive campaigns to meet efficiency targets in the call-center, reception, service authorization and billing areas;
- » leadership development (*BE a leader*).

The program's benefits were demonstrated by the significant improvement in the collaboration between the teams, and this was reflected on the institution's business results.

Pathways for new managers

Our new managers, whether by promotion or by hiring in the market, are trained through structured programs to improve their people management skills. In addition to targeted mentoring, we offered five digital training modules consisting of podcasts, videos, external articles and book recommendations. They could also participate in the exchange of experience cycles that were conducted by managers, the Human Resources team and organizational multipliers. The average workload was approximately 10 hours, but varied according to the specific development project.



BE A LEADER

The *BE A LEADER* program aims to train managers in the administrative and medical areas and prepare them for the One Team culture. By working on communication skills, people management and innovation, we hope to inspire a spirit of collaboration among our current and future leaders. In this way, we will be paving the way for the future, respecting the institution's values and history, and accompanying scientific, administrative and social developments.

Skill evaluation

SASB INDICATOR HC-DY-330A.2

Skill evaluation has the following objectives:

- » Maintain the alignment of the availability of skills to the organizational strategy;
- » Stimulate the process of communication in the workforce;
- » Provide feedback from different points of view (manager, peers, team members and internal customers);
- » Obtain an overview of the availability of skills in the institution; and
- » Establish individual and institutional development actions.

This evaluation is carried out annually in relation to eight institutional skills, and with a 360° approach for managers.

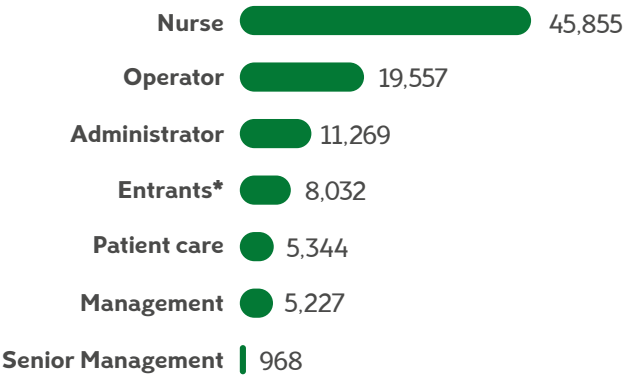
Training

GRI INDICATORS 403-5, 404-1

Training activities for our employees include not only content for oncology specializations, but also the development of behavioral, technical and leadership aspects. In 2021, we provided more than 96 thousand hours of training, with the participation of 3,627 employees, resulting in an overall average of around **26.5 hours per employee trained**.

Further education and training courses were available for all the institution's employees. These included training courses dedicated to technical, patient care and management topics. In 2021, we offered 436 courses, with 41,326 participants, totaling 846 hours of training.

Hours of training by job category



*Includes interns and apprentices.

Number of courses

436

Most popular courses

- » Environmental Management System - ISO 14.001: **3,407**
- » Humanized attendance: **3,399**
- » Cancer center model: **3,391**
- » Assertive communication: information is everything!: **1,776**
- » Patient safety - ROP (online): **1,721**
- » Prevention of healthcare-associated infection: **1,171**

TRAINING IN OCCUPATIONAL HEALTH AND SAFETY

GRI INDICATOR 403-5

In 2021, we offered 11 different programs in health and safety, which together attracted 7,607 participations and totaled 84 hours of training.

- » Multidisciplinary Integration – patient and employee safety
 - » Knowledge and Practice in Oncology
 - » Workplace Safety and Environment Week (SIPATMA)
 - » Covid-19: Guidelines and precautions for patient care and non-patient care areas
 - » Information on vaccines
- » Environmental Management ISO 14001: Contingency and emergency plan. Abandonment plan
 - » Isolation and Precautions: standard precautions. Use of PPE in the care of infectious patients
 - » Radiological Protection
 - » Employee Safety: safety culture in the operating theater. Disposal of sharps. N95 masks delivery flow

Management of occupational health risks

GRI INDICATORS 403-1, 403-3, 403-4, 403-7, 403-9, 403-10, 404-4

The Internal Commission for Accident Prevention (CIPA) provides support in identifying the main types of occupational health risks and problems. CIPA maintains direct contacts with employees to listen to their perceptions of the risks in the workplace.

We have defined procedures to prevent or mitigate the negative impacts of our operations, such as those for the proper storage of hazardous substances, their safe handling in emergency care, and technical inspections to identify potential risks.

After identifying potential risks, action plans are established with the necessary structural, process or educational improvements. We investigated the occurrence of accidents using the 5 Whys methodology and developed action plans to avoid

the repetition of the risks. Furthermore, we promoted the continuing education of employees including mandatory training and realistic simulations.

The institution provides a conduct channel for reporting hazards or hazardous situations in work practices or the workplace, and has an established policy for receiving and handling the reports filed, ensuring confidentiality and security to ensure against risks of reprisals.

The main occupational hazards were related to falls, use of sharp instruments and contacts with biological materials. Due to the characteristics of our activities, one of the main risks is repetitive work and movements, which has the potential to generate health problems for our employees.

Occupational health services for the identification, minimization and elimination of occupational risks

Service	Function
Periodic occupational assessment	Definition of suitability for activities according to the identified risk. Periodic medical evaluations include cancer prevention, and preventive exams are requested when indicated.
Monitoring employees with chronic diseases	Monitoring the health of employees with chronic diseases. The institution provides medication for hypertensive and diabetic employees for the better control of these pathologies.
Outpatient attendance (in company)	Monitoring the health of employees, ensuring on-site service through scheduled appointments and on-demand services.
Gynecology attendance	Female employees are offered attendance by a gynecologist, in addition to examinations and analysis at the institution.
Immunization program	Employees exposed to biological risks are vaccinated against influenza, hepatitis A and B, chickenpox, and SCR.
Flu symptoms attendance	Attendance for employees with flu symptoms, including medical and nursing care, examinations for the diagnosis of Covid-19 and monitoring of positive cases.
Mental Health and Smoking Programs	Psychological care and support for employees and medication to help stop smoking.

Occupational health and safety management

GRI INDICATORS 403-9, 403-10

A.C.Camargo has an occupational health and safety management system that meets the requirements of the legislation and follows the standards of ISO 14.001 and Qmentum International, in which we achieved certification in the Diamond category.

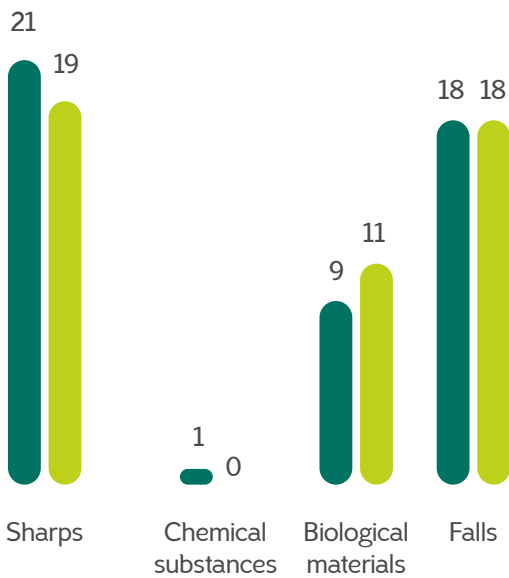
The system covers all the occupational sectors and activities of the institution, which include medical assessments on admission, dismissal, change of job category, return to work, in addition to specific assessments for each identified risk.

In 2021, we recorded 69 work accidents, 45 with lost time, totaling 306 lost days.

Accident ratio
(total accidents/
number of
employees)



Main types of accidents



2021 2020

	2021			2020		
Number of hours worked	6,185,891			7,996,170		
	With lost days (serious consequences)	Without lost days	Total	With lost days (serious consequences)	Without lost days	Total
Total accidents	45	24	69	41	24	65
Frequency rate	7.3	3.9	11.2	5.1	3	5.1
Work-related fatalities			0			0

Our partnerships

Our partnerships are our main interface with the healthcare market and their expansion is one of the strategic drivers planned for the future of our business. We have already entered into partnerships in patient care, education and research activities. More broadly, the philosophy of establishing partnerships was applied in the development of our network of suppliers, in the implementation of research on new medicines, and in the joint organization of international courses.

The highlights for 2021 were the partnerships in patient care, relations with referral doctors, sharing of skills with first-rate healthcare institutions, innovative services for healthcare operators and business customers, and the maintenance of relations with the municipal authorities.

Referral doctors

One of the ways the institution receives cancer patients is through referrals by doctors. Referral doctors are not members of our clinical staff, but decide to direct their patients to A.C.Camargo when they identify a suspected cancer, as they recognize that it has the necessary level of excellence for the effective treatment of their patients.

Healthcare institutions

Partnerships with other healthcare institutions is one of our main initiatives within the framework of the cancer center model. Partnerships enable us to

access complementary skills enabling us to provide quality services in non-cancer areas and, at the same time, offer excellent cancer treatment to patients coming from these partners.

In 2021, we maintained our existing partnerships with a number of the most important global cancer centers, namely, the Princess Margaret Cancer Center, in Canada, the Institut Curie, in France, and the MD Anderson Cancer Center, in the United States. Also, as described on page 21, this year we signed a cooperation agreement related to pediatric patient care with the Sabará Children's Hospital. This represented an important milestone in strengthening our strategy of working through partnerships for complementary clinical care.

We have created an exclusive communication channel for referral doctors enabling them to:

- » refer a patient;
- » accompany the diagnosis and treatment of the referred patient;
- » review the case with another doctor;
- » obtain information quickly and transparently.

Healthcare operators

During the year, healthcare operators intensified their actions in moving towards a model of vertical integration with hospitals. In turn, this motivated us to reassess our partnership model with more than 200 registered healthcare operators. Another factor with significant impacts occurred with patients under

treatment who changed or lost their contracted healthcare plans. In many cases they needed to readjust their contractual conditions in order to continue their treatments. To respond to this situation, we adopted a policy of discounts in the private healthcare segment, as well as providing free clinical oncology consultations for one of the healthcare operators. So, even when their registered patients had lost access to this specialty, they could continue to benefit from the examinations provided by the institution.

We worked together with healthcare operators to create strategies and service bundles for providing stability in the cancer treatment pathway.

We developed service bundles, structured according to the type of tumor and stage of treatment, that included all the examinations, procedures and the medications required by the patient. This prior planning of the patient’s pathway had operational and financial advantages, both for the institution and for the healthcare operators.

We are currently developing a pilot study for cases of breast cancer and will soon be able to provide information and protocols on treatments to the healthcare plan operators for a type of service delivery that is closely aligned to our purpose and business model.

Corporate customers

We made progress in developing our partnerships with corporate customers to promote awareness

campaigns for the early identification and diagnosis of cancer cases among their employees. Our corporate customer oncology project provides for healthcare promotion, prevention, early diagnosis and planning of oncological journeys.

A.C.Camargo has also been collaborating with some companies in establishing oncological journeys that reconcile the treatment of patients with their professional activities and their relations with their colleagues, by creating protocols for oncological cycles. We plan to offer partner companies a detailed schedule of the phases of treatment, which will make it possible to identify periods that demand greater dedication to treatment and therefore lower the patient’s work capacity, as well as providing a forecast in relation to the total reintegration of the patient into the work environment.

Municipal Health Department

Our partnership with the Municipal Health Department of the Municipality of São Paulo is focused on the care of cancer patients referred by the National Unified Health System (SUS). The partnership was renegotiated at the end of 2020, and the new agreement provides for the referral to A.C.Camargo of patients with high-complexity cancer cases.



CHAPTER 8

INNOVATION

The results of translational research carried out at A.C.Camargo on oncological bio-markers are examples of how we integrate science, innovation and patient care. The research findings on certain genes that have implications for the diagnosis and treatment of cancer patients are then passed to the Molecular Diagnostics sector, where standardized clinical tests that can directly benefit patients are undertaken.

Treatment methods

A.C.Camargo has acquired a new, state-of-the-art, linear accelerator, capable of increasing the speed and effectiveness of radiotherapy treatments.

Using artificial intelligence and high-definition images, it applies intense radiation to the tumor and minimizes the dose to the surrounding healthy tissues, reducing side effects.

Operating model efficiency

Our hospital management system (Tasy) was implemented in 2018, with the objective of managing the institution's clinical information.

In 2021, we were able to increase the availability of patient data to our clinical staff by making them accessible digitally using cloud-computing data bases.

In the future, we anticipate expanding the use of cloud-computing data bases in the planning and purchasing areas, contributing to the improvement of the institution's integrated management system.

Patient's digital pathway

We believe that the digitization of the patient's pathway in the institution was one of the most important advances in relations with patients achieved in 2021. As a result of the Covid-19 pandemic, new tools and technologies were adopted, aimed at speeding up patient attendance, transforming the patient's pathway and accelerating the adoption of digital analytical practices by our practitioners.

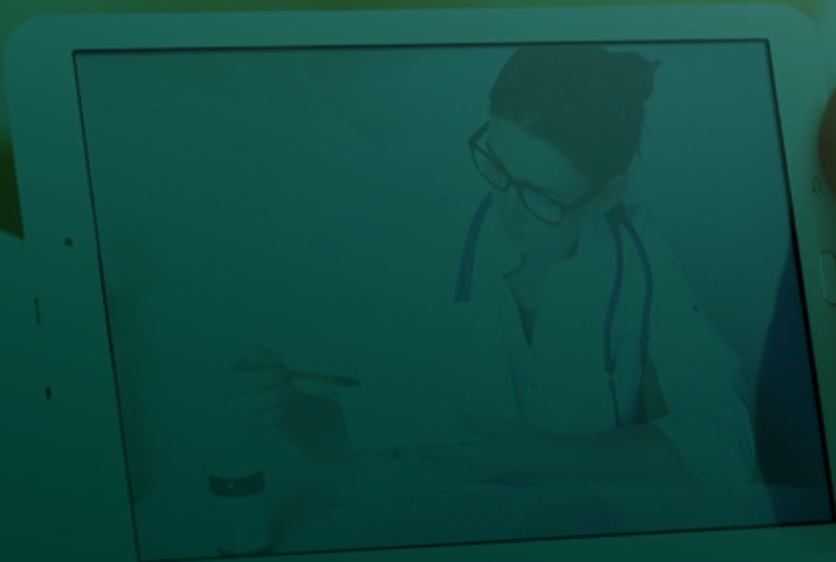
In 2021, we created a new area dedicated to the monitoring and expansion of the adoption of new technologies called the Department of Innovation and Digital Transformation.

TELEMEDICINE

Telemedicine enables consultations to be carried out remotely using computers, tablets or cell phones.

Our system, which ensures the data security and privacy of participants, provides access to patients' integrated medical records, as well as being enabled for the issuance of electronic prescriptions by digital certification.





REMOTE MONITORING OF PATIENTS
(IMMUNOTHERAPY)

To facilitate the care of patients with weakened immune systems, we carry out monitoring and clinical follow-up using a remote online format.

The success of this initiative has motivated us to expand the adoption of this solution to include patients undergoing radiotherapy and surgery.

DIGITAL EMERGENCY SERVICE

This concept was originally adopted in 2020 to support our patients and avoid their possible contamination by Covid-19. We have continued to maintain the service in order to offer access to quality information in the clarification of doubts and support for clinical treatment outside the institution's premises. The service is also useful in the identification of the need for face-to-face care, as well as facilitating the reception of patients.

AUTOMATED CONSULTATION CONFIRMATION

The patient's confirmation of attending a consultation is made through an automated telephone system. This implementation of this system reduced waiting times and non-attendances and, thus, increased operational efficiency. The proportion of patients who viewed this process in a positive manner was about 80%, due to offering them independence and autonomy. As a result, we obtained significant reductions in the non-attendance rates, which had been previously between 10 and 12%.

CHAPTER 9

FUTURE VISION

Over the last two years we have focused our resources on addressing the effects of the Covid-19 pandemic and the changes in the Brazilian healthcare market and now, starting in 2022, we will turn our attention to initiating a new cycle of investments. Many of the actions postponed in 2021 will be carried out in this coming year.

We plan to invest around R\$ 280 million in the expansion of facilities, acquisition of equipment and implementation of new technologies, all of which will contribute to ensuring we achieve excellence in our integrated operations of patient care, education and research.

These investments will be directed to consolidating and strengthening our cancer center model and its integrated reference centers, which are segmented by type of tumor. Digital transformation is one of our main strategic drivers for the future, as it facilitates both work routines and patients' pathways.

Business model

Our strategy and actions remain focused on consolidating the cancer center model and improving the intrinsic performance of the patient care, education, research and administrative functions. Additionally, we will focus our efforts on:

- » **entering into new partnerships with specialized centers of excellence;**
- » **valuing and recognizing our clinical staff;**
- » **improving the relations with referral doctors;**



We will continue to strive to be protagonists in making new discoveries and advancing instate-of-the art oncological therapies. This will orient our education and research activities enabling us to offer the best treatments available, and provide successful outcomes for patients.

- » **expanding the geographical reach of our activities;**
- » **creating channels to attract patients to use our services;**
- » **improving the segmentation model of Reference Centers: specialization of units; proposal of solutions for corporate customers; and the definition of the benefits attributed to patients by each segment;**
- » **expanding our participation in the healthcare innovation ecosystem and in relations with start-ups.**

Using technology and innovation to improve the experiences of patients and healthcare practitioners

At A.C.Camargo, the patient comes first and we are constantly striving to provide the best possible patient experience.

In this regard, our main actions for the future are as follows:

- » reduce the indicator for the time elapsed to diagnose cancer;
- » reduce the time to initiate the treatment of patients, since cancer patients do not have time to wait;
- » digitize the routines of doctors and employees and the stages of the patient pathway, to streamline processes and facilitate decision-making;
- » expand the use of CAR-T cell therapy in personalized treatment;
- » increase the sustainability of our value chain in actions aimed at increasing the efficiency of the use of the hospital infrastructure and financial resources, the adoption of criteria for the selection of suppliers, the automation of pharmacies and improved inventory management.

Evolution of knowledge in education and research

We are planning to expand the number of training courses and partnerships with other institutions and medical education organizations for the training and specialization of a greater number of practitioners, particularly in free, online, short-term courses.

The clinical research developed at A.C.Camargo is used to develop cancer-fighting therapies, with analysis focused on the response of individuals to drugs and the various treatment protocols. Therefore, our vision of the future in research is to advance in translational and clinical studies, focusing on new therapeutic possibilities and innovations in the pharmaceutical industry.

Future partnerships

Partnerships play a fundamental role in the current business model and in our strategy for the future to prepare us to face the challenges of the trends in the healthcare market.

REFERRAL DOCTORS

Referral doctors are an important stakeholder from the point of view of partnerships and relations. For the future we are planning to increase our initiatives with referral doctors based on three types of actions: **Facilitation of Clinical Practice**, with a focus on providing tools, data and advice; **Education and Development**, to deepen the knowledge of the doctors who are referring patients; and **Closer Relations**, by offering them personalized services and benefits. These measures aim to constitute a channel of open, two-way communications.

SECOND OPINION PROGRAM

In this program, which was conceived in 2021, our specialists will provide second opinions to hospitals and companies throughout Brazil. Our clinical staff will act as consultants to define therapeutic alternatives in complex oncological cases.

COLLABORATION AND COMPLEMENTARITY WITH OTHER HEALTHCARE INSTITUTIONS

Partnerships enable us to participate directly in the healthcare market and in this way reach a greater number of patients. In the coming years, we will work to establish and expand important partnerships for the fulfillment of our mission. We will strengthen the integration between patient care, education and research to ensure the long-term success of our business activities.

SERVICE BUNDLES

The offer of service bundles is an innovative model in the healthcare business, and they have been developed with a focus on healthcare operators. In this model, a service bundle consists of a package of services including examinations, procedures and medications for each type of case. The prices of the bundles are fixed for each treatment or type of surgery. This pricing model is beneficial for patients, healthcare operators and the institution due to creating a fixed value for the expected costs of cancer treatment. This encourages the efficient use of resources and generates a commitment from those involved with the clinical outcome.

INDICATORS



GRI Index

INDICATORS

REFERENCE (PAGE) / DIRECT RESPONSE

UNIVERSAL STANDARDS

2-1	Organizational profile	A.C.Camargo Cancer Center. Private non-profit institution foundation). More details on pages 6 to 8.
2-2	Entities included in the organization’s sustainability reports (scope of controlled entities)	100% of the operational units: Antônio Prudente, Tamandaré, Pires da Mota, Castro Alves Care Unit, Castro Alves Administrative, Itaim, International Cancer Research Center (CIPE).
2-3	Reporting period, frequency and point of contact for questions on the report	Annual, from January 1 st to December 31 st , 2021. More details on page 3.
2-4	Restatements of information	None.
2-5	External assurance	The report has been verified by external auditors. In order to ensure the transparency of our reports, A.C.Camargo’s Board of Trustees appointed KPMG Assessores Ltda, an independent external auditor with global experience in sustainability services, to verify the Annual Sustainability Report. The report was verified for adherence to the GRI Standards: Core Level, and the auditors provided limited assurance on the content.

Activities and workforce

2-6	Activities, value chain and other business relations	Pages 6, 15 and 52.
2-7	Employees	Pages 55 to 57.
2-8	Clinical staff who are not employees	Information not available.

Governance

2-9	Governance structure and composition	Pages 33 to 37.
2-10	Nominating and selecting the highest governance body	The highest governance body is the Board of Trustees. It is composed of nine independent members, with a two-year term. Pages 34 and 37.
2-11	Chairman of the Board	The Chairman of the Board does not have executive functions. Page 34.
2-12	Role of the Board in the management of impacts	The Board of Trustees is supported by six Advisory Committees: Corporate Governance; Clinical Governance and Medical Practices; Scientific Advisory Board; People and Organizational Development; Strategy, Innovation and Sustainability; and Audit, Risks and Finance. More information on pages. 35 and 39.
2-13	Delegation of responsibility for impact management	The Sustainability Platform is linked to the Legal, Governance and Institutional Relations Department and has the support of the Executive Board and the People and Organizational Development Department. Page 39.

INDICATORS		REFERENCE (PAGE) / DIRECT RESPONSE
2-14	Highest governance body's role in sustainability reporting	The Sustainability Report is validated by the Executive Board and the Board of Trustees. The Directors of the Executive Board were consulted to determine the topics that would be addressed in this report.
2-15	Conflicts of interest	The Code of Conduct provides the guidelines on practices related to the subject.
2-16	Communicating critical concerns	The CEO and Directors of the Executive Board are responsible for communicating critical concerns to the Board of Trustees at their meetings. We do not have an indicator for the total number of reported concerns.
2-17	Collective knowledge of the highest governance body	Page 34.
2-18	Evaluating the highest governance body's performance	Page 37.
2-19	Remuneration policies	Page 37.
2-20	Process for determining remuneration	Page 37.
2-21	Annual total compensation ratio	Confidential information.
Strategy, policies and practices		
2-22	Declaration on the sustainable development strategy	Page 4.
2-23	Commitment policies	Page 48.
2-24	Incorporating commitment policies	Page 48.
2-25	Processes to remedy negative impacts	Page 39 and 48.
2-26	Mechanisms for seeking guidance and raising concerns	Page 38.
2-27	Compliance with laws and regulations	We did not record any significant cases of non-compliance with laws and regulations during the reporting period.
2-28	Membership of associations	ABIFICC - Brazilian Association of Philanthropic Institutions to Fight Cancer ANAHP - National Association of Private Hospitals. IBGC - Brazilian Institute of Corporate Governance Ethos Institute for Business and Social Responsibility UICC - Union for International Cancer Control. United Nations Global Compact (UNGC).
Stakeholder Engagement		
2-29	Approach to stakeholder engagement	Pages 20, 21, 38 and 42.
2-30	Collective bargaining agreements	100% of employees.
Material topics		
3-1	Process for determining material topics	A materiality map was prepared in 2022, based on consultations with approximately 3,266 stakeholders and an analysis of A.C.Camargo's market, prioritizing topics with greater potential for impacting the business. For more information, see page 42.
3-2	List of material topics	Page 43.
3-3	Material topic management	The material topics were reviewed in 2022 and their ongoing management will be proposed in the context of A.C.Camargo's business.
SPECIFIC DISCLOSURES		
Economic Performance		
201-1	Direct economic value generated and distributed	Page 45 and 46.
201-4	Financial support received from the government	The institution receives financial transfers through an agreement with the Municipal Health Department of the Municipality of São Paulo (for funding SUS procedures), and from a research funding agency (grants and scholarships). For more information, see page 31.

INDICATORS REFERENCE (PAGE) / DIRECT RESPONSE

Indirect Economic Impacts

203-1 Investments in infrastructure and support services Page 10 and 46.

Purchasing Practices

204-1 Proportion of spending with local suppliers Page 52.

Anti-corruption measures

205-1 Operations assessed for risks related to corruption Page 38.

205-2 Communication and training in anti-corruption policies and procedures Page 38.

205-3 Confirmed cases of corruption and actions taken In the Ethics Channel, no situations of corruption classified as valid were recorded. Pages 19 and 38.

ENVIRONMENTAL DISCLOSURES

Energy

302-1 Energy consumption within the organization Total consumption: 87 thousand GJ. Page 49.

302-3 Energy intensity Intensity: 0.75 GJ/m². Page 49.

302-4 Reduction of energy consumption Reduction of 2.5%. Page 49.

Water

303-3 Water withdrawal Municipal water supply. Page 50.

303-5 Water consumption Total consumption: 125 thousand m³. Page 50.

Waste

306-1 Waste generation and significant waste-related impacts Hazardous waste: 594.69 tons (-7.9%)
Non-hazardous waste: 1,005.65 tons (-0.8%)
Total: 1,600.34 tons. Page 50.

306-2 Management of significant waste-related impacts Page 50.

306-3 Waste generated (type and disposal method) Page 50.

306-4 Waste not destined for final disposal (recovery, reuse and recycling) Page 50.

306-5 Waste destined for final disposal Page 50.

SOCIAL DISCLOSURES

Employment

401-1 New hires and employee turnover Page 57.

401-3 Maternity/paternity leave 112 professionals were on maternity leave. The indicators for paternity leave, maternity leave return rate and retention rate after 12 months of return from leave were not available on a consolidated basis and, therefore, have not been reported.

Occupational health and safety

403-1 Occupational health and safety management system Page 62.

403-3 Description of occupational healthcare services Page 62.

INDICATORS		REFERENCE (PAGE) / DIRECT RESPONSE
403-4	Participation, consultation and communication of workers in occupational health and safety	Pages 58 and 62.
403-5	Worker training on occupational health and safety	Page 61.
403-6	Promotion of worker's health	Page 58.
403-7	Prevention and mitigation of impacts on health and safety at work directly linked to business relations	Page 62.
403-9	Number and rate of fatalities and accidents at work	Page 63.
403-10	Number and rate of work-related fatalities and health problems	Page 63.
Training and Education		
404-1	Average hours of training per year, per employee	Page 61.
Diversity and Equality		
405-1	Diversity of governance bodies and employees	Pages 37 and 55.
405-2	Ratio of basic salary and remuneration of women to men	Page 56.
Consumer Health and Safety		
416-1	Assessment of the health and safety impacts of products and services	Page 16.
Customer Privacy		
418-1	Proven complaints regarding breach of customer privacy and loss of customer data	Page 41.

SASB Index

Code	Metric	Reference (page) / Direct response
Quality of care and patient satisfaction		
HC-DY-250a.2	Number of reportable major events as defined by the National Quality Forum (NQF)	No cases of serious injury or death. Page 16.
HC-DY-250a.3	Hospital-acquired condition Score	4.9 occurrences/thousand patients (+2.1%). Page 16.
HC-DY-250a.4	Excessive readmission rate per hospital	Re-admissions within 30 days: 11.7% (-7.7%). Page 15.
Waste management		
HC-DY-150a.1	Description of the total amount and percentage of medical waste by destination (a) incinerated, (b) recycled or treated, and (c) sent to landfill	Page 50.
Access for low-income patients		
HC-DY-240a.1	Discussion of the strategy to manage the patient mix between insured and uninsured patients (SUS), including programs with alternative prices.	Page 47.
Employee Recruitment, Development & Retention		
HC-DY-330a.2	Description of talent recruitment and retention processes for healthcare employees and practitioners.	Pages 22 and 60.

Contribution maps to Sustainable Development Goals (SDGs)

3 Ensuring healthy living and promoting well-being for everyone at all ages.

- » Our greatest purpose. Page 6
- » Integrated Healthcare Program. Page 58
- » Partnership with the Municipality of São Paulo. Page 65

6 Ensure the availability and sustainable management of water and sanitation for all.

- » Reduce consumption and manage the use of water resources. Page 50

10 Reducing inequality within and among countries.

- » Implement strategies to promote Diversity and Inclusion. Page 37, 53 to 57

12 Ensure sustainable production and consumption patterns.

- » Ensure the use of responsible and lower impact raw materials. Page 52
- » Promote waste reduction and reverse logistics. Page 50 to 52
- » Disseminate the ESG culture among patients and companions. Page 20, 21, 49 and 50

4 Ensuring inclusive, equitable and quality education and promoting lifelong learning opportunities for all.

- » Education Pillar. Pages 22 to 26
- » Social Impact Actions. Page 54
- » Promote employee development. Page 59 to 61
- » Train employees in relation to diversity and inclusion. Page 55

7 Ensuring reliable, sustainable, modern and affordable access to energy for all.

- » Reduce the consumption of all our energy sources. Page 49
- » Use energy from renewable sources. Page 49

13 Take urgent action to combat climate change and its impacts.

- » Ensure the implementation of the strategy for monitoring and reducing emissions. Page 49
- » Prioritize carbon neutral products and services. Page 49
- » Implement strategies for waste management. Pages 50 to 52

5 Achieve gender equality and empower all women and girls.

- » Ensure gender equity in all job categories. Page 37, 55 to 57
- » Promote equity in employment conditions for women and minority groups. Page 53 and 55

8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

- » Create direct and indirect job opportunities. Page 55
- » Support supplier development and monitoring. Page 52
- » Promote sustainable economic growth. Page 31 and 46

16 Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels.

- » Maintain high standards of Corporate Governance Pages 33 to 44

Assurance Letter

GRI INDICATOR 2-5



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Limited assurance report issued by independent auditors

To the Board of Trustees
Fundação Antônio Prudente
São Paulo – SP

Introduction

We were engaged by Fundação Antônio Prudente (“Fundação Antônio Prudente” or “Company”) to apply limited assurance procedures on the sustainability information disclosed in its Sustainability Report 2021 (“Report”), in the accompanying information to this report related to the period ended December 31, 2021.

Responsibilities of Fundação Antônio Prudente’s Management

The Management of Fundação Antônio Prudente is responsible for adequately preparing and presenting the sustainability information in the Sustainability Report 2021 in accordance with both the Standards for Sustainability Report of Global Reporting Initiative – GRI and the internal controls determined necessary to ensure this information is free from material misstatement, resulting from fraud or error.

KPMG Assurance Services 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.

Independent auditors’ responsibility

Our responsibility is to express a conclusion about the information in the Report based on a limited assurance engagement conducted in accordance with Technical Communication (TC) 07/2012, which was prepared based on NBC TO 3000 (Assurance Engagements Other Than Audits and Reviews), both issued by the Brazilian Federal Accounting Council – CFC equivalent to international standard ISAE 3000, issued by the International Federation of Accountants and applicable to Non-Financial Historical Information. These standards require compliance with ethical requirements, including independence ones, and the engagement is also conducted to provide limited assurance that the information disclosed in the Report, taken as a whole, is free from material misstatement.

KPMG Assurance Services Ltda. (“KPMG”) applies Brazilian and international standards on quality control, and consequently maintains a comprehensive quality control system including documented policies and procedures related to compliance with ethical and professional standards, in addition to the legal and regulatory applicable requirements. We comply with the comprehensive code of ethics including detailed independence requirements, established based on the ethical principles of integrity, objectivity, competence and professional care, confidentiality and professional behavior.

A limited assurance engagement conducted in accordance with NBC TO 3000 (ISAE 3000) consists mainly of questions and interviews with the Management of Fundação Antônio Prudente and other professionals of the Company 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 assurance conclusion about the sustainability information taken as a whole. A limited assurance 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.

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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 Fundação Antônio Prudente’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 Fundação Antônio Prudente’s 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 the 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 Company.
- f. comparison of financial indicators (GRI 201-1) with the financial statements and/or accounting records.

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

Scope and limitations

The procedures applied to a limited assurance engagement are substantially less extensive than those applied to a reasonable assurance engagement. Therefore, we cannot provide reasonable assurance that we are aware of all the issues that would have been identified in a reasonable assurance engagement, which aims to issue an opinion. If we had conducted a reasonable assurance 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 performed, described in this report, we have not identified any relevant information that leads us to believe that the information in the and Sustainability Report 2021 is not fairly stated in all material aspects in accordance with the Standards for Sustainability Report of Global Reporting Initiative - GRI (GRI- Standards) and with the records and files that served as the basis for its preparation.

São Paulo, August 26th, 2022

KPMG Assurance Services Ltda.
CRC 2SP-023228/O-4

Original report in Portuguese signed by
Sebastian Yoshizato Soares
Accountant CRC 1SP257710/O-4

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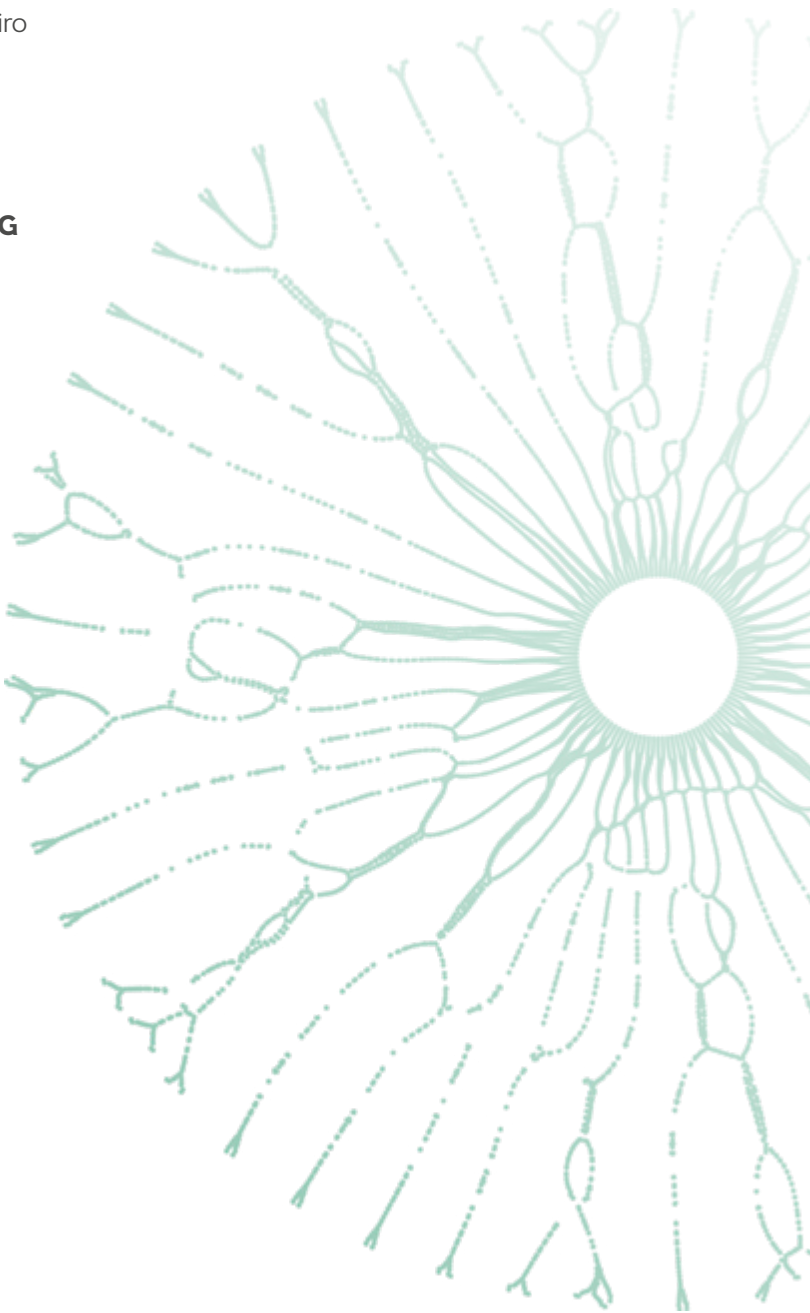
- Ricca Sustentabilidade

PHOTOGRAPHY

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- Adobe Stock and Freepik

ENGLISH TRANSLATION

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